

Implementing the AIM Perinatal Mental Health Conditions Bundle in MA

Non-Pharmacological Treatment Options

December 16, 2025



WELCOME!

- Please type your name and institution into the chat.
 - **Optional share:** Favorite holiday tradition!
- 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

12:00–12:10 Welcome &
PNQIN Announcements

12:10–12:40 Non-Pharm
Treatment Options
Panel

12:40–1:00 Discussion,
Q&A



AGENDA

12:00-12:10

Welcome & PNQIN Announcements Kali Espinola, MPH

12:10-12:40

Non-Pharmacological Treatment Options Panel

Sleep - Dr. Nicole Leistikow, Johns Hopkins University

Prenatal Yoga & Walking - Dr. Cynthia Battle, Brown University

Therapy, Holistic Treatments - Dr. Karen L. Abdool, Beryllium
Psychiatric Services in Winchester, MA

12:40-1:00

Discussion, Q&A

Audience and Speakers, moderated
by Dr. Tiffany Moore Simas



Reminders & Announcements



Kali Vitek Espinola, MPH
PNQIN Senior Project Manager

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PNQIN PMHC BUNDLE WORKGROUP



Tiffany Moore Simas, MD
UMass Memorial Health



Kali Vitek, MPH
PNQIN



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PNQIN/UMass



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HMS/BIDMC



Hannah Bonoyer
Sturdy/PMHC Survivor



Jessie Colbert
Mass PPD Fund



Julia Prentice, PhD
BLC



Karen Manganaro, DNP
PNQIN/BWH



Kriti Lodha
PSI-MA/PPP Survivor



Maithri Ameresekere,
MD, BMC



Mimi Pomerleau
PNQIN/BWH



Ron Iverson, MD
PNQIN/MGH



Sarah Krinsky
MassHealth



Stephanie Crawford
Propa City
Community Outreach



Swathi Damodaran
MassHealth



Uruj Haider, MD
MCPAP for Moms

PMHC BUNDLE: PARTICIPATING HOSPITALS

1. Anna Jaques Hospital
2. Berkshire Medical Center
3. Beth Israel Deaconess Medical Center
4. Beverly Hospital
5. Boston Medical Center
6. Cooley Dickinson Hospital
7. Fairview Hospital
8. Holy Family Hospital
9. Lawrence General Hospital
10. Lowell General Hospital
11. Massachusetts General Hospital
12. MetroWest Medical Center
13. Mount Auburn Hospital
14. Newton-Wellesley Hospital
15. Salem Hospital
16. Southcoast Charlton Memorial Hospital



17. Southcoast St. Luke's Hospital
18. St. Elizabeth's Medical Center
19. Tufts Medical Center

20. UMass Memorial Medical Center
21. Winchester Hospital



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**
 - a. **More information and template coming soon!**
6. Sharing opportunities (webinar presentation, summit poster)



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
- **Non-Pharmacological Treatment Options**
- Preparing for Sustainability
- Celebration of Achievements, 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!



MA Announcements

MassHealth All Provider Bulletin: Perinatal Depression Screening

MassHealth recently published an All Provider Bulletin related to perinatal depression screening.

[All Provider Bulletin](#) 405 was published on **August 19, 2025** related to perinatal depression screening. Perinatal depression is one of the most common complications during pregnancy and the postpartum period, and screening is one important aspect of addressing perinatal mental health needs.

Highlights of the bulletin include:

- Reimbursement for all depression screens during pregnancy and through 12 months postpartum based on the provider's clinical judgement.
- Requirement that pediatric providers screen for postpartum depression at every preventative well child visit in the first year, including screening paternal, adoptive, and non-birthing parents and caregivers.
- Specific requirements and recommended resources for when a member screens positive for depression.



Perinatal Loss Trainings for Providers

Contact: Stephanie Crawford, Propa City Community Outreach

info@propacityco.org

(617) 407-5347

This comprehensive perinatal loss training is designed for maternal health professionals and advocates who seek to enhance their understanding and skills in supporting families during these challenging times. Participants will explore the various types of loss that families experience and unique challenges associated with each, learn effective techniques to help families navigate their grief and foster healing, and more!

Training Duration: 5 Sessions: 2.5 hours each session

See flyer in follow-up email for 2024-2025 pilot training pricing!



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 or email Kali (PNQINAdmin@pnqinma.org).



National Announcements

March of Dimes Trainings (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).

January 13, 22, & 27

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



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



Role of Sleep in Preventing and Treating Postpartum Depression



Nicole Leistikow, MD
Johns Hopkins School of Medicine

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A blurred background image of a baby in a crib. The baby is wearing a purple and white striped onesie. There are several wrapped gifts around the crib with various patterns like hearts, polka dots, and geometric shapes. A yellow toy dinosaur is also visible.

Prescribing Sleep in Pregnancy and Postpartum

Nicole Leistikow, MD

Assistant Professor, Johns Hopkins School of Medicine

Board Member, National Curriculum in Reproductive Psychiatry,
NCRPtraining.org



Prescribing Sleep: Why

Sleep is often interrupted during pregnancy due to:

Frequent urination

Discomfort

Older children

Pets

Partners



Prescribing Sleep: Why

Sleep is often interrupted postpartum due to:

- Frequent night feeds/infant care
- Pumping + additional chores like cleaning parts
- Older children
- Pets
- Partners
- Scarce “me” time

Prescribing Sleep: Why

Medication treatment for depression, anxiety, bipolar illness, psychosis

CAN NOT

Replace missing chunks of sleep

BUT CAN

Help with insomnia, if INABILITY to sleep, rather than OPPORTUNITY to sleep is the problem



Prescribing Sleep: Why

Consolidated CHUNKS of sleep in 4-5 increments plus additional 2-3 hour increments are more VALUABLE than Total Sleep Hours in small increments

$$5+3+2 > 2+2+2+2+2$$

$$5+3 > 2+2+2+2+2$$

$$4+3+2 > 1+1+2+1+2+2$$



Prescribing Sleep: What

Sleep SHOULD be prescribed in both
PREGNANCY and POSTPARTUM

IF

It is notably interrupted or insufficient

Prescribing Sleep: HOW

30—45 MINUTE DISCUSSION (3rd trimester, with family)

Start with a detailed sleep history and ask about all the things that are interrupting sleep, identifying obstacles including household division of labor

NOT: How are you sleeping?

BUT: Tell me about last night: what time the baby went to sleep, what time you went to sleep, and how the night went with all the wakeups that happened.



Prescribing Sleep: HOW

Fed baby at 7:30, baby slept at 8pm, (cleaned parts, did laundry, watched show, talked with partner), fed again at 11pm, she slept MN-1:30am, fed, slept 2:30-4:30, fed, 5-7am

MN-1:30 1.5

2:30-4:30 2

5-7 2

5.5



Prescribing Sleep: HOW- assume others are willing to help

Baby slept at 8pm, partner fed at 11pm, she slept
8:30-1:30am, 2:30-4:30, 5-7am

MN-1:30	1.5	8:30-1:30	5
2:30-4:30	2		2
5-7	2		2
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	5.5		9



Prescribing Sleep: HOW: Everyone sleeps

Baby slept at 8pm, **partner fed at 11pm**, she slept 8:30-1:30am, 2:30-4:30, 5-7am

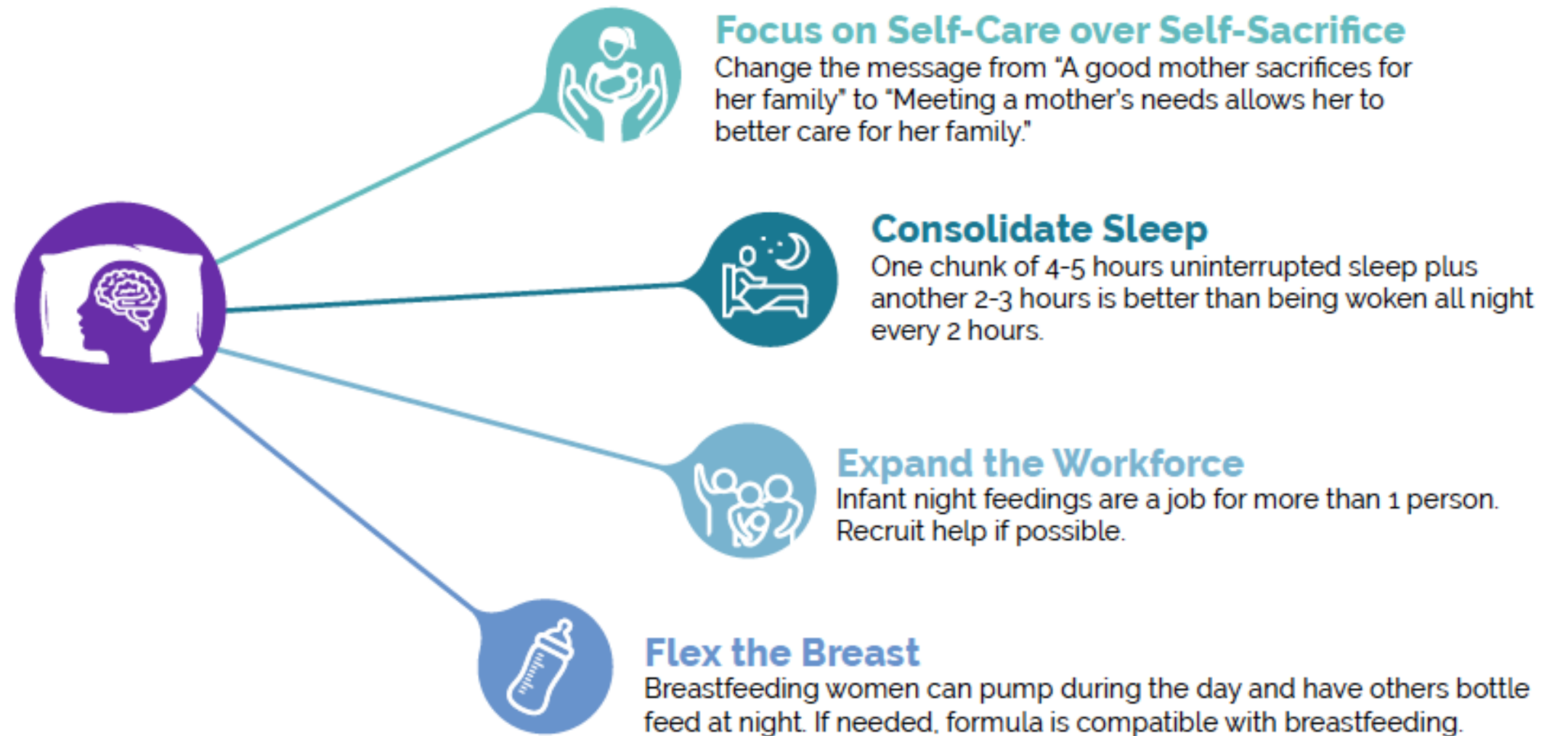
Mom		Mom		Partner	
MN-1:30	1.5	8:30-1:30	5	9-11	2
2:30-4:30	2		2	MN-7	7
5-7	2		2		
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	5.5		9		9



From: Prescribing Sleep,
An Overlooked
Treatment for
Postpartum Depression

Prescribing Sleep Resources:

Prescribing Sleep



Prescribing Sleep Resources

Sleep in the postpartum:

For the 3 weeks after delivery, just survive as best you can, learn your baby and how to feed and care for them.

After about 3-4 weeks, consider starting overnight shifts to protect 4-5 hr chunks of sleep for both people.

I highly recommend one parent who is "on duty" sleeping in a room with the baby for the first 4 hours of the night, and the other parent who is "off" sleeping in a separate room where they can't hear the baby crying getting a protecting 4 hours for the first half of the night. Then, the person who was "on" can be "off" by joining the person in the separate room, ideally allowing them to now hear the baby and be "on" by opening a door or turning on a monitor so that they can now hear when the baby cries and take over in the baby's room at the next baby wakeup. If both parents can get 4-5 hours protected sleep plus 2-3 hours plus 2-3 hours, this is a reasonable amount of sleep to function on indefinitely, even if going to work. It is superior to one person being woken up every 2 hours throughout the night.

For breastfeeding during weeks 4-6: you may need to pump, even while your partner is feeding the baby, in order to train your supply to gradually give you a break for 4-5 hrs overnight.

If you want to space out pumping overnight, try to increase time between sessions by 20 minutes every 3 nights. It's a balance between pain/mastitis and sleep but your body/milk production can be trained to accommodate chunks of sleep if you move the dial gradually. If concerned about having enough milk, you can add in an additional feeding/pumping session during the day to make up for 1 less pumping session at night.

At about 4-6 months, babies usually start being able to sleep longer, for 4-6 hrs or more at a time, depending on the baby. This plan is to get you and your family through this time by protecting everyone's sleep.

Prescribing Sleep: Resources

5 minute Podcasts from ReachMD

- [Evaluating Sleep Deprivation as a Risk Factor for Postpartum Depression](#)
- [Clinical Strategies for Assessing Sleep Disturbances in Postpartum Patients](#)
- [Reducing the Risk of Postpartum Depression Through Sleep Interventions](#)

Prescribing Sleep: Resources

Articles

- [Prescribing Sleep: An Overlooked Treatment for Postpartum Depression](#)
- [The Relationship between Infant Feeding and Maternal Mental Health](#)
- [Here's How Experts Say New Parents Can Get the Protected Sleep They Desperately Need by Allison Tsai](#)
- an interview of me by Allison Tsai: [Ask a Doc: Where Are We Right Now with Diagnosing and Treating PPD?](#)

Prescribing Sleep: Resources

- [How to Protect Postpartum Sleep and Why It's Important - Interview of me by Erica Djossa](#)
- [Washington Post Essay](#)

Prenatal Yoga and Walking for Perinatal Depression



Cynthia Battle, PhD
Alpert Medical School of Brown University

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Dr. Battle's Publications

- [Acceptability, feasibility, and preliminary efficacy of a prenatal walking program for depressed pregnant women](#) (*Journal of Affective Disorders Reports*, 2023)
- [Acceptability and Perceived Benefits of Exercise Among Pregnant and Postpartum Women Seeking Psychiatric Care](#) (*Women's Health Reports*, 2020)
- [Innovations in the Treatment of Perinatal Depression: the Role of Yoga and Physical Activity Interventions During Pregnancy and Postpartum](#) (*Current Psychiatry Reports*, 2019)
- [Exercise as a Nonpharmacological Treatment for Depression](#) (*Psychiatric Annals*, 2019)
- [Depression in Pregnancy: A Role for Yoga, a Lifestyle Practice to Complement Nutrition](#) (*Handbook of Nutrition and Pregnancy*, 2018)
- [A pilot randomized controlled trial comparing prenatal yoga to perinatal health education for antenatal depression](#) (*Archives of Women's Mental Health*, 2016)
- [Physical Activity as an Intervention for Antenatal Depression: Rationale for Developing Tailored Exercise Programs for Pregnant Women with Depression](#) (*Journal of Midwifery and Women's Health*, 2015)
- [Potential for Prenatal Yoga to Serve as an Intervention to Treat Depression During Pregnancy](#) (*Women's Health Issues*, 2015)



Therapy and Holistic Interventions for Perinatal Mental Health Conditions



Karen L. Abdool, MD, PhD
Founding Director, Beryllium Psychiatric
Services

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Peripartum Mental Health Care

Therapy and holistic interventions

Karen Abdool, MD, PhD



Current Interventions

Conditions:

- Mild to moderate
 - Post Partum Depression
 - Post Partum Anxiety
 - Post Traumatic Stress Disorder

Modalities

- Therapy
- Light Therapy
- Exercise
- Acupuncture and Massage

- Medication
- home health visits
- telephone-based peer support



Therapy

Considered **FIRST LINE** treatment for Post Partum Depression by The American Academy of Family Physicians

Three main evidence based Therapies:

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Therapy (IPT)
- Psychodynamic Psychotherapy

Strong evidence for Therapy plus Medication vs medication alone or treatment as usual

More studies are needed



Cognitive Behavioral Therapy

Well established: Strong Evidence for treatment of PPD

- One small study demonstrated quicker, initial improvement with CBT vs Sertraline

Focus:

- Modifying distorted patterns of negative thinking
- Identifies and shifts from core negative beliefs about ones self and about the world
- Creates affirming positive beliefs about ones self and the world
- Supports behavioral changes that enhance coping and reduce distress



Interpersonal Therapy

Time-limited: typically 12–20 weeks

Strong Evidence for Efficacy in PPD

Focus:

- One of four interpersonal problem areas: role transition, role dispute, grief, or interpersonal deficits
- Assists patients in modifying problematic approaches to relationships - Maternal/infant relationship, Mother/partner relationship, transition to work etc
- Assists patients in building better social supports



Psychodynamic Psychotherapy

Less Evidence for efficacy

small trials demonstrate efficacy over medication only and treatment as usual

Focus:

How unconscious processes, past experiences, and internal conflicts influence current thoughts, emotions, and behaviors by exploring the following:

- Recurring patterns in relationships
- Expression and processing of emotions
- Identification of defensive patterns,
- Understanding how past experiences affect present functioning



Light Therapy

Bright light Therapy

Photobiomodulation (Red light Therapy)

- Promising for improvement of clinical depressive disorders (insufficient data on PPD specifically)
- Can be discussed in the OB/GYN office
- *Do not recommend for patients with Bipolar disorder



Bright Light Therapy

Typically used for seasonal affective disorder

Recent evidence of mood support in clinical depression

Information for patients

An Adequate Bright light lamp:

- Exposure to **10,000 lux** of light
- Produce as little UV light as possible

Typical recommendations include using the light box:

- Within the first hour of waking up in the morning
- For about 20 to 30 minutes
- About 16 to 24 inches (41 to 61 centimeters) from the face,
- Eyes open, but not looking directly at the light



Photobiomodulation (PBM)

Nascent treatment modality, not yet in mainstream practice

Red Light Lamp:

- LED or Laser 808 nm wavelength
- irradiance of 50–100 mW/cm², fluence ≤ 1 J/cm²
- Exposure 5 min or less, 3 or more times per week
- Distance from the face is not standardized - current recommendation is to follow the manufacturer's guidelines



Exercise

- Preventive against PPD if **initiated** during pregnancy and continued in the post partum period
- Not effective to prevent PPD if started during the Post Partum period
- Reduces depressive symptoms in the post partum period both for PPD and MDD

Current parameters:

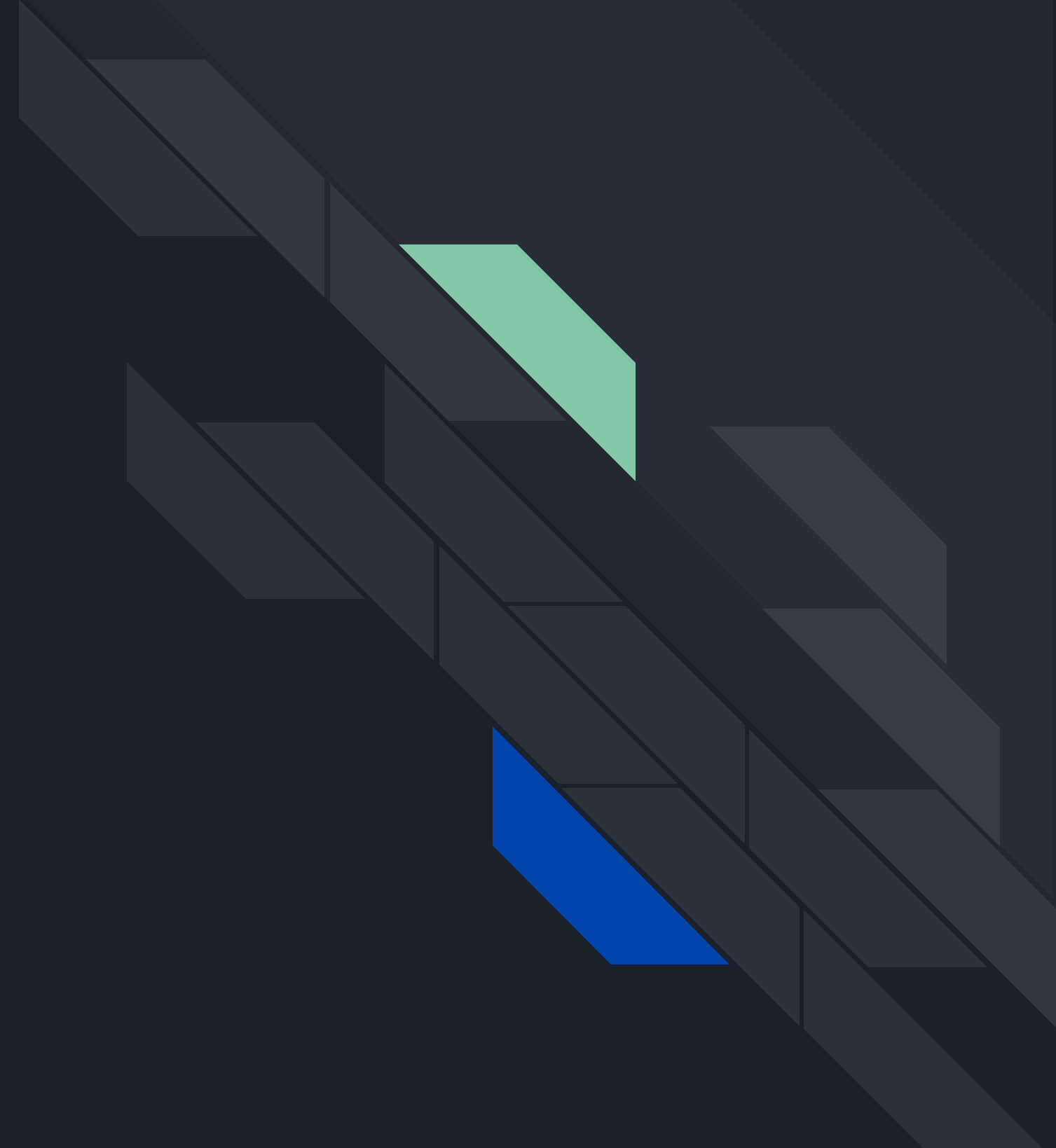
- Moderate exercise - movement is important: Aquatic, Strength and resistance training, Cardio - walking, dance, jogging
- 30 mins, 5 times per week



Acupuncture

- Promising
- Small sample size
- Preliminary evidence demonstrates improvement in Depressive symptoms

Thank You



Any Questions?



Nicole Leistikow, MD
Johns Hopkins



Karen L. Abdool, MD, PhD
Beryllium Psych.

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***Thanks for joining, see you on
1/20!***

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

