

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.



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



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

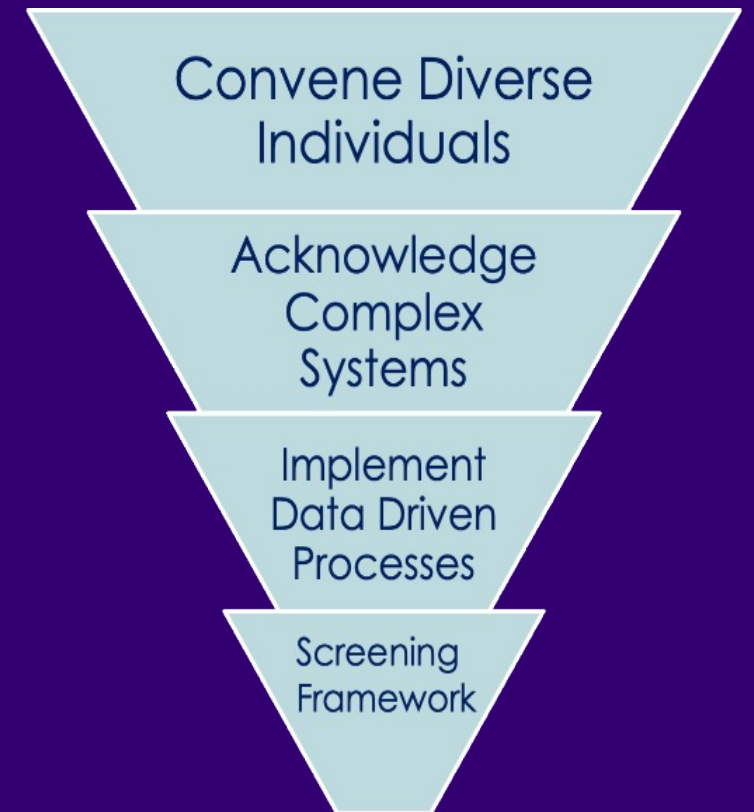
POLL

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

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
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)

1/5



women will experience
MMH conditions during pregnancy
or first year following pregnancy



of women who
experience
MMH symptoms
go untreated

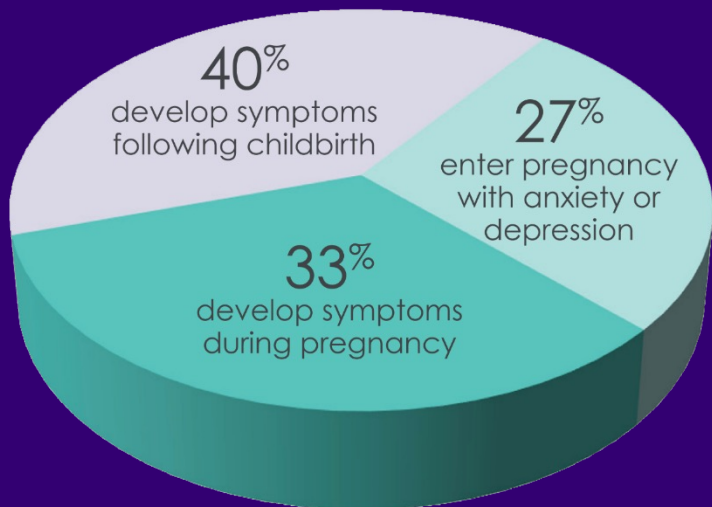
Cost of not treating MMH conditions
is \$32,000 per
mother-infant pair
(adding up to
\$14 billion
nationally)



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

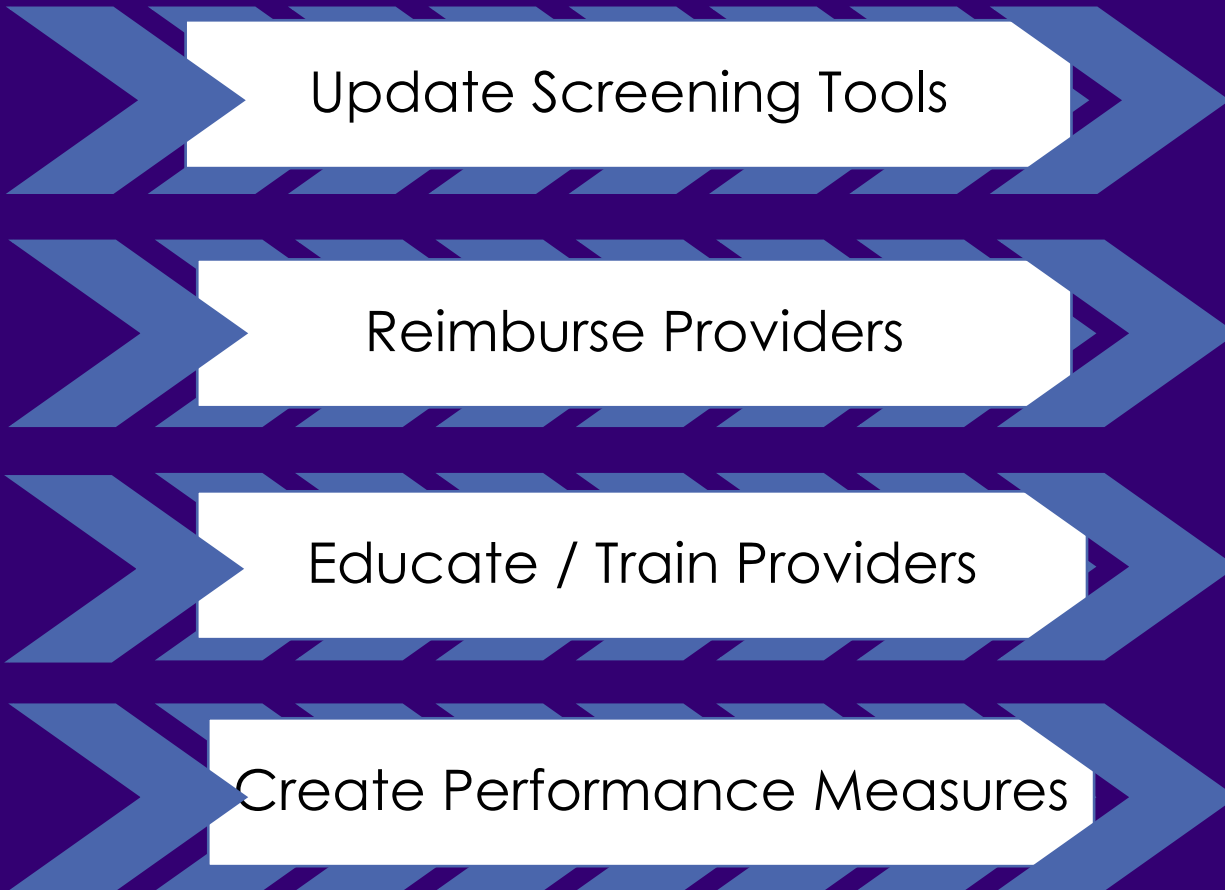
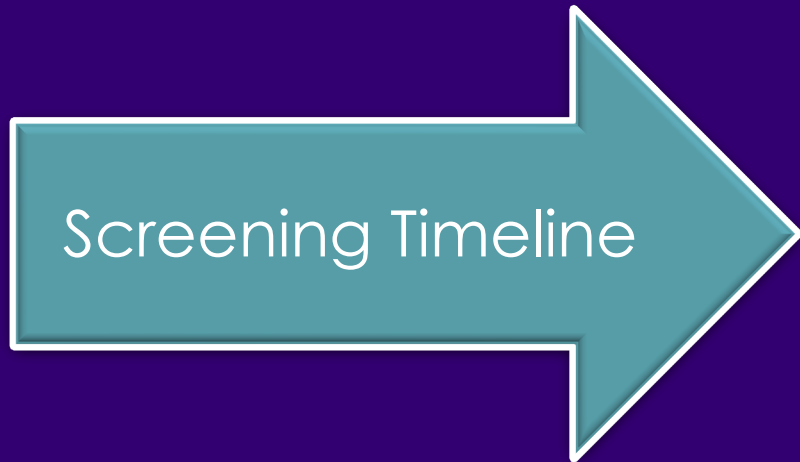
OUR FOCUS

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



FRAMEWORK

Aminat Balogun
PMH Education & Screening Project Manager

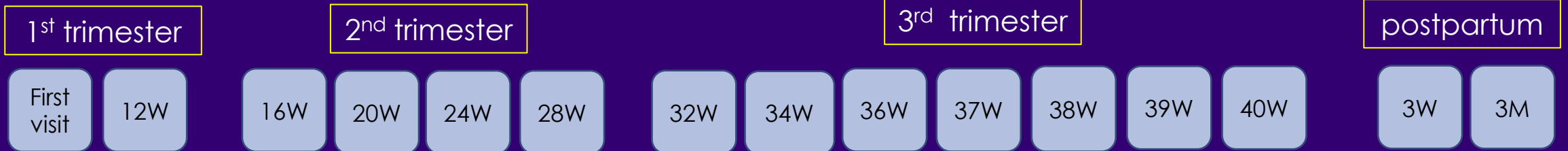
CONTEXT FOR PMH EDUCATION & SCREENING

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



Regularly-scheduled pediatric well-baby visits



Community-based providers are well-positioned to build trust, educate, discuss, and screen
Especially during 3rd trimester and postpartum

FRAMEWORK FOR PMH EDUCATION & SCREENING

TWO-YEAR PERINATAL TIMEFRAME
Pregnancy through one full year postpartum

1st
trimester

2nd
trimester

3rd
trimester

Child-
birth

Week
1

Week
3

Month
1

Month
2

Month
3

Month
4

Month
6

Month
9

Month
12

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

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

Obstetric check

Childbirth

Pediatric check

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"

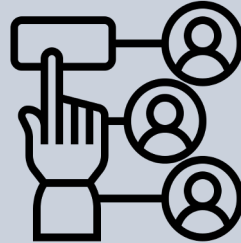
FIVE AREAS OF ACTION REQUIRED



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

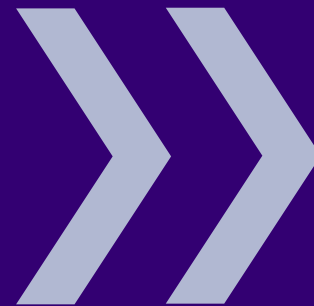
Future efforts to classify PMH disorders (DSM-5, ICD-10 codes)

#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



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:

Aminat Balogun at abalogun@mmhla.org

NaKedra Campbell at ncampbell@marchofdimes.org

Thank you!