

Implementing the AIM Perinatal Mental Health Conditions Bundle in MA

Data Review & Submission Tips

April 15, 2025





Happy Black Maternal Health Week!

April 11 17th, 2025

The campaign and activities for [Black Maternal Health Week](#) serve to amplify the voices of Black mamas and center the values and traditions of the reproductive and birth justice movements. Activities during BMHW are rooted in human rights, reproductive justice, and birth justice frameworks.

WELCOME!

- Please type your name and institution into the chat.
 - Optional share: April showers bring May flowers - what is your favorite?
- 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 Updates

12:10–12:50 Team

Presentations on Data Collection

12:50–1:00 Discussion, Q&A



AGENDA

12:00-12:05

Welcome & PNQIN Announcements

Brooke Fortin

12:05-12:10

PMHC Bundle Updates

Kali Espinola, MPH

12:10-12:50

Tips and Tricks: PMHC Data Collection

Fairview Hospital (Meditech)

Lowell General Hospital (Epic)

Southcoast Health (Epic)

12:50-1:00

Discussion, Q&A

All



Reminders & Announcements



Brooke Fortin, MS
PNQIN Project Coordinator

Agenda

12:00–12:05 Welcome &
PNQIN Announcements

12:05–12:10 PMHC Data
Updates

12:10–12:50 Team
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12:50–1:00 Discussion,
Q&A



PNQIN Announcements

PNQIN 2025 Spring Summit – WAITLIST OPEN!

Summit Date: May 22, 2025 from 8:30am-4:30pm

Location (in-person): Four Points by Sheraton Norwood in Norwood, MA

Theme: Pathways to Hope and Healing: Advancing Perinatal and Neonatal Health

Registration fee:

\$50 for Physicians

\$25 for all other care providers and professionals

Free registration available for patients/families with lived experience and students/trainees.

Registration Page and Agenda: <https://cvent.me/4NPL9q>

The waitlist has been enacted; folks will be admitted from the top as registrants cancel. Add your name now!

Save the Date!

PNQIN Spring Summit

May 22, 2025
8:30am - 4:30pm

Please join us in-person for our biannual meeting at the Four Points Sheraton in Norwood, MA!

The theme of this summit is *Pathways to Hope and Healing: Advancing Perinatal and Neonatal Health*. As usual, we will have breakout rooms for specific populations and will be presenting awards to some distinguished individuals and hospital teams for their work in promoting perinatal and neonatal health in the state of Massachusetts and beyond!

[Click or scan to register!](#)

PNQIN
PERINATAL-NEONATAL
QUALITY IMPROVEMENT NETWORK



PMHC Bundle: Toolkit – NOW AVAILABLE!

The Perinatal-Neonatal Quality Improvement Network of Massachusetts

PNQIN Perinatal Mental Health Conditions (PMHC) Bundle Toolkit



Version 2, February 2025



For the most up to date version and resources please refer to the [Perinatal Mental Health Conditions Bundle Website](#).

The Perinatal-Neonatal Quality Improvement Network of Massachusetts

American College of Obstetrics and Gynecology (ACOG) Alliance for Innovation in Maternal Health (AIM) Patient Safety Bundle: Perinatal Mental Health Conditions




[What are AIM Patient Safety Bundles?](#)
A collection of evidence-based best practices developed by experts from many disciplines to address specific conditions in pregnant and postpartum people, especially those which may lead to severe maternal morbidity and mortality. The bundles include action steps and tools, and are built to be adapted to facilities and institutions of all resource levels.

[What is the Perinatal Mental Health Conditions \(PMHC\) Bundle?](#)
The Perinatal Mental Health Conditions Bundle provides a blueprint to improve the quality of care and outcomes for patients with perinatal mental health conditions. This initiative aims to improve the identification and treatment of all perinatal mental health conditions for all patients throughout the entire perinatal period. For the purposes of this bundle, PMHC includes mood, anxiety, and anxiety-related disorders that occur during pregnancy or within one year of delivery, including conditions that may have started prior to conception.

For a full list of conditions, please review page 8 of the [AIM PMHC ICD-10 codes list](#).

Video: [Introduction to Perinatal Mental Health Conditions](#)



The Perinatal-Neonatal Quality Improvement Network of Massachusetts

ACOG AIM Patient Safety Bundle: Perinatal Mental Health Conditions - Links to Materials

[Patient Safety Bundle](#)

- Format: PDF
- Content: Describes the primary drivers of changes in quality of care for Perinatal Mental Health Conditions, with review of AIM's "5 Rs" framework:
 - Readiness,
 - Recognition & Prevention,
 - Response,
 - Reporting & Systems Learning, and
 - Respectful, Equitable & Supportive Care.
- This can be used as a high-level summary of the implementation goals for the PMHC Bundle.

[Element Implementation Details and Guide](#)

- Format: PDF
- Content: Further explores AIM's "5 Rs" Framework by sharing core strategies, aims, implementation phases, and steps to integrate obstetric and mental health care for each of the "Rs" in their framework. This document provides additional context for the Patient Safety Bundle (above).

[Implementation Resources](#)

- Format: PDF
- Content: Utilizing the "5 Rs" Framework, this document provides specific resources that correspond to each R and is an adjunct to the bundle and implementation guide noted above. Resources in this document include, but are not limited to, links to toolkits, webpages, publications, and training modules.

[Data Collection Plan](#)


- Format: PDF
- Content: This document outlines the structure, process, and outcome measures that we ask hospital teams to submit each month via REDCap to track participation in and implementation of this bundle.

[Change Package](#)

- Format: PDF
- Content: This document, developed and published by the Institute of Healthcare Improvement (IHI) and AIM and co-authored by PNQIN's Bundle Lead, Dr. Tiffany Moore Simas, covers the motivation for designing this bundle. More specifically, the Change Package matches resources to "change ideas," which are interventions that are defined to achieve the goal of integrating obstetric and mental health care and is directly aligned with each bundle element.

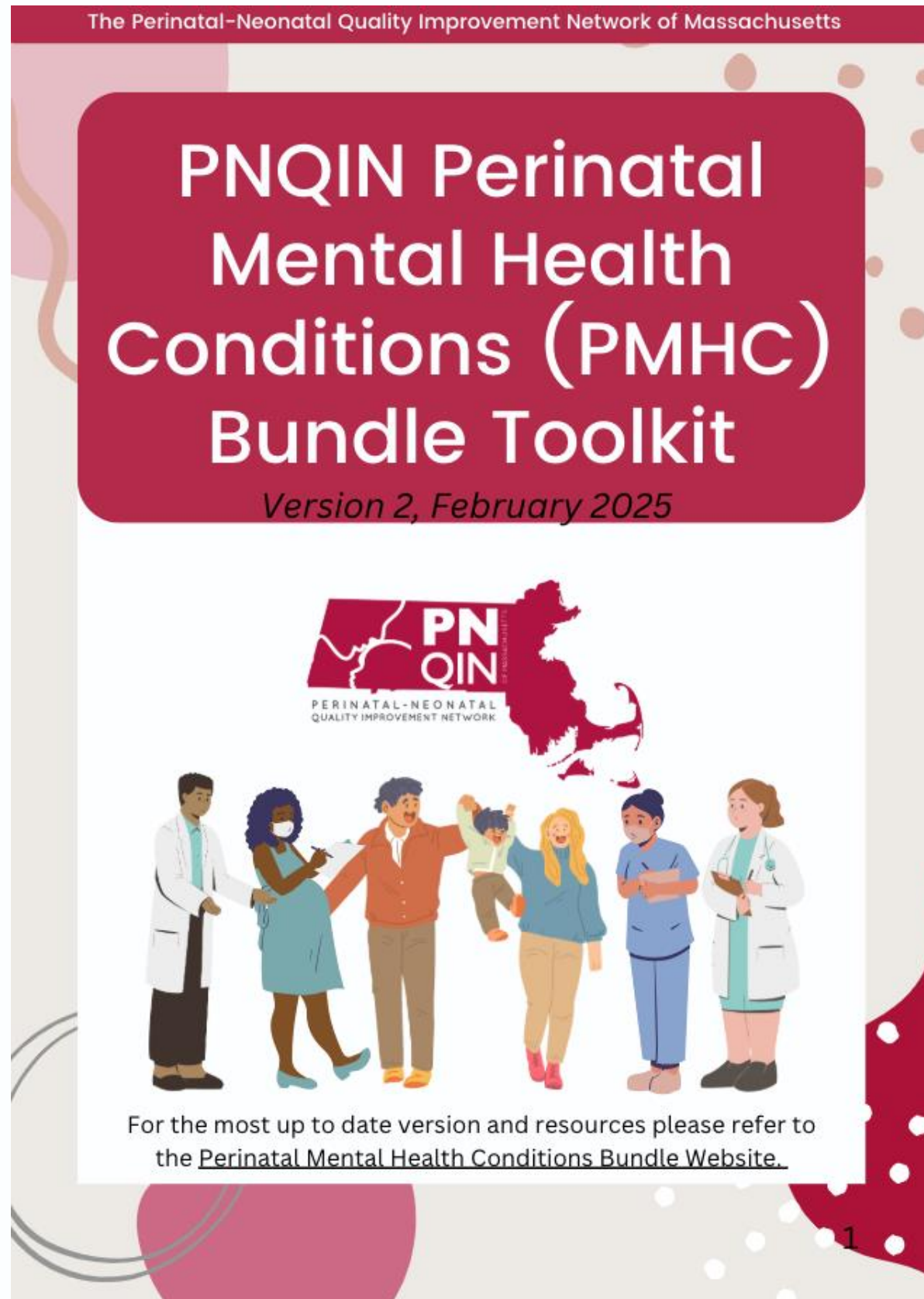
[Learning Modules](#)

- Format: Webpage, e-Modules
- Content: This webpage acts as a landing pad for free e-Modules, hosted by ACOG and Nursegrid that can be completed for CME/CE credit. Modules are hosted by ACOG and Nursegrid and are specific to each AIM Patient Safety Bundle.



The toolkit is now available on the PNQIN Website at [this link](#).

PMHC Bundle: Community Resources



Home → PNQIN Perinatal Mental Health Conditions (PMHC) Toolkit Resources

PNQIN Perinatal Mental Health Conditions (PMHC) Toolkit Resources

A number of resources included in our toolkit may be updated often, as a result, we have posted them here on our resources page for ease of updating and reference. Please see below! *The links included on this page are intact as of 2/14/2025.*

Resource Mapping/ID of Community Resources

Provider-Specific Resources

- MCPAP for Moms
 - [MCPAP Clinician Resource Page](#)
 - Toolkits
 - [Obstetric Provider Toolkit](#)
 - [Pediatric Provider Toolkit](#)

The resources can be found on the PNQIN Website at [this link](#).

MA Announcements

Save the Date: March of Dimes March for Change - 4/16

March of Dimes will **provide information on how to advocate for moms and babies in your state**, and give you the **opportunity to meet with lawmakers and advocate**.

Attendees will receive information on priorities, meet with your state lawmakers and share meeting feedback with our staff.

March for Change advocate volunteers will also be paired with experienced advocates to offer a greater level of confidence during meetings.



- **Where:** Omni Parker House Hotel
- **When:** April 16, 2025 9:30 AM-2:30PM EDT

[CLICK TO REGISTER](#)



Opportunity to Support the Moms Matter Act

For those who are not government employees, there is a new opportunity to support funding the Moms Matter Act (grants to community-based programs providing perinatal mental health support) and adding co-sponsors to the perinatal mental health workforce trust fund bill – one easy action makes a BIG difference!

Read more and submit a letter of support [at this link](#).



MCPAP for Moms: Training Opportunity

MCPAP for Moms, the Massachusetts State Perinatal Psychiatry Access Program, is available as a resource to providers providing **prenatal, perinatal, birthing, and postpartum care** to individuals in Massachusetts.

MCPAP for Moms helps to build health care providers' capacity to address perinatal mental health and substance use disorders through: **trainings and toolkits, telephone-access to perinatal psychiatric consultation, and facilitation of referral to community resources.**

You can learn more about their services on their [website](#).

As part of their training offerings, **MCPAP for Moms is available to come to your institution for Grand Rounds and/or trainings with affiliated obstetric practices!**

If you are interested in learning more or would like to schedule a time for Grand Rounds, please contact Beth McGinn at: Elizabeth.McGinn@carelon.com



Trailer Out Now: 'So Glad You Asked' from MGH

The **MGH Center for Women's Mental Health** started a **podcast** called '**So Glad You Asked**' where co-hosts, Dr. Ruta Nonacs, a leading expert in maternal mental health and Alice Hales, a mom of four, answer questions from parents about mental health in motherhood and consult expert guests.

Why This Show is Different:

- Every conversation is led by real moms & their questions on air - whether before or during pregnancy, postpartum, or beyond.
- No vague advice - evidenced-based answers & actionable resources.

Listen & subscribe → Listen on [Apple Podcasts](#) or [Spotify](#)



PCORI Grant Study Recruitment

- A team at UMass Chan Medical School is partnering with Postpartum Support International (PSI) on a project in which they will **implement and compare two approaches for helping OB practices integrate obstetric and mental health care.**
- Funded from the Patient-Centered Outcomes Research Institute (PCORI), they **will implement and test these two approaches with 32 obstetric practices across the US**, including practices in Massachusetts.
- All participating OB practices will receive **\$38,500 in funding across four years** of sustained practice involvement.
- *If you are interested in learning more about the study, please contact Nancy Byatt, DO, MS, MBA, DFAPA, FACLP (Nancy.Byatt@umassmemorial.org)*



National Announcements

Upcoming Live Virtual Course from the Institute for Perinatal Quality Improvement



- **National SPEAK UP Champions Conference**

- When: May 2nd & May 9th, 2025 from 9:30AM-1:30PM
- What: A virtual training to outline strategies to help individuals and groups dismantle racism, provide quality equitable care, and reduce health disparities.
- How: Register [here](#)

PMHC Bundle Participation & Data Updates



Kali Espinola (Vitek), MPH
PNQIN Project Manager

Agenda

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PNQIN PMHC BUNDLE WORKGROUP



Tiffany Moore Simas, MD
UMass Memorial Health



Kali Vitek, MPH
PNQIN



Brooke Fortin
PNQIN



Amanda Small, RN
MGH/PPD Survivor



Beth Buxton
DPH



Bonnell Glass, MN
PNQIN/UMass



Candice Belanoff, ScD
BUSPH



Cheryl Slater, RN
PNQIN/BMC



Christin Price, MD
PNQIN



Elizabeth Howell, CNM MS
UMass



Elysia Larson, ScD
HMS/BIDMC



Hannah Bonoyer
Sturdy/PMHC Survivor



Jelia Frano
Deloitte/PPP Survivor



Jess Gaulton, MD
FamilyWell Health



Jessie Colbert
Mass PPD Fund



Julia Prentice, PhD
BLC



Karen Manganaro, DNP
PNQIN/BWH



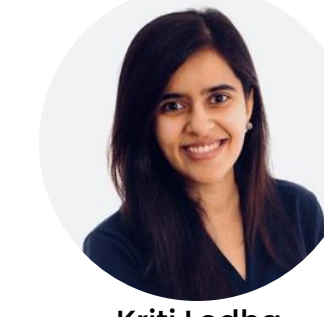
Karen Franklin, MD
Holy Family



Kettie Louis, DNP
BMC



Kristie Leeman, MD
PNQIN/BCH



Kriti Lodha
PSI-MA/PPP Survivor



Leena Mittal, MD
MCPAP for Moms



Maithri Ameresekere,
MD, BMC



Melissa Abell-Bardsley,
RN, CHA



Molly Fraust-Wylie
PNQIN/BIDMC



Pratiksha Yalakkishettar, MD
UMass



Richard Seeber, MD
MGH



Ron Iverson, MD
PNQIN/MGH



Salma Mohamed
MassHealth



Shaniqua Choice
Infinity Equity Consulting



Stephanie Crawford
Propa City
Community Outreach



Swathi Damodaran
MassHealth



Uruj Haider, MD
MCPAP for Moms

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. Boston Medical Center
7. Cooley Dickinson Hospital
8. Fairview Hospital
9. Holy Family Hospital
10. Lawrence General 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. Southcoast Charlton Memorial Hospital
18. Southcoast St. Luke's Hospital
19. St. Elizabeth's Medical Center
20. Tufts Medical Center
21. UMass Memorial Medical Center
22. Winchester Hospital



Participation Check-In: 6 Months

- Congratulations on everything that you have accomplished so far!!!
- **Any participation is important**
 - Whether you focus on 1 bundle component vs. multiple, or only submit structure measures vs. all data, something is better than nothing
- Please don't hesitate to reach out if you are struggling to participate – we are here to help!



Participation Check-In: 6 Months

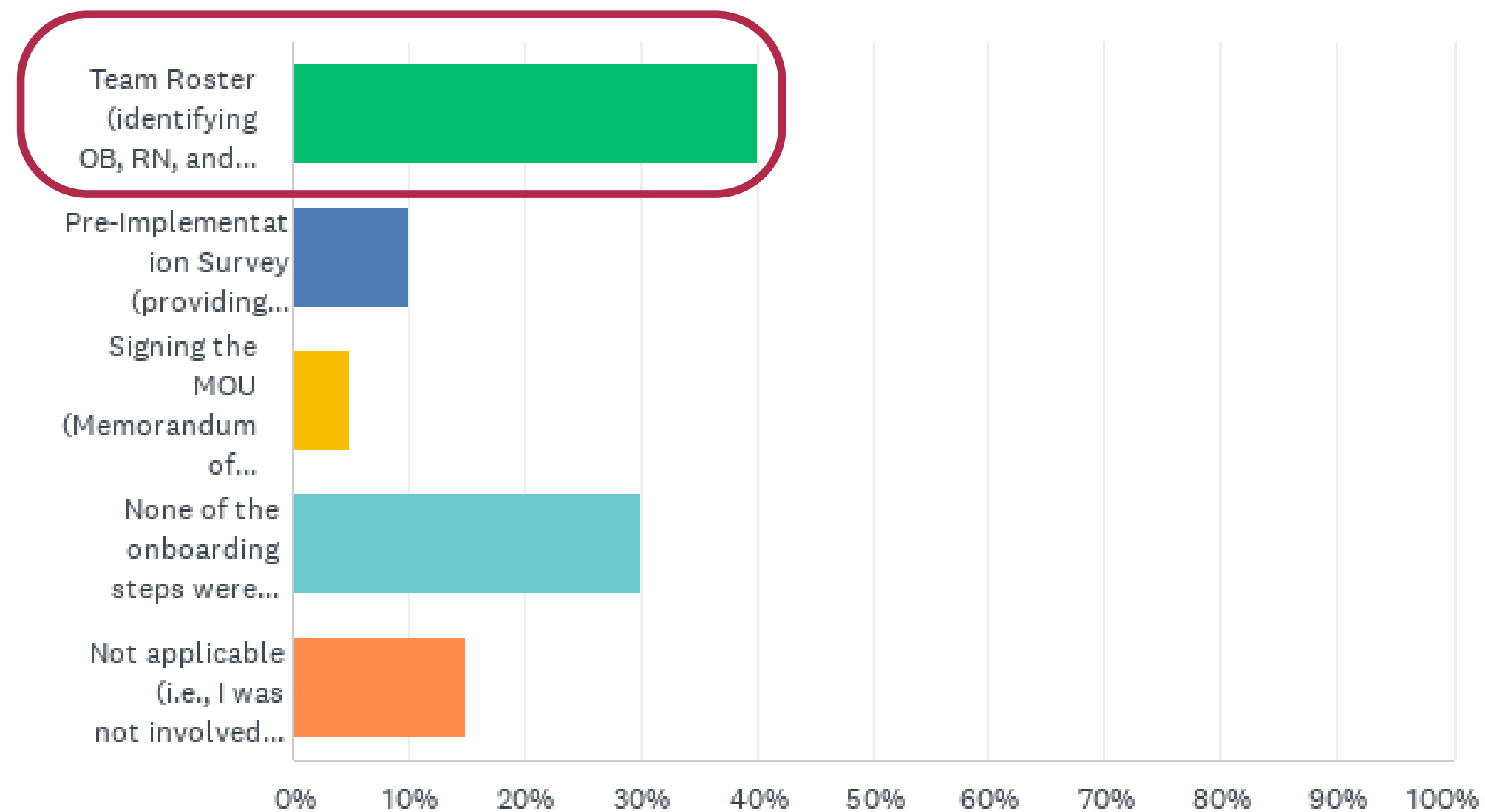


Measure	% Teams (out of 22)	Next Steps
Onboarding steps: Team Roster, Pre-Implementation Survey, MOU	100%	CURRENT TEAMS: Email Kali to add/remove team members to your Roster as needed NEW TEAMS: Email Kali to complete
Monthly data submission (Goal: 50% or more)	55%	Brooke and Kali will follow-up individually with 10 teams to learn more
Monthly webinar attendance (Goal: 50% or more)	100%	Watch recordings for any webinars you may have missed
6-month implementation feedback survey	77%	Brooke and Kali will follow-up with 5 teams after this webinar
Sustainability plans	TBD	More information coming in Summer 2025
Sharing opportunities	32%	Email Brooke or Kali to share your project on a webinar or as a poster at the Fall summit

Participation Check-In: 6 Months

A challenging piece...

Q9 Which onboarding step was the most difficult for your team to complete?

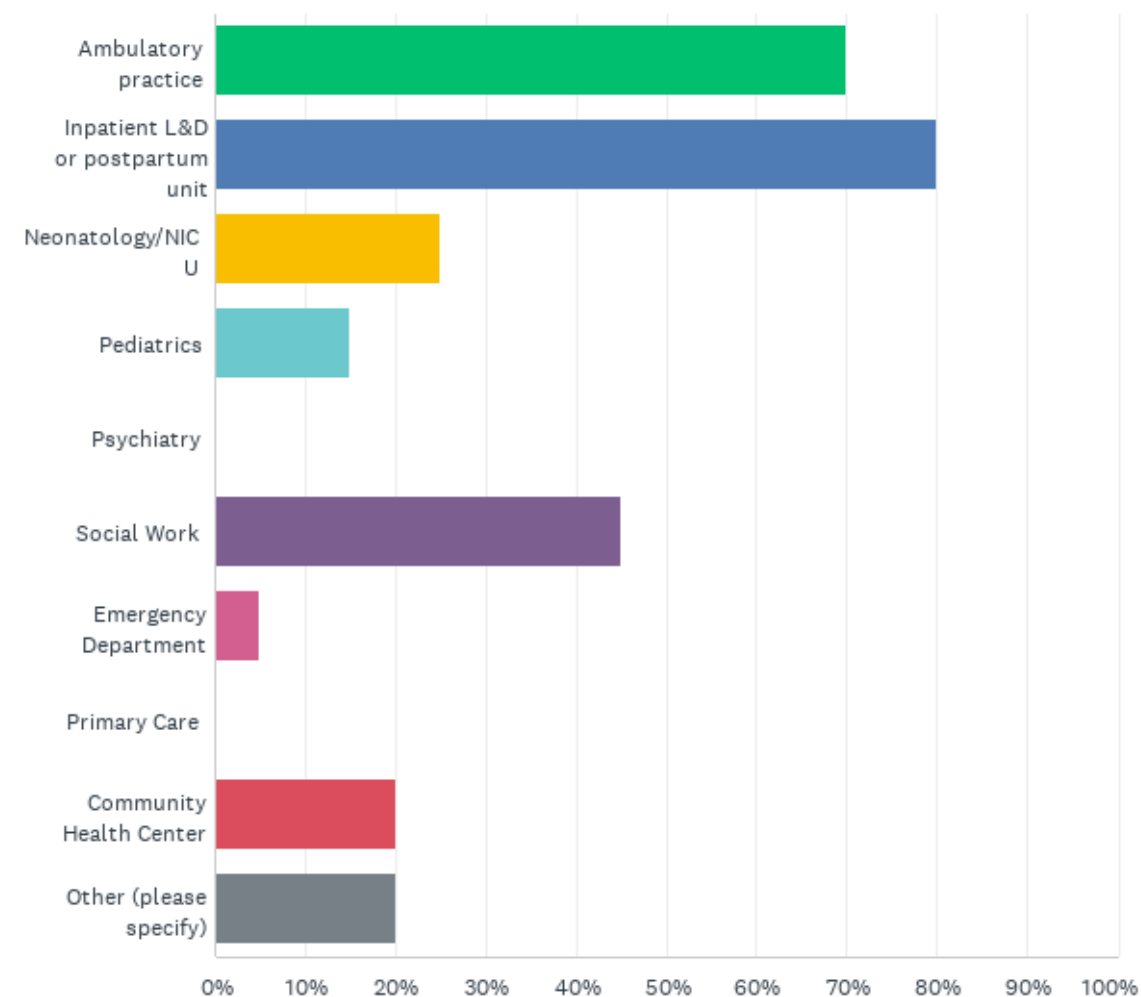


Participation Check-In: 6 Months



...is paying off!

Q57 Are you collaborating with other departments to implement components of the PMHC bundle? Select all that apply.



- We have interested stakeholders and this is an initiative we care about.
- Very engaged multidisciplinary PMHC committee, with strong support from departmental leadership.
- We have met and come up with some resources to share
- We are meeting regularly and finding areas where we need to improve.
- Data collection and collaboration with system to obtain this data.
- Staff is very supportive; Data reveals 100% teaching regarding maternal mental health wellness; Dr's are very supportive in this effort. Screenings are happening in person.
- Good conversations about what we can improve and great ideas.
- Consistent interest in the PMH team
- The increase in awareness for the clinics and inpatient

Participation Check-In: 6 Months

“To build acceptance of postpartum challenges and acknowledging the stigma regarding mental health issues with stories of Flamingos losing their pink color. We will increase our patient screening from 89% to 97% and create a refrigerator magnet as a [take-home] reminder.”

“To acknowledge the validity of the Edinburgh assessment tool in the [postpartum] person. the goal to to assess each person prior to discharge date with a rate of 95% completion by providing talking points to staff and attending a round table discussion by March 2025.”

“100% screening for anxiety and depression in antepartum initial office visit, then 100% screenings in our pre-admission tour @ 34 weeks, during admission huddle; and postpartum teaching during stay with [3-day] phone follow-up and a second f/u if necessary.”

“By December 31, 2025, 80% of CBC staff and providers will have completed education on PMADS and response, we will have implemented a policy for response to PMADS including a standardized plan, we will create patient handouts and posters to increase patient awareness, and we will standardize screening by adding a screening tool at the first OB visit and aligning screening tools to be culturally and linguistically appropriate.”

“To educate staff on how to [assess] and identify via both objective and subjective data and implement plans if care in epic for continued care and follow up via bundles which will be required documentation within a [six-month] time frame.(August)”

“In order to increase identification of PMHC in the prenatal population, by September 1, 2024, 50% of patients seen in the [redacted] office for an IOB, 28wk, and 6wk PP visits will have a documented EPDS. (This was one of our original SMART goals - after completion of 4 PDSA cycles and expansion of the process to all clinic sites, we are currently working on updating our SMART goals!)”

Thank you for submitting your SMARTIE Goals!!

Participation Check-In: 6 Months



Teams Need Guidance/Tools

for:

Provider PMHC Education

- How to increase completion and tracking of provider PMHC education
- PMHC education materials (Health Stream)

Patient PMHC Education

- How to track verbal PMHC education (in cases where written education not provided)
- Patient education in other forms besides paper or childbirth education classes

Data Collection

- How to identify and track patients who screen positive and are referred
- **Information on which payors are public vs. private**

Multidisciplinary Team Collaboration

- Tips for scheduling meetings with multidisciplinary teams
- How to find Champions to commit their time to the bundle

PMHC Protocol

- How to get protocol approved, and providers trained

PMHC Screening

- How to help staff establish new screening habits

Please email Kali or Brooke if you have information to share!

PMHC Bundle: Private vs. Public Insurance Resource Sheet - NOW AVAILABLE!

Massachusetts Insurance: Public vs. Private

The following list has been created to help hospital teams determine whether patients have public or private insurance as you submit data. This list has been updated as of 4/3/2025.

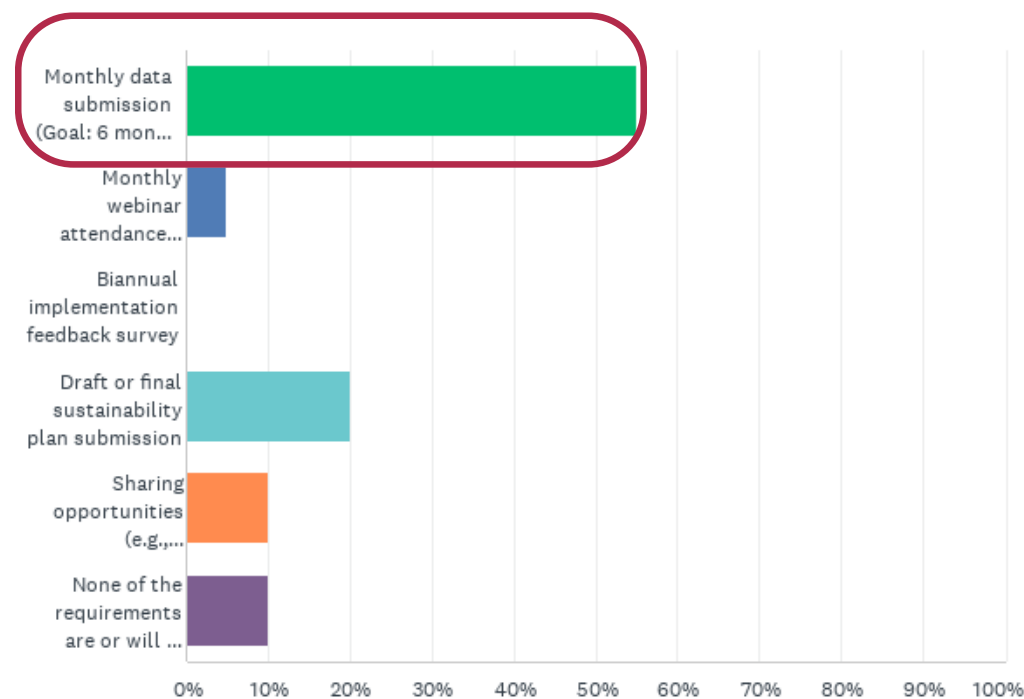
Public Insurance	Private Insurance
Medicaid/MassHealth	Aetna
BeHealthy	Anthem
BMC Wellsense MassHealth	Blue Cross Blue Shield
CommonWealth Care Alliance	BMC Wellsense Healthnet Commercial
Fallon Health	Cigna
Health Safety Net	Commercial Generic
Tufts Health Public Plans	First Health

We've collated popular public and private health insurance providers in MA. If you have any additions or edits, please let us know! You can see it on the PNQIN Website at [this link](#).

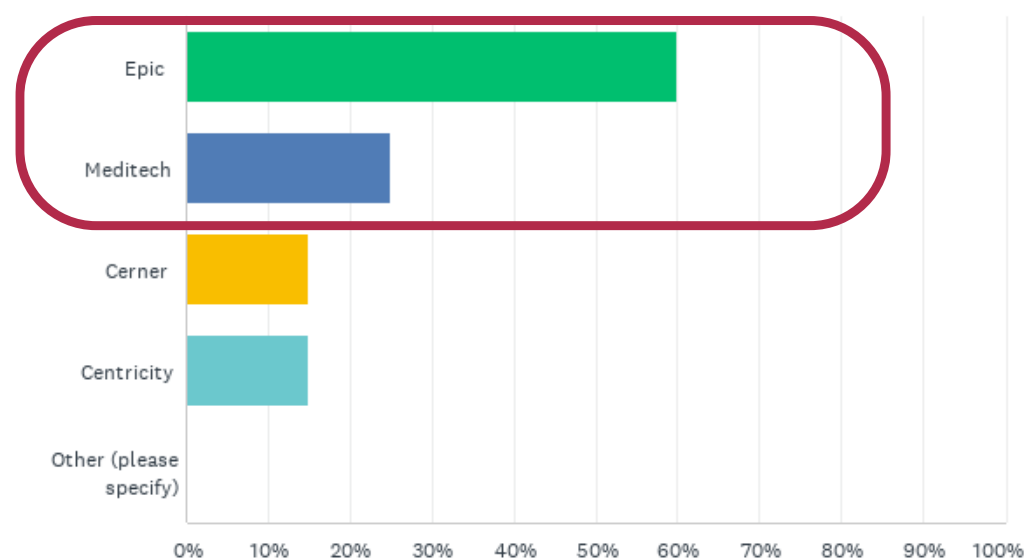
Participation Check-In: 6 Months



Q13 Which participation requirement do you expect to be the most difficult for your team to complete?



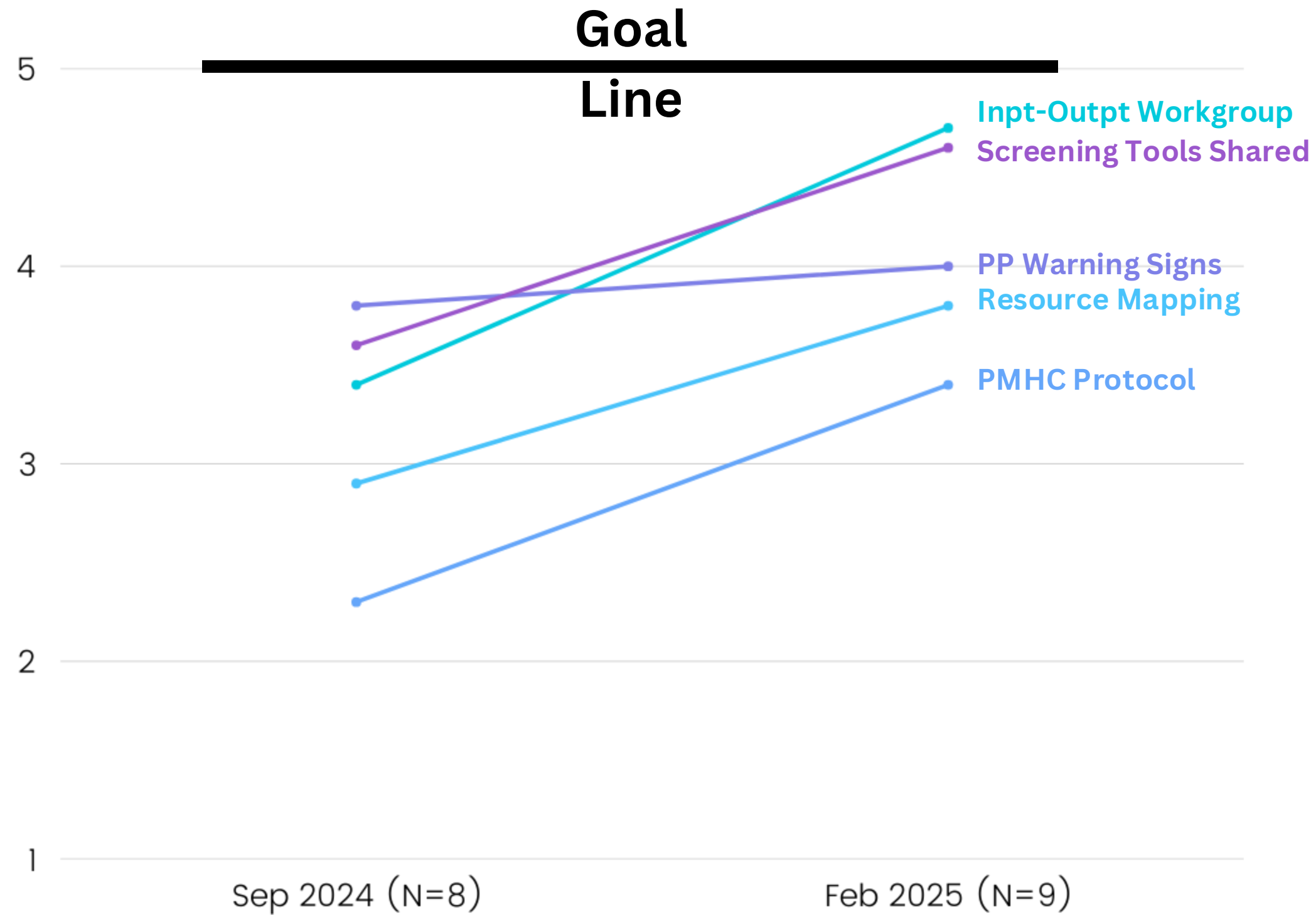
Q4 Which EMR/EHR system do you use? Select all that apply.



Your Feedback Guides Us

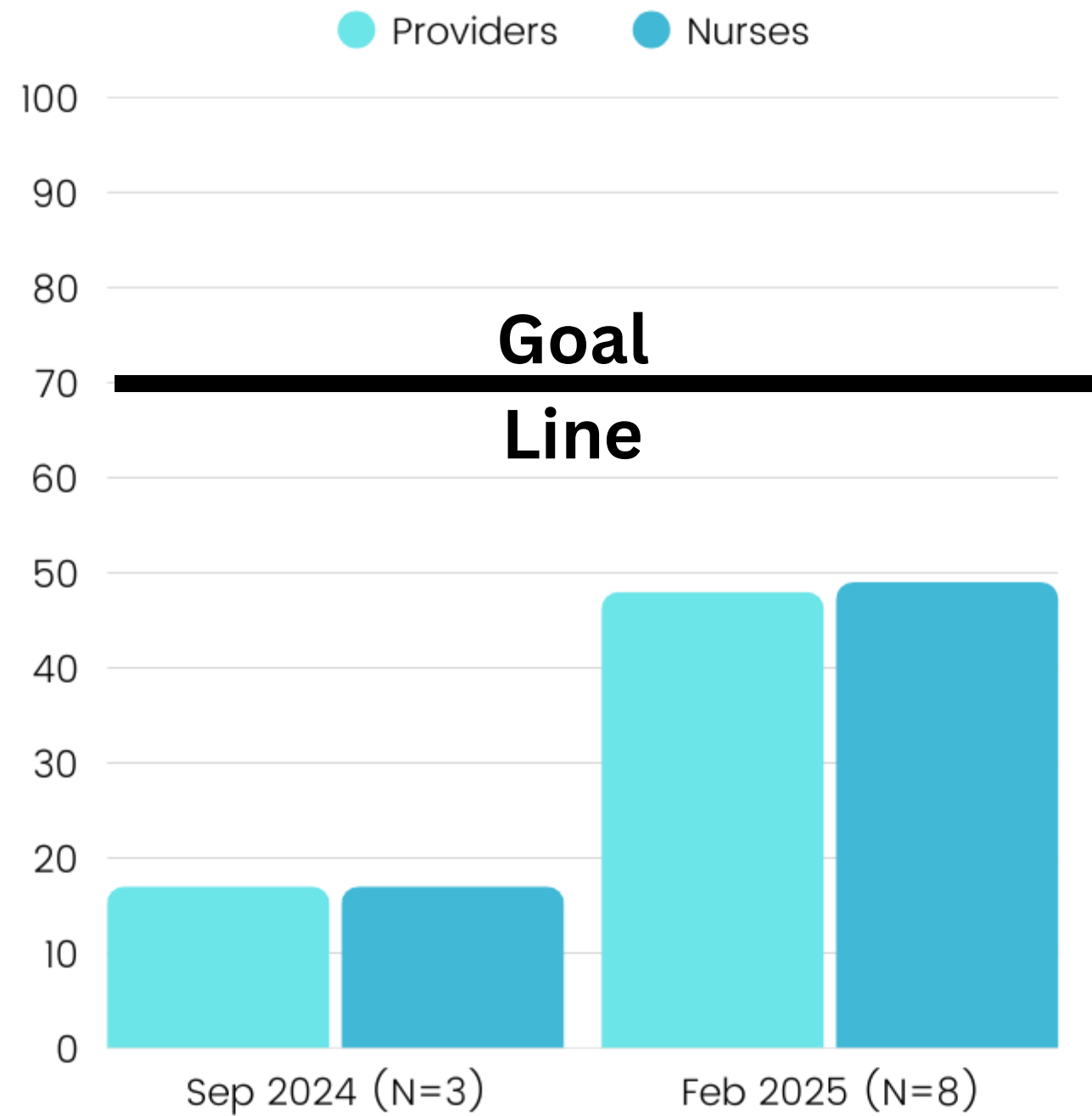
- Given the challenges around data collection, it might be helpful for **teams to share how they are going about accessing the data from their site** - have they build special reports? are their standard reports/tools within EPIC that people are using (maybe we just don't know where to look!), etc.
- **Epic support/QI presentation for data collection** for teams using Epic
- I would love to **hear more from other groups** on what they are doing and what they find successful. Even a drop in group.

6-Month Data Check: Structure Measures (Goal: 5 or Fully in Place by Feb '26)

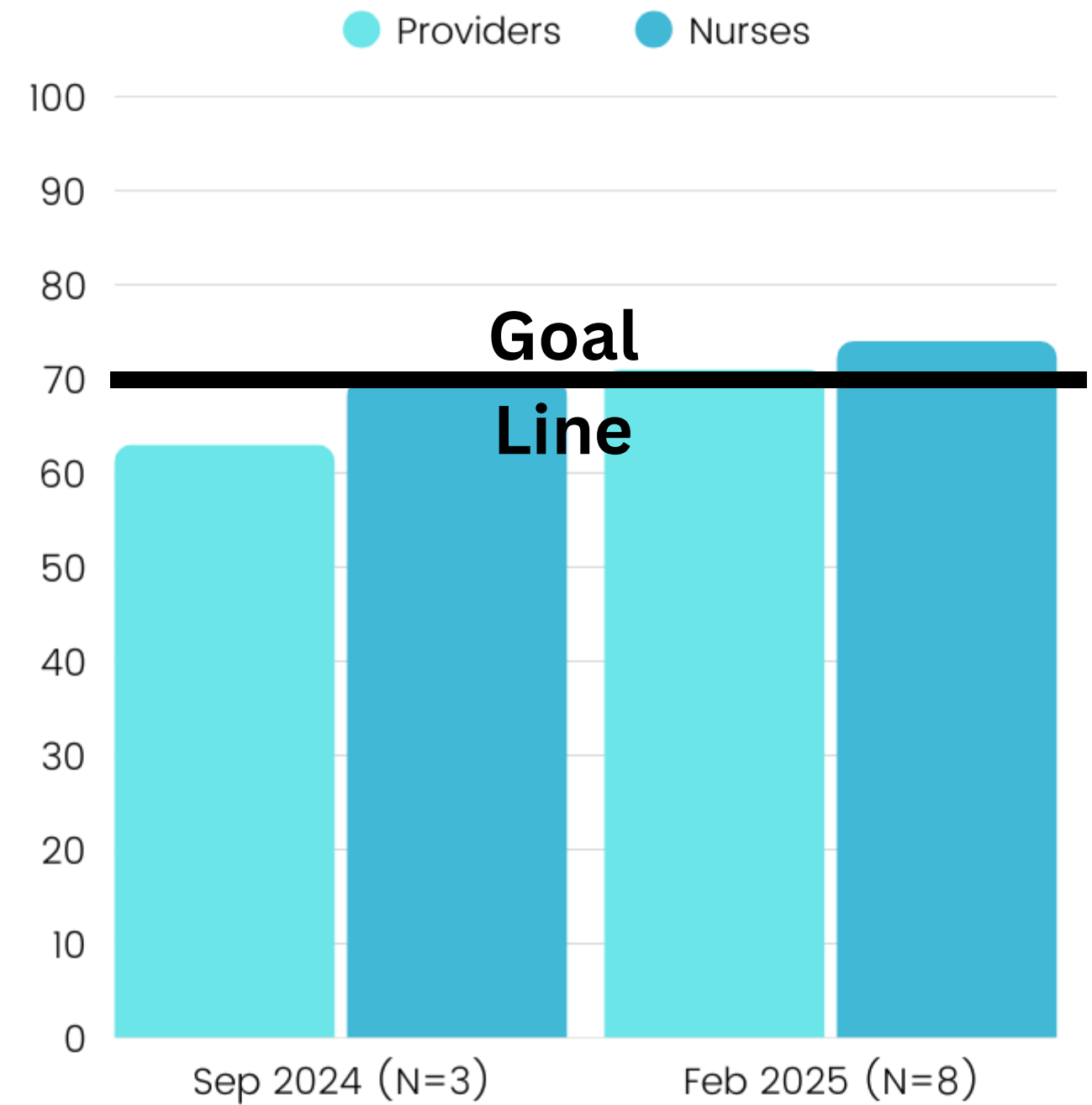


All 5 structures closer to “Fully in Place”!

6-Month Data Check: Average % of Providers Educated (Goal: $\geq 70\%$ for each by Feb '26)

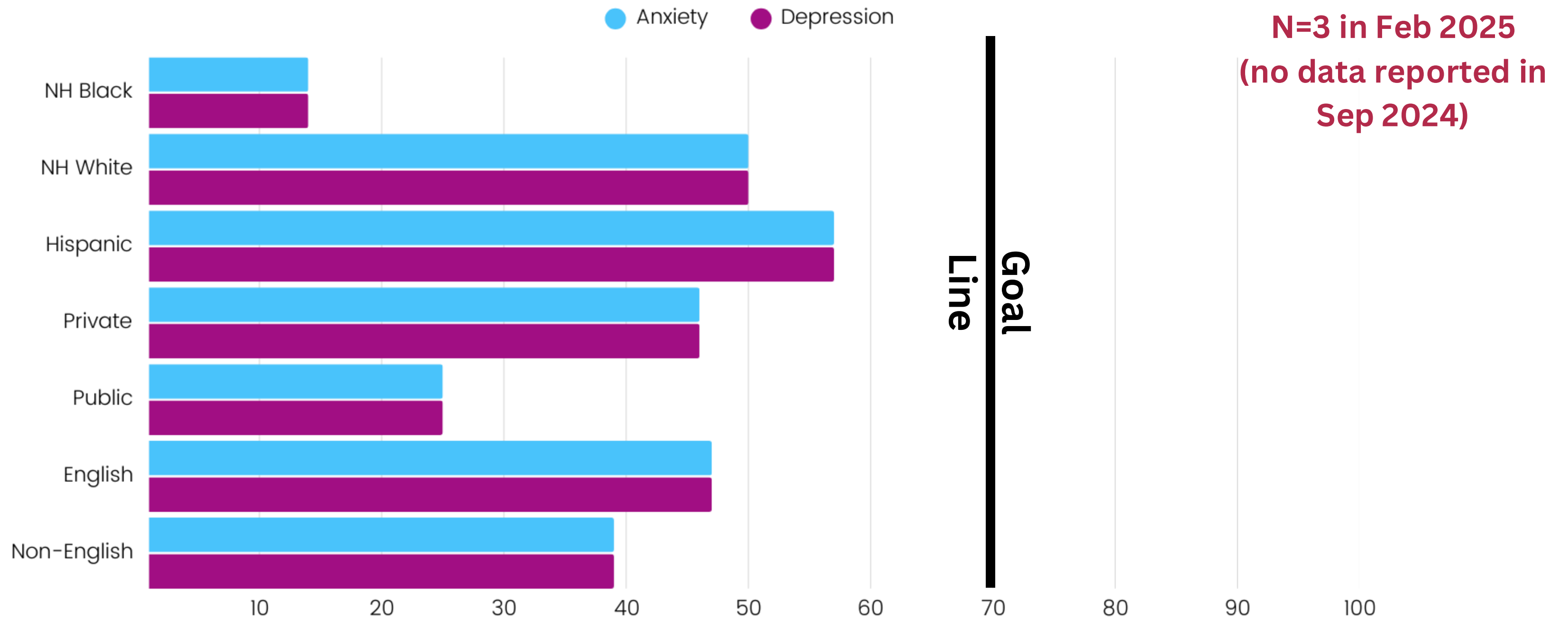


PMHC Education



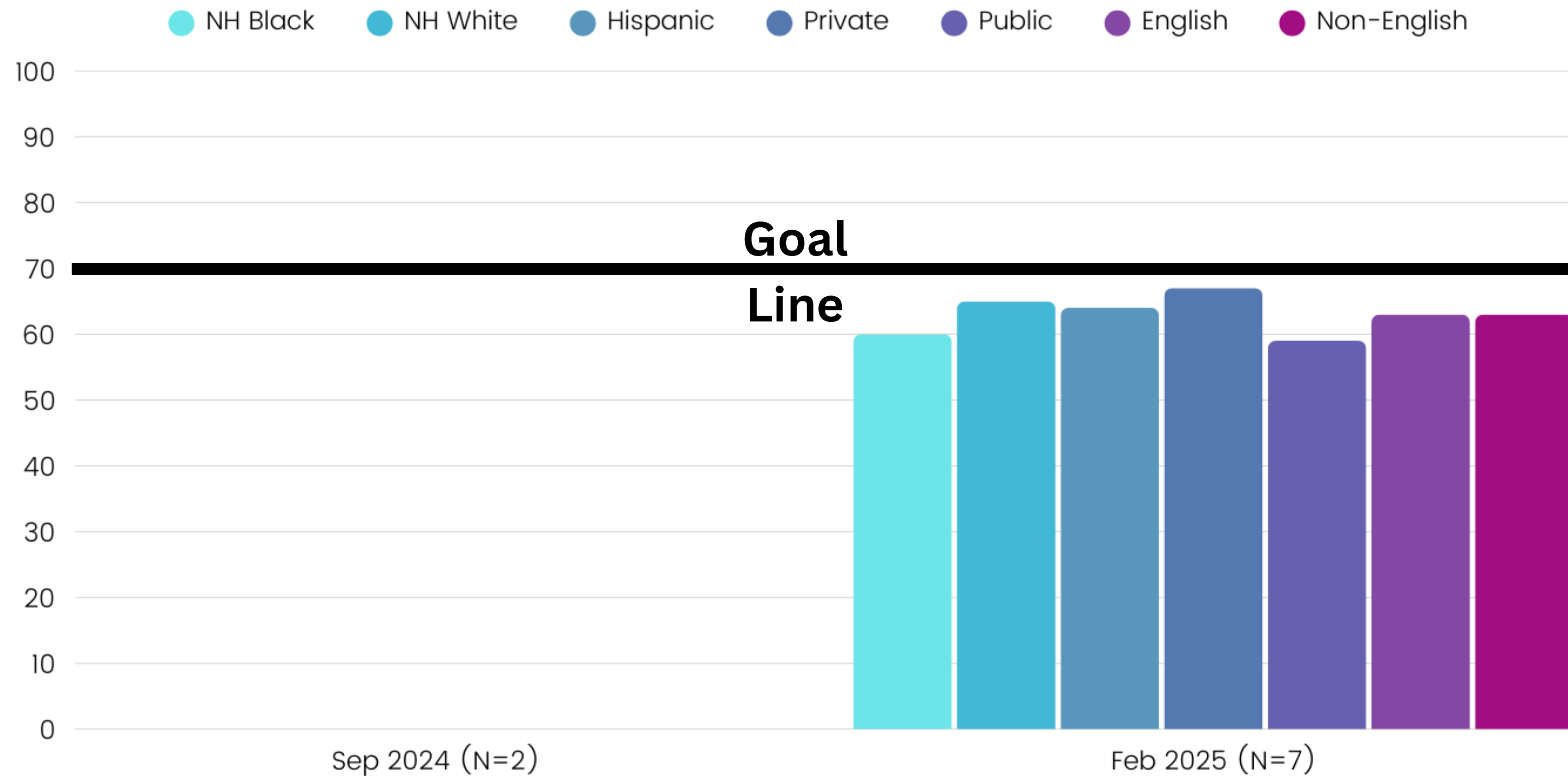
**Respectful & Equitable Care
Education**

6-Month Data Check: Average % of Patients Screened Prenatally (Goal: $\geq 70\%$ for each demographic by Feb '26)



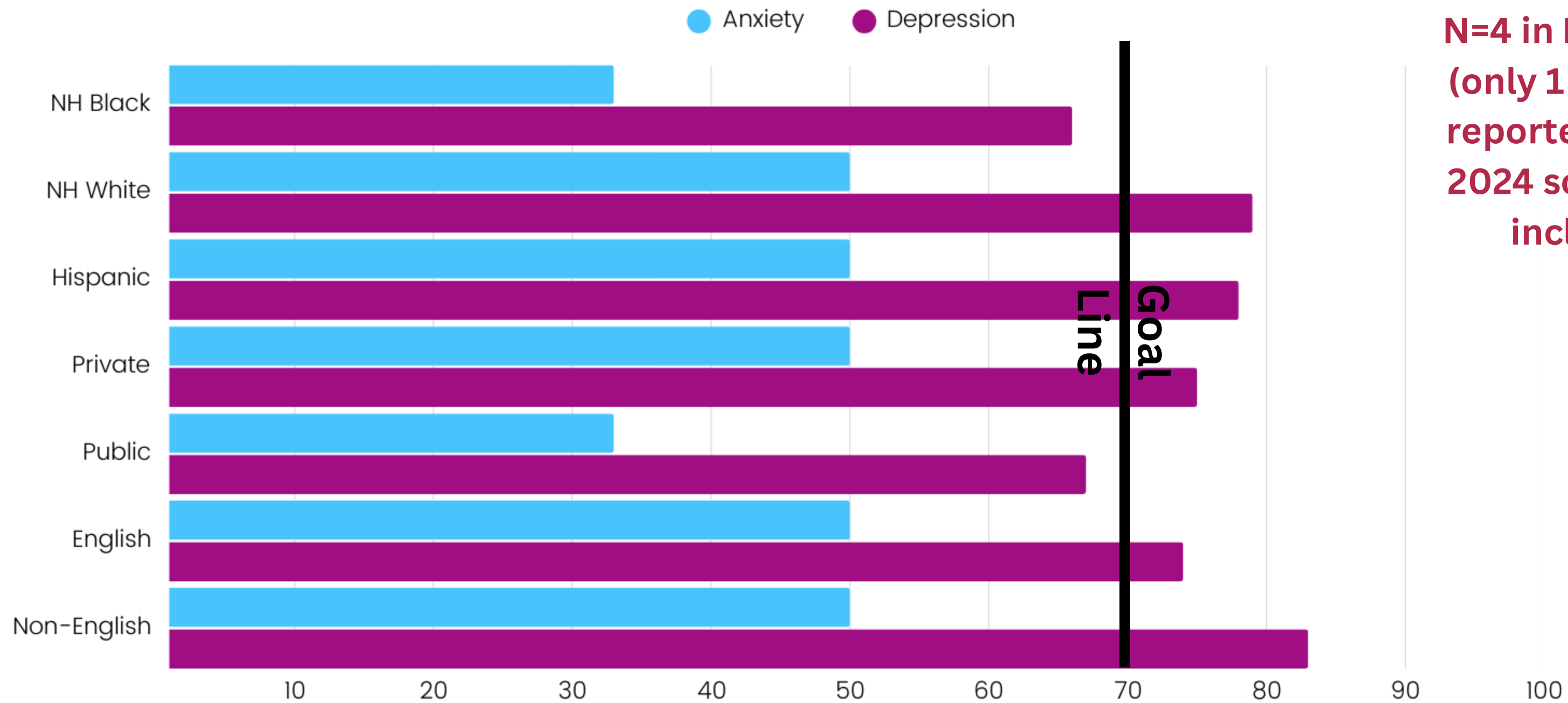
More hospitals reporting this measure! Notice inequities between demographic categories.

6-Month Data Check: Average % of Patients Screened Inpatient (Goal: $\geq 70\%$ for each demographic by Feb '26)



Very little inequity!

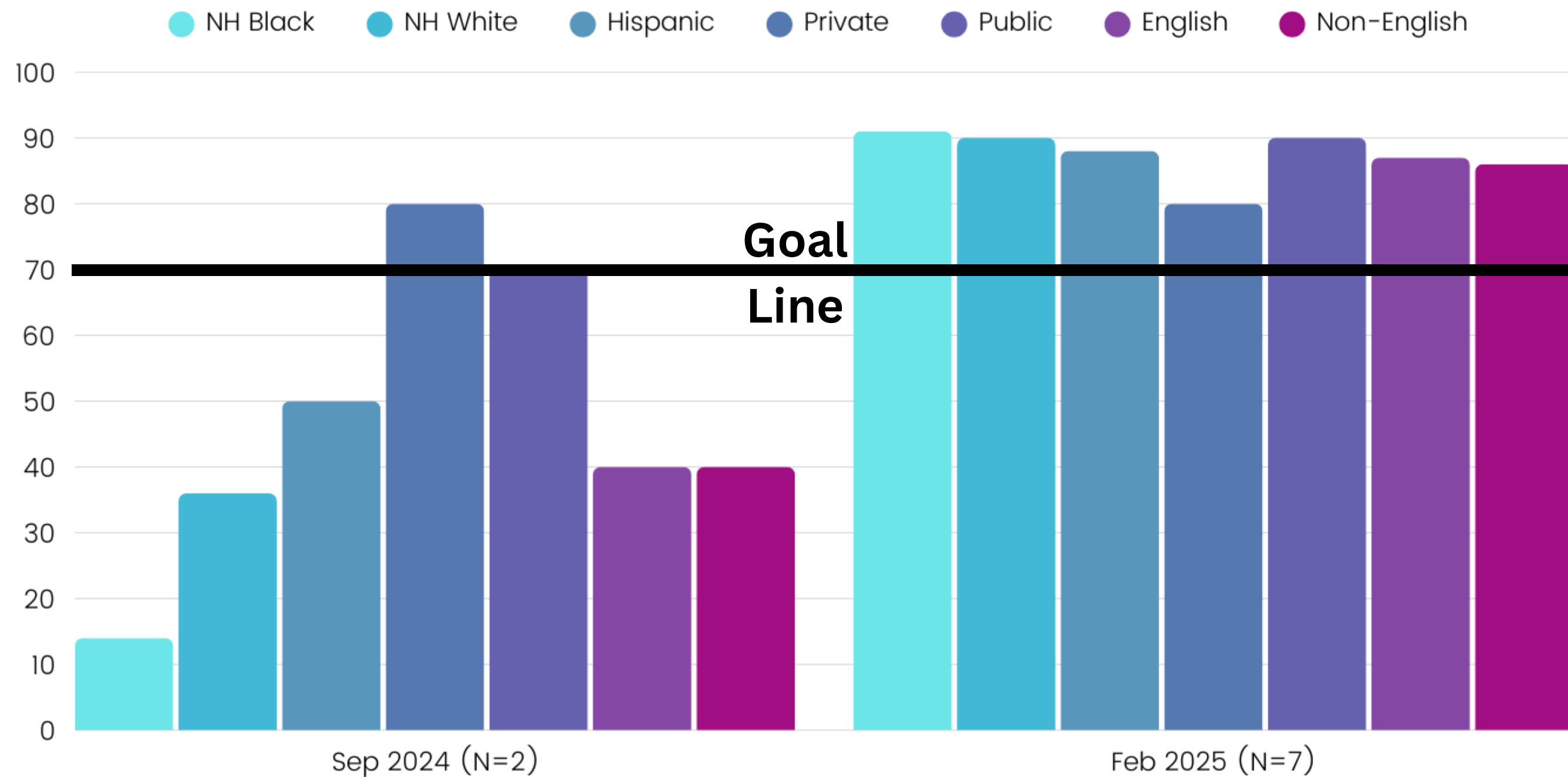
6-Month Data Check: Average % of Patients Screened Postpartum (Goal: $\geq 70\%$ for each demographic by Feb '26)



**N=4 in Feb 2025
(only 1 hospital
reported in Sep
2024 so did not
include)**

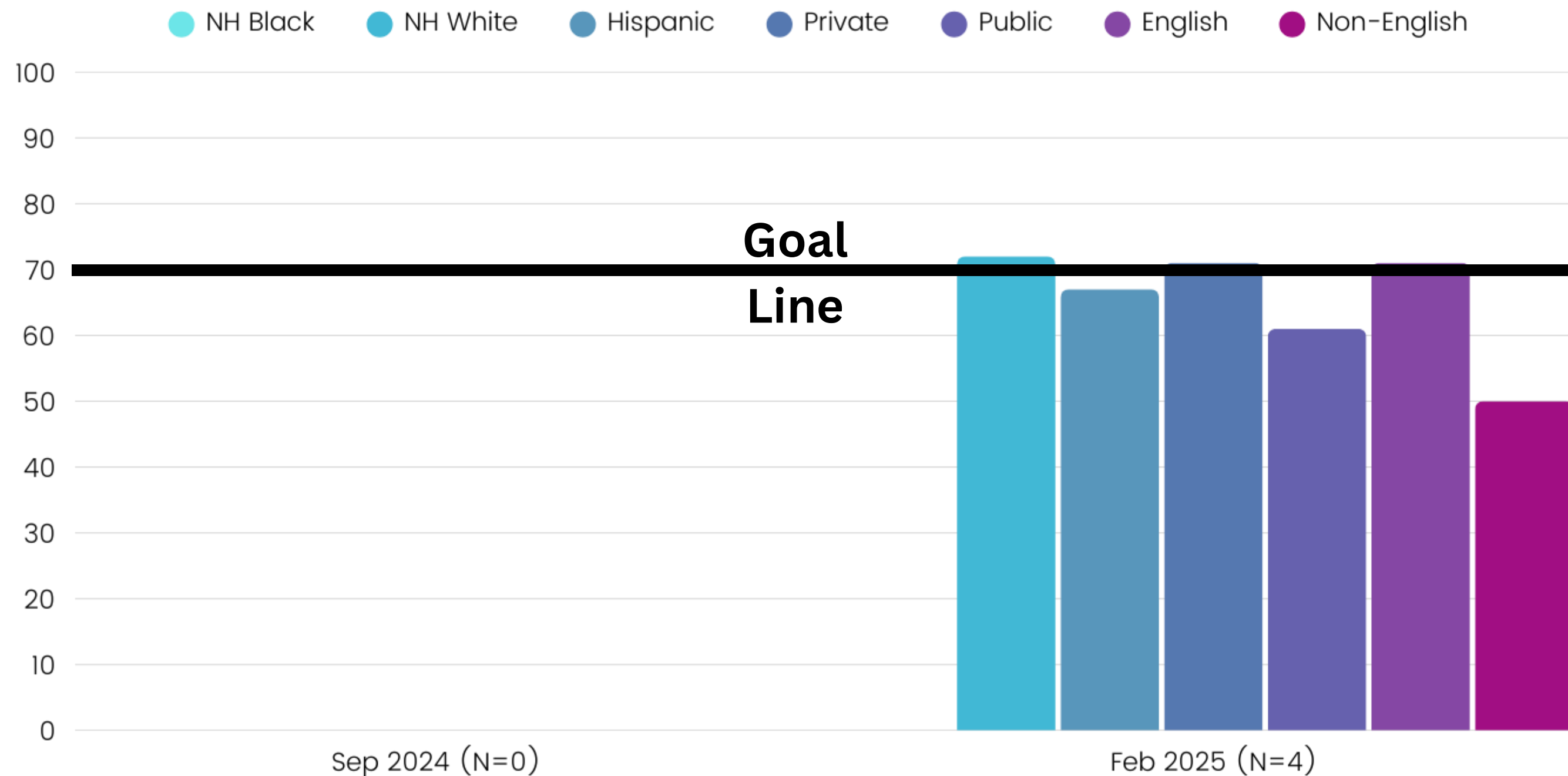
More hospitals reporting this measure! Notice inequities between demographic categories AND between anxiety and depression.

6-Month Data Check: Average % of Patients Receiving PMHC Education (Goal: $\geq 70\%$ for each demographic by Feb '26)



All groups have increased; keep up the great work!

6-Month Data Check: Average % of Patients Who Discussed, Received, or Were Referred to Treatment (Goal: $\geq 70\%$ for each demographic by Feb '26)



More hospitals submitting this measure! No data reported for NH Black in Feb '25 (percentages from previous months range 60-75%).

Participation Checklist (Updated)

To be considered fully participating in this bundle between Sept '24 and Feb '26, we ask that you complete:

1. Onboarding steps
 - a. Team Roster, Pre-Implementation Survey, data sharing agreement
2. Monthly data submission (Goal: **9** months or more)
3. Monthly webinar attendance (Goal: **9** months or more)
4. Implementation feedback survey @ 6, 12 **and 18** months)
5. Draft or final sustainability plan
6. Sharing opportunities (webinar presentation, summit poster)



Data Collection at Fairview Hospital: Using Meditech



Sandra Vosburgh, RN
Fairview Hospital

Agenda

12:00–12:05 Welcome &
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Implementing the AIM Perinatal Mental Health Conditions Bundle in MA



Fairview Hospital
Great Barrington, MA
April 17, 2025
12PM



Fairview Hospital

- Fairview Hospital, an affiliate of Berkshire Health Systems, is a 25-bed federally designated Critical Access Hospital located in Great Barrington, MA.
- Great Barrington, MA is a Sanctuary City for the immigrant population
- Approximately 100 births per year at the Family Birthplace
- LDRP style unit, 5 suites
- Baby Friendly and Team Birth designated Hospital



AIM Perinatal Mental Health Bundle Objectives

1. Educate staff, patients and their families regarding the increased occurrences of perinatal mental health diagnoses
2. Educate on the importance of screening all patients to fulfill equity of care
3. To provide outreach access for those that may be at risk or presently have a history of perinatal mental health issues
4. To prevent risks of maternal morbidity/mortality of the perinatal population
5. To provide referral for psychiatric supportive follow-up in the antenatal and postpartum period

Structure of Maternal Health Bundle

First Antepartum visit at obstetric office

- Includes GAD-7 screening for anxiety and Edinburg screening for depression

Preadmission tour on Labor and Delivery unit

- ~32 weeks
- Includes patient and partner
- Discuss birth plan, team birth, analgesia options for labor, medical history and mental history with RN
- Second phase of screening for GAD-7 and Edinburg

Admission to Family Birth Place

- Admission database including Columbia Suicide Screen, DEI questions, Medication list

Discharge teaching during postpartum period

- Specific postpartum depression teaching
- Outreach handouts provided along with National Maternal Mental Health Hotline magnet
- Additional GAD-7 and Edinburg follow-up screening

Postpartum follow-up phone call

- Between 3 and 7 days post discharge



Gathering Information/Statistics

- Due to our low volume, we are able to review every patient chart to achieve bundle objectives
- The demographic information in our EMR and the interventions worklist in Meditech are my sources of data collection

Obstacles faced:

- Gathering outreach access for patients on a local level
- Comfort of some care providers discussing mental health topics
- Finding the right time in a 48-hour stay to interview and educate patients
- Screenings are presently on paper (soon to be added to our EMR)

Trauma Informed Care and Cultural Sensitivity

We meet with our expectant parents prior to delivery (~ 32 weeks) to discuss birth preferences and cultural practices within the birthing process to ensure we are delivering culturally sensitive care throughout their stay. During this meeting we also review the patients birth plans, discuss standard practices at Fairview Hospital and also discuss prior delivery experiences to ensure trauma informed care.

Data Collection at Southcoast Health: Using Epic



Courtney Petrowski, BSN RN
Southcoast Health

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Data Collection at Southcoast Health

Courtney Petrowski BSN, RN

Hospital Demographics



Hospital Sites- Southcoast Health

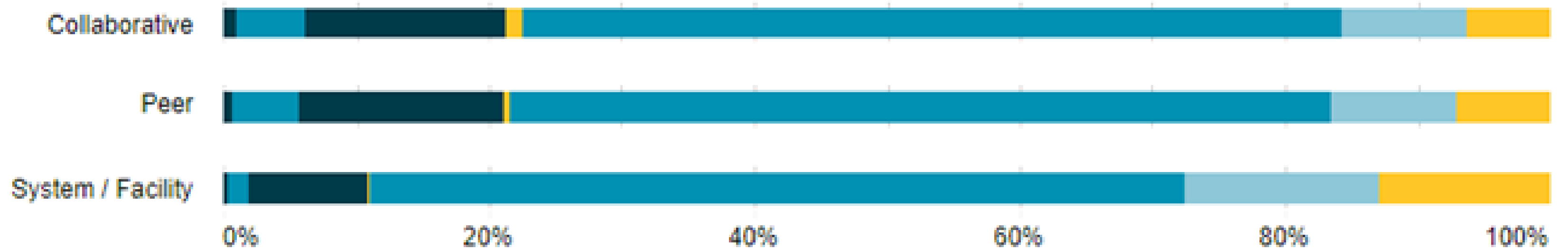
- Charlton Memorial Hospital, Fall River, MA
- St. Luke's Hospital, New Bedford, MA
 - Births
 - Payor information
 - Demographic information
- What we report on:
 - Perinatal Mental Health Conditions (PMHC)
 - Maternal Equity (EQT)
 - Opioid/Substance Use Disorder (OUD)



Hospital Demographics



Birth Volume Denominator - Race



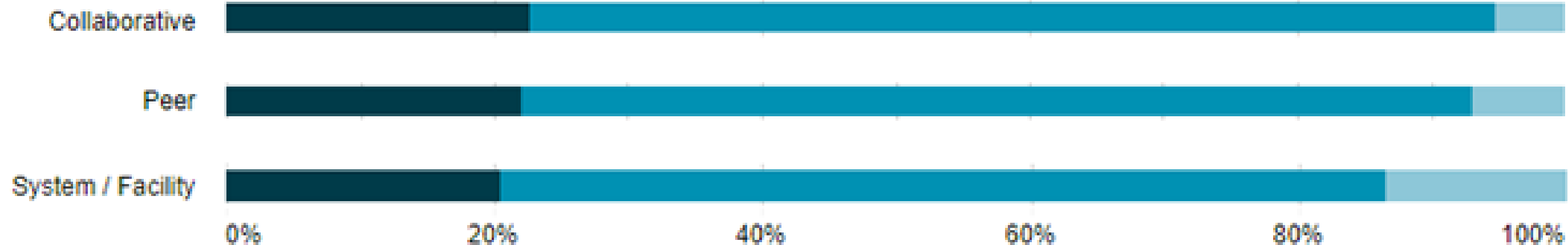
	System / Facility	Peer	Collaborative
American Indian	16	0.70%	7,575
Asian	88	4.99%	40,248
Black	519	15.38%	116,337
Pacific Islander	12	0.50%	9,203
White	3,523	61.91%	476,782
Other	836	9.47%	72,428
Unable To Determine	743	7.05%	48,743



Hospital Demographics



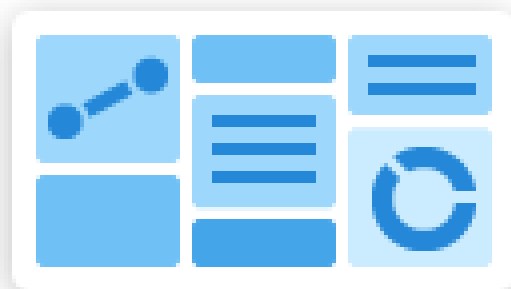
Birth Volume Denominator - Hispanic Ethnicity



	System / Facility	Peer	Collaborative
Hispanic or Latino	1,175	22.02%	175,079
Not Hispanic or Latino	3,785	71.05%	556,433
Unknown	777	6.93%	39,804



Data Collection




Pregnancy Dashboard

This dashboard shows active and recent pregnancies grouped in various ways.

Prenatal +2 tags



L&D Statistics

- ✓ Delivery Statistics
[There are no items defined for this group]
- ✓ Delivery Snapshot
[There are no items defined for this group]
- ✓ Fetal Demise
[There are no items defined for this group]
- ✓ VBAC
[There are no items defined for this group]
- ✓ Birth
 - Birth Certificate
 - Birth Certificate - All Data 
- ✓ EMTALA
 - OB EMTALA Log


Report Settings - OB Birth Certificate - All Columns [7510]

Criteria Display Appearance Summary Print Layout Toolbar Override General

Find Delivery Records ⓘ

Find Criteria

Birth instant

	From	To	
1	3/1/2025	3/30/2025	

Criterion Logic **OR**

Delivery record service area

Values determined when report is run



Data Collection

- Filters used:
 - Race
 - Ethnicity
 - Birth Location
 - Delivery Payment

OB Birth Certificate [17591021] as of Wed 4/9/2025 9:23 AM

Filter: Choose a column to filter

- ▼ Baby Date of Birth
 - From 8/1/2024
 - To 8/31/2024
- ▼ Birth Location
 - Equals SH CMH

+ Add Another Filter

Birth Parent MRN	Birth Parent Name	Baby Name	Baby Sex	Baby Date of Birth	Birth Time	Baby MRN	Adoption Case	Baby Living Status	Birth Parent Date of Birth	SSN	Street Address
No results met the filters											

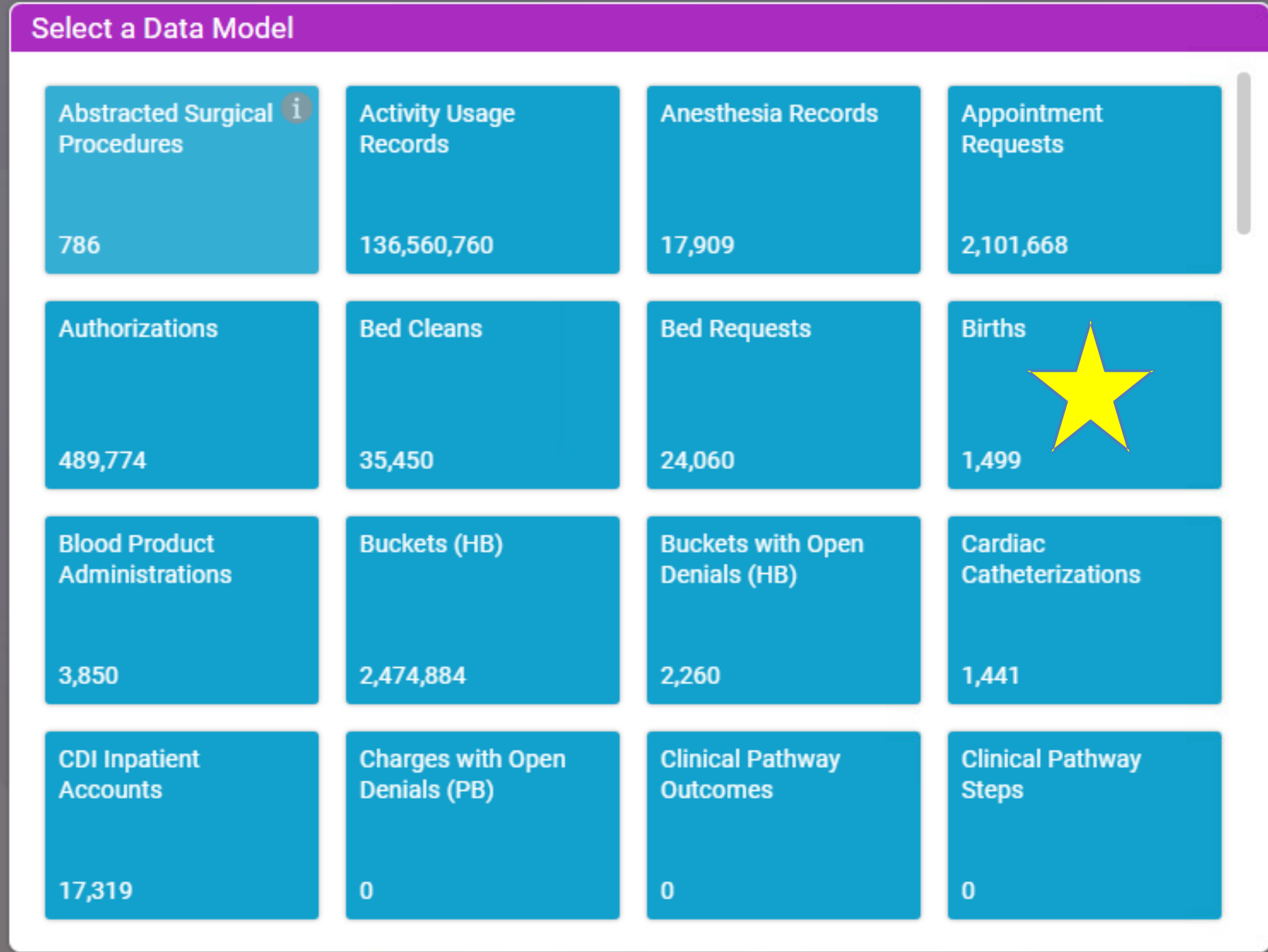
0 of 256 results match filters

Data Collection

Slicer Dicer Reports:

Select a Data Model

Abstracted Surgical Procedures 786	Activity Usage Records 136,560,760	Anesthesia Records 17,909	Appointment Requests 2,101,668
Authorizations 489,774	Bed Cleans 35,450	Bed Requests 24,060	Births 1,499
Blood Product Administrations 3,850	Buckets (HB) 2,474,884	Buckets with Open Denials (HB) 2,260	Cardiac Catheterizations 1,441
CDI Inpatient Accounts 17,319	Charges with Open Denials (PB) 0	Clinical Pathway Outcomes 0	Clinical Pathway Steps 0





Data Collection

Shared

Mothers SUD/OUC
Dx during Birth
Encounter

Mothers with Psych
Dx during Birth
Encounter

Mothers with Severe
Hypertension
(Systolic >160 or...

Newborns with
Substance Exposure
Diagnosis

PNMH ICD-10 from
AIM

New Group

Births per Month

Number of Births

Number of Births by
Preferred Language

Number of Births by
Preferred Language

PNMH ICD-10 from
AIM



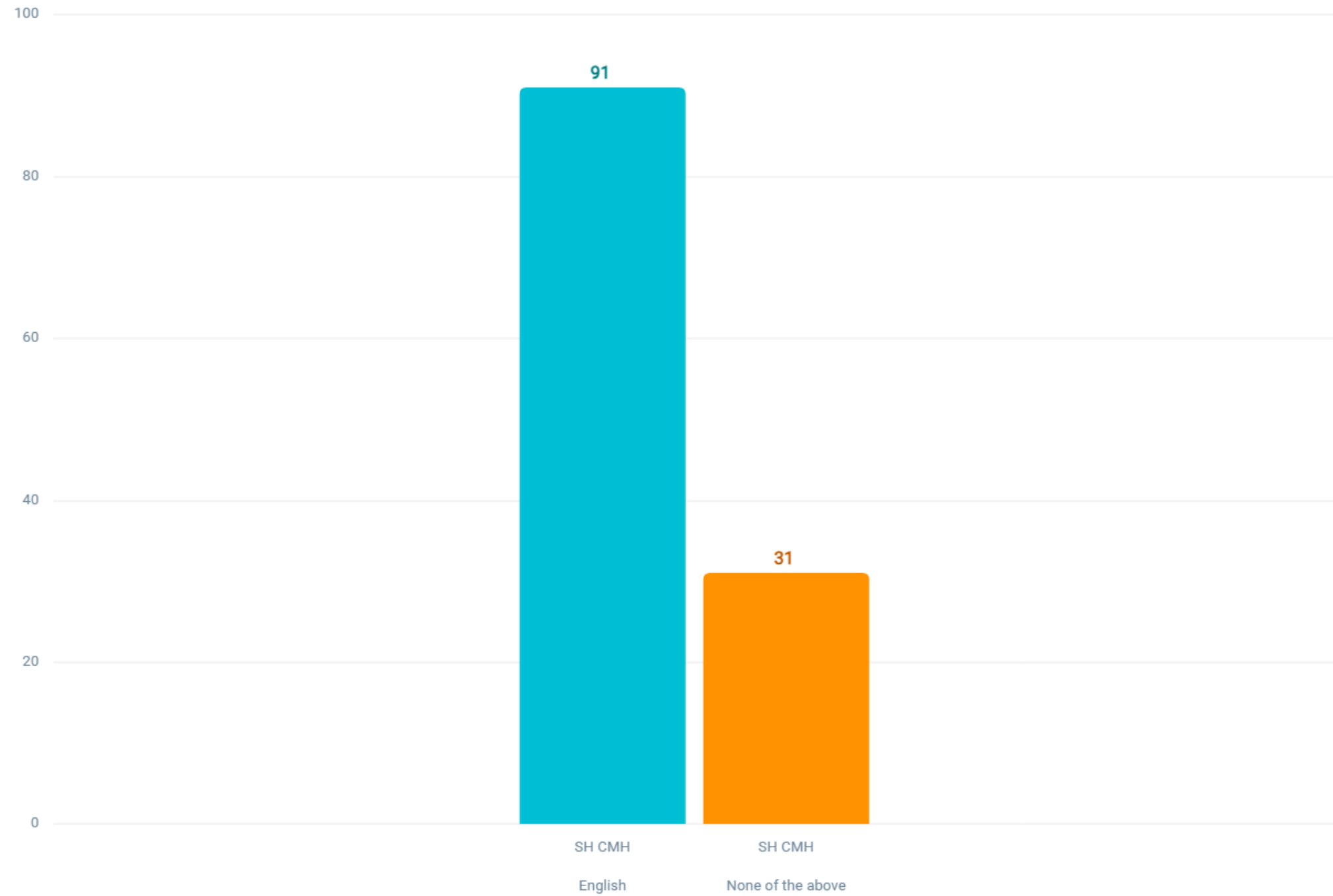
Data Collection



Cogito ergo sum SlicerDicer

Number of Births by Preferred Language and Delivery Location

Between 3/1/2025 and 3/31/2025



About Undo Redo Start Over Load Save Share Troubleshoot Settings Tutorials

Population Base: All Births

Slices 1 Slice by Preferred Language 1 Slice by Delivery Location

Measures Number of Births

Dates Start Date: Mar 1, 2025 End Date: Mar 31, 2025 Based On: Birth Date Slice By: None Compare By: None

Visual Options Bar Color: 1 Slice by Preferred Langua... Y-Axis: Automatic Range

Slice by Delivery Location

7 Grab Top 7 Grab Bottom 7

Limit Your Slice Results Current Slices SH CMH Last Stored Data Compare to rest of population



Data Collection

Chart Review:

- Postpartum flow sheet to see if there is a “yes” for Edinburgh hand out being given to patients
- Vitals tab for hypertension report
- Notes from social work for treatment/medications before or during pregnancy



Data Collection at Lowell General Hospital: Using Epic



Lori McCall, BSN RN
Lowell General Hospital

Agenda

12:00–12:05 Welcome &
PNQIN Announcements

12:05–12:10 PMHC Bundle
Updates

12:10–12:50 Team

Presentations on Data
Collection

12:50–1:00 Discussion,
Q&A



Implementing the AIM Perinatal Mental Health Conditions Bundle in MA

Team Presentation:
**Tufts Medicine- Lowell General
Hospital**
April 15, 2025
12:00 pm-1pm





Tufts Medicine-Lowell General Hospital MCH Division

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



In 2024 Lowell General Hospital a total of 1805 deliveries.



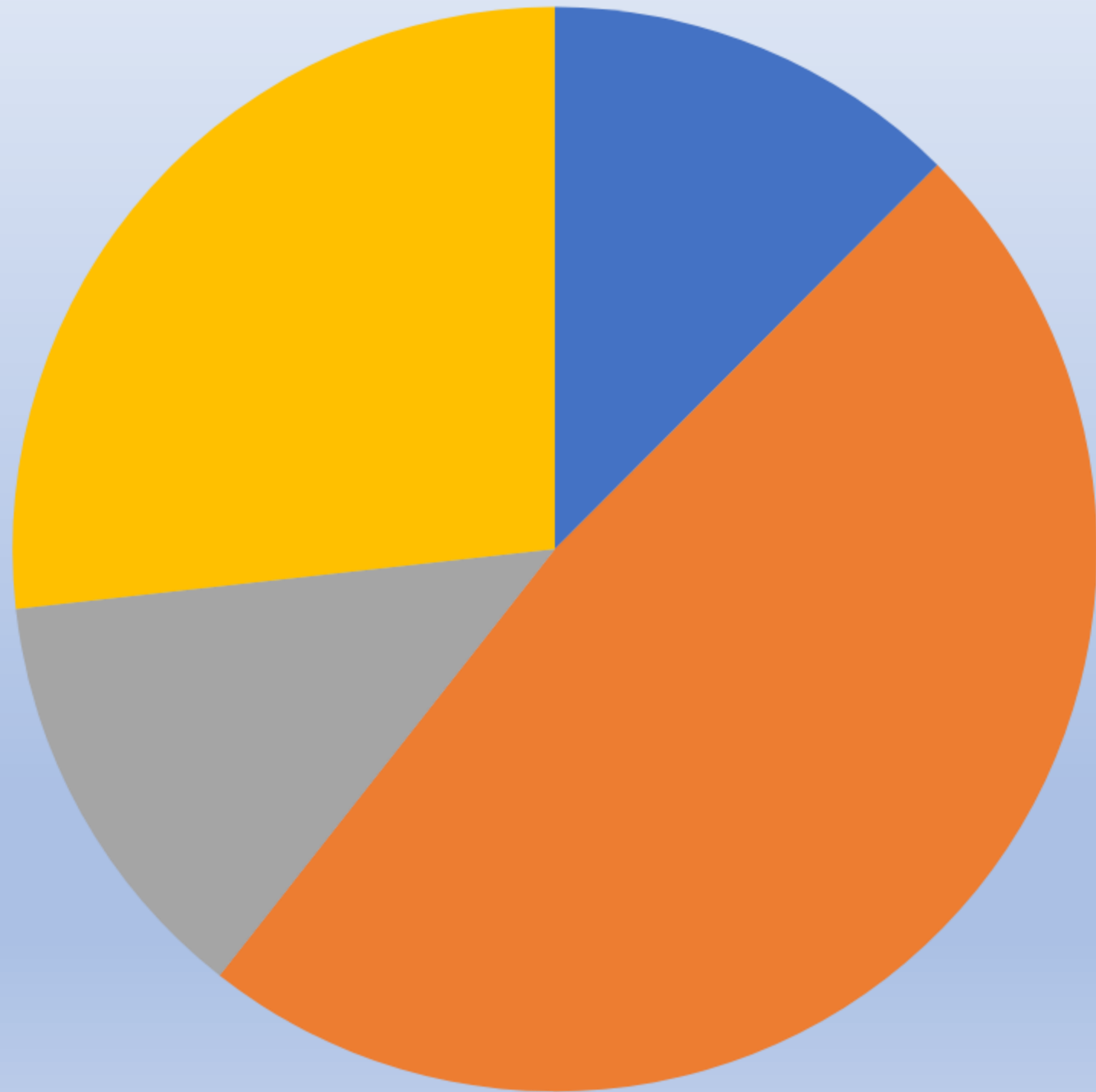
Why Did We Need A Change In Our MCH Division?

In our MCH division, 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 acknowledge that we must improve our efforts to understand the inequities and provide improved staff education as well as patient education.

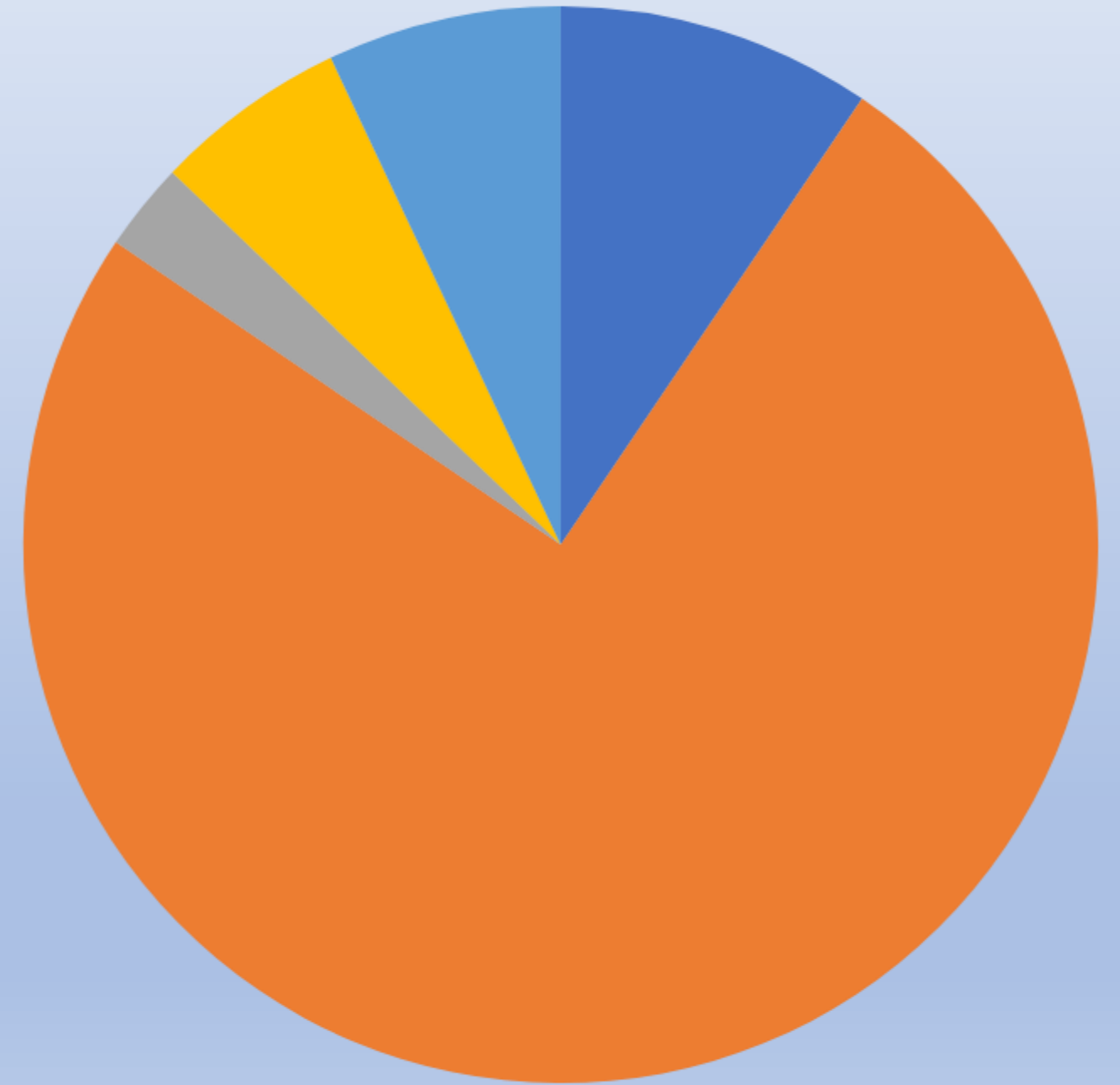


Need for Change: Lowell General Hospital Serves a Culturally Diverse Community.

● Black ● White ● Hispanic ● Other



● Spanish ● English ● Khmer ● Portuguese ● Other





LGH Perinatal Mental Health Team

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





Respectful Care Value Statement

TuftsMedicine
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.



Sharing This Important Information:



LGH Nursing Research Fair Presentation November 19, 2024



PNQIN Fall Summit Presentation December 9, 2024





Timeline

- May 2024-
 - Team established and outreach to outpatient offices for involvement
- June-2024
 - Created a magnet with feedback on what we wanted families to see when displayed.
 - Sample magnets distributed to moms who attended our New Mom Support groups. Survey Monkey created to evaluate effectiveness/usefulness feedback from those moms.
 - Created a handout to put in the “Welcome Packets”
- July- 2024
 - Sent the magnet to marketing department for “branding” - new version
 - Translated into English, Portuguese, and Spanish
- August- 2024
 - Created PowerPoint for staff education: PMH condition education and EPIC documentation education.
 - Perinatal Mental health conditions posted to Learning Central: this education includes a pre and post test for evaluation of effectiveness of education provided.
- September/October-2024
 - Learning Central staff education completed.
 - Emails sent to all units including education documents for nursing staff
 - Huddles with staff and Clinical Leader’s to support, answer questions and discuss anticipated challenges as needed.



We expanded our Perinatal Mental Health Conditions education and improved access for our patients to PMHC education and resources in their primary language and expanded this education to our entire MCH division in hopes of better supporting our families.

- Perinatal Depression: Pregnancy, Post-loss and Postpartum
 - (Postpartum Blues/Postpartum Depression)
 - New education:
 - Perinatal Anxiety Conditions
 - Perinatal Obsessive-Compulsive Disorder
 - Perinatal Post-traumatic Stress Disorder
 - Bipolar Mood Disorders
 - Perinatal/Postpartum Psychosis
 - **Of note: Post partum Mental Health Conditions patient handouts indicate when to call OB versus ED/911**



Final Version of Tufts Medicine PMHC Magnet.

The magnet we will be handing out to our patients are available in English, Spanish, Portuguese, Haitian Creole and Khmer, and the website that the QR code brings them to is available in many languages as well. We are hopeful that the benefit of our improved patient education will be twofold; families and loved ones will better recognize signs of perinatal mental health conditions, and it will be easier for them to outreach resources that can help them.

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



Posters for all MCH units

TuftsMedicine

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**
 - Worry, scary or intrusive thoughts
 - Poor concentration
 - Emotionally off balance
- Baby**
 - Feeding issues
 - Hypersensitivity or avoidance
 - Fear of being alone with baby
 - "Having a baby was a mistake"
- Physical**
 - Increased sensitivity to stimuli
 - Headaches
 - Stomachaches
- 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 job
 - 24/7 Minding baby alone
- Movement**
 - Light exercise
 - Outdoors



New Patient Education Form

TuftsMedicine
Lowell General Hospital

Postnatal + perinatal mental health support



A new baby can bring a lot of joy, but it can also trigger depression and other mood changes. Learn the signs and where you can find support in the days, weeks and months after your baby's birth.

Baby blues

- Feeling overwhelmed, but you can still care for yourself and your baby
 - Feeling down and/or crying over minor triggers
 - Mild irritability
 - Feeling unattached from your baby
 - Loss of interest in things/occasional difficulty focusing on tasks
 - Feeling restless or experiencing insomnia
- Baby blues should be resolved and not continue after two weeks post-delivery.**

Perinatal depression and perinatal anxiety symptoms

- More extreme mood swings
- Extreme anxiety/intense uneasiness
- Sleep disturbances
- Intrusive, repetitive thoughts or worry about the infant's wellbeing
- Loss of interest in caring for your newborn/feeling numb or detached
- Fear of being left alone with your newborn
- Scary thoughts that won't go away

 If you are experiencing any of these symptoms, call your OB provider to tell them about your symptoms.


Perinatal OCD symptoms

- Scary, intrusive thoughts or mental images that are related to the baby. These thoughts are repetitive, upsetting and the person has not ever experienced them before
- A sense of horror about the obsessions
- Fear of being left alone with the baby
- Hypervigilance in protecting the baby
- Compulsions where the mother may do things repeatedly to reduce her fears, for example, cleaning constantly, checking things repeatedly, and counting things many times

 If you are experiencing any of these symptoms, call your OB provider to tell them about your symptoms.


Perinatal bipolar disorder symptoms

- The "high" phase is called mania or hypomania, and include:
 - feeling "wired" or energized.
 - experiencing racing thoughts
 - impulsivity
 - agitation
- The "low" phase is clinically called depression and symptoms include:
 - low mood
 - feeling lonely or hopeless
 - excessive crying
 - panic attacks.
 - feeling withdrawn

 If you are experiencing any of these symptoms, call your OB provider to tell them about your symptoms.

Post-partum psychosis

Postpartum psychosis is a very serious situation. If you experience sudden worsening symptoms of Post partum depression or experience delusions (strange beliefs) and/or hallucinations (seeing strange things that may not be real), significant mood changes, poor decision making, or thoughts of hurting yourself or your baby.

 This is a medical emergency and you should call 911 or go to the emergency room!

Mental health resources

Postpartum Support International (PSI)

<https://www.postpartum.net/>
1.800.944.4773 (#1 is English or #2 is Spanish)
1.800.944.4773 (text in English)
1.971.203.7773 (text in Spanish)
PSI Provider Directory:
<https://psidirectory.com>

National Suicide Prevention Lifeline

1.800.273.8244
Crisis Line text: 741741

CDC website for Postpartum depression support and resources:

<https://www.mass.gov/postpartum-depression>
<https://www.mass.gov/info-details/postpartum-depression-support-resources>

Emergency Services Program phone number provides emergency services in 105 languages
877.382.1609

Health Resources & Services Administration Maternal and Child Health Bureau (HCHB)

<https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline>
Get help 24/7 text or call English and Spanish
Hotline: 1.833.943.5746





Epic Challenges:

- General data collection challenge:
 - There was not a “check off” anywhere for staff to document specific education and distribution of PMH magnets to patients
 - We wanted other staff to readily see that education was provided and materials were distributed so it was not duplicated. (cost savings)
 - Kristen and I needed to easily find documentation for data collection.
 - Resolution- We worked with our Tufts IT team for a work around- documented in the Education tabs.
- P1- Provider and Nursing education on PMHC:
 - Education of respectful and equitable care- all nursing staff are required to have TIC training, however, there is not a requirement for Providers. Currently, approximately 80% of MCH nurses have completed live TIC classes, and the remaining staff will complete this Spring. (barrier- instructor LOA)
- P3- Prenatal screening for PMHC:
 - We do not have a way to effectively “slice” out prenatal screenings from Epic for the ambulatory centers that use Epic, so we cannot collect this data. (We do know that the Edinburgh screening is done at our three large outpatient OB practices).
- P5- Postpartum screening for PMHC
 - In doing monthly data collection, we do not capture post partum follow up as the appointments have not taken place yet. We do sometimes see follow up during two-week BP checks for example, but nothing consistent.
 - Resolution: We could add post partum data collection to following month’s collection.



Accomplishments!

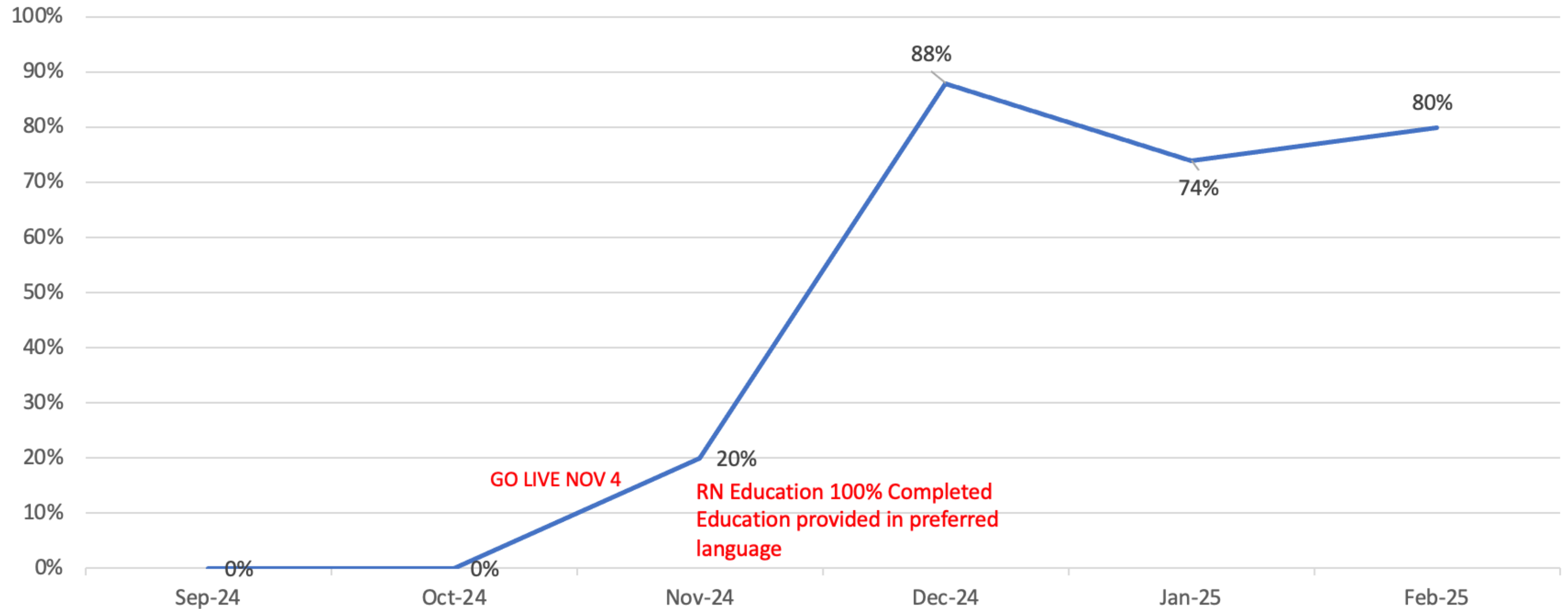
Through our work, we have:

- Created a new staff education on LMS that will be assigned to all existing staff as well as new employees in the MCH division. This education will also be available to LGH staff as these families are often seen in other inpatient and outpatient areas of MCH.
- Created a new handout for patients and their families
- Opening conversations with family/support persons present help to both increased awareness and decrease stigma associated with PMHC's
- Created a refrigerator magnet- The magnet lists symptoms that families can watch for so they will be more able to identify mental health challenges and help their loved ones as needed. The magnets have a QR code that when scanned with their phone, will connect them with resources for PMHC's including the National Suicide Prevention Hotline, CDC website, and the Postpartum Support International website which includes resources in 65 languages!
- Broadened our education to include our Pediatric staff and patients in hopes to help support our families who are transferred or readmitted to that unit.
- Sharing of important information- Our Social Work team members are also using these resources when seeing patients on other units in the hospital when needed
- "Mothering the Mother" (self care) posters made for all MIU rooms, Pedi rooms, SCN parenting rooms and Triage rooms in Labor and Delivery
- Worked with Epic and nurses (end users) to ensure documentation of education and distribution of resources
- Positive staff feedback regarding comfort of having conversations with our families as magnet opens conversation/speaking points



PMHC Patient Education Documentation Data:

(Based on 50 monthly chart reviews)





Next steps

- Continue Chart audits (50 charts/month) for Redcap data collection.
- Ongoing assessment of family's usage of the information at home ie. Magnet useful?
- PMH screening in the immediate post partum period-choosing a tool
- As a direct result of this project 2 RN, are pursuing their Perinatal Mental Health (PMH-C) certification through Postpartum Support International:
 - Amanda Barnes, BSN,RN Pediatrics- completed course- awaiting test date.
 - Lori McCall, BSN, RN- Clinical Leader MIU/Lactation- completed course - awaiting test date.
- We recognize our MCH patients are often readmitted elsewhere at LGH, we are committed to offering our assistance to other units with this education as needed.
- We presented this information to the Women's Cabinet of Lowell several weeks ago, and were asked to share with CHOB and LCHC (two largest outpatient centers)
- Trauma Informed Care classes will continue (currently approximately 80% of MCH staff have completed TIF training) through The Bridge Clinic/Addiction Consult team.



Prior Maternal Safety Bundles Implemented at Lowell General Hospital

2019- Opioid/Substance Use Disorder in Pregnancy Bundle-

**Implemented ESC policy/protocol at LGH

2021- Obstetric Hemorrhage Bundle

2022- Severe Hypertension Bundle-

**Implemented new Hypertensive Crisis Protocol

2022- Maternal Equity Bundle-

**Formed a MCH Equity Working Group

2024- Perinatal Mental Health Conditions Bundle- **Staff/patient education in 5 primary language **Two MCH nurses in process of certification in PMHC

Any Questions?



Sandra Vosburgh, RN
Fairview Hospital



Courtney Petrowski, BSN RN
Southcoast Health



Lori McCall, BSN RN
Lowell General Hospital

Agenda

12:00–12:05 Welcome &
PNQIN Announcements

12:05–12:10 PMHC Bundle
Updates

12:10–12:50 Team
Presentations on Data
Collection

12:50–1:00 Discussion,
Q&A



***Thanks for joining,
see you at the Summit on
5/22!***

***Have questions?
Email PNQINAdmin@pnqinma.org!***

