



# From Research to Action: Transforming Perinatal Care to Include Mental Healthcare

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Medical Director of Research and Evaluation, MCPAP for Moms



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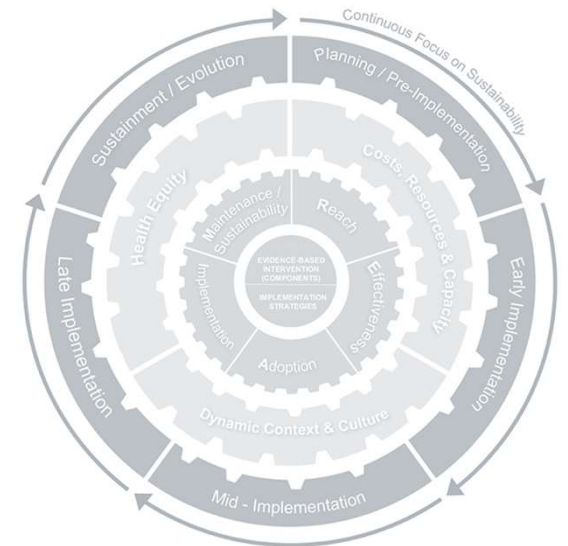
# Disclosures: Nancy Byatt, DO, MS, MBA

In the 24-months prior to this presentation, I declare the following ineligible company financial relationships:

- The Kinetix Group, consultant
- JBS International, consultant
- VentureWell, consultant
- James Bell Associates, honorarium
- Elsevier, Editor

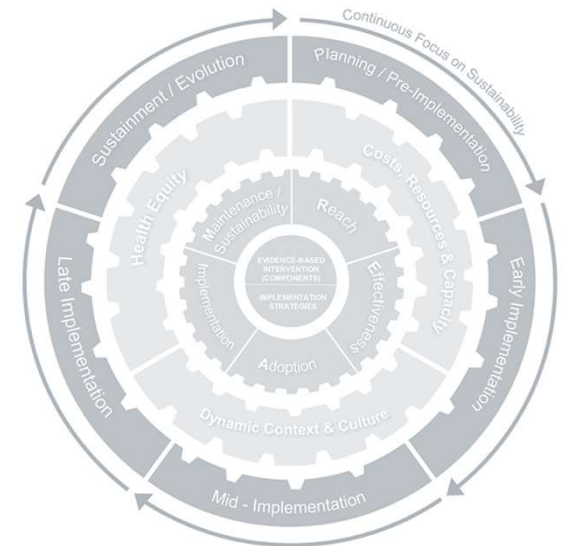
# 1 in 5

women around the world will suffer from a maternal mental health complication



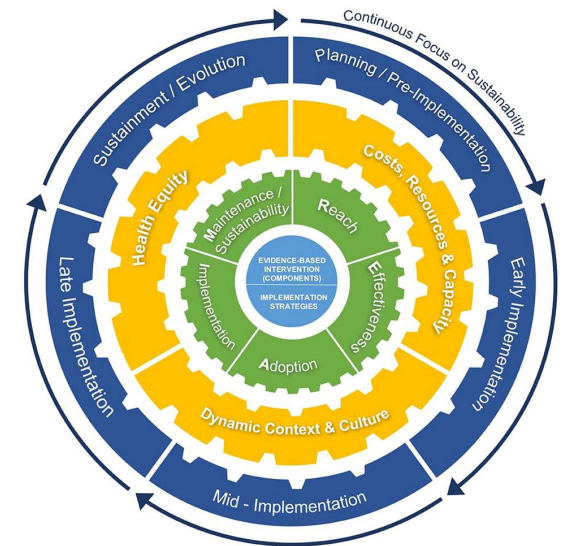
# 1 in 5

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women around the world will suffer from a maternal mental health complication



**My passion for this work is deeply rooted in my personal experiences**



**We all have light in our wounds**

**My passion is also deeply rooted in my experiences as a psychiatrist**

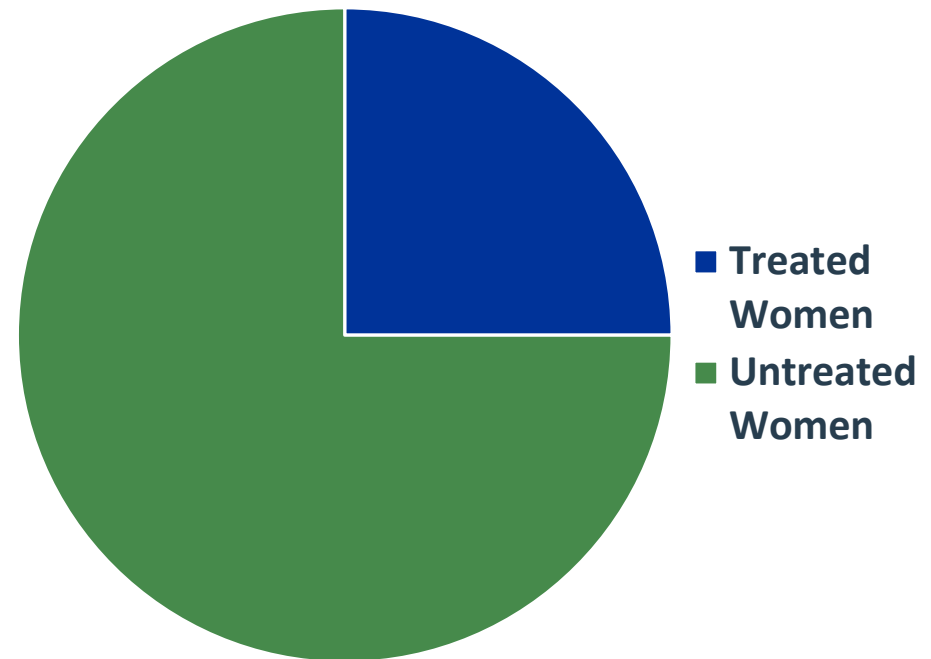


**Our clinical work can facilitate exploration and hypothesis generation**

# Perinatal mood and anxiety disorders are common and undertreated

## 1 in 5

women around the world will suffer from a maternal mental health complication

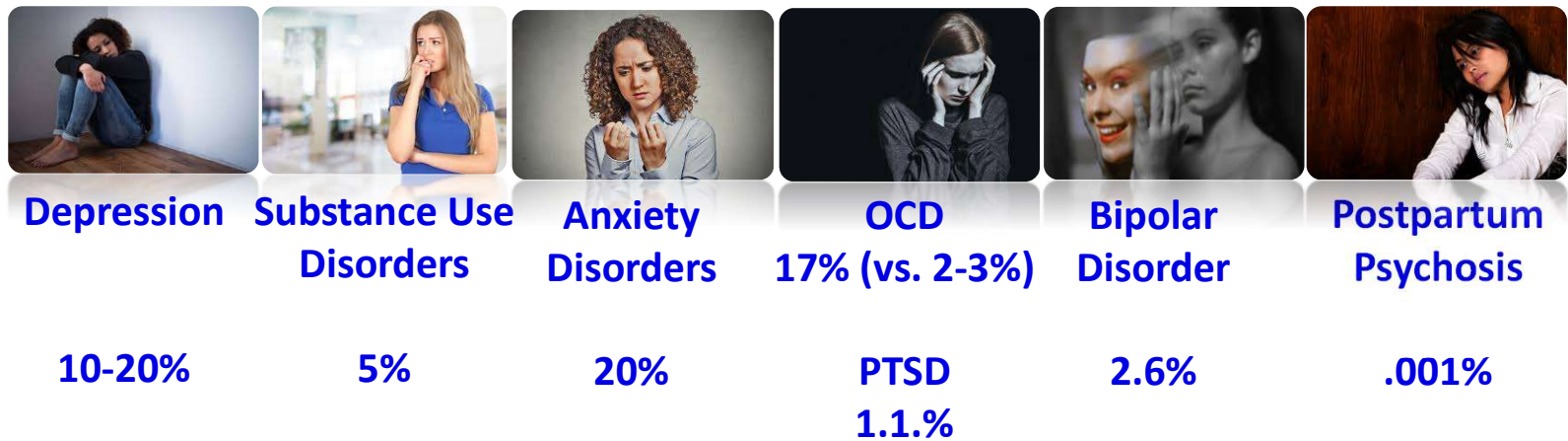


Women with depression symptoms

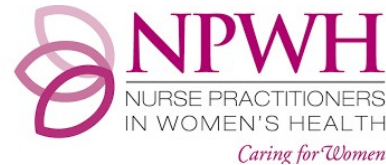
**Mental health conditions are the underlying cause of 23% of maternal deaths in the US**



# Mental health and substance use disorders occur are becoming more common during the perinatal time-period



# Perinatal mental health and substance use disorders are recognized as a major public health issue



# The perinatal period is ideal for the detection and treatment of mood and anxiety disorders



CLINICAL PRACTICE GUIDELINE

NUMBER 4  
JUNE 2023

REPLACES COMMITTEE OPINION 757, NOVEMBER 2018

## Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum

**Committee on Clinical Practice Guidelines—Obstetrics.** This Clinical Practice Guideline was developed by the ACOG Committee on Clinical Practice Guidelines—Obstetrics in collaboration with Tiffany A. Moore Simas, MD, MPH, MEd; M. Camille Hoffman, MD, MSc; Emily S. Miller, MD, MPH; and Torri Metz, MD, MS; with consultation from Nancy Byatt, DO, MS, MBA; and Kay Roussos-Ross, MD. The Society for Maternal-Fetal Medicine endorses this document. The Committee on Women’s Mental Health of the American Psychiatric Association reviewed and provided feedback on this document.



CLINICAL PRACTICE GUIDELINE

NUMBER 5  
JUNE 2023

REPLACES PRACTICE BULLETIN NUMBER 92, APRIL 2008

## Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum

**Committee on Clinical Practice Guidelines—Obstetrics.** This Clinical Practice Guideline was developed by the ACOG Committee on Clinical Practice Guidelines—Obstetrics in collaboration with Emily S. Miller, MD, MPH; Torri Metz, MD, MS; Tiffany A. Moore Simas, MD, MPH, MEd; and M. Camille Hoffman, MD, MSc; with consultation from Nancy Byatt, DO, MS, MBA; and Kay Roussos-Ross, MD. The Society for Maternal-Fetal Medicine endorses this document. The Committee on Women’s Mental Health of the American Psychiatric Association reviewed and provided feedback on this document.



**Let's reflect on how we discuss the perinatal period with our family and friends**



# It is recommended that perinatal individuals be screened for depression and anxiety

2015, 2018



Depression & Anxiety

At least once during the perinatal period

2016



Depression

At least once during pregnancy and again pp

2023



Depression & Anxiety

Twice in pregnancy and again pp

# It is recommended that perinatal individuals be screened for depression and anxiety

2015, 2018



Depression & Anxiety

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Depression

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2023

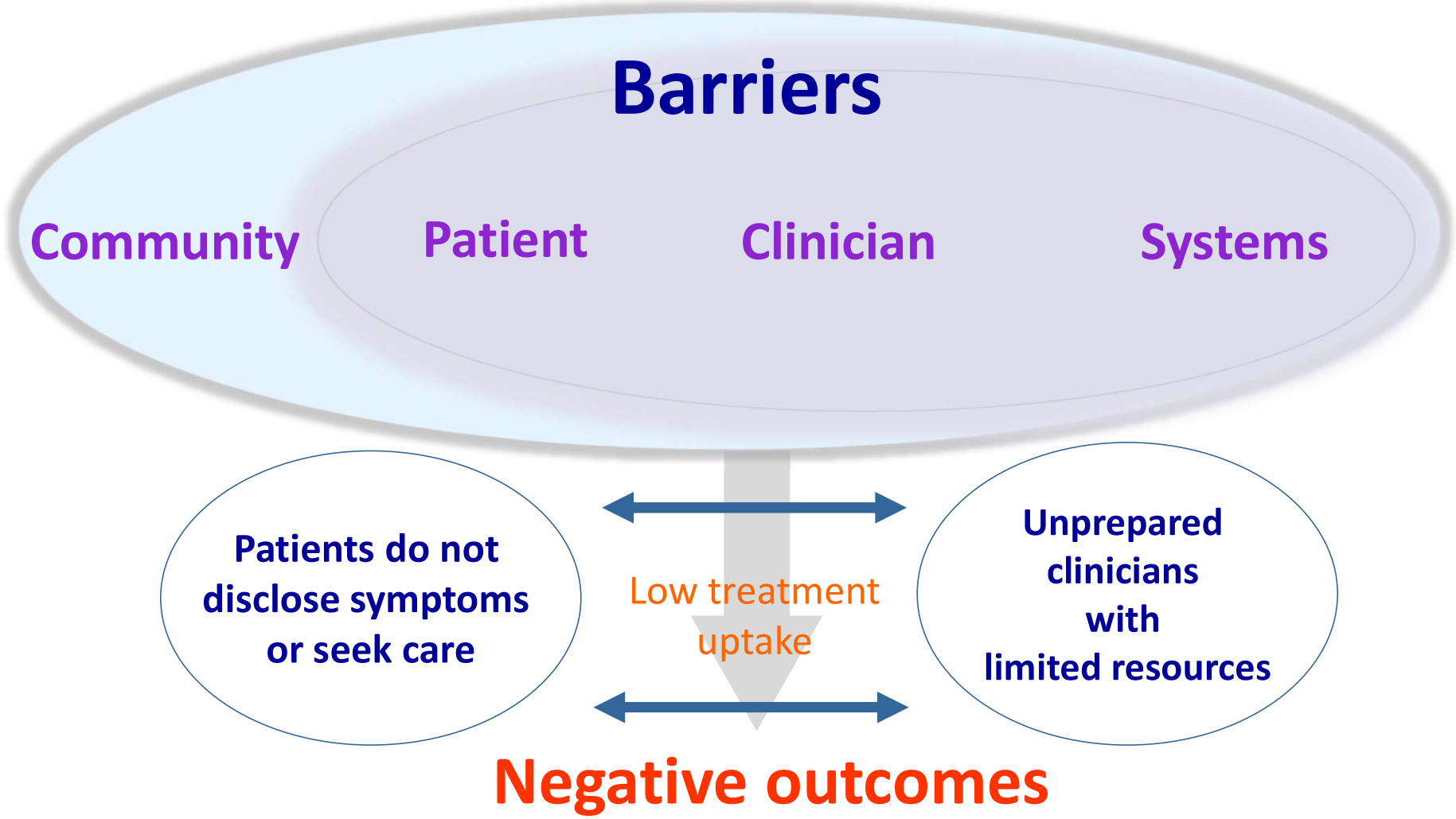


Depression & Anxiety

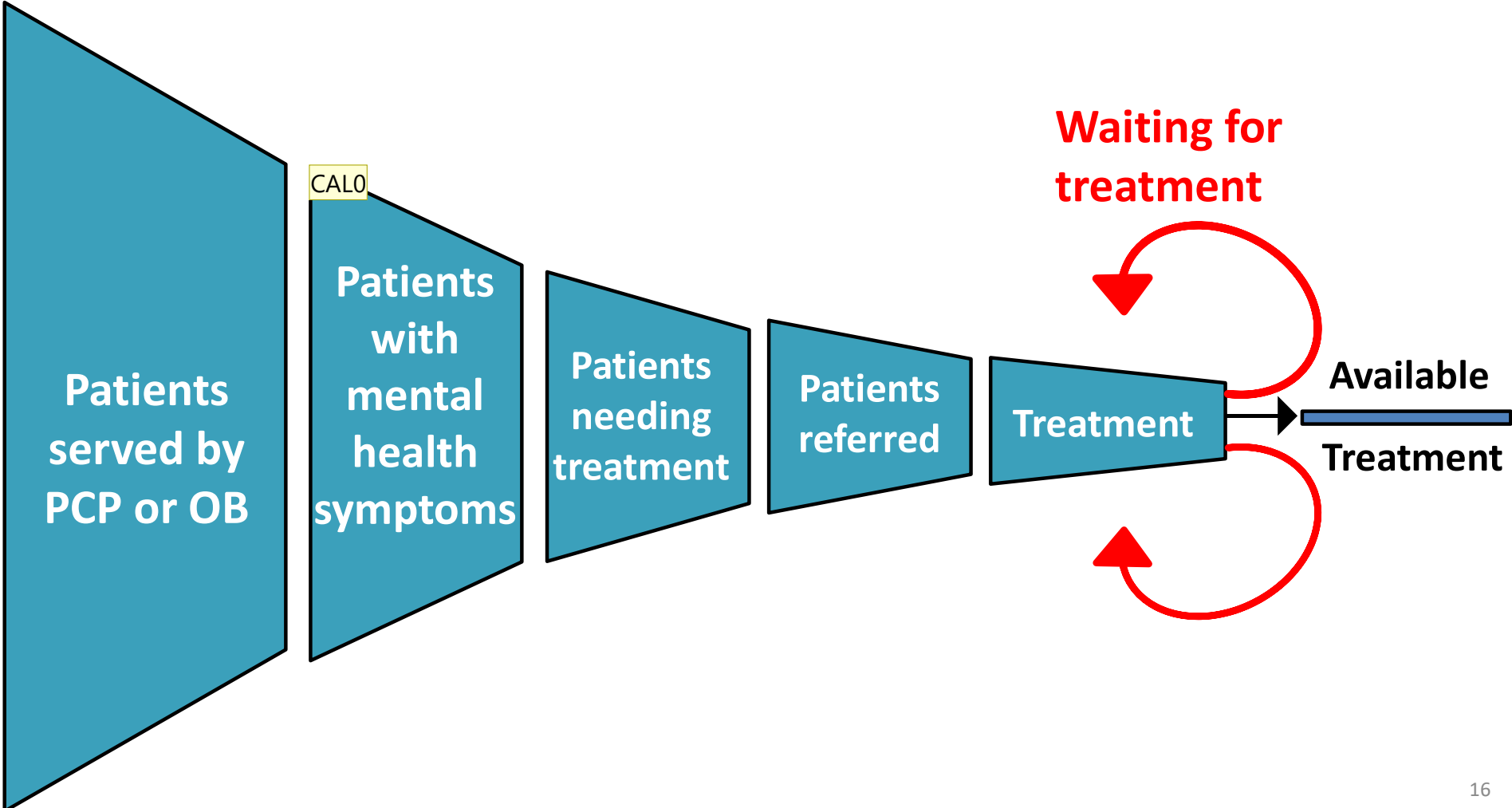
Twice in pregnancy and again pp

Screening needs to be coupled with adequate systems to ensure accurate diagnosis, effective treatment, and appropriate follow-up

# Multi-level barriers to perinatal mental health persist



# Referrals can and often do send families on a road to frustration





## Slide 16

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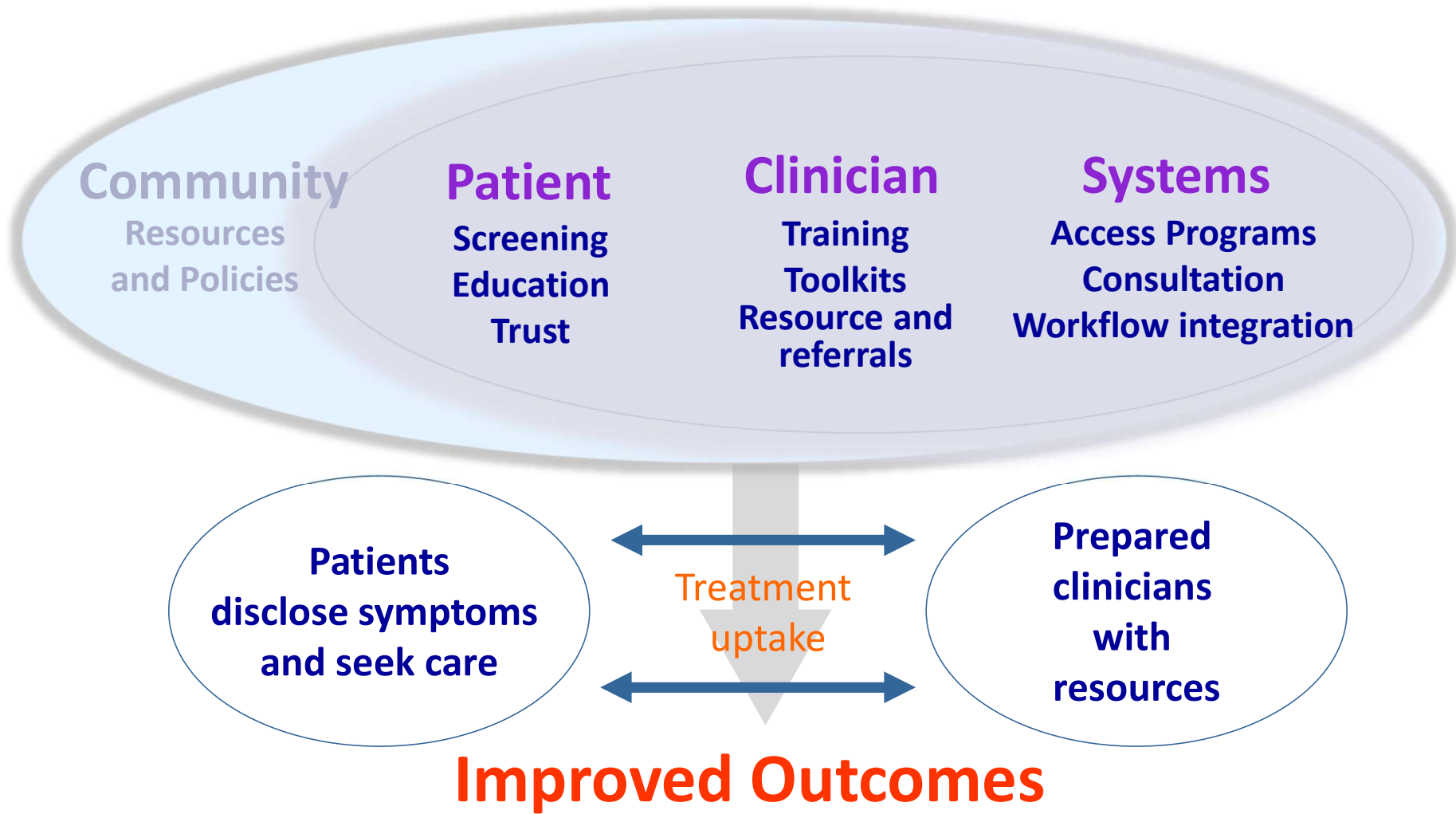
**CALO** Do you want numbers added - 72,000 individuals screened/1 in 5 screen positive?

Celona, Amy L, 2022-10-12T18:30:54.473

**BNO 0** I think we are good without #s

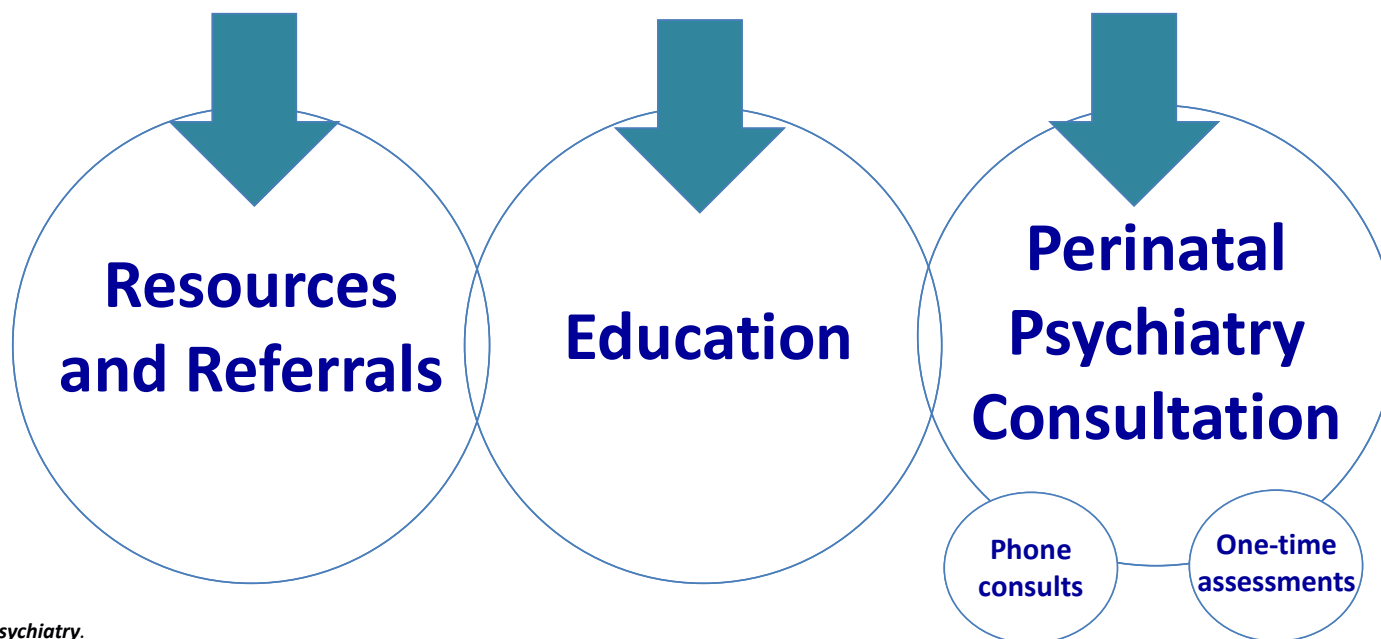
Byatt, Nancy, 2022-10-17T16:04:26.578

# We have focused on overcoming multi-level health system barriers

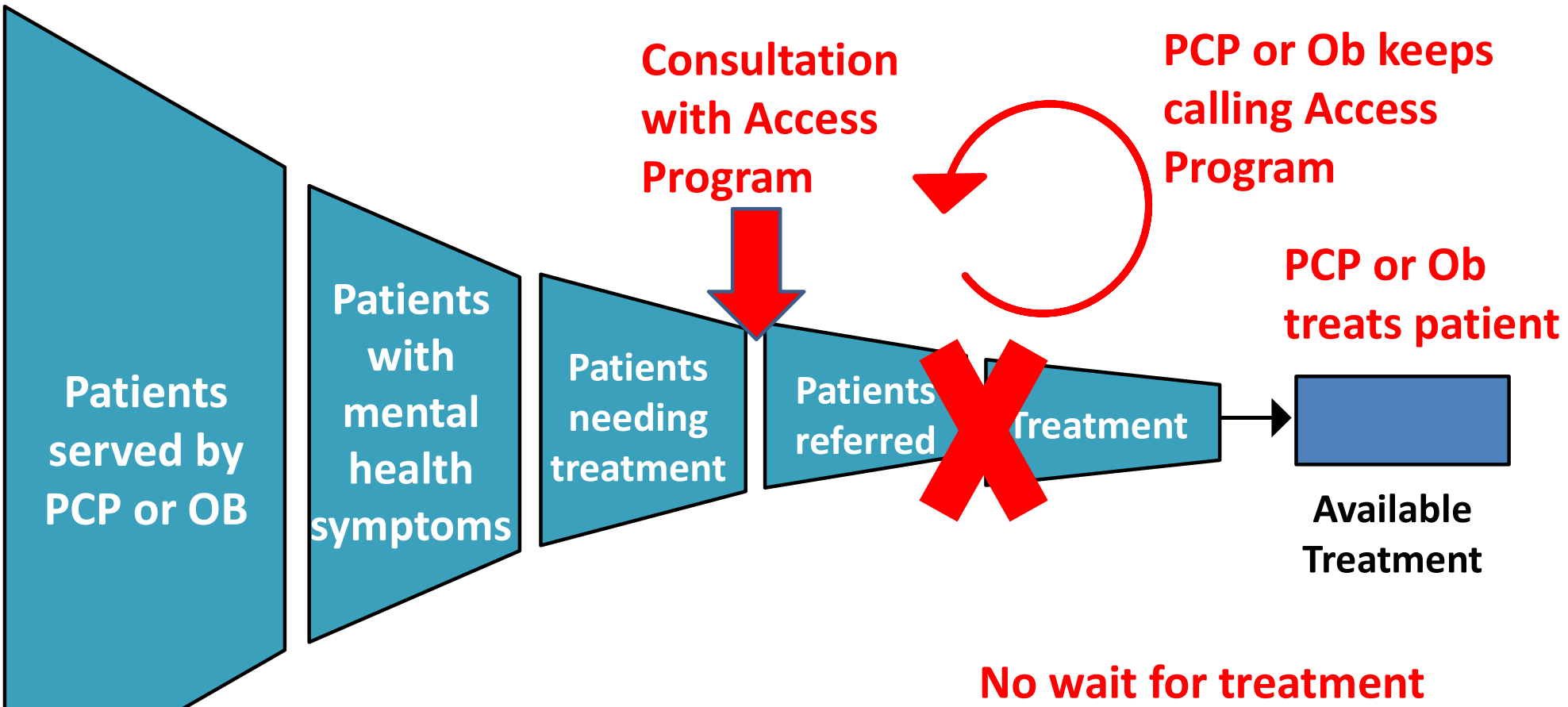


**We developed MCPAP for Moms to build the capacity of obstetric settings to provide mental health and substance use disorder care**

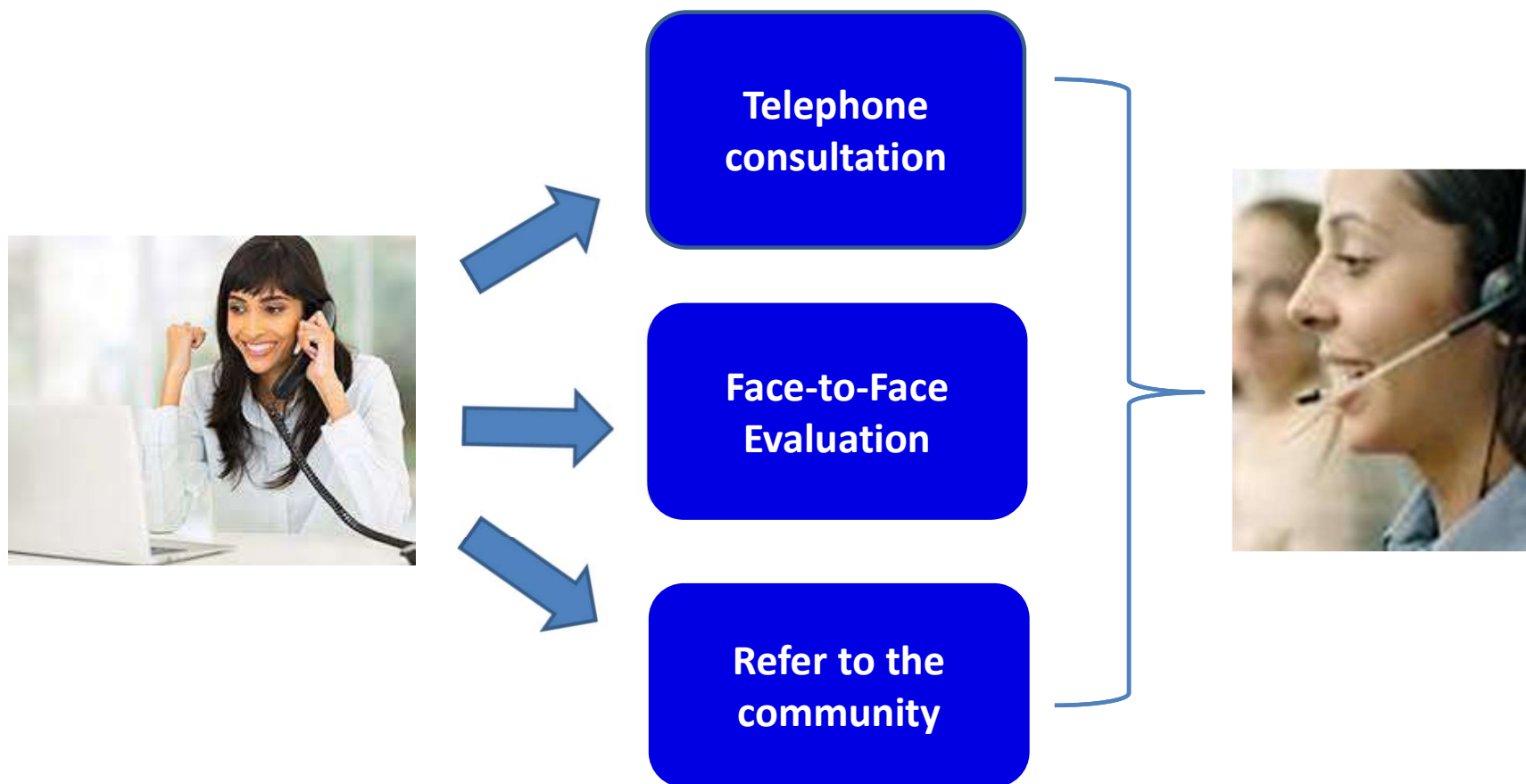
Massachusetts Child Psychiatry Access Program  
**MCPAP**  
For Moms



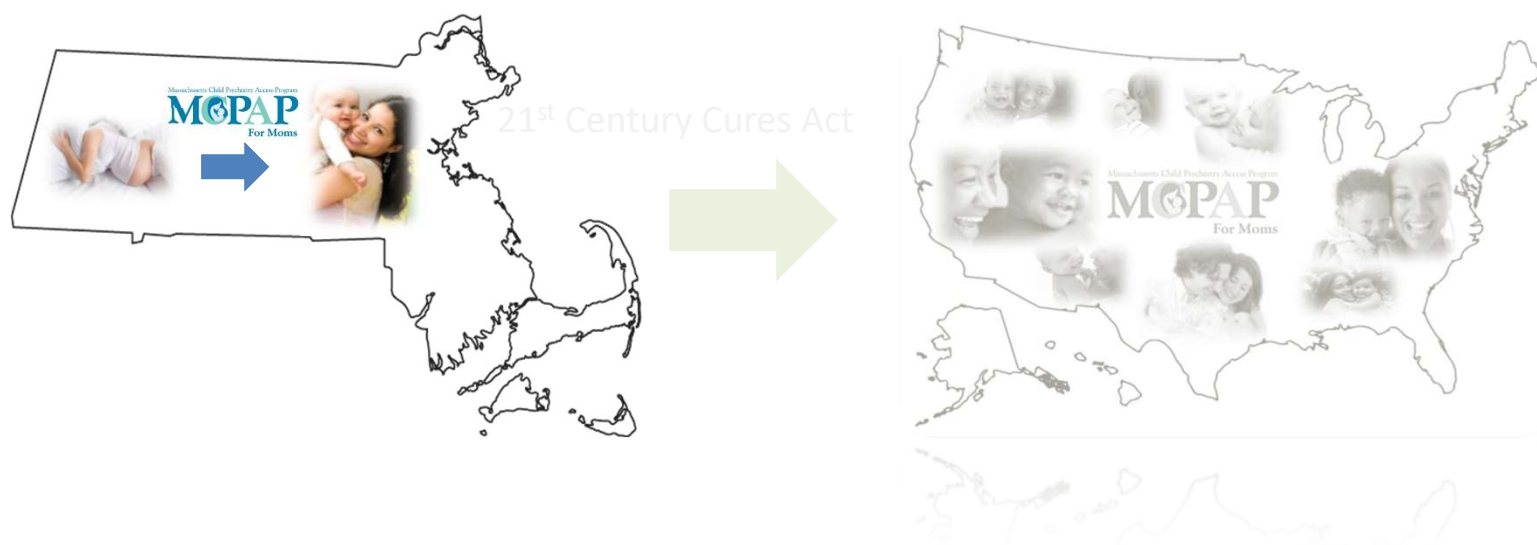
# MCPAP for Moms intervenes before referral



# The consultation is the “engine” of MCPAP for Moms

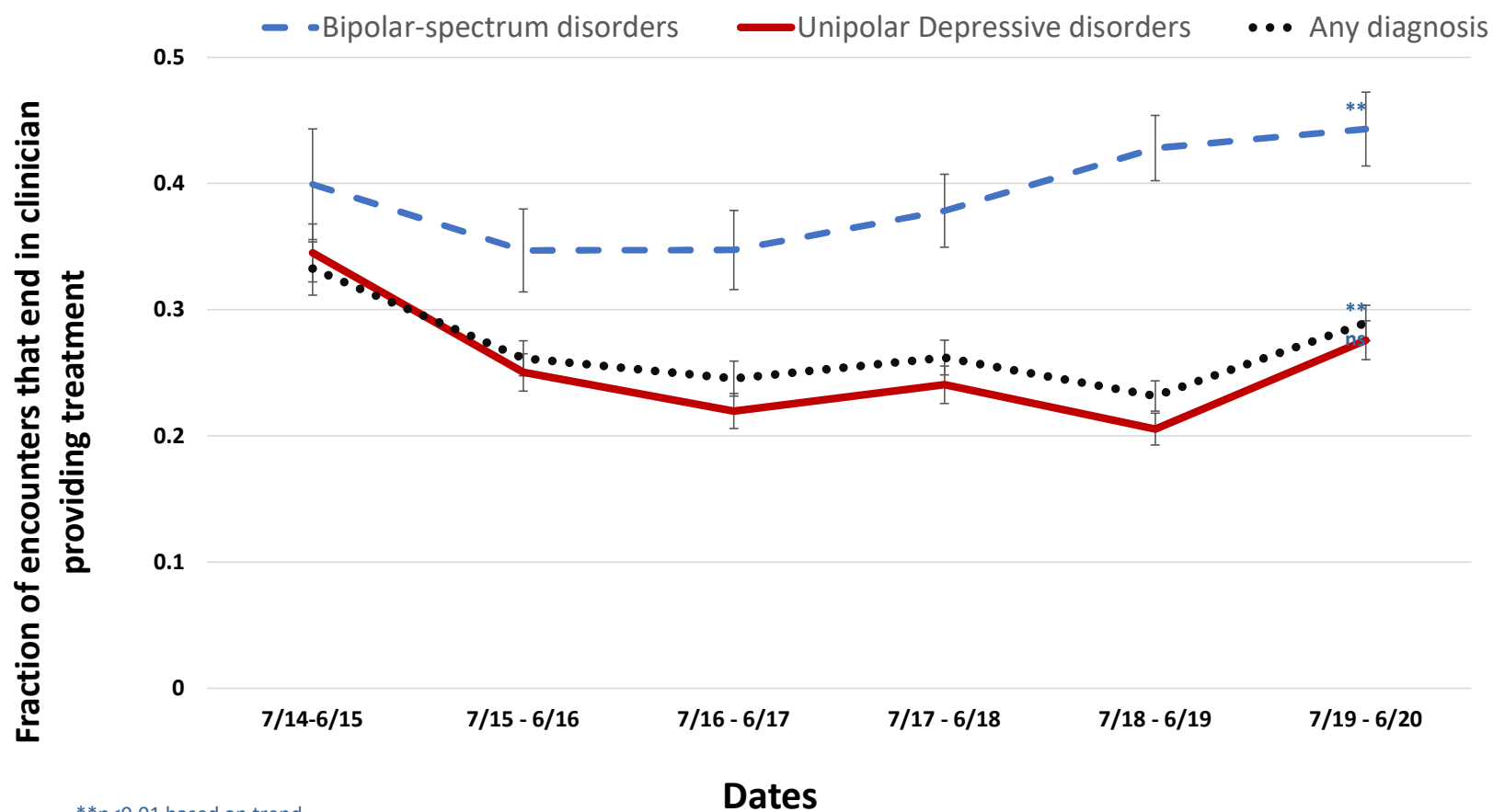


# With MCPAP for Moms, all perinatal women across MA have access to evidence-based mental health and substance use disorder treatment



MCPAP for Moms can serve as a model for other states in the US

# Treatment trends suggest that MCPAP for Moms helps clinicians treat more complex illness over time



\*\*p<0.01 based on trend

Masters et al. (2023). *Archives of Women's Mental Health*.



# Lived experience and relationships provided a vehicle for change





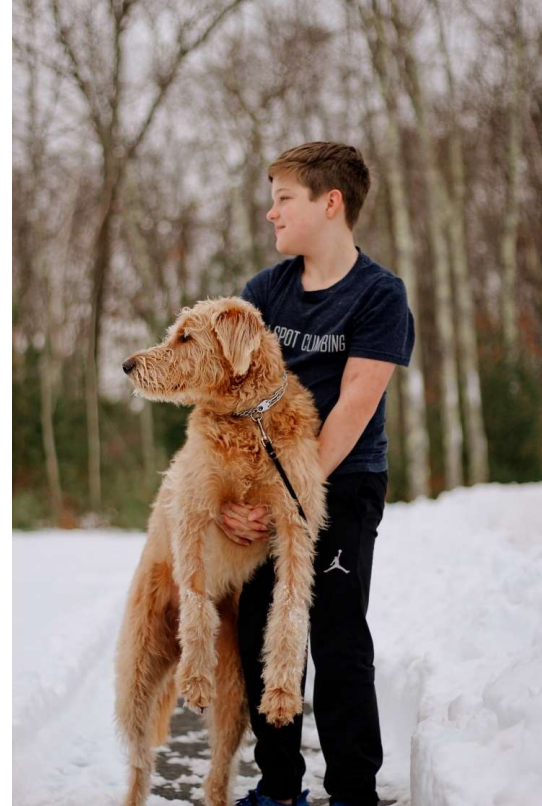
**Policy making needs to be driven and informed by both lived expertise and science**

**“The people closest to the pain,  
should be the closest to the  
power, driving & informing the  
policymaking...”**

**-Congresswoman Ayanna Presley**



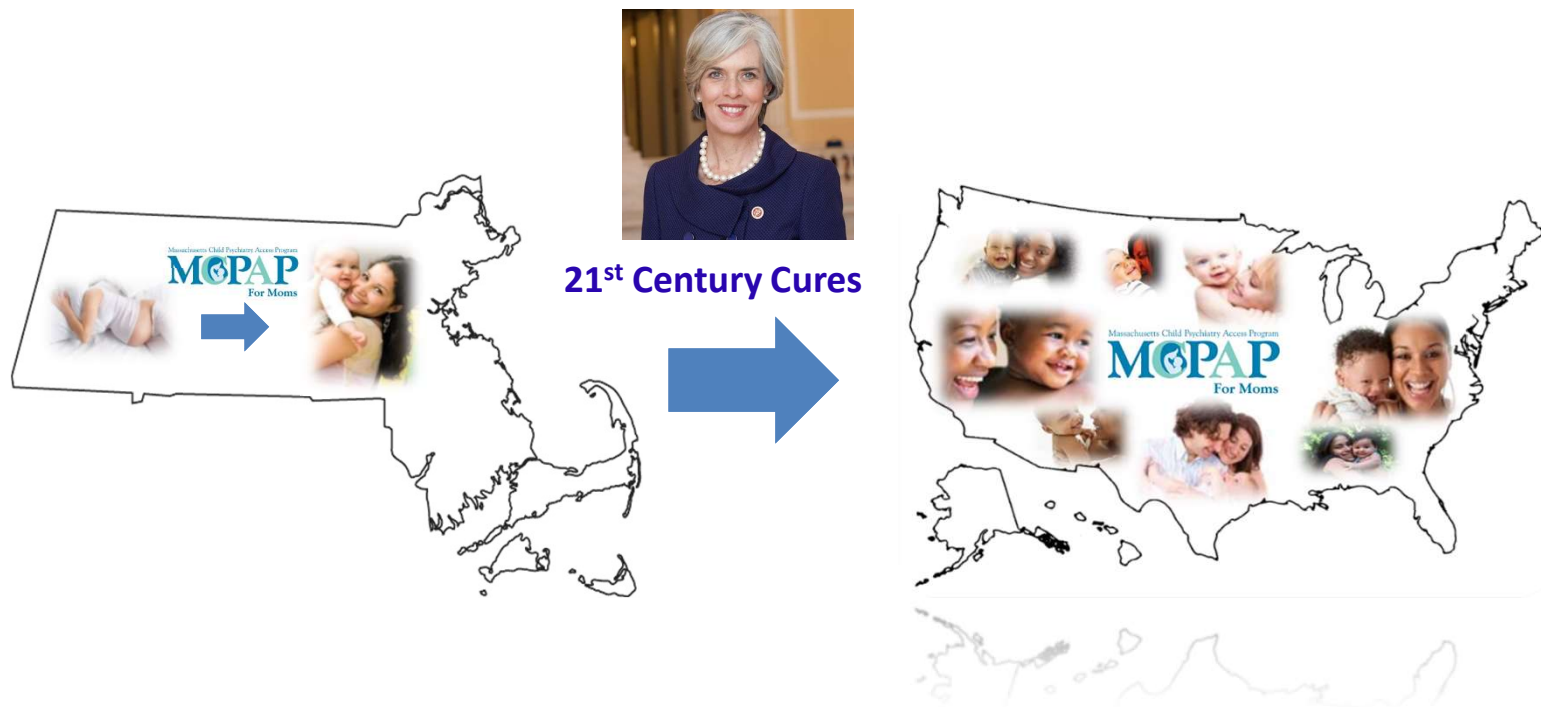
# My personal experiences continued to fuel my passion



**I chose to take off my professional armor and recognize and share my own vulnerability**



With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment

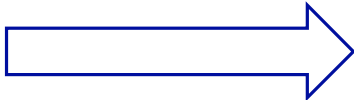


**The light in our wounds drove the movement**

# Untreated perinatal mood and anxiety disorders come at a high cost



**\$32,000 per year**




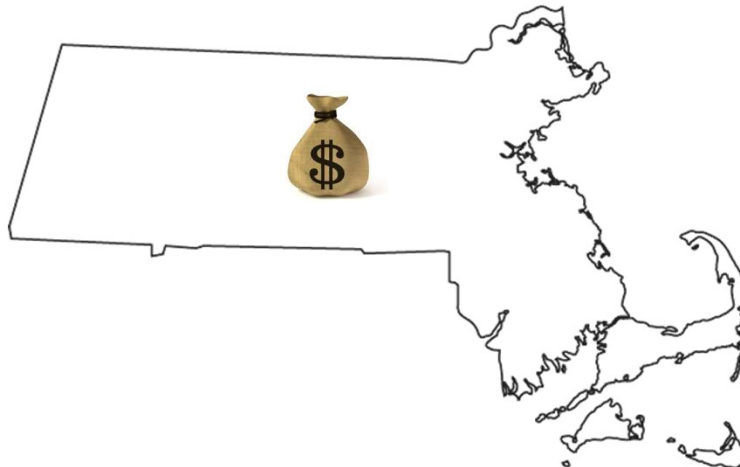
**\$345.6 million per year**

# MCPAP for Moms costs are low

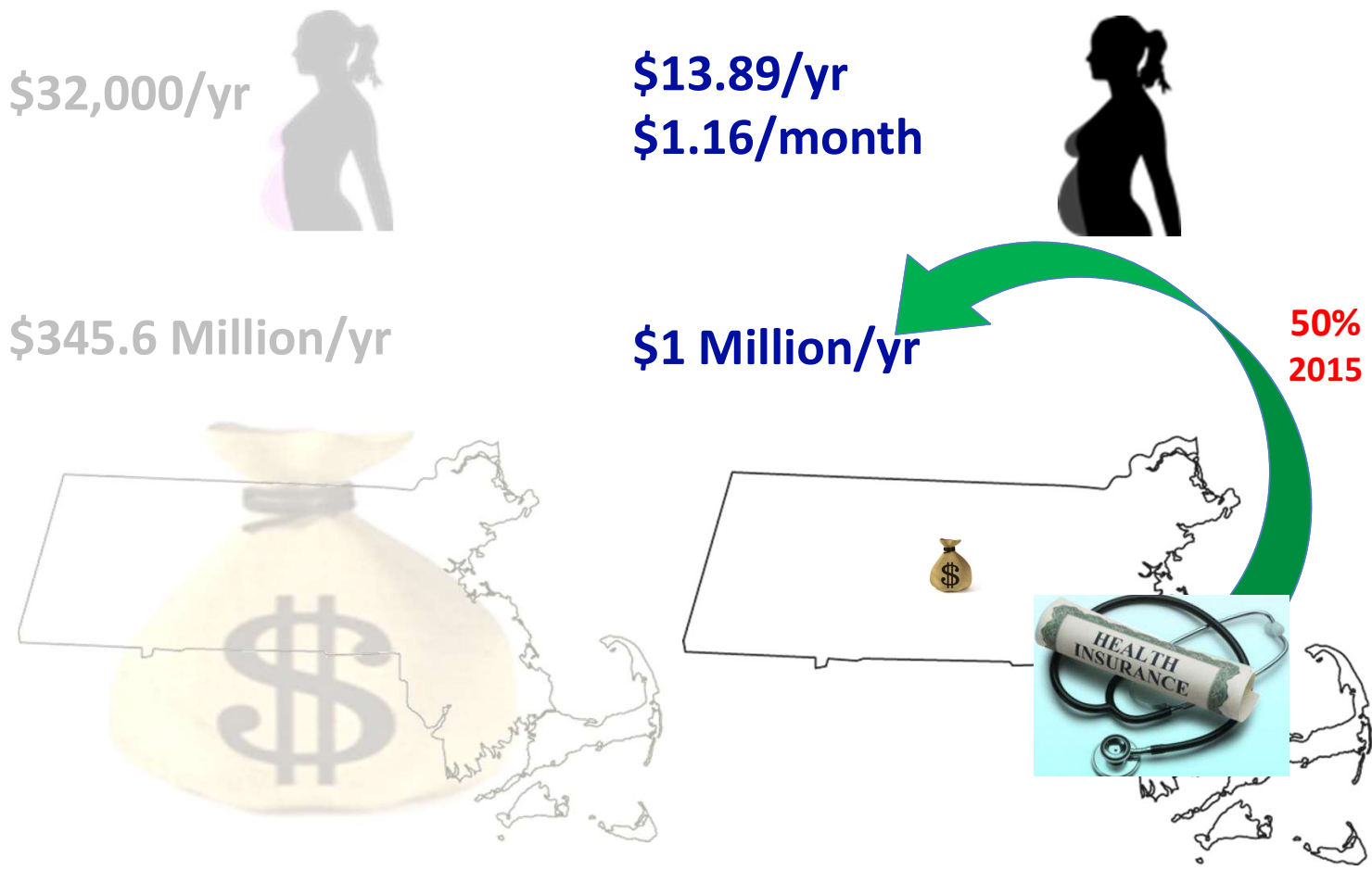
\$32,000/yr 

**\$13.89/yr**  
**\$1.16/month** 

\$345.6 Million/yr 

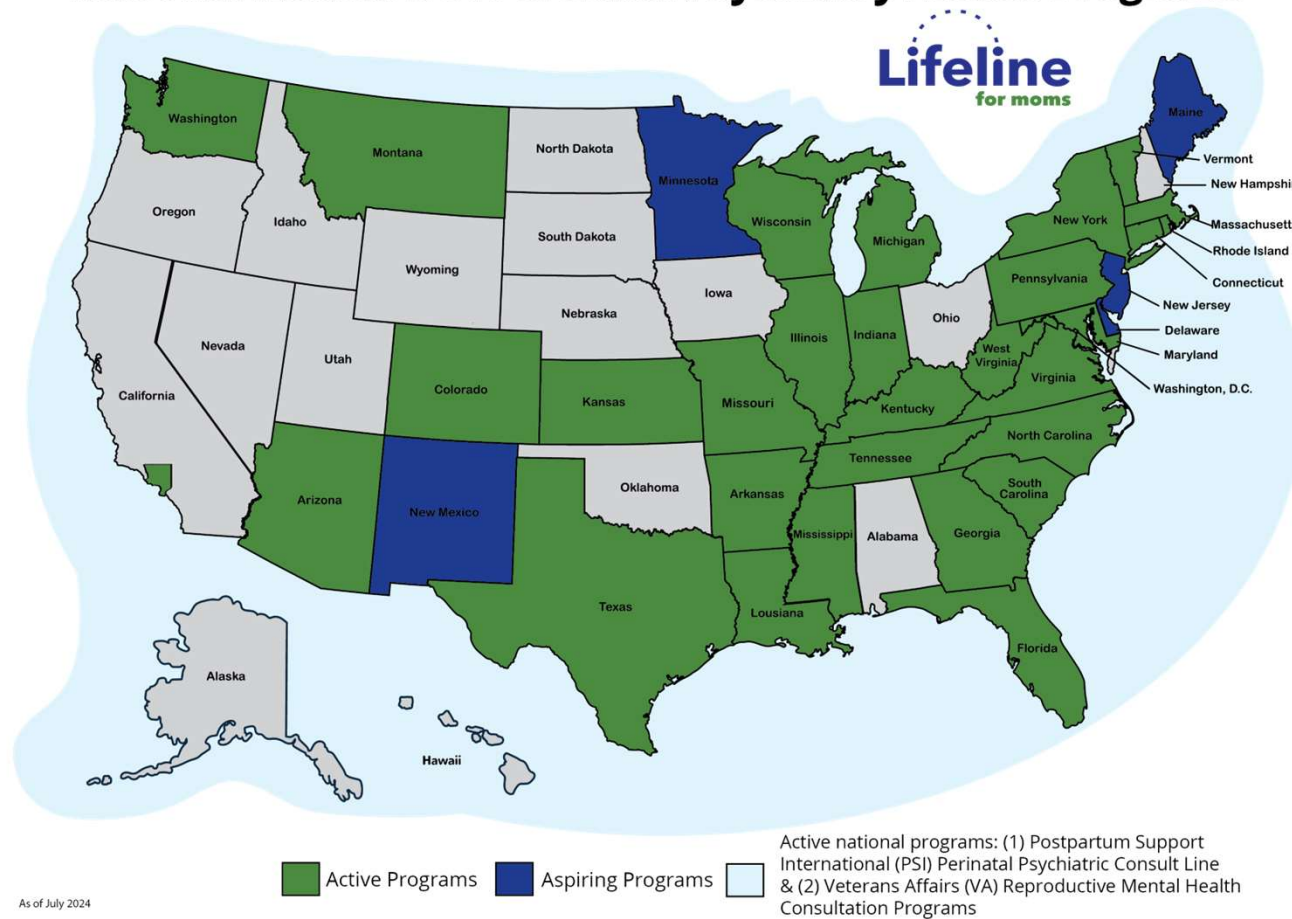
**\$1 Million/yr** 

# 50% is recuperated through legislated surcharge to commercial insurers



# There are 30 statewide or regional Access Programs with the potential to cover 2.6 million or >70% of the 3.7 million US births

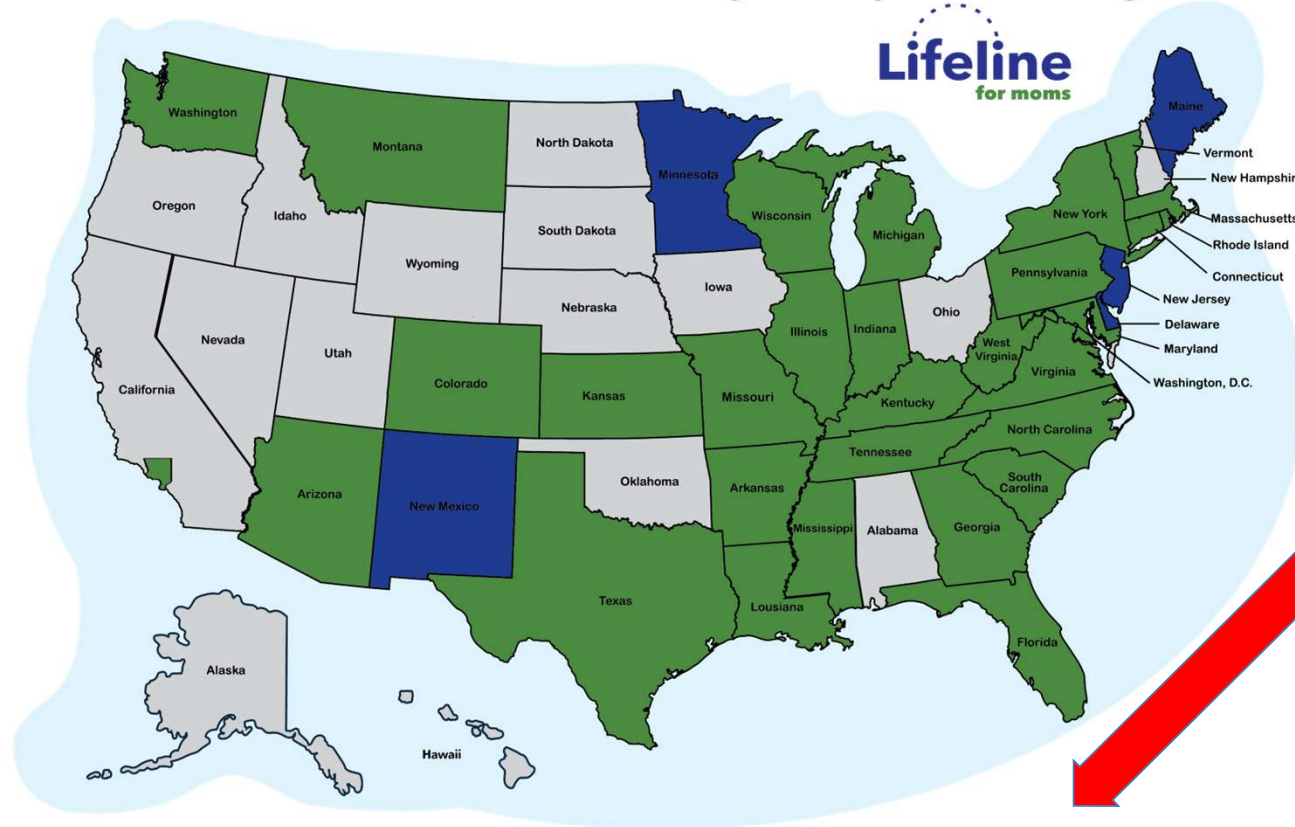
## National Network of Perinatal Psychiatry Access Programs





# There are 30 statewide or regional Access Programs with the potential to cover 2.6 million or >70% of the 3.7 million US births

## National Network of Perinatal Psychiatry Access Programs



**PSI has a national program available to all states**

■ Active Programs

■ Aspiring Programs

□

Active national programs: (1) Postpartum Support International (PSI) Perinatal Psychiatric Consult Line & (2) Veterans Affairs (VA) Reproductive Mental Health Consultation Programs

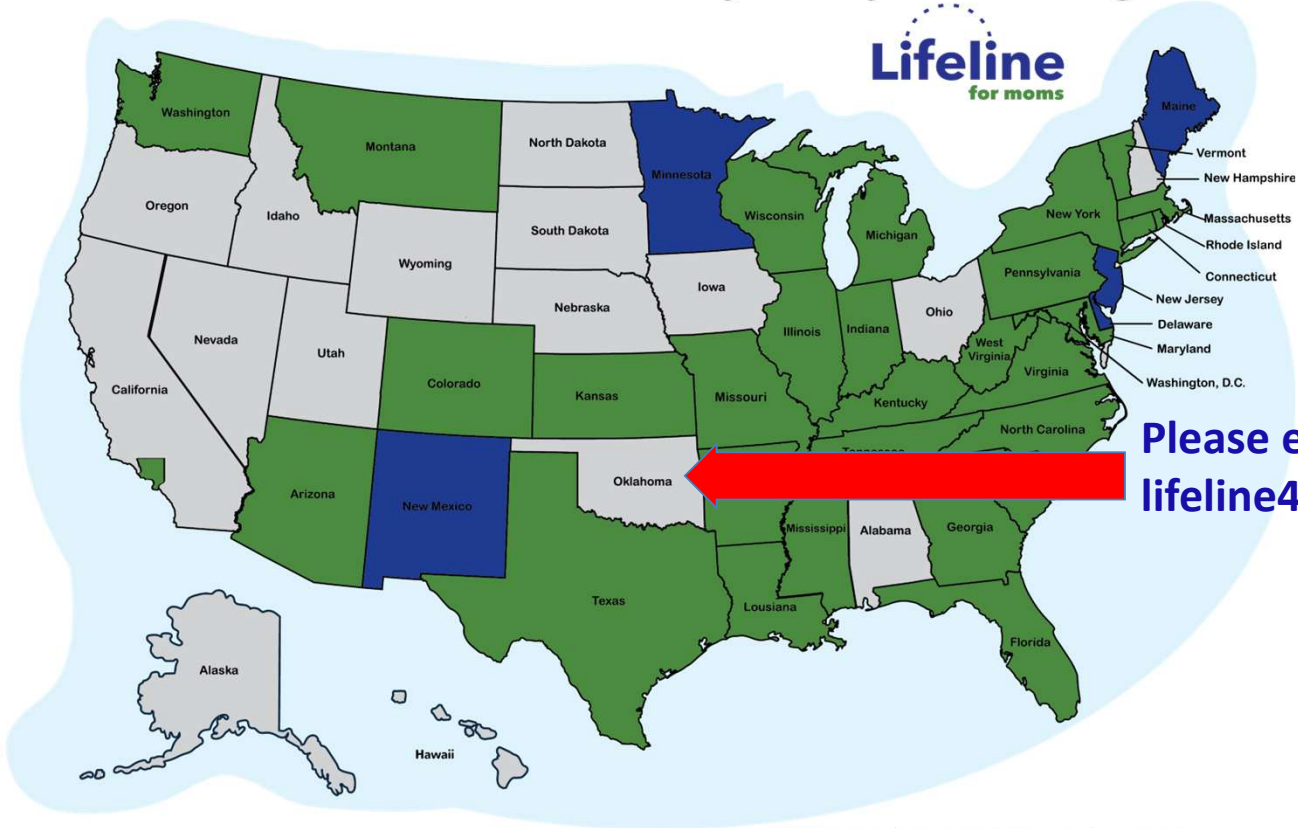
# These and other Access Programs have come together as a network

## National Network of Perinatal Psychiatry Access Programs



# We invite you to join our National Network of Access Programs

## National Network of Perinatal Psychiatry Access Programs



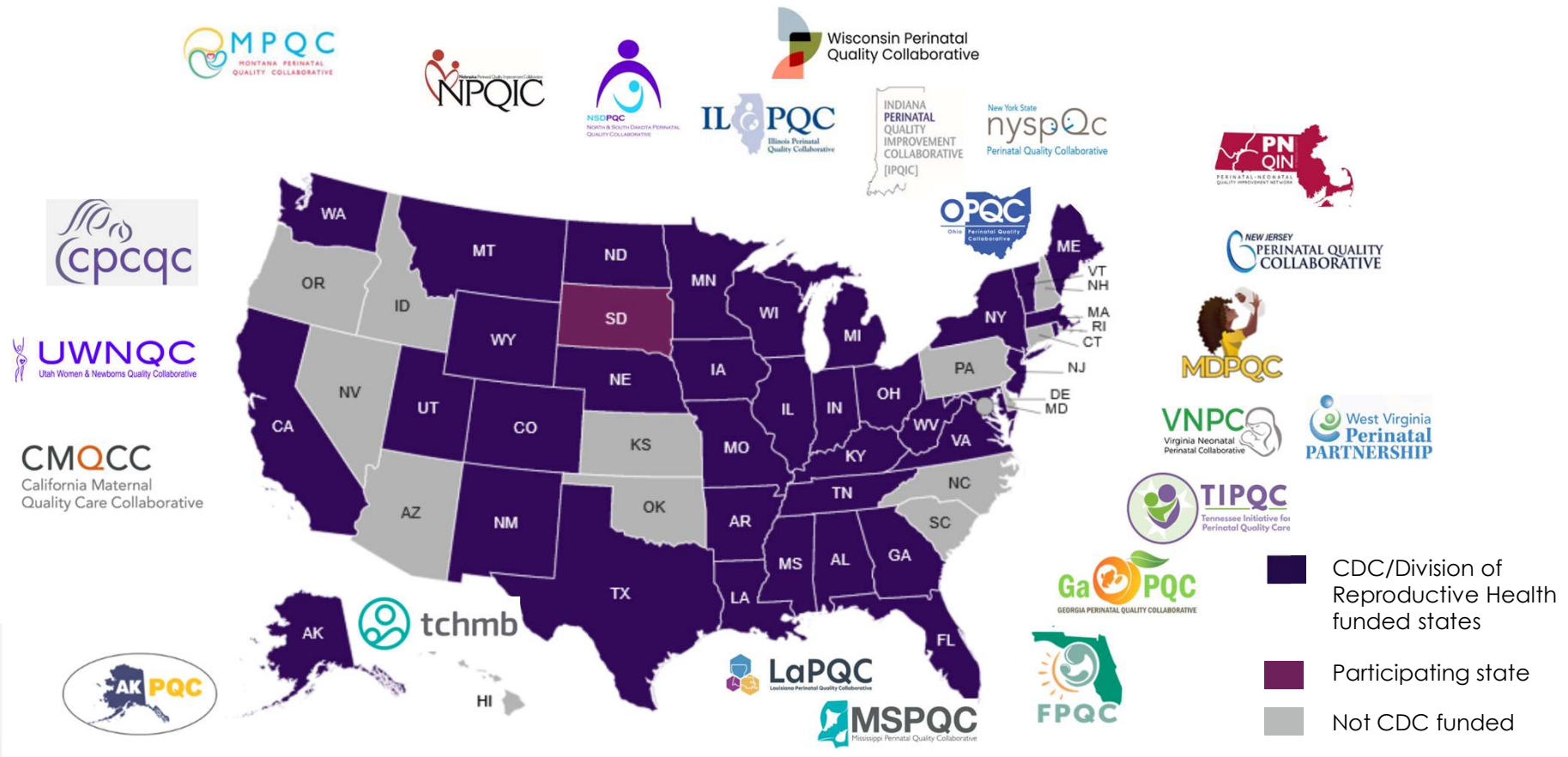
Please email us at:  
[lifeline4moms@umassmed.edu](mailto:lifeline4moms@umassmed.edu)

Active Programs    Aspiring Programs    No Program

Active national programs: (1) Postpartum Support International (PSI) Perinatal Psychiatric Consult Line & (2) Veterans Affairs (VA) Reproductive Mental Health Consultation Programs



# Many states with Access Program also have a PQC, creating opportunities for collaboration



Slide adapted from slide provided by Jacqueline Wallace/CDC

# Perinatal Psychiatry Access Programs (Access Program) have evolved to have five components

## Perinatal Psychiatry Access Programs



**Training and  
Toolkits**



**Telephone  
Consultation**



**Direct Service  
Consultation**



**Resources and  
Referrals**



**Technical  
Assistance  
(Bundle  
Implementation)**

# Additional interventions are needed to fully integrate mental health and substance use disorder care into obstetric care

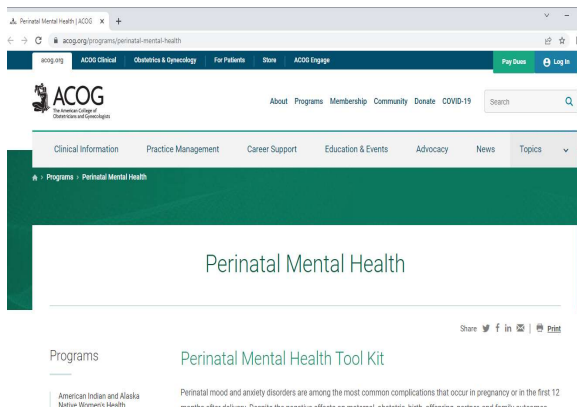


**Engagement, connection, and trust**

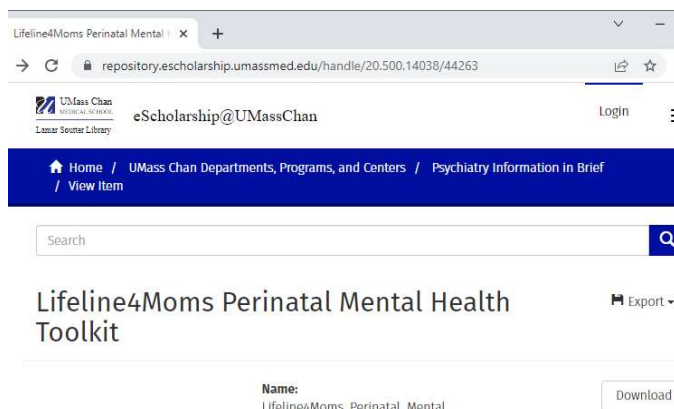
←—————→

**Culturally and trauma responsive**

# We developed a toolkit and e-modules to provide obstetric clinicians with additional training and tools for addressing mood and anxiety disorders



[Perinatal Mental Health | ACOG](https://www.acog.org/programs/perinatal-mental-health)



[Lifeline4MomsPerinatal Mental Health Toolkit \(umassmed.edu\)](https://repository.escholarship.umassmed.edu/handle/20.500.14038/44263)

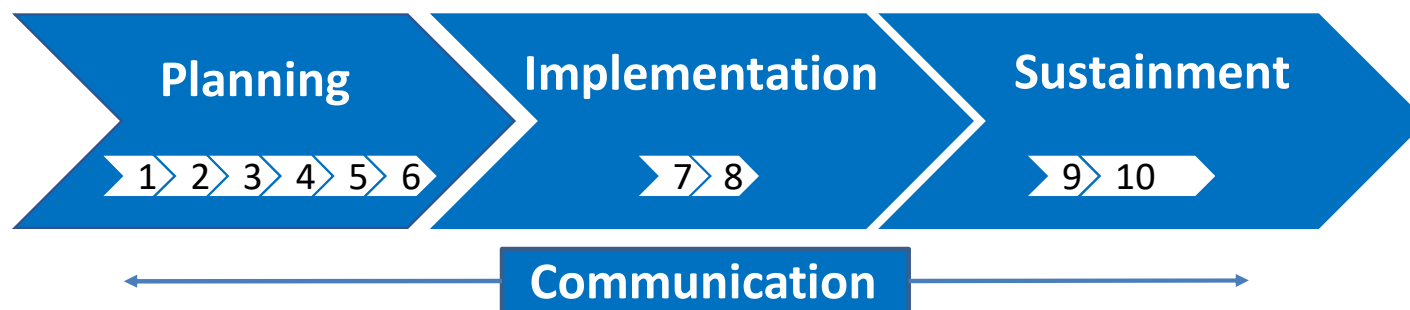


To build on the Access Program model, we developed clinic-level Implementation Guidance to help obstetric settings implement the mental health care pathway

## Mental healthcare pathway

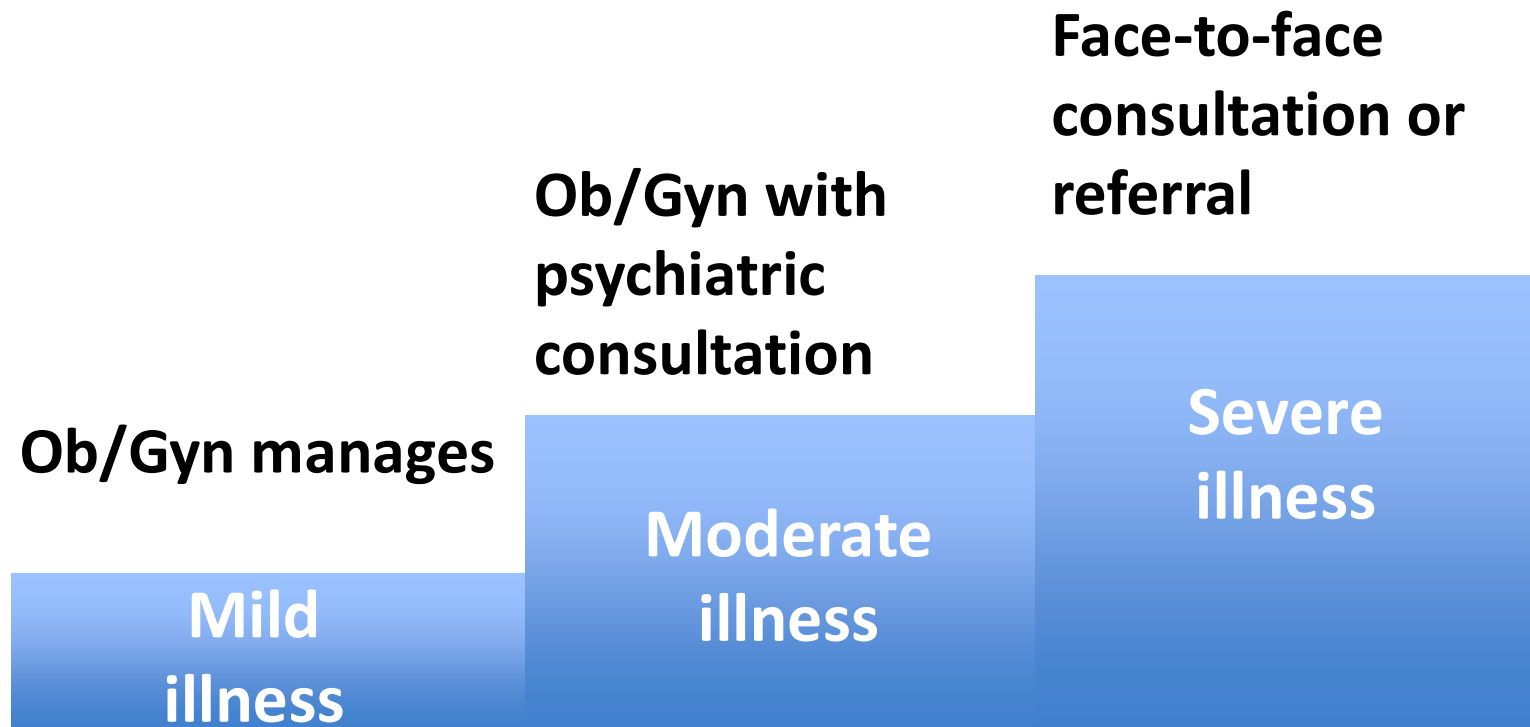


## Implementation Guidance



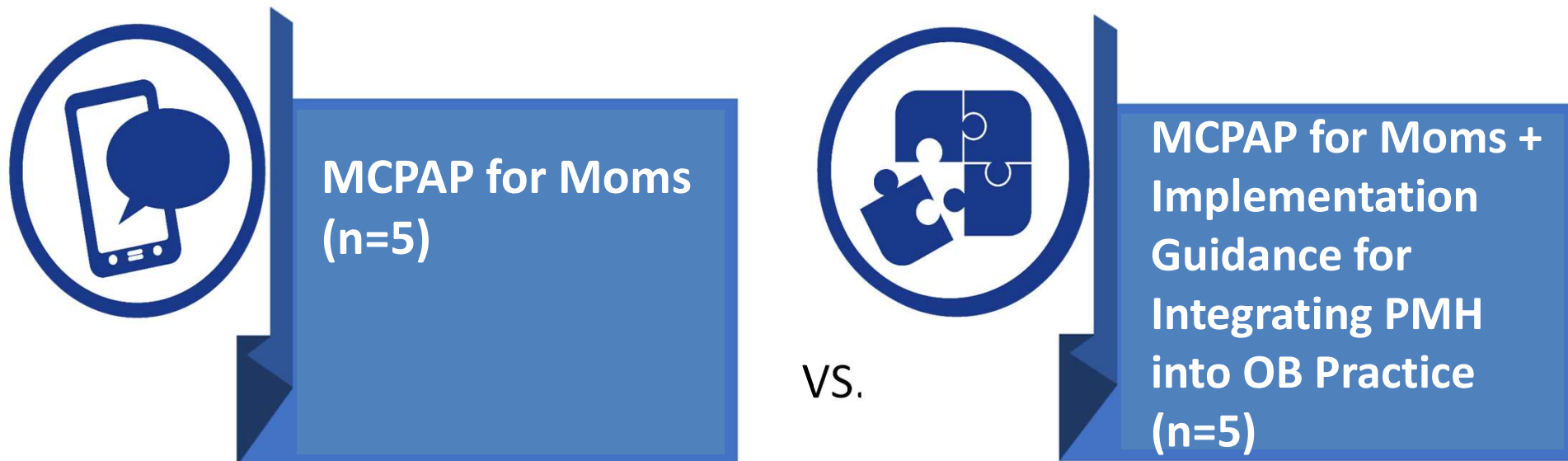


**Clinics are provided guidance to help them 'step up' treatment with increasing illness severity**



**Navigator helps patients navigate care pathway**

# We assessed whether MCPAP for Moms works better when we add Implementation Guidance



**Cluster RCT**

**N= 10 obstetric practices**

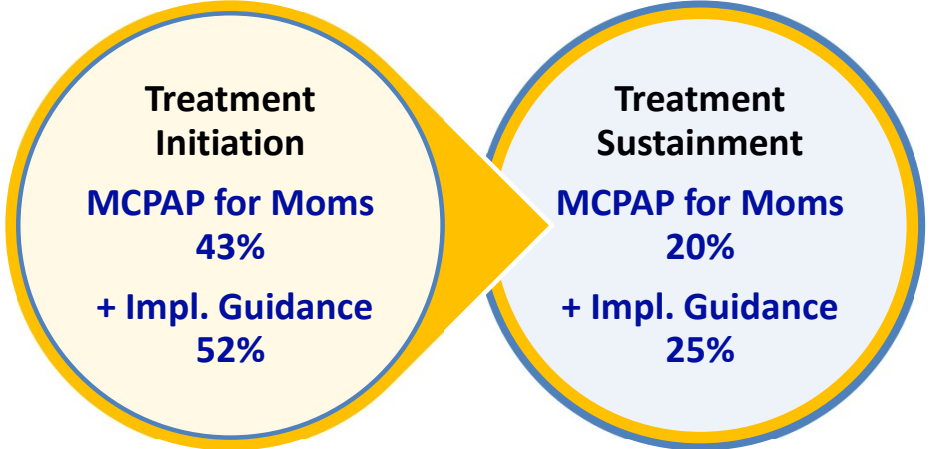
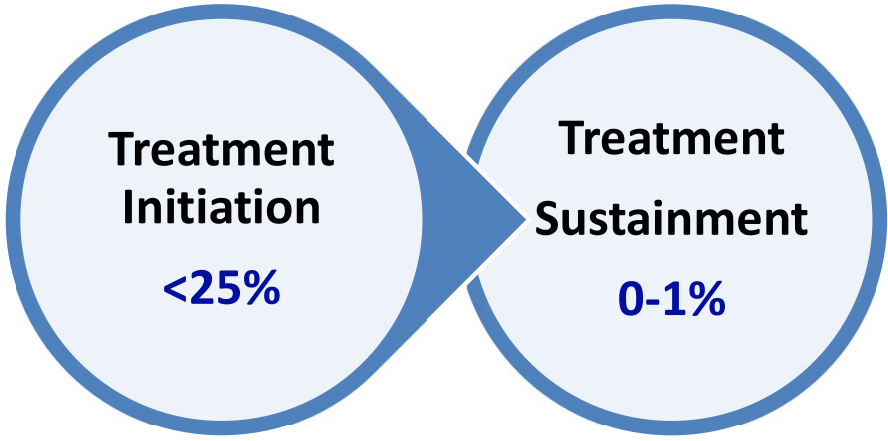
**N= 312 patients (30 per practice)**

**EPDS  $\geq$  10 Followed until 1-year postpartum**

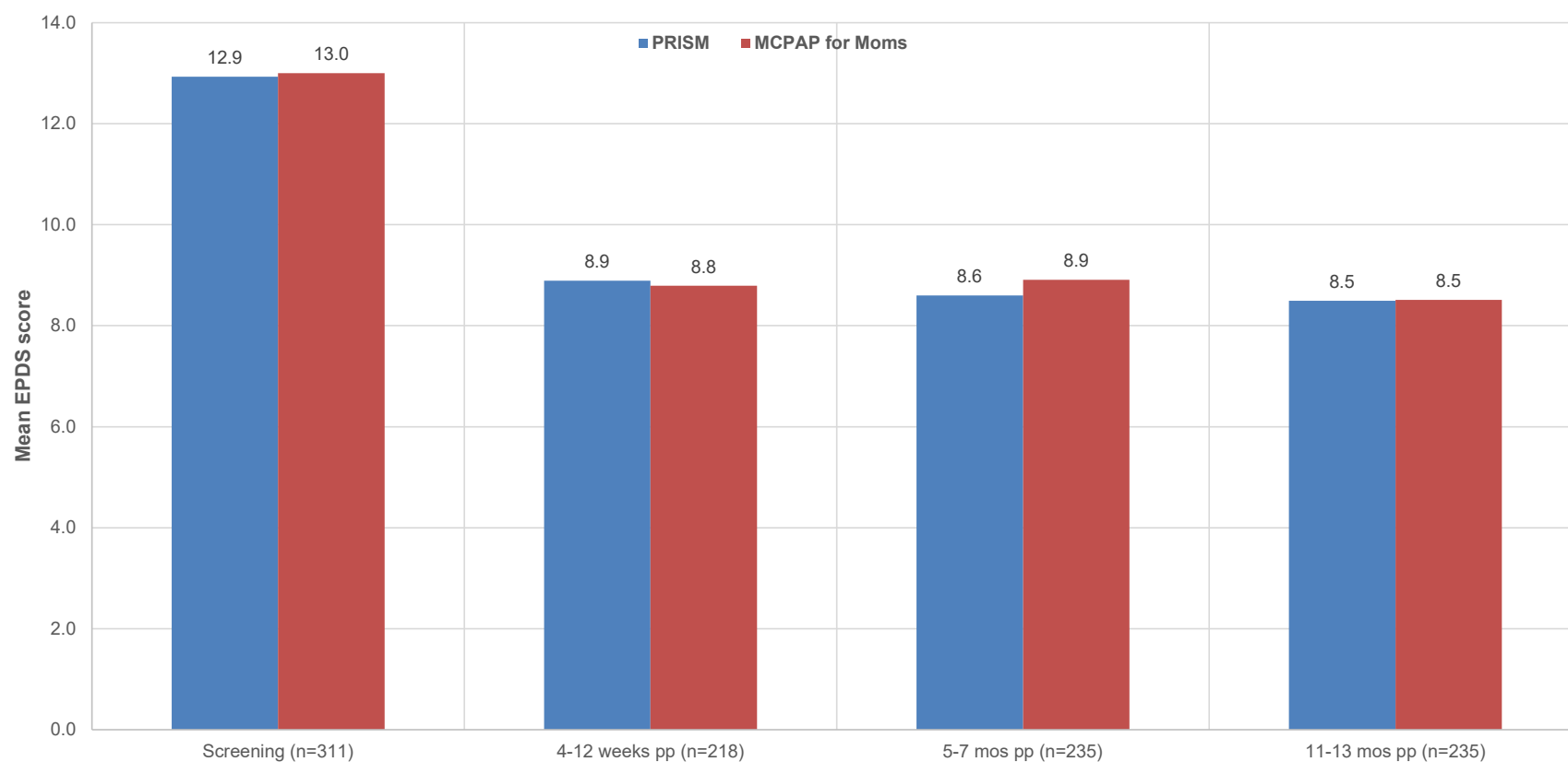
**Assessed quality of mood and anxiety care**

# Both approaches are effective in improving treatment initiation and sustainment rates, compared with previously reported outcomes

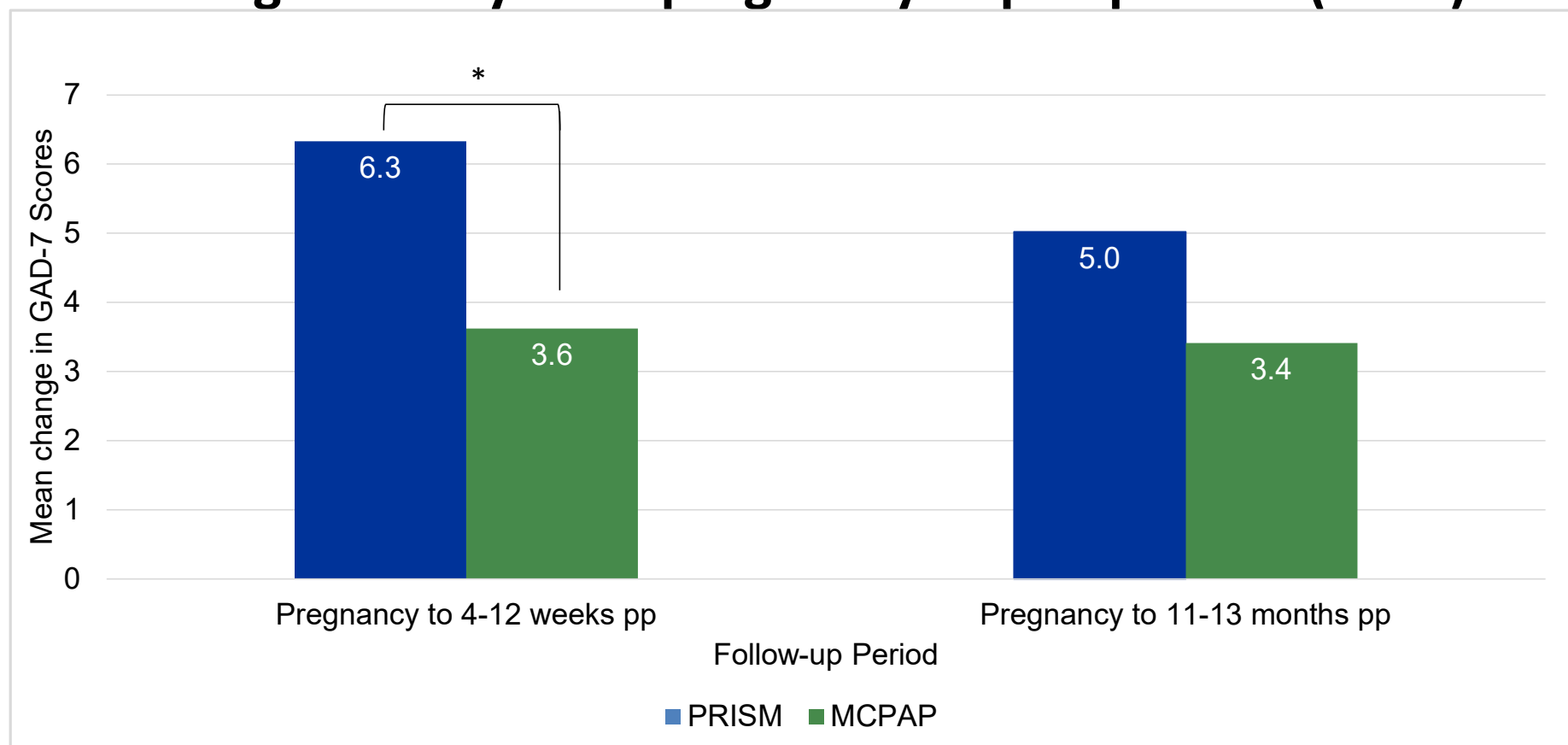
## Systematic Review (2015)



# Mean differences in depression symptoms among patients' receiving care from both MCPAP for Moms and MCPAP for Moms with Implementation decreased from recruitment to follow-up



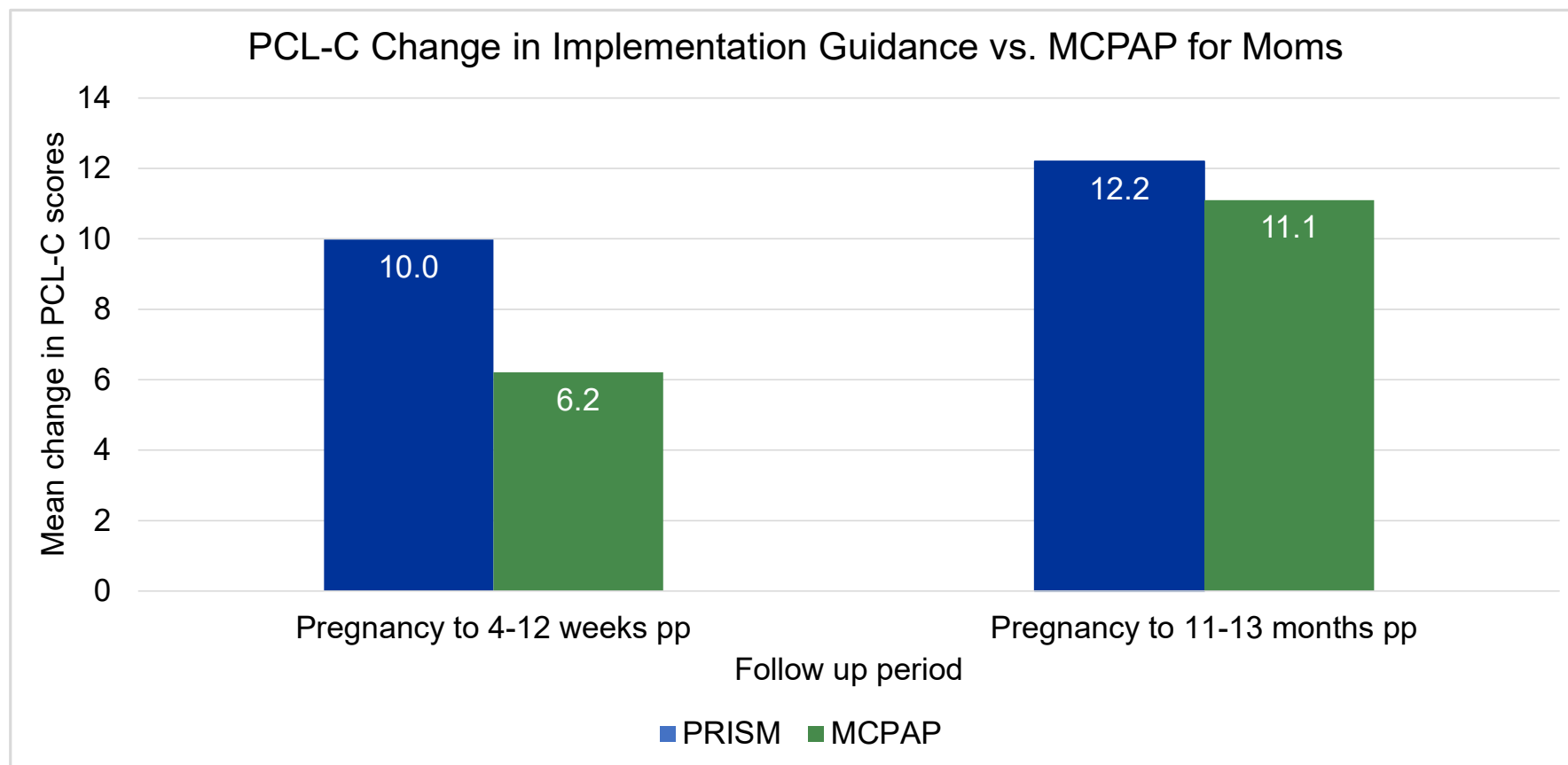
# Mean differences in anxiety among patient participants receiving care from both MCPAP for Moms and Implementation practices decreased significantly from pregnancy to postpartum (n=83)



\*P<.001

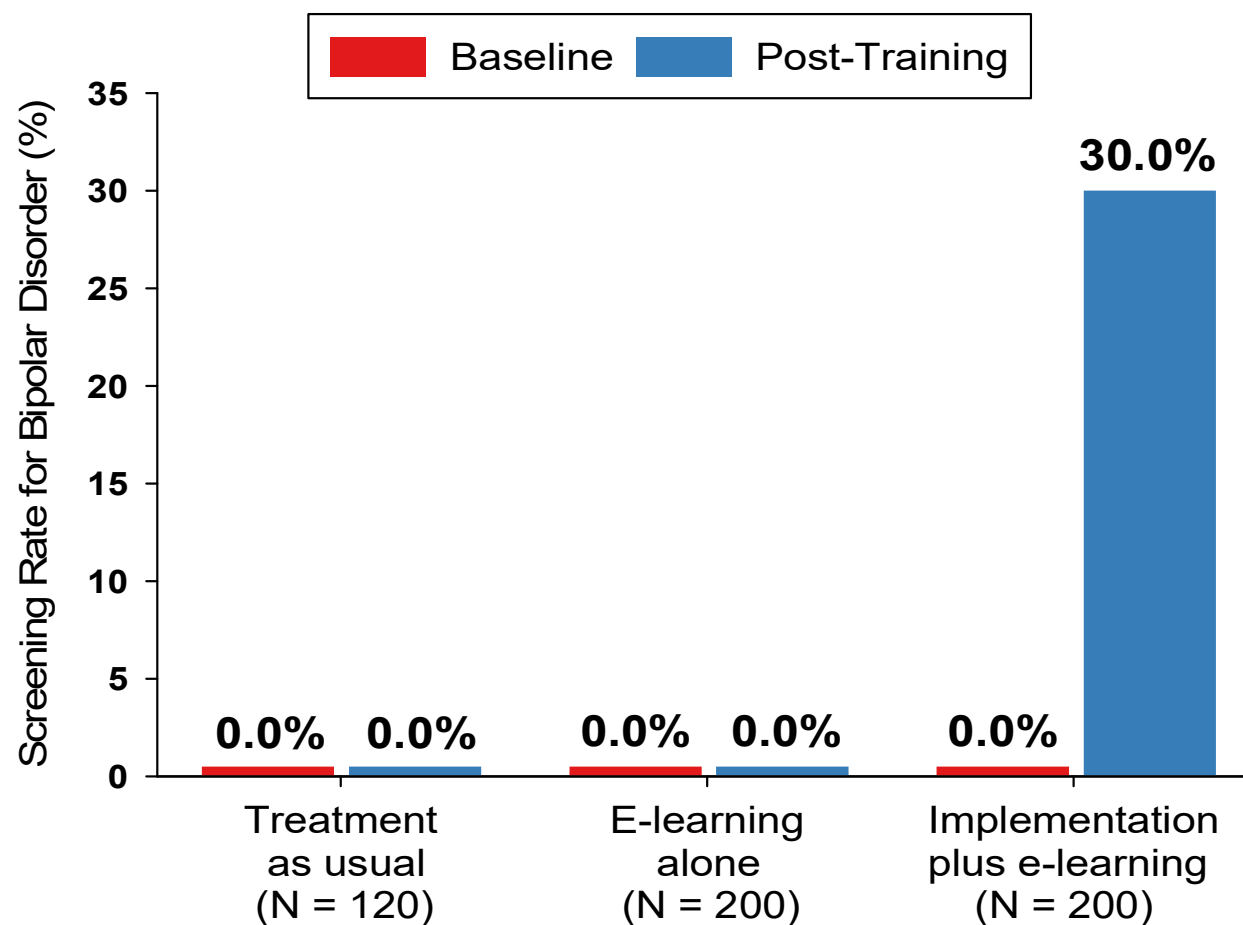
Note: Estimates reflect models adjusting for race, education, and accounting for clustering of patients within practices

# Mean differences in posttraumatic stress symptoms among patient participants receiving care from both MCPAP for Moms and Implementation practices decreased significantly from pregnancy to postpartum (n=58)



45 Note: Estimates reflect models adjusting for race, education, and accounting for clustering of patients within practices

**We revised the Implementation Guide to be self-guided and found that it helps implementation of screening**



# The Implementation Guidance aligns with the three pillars of PQC QI initiatives



**Achieve improvements in population-level maternal and infant health outcomes**





# Our Implementation Guide provides step by step instructions and resources for how to integrate mental health care into obstetric practice

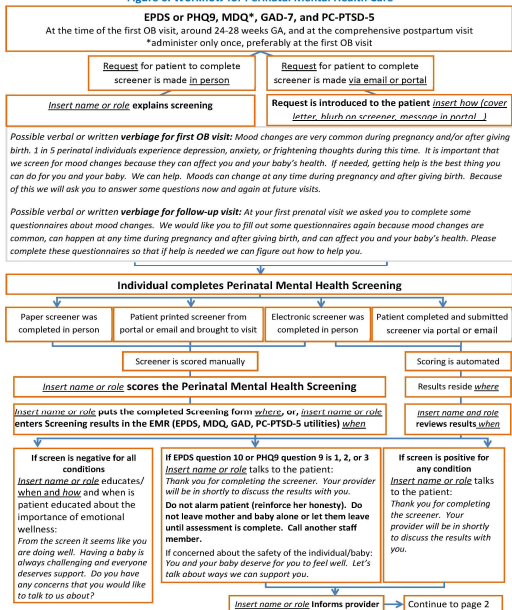
Table 2. Implementation Planning Meetings and Agendas

Phase 1: Planning			
Week 1	Weeks 1 to 3	Week 3	Weeks 3
Implementation Consultation Meeting 1 (1.5 hours)	Interval between Consultation Meeting 1 and Practice QI Team Meeting 1	Practice QI Team Meeting 1 (1.5 hours)	Interval between QI Team meetings
Champions/ Lifeline for Moms Team	Champions	Champions/ Practice QI Team	Design
STEP 1: Establish Implementation Champions, is complete	STEP 2: Establish the Practice QI Team	STEP 3: Orient the Practice QI team to the Aims and the	STEP 4: Complete assessment

Figure 3. Practice QI Team Meeting 2 Agenda

- Attending: *Insert names of attendees here*
- (5 minutes) Provide a vision for the quality improvement project. What new thoughts do you have about this after completing your baseline practice assessment?
  - (15 minutes) Review your baseline assessment results in the *Tool to Schedule Implementation Meetings and Create Practice Goals*, "Crosswalk Output" tab
  - (60 minutes) Draft specific, measurable goals (STEP 4, page 4)

Figure 6. Workflow for Perinatal Mental Health Care

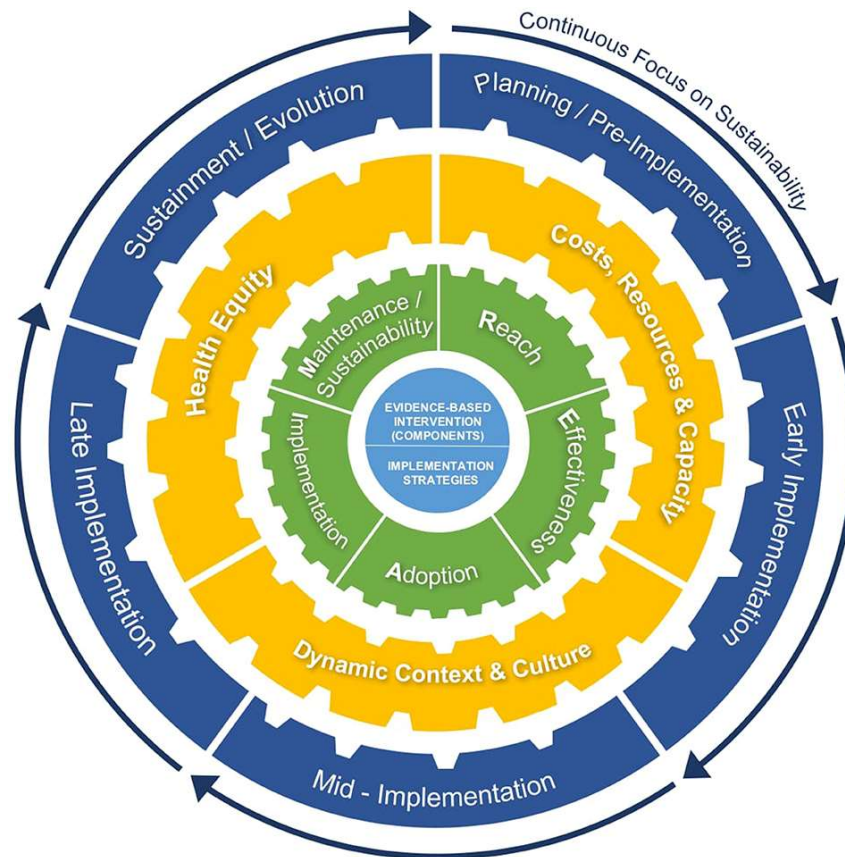


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Guide for How to Integrate Perinatal Mental Health Care into  
practice provided by CDC grants 6 NU38OT000287 and U01DP00609  
Bergman A, Moore Simas T.

teetings and Create Practice Goals, "Goal  
of the meeting to finalize goal selection  
ensure that they are specific and measurable  
are limited time or cost considerations  
eting 3 (STEP 5, page 4)  
ental Health Care Workflow Template  
prepared in advance  
ngs and Create Practice Goals, "Crosswalk  
ementation Materials Packet  
em 3 of the Instructions for Completing  
seline assessment – practice strengths and  
ff are progressing in completing the  
ning on Perinatal Mental Health Care

<https://www.umassmed.edu/lifelineformoms/MH-OB-integration-guide>  
<https://www.acog.org/programs/perinatal-mental-health>

**Despite this progress, many perinatal individuals are still not able to access mental health treatment and support, and inequities persist**

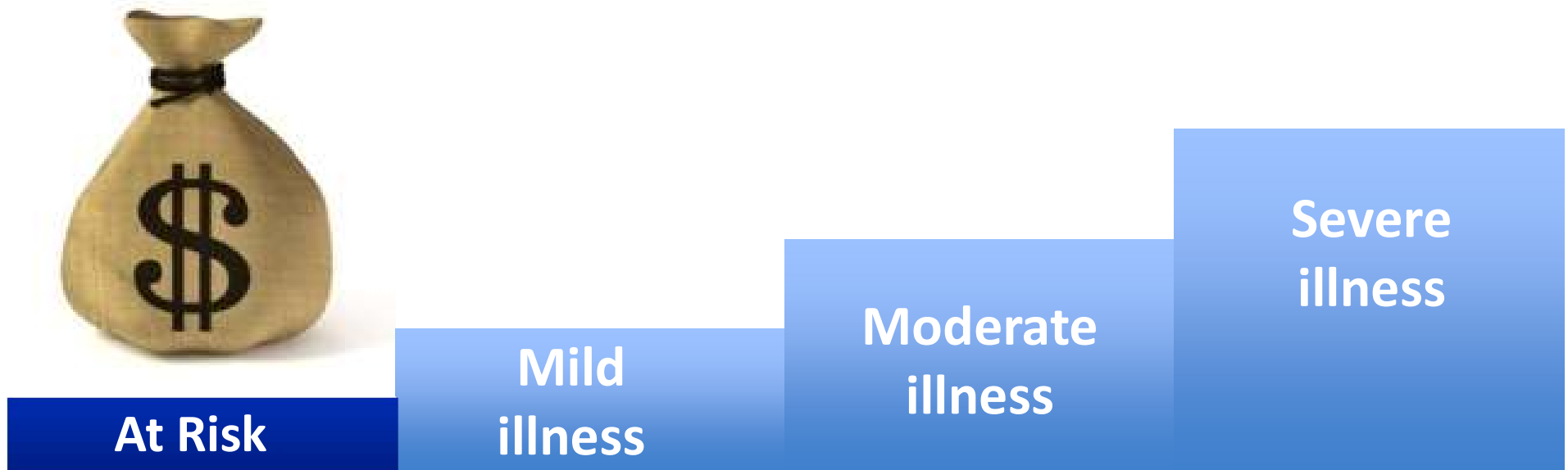


**Impact = Reach x Effectiveness**

**Our allocation of mental health resources often are reactive, and crisis driven**



**We need to focus upstream and prevent the cascade that follows**



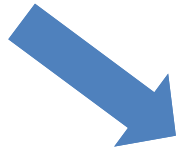
**To address our nation's mental health crisis, we need to intervene earlier and promote healthy and resilient families**



**Engagement, connection, and trust**  
**Culturally and trauma responsive**

# Optimizing perinatal mental health can break the transgenerational impact of untreated mental health & substance use disorders & address our mental crisis

**Generation 0  
Childhood impact**



**Generation 1  
Childhood  
impact**



**Generation 2  
Childhood  
impact**



**Generation 3  
Childhood  
impact**



**Generation 4  
Childhood  
impact**

**We need to develop and scale practical approaches to integrating mental health care into perinatal, infant, and child health care**



**We need to create and deliver models of care, trainings, and tools that support families, regardless of what professional or setting they present to**

**We need to embed this into our existing infrastructure**



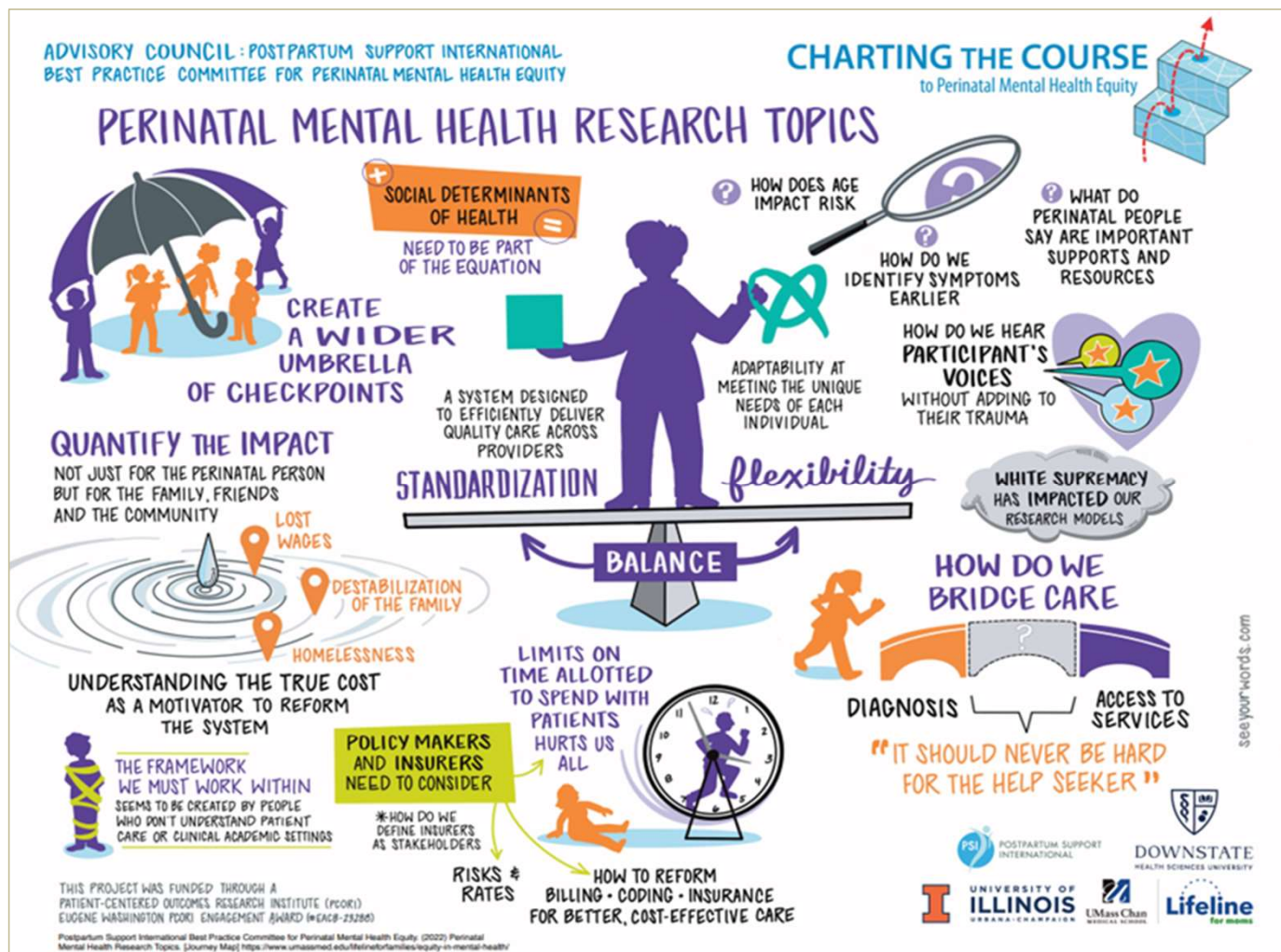
**We need to create a nontraditional workforce**

**“You don’t need to be a therapist to be therapeutic” – Jessica Griffin**

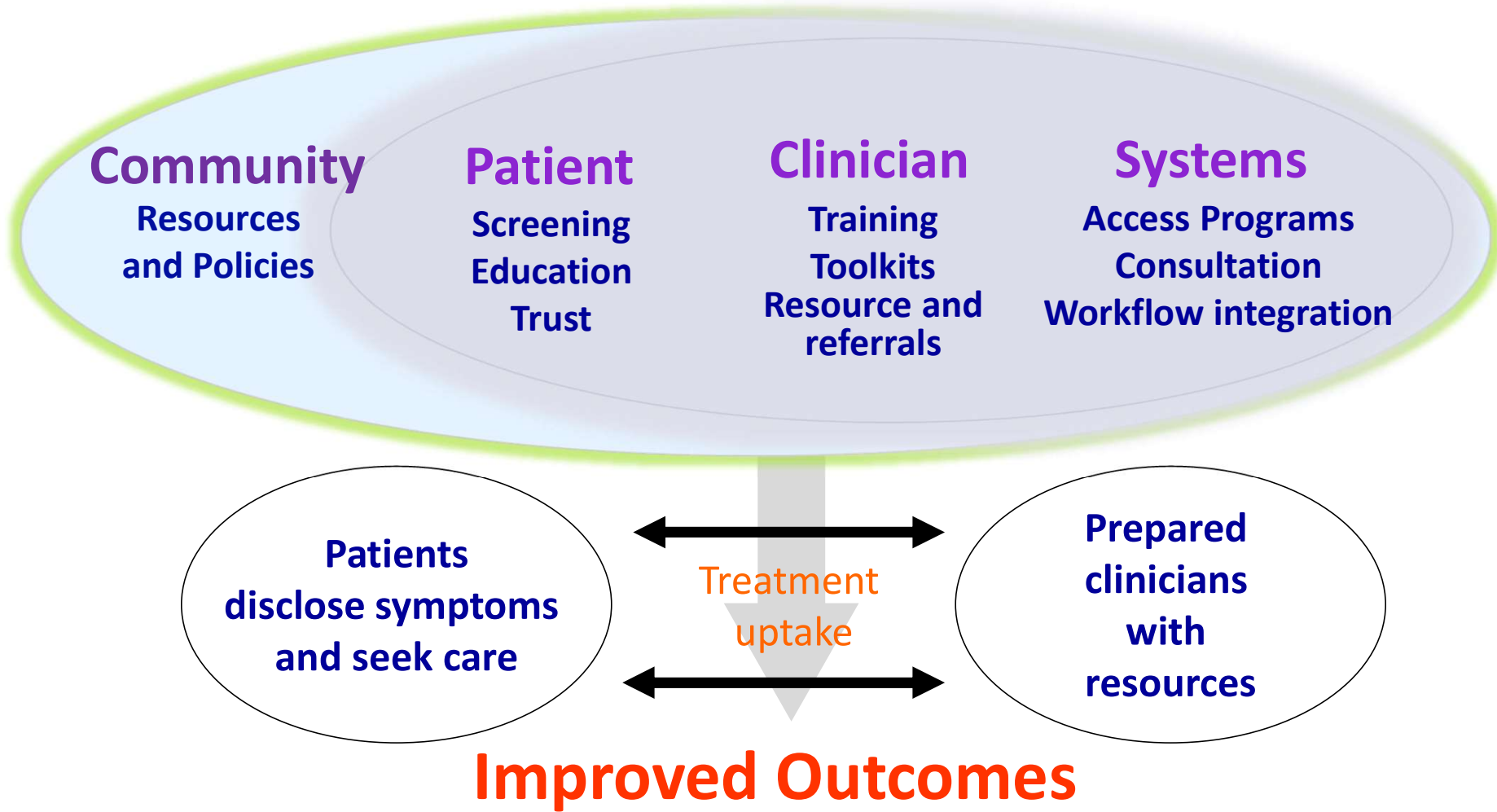




# We need scalable approaches to building community capacity to address mental health



# We focused on developing healthcare-community partnerships

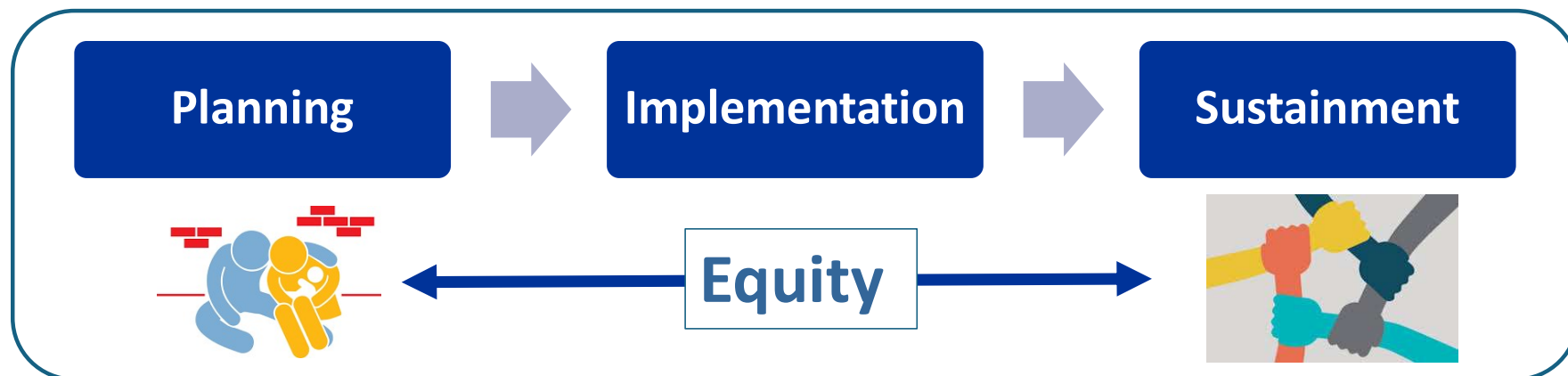


**We are now assessing whether implementation of the recommended care for mood and anxiety disorders works better when we partner with the community to add community-based mental health support**

### Healthcare System



### Healthcare-Community Partnership



**Let us take a moment to consider what we can all bring to the table**



# Together, we have the potential to promote perinatal mental health as has been done with childhood cancer

## Acute Lymphoblastic Leukemia



## Perinatal Mental Health Conditions



## Positive Outcomes

# Thank you!

## Lifeline for Families and Moms Teams and Collaborators

MCPAP for Moms  
Trainees and students  
Participating Obstetric Practices  
Participating Perinatal Individuals  
Advisory Council Members  
CDC Collaborators  
APA Research Division

## Funding:

CDC 1U01 DP006093, 6 U48DP006381-03-01  
CDC Foundation  
The Perigee Fund  
NIMH 1R41 MH113381-01, 2R42 MH113381-02  
PCORI IHS-2019C2-17367, EACB-23288  
ACOG 6 NU380T000287-02-01  
NIH KL2TR000160



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# Resources

## **MCPAP for Moms**

- [Mcpapformoms.org](http://Mcpapformoms.org)

## **MGH Center for Women's Mental Health**

- [Womensmentalhealth.org](http://Womensmentalhealth.org)

## **Reprotox**

- [Reprotox.org](http://Reprotox.org)

## **Postpartum Support International**

- [Postpartum.net](http://Postpartum.net)

## **Lactmed**

- [toxnet.nlm.nih.gov/newtoxnet/lactmed.htm](http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm)

## **Lifeline for Moms**

- [umassmed.edu/lifeline4moms](http://umassmed.edu/lifeline4moms)