

Implementing the AIM Perinatal Mental Health Conditions Bundle in MA



**Organization: MCPAP for Moms
Team: Lowell General Hospital**

September 17, 2024



WELCOME!

- Please type your name and institution into the chat.
 - Optional share: What is your favorite fall comfort food?
- Please mute yourselves when not speaking.
- Feel free to type your questions into the chat during the webinar.
- We will record this session and upload the recording and webinar slides to our website afterwards!

Agenda

12:00–12:05 Welcome &

PNQIN Announcements

12:05–12:10 PMHC Bundle
Pearls

2:10–12:30 Organization
Presentation

12:30–12:50 Team
Presentation

12:50–1:00 Discussion,
Q&A



AGENDA

12:00-12:05

**Welcome & PNQIN
Announcements**

Kali Vitek

12:05-12:10

PMHC Bundle Pearls

Tiffany Moore Simas, MD

12:10-12:30

MCPAP for Moms

Leena Mittal, MD

12:30-12:50

Team Presentation

Lowell General

12:50-1:00

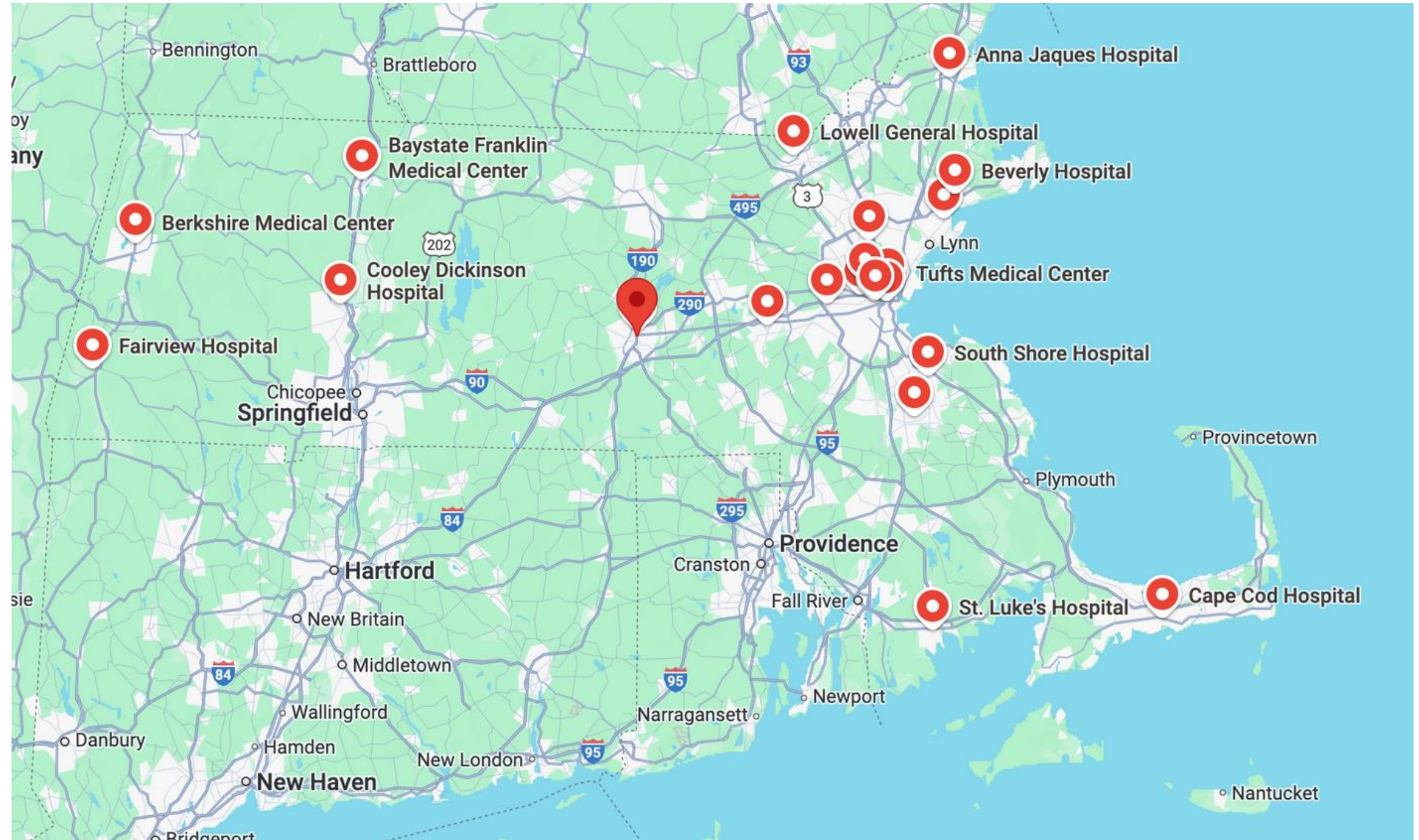
Discussion, Q&A

All



PMHC BUNDLE: PARTICIPATING HOSPITALS

1. Anna Jaques Hospital
2. Baystate Franklin Medical Center
3. Berkshire Medical Center
4. Beth Israel Deaconess Medical Center
5. Beverly Hospital
6. Brigham and Women's Hospital
7. Boston Medical Center
8. Cape Cod Hospital
9. Cooley Dickinson Hospital
10. Fairview Hospital
11. Lowell General Hospital
12. Massachusetts General Hospital
13. MetroWest Medical Center
14. Mount Auburn Hospital
15. Newton-Wellesley Hospital
16. Salem Hospital
17. Signature Healthcare Brockton Hospital



18. South Shore Hospital
19. Southcoast Charlton Memorial Hospital
20. St. Elizabeth's Medical Center
21. St. Vincent Hospital
22. Tufts Medical Center
23. UMass Memorial Medical Center
24. Winchester Hospital



Participation Checklist

To be considered fully participating in this bundle between Sept '24 and Sept '25, we ask that you complete:

1. Onboarding steps
 - a. Team Roster, Pre-Implementation Survey, data sharing agreement
2. Monthly data submission (Goal: 6 months or more)
3. Monthly webinar attendance (Goal: 6 months or more)
4. Implementation feedback survey @ 6mo and 12mo
5. Draft or final sustainability plan
6. Sharing opportunities (webinars presentation, summit posters)



PMHC Bundle Advisory Workgroup



Reminders & Announcements



Kali Vitek, MPH
PNQIN Project Manager

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PNQIN Announcements

PNQIN Summer 2024 Survey

We are seeking your feedback on the following topics to help inform our activities over the next year:

1. Value of PNQIN
2. Hospital Participation
3. Sustainment of Initiatives
4. Biannual Summits
5. Hospital Recognition
6. PNQIN Hospital Membership
7. Patient & Family Engagement

Please complete this 20-30-minute survey by 9/30!

<https://www.surveymonkey.com/r/9M26ZTP>

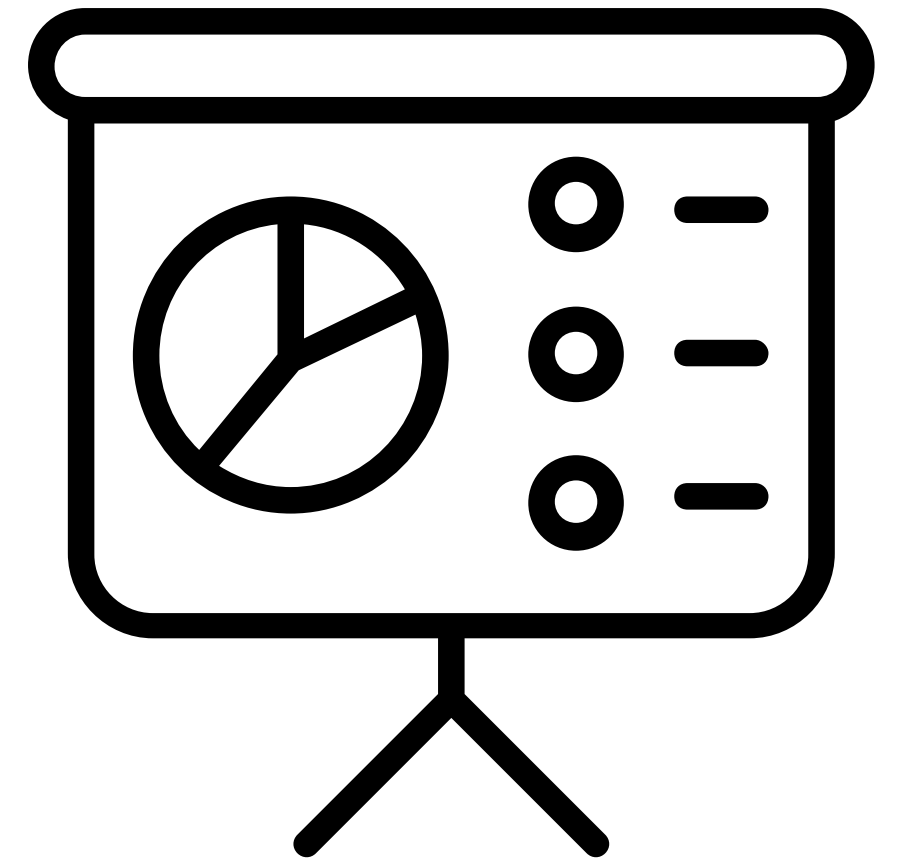


Call for Posters

For our upcoming PNQIN Fall 2024 Summit on December 9th in Norwood, MA, we are planning on bringing back our poster sessions! We encourage hospitals and organizations planning to attend the summit share their work with other attendees via poster presentation.

We ask that the topic you share have a relation, whether directly stemming from, or similar topic to, past and/or present PNQIN projects. We also strongly suggest a focus on quality improvement.

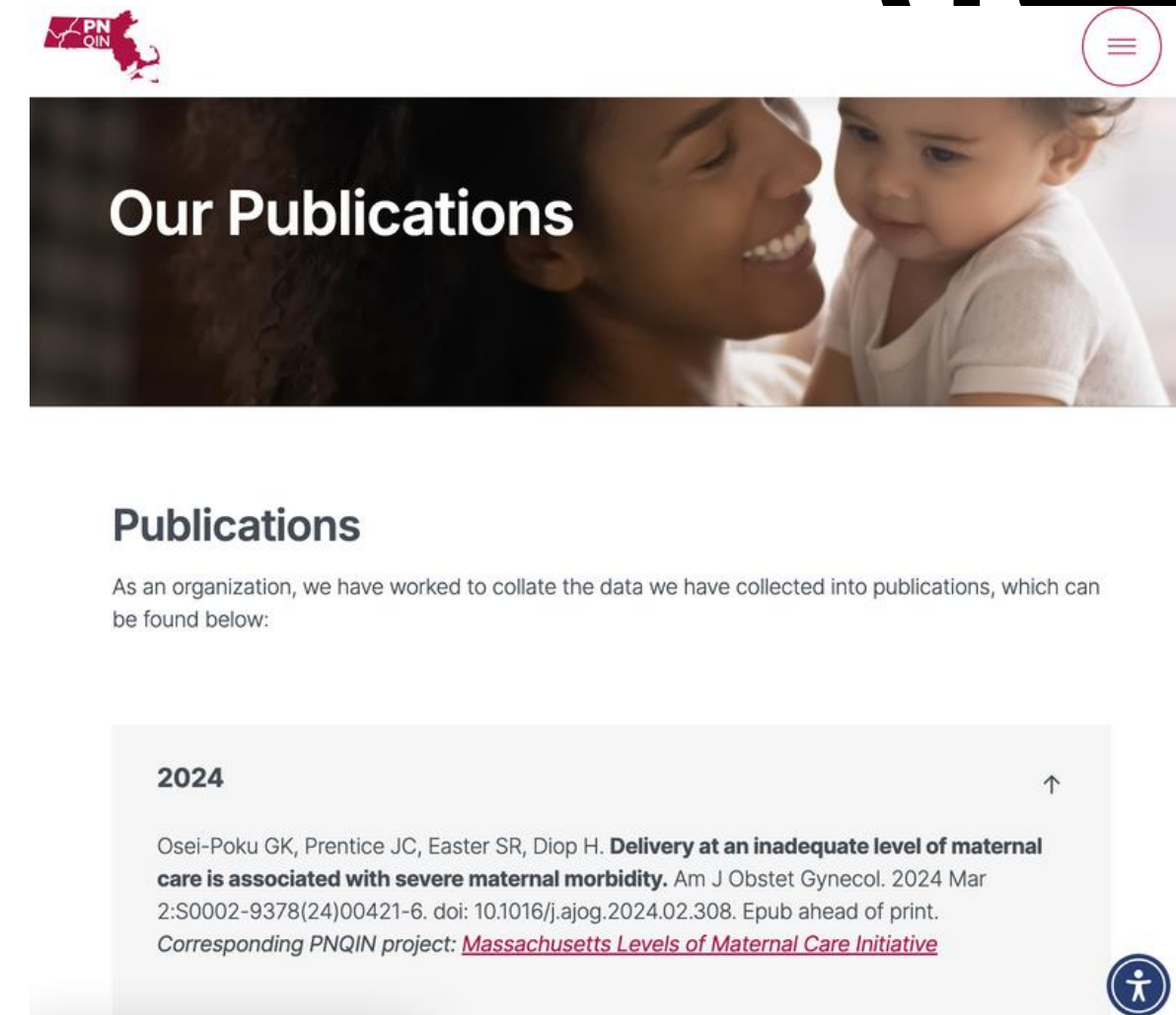
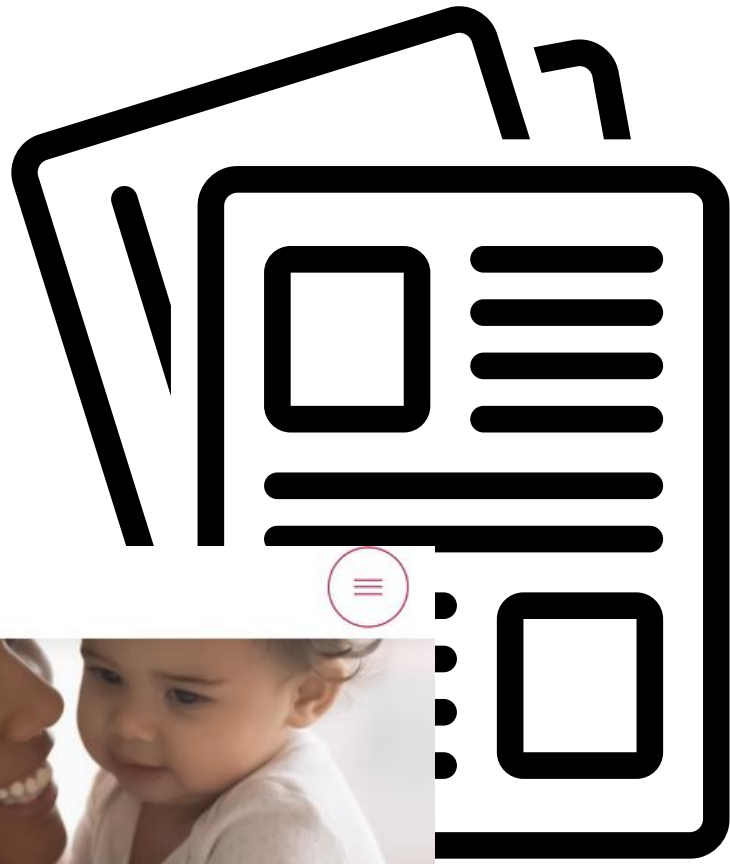
We will be sending out poster guidelines and templates within the next month!



Call for Publications

PNQIN has compiled relevant publications from our incredible PNQIN collaborators on our website. You can view them [here](#). If you have any publications that you believe are relevant and should be included, please send them along!

Send citation and/or PDF of the publication to PNQINAdmin@pnqinma.org.



Our Publications

Publications

As an organization, we have worked to collate the data we have collected into publications, which can be found below:

2024

Osei-Poku GK, Prentice JC, Easter SR, Diop H. **Delivery at an inadequate level of maternal care is associated with severe maternal morbidity.** Am J Obstet Gynecol. 2024 Mar 2:S0002-9378(24)00421-6. doi: 10.1016/j.ajog.2024.02.308. Epub ahead of print. Corresponding PNQIN project: [Massachusetts Levels of Maternal Care Initiative](#)

MA Announcements

Bill H.4999, MA Maternal Health Bill is passed!

Bill H.4999, An Act Promoting Access to Midwifery Care and Out-of-Hospital Birth Options, a landmark legislation that will address racial inequities and aim to improve maternal health outcomes across MA, has been passed by the MA Legislature!

Members of the PNQIN team were honored to be present as Gov. Maura Healey signed the bill on August 26th, 2024. We are so excited to see our work, and the work of many of our collaborators, continue to be supported by the state and reflected in new legislation!



Free Education



This online training series will offer critical information, resources, and discussion on Perinatal Mood and Anxiety Disorders (PMADs) and supporting birthing people and other new parents, and is geared toward a range of providers.

FREE REGISTRATION AND CEUs with an optional donation to the Mass. PPD Fund. Recordings will be available but live attendance is required for CEUs.

QUESTIONS? Please contact Asmeet Sran at asran@massppfund.org.

[Register here!](#)



Worcester Health Baby Collaborative Informational Event

Worcester Health Baby Collaborative Informational Event (September 23rd, 2024)

Time: 5:30 p.m. - 7 p.m.

Where: Worcester Senior Center, 128 Providence Street

\$25 Gift Card for those who attend!

Light food and childcare will be provided.

The Worcester Healthy Baby Collaborative is hosting an event geared towards young families and people who are expecting (please find flyers attached). During this event they will present information about local resources available to them and then allow participants the opportunity to share what gaps exist.



[RSVP Here](#)

Free Equity Education 4/1 - 9/30

PQI Birth Equity Modules Course, V1.2a (3.0 CNE)

The Birth Equity Modules course includes four ~30 minute web-based modules that provide interactive education designed for perinatal healthcare professionals who are working to ensure health equity in their organizations.

1. Creating an Anti-Racism Statement for Perinatal Facilities
2. Improving Data Collection and Data Review by Race and Ethnicity
3. Performing Team and Family Debriefs From a Racial Equity Lens
4. Ensuring Perinatal Care Standards Are Met for Birth Equity



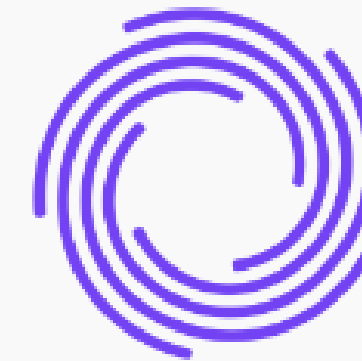
13 days left of free access!

Free access for MA perinatal providers from April 1st through September 30th, 2024! Use the code **BEMSMAAPR2024100%** at check out.

[Click here](#) or scan the QR code below:



MASBIRT TTA Motivational Interviewing Virtual Course



HEALTH
RESOURCES
IN ACTION

Discover the value of Motivational Interviewing (MI) in our intensive **five-week virtual course**, "Motivational Interviewing: Foundations and Strategies," offered by MASBIRT TTA. Empower individuals to make positive change by exploring and resolving ambivalence through MI's evidence-based communication style. Learn about MI principles, processes and strategies through self-paced learning, partner activities, and live sessions, with personalized written and verbal feedback to support your skill development.

This training course will run for five weeks from September 30 – November 1, 2024. Expect to dedicate 4-5 hours of your time per week.

[READ THE FULL TRAINING COURSE DESCRIPTION HERE](#)
[CLICK HERE FOR APPLICATION LINK](#)



Register: Fetal Alcohol Spectrum Disorders (FASD) Training & Workshop for professionals

Register: FASD Training & Workshop for professionals (October 29th & 30th, 2024)

PNQIN is excited to share information about the upcoming Fetal Alcohol Spectrum Disorders (FASD) Training & Workshop for professionals on October 29 & 30, sponsored by the MA Department of Public Health and the Institute for Health and Recovery. Please share widely with your organization and networks. There will be additional registration information soon.

Register: <https://web.cvent.com/event/6640d7a2-873a-4455-abe8-7b533991fced/summary>

Location: New England Botanic Garden at Tower Hill, Boylston, MA

Tuesday, October 29, 2024: Risk factors, Diagnoses, & Interventions Training (In-person or online) from 8:30 am – 4:00 pm

Wednesday, October 30, 2024: Planning Strategies for Services and Advocacy Workshop (In-person) from 8:30 am – 4:00 pm

**Day 1 attendance is required to attend day 2*

For any questions, please contact
Reuben Kittrell, FASD Services
Coordinator at the Institute for
Health and Recovery at
reubenkittrell@healthrecovery.org

or
phone (857) 262-4010.



"Health Policy, Community, and the Mississippi Delta" & Reception on December 3rd

Health Policy, Community, and the Mississippi Delta (VIRTUAL)

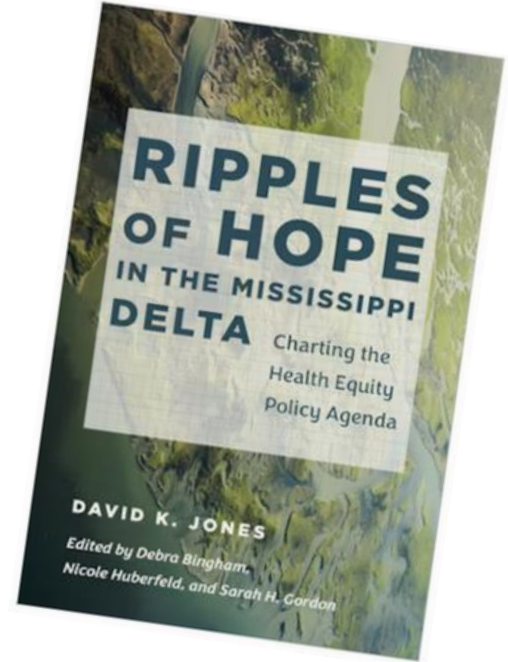
- Time: 1:00-2:30pm ET
- Register: <https://www.bu.edu/sph/conversations/health-inequities/health-equity-policy-community-and-the-mississippi-delta/>

This conversation will consider how we can better advance health equity in local communities and beyond. We will reflect on themes from the book [Ripples of Hope in the Mississippi Delta: Charting the Health Equity Policy Agenda](#), by BUSPH Professor David K. Jones (who died in 2021), who spent four years visiting the Mississippi Delta conducting primary research with residents and local leaders and exploring the influence of both policy and community-led initiatives on their health.

Reception (IN PERSON)

- Time: 4:00-6:00pm ET
- Location: Talbot Lobby, Boston University School of Public Health, 715 Albany St, Boston, MA 02118

Dean Sandro Galea, Debra Bingham, Sarah Gordon, and Nicole Huberfeld to give opening remarks. Over one hundred books will be distributed to our community during the reception. Catered food and drinks will be provided.



Leveraging a Longitudinally Linked Dataset to Assess Recurrence of Severe Maternal Morbidity (Diop et al., 2024)

Recent article on Severe Maternal Morbidity (SMM) from PNQIN's Drs. Hafsatou "Fifi" Diop, Audra Meadows, Eugene Declercq and Ndidiamaka Amutah-Onukagha. Our hope is that MA providers will use the recommendations in this article to prevent future SMM and decrease SMM rates.

For a PDF of this publication, please contact bfortin@pnqinma.org



Original Article

Leveraging a Longitudinally Linked Dataset to Assess Recurrence of Severe Maternal Morbidity

Hafsatou Diop, MD, MPH^{a,*}, Eugene R. Declercq, PhD^b, Chia-Ling Liu, RN, ScD, MPH^c, Xiaohui Cui, ScD^a, Ndidiamaka Amutah-Onukagha, PhD, MPH^d, Audra R. Meadows, MD, MPH^e, Howard J. Cabral, PhD, MPH^b

^aMassachusetts Department of Public Health, Boston, Massachusetts

^bBoston University School of Public Health, Boston, Massachusetts

^cEvalogic Services, Inc, Newton, Massachusetts

^dDepartment of Public Health and Community Medicine, Tufts University School of Medicine, Boston, Massachusetts

^eDepartment of Obstetrics, Gynecology, and Reproductive Sciences, University of California, San Diego, San Diego, California

Article history: Received 1 June 2023; Received in revised form 20 May 2024; Accepted 7 June 2024



Mass Health Resources for Remote Patient Monitoring and NICU Family Transportation

- As of August 1, 2024 MassHealth **covers several remote patient monitoring codes** for members who meet certain clinical criteria. This includes members who are pregnant or within the 12-month postpartum period, inclusive of all pregnancy outcomes.
 - More details can be found here: <https://www.mass.gov/doc/phy-170-updates-to-subchapter-6-0/download>
- MassHealth **covers transportation of a child's parent, family member, or caregiver that is necessary to the child's care**, so long as that child is otherwise eligible for transportation (for example, if an eligible child is receiving residential or facility-based care in the NICU).
 - More details can be found here: <https://www.mass.gov/doc/transportation-bulletin-21-updates-regarding-transportation-for-the-direct-benefit-of-children-under-21-and-for-wheelchair-repair-0/download>

National Announcements

MoMMAs Voices & AIM Community of Learning classes

AIM Community of Learning

For Hospital & Outpatient Providers: MoMMAs Voices & AIM Community of Learning classes

Dates: October 7th through October 28th

Register: <https://www.mommasvoices.org/col>

What is the Community of Learning?

MoMMA's Voices and AIM have collaborated to offer a comprehensive program that guides quality improvement teams. The classes focus on effectively building a patient engagement culture and performing work that integrates patients and individuals with lived experiences into Perinatal Safety Bundle implementation and QI initiatives.

Get ready for this energizing 4-week sprint! Every week, you'll gather virtually with peers to work through obstacles and share helpful insights and advice from fellow members of the group. Our amazing faculty, which includes those with lived experience, will provide guidance in break-out rooms so that everyone's voice is heard. You'll also get brief, but purposeful homework, which is a great way to maximize your experience and make sure you come prepared each time!



CDC Health Alert Network (HAN) Health Advisory: Oropouche virus

Between January 1 and August 1, 2024, more than 8,000 cases of Oropouche virus disease were reported, including two deaths and five cases of vertical transmission associated with fetal death or congenital abnormalities. Countries reporting cases include Brazil, Bolivia, Peru, Colombia, and Cuba. In the United States and Europe in 2024, travel-associated cases have been identified in travelers returning from Cuba and Brazil. This Health Advisory advises on evaluating and testing travelers who have been in impacted areas with signs and symptoms consistent with Oropouche virus infection. It also raises awareness of the possible risk of vertical transmission (e.g., from gestational parent to fetus during pregnancy) and associated adverse effects on pregnancy and highlights prevention measures to mitigate additional spread of the virus and potential importation into unaffected areas, including the United States.

Please see the full advisory here:

<https://emergency.cdc.gov/han/2024/han00515.asp>

Increased Oropouche Virus Activity and Associated Risk to Travelers

[Print](#)



Distributed via the CDC Health Alert Network
August 16, 2024, 4:00 PM ET
CDCHAN-00515



March of Dimes 2024 Maternity Care Deserts Report



March of Dimes released their 2024 Maternity Care Deserts Report on September 10th, titled: [Nowhere to Go: Maternity Care Deserts Across the U.S.](#) The report shows where you live impacts your ability to have a healthy pregnancy and birth.

Over 35% of U.S. counties are now qualified as maternity care deserts, leaving millions without access to the care they need for a healthy pregnancy. At March of Dimes, we're pushing for solutions like equitable Medicaid reimbursement, increased support for midwifery, mobile health units, and expanded telehealth services to help bridge the gap in care. We can improve outcomes for all moms and babies—starting now.



Perinatal Mental Health Conditions Bundle Pearls: Resources



Tiffany Moore Simas, MD
PNQIN Bundle Lead

Agenda

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Q&A



Patient Safety Bundle



Element Implementation Details



Implementation Resources



Data Collection Plan



Change Package



Learning Modules



Lifeline for Moms Toolkit provides obstetric care clinicians with tools to help address perinatal mental health



Screening for mood changes during pregnancy and after giving birth

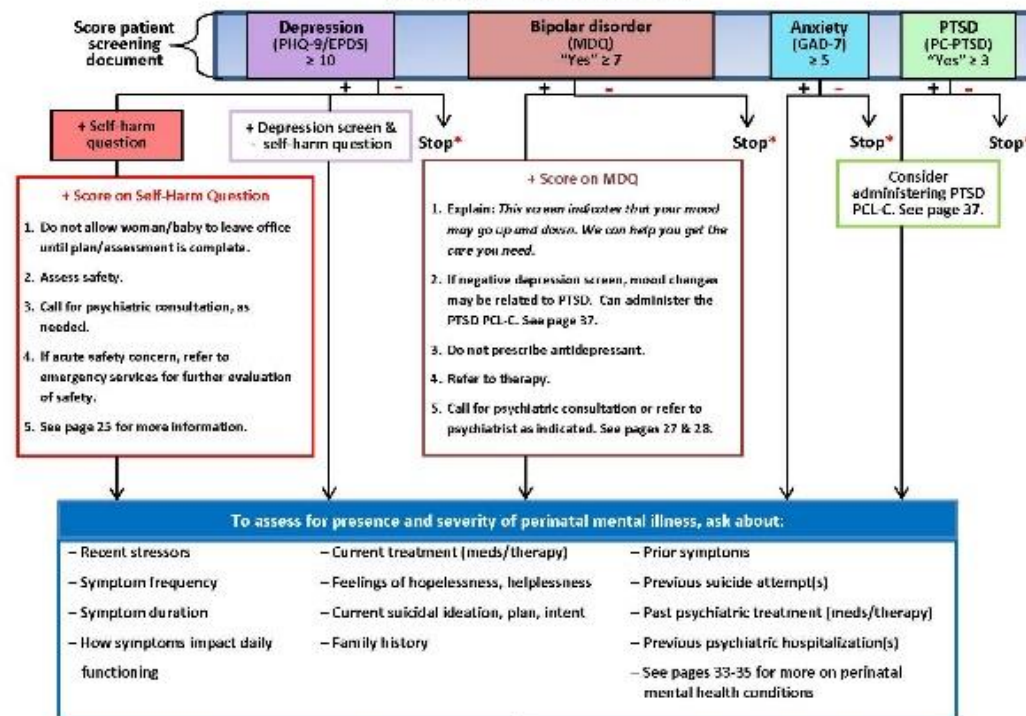
- Mood changes are very common during pregnancy or after giving birth. They can affect you and your baby's health.
- 1 in 5 women have depression, anxiety or frightening thoughts during this time.
- If you are having mood changes, getting help is the best thing you can do for you and your baby. You are not alone. We can help.



Lifeline4Moms Perinatal Mental Health Toolkit

Turn to next page

Assessing Perinatal Mental Health



| Determine Illness Severity | | |
|---|--|---|
| MILD Depression screener score 10-14 GAD-7 score 5-9 PC-PTSD answered "Yes" < 3 times No suicidal ideation Not feeling hopeless, helpless, worthless No previous psychiatric hospitalization No or minimal difficulty caring for self or baby | MODERATE Depression screener score 15-19 GAD-7 score 10-14 PC-PTSD answered "Yes" > 3 times Suicidal ideation present Sometimes feels hopeless, helpless, worthless Previous psychiatric hospitalization Some difficulty caring for self or baby | SEVERE Depression screener score > 19 GAD-7 score > 15 PC-PTSD answered "Yes" > 3 times Suicidal ideation, intent and/or plan Previous suicide attempt(s) Often feels hopeless, helpless, worthless History of multiple psychiatric hospitalization(s) Often feels unable to care for self or baby May experience hallucinations, delusions or other psychotic symptoms (e.g., major depression with psychotic features or bipolar disorder with psychotic features) History of multiple medication trials |

For mild, moderate, and severe illness:
 - Start treatment, see page 22.
 - Check for underlying medical condition order TSH, B12, folate, Hgb, Hct
 - Assess for substance use or medications which can cause or worsen mood/anxiety disorders

*If all screens are negative, tell her they were negative and say, "If something changes, please let us know. We are here." Continue to other side

Action Plan for Mood Changes during Pregnancy or After Giving Birth

Feeling down, mood swings, feeling anxious, overwhelmed, and scared are very common for women during and after pregnancy. If your feelings are impacting your life or your ability to care for you or your baby, we want to make sure you have the resources and support you need. If a few of these feelings sound like you, see below for what you can do.

If you...

- Feel like you just aren't yourself
- Have trouble managing your emotions (ups and/or downs)
- Feel overwhelmed, but are still able to care for yourself and your baby
- Feel mild irritability
- Have slight difficulty falling asleep

You may be experiencing emotional changes that happen to many pregnant women and new moms. You should...

- Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another person to share child care so that you can rest and exercise.
- Continue to watch for the signs of emotional mood changes in the yellow and red sections below.
- Find someone to talk to if things get worse. Talk to a health care provider if you feel unsure.

You may be experiencing emotional changes during or after your pregnancy for which you should get help. You should...

- Contact us. Your mental health is important to us. We are here to help.
- Talk to your partner, family, and friends about these feelings so they can help you.
- Contact your insurance company to find mental health providers.
- Visit the Anxiety and Depression Association of America's telehealth providers: <https://adaa.org/finding-help/telemental-health/provider-listing>
- Call Postpartum Support International (PSI) at 1-800-944-4PPD (4773) to speak to a volunteer who can provide support and resources in your area or search online for a mental health provider at <https://directorypsychiatry.com/>
- Search the National Center for posttraumatic stress disorder (PTSD) at <https://www.ptsd.va.gov/>
- Read or complete workbook materials: *Pregnancy & Postpartum Anxiety Workbook* by Pamela S. Wiegartz and Kevin Gyoarkoe

Get help now!

- Go to the local emergency room or call 9-1-1 for immediate help.
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support
- Text the Crisis Line at 741741 (US) or 686868 (Canada)
- Still not sure what to do? Call us and we'll figure it out together

Your mental health is important to us, please call us with any...



PHQ-9 - Edinburgh Postnatal Depression Scale; GAD-7 - Generalized Anxiety Disorder; MDQ - Mood Disorder Questionnaire; PC-PTSD - Patient Health Questionnaire; PTSD - Posttraumatic Stress Disorder; PC-PTSD - Primary Care Post-Traumatic Stress Disorder; PCL-C - PTSD Checklist-Civilian

Lifeline for Moms Toolkit provides obstetric care clinicians with tools to help address perinatal mental health



A screenshot of the ACOG website's "Perinatal Mental Health" page. The browser address bar shows "acog.org/programs/perinatal-mental-health". The navigation menu includes "ACOG Clinical", "Obstetrics & Gynecology", "For Patients", "Store", and "ACOG Engage". The main content area has a green header with "Perinatal Mental Health" and a sub-header "Perinatal Mental Health Tool Kit". A description below reads: "Perinatal mood and anxiety disorders are among the most common complications that occur in pregnancy or in the first 12 months after delivery. Despite the positive effects of maternal, obstetric, high-affection, partner, and family outcomes..."

A screenshot of the UMass Chan eScholarship repository page for the "Lifeline4Moms Perinatal Mental Health Toolkit". The browser address bar shows "repository.escholarship.umassmed.edu/handle/20.500.14038/44263". The page title is "Lifeline4Moms Perinatal Mental Health Toolkit". There is a search bar, a "Download" button, and a "Name:" field containing "Lifeline4Moms_Perinatal_Mental ...".

<https://repository.escholarship.umassmed.edu/handle/20.500.14038/44263>

<http://hdl.handle.net/20.500.14038/44263>







Lifeline for Moms eModules provide training in detection, assessment, treatment and follow-up using self-paced, case-based, interactive design



Lifeline for Moms e-modules with 4 components are interactive, case-based, self-paced, and have resources, references, visual and voice-overs where needed, along with highlighted summaries

Menu Resources

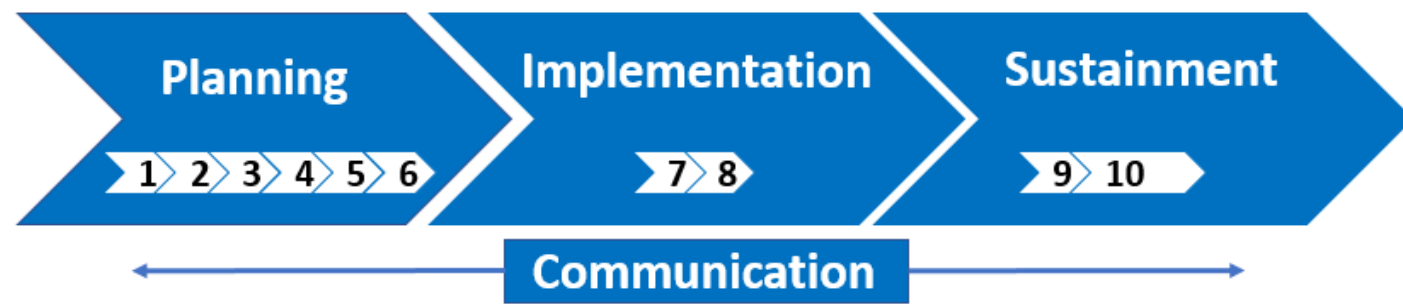
Dr. Silva's treatment across four patients:

| Patients | Detect | Assess | Treat | Follow Up |
|---|---|--|--|---|
|  <p>Julie 2nd child 36 weeks GA</p> | <ul style="list-style-type: none"> ● EPDS ● Self-Harm ● MDQ ● GAD-7 ● PC-PTSD-5 | <p>Depression</p> <p>Anxiety</p> | <p>Therapy & Adj. Int.* sertraline</p> | <p>Symptoms improved. Tolerating sertraline. Reevaluate early postpartum.</p> |
|  <p>Sofia 1st child 9 months PP</p> | <ul style="list-style-type: none"> ● EPDS ● Self-Harm ● MDQ ● GAD-7 ● PC-PTSD-5 | <p>Depression</p> <p>with low risk of self-harm</p> | <p>Therapy & Adj. Int.* venlafaxine (previously effective)</p> | <p>At 6 mos. complete symptom remission, venlafaxine tapered with monthly monitoring.</p> |
|  <p>Adele 1st child 26 weeks GA</p> | <ul style="list-style-type: none"> ● PHQ-9 ● Self-Harm ● MDQ ● GAD-7 ● PC-PTSD-5 | <p>Bipolar</p> <p>with depressive symptomatology</p> | <p>Therapy & Adj. Int.* Referral: psychiatric & medication</p> | <p>Scheduled with psychiatric clinician.</p> |
|  <p>Olivia 1st child 6 weeks PP</p> | <ul style="list-style-type: none"> ● EPDS ● Self-Harm ● MDQ ● GAD-7 ● PC-PTSD-5 | <p>Depression</p> <p>PTSD</p> | <p>Therapy & Adj. Int.* Increase citalopram dose</p> | <p>Significant symptom improvement. Transition care to PCP.</p> |

● Positive ● Negative
* Adjunctive Interventions



The Lifeline for Moms Implementation Guide provides step by step instructions and resources for how to integrate PMH care into obstetric practice

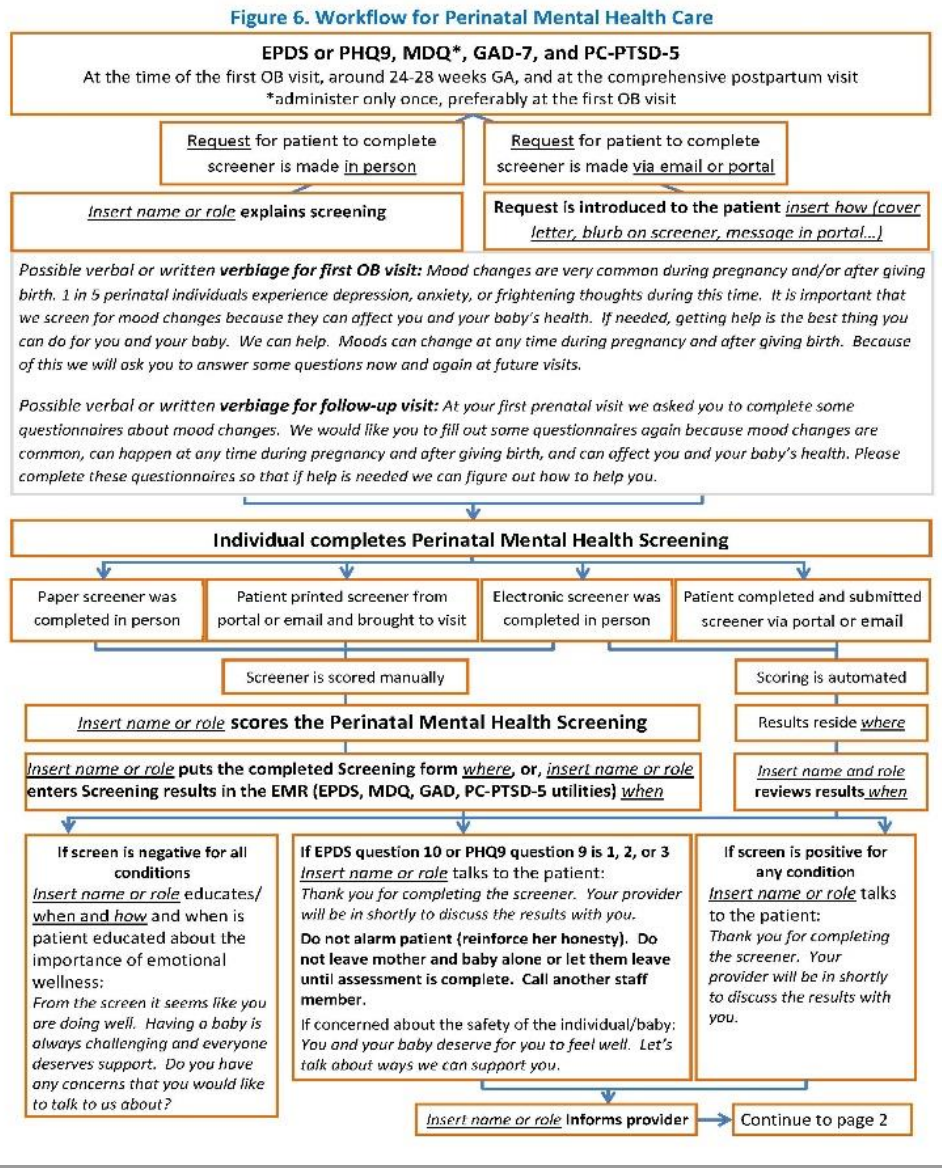


| Phase 1: Planning | | | |
|--|---|---|--|
| Week 1 | Weeks 1 to 3 | Week 3 | Weeks 3 to 5 |
| Implementation Consultation Meeting 1 (1.5 hours) | Interval between Consultation Meeting 1 and Practice QI Team Meeting 1 | Practice QI Team Meeting 1 (1.5 hours) | Interval between Practice QI Team Meeting 1 and Practice QI Team Meeting 2 |
| 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 | Orient the Practice QI team to the Aims and the | STEP 3: Complete assessment |
| Lifeline for Moms Team provides an overview and discusses the implementation process | Introduce the Lifeline for Moms Team to the practice champions and share Aims | | |

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)

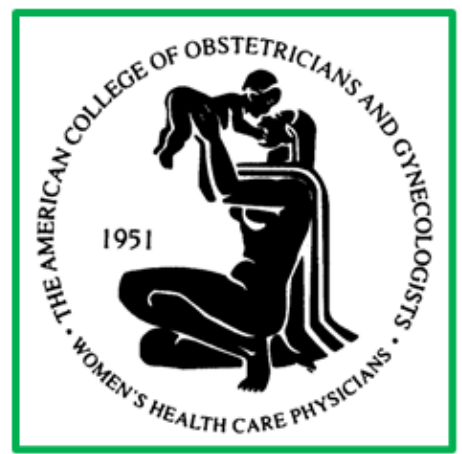


education, destigmatize perinatal mental health conditions, and help engage women in treatment using a strength-based approach.

How to learn about your areas of strength and weakness, and for ideas on how to improve on Aim 1: [Click here for Aim 1, click here](#)

| | YOUR PRACTICE'S RESULT | Other recommendations |
|---|------------------------|--|
| that screening for perinatal mental health of their obstetric care. | #N/A | |
| ing training to providers and clinical staff about | Currently met | |
| ing education to patients about perinatal mental | Currently met | |
| in perinatal mental health conditions readily | Currently met | |
| nd/or app-based education platforms have conditions or links to available resources. | Not currently met | Consider adding this as a goal. Click here for some ideas. |
| viders and staff to have the confidence and skills they conditions with patients. | Currently met | |
| viders are documenting patient engagement in on a mental health screen at the following rate: | 60% | |
| viders are providing psychoeducation to patients screen at the following rate: | 100% | |
| viders are providing psychoeducation to patients table (e.g., posters, brochures, etc.) in the faces: | 25% | If < 50%, consider adding it as a goal. Click here for some ideas. |
| represent the diversity of the women we serve. | Not currently met | Consider adding this as a goal. Click here for some ideas. |

| Goal | Tasks | Involved/ Affected | Responsible | Accountable |
|--|--|--|-------------------------|-------------------------|
| By DATE, we will include 1 piece of (print, electronic link, email) literature regarding perinatal mental health in each new prenatal packet | 1. Obtain approval from the patient education committee for what to include | Patient education committee | Practice QI team member | Practice QI team member |
| | 2. Assemble packets containing the literature | Admin supervisor and staff | Admin staff | Admin supervisor |
| | 3. Update the practice procedure for packet assembly to include the new literature | Practice manager, Admin supervisor and staff | Admin supervisor | Admin supervisor |



Available on ACOG & Lifeline for Moms websites

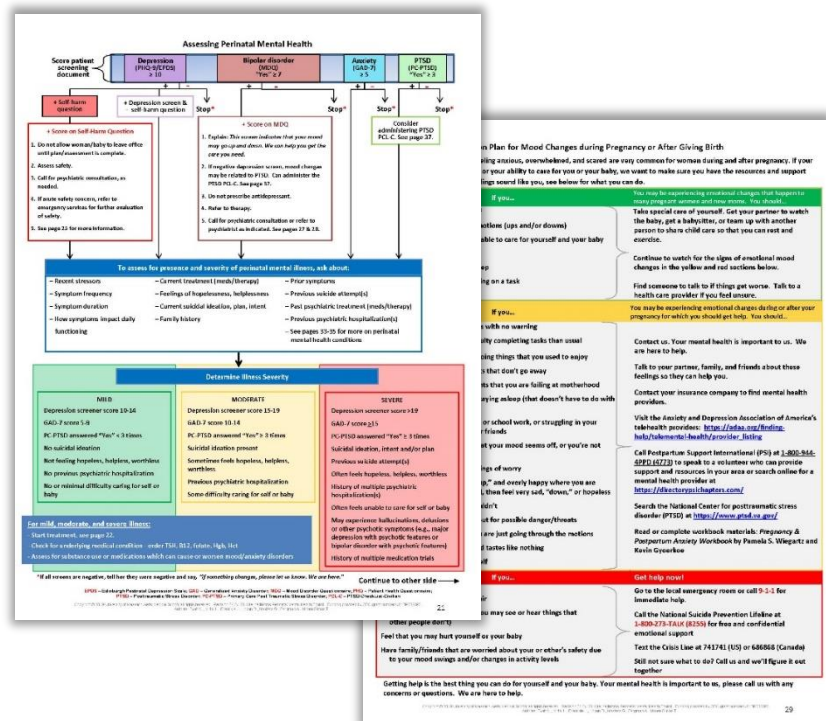
- Includes:
- Self-assessment instruments
 - Recorded guidance



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Toolkit



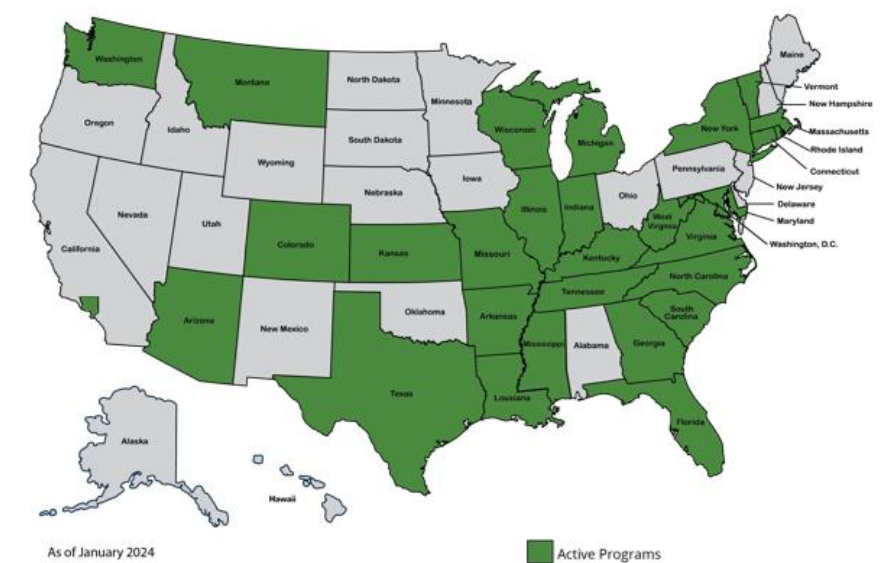
eModule



Guide



Access Programs



Organization Presentation: MCPAP for Moms



Leena Mittal, MD, FACLP

Agenda

12:00–12:05 Welcome &
PNQIN Announcements

12:05–12:10 PMHC Bundle
Pearls

**2:10–12:30 Organization
Presentation**

12:30–12:50 Team
Presentation

12:50–1:00 Discussion,
Q&A





MCPAP for Moms: Program and Services

**Leena Mittal, MD, FACLP
Associate Vice Chair, DEI
Department of Psychiatry
Brigham and Women's Hospital**

**Medical Director Equity, SUD, Community
Partnerships, MCPAP for Moms**

Massachusetts Child Psychiatry Access Program

MCPAP

For Moms



Education

**855-Mom-
MCPAP**

**Resource &
Referral**

Perinatal depression is the most common complication of pregnancy



Perinatal depression affects as many as
one in seven women.

Mental health conditions are now the leading cause of pregnancy-related deaths

Table 4. Underlying causes of pregnancy-related deaths*, overall and by race or ethnicity¹, data from Maternal Mortality Review Committees in 36 US states, 2017–2019¹

| | Total | | Hispanic | | Non Hispanic | | | | | | | | | |
|--|-------|------|----------|------|--------------|---|-------|------|-------|------|-------|---|-------|------|
| | | | | | AIAN | | Asian | | Black | | NHOPI | | White | |
| | N | % | n | % | n | % | n | % | n | % | n | % | n | % |
| Mental health conditions ² | 224 | 22.7 | 34 | 24.1 | 2 | - | 1 | 3.1 | 21 | 7.0 | 0 | - | 159 | 34.8 |
| Hemorrhage ³ | 135 | 13.7 | 30 | 21.3 | 2 | - | 10 | 31.3 | 33 | 10.9 | 1 | - | 53 | 11.6 |
| Cardiac and coronary conditions ⁴ | 126 | 12.8 | 15 | 10.6 | 1 | - | 7 | 21.9 | 48 | 15.9 | 0 | - | 49 | 10.7 |
| Infection | 91 | 9.2 | 15 | 10.6 | 1 | - | 0 | 0.0 | 23 | 7.6 | 0 | - | 49 | 10.7 |
| Embolism-thrombotic | 86 | 8.7 | 9 | 6.4 | 0 | - | 2 | 6.3 | 36 | 11.9 | 0 | - | 34 | 7.4 |
| Cardiomyopathy | 84 | 8.5 | 5 | 3.6 | 0 | - | 2 | 6.3 | 42 | 13.9 | 0 | - | 33 | 7.2 |
| Hypertensive disorders of pregnancy | 64 | 6.5 | 7 | 5.0 | 0 | - | 1 | 3.1 | 30 | 9.9 | 1 | - | 22 | 4.8 |
| Amniotic fluid embolism | 37 | 3.8 | 6 | 4.3 | 1 | - | 7 | 21.9 | 10 | 3.3 | 2 | - | 9 | 2.0 |
| Injury ⁵ | 35 | 3.6 | 5 | 3.6 | 1 | - | 1 | 3.1 | 15 | 5.0 | 0 | - | 10 | 2.2 |
| Cerebrovascular accident | 25 | 2.5 | 2 | 1.4 | 0 | - | 0 | 0.0 | 10 | 3.3 | 0 | - | 13 | 2.8 |
| Cancer | 19 | 1.9 | 3 | 2.1 | 0 | - | 1 | 3.1 | 7 | 2.3 | 0 | - | 7 | 1.5 |
| Metabolic/endocrine conditions | 12 | 1.2 | 2 | 1.4 | 0 | - | 0 | 0.0 | 6 | 2.0 | 0 | - | 3 | 0.7 |
| Pulmonary conditions | 12 | 1.2 | 1 | 0.7 | 0 | - | 0 | 0.0 | 4 | 1.3 | 1 | - | 5 | 1.1 |

Mental Health Conditions: Mental health conditions include deaths of suicide, overdose/poisoning related to substance use disorder, and other deaths determined by the MMRC to be related to a mental health condition, including substance use disorder.

People of color are more likely to experience postpartum depression and less likely to receive adequate care

One study showed, **44%** of African American women and **48%** of Hispanic women showed symptoms of PMADs as compared to **31%** of white women



Talking about medications for mental health

“There are effective options for treatment during pregnancy and breastfeeding”

“Depression is very common during pregnancy and the postpartum period.”

“Patients need to take medication during pregnancy for all sort of things”

“There is no risk free decision”



How can MCPAP for Moms Help?

Call MCPAP for Moms at 855- 666-6272, Monday – Friday 9:00 a.m. – 5:00 p.m. to request the following services:



Trainings and Toolkits

<https://www.mcpapformoms.org/Toolkits/Toolkit.aspx>



Real-time provider to provider phone consultation



Linkages with community-based resources

Our website has resources 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



Click Below For Video



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.



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,

Who can call MCPAP for Moms?

**Primary care
providers**

**Obstetric providers/
Midwives**

Pediatric providers

**Family
Medicine**

**Psychiatric
providers**

SUD care providers

Providers can call **855-Mom-MCPAP** for consultation for mental health and SUD topics



Resource and Referral is based on acuity, severity and need



Resources to Provider

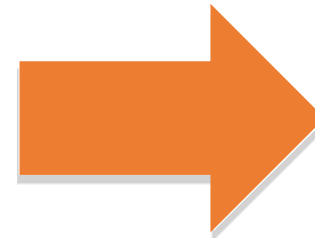
- RRS identify 2-3 targeted resources and share in a list form with the provider
- Does not involve speaking with mom



Outreach to Patient

- RRS contact mom and work with them to schedule appointment
- Follow up after 2 weeks

In summary, our aim is to promote maternal and child health by building the capacity of front line providers to address perinatal mental health and substance use disorders.



Mental Health Resources for Perinatal Individuals

[National Maternal Mental Health Hotline](#)

Text or call 24/7

1-833-TLC-MAMA

Available in English and Spanish Interpreters available
in 60 languages

[Postpartum Support International – PSI](#)

1-800-944-4773, # 1 En Español , #2 English

Text in English: 800-944-4773 Text en Español:
971-203-7773

[Online support meetings](#)

Additional Mental Health Resources

[Jewish Family and Children's services New parent support](#)

For more information or to make an appointment or referral, contact CERSIntake@jfcsboston.org or 781-693-1200

Center for Early Relationship Support Programs include:

In-home and community-based therapy and support for pregnant individuals and families

Spanish language services: Karen Garber 781-693-5048 or kgarber@jfcsboston.org

Resources for perinatal individuals with substance use

IHR Programs (Institute for Health and Recovery)

[Family Residential Treatment Access](#)

FRT Access staff coordinates the assessment and referral process for families in need of residential substance use disorder treatment

[Moms Do Care](#)

A statewide program designed to provide multidisciplinary, peer-led, recovery oriented, wrap around support for pregnant, postpartum and parenting individuals with a history of OUD and alcohol

[Project Promise](#)

Day treatment program serving pregnant and parenting women and children

Additional SUD Resources

[FirstStepsTogether](#)

FIRST (Families In Recovery Support) Steps Together is a home visiting program that is able to provide flexible, community based and virtual services.

[Project NESST: Newborns Exposed to Substances: Support and Therapy](#)

[The Journey Recovery Project](#)

The Journey Project is an interactive Web resource for pregnant and parenting women who have questions or concerns about opioid and other substance use.

Please contact us

www.mcpapformoms.org

**Call 855-Mom-MCPAP
(855-666-6272)**



Thank you!

Team Presentation: Lowell General Hospital Team

TuftsMedicine
Lowell General Hospital

Laura Frederico, MSN RN

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Tufts Medicine-Lowell General Hospital

- Labor and Delivery Unit
 - 12 labor rooms
 - 2 ORs
 - OBED- 3 rooms
 - Triage- 5 rooms
- Mother and Infant Unit
 - 22 bed unit
 - 1 Nursery
- Special Care Unit
 - 10 bed unit
- Pediatric Unit
 - 20 bed unit



About our PMHC Team

- Laura Federico* MSN, RN – Director of Maternal Child Health
- AnneMarie Aquino MSN, RNC-LRN, CSPT, - Clinical Manager, MIU, SCN & Lactation
- Amy Foote BSN, RN, CPN- Clinical Manager Pediatric Unit
- Danielle Dolan BSN, RN- Clinical Manger Labor and Delivery
- Lori McCall* BSN, RN, CSPT- Clinical Leader MIU
- Amy McCabe BSN, RNC-LRN- Clinical Leader SCN
- Kristen Sparks*RN, CPN- Clinical Leader Pediatric
- Laurabeth Cino BSN, RNC-EFM- Clinical Leader L&D
- Kathleen Cullen-Lutter*CNM -LGH
- Rachelle Garcia CNM - LGH
- Rebekah Ashton* FNP- Merrimack Family Medicine

**Site champions and clinical leads*

Lowell General Hospital MATERNAL CHILD HEALTH DEPARTMENT

Antiracism Statement

- Labor & Delivery, Mother Infant Unit, Special Care Nursery & Pediatrics
- We, the Tufts Medicine Lowell General Department of Maternal Child Health, decry the brutal forces of racism that have borne down on Black, brown and indigenous birthing people in the US for centuries. Black mothers are three times and black infants two times more likely to die than their white counterparts during pregnancy or childbirth. In their honor, we pledge to hear and amplify the voices of those who have been silenced, and to challenge the institutions and interactions that create racism and violence, acknowledging that we in medicine have historically been part of the problem. Systemic and institutional racism are pervasive in our country's health care institutions, including the fields of obstetrics and gynecology. We recognize the intersectionality between racism and poor health care outcomes and reaffirm that race is a social construct, not biologically based.

To our patients, colleagues and students:

- We recognize the profound impact of racism on your health and wellbeing. We commit to providing excellent, equitable, respectful and unbiased trauma-informed care; to actively listen to your concerns, and to support your individual health care goals.
- We pledge to bring accountability to all levels of Tufts Medicine and to make our department and hospital a place of radical belonging, regardless of the color of your skin or how you identify. We commit to standing up against microaggressions in order to promote a safe, diverse, and inclusive environment. We acknowledge this requires constant evaluation and correction of our own unconscious and conscious biases, and speaking out when we see bias perpetrated against you.
- The time to act is now and we commit to being part of the solution in the following ways: We commit to analyze our departmental data by race, ethnicity, and primary language.
- We are updating our policies and procedures with inclusive language.
- We have adopted a Just Culture framework and commit to a culture of accountability within Maternal Child Health.
- Our goal is to hire and retain a staff that reflects the diversity of the community we care for.
- We are working to embed the principles of trauma-informed care into our culture via on-unit simulations and education, chart reviews, and debriefing through an equity lens.
- We are adopting use of a social determinants of health assessment tool to better identify and support individual needs with resources.



Process Measure:

Patient education on perinatal mental health conditions (disaggregated by race, ethnicity, payor)

Perinatal mental health is not a topic sufficiently spoken about in the MCH division. Our goal is to provide our patients and their families with Perinatal Mental Health Condition warning signs as well as resources. We currently talk about PPD with our discharges on the Mother and Infant Unit but we don't have universal education throughout the MCH division which would include all Perinatal Mental Health Conditions. Our goal is to work with our private practices on supporting the mothers during the Perinatal period. Limitations due to staffing in the offices and lack of Social Work services in the offices have been identified.



Smartie Goal

S: Create patient education in the form of a magnet/handout in at least 3 languages (English, Portuguese, Spanish) to educate patients and families on the warning signs of Perinatal Mental Health conditions and the resources available.

M: > 95% of patients who prefer one of the 3 languages will receive a magnet and handout by project end as measured and disaggregated by race, ethnicity, and payor by documentation in the EMR.

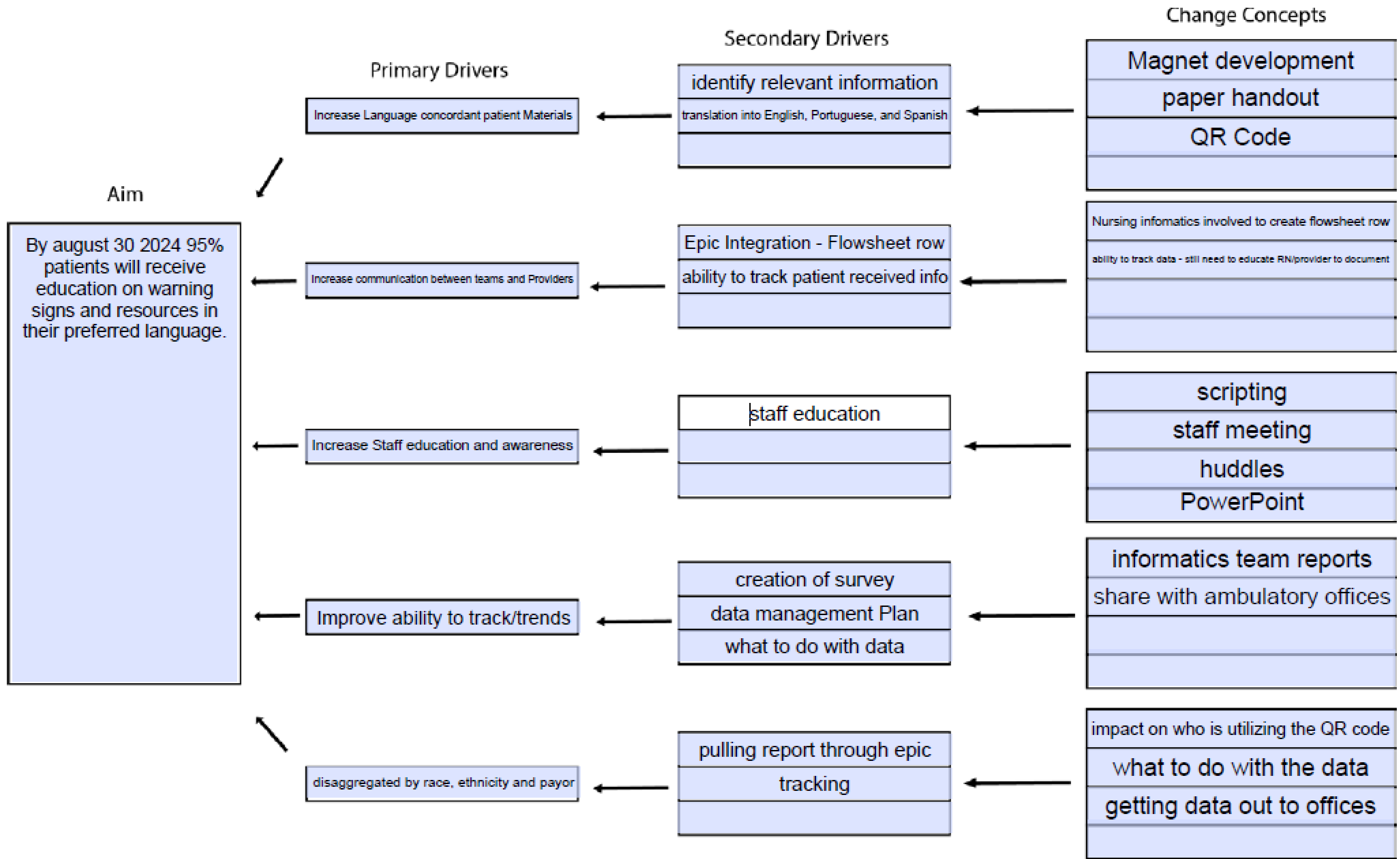
A: The Lowell General Team will complete the goal by the end of the project: August 2024.

R: According to Postpartum Support International, 1 in 4 women regardless of culture, age and income level experiences a Perinatal Mental Health condition in the first 12 months after childbirth. Informing and educating patients and their families can help them connect to resources and prevent further symptoms and help them on their journey to recovery.

T: We will begin the work in April 2024 and complete it by August 2024.

I: The Lowell General Team will seek input from English, Portuguese, and Spanish speaking individuals to help guide the development of the magnet/handouts. Each team member will have an opportunity to share and express their ideas.

E: Regardless of race, ethnicity, and payor, >95% of English, Portuguese and Spanish speaking patients and families will receive both the magnets and handouts. In addition, everyone on the team will have equitable tasks delegated to them to distribute the work equitably.





Timeline

May- Established a multidisciplinary team that included the inpatient and outpatient areas.

June- Created a Perinatal Mental Health Conditions magnet that will be given to all our patients and a patient education/resources handout that will be included in our MCH “Welcome” packets. Sample magnets distributed to moms who attended our New Mom Support groups. Survey Monkey created to evaluate effectiveness/usefulness feedback from those moms.

July- PowerPoint created for staff education as to how to document the distribution of education materials to patients by staff in a way that allows us to pull the information through chart audits for data collection.

Sent the magnet to marketing department for “branding” - new version – translated into English, Portuguese, Spanish, Khmer and Haitian Creole.

August- Educational PowerPoint created for all MCH nurses regarding Perinatal Mental health conditions that includes a pre and post test for evaluation of effectiveness of education provided.



Trauma Informed Care

- We recognize that there are racial disparities in Maternal Health in the United States. As Maternal mental health is a marker of national well-being and health, we must improve our efforts to understand the inequities, and provide improved education around Perinatal Mental Health conditions and resources for the mother, significant other as well as the family who supports them.
- Trauma-informed care plays an integral part in supporting perinatal mental health. Trauma-informed care classes are mandatory for all MCH staff of to educate staff about the impact of trauma and how to integrate trauma-informed care principles into their work.
- Mandatory for all RN's working within MCH Division goal to complete by December, 2024



First version of Magnet

TuftsMedicine
Lowell General Hospital

**MATERNAL MENTAL HEALTH CONDITIONS
ARE TREATABLE**

IT'S IMPORTANT TO RECOGNIZE THE SYMPTOMS

Changes in
sleep
& eating
habits

Feeling sad,
anxious or
restless

Withdrawing
from
family &
friends

Afraid of
hurting
yourself
or your
child

Decreased
interest
in activities

Intrusive
thoughts



GET HELP

**NATIONAL MATERNAL MENTAL HEALTH HOTLINE
1-833-943-5746**





Evaluating Magnet/Resource Document

- Magnet/resource document given to 7 mothers during new mother support group.
- Returned 1 week later to conduct survey
- 3 surveys completed
 - 3 thought the magnet was visually appealing
 - 3 agreed the magnet was easy to understand
 - 3 stated they would display the magnet at home
 - 2 thought resource document was easy to understand and 1 thought it difficult
 - 2 stated this is something they would use and 1 did not find it useful
 - 0 shared the magnet or resource document with family.

TuftsMedicine
Lowell General Hospital

Perinatal Mental Health Conditions Mother Support Group

1.) Was the magnet visually appealing?

Yes No

2.) Was the magnet easy to understand?

Yes No

3.) Would you display the magnet at home?

Yes No

4.) Was the resource document easy to understand?

Yes No

5.) Is this something you would use?

Yes No

6.) Did you show the magnet/resources and discuss with family?

Yes No

7.) Do you have any feedback regarding this information on Perinatal Maternal Health Conditions?



Branded Version Through Tufts Marketing

Maternal mental health conditions are treatable

Changes in sleep + eating habits

Feeling sad, anxious or restless

Withdrawing from family + friends

Decreased interest in activities

Intrusive thoughts

Afraid of hurting yourself or your child

It's important to recognize the symptoms

Tufts Medicine

National Maternal Mental Health Hotline
Call 1.833.852.6262





Future Direction

- Survey to staff regarding comfort level speaking about PMHC
- Unit specific staff education on conducting Edinburgh screening for all postpartum mothers as well as mothers of patients on pediatric unit who fall within the perinatal period.
- Expand languages for magnet/resources as community needs dictate.
- Ongoing chart audits for compliance in education, as well as tracking distribution of education materials to patients born at LGH as well as readmissions/admissions of babies less than one year of age to our SCN/Pediatric departments.
- Provide the PowerPoint presentation to all OB Providers and offices.



Posters for all MCH units

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Maternal mental health signs + symptoms

Personality

- Acting out or withdrawing
- Effort to gain control
- "They would be better off without me"

Partner

- Conflict
- Brittleness
- Avoidance

Thoughts

- Racing, scary or intrusive thoughts
- Poor concentration
- Emotionally off balance

Baby

- Feeding issues
- Hypervigilance or avoidance
- Fear of being alone with baby
- "Having a baby was a mistake"

Physical

- Increased sensitivity to stimuli
- Headaches
- Dyspareunia

Sleep

- Difficulty falling/ staying asleep
- Sleeping too much
- Nightmares

TuftsMedicine

Self care

New mothers must recover from the physical and emotional challenges of pregnancy, labor and delivery

Mothering the mother

Sleep

- 4 - 5 hours uninterrupted

Eat

- Every time baby eats
- Drink water
- Eat protein

Time off

- Challenging tasks
- JAJ leaving baby alone

Movement

- Light exercise
- Outdoors



Challenges.....

- Getting buy-in from outpatient offices
- Edinburg in Epic or the new US version –
- Edinburg in different languages
- Nurses time in reviewing the Edinburg
- Documentation in Epic for a parent who is not the patient
- Data collection- pulling out the payor piece

Any Questions?

Tiffany Moore Simas, MD
PNQIN Bundle Lead

Leena Mittal, MD, FACLP
MCPAP for Moms

Laura Federico, MSN RN
Lowell General Hospital

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Thanks for joining, see you on 10/15!

Have questions?

Email PNQINAdmin@pnqinma.org!

