

Implementing the AIM Perinatal Mental Health Conditions Bundle in MA

PMHC Bundle: A Year in Review & PMHC Bundle Implementation in NH



October 21, 2025



WELCOME!

- Please type your name and institution into the chat.
 - **Optional share:** Favorite thing about MA AWHONN conference last week; what is your/your child(s) Halloween costume this year?
- 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

12:05–12:20 PMHC
Bundle Updates

12:20–12:40 NH PQC
Presentation

12:40–12:45 PMHC
Bundle Pearl

12:45–1:00 Discussion,
Q&A



AGENDA

12:00–12:05

Welcome & PNQIN Announcements Kali Espinola, MPH

12:05–12:20

PMHC Bundle in MA: A Year in Review Kali Espinola, MPH

12:20–12:40

PMHC Bundle Implementation in NH NH PQC Team

12:40–12:45

PMHC Bundle Pearl Tiffany Moore Simas, MD

12:45–1:00

Discussion, Q&A

All



Reminders & Announcements



Kali Espinola (Vitek), MPH
PNQIN Project Manager

Agenda

12:00–12:05 Welcome &
PNQIN Announcements

12:05–12:20 PMHC
Bundle Updates

12:20–12:40 NH PQC
Presentation

12:40–12:45 PMHC
Bundle Pearl

12:45–1:00 Discussion,
Q&A



1 Year of PMHC Bundle Implementation!

21 Participating Teams

168 Webinar Attendees

128 Data Submissions

9 Team Presentations
or Posters

45 Feedback Surveys

"Thank you for this enjoyable and EFFECTIVE experience. I clearly see it as sustainable, successful, and I truly appreciate the guidance received and the personal, clinical growth I have achieved in this task." – Hospital RN Team Member



PNQIN Monthly Webinar Series

3rd Tuesdays from 12-1pm ET:

1. October 21st, 2025
2. November 18th, 2025
3. December 16th, 2025
4. January 20th, 2026
5. February 17th, 2026
6. *No March webinar*
7. *No April webinar*
8. May 19th, 2026*
9. *No June webinar*
10. *No July webinar*
11. August 18th, 2026

**PNQIN Spring Summit also in May 2026*

Topics:

- ***Year 1 in Review, New Hampshire PQC***
- Screening in Peds and NICU Settings
- Treatment Modalities
- Treatment and Follow-up, Sustainability
- Year 1.5 in Review, Sustainability

- Sustainability Call

- Sustainability Call



Save the Date!

PNQIN Spring Summit

May 13, 2026
Full day (time TBD)

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

We are excited to bring you another full day of quality improvement and perinatal care content! The agenda (breakout rooms, poster presentations) is to be determined, and we will present awards to some distinguished individuals and hospital teams for their work in promoting obstetric and neonatal health in the state of Massachusetts and beyond!

Registration and agenda coming early 2026!



National Announcements

March of Dimes Trainings (Nov 2025; Jan 2026)

MOD has several upcoming free LIVE continuing education opportunities, sponsored by LocumTenens.com. **These trainings are “free for the first 100 people to sign up for each session”.**

Please see the emailed flyers for registration links and more details. Each training will be offered live on three separate dates (same presentation, repeated three times).



November 4, 13, & 18

Beyond Labels: Reducing Stigma Related to Maternal Mental Health and Substance Use Disorder

January 13, 22, & 27

Awareness to Action: Dismantling Bias in Maternal and Infant Healthcare®



DECIDE for MOM Provider Training Pilot

New Jersey (Rutgers, NJ DPH, and PSI-NJ) are conducting a research study to assess acceptability, appropriateness and usability of the adapted DECIDE Provider Training designed to improve communication and engagement with perinatal individuals in health, mental health and behavioral health care settings.

This asynchronous, online training is free for all types of providers who screen for mental health and or provide health or mental health care to perinatal individuals within health systems.

The following incentive is first-come, first-served for up to 35 care providers:

1. Complete an asynchronous online DECIDE training (approximately 3 hours) and 2 online surveys immediately after the training and one month after the training (\$100 Amazon gift card)
2. Participate in a 1-hour focus group meeting (+ additional \$50 Amazon gift card)

What is DECIDE for MOM?

- DECIDE, an evidence-based shared decision making practice, stands for: **Decide** the problem, **Explore** the question, **Closed** or open-ended questions, **Identify** the who/why/how of the problem, **Direct** questions to the healthcare professional, and **Enjoy** a shared solution (Alegria et al., 2018)

[Click here to sign up for participation!](#)



National SPEAK UP Champion™ Implicit and Explicit Racial Bias Education (Jan 9 & 16, 2026)

The SPEAK UP Champion™ Implicit and Explicit Racial Bias Education is a total of eight hours over two days of live virtual interactive learning that outlines quality improvement strategies to support individuals and groups with dismantling racism, providing quality equitable care, and reducing health disparities. **Access the full brochure & agenda [here!](#)**

Time: 9:30am-1:30pm EST, both days

Location: Zoom (link provided after registration)

Cost:

- **PQI Members:** \$249 Early Bird (until 11/28), \$269 regular
- **All others:** \$279 Early Bird, \$299 regular

CNE: 7.75 hours



PMHC Bundle Participation & Data Updates



Kali Espinola (Vitek), MPH
PNQIN Project Manager

Agenda

12:00–12:05 Welcome &
PNQIN Announcements

12:05–12:20 PMHC
Bundle Updates

12:20–12:40 NH PQC
Presentation

12:40–12:45 PMHC
Bundle Pearl

12:45–1:00 Discussion,
Q&A



Participation Check-In: 12 Months



Measure	% Teams (out of 21)	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)	57%	Brooke and Kali will follow-up individually with 9 teams to learn more
Monthly webinar attendance (Goal: 50% or more)	90%	Watch recordings for any webinars you may have missed
12-month implementation feedback survey	90%	Brooke and Kali will follow-up with 2 teams after this webinar
Sustainability plans	TBD	Formal sustainability templates to be distributed by the end of this year!
Sharing opportunities	43%	Email Kali to share your project on a webinar or submit a poster for the Spring Summit!

12-Month Feedback Survey Results

Participation Check-In: 12 Months



We are so encouraged to hear about all that is going well!

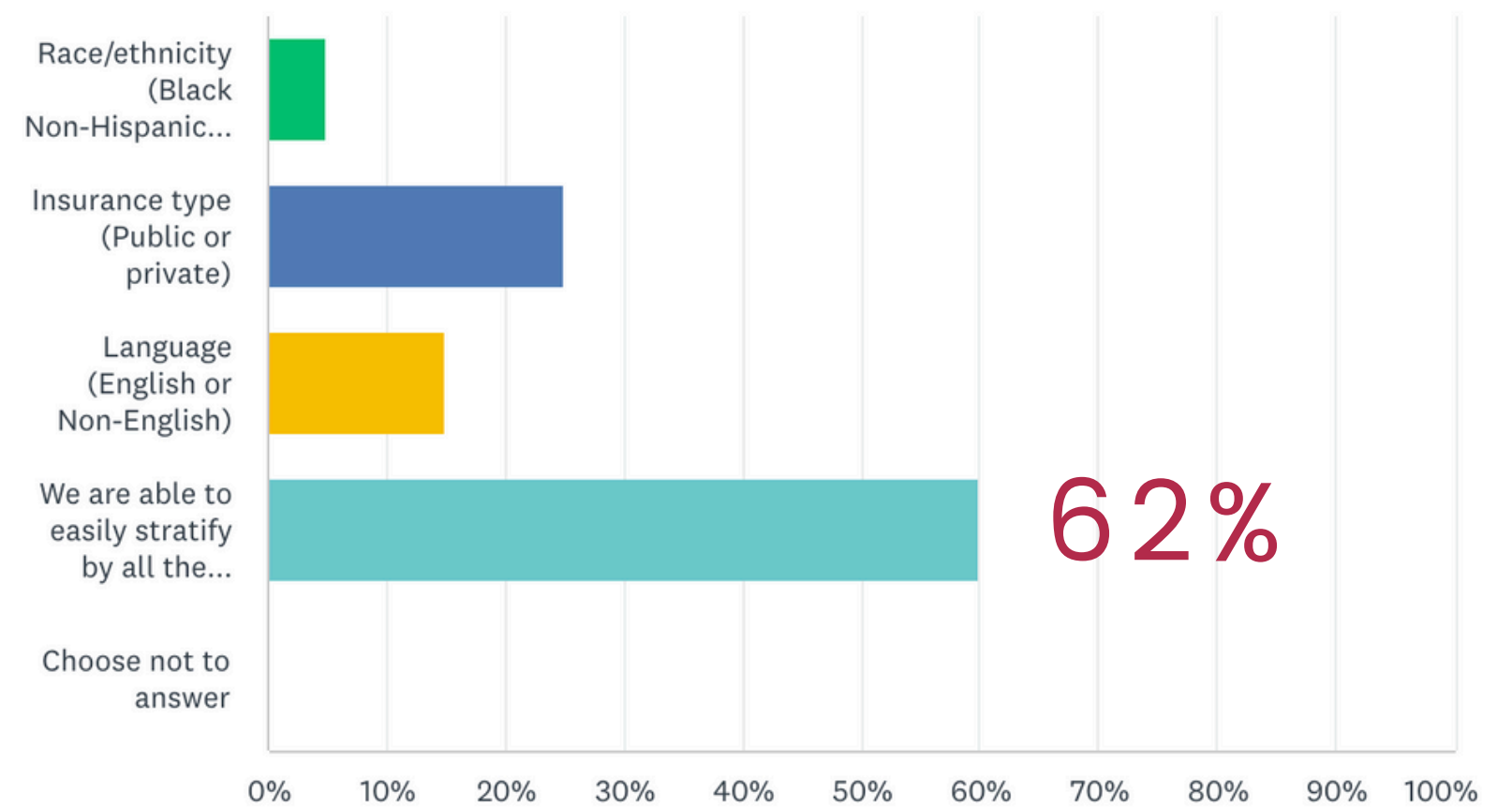
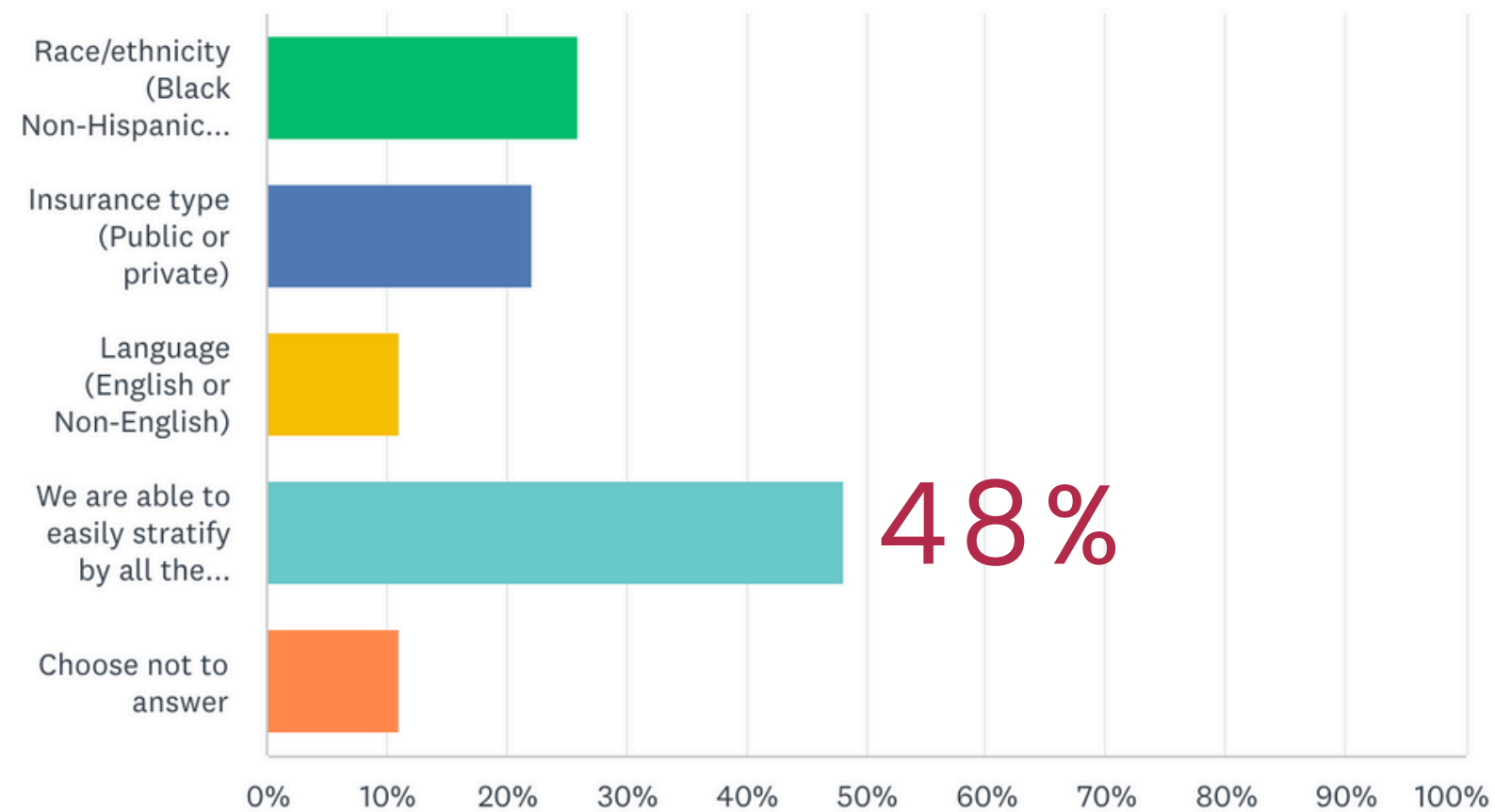
- **Able to dovetail efforts with this bundle with efforts for improving equity for mental health screening and treatment in ambulatory care settings.**
- Small team, passionate about improvement.
- We created surveys to gather data on educational needs, we're revising mental health policies to improve responses, working on planning implementation of education for patients and staff.
- **We have been able to provide Trauma Informed Care education to all nursing staff along with improving our discharge education to our postpartum patients.**
- We already had some PMHC work in place, and have provided a lot of education to the clinical staff.
- **We have changed to the Edinburgh depression screening and have made it a hard stop for staff to complete prior to discharge. This change in making it mandatory has increased the number of screens completed.**
- We have seen a great improvement of documentation of PMH education as well as increased staff understanding of PMH conditions as well as more thorough education provided to patients.
- We learned where our weaknesses were and were able to correct them.
- **We have seen a great improvement of documentation of PMH education as well as increased staff understanding of PMH conditions as well as more thorough education provided to patients.**
- We have created a multidisciplinary workgroup, have leadership support, and were able to develop a resource repository for patients and providers. As a result, we have improved depression screening and improved provider comfort with screening and initiating treatment.
- PMHC included in departmental mandatory provider education sessions (Grand Rounds, ACOG module, OB Simulation).

Participation Check-In: 12 Months

Data collection is still a pain point - but it is getting better!

Which demographics are difficult for your team to stratify data by? Select all that apply.

Which demographics are difficult for your team to stratify data by? Select all that apply.



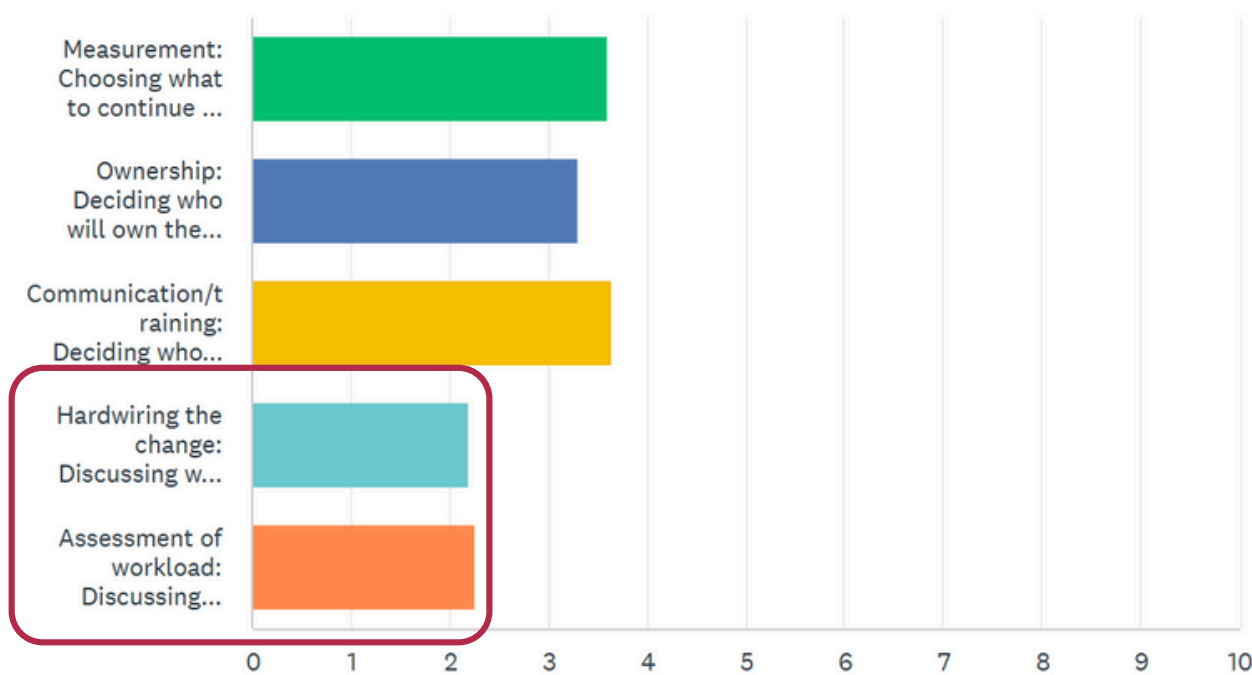
Participation Check-In: 12 Months



Thank you for your feedback on sustainability concerns/needs!

Please rank the following sustainability elements on how feasible you think they will be to accomplish: 1 = Most Feasible 5 = Least Feasible

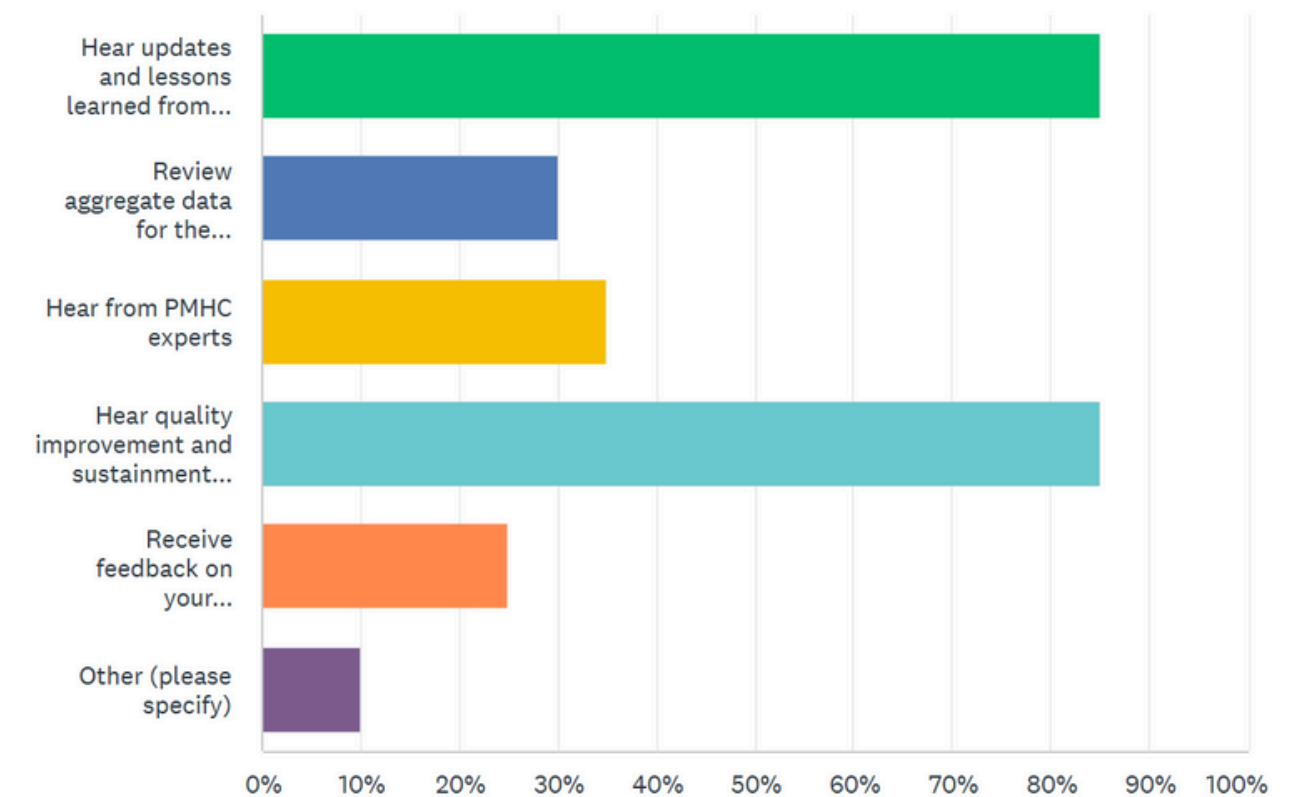
Answered: 20 Skipped: 0



Lower avg. score = Less feasible

PNQIN plans to host two sustainability webinars on May 19th, 2026 and August 18th, 2026 to check in with PMHC teams after active implementation has ended. What would be the most helpful use of this time for your team? Select all that apply.

Answered: 20 Skipped: 0

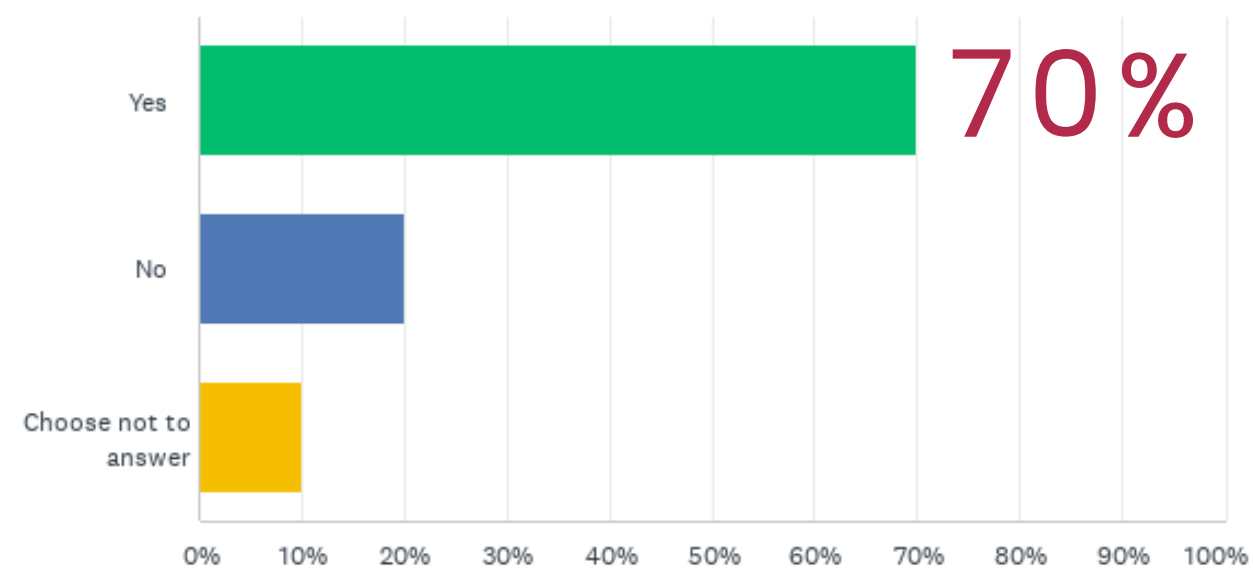


Sustainability calls in 2026 to focus on team updates and QI coaching/resources (especially hardwiring changes and workload adjustments)!

Participation Check-In: 12 Months

We are encouraged by your hard work to achieve positive outcomes for all patients at your institution!

Q45 Does your obstetrics/gynecology unit or practice have an active Equity Committee? An Equity Committee can be defined as a group of providers and staff that meet regularly to determine, implement, and sustain equity-related goals for the department. This group should ideally be multidisciplinary, have racial/ethnic diversity, and include a representative(s) from the communities that seek care at your hospital. This committee could be one that was formed during your hospital's participation in the PNQIN Maternal Equity Bundle OR one that your department formed independently.



Participation Check-In: 12 Months

We love hearing that this work brings you joy!

- “Knowing we are doing our part to help decrease maternal morbidity and mortality brings us satisfaction.”
- “Happy to pull together resources for patients“
- “I do find joy in making sure people are able to feel supported and also be able to get the help they need. As someone who struggled with PPD after my second child I am passionate about this topic.“
- “My role is specific to quality assurance and performance improvement projects, as I am no longer working clinically with patients. This is fantastic as it allows me the time I never had as a clinician to focus on quality and safety!“



Participation Check-In: 12 Months

“To improve patient education we will have translated our educational materials into our top two most common foreign languages by 12/1/25.”

“By December 31, 2025, 80% of [our] 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.”

“By December 31, 2025 50% of all pregnant/postpartum patients seen in MAPS offices for Initial OB, 28wk and 6 wk postpartum visits will have documented EPDS screening.”

“To assure 100% of postpartum persons will be screened using the EPDS tool and education of staff for utilization and purpose of this tool will be 80% by Jan of 2026.”

“By February 2026, 50% of eligible OB providers will have completed education on PMHC's including screening, assessment and the importance of management during the perinatal period.”

Thank you for submitting your SMARTIE Goals!!

SMARTIE Goals - Review

Creating a SMARTIE Aim Statement

Specific- What's the problem or opportunity?

Measurable- By how much will you improve?

Achievable- Is this doable in the time you have?

Realistic- Do you have the resources needed?

Time- By when?

Inclusive- Who is most impacted? Are appropriate representatives on your team?

Equitable- Does the goal address inequities in the outcomes and processes?

- Is the problem or opportunity clearly stated?
- Do you know what the team is going to do about the problem?
- Has the team set a numerical goal to quantify the amount of improvement they'd like to make?
- Do you know the calendar date by which the team plans to achieve the goal?
- Is it clear who will benefit from the improvement?
- Is the scope of the project clear?
- Do you know why this improvement effort is important?

We love to see all SMARTIE goals!

Send your SMARTIE goal to Kali if you haven't already!

Participation Check-In: 12 Months



Teams Need Guidance/Tools for:

Patient Education on PMHCs

- Cultural differences in understanding/acceptance of PMHC and ways to address PMHCs with humility

Provider Education on PMHCs

- **Learning modules on PMHCs**

Data Collection

- Help with Epic, “tips and tricks”
- Coordinating data submission from outpatient/ambulatory practices
- **Information on which payors are public vs. private**
- **Meeting for hospital teams that use the same EHR to discuss best practices and data collection strategies**

Collaboration Amongst Hospital Teams

- Centralized location and/or process for sharing of resources between hospital teams

Sustainability

- Guidance on planning for sustainment phase (cadence of meetings, prioritizing projects)
- Sustaining changes with limited resources
- Keeping PMHC relevant

Institutional and Leadership Buy-In

- Why is data collection important and relevant?

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

PMHC Bundle: Provider Education – from PMHC Toolkit!

- ACOG modules
 - [Guide for integration of Mental Health Care \(developed with Lifeline for Moms\)](#)
 - Provider Resources
 - [Clinical Practice Guideline 4: Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum](#)
 - [Clinical Practice Guideline 5: Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum](#)
 - [Practice Advisory: Zuranolone for the Treatment of Postpartum Depression](#)
 - [Coding for Perinatal Depression Screening and Treatment](#)
- Postpartum Support International
 - [PSI Training](#)
 - [Information about PSI's Certification in Perinatal Mental Health \(PMH-C\)](#)
- Policy Center for Maternal Mental Health
 - [Universal Screening for Maternal Mental Health Disorders – Issue Brief](#)
- MassPPD Fund
 - [Trainings](#)
- Webinars
 - [MCPAP for Moms Webinars](#)
 - [Lifeline for Moms Webinars](#)
 - American Medical Association Behavioral Health Integration (BHI) Collaborative Webinars
 - [Integrating Perinatal Mental Health into OB Practice](#)
 - [Dismantling Stigma Around Behavioral Health Conditions and Treatment](#)
 - [PNQIN Webinars - Perinatal Mental Health Conditions](#)
 - [AIM Technical Assistance Presentation \(TAP\) Webinars](#)

As a reminder, we have linked several trainings in the PMHC Toolkit within the Process Measures section (Page 18)!
You can access the Toolkit on the PNQIN Website at [this link](#).

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

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](#).

- **Ambulatory Involvement:**

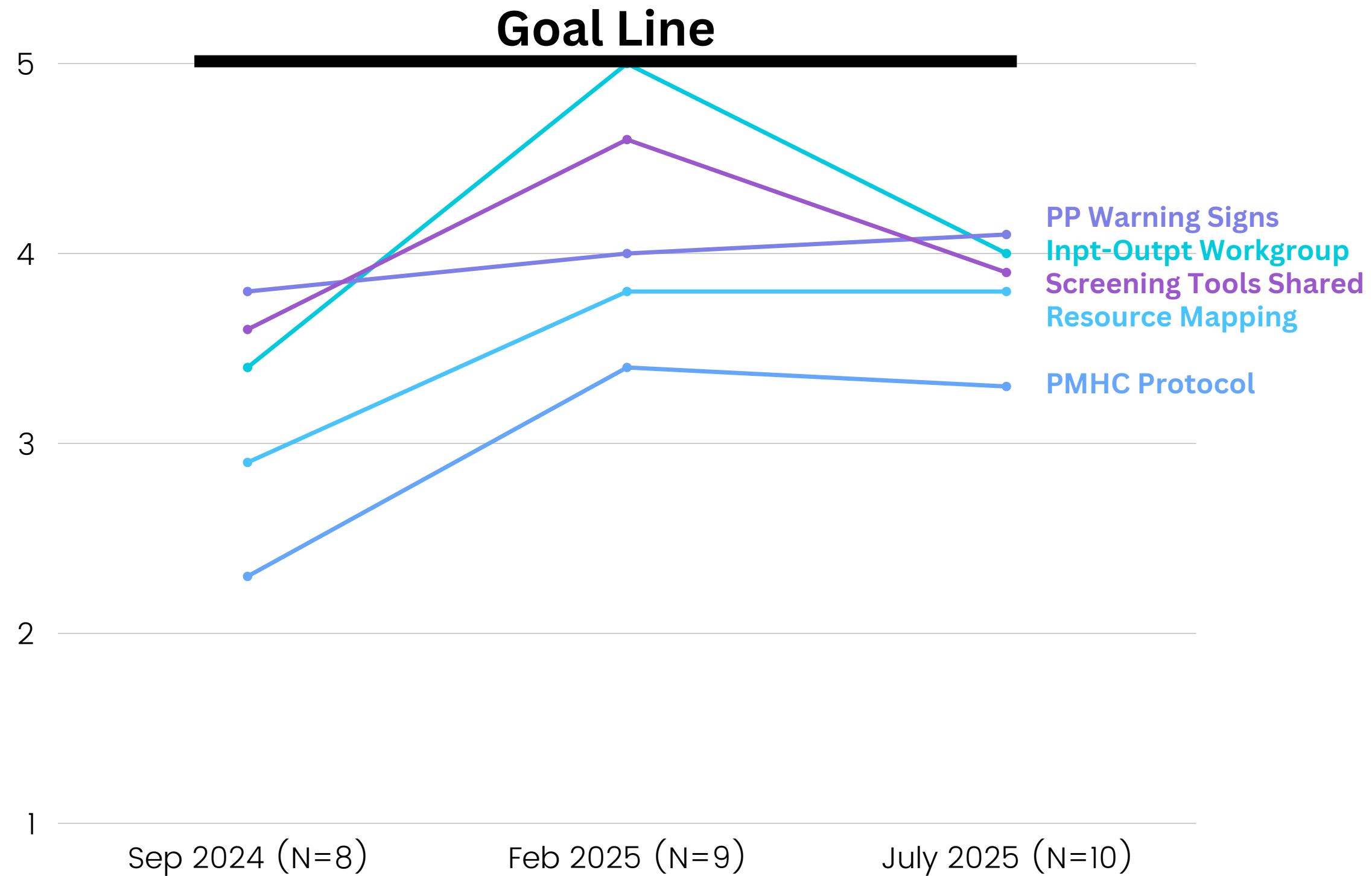
- PMHC Bundle was initially designed for Ambulatory settings
 - Prenatal and postpartum are critically important periods for PMHC screening, assessment, referral, and treatment.
- Four teams committed to implementing the bundle in their Ambulatory setting over the past year!
- Please let us know via the poll if you're interested in expanding your implementation of the PMHC Bundle to Ambulatory

- **Interest in PMHC Bundle Affinity Group(s):**

- Idea suggested by more than one of your peers in this collaborative
- PNQIN to consider hosting meetings of the affinity groups
- We need your feedback via the poll on how to organize the groups and structure the meetings to be most helpful.
 - Kali will follow up on your answers and form a plan in the coming weeks!

12-Month Data Review

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



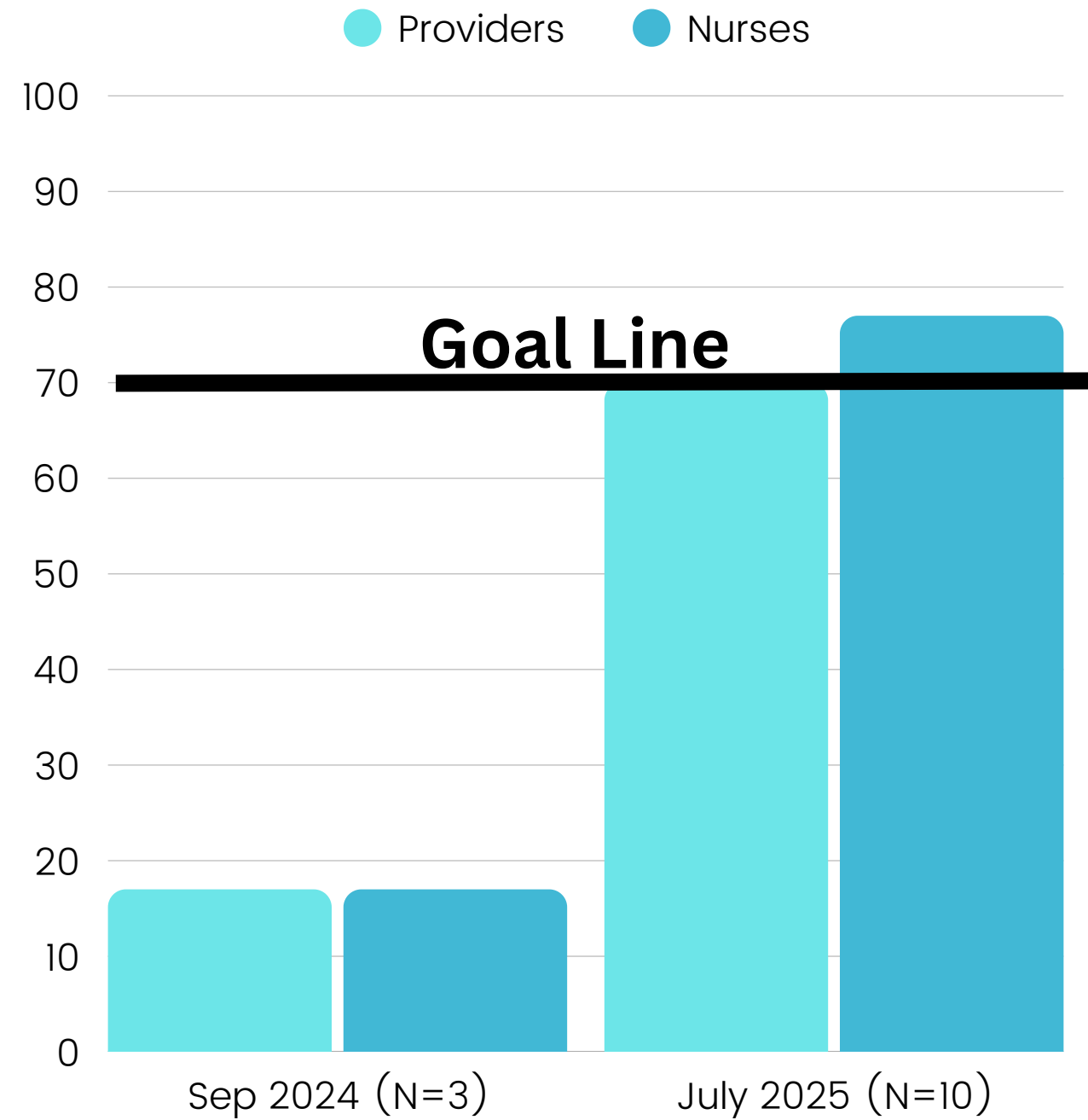
Almost all structure measures are at/around a 4!

PMHC Bundle: PMHC Protocols from Toolkit

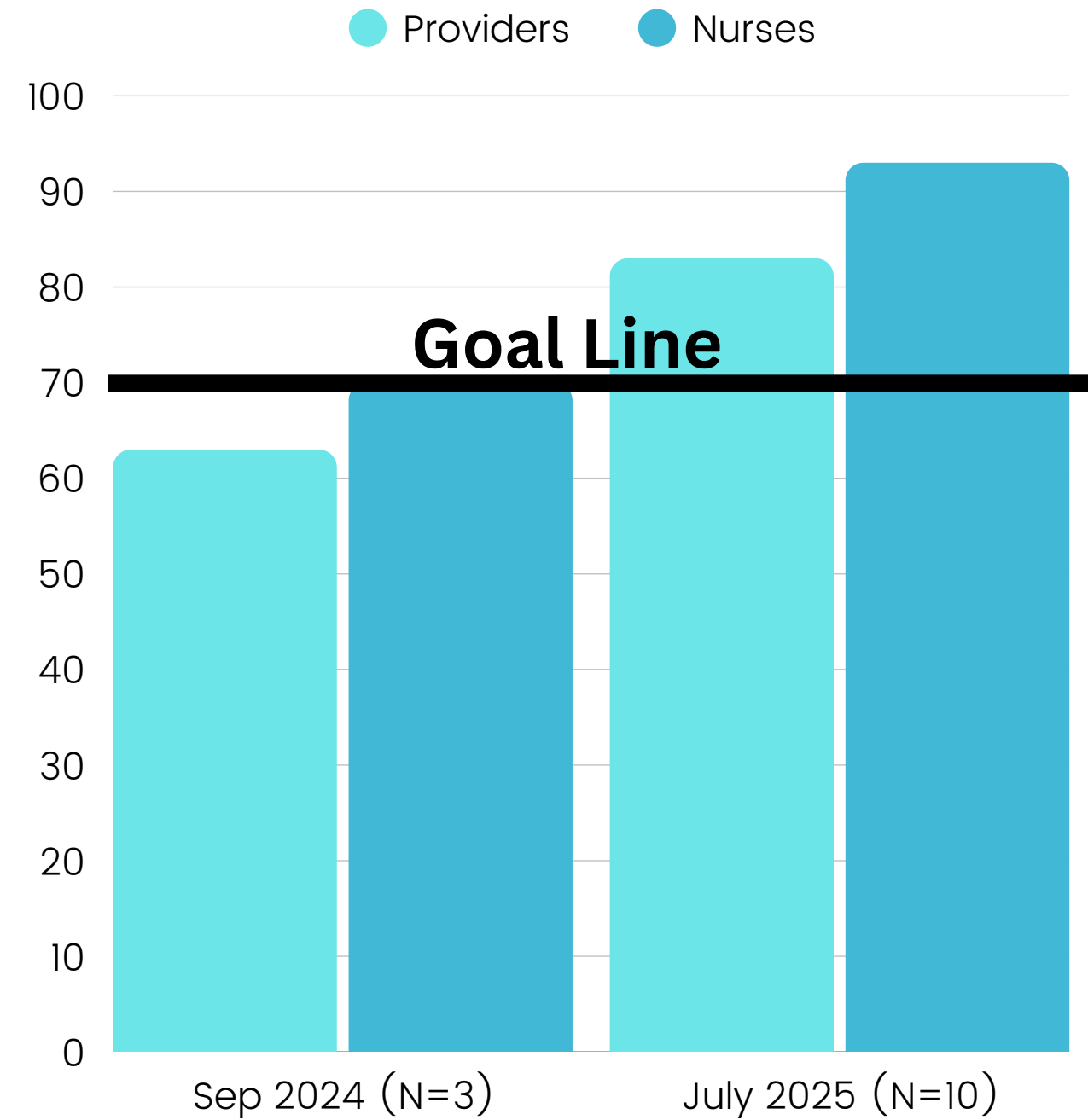
- Resources for developing written assessment and response protocols:
 - Toolkits
 - MCPAP for Moms
 - [Obstetric Provider Toolkit](#)
 - [Pediatric Provider Toolkit](#)
 - [Substance Use Provider Toolkit](#)
 - Lifeline For Moms
 - [Lifeline for Moms Toolkits & Apps](#)
 - ACOG Practice Guidelines
 - [ACOG Practice Guideline – Screening and Diagnosis](#)
 - [ACOG Practice Guideline – Treatment and Management](#)
 - AIM Obstetric Emergency Readiness Resources
 - [Perinatal Mental Health Conditions](#)
 - [Care for Pregnant & Postpartum People with Substance Use Disorder](#)
 - [Reporting and Systems Learning](#)
 - [Respectful, Equitable, and Supportive Care](#)
 - Additional Resources:
 - For Primary Care Providers
 - [Healthy Mothers, Healthy Babies – The Montana Coalition](#)
 - For Pediatric Providers
 - [American Academy of Pediatrics \(AAP\) – implementation of screening](#)

As a reminder, we have linked several examples of PMH Assessment and Reponse Protocols in the PMHC Toolkit within the Structure Measures section (Page 15)! You can access the Toolkit on the PNQIN Website at [this link](#).

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

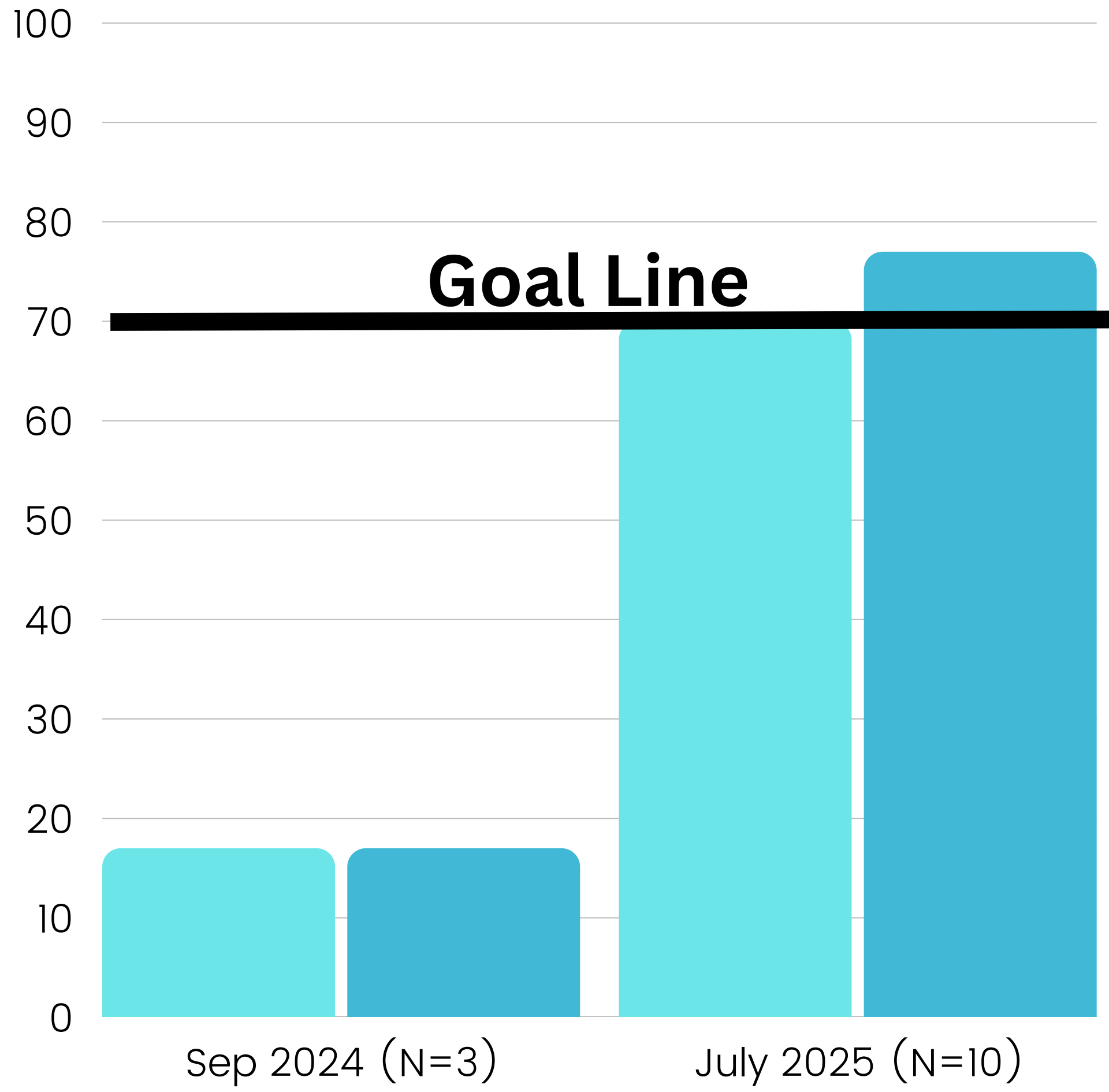


PMHC Education

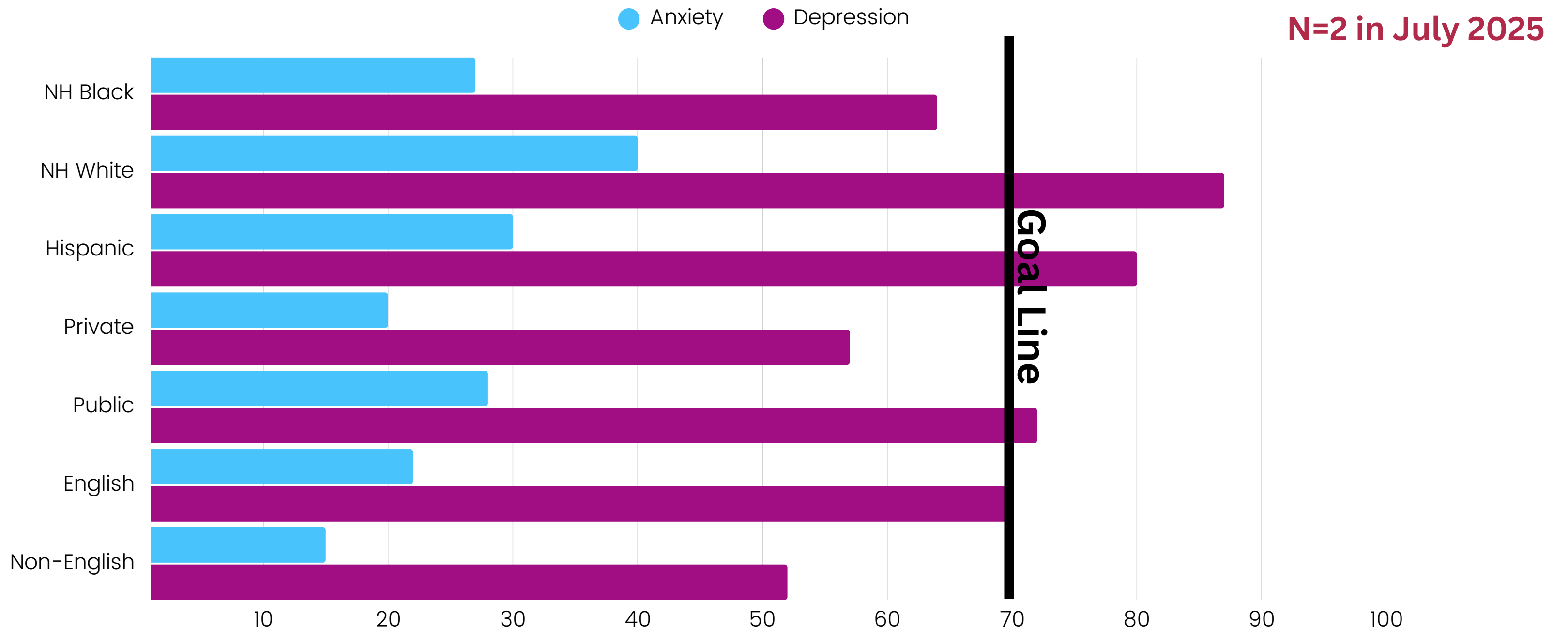


Respectful Care Education

● Providers ● Nurses

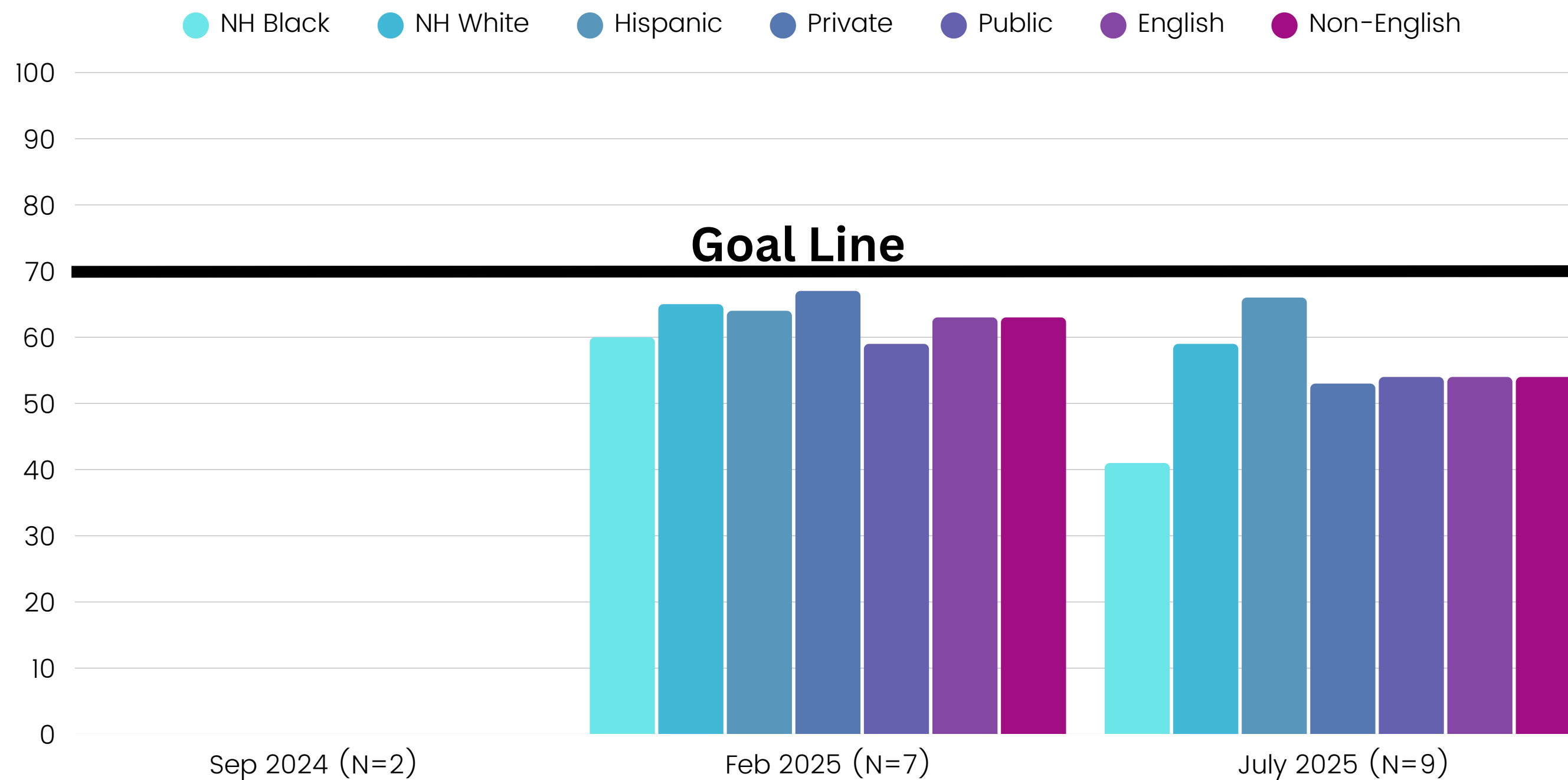


12-Month Data Check: Average % of Patients Screened Prenatally (Goal: $\geq 70\%$ for each demographic by Feb '26)



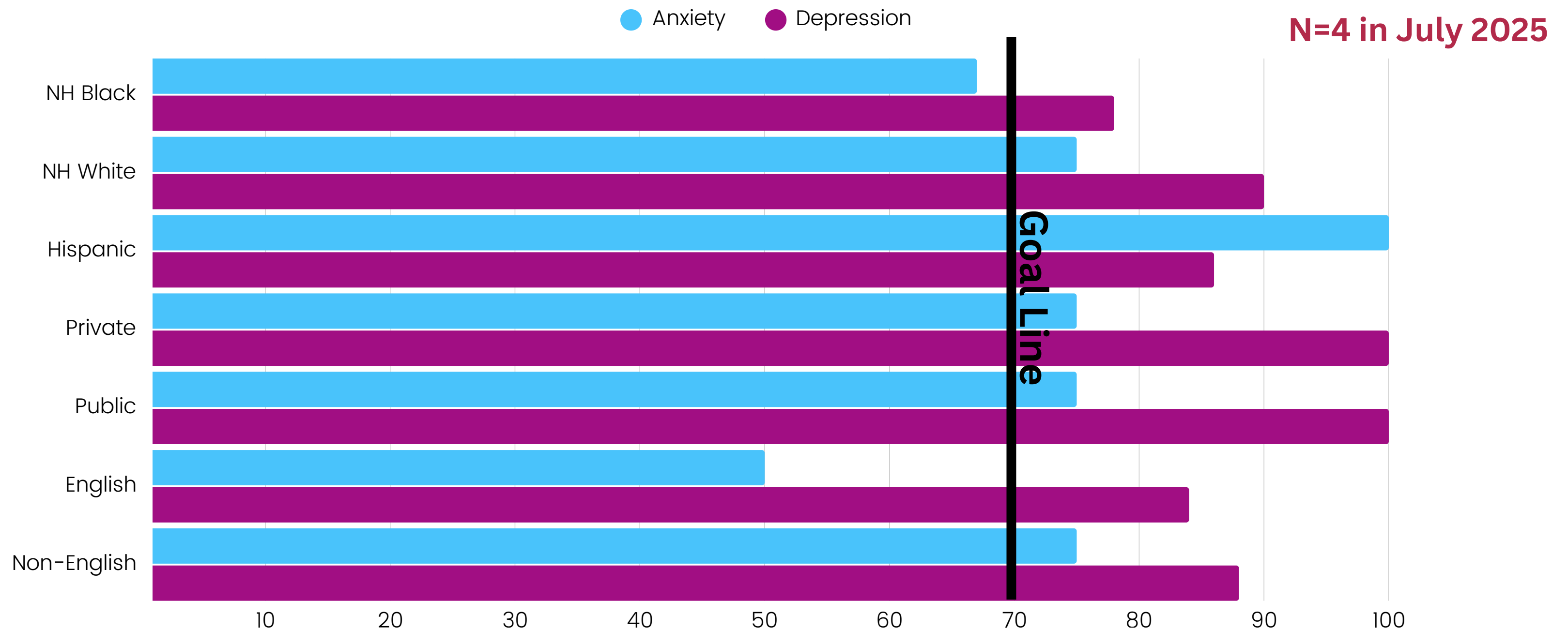
More hospitals reporting this measure! Notice differences between demographic categories.

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



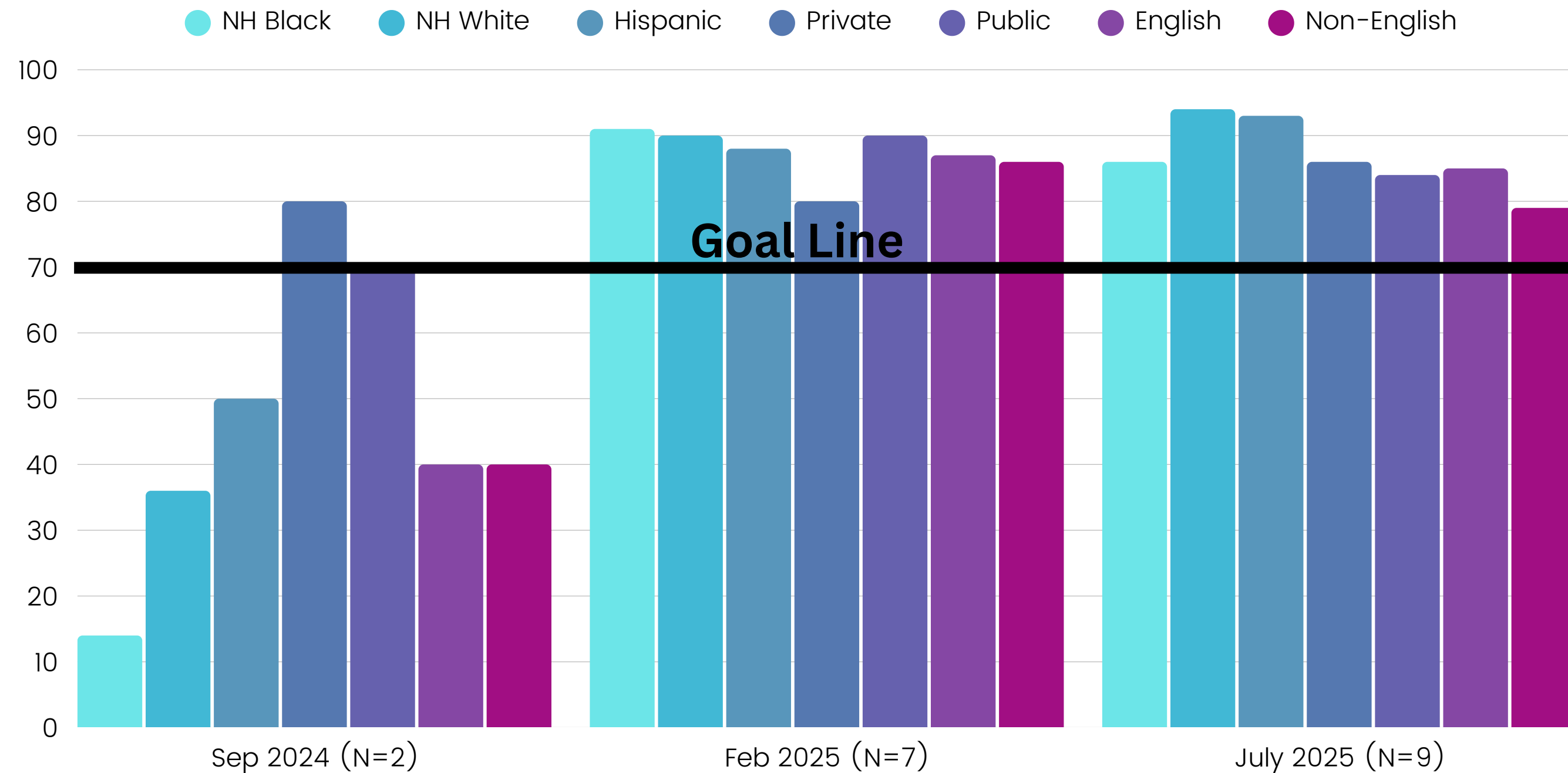
Differences have increased slightly between demographic categories.

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



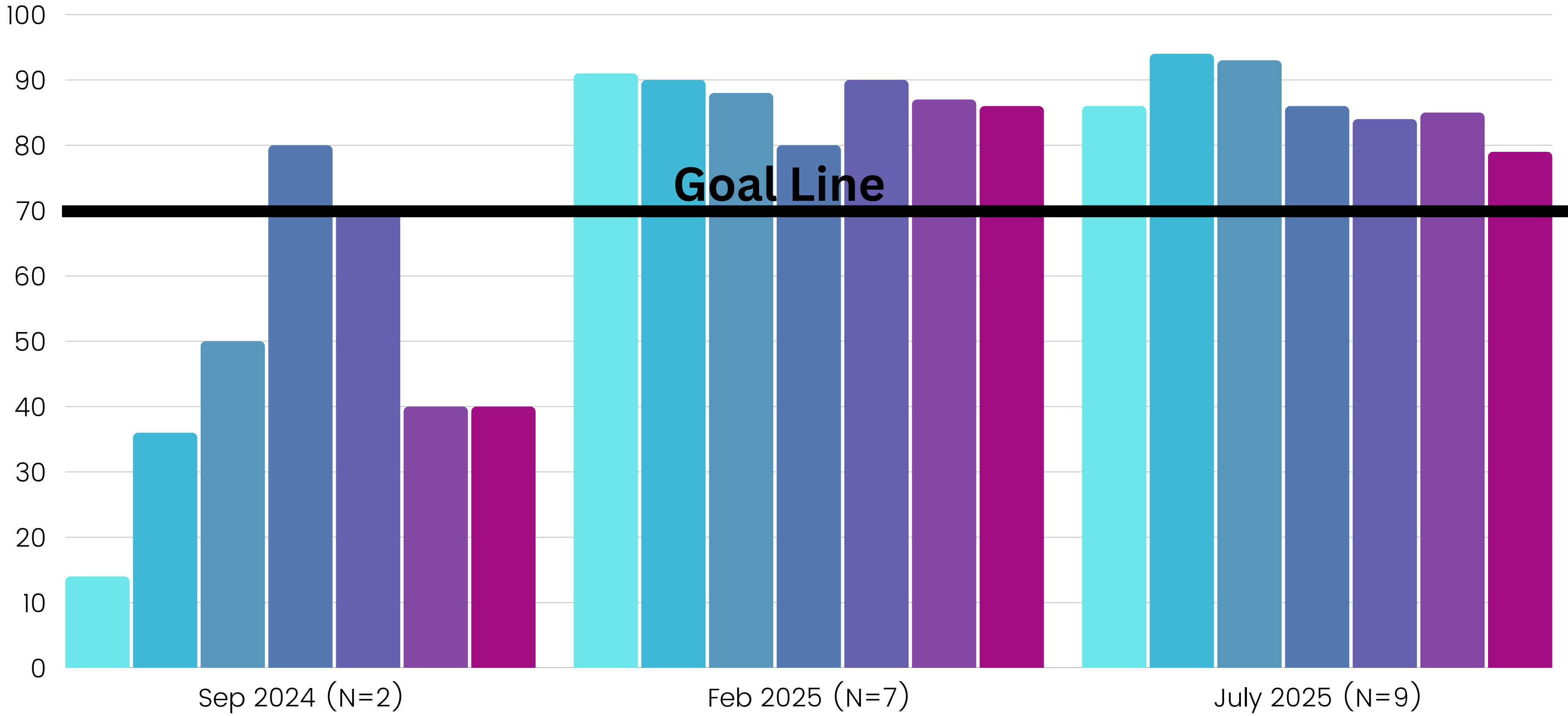
More hospitals reporting this measure! Decreased differences between demographic categories, differences remain between anxiety and depression screening.

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

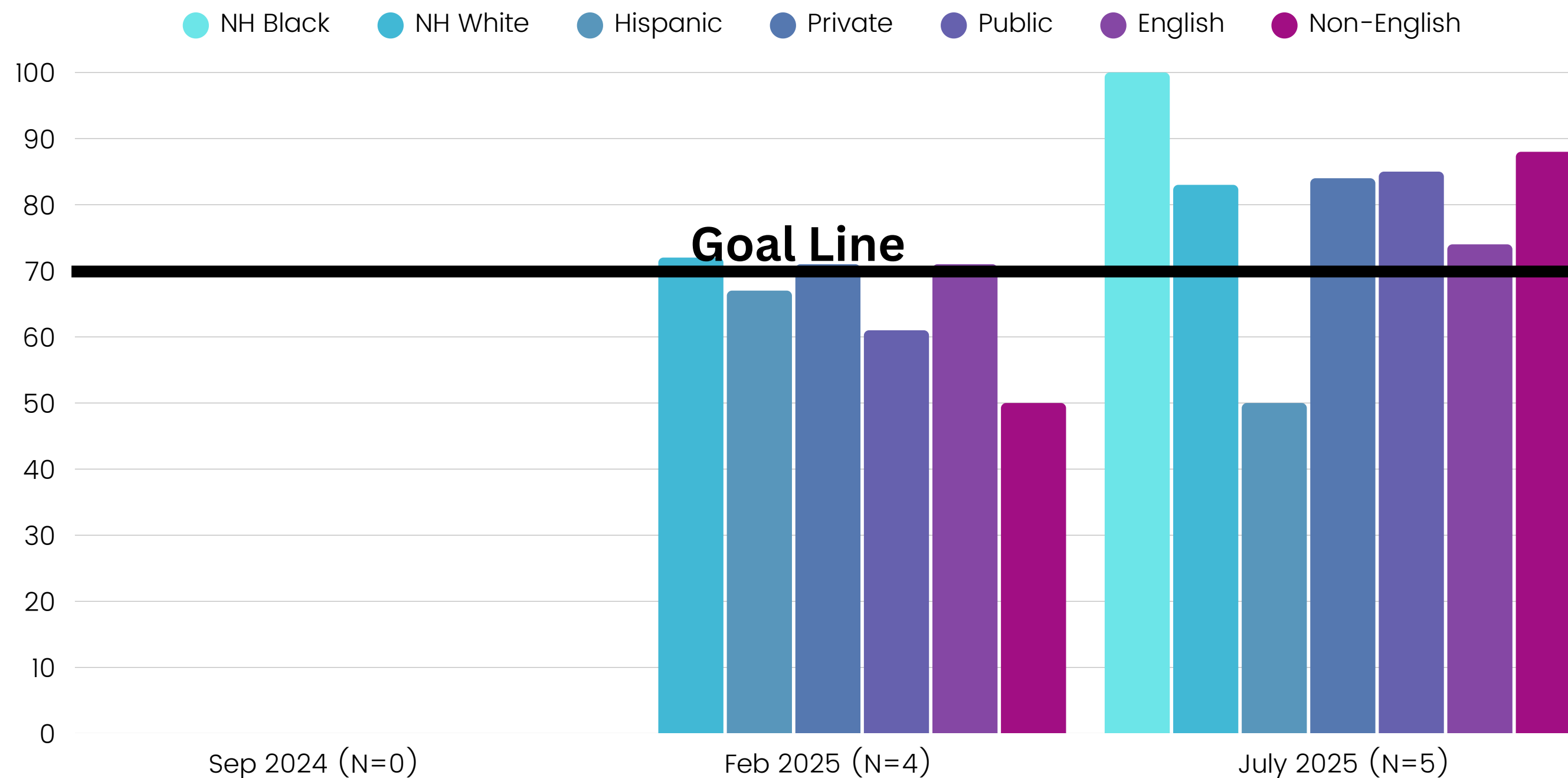


All groups have remained stable since Feb '25; keep up the great work!

NH Black NH White Hispanic Private Public English Non-English



12-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 and rates have increased, though keep an eye on differences between groups.

PMHC Bundle: Patient Education, Resources - from PMHC Toolkit!

- Postpartum Support International (PSI) patient education
 - [Group specific education](#) - Groups include:
 - Perinatal Individuals, Dads & Partners, Families & Support People, Queer & Trans Parents, BIPOC Families, Military Families, Adoptive Parents, Deaf & Hard of Hearing, Postpartum & Perinatal Psychosis, Loss & Grief
- National Institute of Mental Health: Moms' Mental Health Matters
 - [Order free materials here](#) – English, Spanish
- Lifeline for Moms
 - [Resource page for OB patients](#)
 - [Patient handouts](#)
- Massachusetts Health Promotion Clearinghouse
 - [Link to educational brochure on PMHC](#) - available for free download in English, French, Portuguese, Spanish, Vietnamese
- American Academy of Pediatrics
 - [Poster](#) – English, Spanish

Massachusetts Child Psychiatry Access Program
MOPAP
For Moms

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

Promoting Maternal Mental Health
During and After Pregnancy

About Us | How to Utilize Our Services | Resources for Clinicians | Resources for Birthing Families

Resources for Clinicians

- Obstetric Provider Toolkit (Mood/Anxiety and Substance Use)
- Pediatric Provider Toolkit
- Substance Use Provider Toolkit

Community Behavioral Health Centers

CBHCs offer immediate care for mental health and substance use needs, both in crisis situations and more routine settings. Crisis services are available around the clock for anyone in Massachusetts experiencing a potential mental health emergency and are entirely insurance blind, meaning anyone can access services, regardless of insurance coverage. Routine outpatient services are available for all MassHealth members and may be covered by some commercial insurers.

PSI POSTPARTUM SUPPORT INTERNATIONAL



As a reminder, we have linked several trainings in the PMHC Toolkit within the Structure Measures section (Page 20)! Also, reminder about PSI and MCPAP for Moms! You can access the [Toolkit](#) and [Community resources](#) on the PNQIN Website.

PMHC Bundle Implementation in New Hampshire



Agenda

12:00–12:05 Welcome &
PNQIN Announcements

12:05–12:20 PMHC
Bundle Updates

12:20–12:40 NH PQC
Presentation

12:40–12:45 PMHC
Bundle Pearl

12:45–1:00 Discussion,
Q&A





Creating and Sustaining Enthusiasm for PMHC Bundle

Perinatal-Neonatal Quality Improvement Network of MA
October 21, 2025

Our Team

- Emily Brayton BSN, RN
- Maggie Coleman MPH
- Maddie Bridge

NHPQC's PMHC Bundle History

- New Hampshire implemented PMHC patient safety bundle in January 2024
 - Ramp up and introduction started in Fall 2023
 - NHPQC launched in March 2024
- ***The leading causes of pregnancy-associated and pregnancy-related deaths which occurred from 2017 to 2021 are indicative of severe mental health needs.***
- ***Additionally, the NH MMRC determined that 78.2% of these deaths were preventable.***
- Building off SUD bundle which was implemented in 2022

Sustaining commitment and energy

- **Provide local technical assistance:** New Hampshire is continuing to keep the PMHC patient safety bundle relevant by adding resources to our website and providing monthly educational webinars.
- **Conduct local needs assessment:** Gearing up to complete mid-implementation cycle survey in January 2026.
- **Identify and prepare champions:** Continuing quarterly site check ins virtually to collect data and provide programming updates.
- **Capture and share local knowledge:** Through survey and site check ins, we are seeking common problems amongst sites that we can provide technical solutions and assistance for in 2026.
 - Share creative solutions and best practices during webinars and on website.
- **Adapt and tailor to context:** New Hampshire is focusing on core measures of the PHMC bundle and not collecting on optional measures.

Building support and relationships

- **Provide local technical assistance:** Direct site outreach – continuing quarterly check ins, plan to visit all inpatient labor & delivery units in 2026
- **Promote network weaving:** Community resource mapping within local perinatal coalitions
 - Next step = shared Google Drive, creating plan to keep resource lists updated
- **Infrastructure:** NH Mom Hub and Unite Us closed loop referral system
- **Build off existing initiatives:** TeamBirth starting throughout New Hampshire in October 2025.
 - Overlaps with PMHC and SUD bundle metrics

Supporting site champions

- **Audit and provide feedback:** Completed third round of Quality Assurance series in September 2025
 - Continuing improvement of data collection and providing education to all sites
- **Remind clinicians:** Provider involvement and outreach
- **Conduct ongoing training and create learning collaborative:** Ongoing support and education
- **Provide local technical assistance:** Ongoing responsiveness to needs

Hardwiring change

- **Mandate change:** Situational surveillance questions on the NH birth certificate
 - **Conduct cyclical small tests of change:** Completed three Quality Assurance series on this data measure to ensure all sites have integrated this in their workflow
- **Conduct ongoing training:** Held QA focused webinar in August 2025 where site leaders and birth registrars attended for re-education
- **Promote adaptability:** Inpatient units have self selected to add screening
- **Support clinicians:** Most sites have shared validated screening tool with their associated outpatient practice (reporting at 4 or 5)
- **Identify and prepare champions / early adopters:** In 2026, we are hoping to create tools and guidance for how units can utilize problem lists
- **Capture and share local knowledge:** Nuts and bolts section of monthly webinar – sharing successful tools for integration into workflow
- **Data warehousing techniques:** data dashboards

Evaluation

- **Use of evaluative and iterative strategies:** Ensuring data quality at quarterly check ins with each site
- **Develop and organize quality monitoring systems:** Monitoring and Evaluation report completed by our internal team quarterly
 - Attendance at monthly webinars
 - Provider survey responses
 - Increase in number of birthing people with PMHC who are referred to treatment
 - Please see resources slide for more examples of measures collected
- **Using experts:** data analysis and visualization
- **Re-examining implementation:** quarterly reports and impact statements

NHPQC Resources in Action

- **AUDIT AND PROVIDE FEEDBACK:** Data QA learning series around measure *O1: Percent of Pregnant and Postpartum People with PMHC who Received or Were Referred to Treatment*
 - 1:1 check-ins highlighted sites' challenges with interpreting/reporting for this measure
 - NHPQC team designed QA process
 - Two 30-minute webinars to clarify operational definitions
 - Recordings, resource guide shared with sites (nurse champions, birth registrars, clinic coordinators)
 - Two-week surveillance period
 - 1:1 site meetings to discuss results and opportunities for education
 - Follow-up webinars to share actionable resources, workflows across sites

NHPQC Resources in Action

- **CONDUCT ONGOING TRAINING:** Novel approach to satisfy measure *P3: Provider and Nursing Education – Respectful and Equitable Care* in a meaningful way
 - 1:1 site check-ins highlighted challenges with estimating education rates for OB providers and nurses
 - NHPQC team identified *Toxic: A Black Woman's Story* (short film) as an educational opportunity
 - Screening and facilitated discussions offered onsite, hybrid, virtually during staff meetings, shift changes
 - Attendees eligible for 1.0 hr CE

NHPQC Resources in Action

- **CONDUCT ONGOING TRAINING:** Focused webinar addressing measure *ALL S1: Patient Event Debriefs*
 - 1:1 check-ins highlighted sites' challenges with standardizing both team- and patient-facing debriefs
 - NHPQC team co-designed educational webinar with subject matter experts
 - Webinar included example scripts, replicable processes, role-play videos
 - Highlighted webinar resources in next round of 1:1 site meetings

Thank you!
Questions?

- Contact Us: NHPQC@hitchcock.org

PMHC Bundle Pearl: Mental Health Medications Counseling



Tiffany Moore Simas, MD
PNQIN Bundle Lead

Agenda

12:00–12:05 Welcome &
PNQIN Announcements

12:05–12:20 PMHC
Bundle Updates

12:20–12:40 NH PQC
Presentation

**12:40–12:45 PMHC
Bundle Pearl**

12:45–1:00 Discussion,
Q&A



General Approach To Counseling on Medications

Untreated mental health conditions represent an exposure

Risks of under-treatment or no treatment for depression during pregnancy include...	Risks of antidepressant use during pregnancy include...*
Limited engagement in medical care and self-care	PPHN
Substance use	Transient neonatal adaptation syndrome
Preterm birth	Preeclampsia (SNRIs)
Low birth weight	Spontaneous abortion (SNRIs)
Preeclampsia	
Postpartum depression	
Impaired infant attachment (which carries long-term developmental effects)	
Disrupted relationship with partner	
Suicide†	

General Approach To Counseling on Medications

Untreated mental health conditions represent an exposure

Risks of under-treatment or no treatment for depression during pregnancy include...	Risks of antidepressant use during pregnancy include...*
Limited engagement in medical care and self-care	PPHN
Substance use	Transient neonatal adaptation syndrome
Preterm birth	Preeclampsia (SNRIs)
Low birth weight	Spontaneous abortion (SNRIs)
Preeclampsia	Postpartum Hemorrhage
Postpartum depression	
Impaired infant attachment (which carries long-term developmental effects)	
Disrupted relationship with partner	
Suicide†	

ACOG Guidelines

ACOG recommends against withholding or discontinuing medications for mental health conditions due to pregnancy or lactation status alone.

ACOG Guidelines

ACOG recommends that **SSRIs be used as first-line pharmacotherapy** for perinatal depression and/or anxiety. SNRIs are reasonable alternatives.

Pharmacotherapy should be **individualized** based on prior response to therapy (if applicable). If there is no pharmacotherapy history, sertraline or escitalopram are reasonable first-line medications.

Any Questions?



Tiffany Moore Simas, MD
PNQIN Bundle Lead

Agenda

12:00–12:05 Welcome &
PNQIN Announcements

12:05–12:20 PMHC
Bundle Updates

12:20–12:40 NH PQC
Presentation

12:40–12:45 PMHC
Bundle Pearl

12:45–1:00 Discussion,
Q&A



Thanks for joining, see you on 11/18!

Have questions?

Email PNQINAdmin@pnqinma.org!



Resources

- NHPQC.org
- Monitoring and Evaluation Measure Examples ([contact our team](#) for full list):
 - # birthing hospitals participating in bundle
 - # sites actively interacting with dashboards
 - # sites represented at monthly webinars
 - # OB providers who screen for PMHC using a validated tool
 - # actively participating community mental health providers
 - % of birthing people with PMHC receiving/referred for treatment
- Powell et al. Implementation Science (2015) 10:21

NH Mental Health Data – The Why

- NH's 2020 PRAMS data indicated that 23.1% of NH birthing people self-reported depression or anxiety before pregnancy, 19.0% self-reported depressive symptoms during pregnancy while 12.2% had postpartum depression symptoms. **The leading causes of pregnancy-associated and pregnancy-related deaths which occurred from 2017 to 2021 are indicative of severe mental health needs**, with drug overdose (59.4%) and suicide (6.3%) accounting for over half of the deaths. The majority (53.1%) of the NH maternal deaths were found to be pregnancy-related, and 59.3% of these deaths occurred during the postpartum period and were associated with little or no postpartum follow-up, including for mental health care, according to NH MMRC data. Additionally, the MMRC determined that 78.2% of these deaths were preventable.