WELCOME & THANK YOU

Adrienne Griffen
Maternal Mental Health Leadership Alliance

*Presentation slides, session recording, and the final report will be shared after today’s session.
Our mission is to advocate for national policies to provide universal, equitable, comprehensive, and compassionate mental health care during pregnancy and the year following pregnancy.
Our mission is to lead the fight for the health of all moms and babies. Our goals are to end the preventable maternal health risks and deaths, end preventable preterm birth and infant death, and close the health equity gap.

Tiffany Aquino
Vice President of Innovation & Product Development at March of Dimes
PARTNERS AND FUNDERS
PERINATAL MENTAL HEALTH EDUCATION & SCREENING PROJECT

PROJECT GOAL
Synthesize existing screening guidelines from a variety of organizations into a cohesive approach focused on WHEN to educate and screen pregnant and postpartum people throughout the 2-year perinatal timeframe.

TODAY’S GOALS
Share the Framework for PMH Education & Screening
Highlight next steps
Q&A / Discussion
POLL

What brings you here today?
PROJECT APPROACH

- Convened individuals from a diverse range of professions, experiences, and communities.
- Recognized and acknowledged barriers and equity challenges inherent in the complex medical and mental health systems in the United States.
- Used a data-driven and evidence-informed process in creating the Framework.
- Focused on developing an ideal Framework that would ensure the majority of pregnant and postpartum people were educated about and screened for PMH disorders.
The original focus was **WHEN** providers should educate and screen their perinatal patients.

Racism, bias, and inequities in the healthcare system result in deep-rooted disparities.

We took intentional steps to gather information regarding racial and health disparities.

Future work will advocate for equity in maternal mental health care.
Synthesize existing screening guidelines from a variety of organizations into a cohesive approach focused on **WHEN** to educate and screen pregnant and postpartum people for mental health disorders throughout the two-year perinatal timeframe.

**GOAL**

- **SEP - DEC**: Core Team
  - Gathered data
  - Created workplan

- **JAN**: Working Group
  - 35 people
  - Created Draft Framework

- **MAY – OCT**: Roundtable Discussions
  - ~175 people
  - Feedback on Draft Framework

- **NOV**: Working Group
  - Finalized Framework
  - Discussed next steps

- **SEP - DEC**: Core Team
  - Wrote Report
  - Securing additional funding

**2023**: Phase I Wrap-up
- Phase II Planning
PARTICIPANTS

CORE TEAM
5 individuals
2 staffers

WORKING GROUP
35+ individuals
Organizations representing
Maternal-child health
Mental health
Affiliated providers
Lived experience

ROUNDTABLE DISCUSSIONS
175 individuals
Lived experience
Partner organizations
Specific providers
CORE TEAM

PROJECT LEADS

Mallory Ward
March of Dimes
Manager, Postpartum Initiatives

Adrienne Griffen
Maternal Mental Health Leadership Alliance
Executive Director

Sue Kendig
National Association of Nurse Practitioners
In Women’s Health

Jennifer Payne
March of North America

Shonita Roach
Shades of You, Shades of Me

Aminat Balogun
MMHLA
Program Manager

Mara Child
MMHLA
Ops & Strategy Director

Swetha Kota
MMHLA
Research Associate
WORKING GROUP PARTICIPANTS

Individuals with lived experience
2020 Mom
America’s Health Insurance Plans
American Academy of Family Physicians
American College of Nurse-Midwives
American Hospital Association
Association of Women’s Health, Obstetric, & Neonatal Nurses
Black Women’s Health Imperative
Children’s National Hospital
Health Resources and Services Administration
Marce Society of North America
Maternal Mental Health NOW
National Academy for State Health Policy
National Birth Equity Collaborative

National Partnership for Women and Families
National Service Office for Nurse-Family Partnership and Child First
North American Society for Psychosocial Obstetrics and Gynecology
Northwestern Medicine
Postpartum Support International
Restoring Our Own Transformation
San Jose State University
Society for Maternal Fetal Medicine
Substance Abuse and Mental Health Services Administration
The Commonwealth Fund
United States Preventive Services Task Force
University of Colorado
University of North Dakota
University of Virginia
University of Washington
ROUNDTABLE DISCUSSION PARTICIPANTS

11 Roundtable Discussions

175 people

- MMHLA and March of Dimes
- Individuals with lived experience
- Black, LatinX, and AI/AN Individuals
- Postpartum Support International conference
- Obstetric and pediatric providers
- Mental health providers
- Community-based providers
- Mind the Gap and Mother-Baby Action Network
OVERVIEW OF PMH DISORDERS
VOCABULARY: PMH DISORDERS

TWO-YEAR PERINATAL TIMEFRAME
PREGNANCY THROUGH ONE FULL YEAR FOLLOWING PREGNANCY

Perinatal Mental Health Disorders

- Depression
- Bipolar illness
- Anxiety disorders
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Substance use disorder
- Psychosis, especially postpartum
PERINATAL MENTAL HEALTH DISORDERS

#1 complication of pregnancy and childbirth

Affect 1 in 5 pregnant or postpartum people

Affect 1 in 3 individuals in high-risk groups

Can have long-term negative impact on parent, baby, family, society

(National Institute of Mental Health (NIMH), 2013)
(Centers for Disease Control (CDC), 2020)
(Ko et al., 2017)
(Davis et al, CDC, 2019)
TIMING OF PMH DISORDERS

PMH disorders start earlier...
Of individuals who experience PMH disorders in the postpartum period

- 40% develop symptoms following childbirth
- 27% enter pregnancy with anxiety or depression
- 33% develop symptoms during pregnancy

and last longer...
25% of individuals who experienced PMH disorders had depressive symptoms at 3 years postpartum

(Wisner et al., 2013) (Putnick et al., 2020)
TIMING OF PMH DISORDERS

3-6 months postpartum
Peak onset of postpartum depression

~6 months postpartum
Cessation of breastfeeding
Return of menses

6-9 months postpartum
Peak incidence of suicide
SCREENING DISPARITIES

Many national organizations have recommendations or guidelines for screening for PMH disorders.

Each state, health care system, hospital, practice, and provider can decide when and whether to screen.

WIDESPREAD AND UNACCEPTABLE DISPARITIES IN ADDRESSING PMH CONDITIONS
OUR FOCUS

What would it look like to take the journey of perinatal people and their partners to identify existing opportunities to educate and screen for PMH disorders?

How can we leverage this information to maximize the likelihood that perinatal people and their partners are educated about and screened for PMH disorders, and connected with resources for recovery?
NEXT STEPS

Update Screening Tools
Reimburse Providers
Educate / Train Providers
Create Performance Measures
Aminat Balogun
PMH Education & Screening Project Manager
1. Screening should be viewed in the larger context of mental health screening across the lifespan.

2. Screening MUST include education and conversation.

3. Both clinical and community-based providers are well-positioned to screen.

4. *I might be the ONLY person asking about mental health.*

5. Screening should occur at existing touchpoints and be paired with screening for physical conditions.

6. Providers must screen to intervene.

7. This is a “one size fits most approach” and allows provider discretion.
### Opportunites for PMH Education & Screening

**Regular Obstetric and Pediatric Care**

#### Regularly-scheduled obstetric visits

<table>
<thead>
<tr>
<th>1&lt;sup&gt;st&lt;/sup&gt; trimester</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; trimester</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; trimester</th>
<th>Postpartum</th>
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<tr>
<td>First visit 12W</td>
<td>16W 20W 24W 28W</td>
<td>32W 34W 36W 37W 38W 39W 40W</td>
<td>3W 3M</td>
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#### Regularly-scheduled pediatric well-baby visits

| Day 1 | Week 1 | Month 1 | Month 2 | Month 4 | Month 6 | Month 9 | Month 12 |

Community-based providers are well-positioned to build trust, educate, discuss, and screen especially during 3<sup>rd</sup> trimester and postpartum.
FRAMEWORK FOR PMH EDUCATION & SCREENING

TWO-YEAR PERINATAL TIMEFRAME
Pregnancy through one full year postpartum

Community-based providers: At least once during the care relationship; and/or per agency guidelines.

- At initiation of prenatal care (whenever it occurs)
- During each trimester of pregnancy
- Prior to discharge from hospital/birthing center
- Within 3 weeks postpartum
- Throughout full year postpartum at all regularly-scheduled obstetric and pediatric visits

1st trimester 2nd trimester 3rd trimester
Week 1 Week 3 Month 1 Month 2 Month 3 Month 4 Month 6 Month 9 Month 12

Obstetric check Childbirth Pediatric check
<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Screening Rationale</th>
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<tbody>
<tr>
<td>At initiation of prenatal care</td>
<td>• Obtain baseline</td>
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<td>• 1/3 of those experiencing PPD enter pregnancy with symptoms</td>
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<tr>
<td>During each trimester of pregnancy</td>
<td>• Build trust, reduce stigma, create safe relationship</td>
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<tr>
<td></td>
<td>• 1/3 of those experiencing PPD start symptoms during pregnancy</td>
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<tr>
<td>Prior to discharge from hospital / birthing center</td>
<td>• Birth may be first interaction with medical provider</td>
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<td>• Opportunity for educating new parents and family members</td>
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<tr>
<td>Within 3 weeks postpartum</td>
<td>• Baby Blues resolve by 2-3 weeks</td>
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<tr>
<td></td>
<td>• Peak onset of postpartum psychosis</td>
</tr>
<tr>
<td>Throughout first year postpartum</td>
<td>• Peak onset of PMH disorders is 3-6 months postpartum</td>
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<tr>
<td></td>
<td>• Peak incidence of suicide is 6-9 months postpartum</td>
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BARRIERS

Adrienne Griffen
Maternal Mental Health Leadership Alliance
BARRIERS TO SCREENING: PROVIDERS

Training
I don’t know what to say.
I don’t know what to do.
Asking about it will make it worse.
I don’t get paid.
I don’t have time.
If I ask, then it’s my problem.
The parent is not my patient.

Reimbursement

Resources
BARRIERS TO SCREENING: PARENTS

I didn’t know anything was wrong.

I didn’t know where to go or what to say.

I was afraid and ashamed.

The screening tools don’t ask the right questions.

Stigma
Cultural issues
Fear of losing baby
Fear of being considered a “bad parent”
FIVE AREAS OF ACTION REQUIRED

EDUCATION

REIMBURSEMENT

RESOURCES

SCREENING TOOLS

TRUST & EQUITY
Many frontline providers are not trained in addressing perinatal mental health; they do not know

**HOW** to screen, **WHAT** to say, what **SCREENING TOOL** to use, etc.

Training is needed for clinical and community-based providers to be more equipped to have these conversations with patients/clients.
#2: PROVIDER REIMBURSEMENT

**IDEAL SCENARIO**
Providers are easily and fully reimbursed for educating and screening their patients, discussing results, providing resources.

**IMPLEMENTATION BARRIERS**
- Provider time
- Workflow
- Reimbursement

**ADDRESS GAPS**
- Reimbursement system that supports education and screening
- Future efforts to classify PMH disorders (DSM-5, ICD-10 codes)
Providers are **RELUCTANT TO SCREEN** if they do not have resources to assist those impacted by PMH disorders.

Need clarity around what resources are available (educational materials, referral sources).

Need research to identify & fill gaps in resources.

Need infrastructure to improve access to resources.
#4: SCREENING TOOLS

MANY PMH DISORDERS
Depression, Anxiety, Bipolar Disorder, Substance Use Disorder, OCD, PTSD

Current screening tools do not screen for full range of PMH disorders

PATIENT DIVERSITY
Racial, cultural, ethnic, diversity

Current screening tools do not adequately address cultural and racial differences
The draft framework is designed based on characteristics of an average pregnancy with live birth in the United States.

**HOWEVER...**

Framework must be adaptable to patient specific situations to help those who most often fall through the gaps to build trust within the healthcare system.
**PHASE II**

**Utilize an equity-focused, data-driven, evidence-based approach**

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<th>TASK FORCE #1</th>
<th>TASK FORCE #2</th>
<th>TASK FORCE #3</th>
<th>TASK FORCE #4</th>
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<tbody>
<tr>
<td>EDUCATION</td>
<td>REIMBURSEMENT</td>
<td>RESOURCES</td>
<td>SCREENING TOOLS</td>
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<tr>
<td>Conduct landscape analysis of existing educational opportunities</td>
<td>Conduct landscape analysis of current reimbursement for patient education, screening, treatment</td>
<td>Conduct landscape analysis of existing resources and interventions</td>
<td>Conduct landscape analysis of existing screening tools</td>
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<tr>
<td>Identify ways to formalize education around PMH disorders emphasizing equity</td>
<td>Identify ways for frontline providers to be easily and adequately reimbursed</td>
<td>Identify additional infrastructure needs</td>
<td>Identify opportunities to update / expand / make screening tools more relevant and culturally appropriate</td>
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NEXT STEPS

PHASE I
Final Report and Recording:
Will be posted to MMHLA website

THANK YOU!

PHASE II
Q1: Planning
Q2: Launching Task Forces

WORK WITH US!
Please complete the post-session survey that will appear at the end of this webinar.

If you have any questions or concerns, feel free to contact:

Aminat Balogun at abalogun@mmhla.org
NaKedra Campbell at ncampbell@marchofdimes.org

Thank you!