PERINATAL MENTAL HEALTH EDUCATION & SCREENING PROJECT

Phase I Final Report

January 2023

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.

MMHLA
Maternal Mental Health Leadership Alliance

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.

Adrienne Griffen

Executive Director, Maternal Mental Health Leadership Alliance

MARCH OF DIMES

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

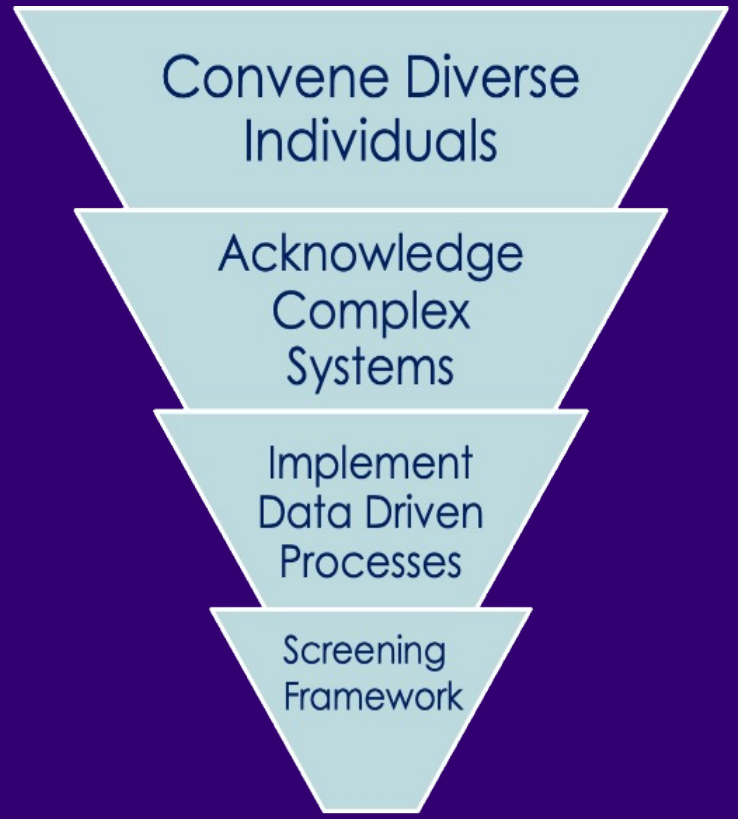
POLL

What brings you here today?

PROJECT OVERVIEW

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.



INTENT

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.

PERINATAL MENTAL HEALTH EDUCATION & SCREENING 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 for mental health disorders throughout the two-year perinatal timeframe

SEP - DEC	JAN	MAY – OCT	NOV	SEP - DEC	2023
Core Team	Working Group	Roundtable Discussions	Working Group	Core Team	Phase I Wrap-up
Gathered data	35 people	~175 people	Finalized Framework	Wrote Report	Phase II Planning
Created workplan	Created Draft Framework	Feedback on Draft Framework	Discussed next steps	Securing additional funding	

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
Marce 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

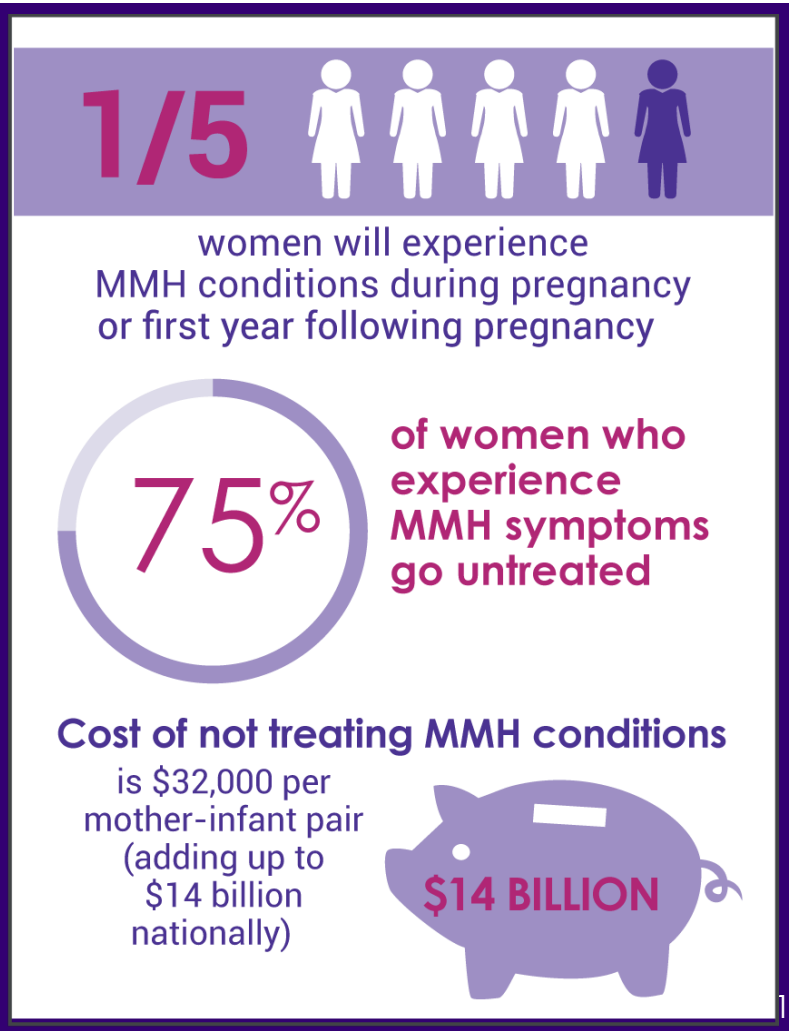
PERINATAL MENTAL HEALTH DISORDERS

#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

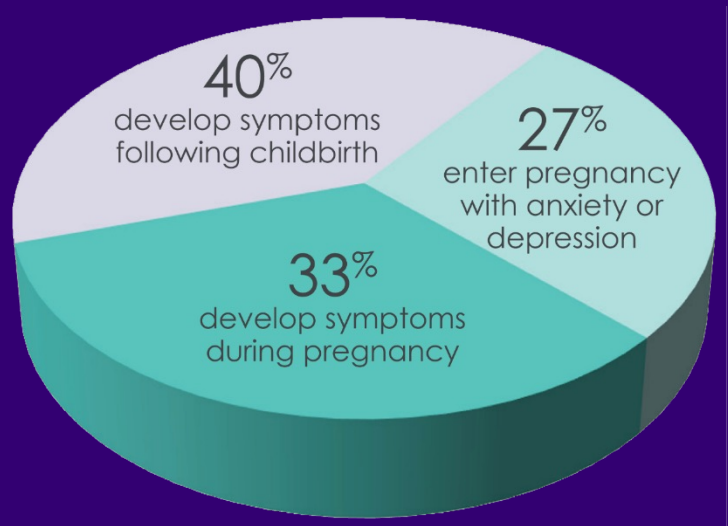


(National Institute of Mental Health (NIMH), 2013)
(Centers for Disease Control (CDC), 2020)
(Ko et al., 2017)
(Davis et al, CDC, 2019)

TIMING OF PMH DISORDERS

PMH disorders start earlier…

Of individuals who experience
PMH disorders in the postpartum period



(Wisner et al., 2013)

and last longer…

25%

of individuals who experienced PMH disorders had depressive symptoms at

3 years postpartum

(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

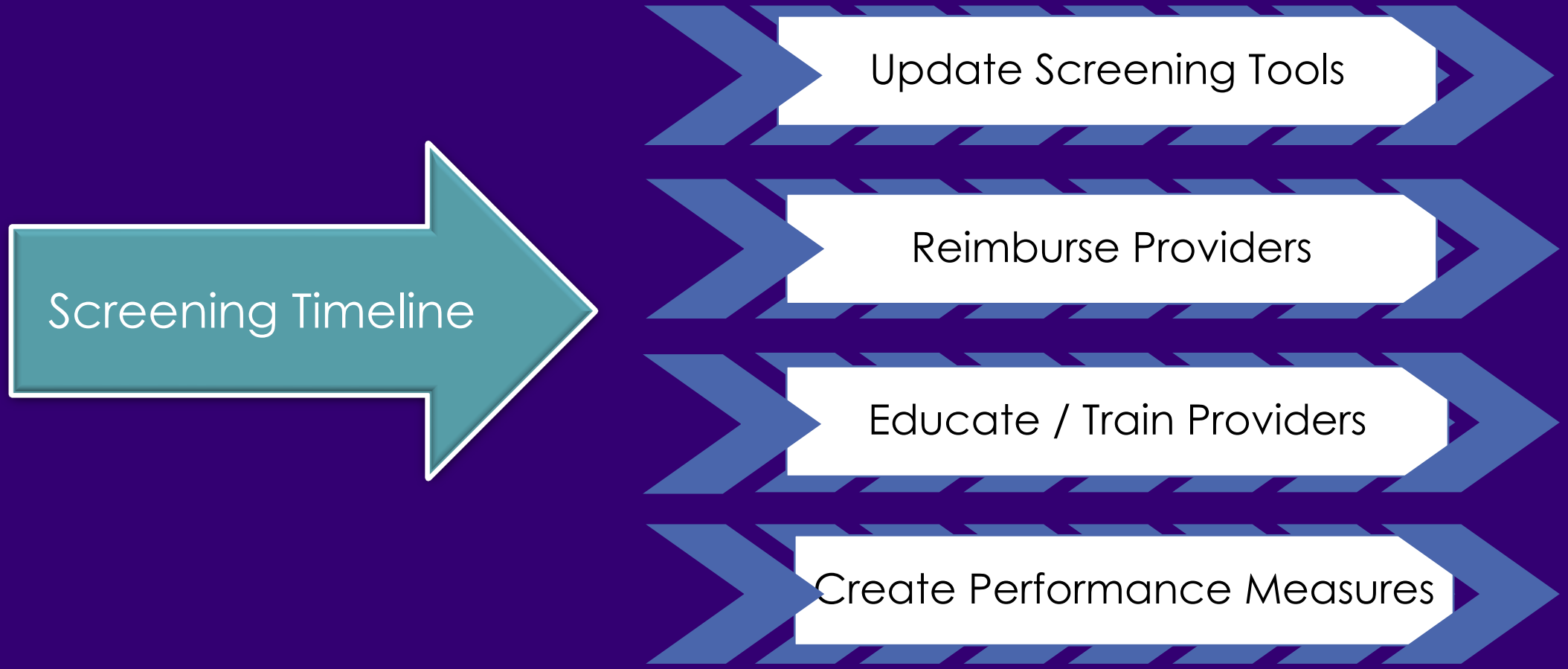
OUR FOCUS

when to screen

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


Screening Timeline
Update Screening Tools
Reimburse Providers
Educate / Train Providers
Create Performance Measures

FRAMEWORK

Aminat Balogun
PMH Education & Screening Project Manager

CONTEXT FOR PMH EDUCATION & SCREENING GUIDING PRINCIPLES

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.

OPPORTUNITIES FOR PMH EDUCATION & SCREENING
REGULAR OBSTETRIC AND PEDIATRIC CARE

Regularly-scheduled obstetric visits

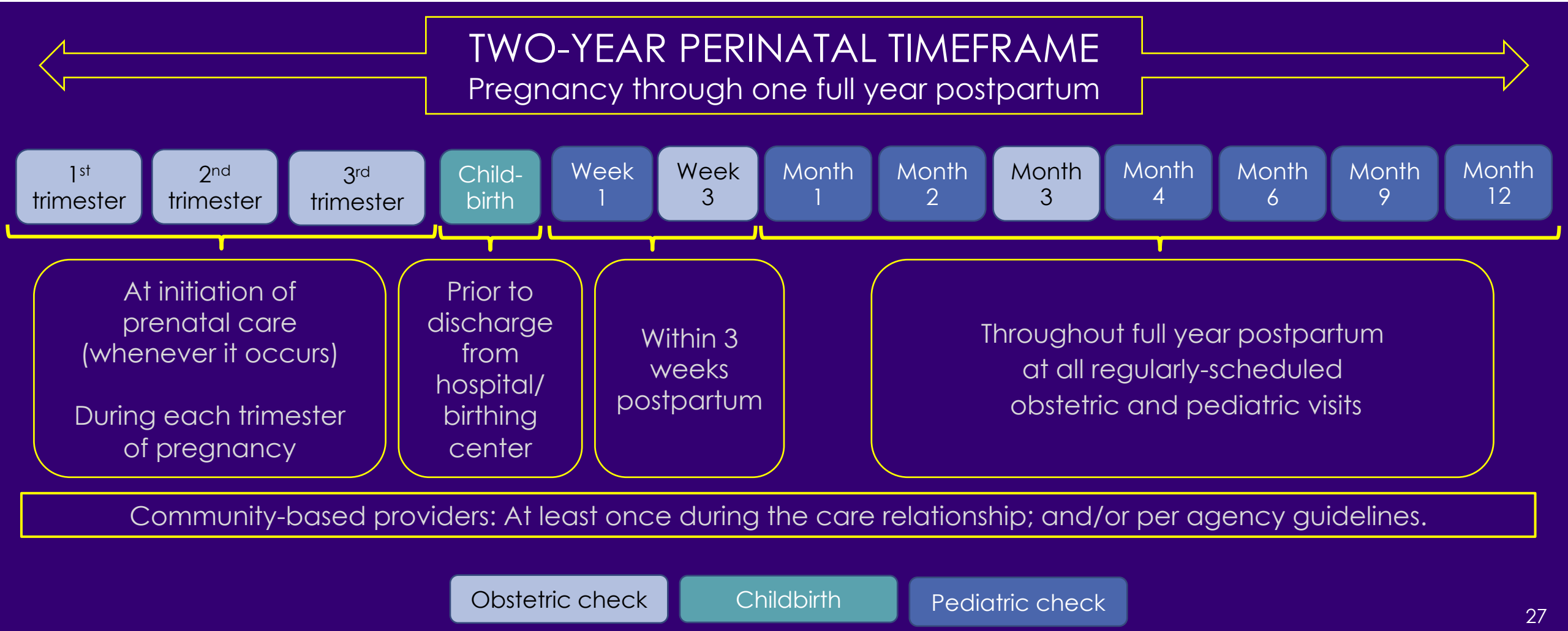
1st trimester		2nd trimester				3rd trimester							postpartum	
First visit	12W	16W	20W	24W	28W	32W	34W	36W	37W	38W	39W	40W	3W	3M

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 3rd trimester and postpartum

FRAMEWORK FOR PMH EDUCATION & SCREENING



SCREENING RATIONALE

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

BARRIERS

Adrienne Griffen
Maternal Mental Health Leadership Alliance

BARRIERS TO SCREENING: PROVIDERS

Training

Reimbursement

Resources

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.

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

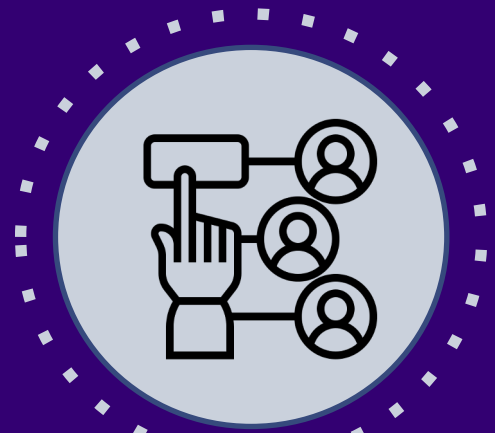
Fear of losing baby

Fear of being considered a "bad parent"

FIVE AREAS OF ACTION REQUIRED

EDUCATION

REIMBURSEMENT



RESOURCES

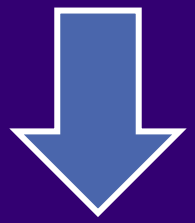
SCREENING TOOLS

TRUST & EQUITY

#1: PROVIDER EDUCATION & TRAINING

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)

#3: RESOURCES

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

Benefitted Individual

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

#5: EQUITY AND TRUST

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

TASK FORCE #1

EDUCATION

Conduct landscape analysis of existing educational opportunities

Identify ways to formalize education around PMH disorders emphasizing equity

TASK FORCE #2

REIMBURSEMENT

Conduct landscape analysis of current reimbursement for patient education, screening, treatment

Identify ways for frontline providers to be easily and adequately reimbursed

TASK FORCE #3

RESOURCES

Conduct landscape analysis of existing resources and interventions

Identify additional infrastructure needs

Identify ways to share these resources more broadly

TASK FORCE #4

SCREENING TOOLS

Conduct landscape analysis of existing screening tools

Identify opportunities to update / expand / make screening tools more relevant and culturally appropriate

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!

SURVEY

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:

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NaKedra Campbell at ncampbell@marchofdimes.org

Thank you!