



Maternal Mental Health and Suicide

Addressing the Most Common Complications
of Pregnancy and Childbirth

MOMS MATTER ACT

Congressional Briefing

Tuesday, June 8, 2021

1-2 pm EST

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Black Maternal Health Congressional Caucus
Mental Health Caucus
Congressional Caucus on Maternity Care

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THANK YOU to our Congressional champions,
Congresswoman Lisa Blunt Rochester and Senator Kirsten Gillibrand,
for introducing the **MOMS MATTER ACT**



Representative Lisa Blunt Rochester
United States House of Representatives
Representative from Delaware

The infographic features the Black Maternal Health Caucus logo on the left, which consists of a red circle containing a white silhouette of a pregnant woman and the text 'BLACK MATERNAL HEALTH CAUCUS'. To the right of the logo are three icons: a brain inside a head silhouette, a group of four stylized human figures, and a pill bottle with a pill. Below these icons are three columns of text describing the act's provisions. At the bottom, the text reads 'Black Maternal Health Omnibus Act' and 'Learn more: @BMHCaucus | bmhc-underwood.house.gov'.

Moms MATTER Act

Representative Lisa Blunt Rochester
Senator Kirsten Gillibrand

Establishes a grant program to expand access to treatments and supports for maternal mental health conditions

Provides funding to grow and diversify the maternal mental and behavioral health care workforce

Invests in programs that provide support to pregnant and postpartum people with substance use disorders

Black Maternal Health Omnibus Act
Learn more: [@BMHCaucus](#) | [bmhc-underwood.house.gov](#)



Senator Kirsten Gillibrand
United States Senate
Senator from New York

SPEAKERS

Rahul Gupta, MD, MPH, MBA (Moderator)

March of Dimes

Chief Medical and Health Officer and Senior Vice President

Nicole Christain-Braithwaite, MD

Well Minds Psychiatry

CEO and Founder

Leena Mittal, MD

Brigham & Women's Hospital

Chief, Women's Mental Health

Mary Kimmel, MD

Assistant Professor, Medical Director of NC

Maternal Mental Health MATTERS,

Co-Director of UNC's Perinatal Psychiatry

Program

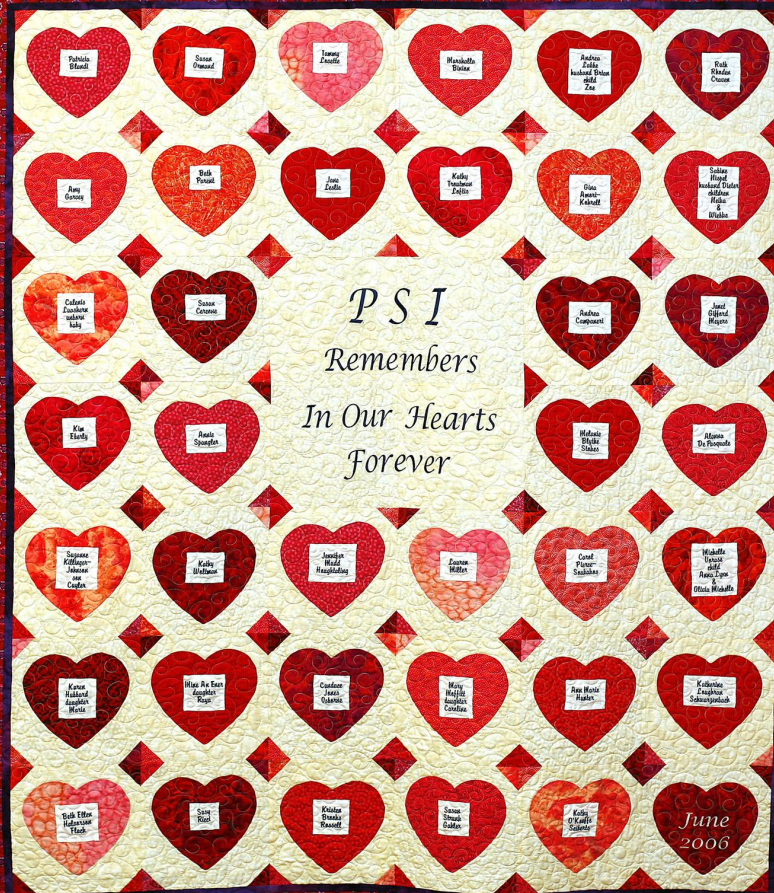
Jamie Zahlaway Belsito, BS

Maternal Mental Health Leadership Alliance

Founder and Policy Director

PSI MEMORIAL QUILT

Postpartum Support International (PSI) has **two** memorial quilts that commemorate women who died by suicide during pregnancy or postpartum. The quilts are accompanied by a collection of loving descriptions from survivor families. As PSI says about the quilt collections: "Reading about the women behind the embroidered names is difficult. They are our sisters, daughters, our friends and, for many, they are us - but for whatever it was that put us on a road toward survival. We have hope that fewer women in the future will die, thanks to the great efforts of PSI, its sister organizations, and all those who devote so much time to make certain we know we are not alone, and that we survive."



MATERNAL MENTAL HEALTH

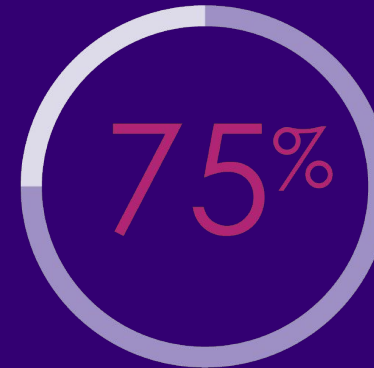
Maternal mental health conditions affect up to **1 in 5 women or 800,000 Americans each year** (and up to 1 in 3 in high-risk populations)

These illnesses are the **#1 complication** of pregnancy and childbirth

Suicide and overdose combined are **the leading cause of death for women** in the first year postpartum

Racial inequities are present in screening post pregnancy

(Sidebottom, A., Vacquier, M., LaRusso, E. et al. Perinatal depression screening practices in a large health system: identifying current state and assessing opportunities to provide more equitable care. Arch Womens Ment Health 24, 133–144 (2021).



of women who experience MMH symptoms go untreated

POSTPARTUM DEPRESSION AND SUICIDE IN BLACK WOMEN

Dr. Nicole Christian-Brathwaite, MD

CEO and Founder, Well Minds Psychiatry and Consulting Company

SVP and Medical Director, Array Behavioral Care

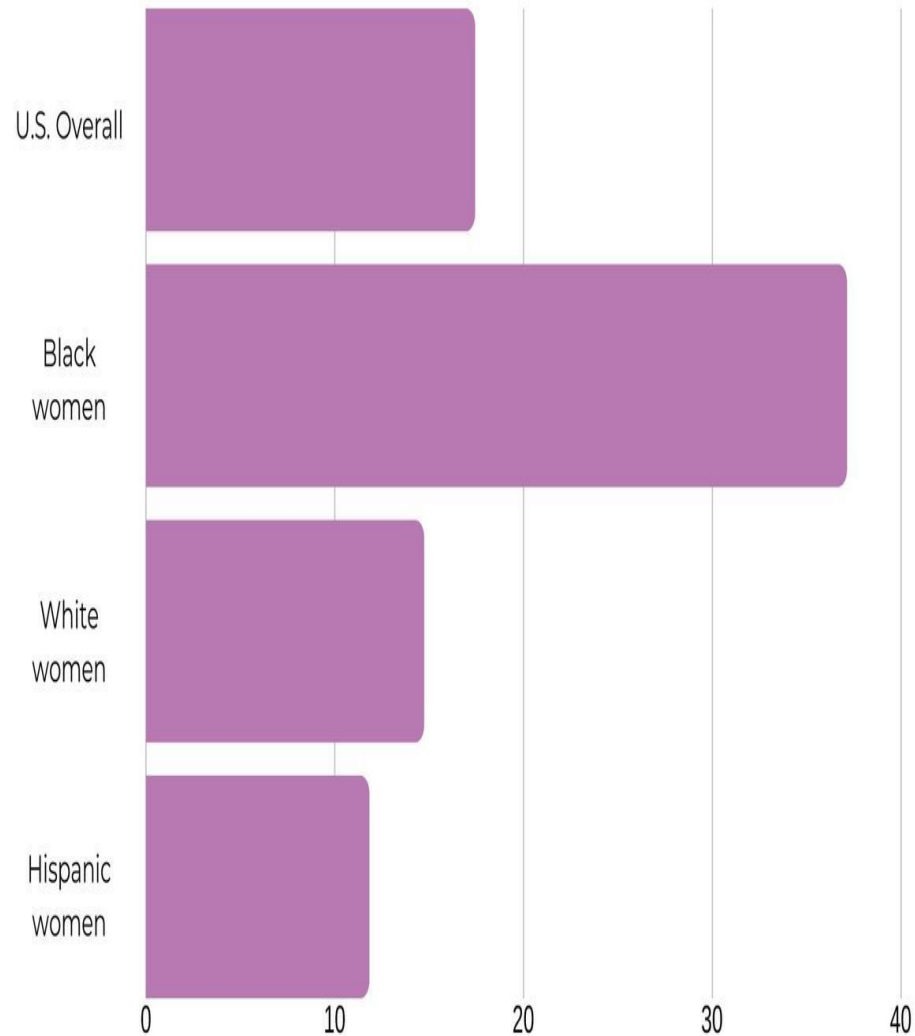
PERINATAL MOOD OR ANXIETY DISORDERS

- 20% of women display symptoms of Perinatal Mood or Anxiety Disorder (PMAD)
- 44% of black women suffer from a PMAD
- PP white women are nearly twice as likely to receive mental health treatment
- Disproportionate number of Black and Latinx women who suffer from PPD do not receive adequate services
- Suicide is a significant risk of untreated PMAD
- Higher SES is not protective

DISPARITIES

- African American women experience higher rates of death in pregnancy/childbirth
- Black women in some studies have been shown 243% more likely to die during or after pregnancy
- Pre-eclampsia and Eclampsia are 60% more common in African American Women
- Black infants are more than twice as likely to die as White infants

Maternal death rates by race, 2018



Source: National Center for Health Statistics

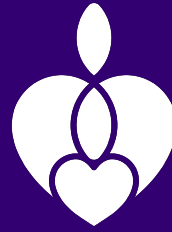
RISK FACTORS

RACISM

- Toxic stress : poverty, racism, trauma microaggression, food and housing insecurity
- History of mental illness
- Substance abuse
- Exposure to community violence
- Prior losses
- Traumatic birth

NOW WHAT?

- Family: Advocate, Educate, Listen, Be the Village
- Additional supports (midwife, doula, family)
- SCREEN EVERY PREGNANT AND POSTPARTUM PERSON
- Cultural Sensitivity Training
- Address racism at every level



NC MATTERS

NC MATERNAL MENTAL HEALTH MATTERS

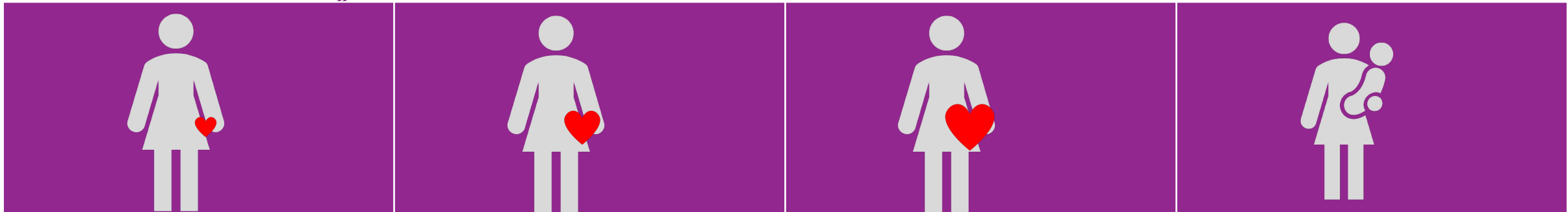
Mary Kimmel, MD

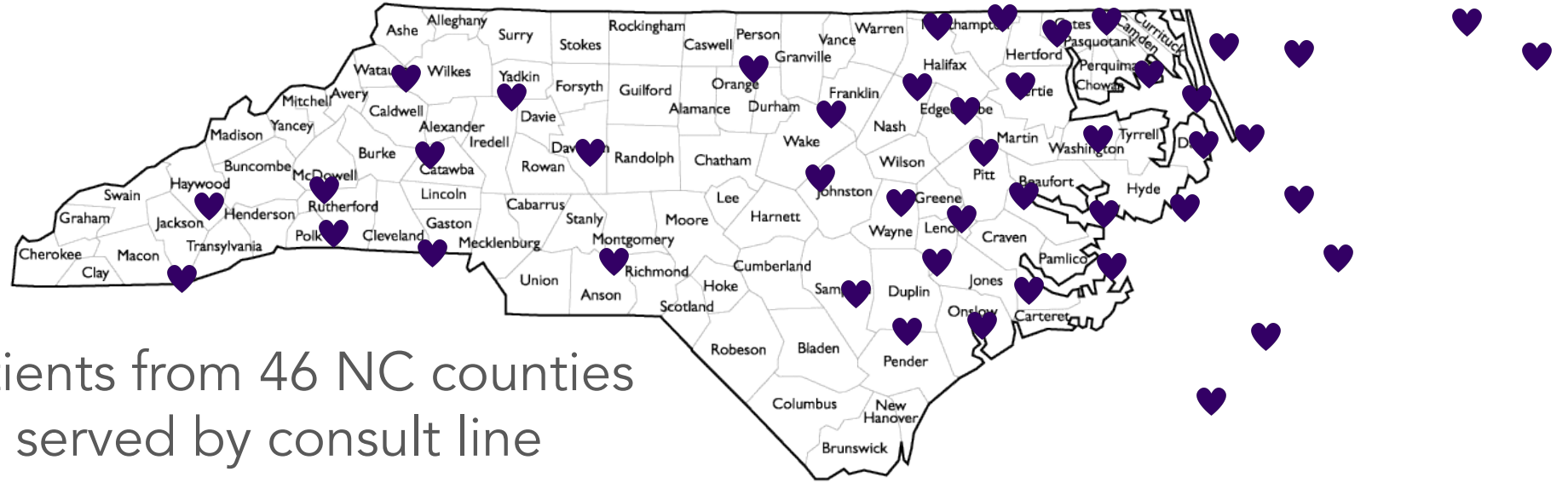
Assistant Professor, Medical Director of NC Maternal Mental Health MATTERS

Co-Director of UNC's Perinatal Psychiatry Program



Perinatal Mood and Anxiety Disorders

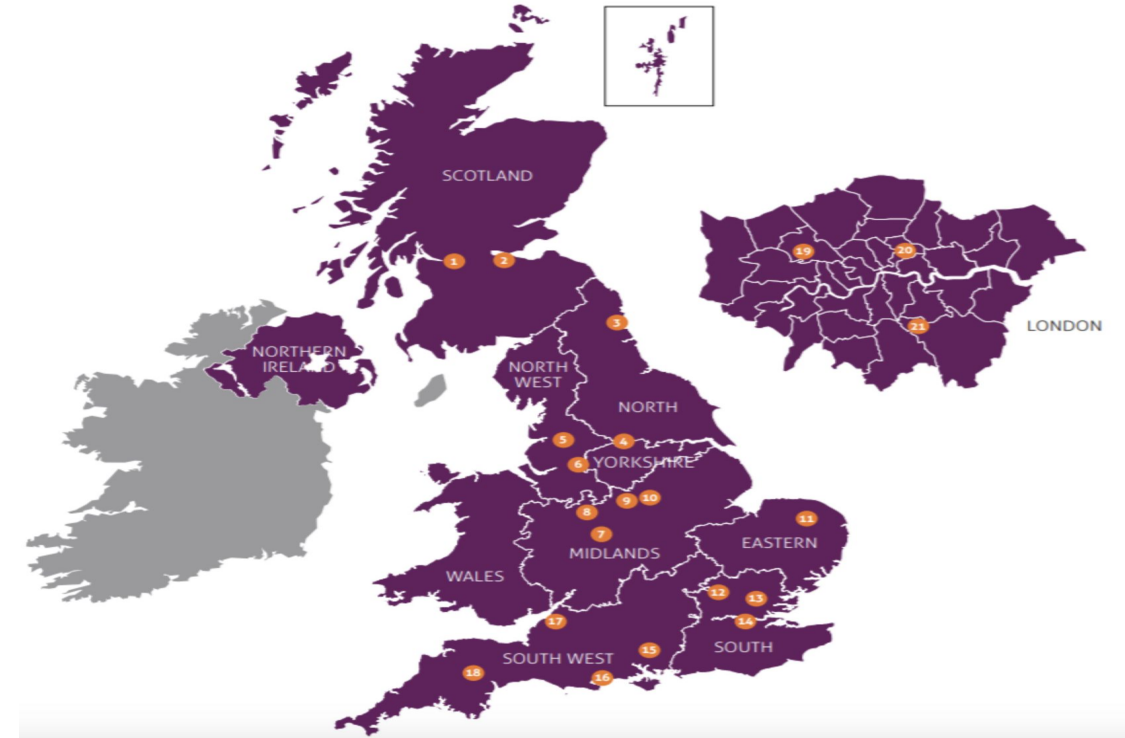




Patients from 46 NC counties served by consult line

440+ patients served by NC MATTERS consult line since November 2019:

- 48% of calls on behalf of *pregnant* patients
- 41% of calls on behalf of *Medicaid* recipients
- 24% of calls from non-prescribers



La Société
Marcé
Francophone

Archives of
Women's
Mental Health
Printed in Austria

Special topic

The History of Mother-Baby Units (MBUs) in France and Belgium and of the French version of the Marcé checklist*

O. Cazas¹ and N. M.-C. Glangeaud-Freudenthal²



MATERNAL MENTAL
HEALTH ALLIANCE
Awareness Education Action

Evaluating the Clinical Effectiveness of a Specialized Perinatal Psychiatry Inpatient Unit

Samantha Meltzer-Brody, MD, Anna R. Brandon, PhD, Brenda Pearson, MSW, Lynne Burns, RN, Christena Raines, NP, Elizabeth Bullard, MD, and David Rubinow, MD
UNC Center for Women's Mood Disorders, Department of Psychiatry, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7160

Psychiatric diagnosis at discharge	% (n=91)
Unipolar depression without psychosis	60.43 % (55)
Major depression with psychosis	5.50 % (5)
Mood disorder NOS	8.79 % (8)
Bipolar disorder	6.59 % (6)
Schizophrenia/schizoaffective/psychotic disorder NOS	6.59 % (6)
Anxiety disorder	7.69 % (7)
Substance-induced mood disorder	4.40 % (4)
Types of comorbid psychiatric illness	
Anxiety disorder NOS	13.19 (12)
PTSD	4.40 (4)
OCD	2.10 (2)
GAD	2.10 (2)
Primary comorbid psychiatric diagnosis made	40.65 % (54)
Report of suicidal ideation on admission assessment ^a	86.49 % (64)

^a Item 10 of the EPDS scale

Inpatient Perinatal Psychiatry Programs in the US

- North Carolina: Chapel Hill NC – UNC Perinatal Psych Inpatient Unit
- New York: Northwell Health Perinatal Psychiatry Service
- California: El Camino Inpatient Psychiatric Care Women's Specialty Unit

Outpatient Intensive Outpatient and Partial Hospitalization Perinatal Psychiatry Programs in the US

- California: Mountain View CA – El Camino Hospital Maternal Outreach Mood Services (MOMS)
- California: Newport Beach CA – Hoag Hospital Maternal Mental Health Clinic
- California: Pasadena CA – Huntington Memorial Hospital Maternal Wellness Program
- California: San Diego CA – UC San Diego Maternal Mental Health Program
- California: Los Angeles, CA – UCLA CA Resnick/Maternal Mental Health Program
- Florida: Gainesville, FL – Better Beginnings Mommy & Baby Day Program
- Illinois: Hoffman Estates IL – AMITA Health Perinatal IOP at Alexian Brothers Women & Children's Hospital
- Michigan: Grand Rapids MI – Pine Rest Mother and Baby Program
- Minnesota: Minneapolis MN – Hennepin Mother-Baby Day Hospital
- Minnesota: Brooklyn Park MN – PrairieCare
- Minnesota: Eden Prairie, MN – Nystrom & Associates, Ltd. Mother Baby Intensive Outpatient Program
- Missouri: St. Louis, MO – Mercy Birthplace Mother-Baby Intensive Outpatient Program
- New Jersey: Long Branch, NJ – Monmouth Medical Center Perinatal Mood & Anxiety Disorders Program
- Nevada: Reno, NV – Thrive Wellness Reno – It Takes a Village
- New York: New York, NY – The Motherhood Center of New York
- New York: Queens, Nassau and Suffolk Counties NY – Perinatal Psychiatry Services at The Zucker Hillside Hospital and South Oaks Hospital
- Pennsylvania: Philadelphia PA – Drexel University Mother Baby Connections Intensive Outpatient Program
- Pennsylvania: Pittsburgh, PA – Women's Behavioral Health West Penn Hospital Allegheny Health Network
- Pennsylvania: Pittsburgh, PA – Alexis Joy D'Achille Center for Women's Behavioral Health at West Penn Hospital
- Rhode Island: Providence RI – Brown/Women & Infants Day Hospital Program
- Utah: Riverton and Payson, UT – Serenity Recovery and Wellness
- Utah: South Jordan, UT – Reach Counseling Utah.com
- Utah: Salt Lake City, UT – St. Marks Outpatient Perinatal Program
- Washington: Seattle, WA – Swedish Perinatal Center for Perinatal Bonding and Support

My stay on a psychiatric ward for PPD inspired a new career

After my husband and daughter disappeared behind the heavy steel doors of the psychiatry unit, I felt like I could breathe again. I knew I would be OK.

By **Ariane Audet**

May 5, 2021

“The following week, the intrusive thoughts came rushing at me, more frequently and more violently.

My therapists and I tried different coping mechanisms, but the thoughts wouldn't leave me alone, and no matter how many walks outside or deep breathing exercises I did, my brain kept telling me I should kill myself.

I drove the five hours that separate my house in Virginia to UNC, sobbing uncontrollably every mile of the way.

But when they disappeared behind the heavy steel door of the psychiatry unit that evening, I felt I could breathe again.

Professionals were in charge and I would be OK.”

Addressing Mental Health and Substance Use Disorders Within A Perinatal Psychiatric Access Program

Leena Mittal, MD, FACLP
Chief, Division of Women's Mental Health, Brigham
and Women's Hospital
Associate Medical Director, MCPAP for Moms

Maternal mental health affects mom, child, and family

Preeclampsia
Preterm delivery
Low birth weight
NICU admissions

Cognitive delays
Motor & Growth issues
Behavioral problems
Mental health disorders



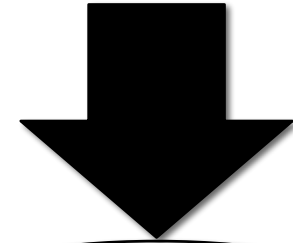
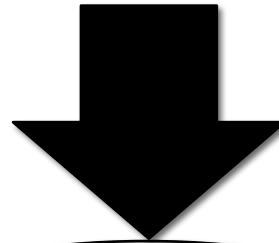
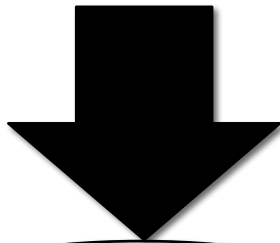
Less engagement in medical care
Smoking & substance use

Lactation challenges
Bonding issues
Adverse partner relationships
Maternal suicide

Massachusetts Child Psychiatry Access Program

MCPAP

For Moms

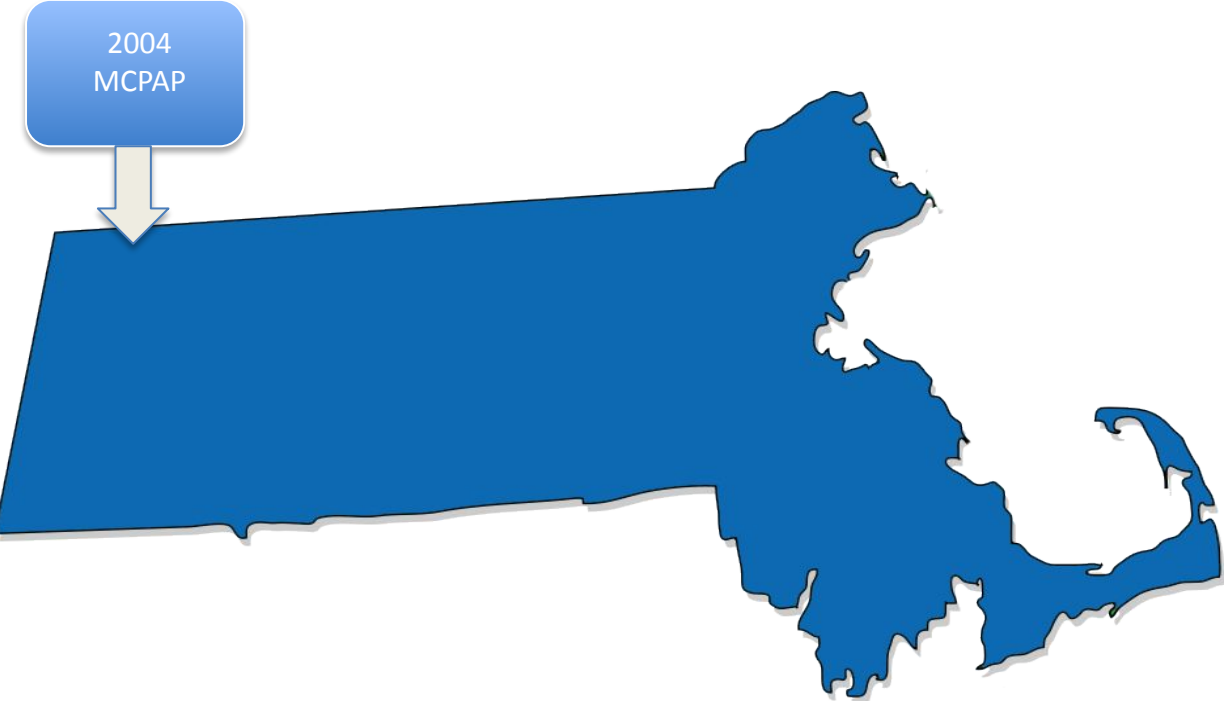


Education

855-Mom-MCPAP

**Resource and
Referral**

MCPAP for Moms is a statewide program supporting frontline providers to address mental health and substance use issues in perinatal individuals



We are a resource for providers as well as patients and families - www.mcpapformoms.org



Contact number for providers:
855-Mom-MCPAP (855-666-6272)

Google Custom Search

Promoting Maternal Mental Health During and After Pregnancy

About MCPAP for Moms | How We Help Providers | Toolkits and Resources | Our Team | For Mothers and Families



MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

Click Below For Video



One in Seven

One out of every seven women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.

Provider Resources



Trainings and toolkits for providers and their staff on evidence-based guidelines for: depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.



Real-time psychiatric consultation and care coordination for providers serving pregnant and postpartum women including obstetricians,

The screenshots display various clinical resources including:

- Screening and Brief Intervention for Substance Use in Pregnancy (SUD1):** A flowchart detailing screening questions and intervention strategies for high, moderate, and low risk.
- Order (OUD):** A form for ordering OUD medications, including fields for patient information and provider details.
- Ordering Medication:** A section detailing the process of ordering medications, including a list of medications and their dosages.
- Resolving Problems:** A section providing guidance on how to address common issues that arise during the process.
- Ordering Medication during the Perinatal Period (SUD7):** A form for ordering medication during the perinatal period, including fields for patient information and provider details.

Who can call MCPAP for Moms?

Primary care
providers

Pediatric providers

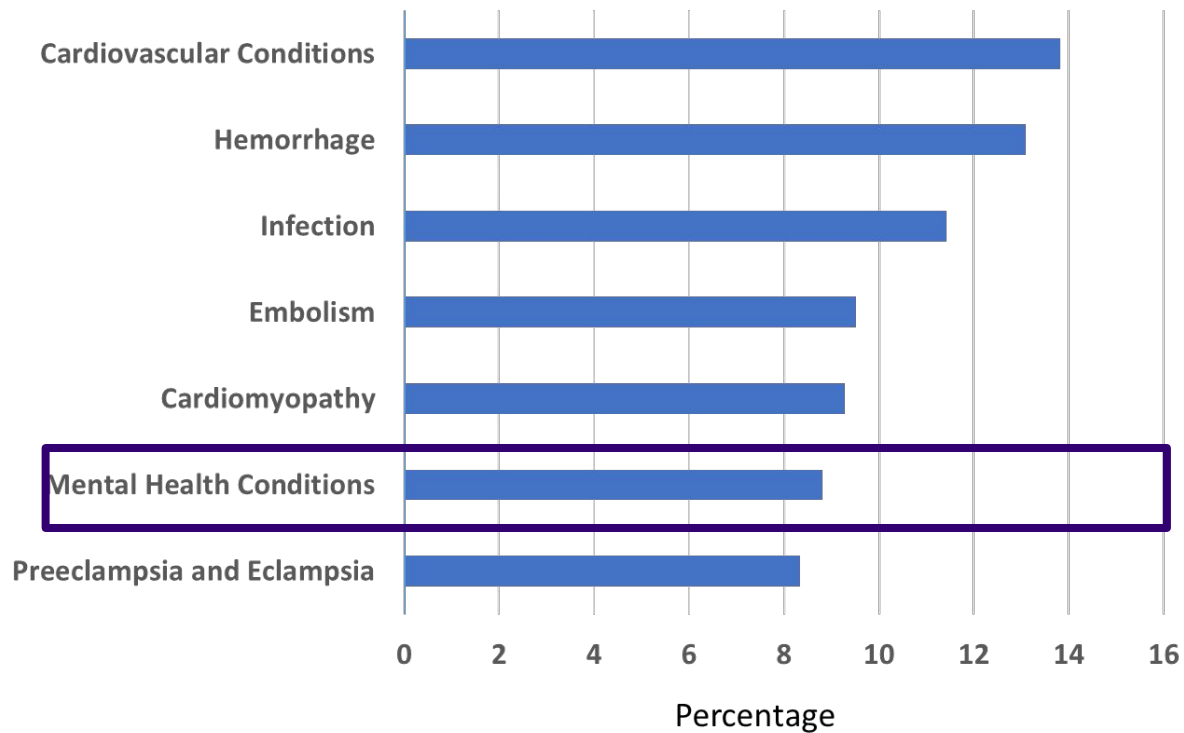
Psychiatric
providers

Obstetric providers/
Midwives

Family Medicine

SUD care providers

Mental health conditions are a leading cause of pregnancy-related deaths



Mental Health Conditions:

Any deaths where the MMRC identified mental health conditions, depression, or other psychiatric conditions as an underlying cause of death; including suicide (69%), and unintentional overdose (19%) or injury of unknown intent where substance use disorder or mental health conditions were documented (22%).

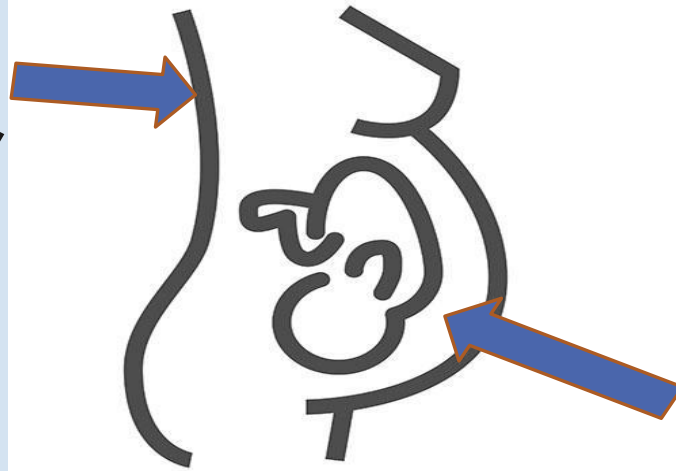
Opioid use disorders in pregnancy are treated pharmacologically with methadone and buprenorphine

Maternal Benefits:

70% reduction in overdose related deaths

Decrease in risk of HIV, HBV, HCV

Increased engagement in prenatal care and recovery treatment



Fetal Benefits:

Reduces fluctuations in maternal opioid levels; reducing fetal stress

Decrease in intrauterine fetal demise

Decrease in intrauterine growth restriction

Decrease in preterm delivery

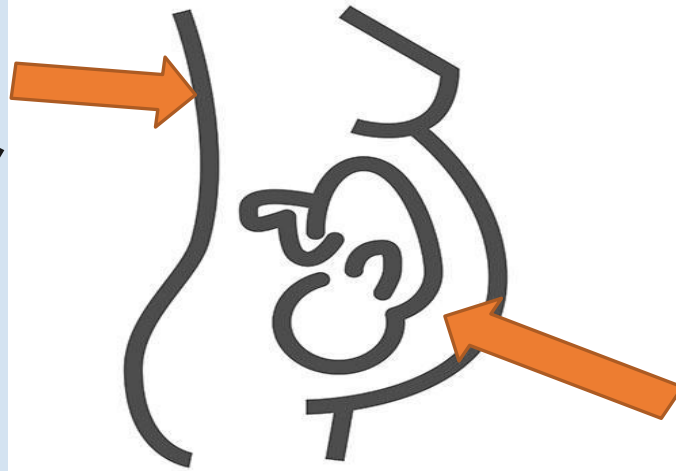
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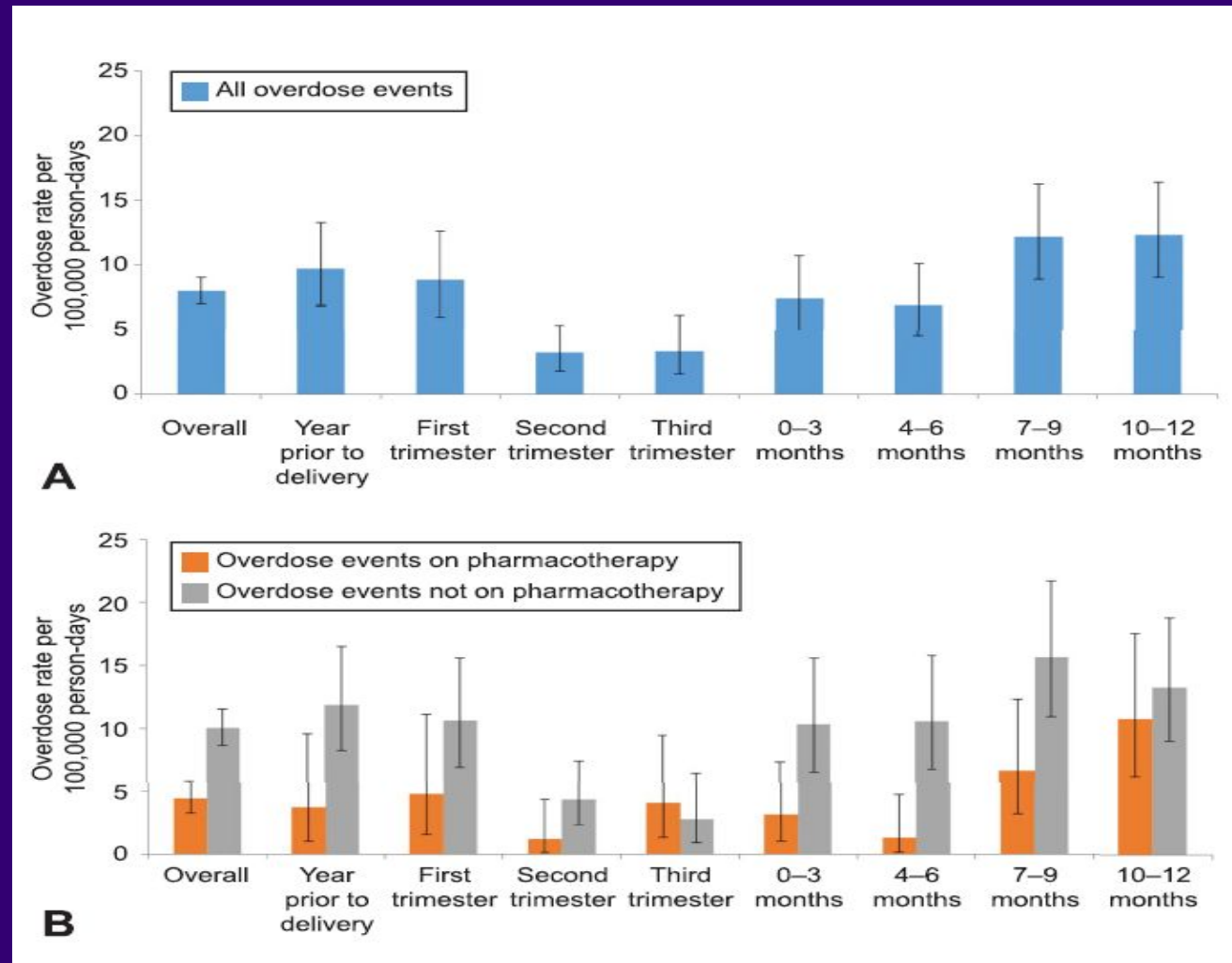
Decrease in intrauterine growth restriction

Decrease in preterm delivery

Opioid overdose is a leading cause of maternal mortality

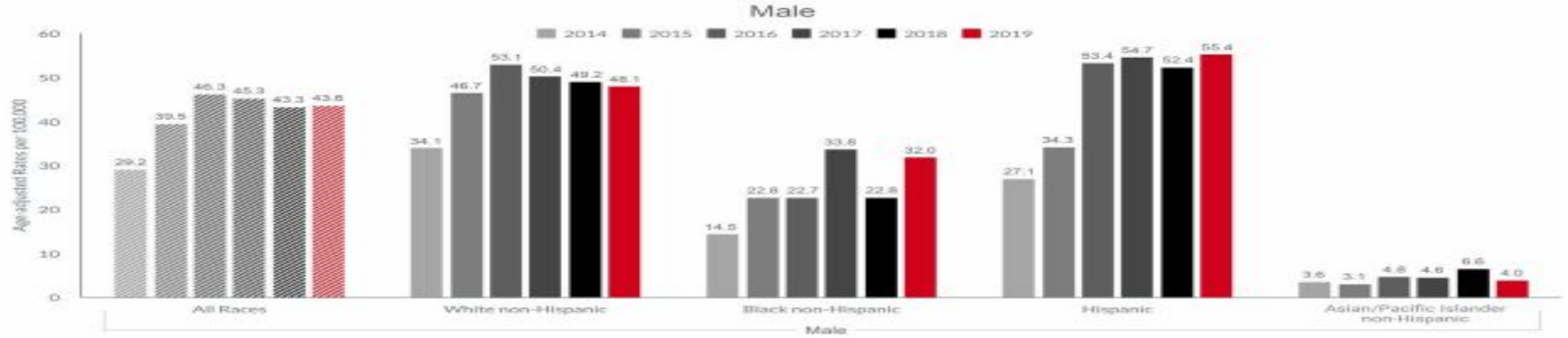
Medication for opioid use disorder (MOUD) saves lives

Mortality is greatest after delivery

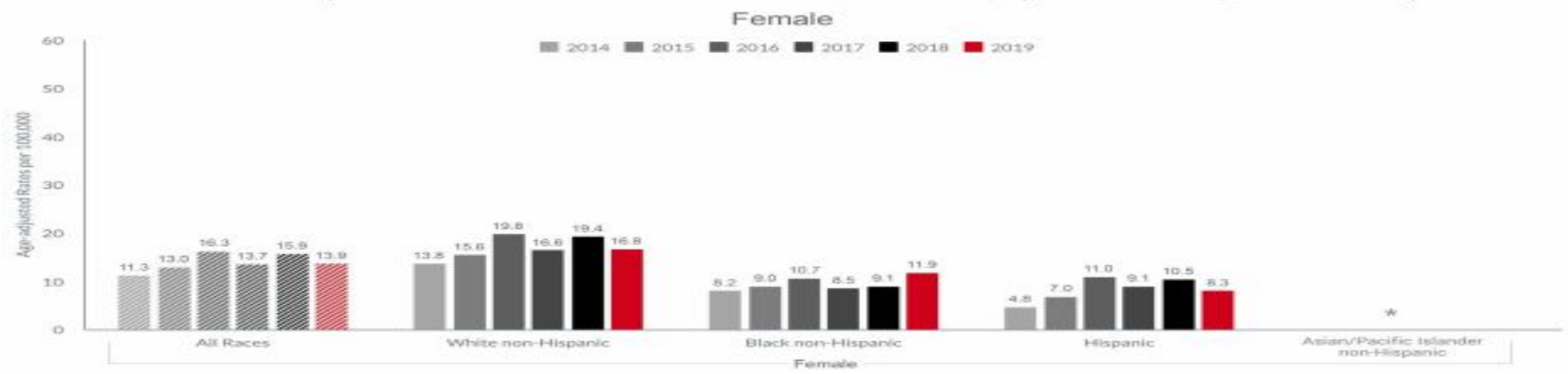


Mortality related to opioid overdose is increasing among women and men of color

Confirmed Opioid-Related Overdose Death Rates, All Intentions, by Race and Hispanic Ethnicity



Confirmed Opioid-Related Overdose Death Rates, All Intentions, by Race and Hispanic Ethnicity



Racial inequity in mental health screening among perinatal women of color is documented, but less known about SUD screening

Black non Hispanic, Hispanic and Asian Non Hispanic women have higher rates of postpartum/perinatal depression - 38% as compared to 13-19% in the general population

Screening for PMAD may require lower cutoffs

Do similar inequities in screening for Substance Use Disorder exist?

Inequitable treatment for women of color may contribute to risk of death

Black nonhispanic, Hispanic women were less likely to receive medications for OUD compared to white women

Women of color were more likely to receive methadone than buprenorphine

Substance use during pregnancy opportunities and challenges



2021 LEGISLATIVE PRIORITIES

Medicaid extension

- 12 months postpartum;
- Permanent, mandatory, and fully funded by the federal government

Funding requests for existing programs

- \$5 million for HRSA grants to states to create MMH programs in 5 states (bringing total to 12 states)
- \$2 million for MMH hotline to provide text services, culturally-appropriate support, public awareness

Moms Matter Act (HR. 909/S. 484)

- Expands access, treatment, and support for MMH conditions
- Grows and diversifies the MMH and behavioral health workforce
- Invests in programs to support pregnant/postpartum people with substance use challenges

Momnibus sponsored by The Black Maternal Health Caucus

- 12 bills that address the maternal health and maternal mortality crisis
 - Social determinants, racial and cultural bias, environmental stressors)

Q&A

Jamie Zahlaway Belsito
Maternal Mental Health Leadership Alliance
Founder and Policy Director
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