

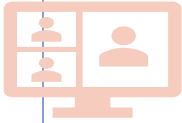


# Perinatal Mental Health Task Force

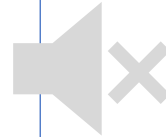
June Meeting  
Tuesday, June 27, 2023



# Virtual Meeting Processes



To increase engagement, turn on your video



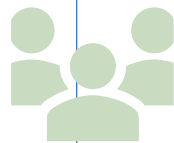
Mute your microphone upon entry, and until you are ready to speak



Use the chat function to introduce yourself: **Name, Title, Organization** (if any)



If you have comments or questions, please use the '**Raise Hand**' feature and speak clearly



If you are not a member of the Task Force, kindly hold your questions till the end of the meeting or add your questions to the chat!



# Overview



- **Welcome and Overview** – Melisa Byrd
- **ACOG Recommendations Discussion** – Maariya Bassa and Lauren Demothesnes
- **Observations of Individuals with Lived Experiences** – Melisa Byrd
- **Public Awareness Survey** – Crystal Jackson
- **Mommy and Me Overview** – Children’s National
- **DC Next Well-being Survey Results** – DC PCA
- **Report and Subcommittee Report Out**
- **Deep Dive on Subcommittee** – Aimee Danielson
  - Screening, Referral, and Workforce Development
- **Public Comments**



# ACOG Recommendation



# Very condensed overview



## CLINICAL PRACTICE GUIDELINE

NUMBER 4

JUNE 2023

REPLACES COMMITTEE OPINION 757, NOVEMBER 2018

## Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum

**Committee on Clinical Practice Guidelines—Obstetrics.** This Clinical Practice Guideline was developed by the ACOG Committee on Clinical Practice Guidelines—Obstetrics in collaboration with Tiffany A. Moore Simas, MD, MPH, MEd; M. Camille Hoffman, MD, MSc; Emily S. Miller, MD, MPH; and Torri Metz, MD, MS; with consultation from Nancy Byatt, DO, MS, MBA; and Kay Roussos-Ross, MD.

The Society for Maternal-Fetal Medicine endorses this document.

The Committee on Women's Mental Health of the American Psychiatric Association reviewed and provided feedback on this document.



# Numbers



- Perinatal mental health conditions increasing – pre-pregnancy, during pregnancy, 1 year postpartum
- 1/5 pregnant people have a perinatal mental health condition
- 1/7 pregnant people have depression
- 37% of screened have anxiety
- Many have both
- Essential not be forget about bipolar disease
- Suicide, overdose, poisoning are the most common causes or maternal mortality



# Screening



- Screening is essential but not enough
- Also need assessment of a positive screen, triage and referral, treatment access and initiation, symptom monitoring, treatment adjustments



# Screening



- Most commonly used and validated are
  - EPDS: depression, anxiety, self harm
  - PHQ-9: depression and self harm
  - GAD-7
- Screen annually during well woman visit
- Screen at 1<sup>st</sup> visit, later in pregnancy and postpartum
- Can be self administered – can use paper, tablet or even app based screening





# For people who screen positive, ob care clinicians can



- Initiate medication (be sure to screen for bipolar prior to beginning meds)
- Assess with more questions – including update on medical issues like thyroid disease, anemia, substance use disorder
- Assess for suicidality and safety
- Refer for psychotherapy



# From my personal experience as an ob care provider



- Screening can be overlooked but implementing a quality improvement project will help (see AIM bundle and ACOG tool kit)
  - <https://saferbirth.org/psbs/perinatal-mental-health-conditions/>
  - <https://www.acog.org/programs/perinatal-mental-health>
- Find a QI champion
- Have system, departmental, practice buy-in and support
- Know your baseline screening and referral rates
- Involve nurses, doulas, midwives, peds, psych on your improvement team
- Track your improvement
- Share your outcomes regularly
- Utilize resource lines (examples)
  - <https://www.umassmed.edu/lifeline4moms/Access-Programs/>
  - <https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>



# Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum



- Perinatal mental health conditions include a broad array of diagnoses, including but not limited to depressive, anxiety, bipolar, trauma-related, and psychotic disorders
- Why is it so important for these conditions to be treated?



# Depression and Anxiety



- Treatments: Psychotherapy and/or pharmacotherapy
- Consider referral when:
  - Severe mental health conditions, including but not limited to bipolar or psychotic disorders,
  - Depression or anxiety that is refractory to first-line treatment
- Pharmacotherapy
  - SSRI/ SNRI
  - Brexanolone

# Bipolar Disorder

- Bipolar I disorder is defined by at least one episode of mania that may include psychotic features
- Bipolar II disorder is characterized by hypomania, which is a less severe form of mania without any psychotic symptoms
- The overall risk of bipolar disorder relapse postpartum is 35%
- Discontinuation of pharmacotherapy for bipolar disorder in pregnancy or postpartum is associated with a threefold higher risk of relapse compared with discontinuation of pharmacotherapy in nonperinatal patients



# Anxiety Disorders



- 7 types of anxiety disorders
- Anxiety disorders during pregnancy have been associated with preterm birth and low birth weight, and perinatal anxiety disorders have been associated with behavioral challenges in offspring



# Postpartum psychosis



- Typical onset is 3–10 days after birth, and it can also occur after 4 weeks postpartum
- Pharmacotherapy typically includes treatment with an antipsychotic medication and sometimes a benzodiazepine (such as lorazepam)
- Consider a prebirth planning meeting for patients with bipolar I disorder and a history of postpartum psychosis due to the high risk of recurrence
- Prevention: the initiation of high-dose lithium immediately after delivery has the strongest evidence; Foregoing breastfeeding overnight as part of sleep preservation and support can also be helpful in the early phase of treatment and stabilization





# Summary of Recommendations



- Be prepared to counsel patients on the benefits and risks of psychopharmacotherapy for perinatal mental health conditions
- ACOG recommends that obstetricians initiate psychopharmacotherapy for perinatal depression or anxiety disorders, refer patients to appropriate behavioral health resources when indicated, or both.
- Monitor for response to treatment or remission of depression or anxiety symptoms
- ACOG recommends against withholding or discontinuing medications for mental health conditions due to pregnancy or lactation status alone.



# Observation of Individuals with Lived Experiences

Any Task Force or Member of the Public may share their lived experience with Task Force and raise issues that Task Force should consider in their conversations.



# Public Awareness Survey



# Provide feedback and spread awareness



Provide feedback and spread awareness by completing the surveys and inviting your network to our next meeting.

i. [Part 1](#)

i. <https://docs.google.com/forms/d/e/1FAIpQLSezRwH28giW4vWFeVX6DEvEMQ13mnFPe1X05MryhIne8NuMvA/viewform>

ii. [Part 2](#)

i. [https://docs.google.com/forms/d/e/1FAIpQLSfZ1eHisQ\\_P5LgkGMCYXAtcG1nLf0\\_0VjhMvKJyflynztfgVw/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfZ1eHisQ_P5LgkGMCYXAtcG1nLf0_0VjhMvKJyflynztfgVw/viewform)

If you have already completed both parts, please send out to your network:

- *I'm a member of the DC Perinatal Mental Health Task Force and am excited about the work we are doing on the Subcommittee for Public Awareness and Capacity Building. Join me in providing feedback and spreading awareness by completing the surveys and inviting your network to our next meeting. The deadline for survey response is Friday, July 21, 2023.*
- *Be sure to complete [Part 1](#) and [Part 2](#)*



# Mommy and Me Overview

Children's National



# **Mommy&Me overview for DC Department of Health Care Finance Perinatal Mental Health Task Force**

June 27, 2023

# Mommy& Me staff



**Joelle Adon**  
Maternity  
care  
specialist



**Hermela  
Assefa**  
Maternity  
care  
specialist



**Morgan  
Carrillo**  
Lead  
perinatal  
behavioral  
health  
specialist



**Rosa Kang**  
Perinatal  
behavioral  
health  
associate



**Hanna  
Michel**  
Clinical  
research  
coordinator



**Naimah  
Saleem**  
Perinatal  
behavioral  
health  
specialist

# Mommy& Me: helping D.C . babies enjoy the strongest start at life



- Mommy& Me, a three-year project funded by the Patient-Centered Outcomes Research Institute (PCORI)
- Mommy& Me supports maternal mental health research and addresses racial disparities
- <https://developingbrainresearchlaboratory.org/pcori.html>
- MommyAndMe@childrensnational.org



# Step 1: screen 1,000



## Step 2: randomize 700



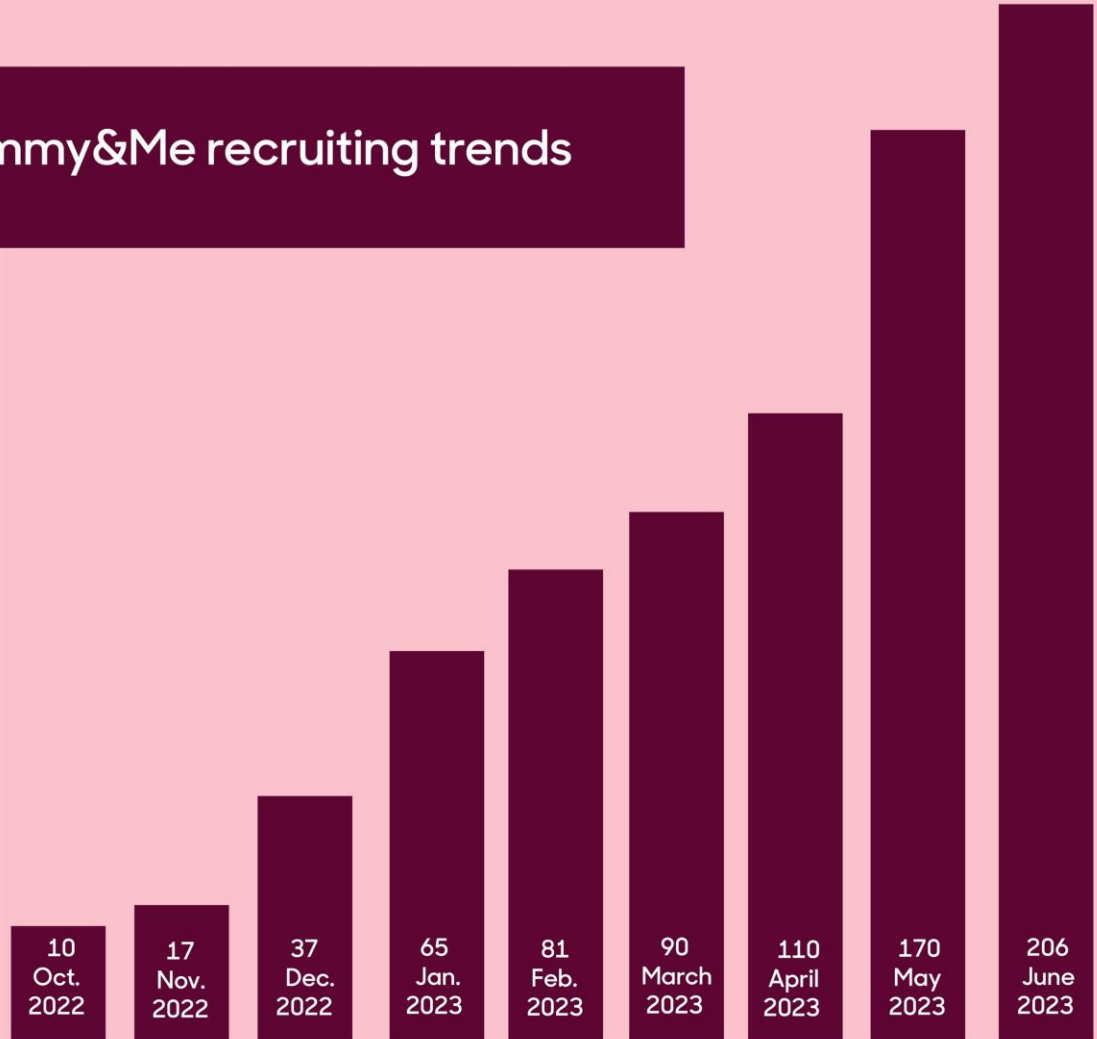
**Usual care**  
**350**



**Patient navigation**  
**350**



## Mommy&Me recruiting trends



# Step 3: provide interventions



## Subthreshold

Patient navigation+prevention  
**Group** cognitive behavioral  
therapy (C BT)

Peer support group (PSG )  
**Group** C BT +PSG



## Threshold

Patient navigation +treatment  
**1:1** cognitive behavioral  
therapy (C BT)

Peer support group (PSG )  
**1:1** C BT +PSG

# Mommy&Me interventions



Patient navigation



Group therapy



Virtual peer support



Individual therapy



# Virtual peer support



## Shana e "Gigi" Bond, Virtual Mommy Meet-ups co-facilitator

Gigi is passionate about motherhood and wants other women to receive the best care possible during pregnancy, delivery and postpartum

[developingbrainresearchlaboratory.org/bio\\_gigi.html](http://developingbrainresearchlaboratory.org/bio_gigi.html)

# Virtual peer support



## Mercedes Small-Lewis, Virtual Mommy Meet-ups co-facilitator

Mercedes created Virtual Mommy Meet-ups to enable mothers who experienced postpartum depression to talk with other women who feel and felt the same way

[developingbrainresearchlaboratory.org/bio\\_mercedes.html](https://developingbrainresearchlaboratory.org/bio_mercedes.html)



# DC Next Well-being Survey

DCPCA





**Perinatal Mental Health Taskforce**

**June 27, 2023**

**Using Human-Centered Design  
Insights and Well-Being Survey Data  
to Drive Innovation for Expectant and  
Parenting  
Youth**



# DCNEOT!

- *This project is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4.5 million with 100% percentage funded by the Office of Population Affairs/OASH/HHS. The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by the Office of Population Affairs/OASH/HHS, or the U.S. Government. For more information, please visit <https://opa.hhs.gov/>.*



## Our Mission Statement:

*To build a system of care that prioritizes expectant and parenting teens, amplifies their voice, improves their quality of life, and builds their capacity to make healthy decisions about relationships, sex, parenting, education and their future.*

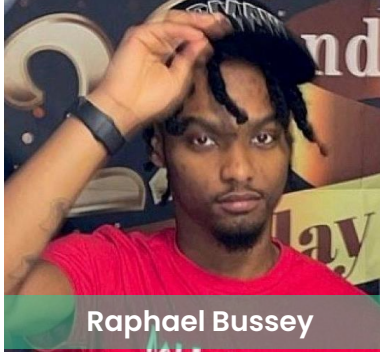


# Context Team

Context Team of 9 youth with lived experience as expectant and parenting teens



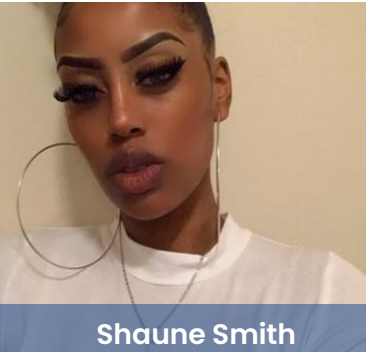
Alajah Henderson



Raphael Bussey



Na'Kyea Plowden



Shaune Smith



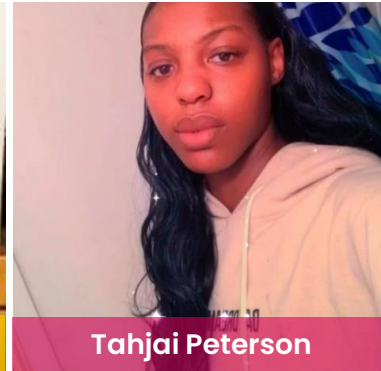
Na'Zyia Lashley



La'Tia Taylor



Yulisa Reyerros



Tahjai Peterson



Tatiyana Bell



# Leadership Team



Iana Clarence,  
MPH



Zillah Jackson Wesley,  
MSW, LICSW



Nkechi Enwerem,  
PhD, RN



Christiana  
Jolda,



Yael Smiley,  
MD



Suzanne Singer,  
MPH



Jaytoya Manget,  
DNP, MSPH, FNP



Patricia Quinn



# Network Functions

## DC NEXT! Innovation and Impact Network

Through the Collective Impact Framework, sustain an integrated, collaborative young parent partnership network that includes pregnant and parenting youth, and network partners



## Human-centered Equity Action Lab

Sustain a human-centered equity action lab that effectively centers the leadership of young parents to design, test, refine and evaluate innovations that address issues in the system of care for young parents



## **Data Sources: Where did this data come from?**

Teen Parent Well-Being Survey, distributed in  
2022

Context Team applications

Context Team focus group discussions

Teen Parent interviews during the Human  
Centered Design Process



# Human-Centered Design



## Inspiration

- Deep Dive Dialogues with Expectant and Parenting young people
- Identify & Interview Extreme & Mainstream Users



## Ideation

- Generate Ideas
- Identity Themes
- Develop & Test Prototypes
- Create Journey Map



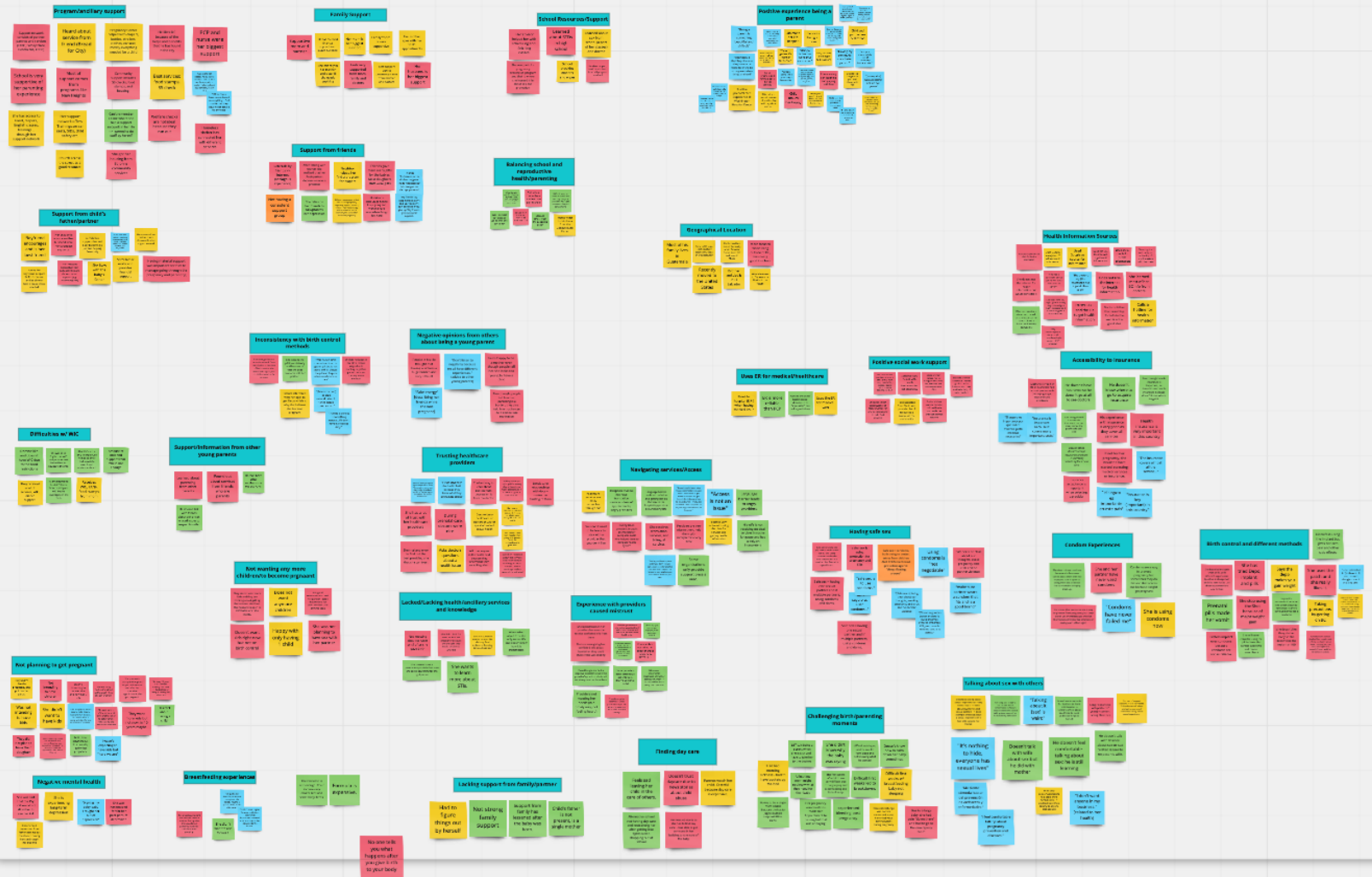
## Implementation

- Pilot Innovations
- Teen-focused postpartum doula program
- Young Parent Peer Program (YP3)
- Gen Alpha Childcare Support





Synthesis



INSIGHT: Young parents' trust in clinical providers declines when they receive inconsistent information.

Providers gave her false information about the length of her hospitalization and that make her distrust the health system

Inconsistency between what Dr. tells you about your privacy and what they do in practice makes youth lose trust on health care providers

She lacked trust on her providers because she receive conflicted info from them

Doctors were giving her conflicted info about how/when they could check if she was dilating



INSIGHT: Young parents want healthcare that gives them the trust, rights, and autonomy of adults while recognizing their needs as adolescents.

"Everything was new, I had to grow up really fast"

"when you are a teen mom you have a lot of people from the outside who were judging and persuading me to get rid of him"

"No matter the age, take them seriously"

"Just because a teen parent doesn't mean I don't know what is best for my family"

Good Providers are mindful about the teen being the parent and decision maker for child



INSIGHT: Young parents rely heavily on social workers and case managers to access and navigate services.

Social worker helped her to navigate obtaining insurance so she could cover cost of ER

The social worker ask them what type of help they want every month (they choose diapers) rather than she deciding for them

Social worker conducts video calls with wife and walk her through service options

Social workers helped with health insurance after her pregnancy



INSIGHT: Young parents may not be honest about their anxiety, depression, and stress because of stigma, which leads to isolation and fear

Therapy could have helped me- I stopped going to therapy for a long period of my life, leaving my feelings bottled in, but if I had done the opposite that would have been better for me, if I had gotten help.

Lot of people think it is something serious has to happen for you to be in therapy.

patients lie on depression screen

Black teen moms are not used to going to therapy

I never said anything when I needed therapy, because when I told my friends they would think I was joking or they would be judgmental.



INSIGHT: Teen parents can experience joy and purpose when parenting despite negative judgement about teen pregnancy and parenting.

"every time that I look at him (son) I feel like I can accomplish everything that I dream about"

"It might be a mistake to certain people but it can come out as a blessing"

"Everything happens for a reason"

"I feel like the best mother when I put a smile on her face"

Meeting her sons father and having her son helped her learn how to love.

"Being a father is a wonderful experience"

"I feel like the best mother when I'm involved with my baby"

"It's actually really fun being a young mom"

even though not trying to get pregnant, took it as god's blessing

"Having my son made me a better person"



INSIGHT: Rights for expectant and parenting teens are not well known by providers leading to frequent violation of their rights.

"Can teen parents provide true informed consent?"  
-OBGYN

Care manager told parents about pregnancy {without consent}

Didn't think she could go to the doctor by herself

"I told my counselor first, the counselor told some co-workers and some of the teachers told a few students"

EPT don't receive the care they need when the provider is uncomfortable



INSIGHT: Young parents want to be equal partners in their care, but providers don't trust young parents' health care judgment.

"Even if you don't 100% agree with their choices, make them feel like they have a voice."

Listen to what I have to say even if you don't agree

"try to listen more before giving your input."

"Be mindful and open to what teens have to say."


"If I feel like you can listen to me and hear me out that is one way for me to know I can trust you."






# Teen Parent *Pilot* Well-Being Survey

 232 Expectant/Parenting Youth **aged 13-23**

 Most respondents were **African American mothers (80%) aged 18-24 (74%) living in Wards 6, 7, and 8.**

 **30% of respondents** identify their sexual orientation as something **other than straight**

 **16% Latinx, 7% took survey in Spanish**

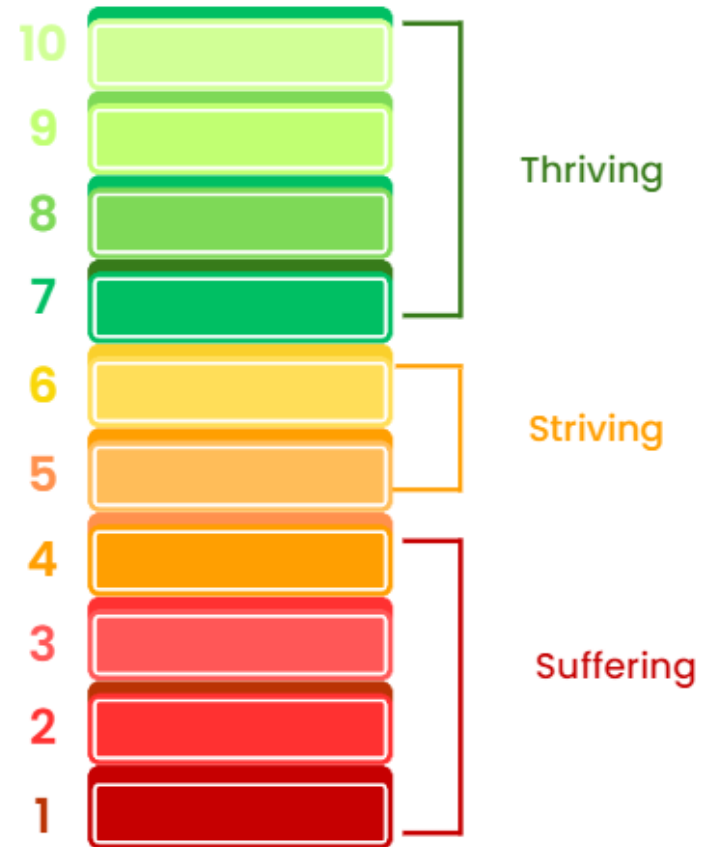
 **13% Pregnant, 87% Parenting**

 **18% Young Fathers**



# What is the Cantril Ladder?

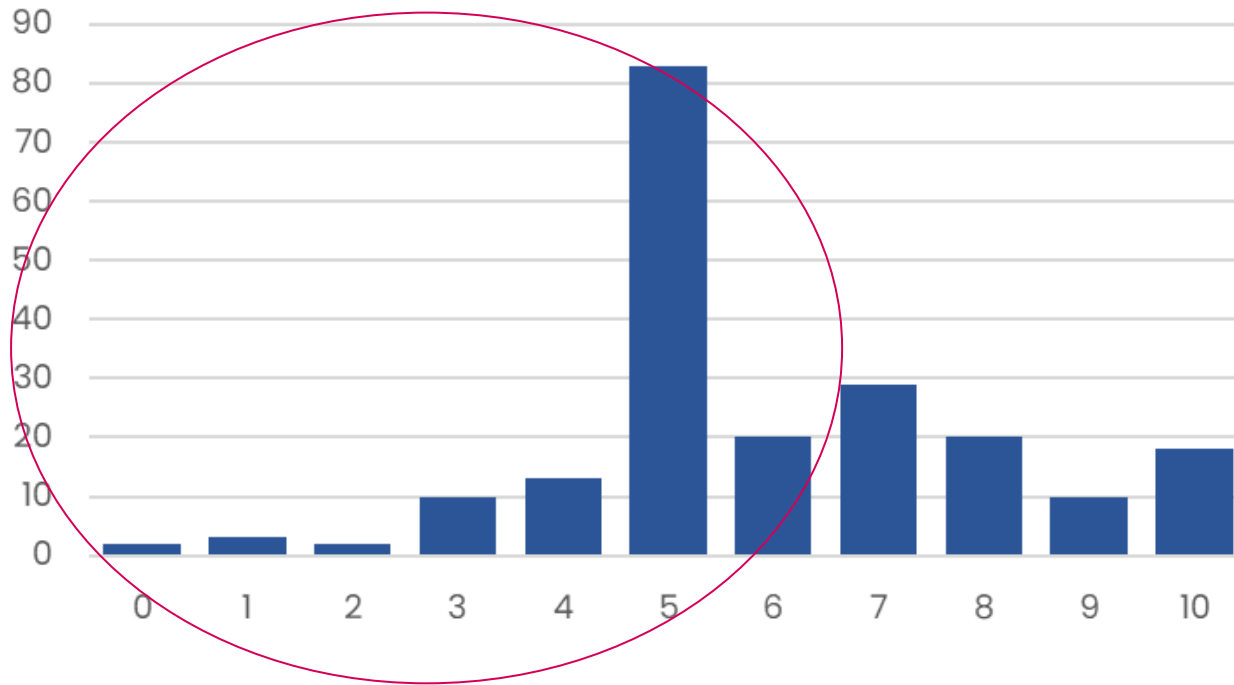
- Comes from "The Pattern of Human Concern," published by Hadley Cantril in 1965
- An 10-step instrument to measure people's attitudes towards their life and its components in various respects.
- The end points of the scale are defined by the respondents in terms of their best and their worst life experience.



# Where do most respondents fall on the Cantril Ladder?

Current Personal Status (n = 210)

63% of respondents reported themselves as NOT thriving



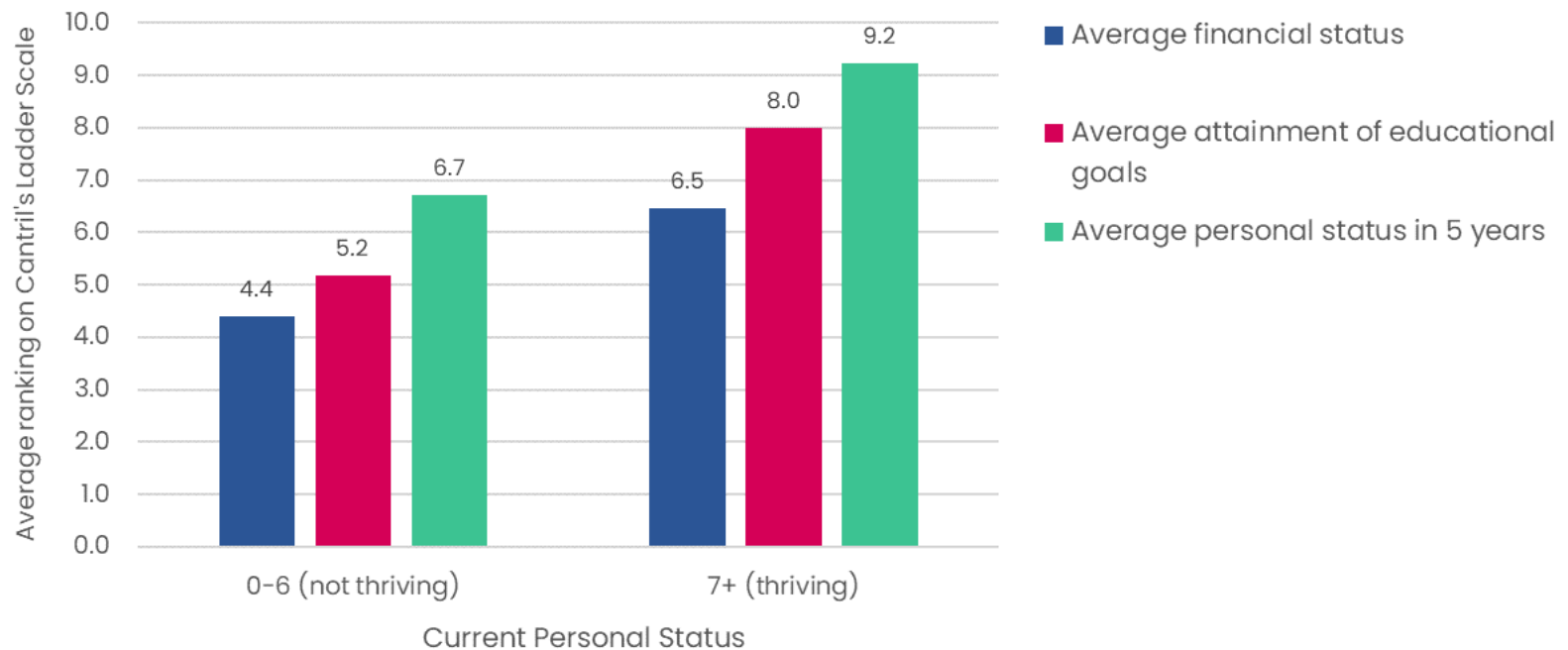
## Key Findings

1. Most young parents (63%) reported that they are not thriving, highlighting that barriers related to housing instability as well as inadequate access to employment, childcare, and transportation stand between young parents and the futures they yearn to create
2. A subset of young parents in DC are facing severe challenges including frequent hunger, frequent housing insecurity, poor mental health, and social isolation.
3. Overall, young parents in DC feel confident and motivated in their parenting role.

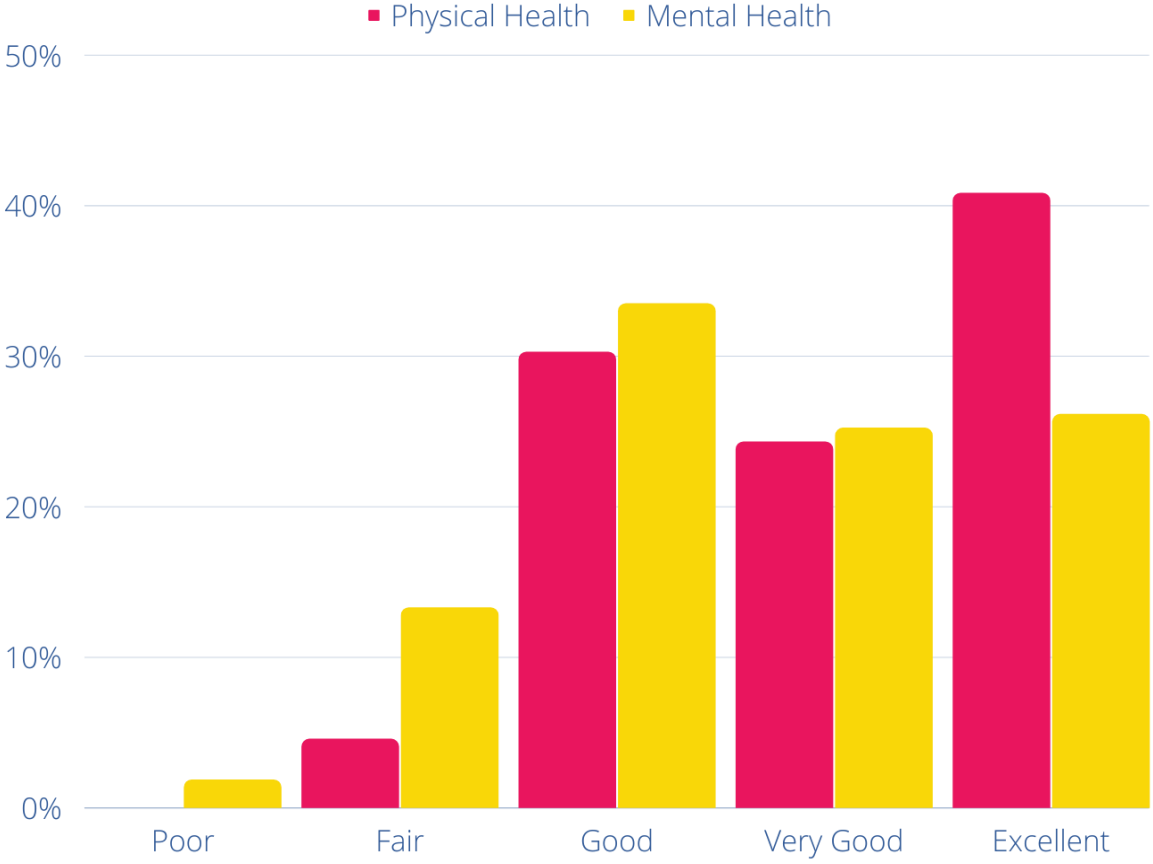


## How do overall financial status, attainment of educational goals, and optimism about the future vary between groups?

Cantril's Ladder Questions by Grouping (n = 210)

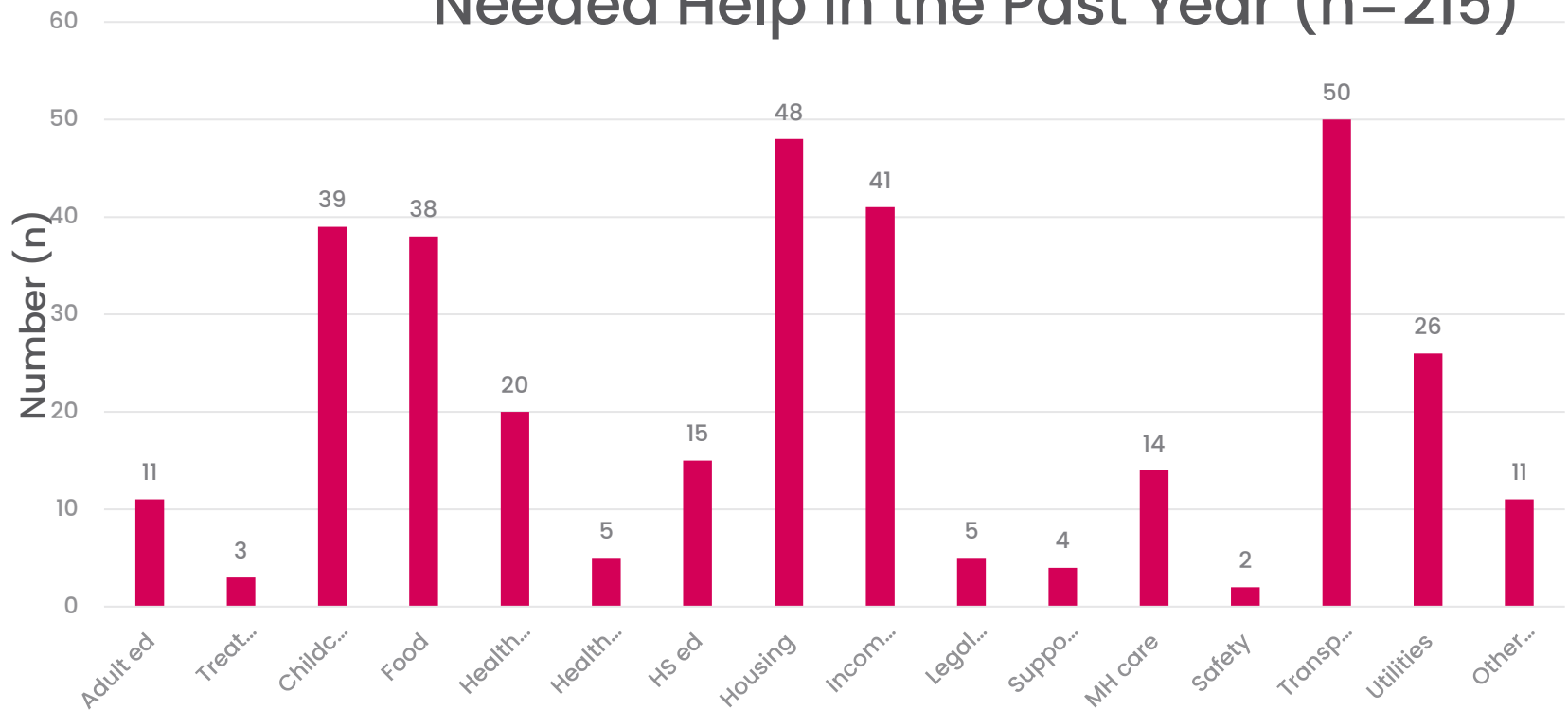


# How would you rate your current physical and mental health? (n=213)



*"Being a teenage parent in DC. is not only the most difficult thing but also the most scariest thing. You never know if you will have [enough] to provide for that week or even for that day."*

## Needed Help in the Past Year (n=215)



## Housing and Food Insecurity by Personal Status Grouping

*"[Insecure housing] can be one of the most stressful experiences, it can affect your mental health drastically"*

Respondents who rate their current personal status as NOT thriving (0-6) almost **2x as likely** to have worries about housing as compared to those who rate their current personal status **THRIVING (7+)**.

Respondents who rate their current personal status as NOT thriving (0-6) are **1.5x as likely** to have worries about having enough to eat as compared to those who rate their current personal status as **THRIVING (7+)**.





Out of the 210 young people who answered the Cantril's ladder questions, **30 respondents rated their current personal status as 0-4.**



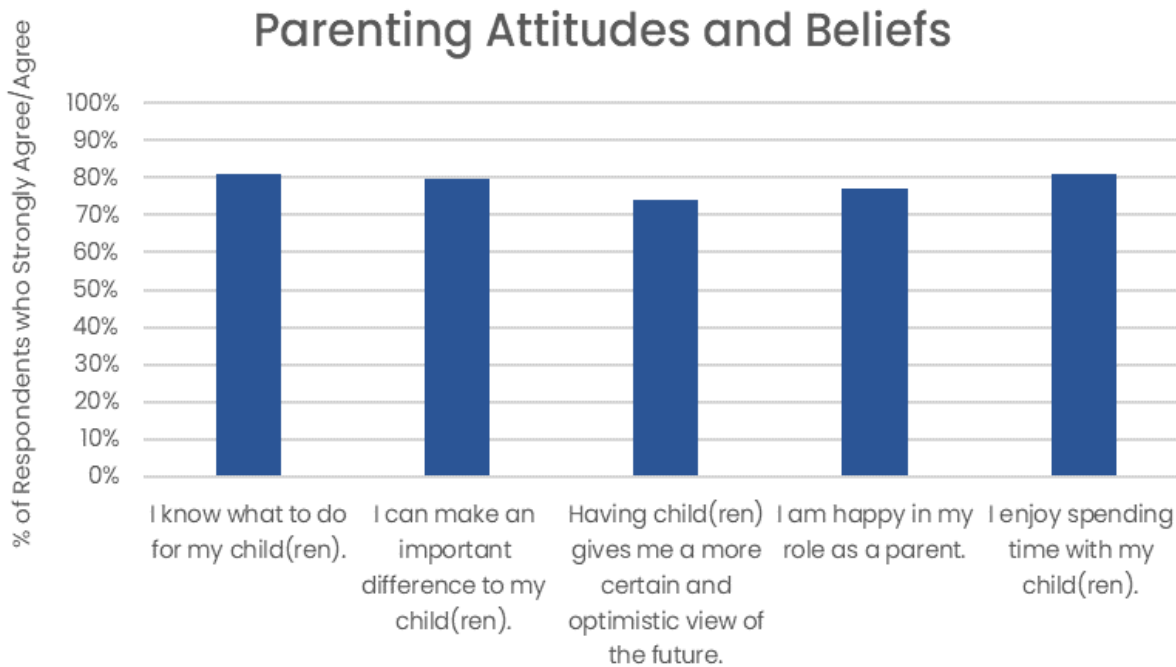
## Housing and Food Insecurity Among Those Who Self-Identify as 0-4

Respondents with the lowest personal status ratings (0-4) are almost **3x as likely** to have worries about housing as compared to those who rate their current personal status as THRIVING (7+).

Respondents with the lowest personal status ratings (0-4) are **3.5x as likely** to have worries about having enough to eat as compared to those who rate their current personal status as THRIVING (7+).



# Happy, Confident, Motivated as Parents



*"My son make[s] me feel [like] a brave mother and it makes me feel very good."*

*"Every time I look at [my son] I feel like I can accomplish everything that I dream about"*



# Recommendations for Policy Makers

- Make teen parents the first priority in the District's investments in effective two-generation income, education, and workforce strategies that impact not only teen parents' own trajectory, but also that of the young children they parent



# Recommendations for Policy Makers

- Develop and fund a teen parent system of care tailored to meet the needs of adolescent parents and their children including:
  - Robust pathways/roadmap to educational attainment and career opportunities
  - High quality childcare
  - Quality, affordable healthcare
  - Affordable, convenient transportation
  - Housing for young parents who lack family options
  - Access to healthy food, particularly through WIC and SNAP
  - Mental health support and navigation assistance



# Recommendations for Policy Makers

- Support the efforts of DC NEXT! to promote high quality, youth-centered services that recognize teen parents' commitment and capitalize on their new motivation to achieve



# COMING SOON! Well-Being Survey Round 2 Results Predicting “Thriving”

Variable	Odds Ratio	Interpretation
Full-time employment		
Number of moves in last year		
Housing situation- “no current home”		
Left school due to pregnancy		
Homelessness in last year		
Count on family/friends – “all the time”		
Number of unmet needs		
Not enough to eat “most of the time”		





## Contact Us

 Patricia Quinn, [pquinn@dcpcda.org](mailto:pquinn@dcpcda.org)

 Iana Clarence, MPH, [iclarence@dcpcda.org](mailto:iclarence@dcpcda.org)

 @\_DCNEXT

 @\_DCNEXT

 [WWW.DC-NEXT.ORG](http://WWW.DC-NEXT.ORG)





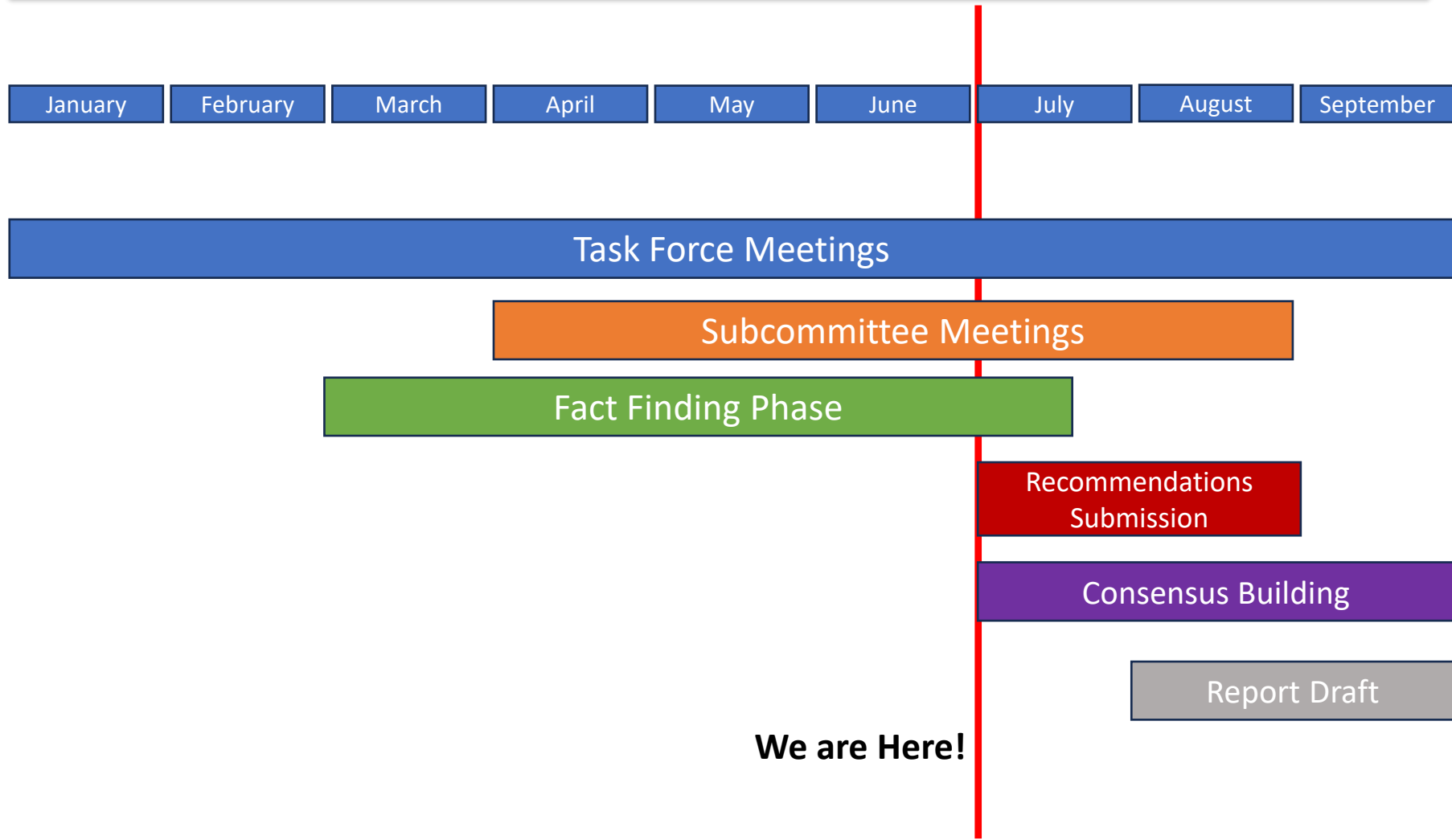


# Task Force Process & Subcommittee Reports

- Happenings of last meeting
- Progress on addressing subcommittee framing questions
- Any needs or assistance moving forward



# Task Force Meetings and Recommendation Process



**We are Here!**



# Recommendation Submission



- Recommendation for consideration:
  - Public
    - Will be deferred to the appropriate subcommittee
  - Subcommittee
- Recommendation Form Posted to the Public this Week on the Perinatal Mental Health Task Force Webpage!!
- Can send to networks now!
  - <https://app.smartsheet.com/b/form/9b03ee31f3a74e3faa620093a93fd9c4>



# Public Comments



# Questions?

Contact info:

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