

# Implementing the AIM Perinatal Mental Health Conditions Bundle in MA

## Sustainability Guidance & Planning

January 20, 2026



# WELCOME!

- Please type your name and institution into the chat.
  - **Optional share:** What is your 2026 resolution, mantra, or priority?
- 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

12:10–12:15 PMHC Bundle  
Pearl: Zuranolone

12:15–12:40  
Sustainability  
Framework for PMHC  
Bundle

12:40–1:00 Discussion,  
Q&A



# AGENDA

**12:00–12:10**

**Welcome & PNQIN Announcements** Kali Espinola, MPH

**12:10–12:15**

**PMHC Pearl: Zuranolone** Dr. Tiffany Moore Simas

**12:15–12:40**

**PMHC Sustainability Framework** Kali Espinola, MPH

**12:40–1:00**

**Discussion, Q&A**

All



# 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



Brooke Fortin  
PNQIN



Bonnell Glass, MN  
PNQIN/UMass



Candice Belanoff, ScD  
BUSPH



Christin Price, MD  
PNQIN



Elysia Larson, ScD  
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



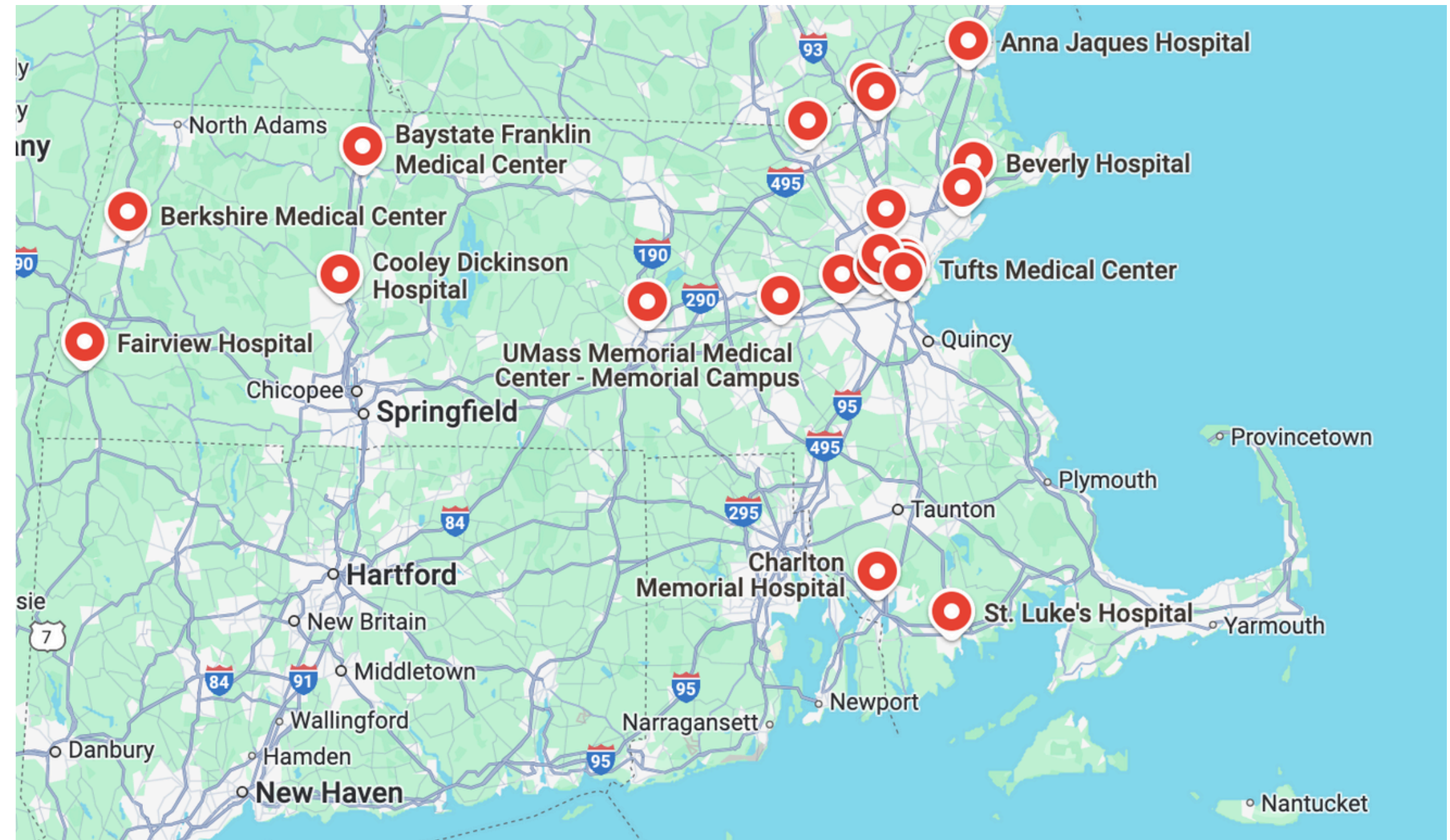
Swathi Damodaran  
MassHealth



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



# MA Announcements

# Accompany Doula Care Listening Session (January 21st)

## The goals of these sessions are to:

- Learn from maternity hospitals about current practices and experiences with doulas
- Identify bright spots and common challenges
- Explore approaches to policies and practices that support patients, families, and care teams

Participation will help inform statewide conversations on doula integration and PNQIN will support us in sharing aggregated, de-identified themes back with MA maternity hospitals. To respect different levels of comfort, we will also offer one-on-one conversations for hospitals that prefer that format.

**If you are interested in participating, please click [HERE](#) to complete the sign-up form!**

We welcome voices from hospitals of all sizes and regions across Mass and are especially eager to ensure strong geographic representation across the state. Thank you for considering this opportunity to share your insights and experiences.



**Accompany**  
doula care



# Current Events in Immunizations: Childhood Vaccinations and High Flu Activity (January 28th)

DPH invites you to join our clinical experts for the *“Current Events in Immunizations: Childhood Vaccinations and High Flu Activity”* on **January 28th at 11:00 a.m. to 12:30 p.m.** This webinar will:

- Discuss recent changes to childhood and adolescent immunization guidance
- Explain DPH’s recommendation to use the AAP immunization schedule
- Provide an update on what could become one of the most severe flu seasons in decades
- Share key tools and resources to support the communities you serve

The session will also include an opportunity for participants to submit questions and engage directly with DPH staff.

**[Please click here register and submit your questions!](#)**



# When Survivors Give Birth: Trauma-informed Foundational and Advanced Clinical Skills Trainings (March 26-27)

In March 2026, [When Survivors Give Birth](#) will offer its newly updated, trauma-informed Foundational and Advanced Clinical Skills Trainings at **Newton-Wellesley Hospital in Newton, MA.**

This training supports therapists, medical providers, doulas, nurses, social workers, public health professionals, and other allied providers in working effectively with sexual trauma survivors before, during, and after birth. **With 1 in 4 perinatal clients/patients having a history of sexual trauma, this content is essential for anyone providing perinatal care.**

Participants may attend one or both days and will leave with practical tools, increased confidence, and greater ease in their work. CEs are currently available for midwives, nurses, and doulas through ACNM and are anticipated for mental health professionals.

**[Click here for registration and more information!](#)**

Please reach out to Elizabeth Paruchuru with any questions.  
([hello@whensurvivorgivebirth.com](mailto:hello@whensurvivorgivebirth.com)).



# Recruitment for Study on Melatonin in Pregnancy

Mass General Brigham IRB  
APPROVAL EFFECTIVE DATE  
8/13/2025

## Got a baby on board? Can melatonin affect your uterine contractions?

Let's talk about sleep, melatonin, & pregnancy! Sleep Medicine at MGH needs pregnant volunteers for a 1-night research study where you can earn up to \$800

### Our research study:

We want to learn more about how melatonin is related to contractions in pregnant women.

### Details:

1. Attend an online meeting where we will describe the study and answer your questions.
2. Fill out questionnaires to see if you can participate.
3. Track your sleep at home for one week.
4. Come into the lab for an overnight visit during your 38th week of pregnancy.

Scan the QR code below for more study information:



### Eligibility:

- First pregnancy
- Single baby
- 18-35 years old

**What you will do:** Surveys, overnight visit, and bio samples.

Participants can receive up to \$800 for participation and up to \$100 for travel reimbursement.

Scan the QR code below to fill out the screening questionnaire:



### Principal Investigator:

Elizabeth B Klerman, MD, PHD  
Massachusetts General Hospital  
**Project Contact:**  
MGBSleepandPregnancy@mgb.org  
(617)-525-3772

Sleep Medicine at Mass General Hospital is conducting a study about how melatonin is related to contractions in pregnant women.

They are seeking pregnant volunteers for a 1-night research study where they can earn up to \$800.

Scan the QR code to see the study activities and volunteer eligibility!

# Job Postings: Expanding the BIDMC OBGYN Quality Team

Please contact Dr. Ronald Iverson ([riverson@bidmc.harvard.edu](mailto:riverson@bidmc.harvard.edu)) with any questions. Great opportunity for someone to shape a new team, get valuable experiences, publish and speak on your work!

## **JR88820 Quality Improvement Project Manager - BIDMC, OBGYN**

- Internal: [https://www.myworkday.com/bilh/d/inst/15\\$392530/9925\\$227695.html](https://www.myworkday.com/bilh/d/inst/15$392530/9925$227695.html)
- External: [https://bilh.wd1.myworkdayjobs.com/External/job/Beth-Israel-Deaconess-Medical-Center/Quality-Improvement-Project-Manager---BIDMC--OBGYN\\_JR88820-1](https://bilh.wd1.myworkdayjobs.com/External/job/Beth-Israel-Deaconess-Medical-Center/Quality-Improvement-Project-Manager---BIDMC--OBGYN_JR88820-1)

## **Healthcare Data Analyst - BIDMC, OBGYN Quality**

- Internal: [https://www.myworkday.com/bilh/d/inst/15\\$392530/9925\\$227730.html](https://www.myworkday.com/bilh/d/inst/15$392530/9925$227730.html)
- External: [https://bilh.wd1.myworkdayjobs.com/External/job/Beth-Israel-Deaconess-Medical-Center/Healthcare-Data-Analyst---BIDMC--OBGYN-Quality\\_JR88822](https://bilh.wd1.myworkdayjobs.com/External/job/Beth-Israel-Deaconess-Medical-Center/Healthcare-Data-Analyst---BIDMC--OBGYN-Quality_JR88822)

Beth Israel Lahey Health   
Beth Israel Deaconess Medical Center



# 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](mailto:Elizabeth.McGinn@carelon.com) or email Kali ([PNQINAdmin@pnqinma.org](mailto: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 22, & 27**

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





# 28 DAY ANTI-RACISM CHALLENGE, v3

*Two-thirds of pregnancy-related deaths are preventable, and Black women are three times more likely to die from a pregnancy-related cause than white women.*

*How will you do your part?*

**Join us for daily opportunities to reflect, learn, and act.**

**Starting February 1<sup>st</sup>, 2026:** “The Institute for Perinatal Quality Improvement's (PQI) 28 Day Anti-Racism Challenge (4 weeks long) was designed to help us all more effectively SPEAK UP Against Racism. We have created a list of daily activities that are designed to enhance your insights and provide you tools to support your anti-racism efforts. Each day during the challenge there is a quote meant for reflection (Reflect), a learning activity (Learn), and a recommended action (Act).”

Learn more and register now for this free educational opportunity at

<https://www.perinatalqi.org/page/Anti-RacismChallengev3>



# PMHC Bundle Pearl: Zuranolone



**Tiffany Moore Simas, MD**  
PNQIN Bundle Lead

## Agenda

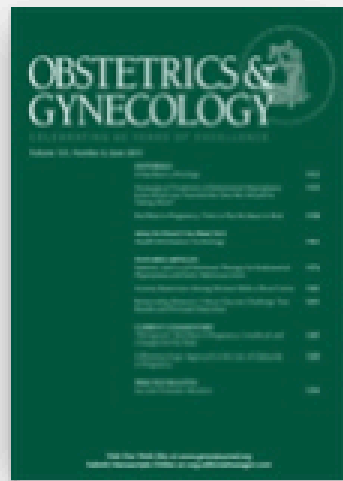
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ARTICLE

## Zuranolone and Brexanolone for the Treatment of Postpartum Depression

Obstetrics and gynecology (New York. 1953), 2026-01, Vol.147 (1), p.e24-e28

“ This Clinical Practice Update provides revised guidance on the use of brexanolone and zuranolone in the postpartum period for depression that has onset in the third trimester or within 4 weeks postpartum... ”

 PEER REVIEWED



CLINICAL PRACTICE UPDATE

JANUARY 2026

# Zuranolone and Brexanolone for the Treatment of Postpartum Depression

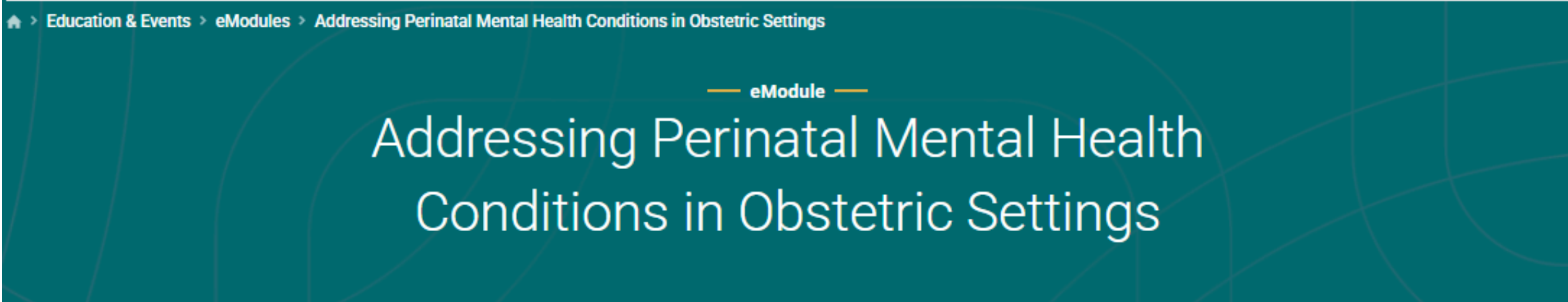
This Clinical Practice Update was developed by the American College of Obstetricians & Gynecologists with the assistance of Tiffany A. Moore Simas, MD, MPH, MEd, MHCM; M. Camille Hoffman, MD, MSc; Kay Roussos-Ross, MD; Emily S. Miller, MD, MPH; Manisha Gandhi, MD; and Andrea Shields, MD, MS.

The Society for Maternal-Fetal Medicine endorses this document.

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This Clinical Practice Update provides revised guidance on the use of brexanolone and zuranolone in the postpartum period for depression that has onset in the third trimester or within 4 weeks postpartum. This document is a focused update of related content in Clinical Practice Guideline No. 5, *Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum* (Obstet Gynecol 2023;141:1262–88) and replaces the August 2023 Practice Advisory, *Zuranolone for the Treatment of Postpartum Depression*.

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## Overview

Perinatal mental health conditions affect more than one in five perinatal individuals and are the most common complications of pregnancy. These conditions include mental health conditions with onset during pregnancy or the first postpartum year and mental health conditions with onset that predates pregnancy.

This eModule provides information and resources that will help obstetric care clinicians detect, assess, treat, monitor, and follow up with patients experiencing perinatal mental health conditions. Our goal is to help integrate mental health and obstetric care using a strengths-based, trauma-informed, culturally humble approach and help obstetric care clinicians increase access to timely and evidence-based mental health care for their obstetric patients.

ACOG is pleased to offer this free online course dedicated to helping obstetric care clinicians address perinatal mental health.

## Objectives

At the conclusion of this course, participants will be able to ...

- Describe the patient care pathway to follow when addressing perinatal mental health conditions

**Get Started Today**

[Access the Course](#)

# Assessment and Treatment of Perinatal Mental Health Conditions

Share [f](#) [t](#) [in](#) [✉](#) | [🖨](#) [Print](#)

## Programs

### Perinatal Mental Health

[Summary of Perinatal Mental Health Conditions](#)

[Patient Screening](#)

**[Assessment and Treatment of Perinatal Mental Health Conditions](#)**

[Educational Resources for Providers, Patients, and Families](#)

[Guide for Integrating Mental Health Care into Obstetric Practice](#)

ACOG's Clinical Practice Guideline 5: "[Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum](#)" recommends that ...:

- Obstetricians be prepared to counsel patients on the benefits and risks of psychopharmacotherapy for perinatal mental health conditions when clinically indicated
- Obstetricians initiate psychopharmacotherapy for perinatal depression or anxiety disorders, refer patients to appropriate behavioral health resources when indicated, or both
- A validated screening tool be used to monitor for response to treatment or remission of depression or anxiety symptoms. If clinically indicated, the pharmacotherapy dosage should be up-titrated with the goal of remission of depressive and anxiety symptoms.
- Treatment for perinatal mood and anxiety disorders be equitably available and accessible to all pregnant and postpartum individuals

The guidance also recommends against withholding or discontinuing medications for mental health conditions due to pregnancy or lactation status alone. Please see Clinical Practice Guideline 5: "[Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum](#)" for additional recommendations and information.

*This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. This information does not represent ACOG clinical guidance. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications, toolkits and other resources regularly; however, this information may not reflect the most recent evidence. [View ACOG's complete disclaimer.](#)*

[Assessing Perinatal Mental Health Conditions](#)

[Starting Treatment for Perinatal Mental Health Conditions](#)

[Follow-up Treatment of Perinatal Mental Health Conditions](#)

[Assessing Risk of Suicide](#)

[Assessing Risk of Harm to Baby](#)

[Assessment and Management of Bipolar Disorder and Psychosis](#)

# Assessment and Treatment of Perinatal Mental Health Conditions

## Programs

### Perinatal Mental Health

Summary of Perinatal Mental Health Conditions

Patient Screening

Assessment and Treatment of Perinatal Mental Health Conditions

Educational Resources for Providers, Patients, and Families

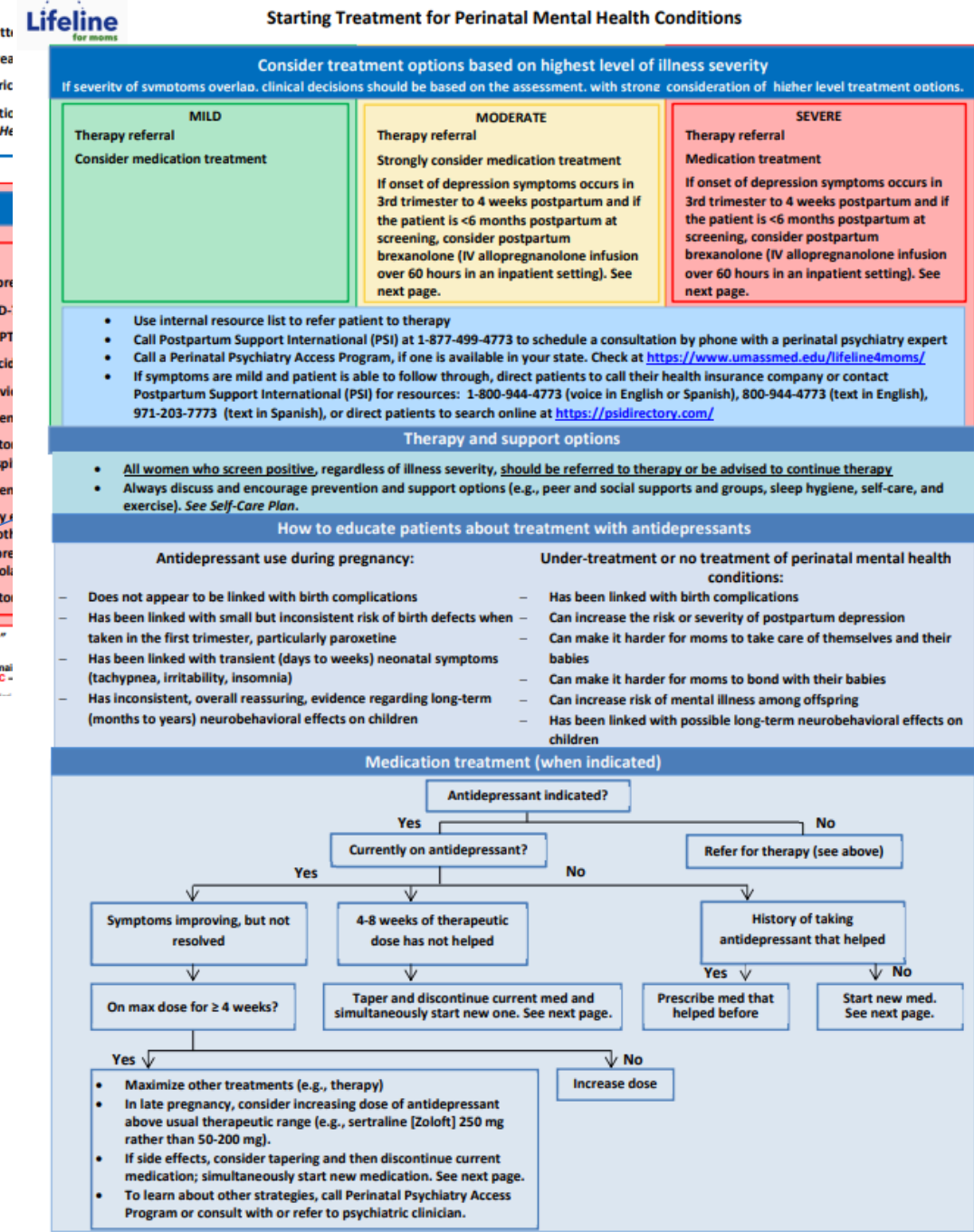
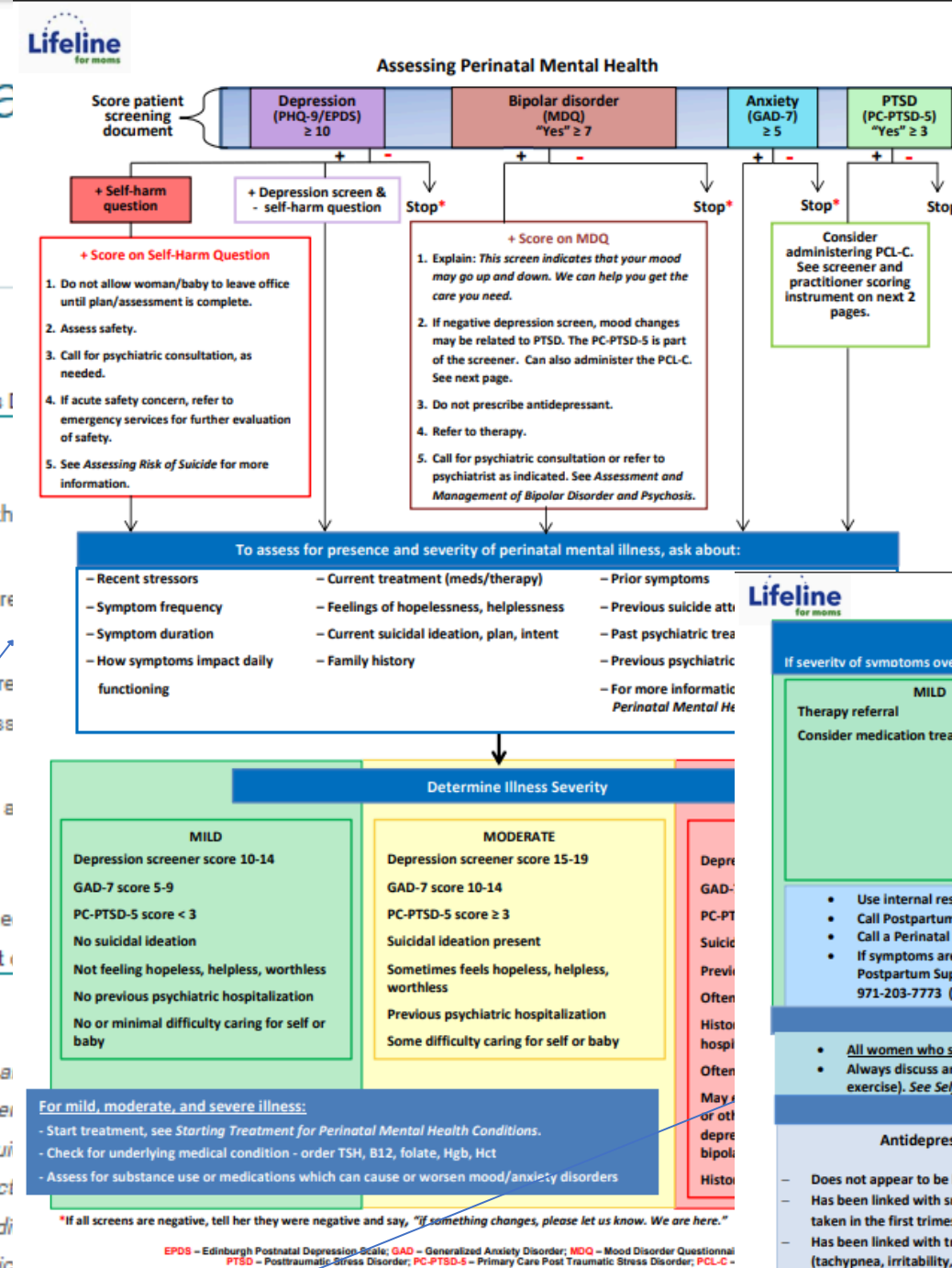
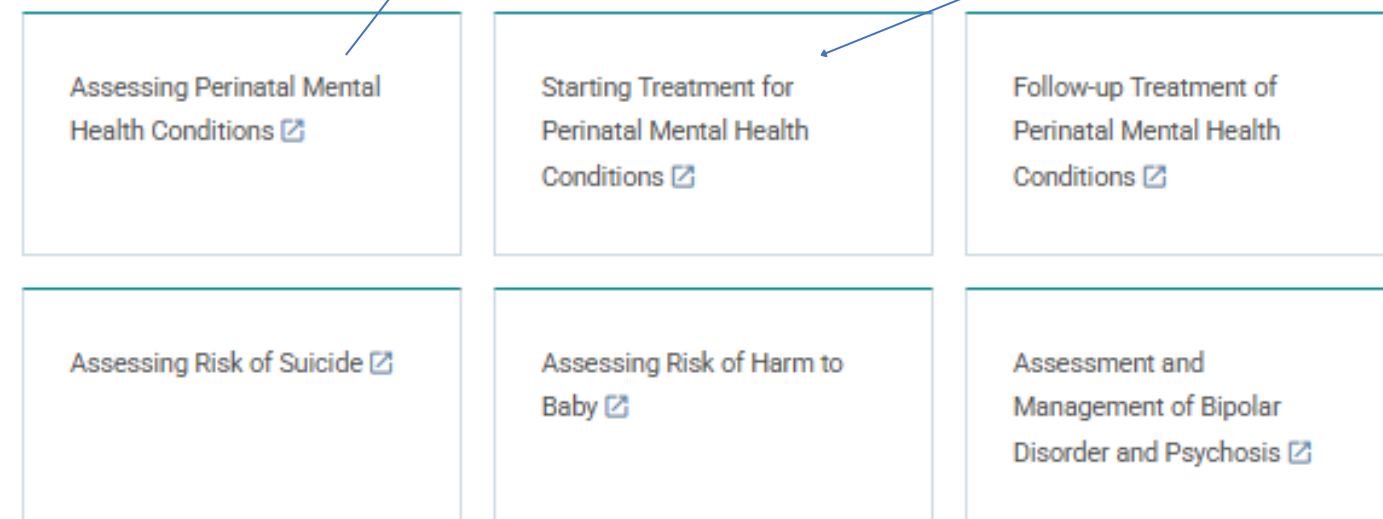
Guide for Integrating Mental Health Care into Obstetric Practice

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- Treatment for perinatal mood and anxiety disorders be equitably available and accessible to all individuals

The guidance also recommends against withholding or discontinuing medications for mental health conditions during pregnancy or lactation status alone. Please see Clinical Practice Guideline 5: "Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum" for additional recommendations and information.

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Copyright © 2019, Lifeline for Moms. All rights reserved. Version 02-22-22. Lifeline for Moms Perinatal Mental Health Toolkit. Funding provided by CDC grant number 1U19CE000323. Authors: Bjart N, Mihal L, Swicki L, Logan D, Meloni G, Bergman A, Moore Simon T.

# Proposed Sustainability Framework for the PMHC Bundle



Kali Vitek Espinola, MPH  
PNQIN Senior Project Manager

## Agenda

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Sustainability

Framework for PMHC

Bundle

12:40–1:00 Discussion,  
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# TL;DR: Piloting a Sustainability Framework

1. **February 2026:** All teams encourage to submit data, attend webinar on 2/17, and complete implementation feedback survey to stay up-to-date with participation requirements.

2. **By the end of February, Kali will send each site a brief report of where they stand on participation requirements and sustainability criteria for 3 key measures:**

- PMHC Assessment and Response Protocol
- Inpatient PMHC Screening
- Patient PMHC Education

Chosen by PMHC Workgroup based on data submission volume, feasibility, and team interest.

3. **Between March and August 2026:**

- Data Submission:
  - Teams meeting sustainability criteria → Can start submitting quarterly and work on sustainability goals
  - Teams not yet meeting criteria → Continue to submit monthly and work towards completion of active project(s)
- Other Activities:
  - All teams to attend remaining webinars (N=2) and submit brief monthly status updates via Microsoft Forms
  - All teams to complete the August feedback survey and share their PMHC learnings at least once with other sites

4. **After August 2026:**

- Each site will be reviewed for recognition; certificates will be given once for Participation in this PMHC Bundle Collaborative and on a rolling basis for Sustainability Achievement as criteria are met.
- Using team status updates and coaching calls, PNQIN will help teams that have not yet reached sustainability to identify and work through QI challenges and support completion of PMHC bundle project(s).



# Participation Requirements: Active and Sustainability Phases

# Participation Checklist (Active Implementation)

**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: 50% or more)
3. Monthly webinar attendance (Goal: 50% or more)
4. Implementation feedback survey @ 6, 12 and 18 months)
5. Draft or final sustainability plan
6. Sharing opportunities (e.g., contribute to a webinar, poster presentation at May '26 summit)



**All participation requirements must be complete for your site to be reviewed for Sustainability Achievement and Recognition!**



# Participation Checklist (Sustainability)

**To be considered fully participating in the sustainability of this bundle, we ask that you complete:**

## 1. Data submission

- a. Monthly until sustainability criteria for all key measures are met (Goal: 50% of the time)
- b. Quarterly for at least 6 months after sustainability criteria for key measures are met

## 2. Webinar attendance & participation

- a. Monthly bundle status updates (Goal: 50% of the time)
- b. Quarterly live webinars in May and Aug 2026 (Goal: 50% of the time)

## 3. Implementation feedback survey in Aug '26

## 4. Sharing opportunities (e.g., contribute to a webinar, poster presentation at May '26 summit)



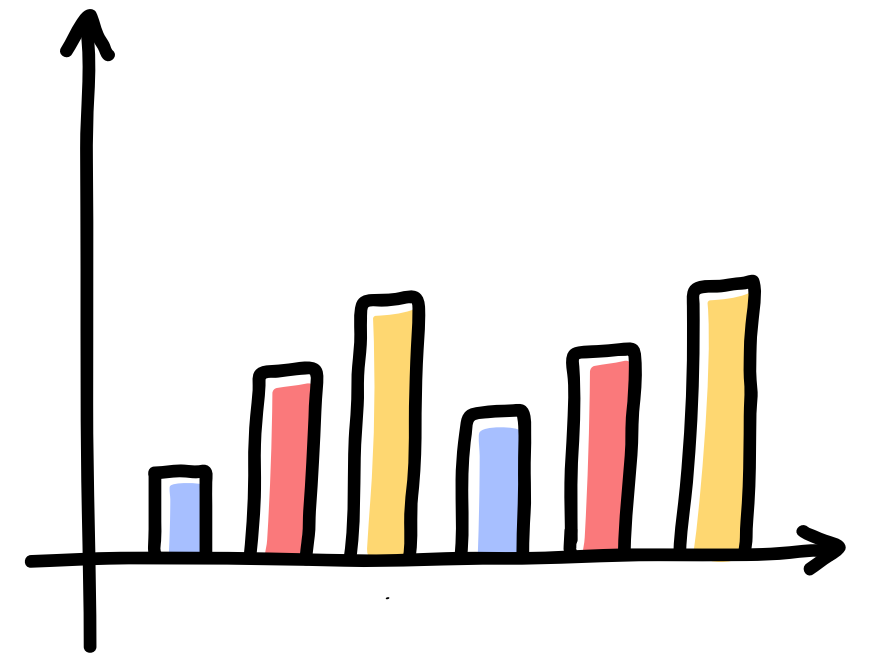
# Sustainability: Data Submission

# Data Submission: Shift in Focus to 3 Key Measures

*To reduce data submission burden, play to teams' strengths, and provide more concrete goals for sustaining this bundle, the PMHC Workgroup recommends that teams focus on these **THREE** measures moving forward:*

1. PMHC Assessment and Response Protocol
2. Inpatient PMHC Screening, disaggregated by race/ethnicity, payor type, and language
3. Patient Education on PMHC, disaggregated by race/ethnicity, payor type, and language

**Teams reaching Sustainability Criteria for all three measures will receive recognition with a certificate and are eligible to reduce data submission to quarterly (vs. monthly)!**



# Data Submission: Shift in Focus to 3 Key Measures

## 1. PMHC Assessment and Response Protocol

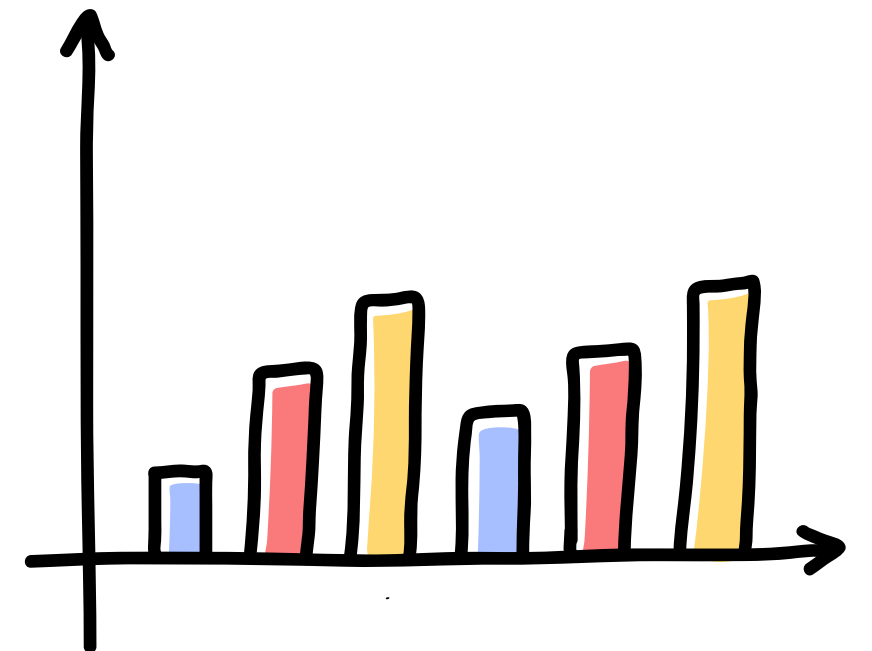
*Structure Measure (Likert scale from 1=not started to 5=fully in place)*

Definition: Does your unit have a written assessment and response protocol for perinatal mental health conditions that is tiered based on illness severity and risk of harm?

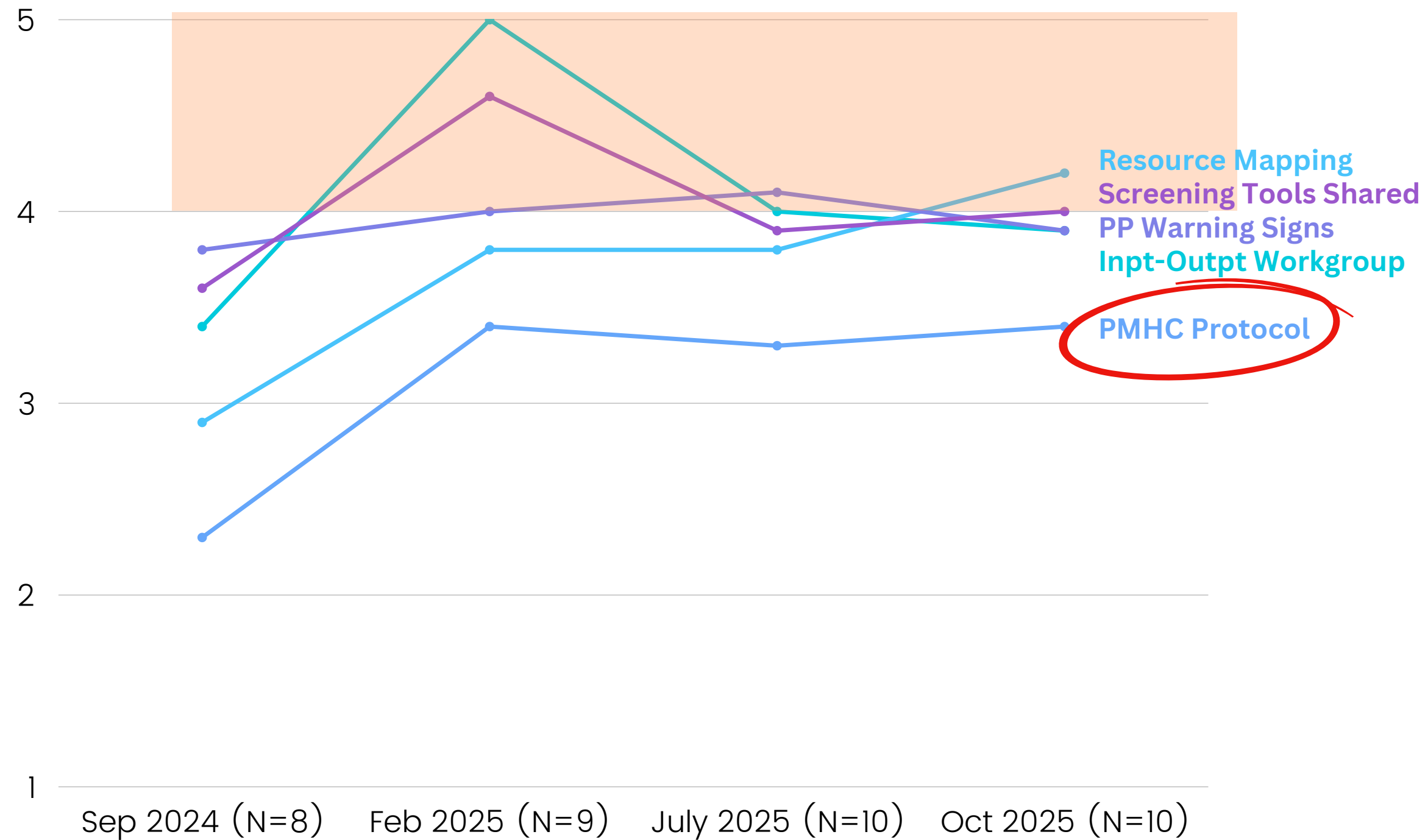
**To meet Sustainability Criteria:** Likert scale score of 4 or 5 for the last 3 reported months (or more).

### Sample Goals during Sustainability:

1. If Likert score is not yet a 4, identify steps needed to put a PMHC protocol in place on your unit and create an action plan.
2. If your team has achieved a 4, increase to a 5 (e.g., solidify use of the protocol through PDSAs, education, drills, etc.)
3. If your team has achieved a 5, establish a regular schedule for reviewing the protocol for necessary changes and educating new staff.

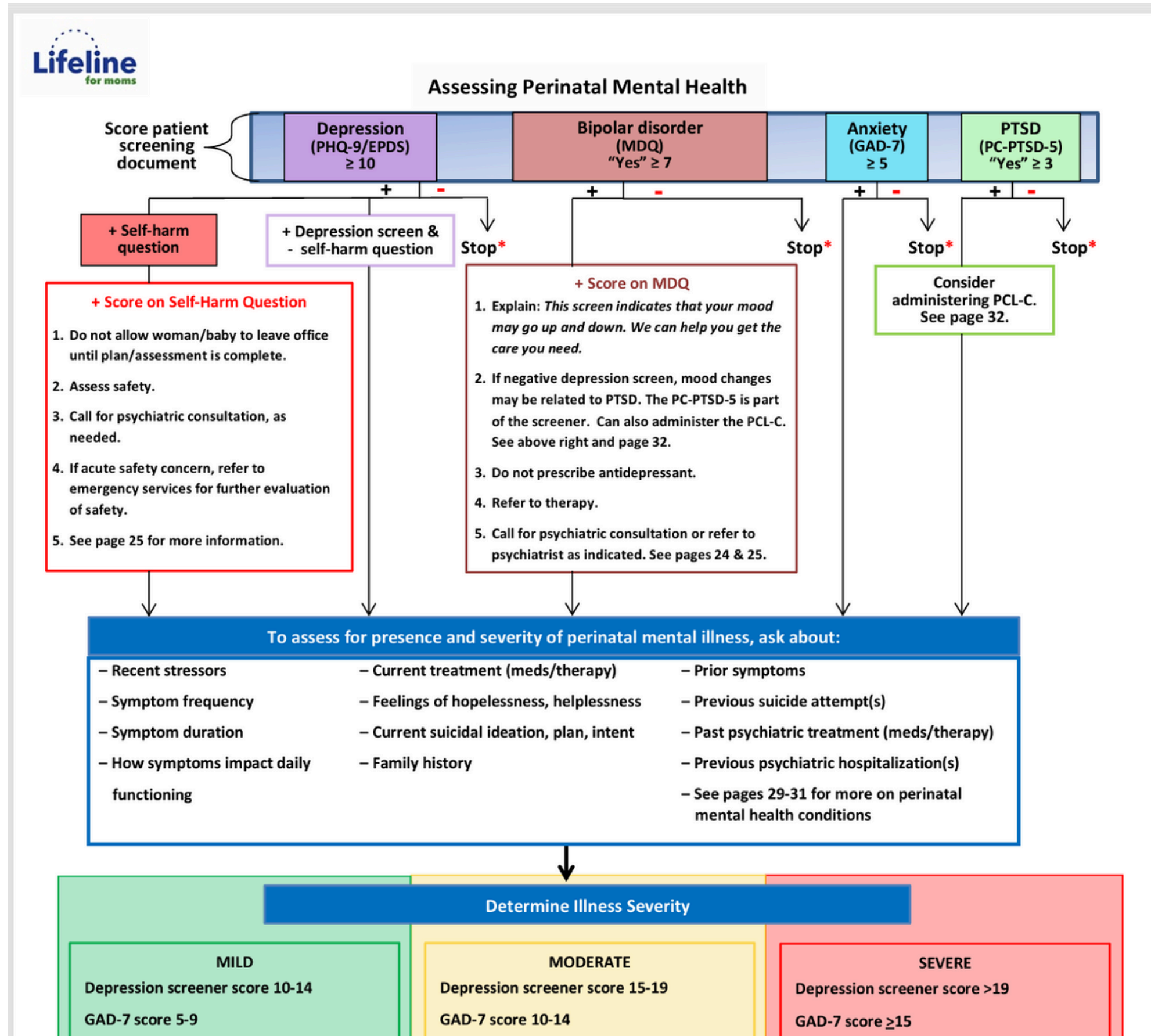


# 16-Month Data Check: Structure Measures (Goal: 4 or 5 for last three reported months)



Almost all structure measures are at/around a 4! Focus efforts on PMHC Protocol.

# Resources to Complete This Measure:



[Access L4M Toolkit \(pages 18-21\) Here!](#)

[Review PNQIN Webinar on Assessment & Illness Severity \(recorded 1/21/25\) here!](#)



# Resources to Complete This Measure

- **Guidance from peers:**

- **Fairview** uses the following process to assess and respond to PMHC screening results:

- 1) PAT (pre-admission tour/talk.) This is an in-person intake with patient and when able, partner accompanies patient. We fully explain TeamBirth and the custom of patient centered care, trauma informed care if necessary.
      - We screen with a GAD7 and EPDS with teaching if any history of pre-pregnancy mental health, or present concerns.
    - 2) Our Case Manager will see them at that time if requested or if scores represent a concern. We also notify our Obstetric team to refer if necessary.

# Resources to Complete This Measure

- 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](#).

# Data Submission: Shift in Focus to 3 Key Measures

## 2. Inpatient PMHC Screening, disaggregated by race/ethnicity, payor, and language

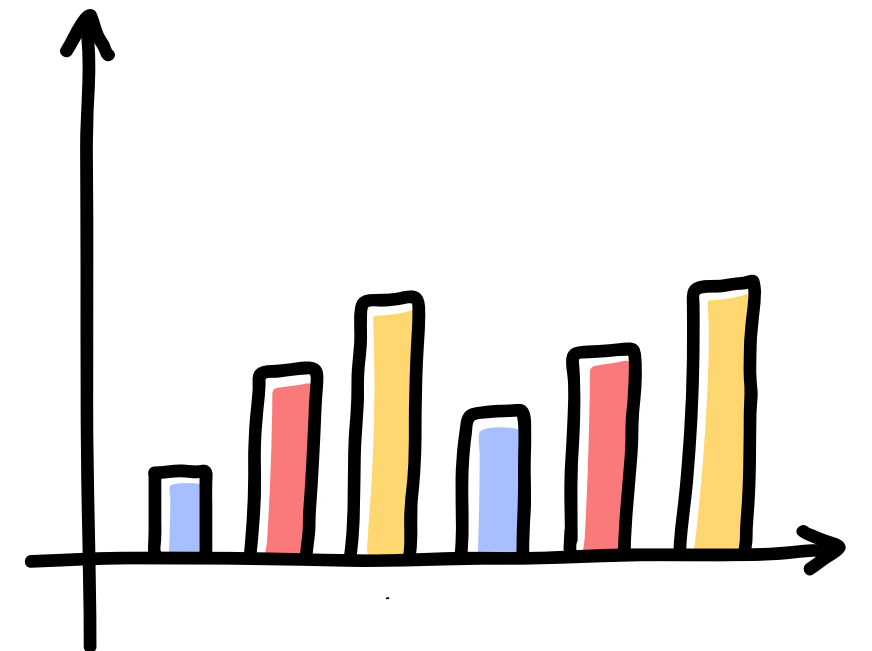
*Process Measure (Chart review, reported as % of patients screened in each demographic)*

Definition: Among all deliveries at your site, those who were screened for perinatal mental health conditions using a validated screening tool during their birth admission.

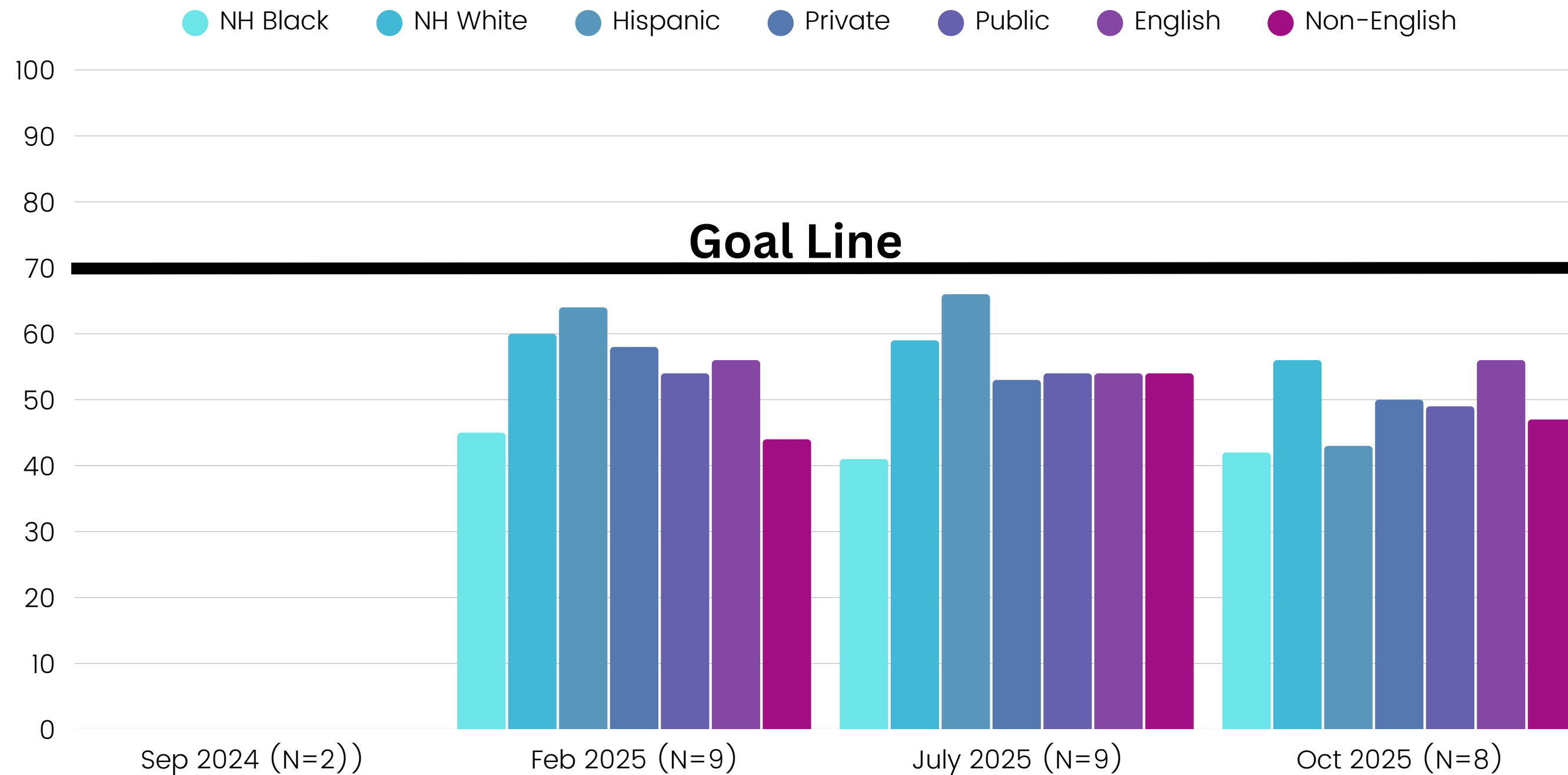
**To meet Sustainability Criteria:** Average across reported groups must be 70% or higher for the last 3 reported months (or more).

### Sample Goals during Sustainability Period:

1. If average % is not yet 70%, conduct PDSA cycle(s) and/or create an action plan to increase screening rates.
2. If average % is above 70% but not yet 100%, work on increasing screening rates for all groups to 100%. If a group is consistently lower than others, consider targeting that group with a PDSA to find out why.
3. If all groups are consistently 100%, establish a regular schedule for reviewing the screening workflow and educating new staff.



# 16-Month Data Check: Average % of Patients Screened Inpatient (Goal: $\geq 70\%$ across demographics)



Differences have increased slightly between demographic categories.

# Resources to Complete This Measure

- **Guidance from peers:**
  - **Anna Jaques** uses the EPDS that is in EPIC for prenatal, inpatient, and postpartum (tracks compliance and is part of required documentation, results viewable via dashboard). For patients who speak languages other than English, interpreter services are used to complete the inpatient admission assessment and EPDS.
  - **Lawrence General** also administers the EPDS prenatally, inpatient, and postpartum. They refer to the MCPAP for Moms Depression Screening Algorithm for OB providers, which is part of the larger [M4M perinatal mental health toolkit](#).
  - **Cooley Dickinson** also administers the EPDS inpatient (postpartum before discharge, EPDS and Domestic Violence Screening are completed on paper then entered into EPIC by the collecting nurse), mostly in English and Spanish. They also utilize interpreter services for screening tools when needed and will soon begin implementing the RHS 15 for Haitian Creole-speaking patients.
- [Click here](#) for Page 16 of PNQIN PMHC Toolkit for a list of validated screening tools.
- [Click here](#) to access PNQIN Webinars on screening tools and strategies:
  - *November 19<sup>th</sup>, 2024 (Milford Regional and BMC Main - Obstetrics)*
  - *February 18<sup>th</sup>, 2025 (Mount Auburn)*
  - *June 17<sup>th</sup>, 2025 (BMC Brighton)*
  - *November 18<sup>th</sup>, 2025 (BMC Main - NICU)*

# Data Submission: Shift in Focus to 3 Key Measures

## 3. Patient Education on PMHC, disaggregated by race/ethnicity, payor type, and language

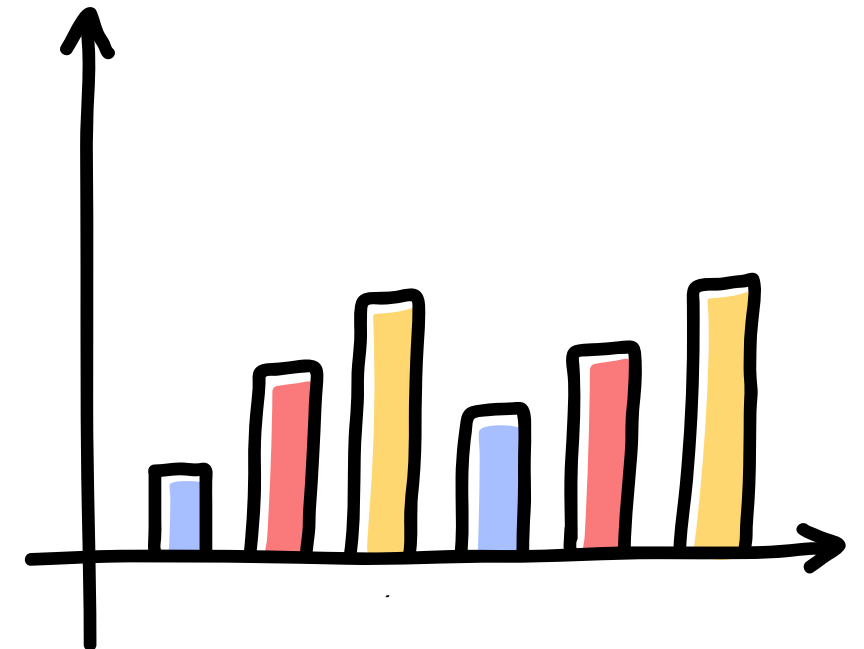
*Process Measure (Chart review, reported as % of patients educated in each demographic)*

Definition: Among all pregnant and postpartum people during their birth admission, those with documentation of having received verbal and written education on perinatal mental health conditions and when to seek care before discharge.

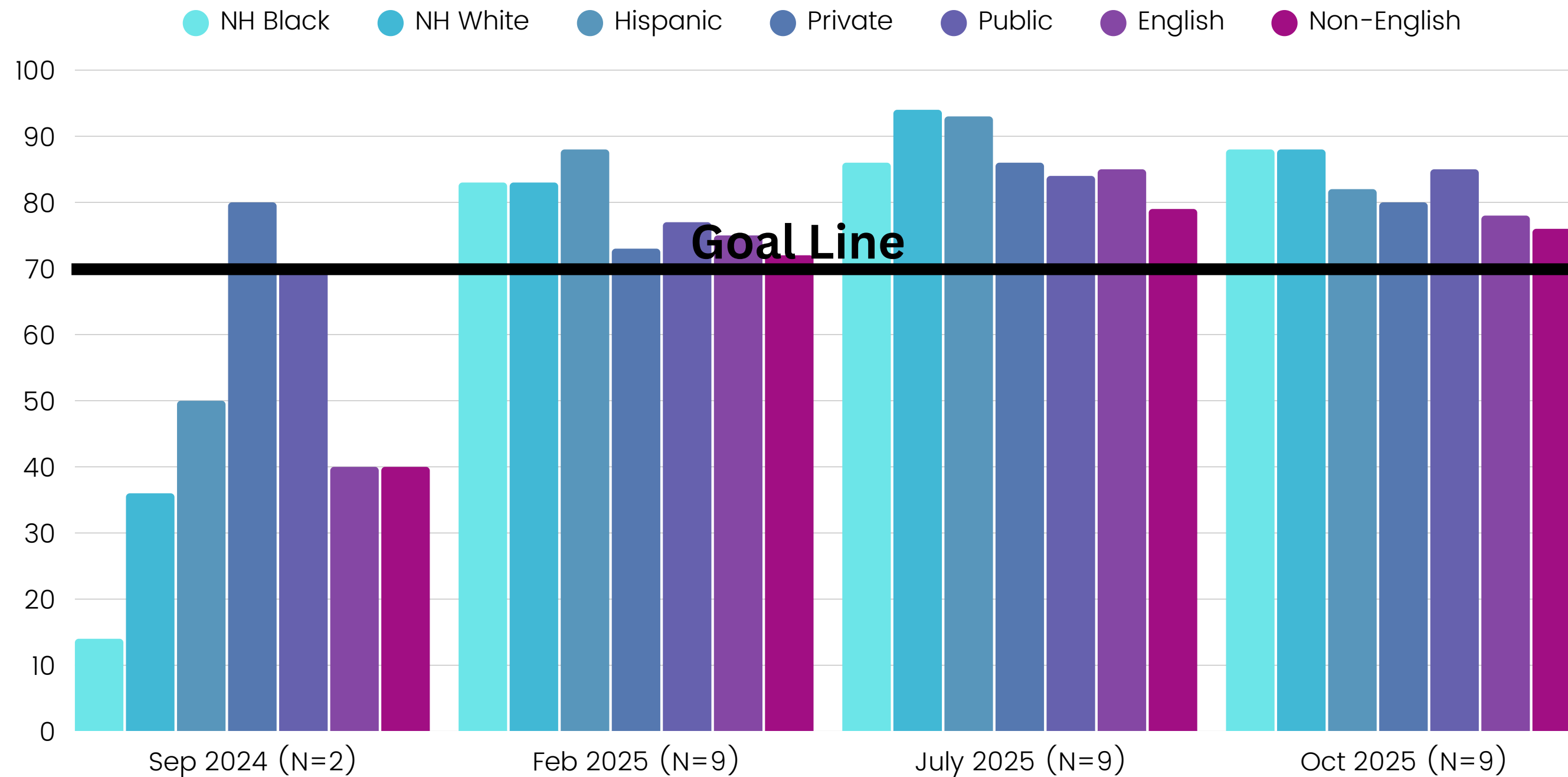
**To meet Sustainability Criteria:** Average across reported groups must be 70% or higher for the last 3 reported months (or more).

### Sample Goals during Sustainability:

1. If average % is not yet 70%, conduct PDSA cycle(s) and/or create an action plan to increase education rates.
2. If average % is above 70% but not yet 100%, work on increasing screening rates for all groups to 100%. If a group is consistently lower than others, consider targeting that group with a PDSA to find out why.
3. If all groups are consistently 100%, establish a regular schedule for reviewing the education workflow and educating new staff.



# 12-Month Data Check: Average % of Patients Receiving PMHC Education (Goal: $\geq 70\%$ across demographics)



All groups have remained at or above goal since Feb '25; keep up the great work!

# Resources to Complete This Measure

- **Guidance from peers:**

- **Lawrence General** created a handout with information and QR codes to Community Behavioral Health Centers, National Maternal Mental Health Hotline, MA Behavioral Health Help Line, PSI, and the Adult/Youth Mobile Crisis Intervention in Lawrence, MA.
- **Cooley Dickinson** provides the Hampshire County Perinatal Coalition Resources list prenatally at 32 weeks (when they do the EPDS) and in their Postpartum booklet and also share info on Cooley postpartum support groups. They have a discharge order set that includes warning signs for PPD and anxiety. During this bundle, they also started including PSI handouts in their existing prenatal and postpartum materials and will post in postpartum rooms.

- [Click here](#) for Page 20 of PNQIN PMHC Toolkit for a list of educational resources.

- [Click here](#) for Postpartum Support International's educational materials in English and Spanish, including free downloads like this one →

- [Click here](#) to access PNQIN Webinars on patient education resources and distribution:

- *September 17<sup>th</sup>, 2024 (Lowell General)*
- *October 15<sup>th</sup>, 2024 (PSI-MA)*
- *June 17<sup>th</sup>, 2025 (BMC Brighton)*

**PSI POSTPARTUM SUPPORT INTERNATIONAL**

## Perinatal Mental Health Disorders

Perinatal: Anytime during pregnancy and postpartum

Depression (PPD)	Anxiety (PPA)	Panic Disorder	Obsessive Compulsive Disorder (OCD)	Postpartum PTSD	Bipolar Disorders	Perinatal Psychosis
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### Symptoms

- Feelings of guilt, shame or hopelessness
- Feelings of anger, rage, or irritability, or scary and unwanted thoughts
- Lack of interest in the baby or difficulty bonding with the baby
- Loss of interest, joy or pleasure in things you used to enjoy
- Disturbances of sleep and appetite
- Crying and sadness, constant worry or racing thoughts
- Physical symptoms like dizziness, hot flashes, and nausea
- Possible thoughts of harming the baby or yourself

### Risk Factors

- History of depression, anxiety, or OCD
- Thyroid imbalance, diabetes, endocrine disorders
- Lack of support from family and friends
- Pregnancy or delivery complications, infertility, miscarriage or infant loss
- Premenstrual Syndrome (PMS)
- Financial stress or poverty
- Abrupt discontinuation of lactation
- History of abuse
- Unwanted or unplanned pregnancy

### Treatment Options

- Counseling
- Medication
- Support from others
- Exercise
- Adequate sleep
- Healthy diet
- Bright light therapy
- Yoga
- Relaxation techniques

Postpartum Support International | Postpartum.net  
Call the PSI HelpLine at 1-800-944-4773 (English and Español) or Text/Texto "Help" to 800-944-4773 (English) or 971-203-7773 (Español).  
Download [Connect by PSI](#) in your app store for Mental Health support and resources.

June 2024



# Data Submission: Optional Measures for Individual Site Sustainability

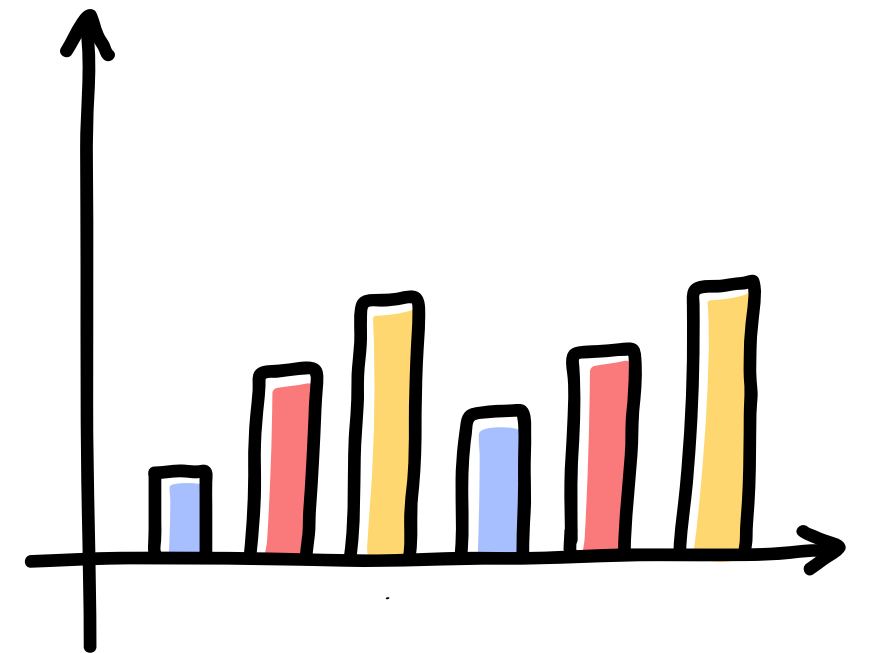
*If you are working on any of the below bundle measures, in addition to the 3 Key Measures, your site will be reviewed for recognition of achieving Sustainability Criteria:*

**Likert scale score of 4 or 5 for the last 3 reported months (or more):**

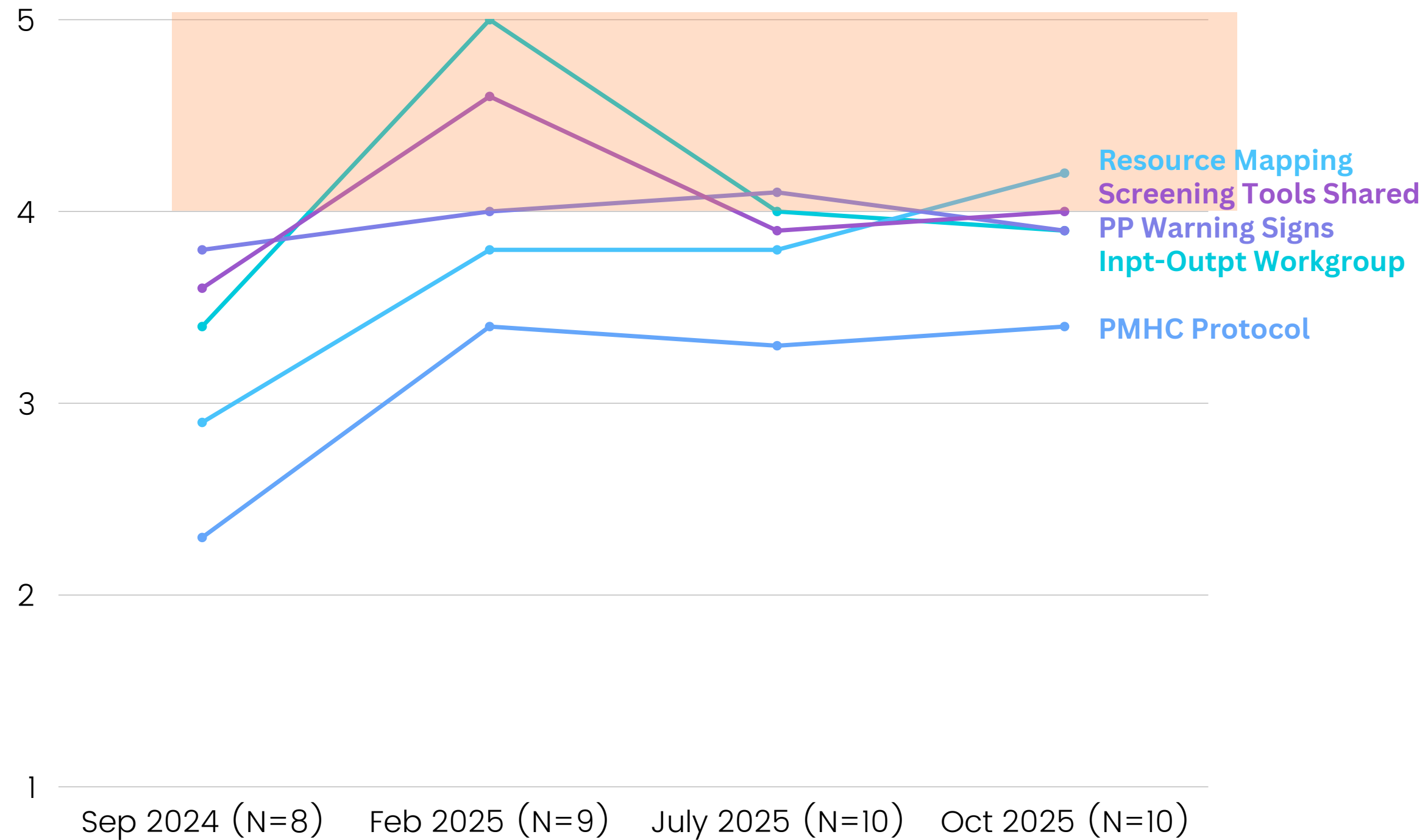
1. Inpatient-Outpatient Care Coordination Workgroup
2. Resource Mapping/ Identification of Community Resources
3. Patient Education Materials on Urgent Postpartum Warning Signs
4. Validated PMHC Screening Tools Shared with Prenatal Care Sites

**Average across reported groups must be 70% or higher for the last 3 reported months (or more):**

1. Provider and Nursing Education on Perinatal Mental Health Conditions
2. Provider and Nursing Education on Respectful Care
3. Prenatal Screening for Depression and Anxiety
4. Postpartum Screening for Depression and Anxiety
5. Percent of Pregnant and Postpartum People with PMHC Who Discussed, Received or Were Referred to Treatment

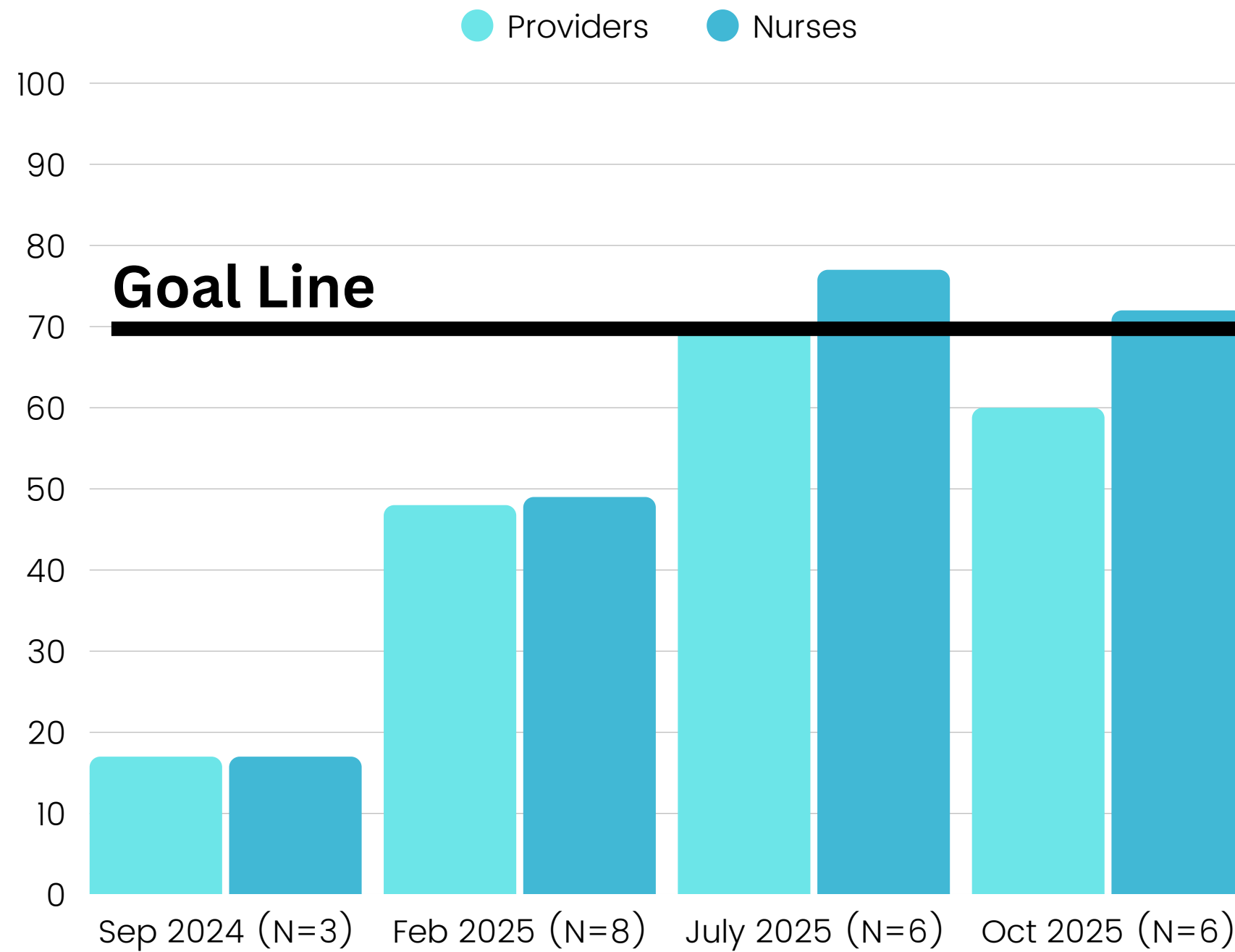


# 16-Month Data Check: Structure Measures (Goal: 4 or 5 by Feb '26)

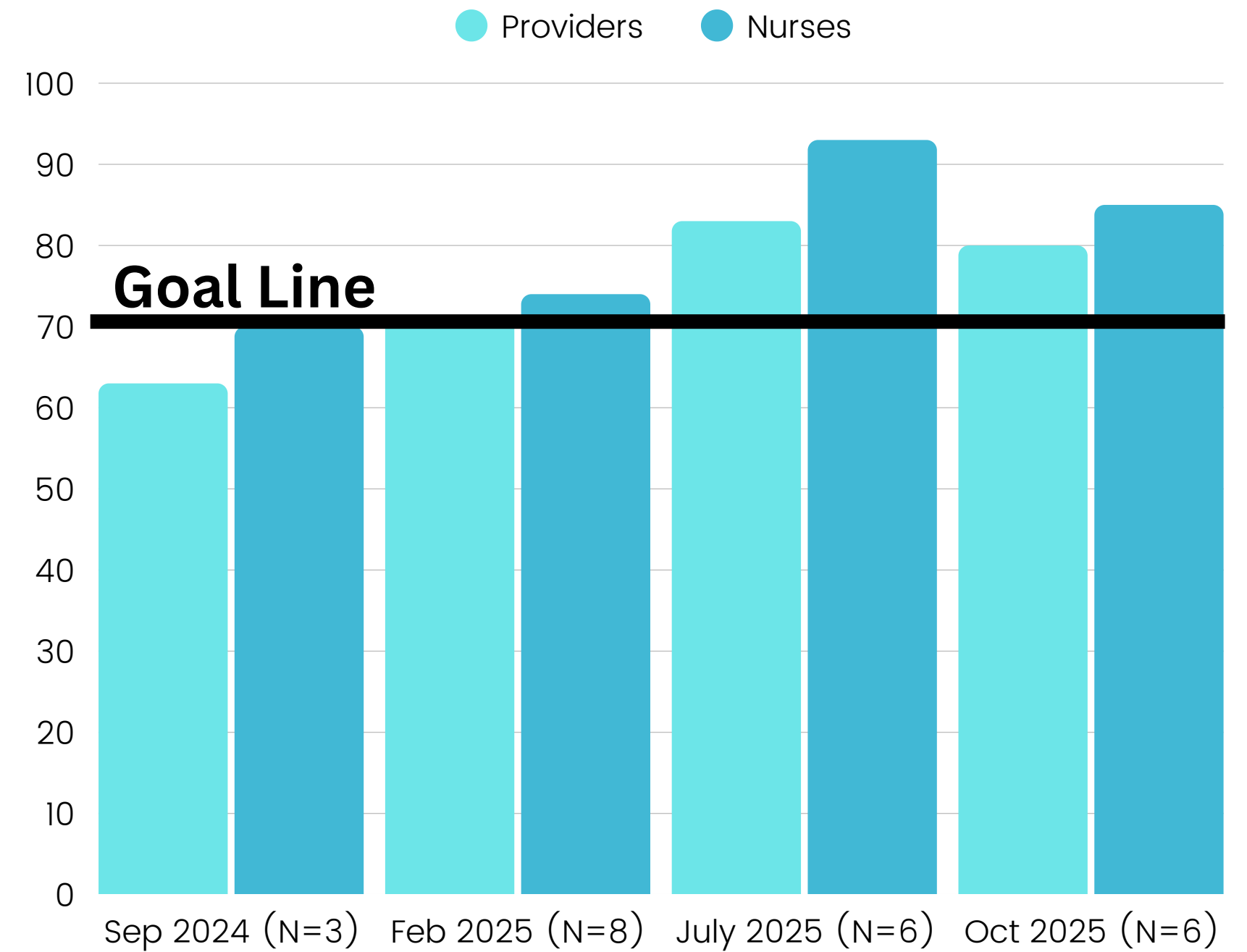


Almost all structure measures are at/around a 4! Focus efforts on PMHC Protocol.

# 16-Month Data Check: Average % of Providers Educated (Goal: $\geq 70\%$ across groups)

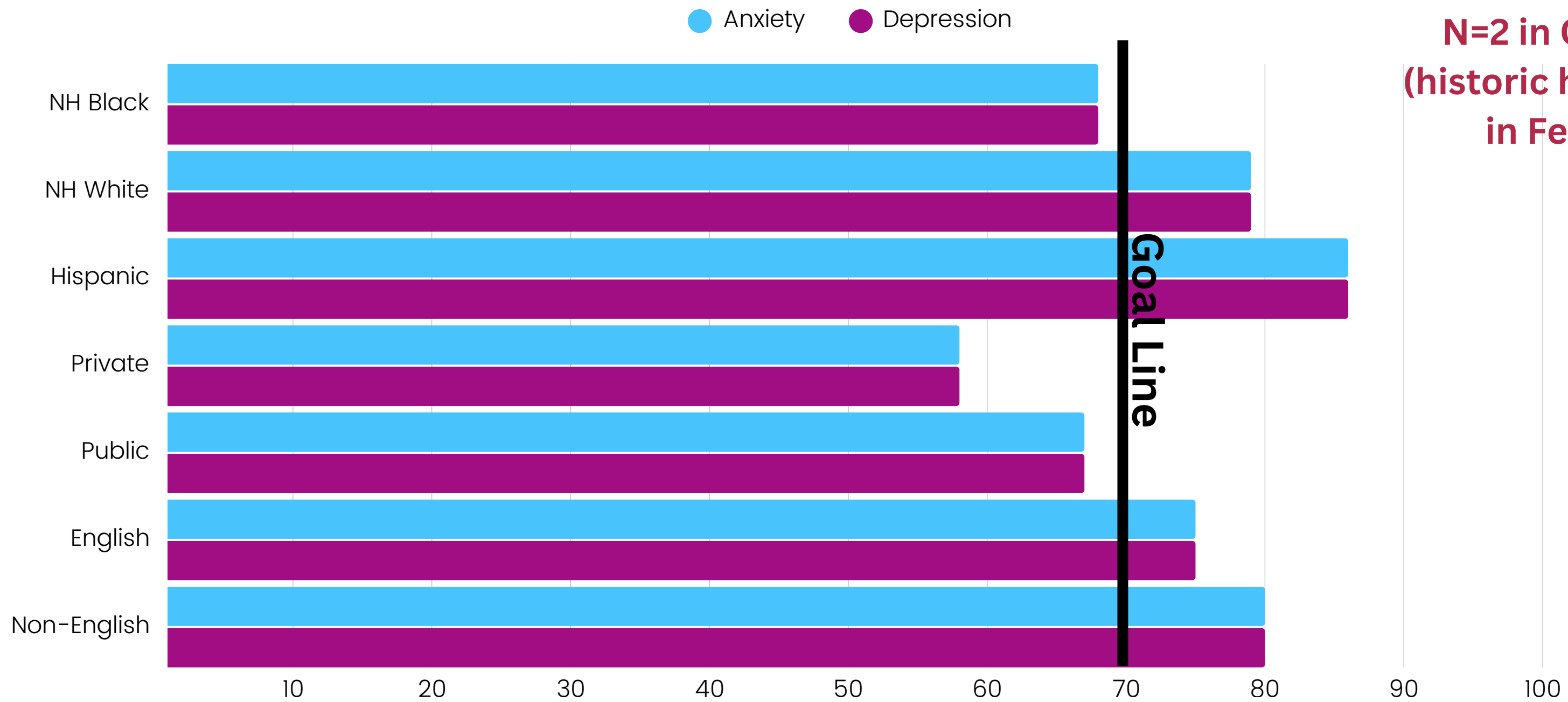


## PMHC Education



## Respectful Care Education

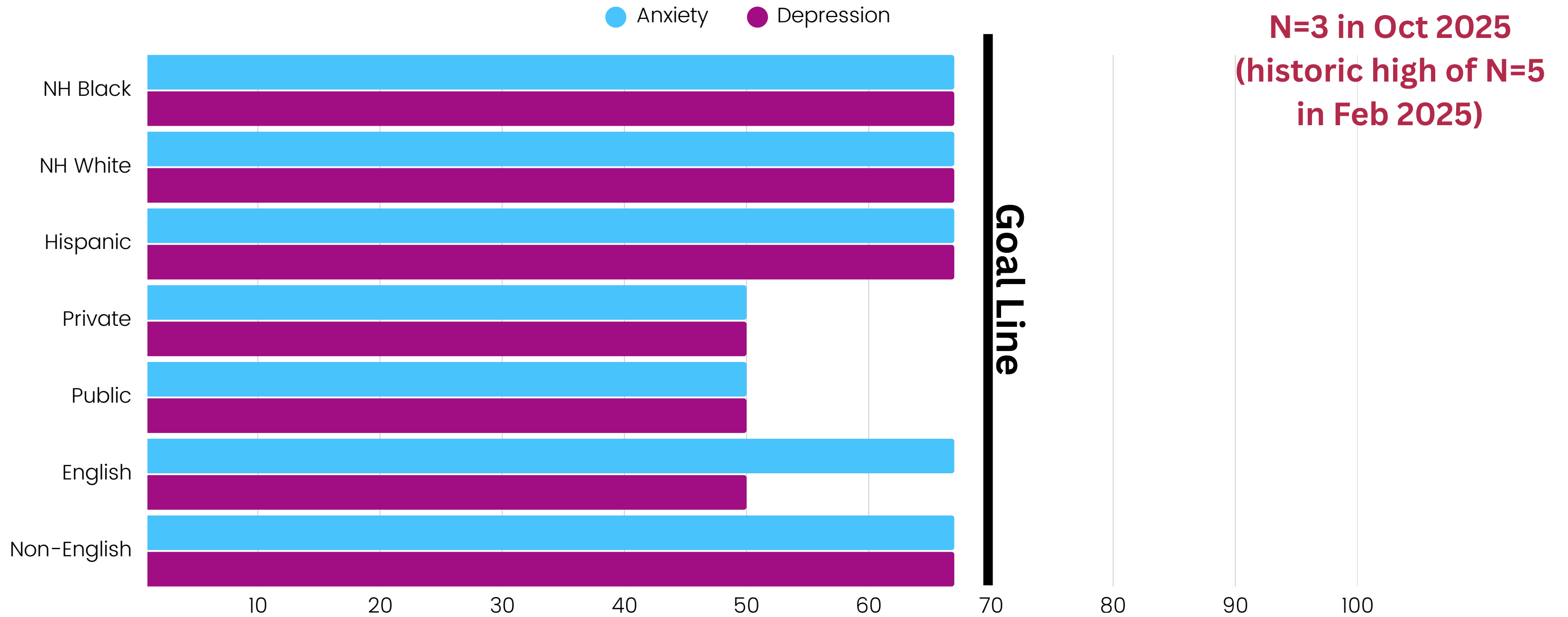
# 16-Month Data Check: Average % of Patients Screened Prenatally (Goal: $\geq 70\%$ across demographics)



**N=2 in Oct 2025**  
**(historic high of N=4**  
**in Feb '25).**

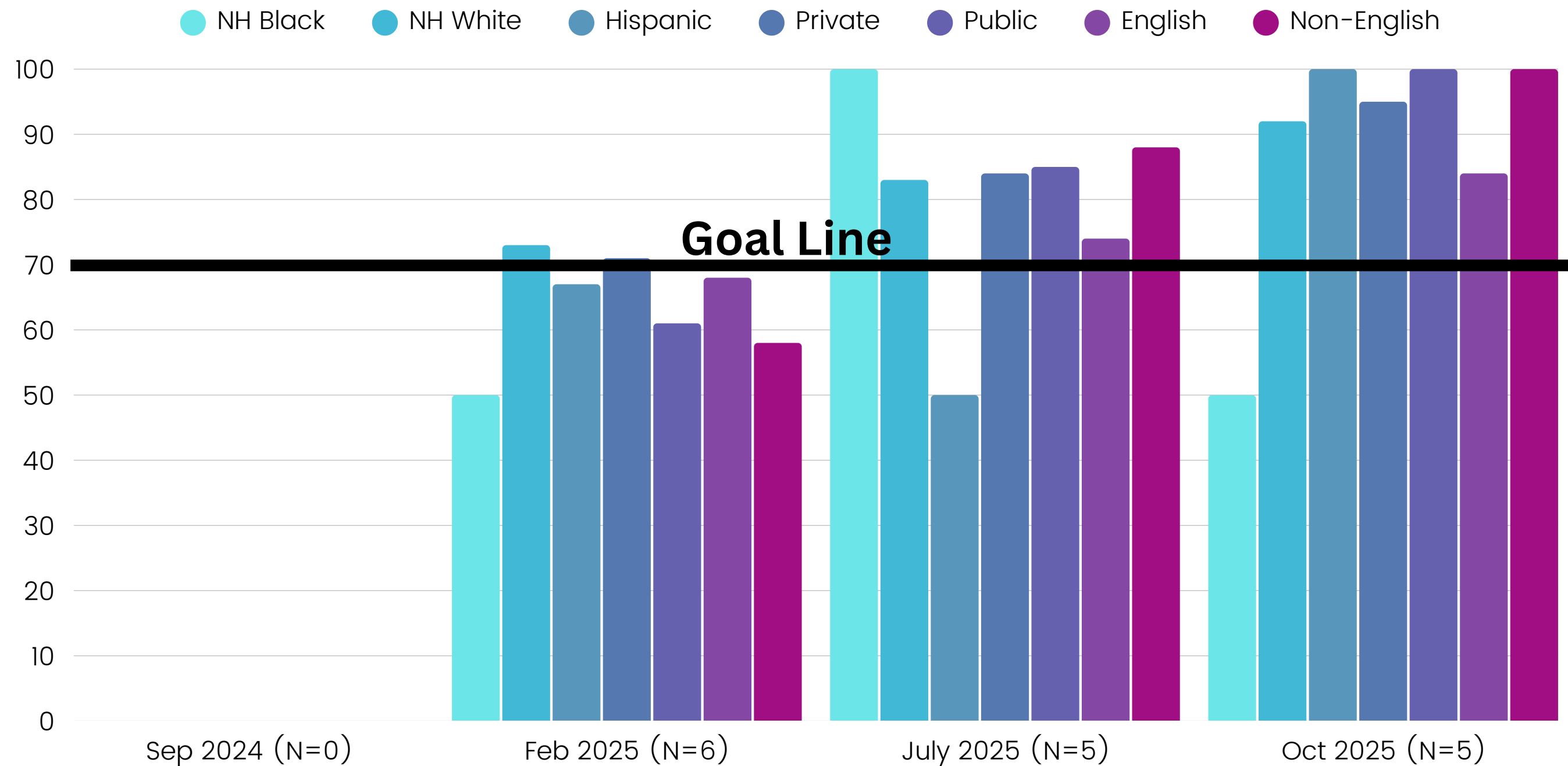
Notice differences between demographic categories.

# 12-Month Data Check: Average % of Patients Screened Postpartum (Goal: $\geq 70\%$ across demographics)



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

# 16-Month Data Check: Average % of Patients Who Discussed, Received, or Were Referred to Treatment (Goal: $\geq 70\%$ across demographics)



Rates have increased for most groups! Rates are inconsistent among NH Black and Hispanic patients.

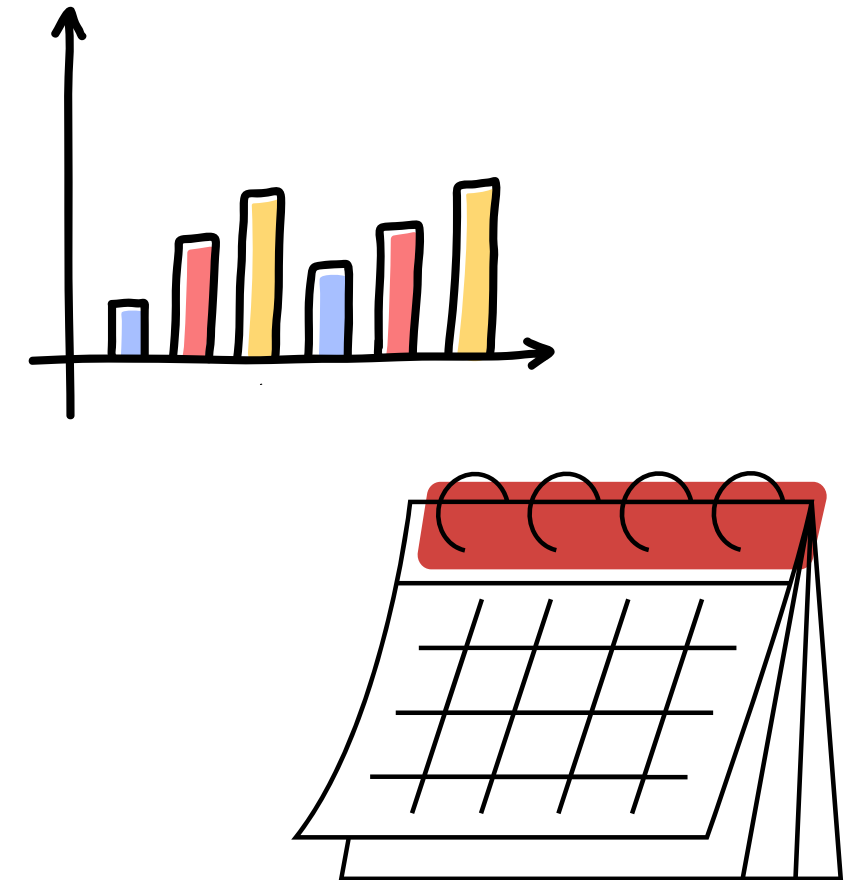
# Data Submission: Updates to Frequency

## Once your site has reached Sustainability Criteria for the 3 Key Measures:

- Congratulations!!!
- You are eligible to decrease your data submissions for the PMHC bundle from monthly to quarterly, for a minimum of 6 months (i.e., 2 quarterly submissions).
  - If data falls below sustainability criteria during the 6-month period, PNQIN will reach out individually to determine needs and support.
- After which, you no longer have to submit PMHC data to PNQIN, but we encourage you to monitor data internally.

## If your site has not yet reached Sustainability Criteria for the 3 Key Measures:

- Monthly data submission of the key measures (at minimum, with other measures optional) will still be encouraged and monitored by PNQIN.



# Sustainability: Webinar Attendance & Participation

# PNQIN Monthly Webinar Series

## 3rd Tuesdays from 12-1pm ET:

1. October 21<sup>st</sup>, 2025
2. November 18<sup>th</sup>, 2025
3. December 16<sup>th</sup>, 2025
4. **January 20<sup>th</sup>, 2026**
5. February 17<sup>th</sup>, 2026
6. *No March webinar*
7. *No April webinar*
8. May 19<sup>th</sup>, 2026\*
9. *No June webinar*
10. *No July webinar*
11. August 18<sup>th</sup>, 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
- **Introduce Sustainability Framework**
- Celebrate Achievements, Review Framework
  
- Sustainability Check-In
  
  
  
  
  
  
  
  
  
  
- Sustainability Check-In



# Webinar Attendance & Participation

- **Monthly bundle status updates (Goal: Submit at least 50% of the time)**
  - Brief, 3-question update form submitted by each participating team describing current work, challenges, and any questions for PNQIN/other teams.
  - Monthly submission by the 15th of the month via Microsoft Forms link (email reminders).
- **Quarterly live webinars (Goal: Attend 50% of the time)**
  - DATES: May 19<sup>th</sup>, 2026 and August 18<sup>th</sup>, 2026
  - At least one representative from each participating team to attend
  - Answers from teams' status update forms will provide webinar content
    - Highlight successes, invite teams to share more details or resources
    - Discuss challenges and PNQIN team to provide QI coaching



# In Between Sustainability Webinars:

- The PNQIN team will review teams' monthly status updates and reach out individually to address concerns and offer QI coaching and resources.
- **We encourage everyone to attend the PNQIN Spring Summit on May 13<sup>th</sup>:**
  - Hear data from the MA Maternal Mortality Review Committee on mental health and substance use.
  - Learn about PNQIN's plans to support hospitals in responding to MMMRC data and recommendations.
  - Network with PMHC exhibitors and community organizations.
  - Visit the poster session, where we encourage teams to share your work on the PMHC bundle!
- **We will also consider hosting ad-hoc virtual sessions for:**
  - Teams using the same EMR to talk to each other about data collection.
  - A training on prescribing medications for PMHC and other topics of interest indicated on the feedback surveys.



*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!



# Sustainability: Biannual Feedback Survey

# Biannual Implementation Feedback Survey

- **February 2026**
  - Survey will be structured as a draft Sustainability Plan to help your teams think about concrete ways that you can realistically continue this work and reach sustainability criteria for the 3 Key Measures.
- **August 2026**
  - Will be sent out along with a PDF of your February draft sustainability plan; questions will assess progress and adjustments made.
  - Additional questions to get your feedback on this new framework for sustaining an AIM patient safety bundle.

*Both surveys are required for continued participation credit.*

**As always, your feedback on these surveys DIRECTLY impacts how we implement this bundle! We read every response and do our best to respond to every concern and suggestion!**



# Sustainability: Creating and Updating a Plan of Action

# Creating a Sustainability Plan

- The February 2026 Implementation Feedback Survey will be formatted as a fillable draft sustainability plan.
  - Questions will be based on sustainability best practices from QI leaders and organizations (e.g., Institute for Healthcare Improvement)
- PNQIN Team will encourage teams to regularly review, adjust, and share updates to your sustainability plan via the Monthly Status Update form and during Sustainability Webinars.
- When it's time for the August feedback survey, each site will receive a copy of their February draft plan and be asked to answer questions to assess progress and document adjustments made.



# Sustainability: Dissemination & Sharing Opportunities

# Dissemination & Sharing with Others

- PNQIN will continuously offer opportunities and support all sites (particularly those who have not yet done so) to share an experience or deliverable from their PMHC Bundle implementation.
- Thank you to the 10 sites who have shared so far!
- **Examples:**
  - Present/share out during a PNQIN webinar OR an external event (e.g., professional conferences)
  - Present a poster at the PNQIN Spring Summit in May
  - Send Kali a resource that can be distributed to other teams in the collaborative:
    - Unit workflow
    - Protocol document
    - Simulation materials
    - Patient education packet
    - Provider education curriculum
    - And more!



# Sustainability: Recognition

# Recognition of Your Team's Hard Work!

- Certificates will be made for each hospital on a rolling basis as participation requirements (through August 2026) and sustainability criteria are met.
- **We want to give as much recognition as possible!!**
  - If your team feels they have completed a requirement that we don't have documentation of through our own records, we are happy to review any other materials you may have (e.g.; if your site hasn't reported data on the Patient PMHC Education measure but can provide evidence that you do distribute education to all patients equitably).
- In February, Kali will send each team a simple report outlining where you currently stand on completed requirements and sustainability criteria.



# Recognition Categories

## 1. Participation in the PMHC Bundle Collaborative:

- **Outstanding Participation Award** for meeting all requirements during active implementation and sustainability:
  - Onboarding
  - Data submission
  - Webinar attendance
  - Implementation feedback surveys
  - Sustainability plan
  - Sharing opportunities
- **Participation Award** for meeting individual requirements:
  - Each requirement met will be listed on each site's certificate.



# Recognition Categories

## 2. Sustainability of the PMHC Bundle:

- **Sustainability Achievement Award** will also be given for all teams meeting sustainability criteria for the 3 key measures:
  - PMHC Assessment & Response Protocol
  - Inpatient Screening
  - Patient PMHC Education
- Additional recognition will be given for meeting sustainability criteria for optional measures:
  - Measures met will be listed on each site's certificate.



# Questions, Concerns, Feedback?



Tiffany Moore Simas, MD  
PNQIN Bundle Lead



Kali Vitek Espinola, MPH  
PNQIN Senior Project Manager

## Agenda

12:00–12:10 Welcome &  
PNQIN Announcements

12:10–12:15 PMHC Bundle  
Pearl: Zuranolone

12:15–12:40  
Sustainability  
Framework for PMHC  
Bundle

12:40–1:00 Discussion,  
Q&A



***Thanks for joining, see you on 2/17!***

***Have questions?***

***Email [PNQINAdmin@pnqinma.org](mailto:PNQINAdmin@pnqinma.org)!***

