Perinatal Mental Health Task Force

February Meeting

Tuesday, February 28th , 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
- Observations of Individuals with Lived Experiences
- Perinatal Mental Health Primer
- Overview and Discussion of Proposed Subcommittees
- Public Comments

Announcements

- Meeting will be extended to 4-6 pm starting in March
- Please welcome Crystal James, Birth & Postpartum Doula

Primer

PERINATAL MENTAL HEALTH

It's not just postpartum. It's not just depression.

MMHLA
Maternal Mental Health Leadership Alliance

OVERVIEW

MATERNAL MENTAL HEALTH

Anxiety and/or depression affect up to
1 in 5 individuals during pregnancy or first year following birth
(and up to 1 in 3 in high-risk populations)

They are the #1 complication of pregnancy and childbirth

Suicide and overdose combined are the
leading cause of death
in the first year following pregnancy

(Byatt et al., 2020)
(Ko et al., 2017)
(CDC, September 2022)

MATERNAL MENTAL HEALTH

TWO-YEAR PERINATAL TIMEFRAME
PREGNANCY THROUGH ONE FULL YEAR FOLLOWING PREGNANCY

Perinatal Mental Health Disorders

- Major depression
- Bipolar illness
- Anxiety disorders
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Substance use disorder
- Psychosis, especially postpartum

VOCABULARY

WHAT DO WE CALL THESE CONDITIONS?

Maternal Mental Health (MMH)

Perinatal Mental Health (PMH)

Perinatal Mood and Anxiety (PMAD)

Conditions | Disorders | Illnesses

WHO EXPERIENCES THESE CONDITIONS?

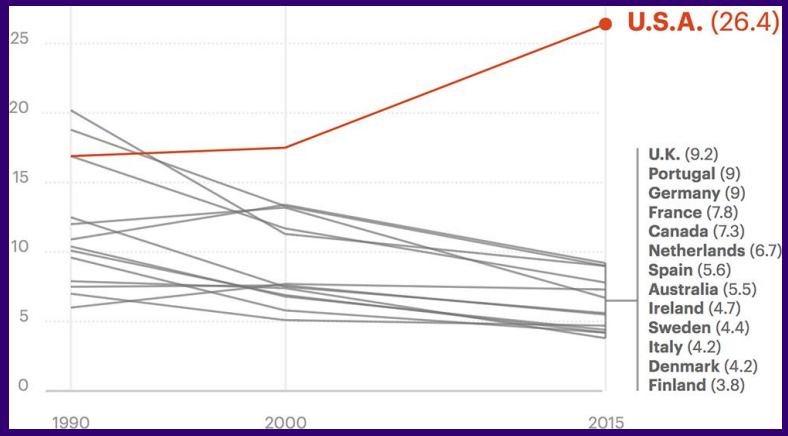
Mothers

Women

Childbearing Individuals

Pregnant and Postpartum People

MATERNAL MORTALITY



MATERNAL MORTALITY
Deaths per 100,000 pregnancies

(CDC, September 2022)

700 women
die each year in the United States during pregnancy or first year postpartum

- Information from Maternal Mortality Review Committees
- Suicide and overdose combined are the LEADING CAUSE of death, accounting for 20% of maternal deaths
- Peak incidence of suicide is 6-9 months postpartum
- 100% of suicide deaths are preventable

FACTS & FIGURES

- Are the #1 complication of pregnancy /childbirth
- Affect 1 in 5 pregnant or postpartum people
- Have tripled during the COVD-19 pandemic
- Impact 1 in 3 in high-risk populations
  - People of color
  - People who live in poor communities
  - History of mental health conditions
  - Military parents
  - Immigrant parents
  - Parents with a baby in the NICU
  - Those who lack social support, especially from partner

75%

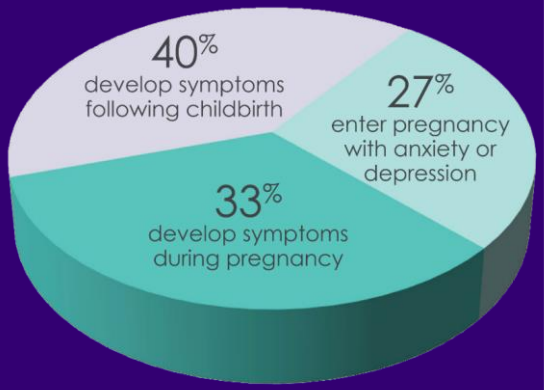
of those who experience PMH symptoms go untreated

(National Institute of Mental Health (NIMH), 2013)
(Centers for Disease Control CDC, 2020)
(Ko et al., 2017)
(Davis et al, CDC, 2019)
(CDC Foundation, 2021)
(Taylor et al., 2019)
(Maxwell et al., 2018)
(MacDorman et al., 2021)
(Cherry et al., 2016)
(Guintivano et al., 2018)
(Smorti et al., 2019)

TIMING

MMH conditions start earlier…

Of individuals who experience anxiety or depression in the postpartum period:



(Wisner et al., 2013)

and last longer…

25%

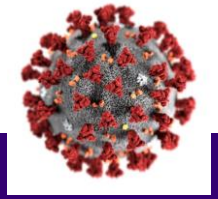
of individuals had elevated depressive symptoms at

3 years postpartum

(Putnick et al., 2020)

BIO-PSYCHO-SOCIAL ILLNESSES

COVID-19



COVID-19 pandemic has caused three-fold increase in MMH conditions

ANXIETY during pregnancy

- What happens if I get COVID?
- Will my baby be affected?
- Should I get vaccinated?

DEPRESSION during postpartum

- Isolated and alone

HOW DO I:

Avoid COVID?

Work from home?

Care for my family?

Teach my children?

(Lebel et al., 2020)

WOMEN AT INCREASED RISK

- Women with history of anxiety / depression
- Women without support, especially from partner
- Women who have experienced trauma
- Women facing economic or racial inequities

Immigrant women

- Away from family
- Children left behind
- Language
- Culture
- Deportation rhetoric
- Lack of access to care

(Cherry et al., 2016)
(Guintivano et al., 2018)
(Smorti et al., 2019)

Military Mothers

- Away from family
- Frequent moves
- Deployments
- War

Parents with baby in the NICU

- Health of baby
- Physical recovery for mom
- High stress environment
- Separation from newborn
- Other children
- Distance

THE PERFECT STORM

- Hormonal changes
- Sleep deprivation
- Single biggest identity transition
- Unrealistic expectations
- Difficulties in pregnancy or birth
- Predisposition for depression / anxiety
- Lack of access to healthcare

IMPACT

WHY SHOULD WE CARE?

IMPACT ON MOTHER

Women with untreated MMH are more likely to:

- Not manage their own health
- Have poor nutrition
- Use substances (alcohol, tobacco, or drugs)
- Experience physical, emotional, sexual abuse
- Be less responsive to baby's cues
- Have fewer positive interactions with baby
- Experience breastfeeding challenges
- Question their competence as mothers

IMPACT ON CHILD

Children born to mothers with untreated MMH conditions are at higher risk for:

- Low birth weight or small head size
- Pre-term birth
- Longer stay in the NICU
- Excessive crying
- Impaired parent-child interactions
- Behavioral, cognitive, or emotional delays

(Cherry et al., 2016; Field, 2010; Sriraman et al., 2017; Stein et al., 2014; Zhou et al., 2019)

WHY SHOULD WE CARE?

DURING PREGNANCY

Pregnant people experiencing PMH disorders are more likely to have:

- Poor health habits
- Poor prenatal care
- Substance abuse

Increased risk of poor birth outcomes

- Preterm labor
- Small head or gestational size
- Low birth weight
- Prolonged labor
- NICU admissions

POSTPARTUM

Postpartum people experiencing PMH disorders are more likely to have:

- Decreased response to baby's cues
- Fewer positive interactions with baby
- Breastfeeding issues

Increased risk of poor health outcomes

- Impaired attachment
- Behavioral, cognitive, emotional issues
- Suicidal behavior, conduct problems
- Psychiatric care

(Cherry et al., 2016)
(Field, 2010)
(Sriraman et al., 2017)
(Stein et al., 2014)
(Zhou et al., 2019)

RISKS OF UNTREATED MMH

IMPACT ON FATHER / PARTNER

- Maternal depression is #1 predictor of paternal depression
- 1 in 10 fathers will experience PMADs
- Men express anger, frustration, stern discipline

DEPRESSED PARENTS ARE

MORE likely to overuse the healthcare system and ER / ED

LESS likely to adhere to guidelines for safe sleep and car seat usage

(Da Costa et al., 2019)
(Field, 2010)

COSTS OF UNTREATED MMH

UNTOLD COSTS

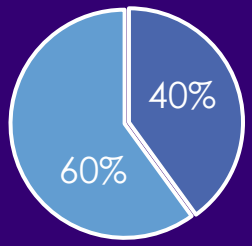
Impact on relationship with spouse, other children

No other children

SOCIETAL COSTS

$32,000 per mother-child dyad

$14.2 billion



Per child cost
$12,480
Treating impact

Per mother cost
$19,520
Lost wages and productivity

(Luca et al., 2019)

THE GOOD NEWS

MMH issues are often
TEMPORARY and **TREATABLE**

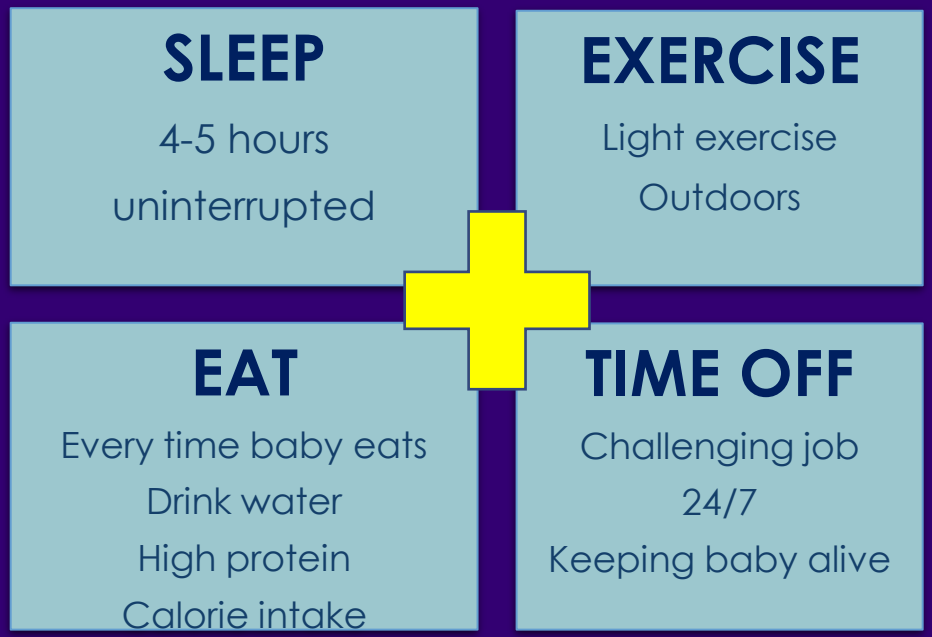
Mothers, babies, and families can recover

TREATMENT

THE STEPS TO WELLNESS

(Umylny et al., 2017)

SELF-CARE



Mother the Mother

SOCIAL SUPPORT

EMOTIONAL

Let mom know she is valued
Create warmth, nurturing, caring
Empathy, concern, acceptance
Provide encouragement

COMPANIONSHIP

Sense of social belonging

Reassure mom -

You are not alone!

INFORMATIONAL

Guidance and suggestions

Information and resources

Speak from experience

TANGIBLE

Preparing meals
Watching children
Running errands
Doing laundry

You are not alone. You are not to blame. With help, you will be well.

SOURCES OF SOCIAL SUPPORT

- Friends / family
- Support groups
- Home visitors
- Doulas
- Postpartum Support International

TALK THERAPY

Short-term, pragmatic
Focus on symptom relief

Cognitive-Behavioral Therapy

- Largest evidence base for depression
- 8-12 sessions
- Focus on cognitive restructuring

Interpersonal Therapy

- Good evidence in pregnancy and postpartum
- 12-16 sessions
- Focus on relationship and relationship problems

Mindfulness

- Developing an awareness, being present in the body
- Goal: change how one relates to thoughts, feelings, sensations

Postpartum Support International (postpartum.net) has a provider directory

(Umylny et al., 2017)

MEDICATION

GOALS

1. Limit risk of maternal illness
2. Minimize risk of relapse
3. Minimize exposure to baby

RISKS

Risks of *MEDICATING*

Risks of *NOT MEDICATING*

RISK-RISK ANALYSIS

KEY TAKEAWAYS

DO NOT stop medications just because a woman is pregnant

The answer is different for each woman, each situation, each pregnancy

There are safe & effective medications for women who are pregnant or breastfeeding

(Payne, 2019)

Overview of Proposed Subcommittees

Navigation and Access

Peer and Community Support

Landscape Analysis

Screening, Referral and Workforce Development

Public Awareness and System Capacity Building

Proposed Subcommittees

- **Navigation and Access**
  - What barriers do mothers and families from diverse populations (including but not limited to Black birthing people, Hispanic birthing people, pregnant and postpartum people of color, perinatal immigrant populations, adolescents who are pregnant and parenting, LGBTQIA+) encounter accessing needed resources? What stressors/triggers need to be identified and addressed?
  - What changes need to be made to overcome identified barriers?
  - What strategies can be used to build trust?

- **Peer and Community Support**
  - How does the District build a network of partners to strengthen mental health in pregnancy and post-partum?
  - What community-based, peer-based, or multi-generational supports can be used to help mothers and their families?

- **Landscape Analysis**
  - What resources including programs, treatments, and services are available that address perinatal mental health in the District?
    - Are these resources over/under-utilized? If so, why?
    - What gaps remain in addressing perinatal mental health?
  - What needs assessment, research, and program evaluation are needed to create a robust perinatal mental and anxiety disorder surveillance system?
  - What quality metrics are needed to improve accountability and utilization of case management, care navigation, social work, peer support, and doula services to ensure continuity of care?

Proposed Subcommittee

Screening, Referral and Workforce Development

a. How does the District integrate screening and referral into a broad range of public health and early childhood programs? Which screening tools need to be implemented and into which programs?
b. What education/training do providers need on perinatal mental health? Which providers should be targeted? What strategies would increase provider participation?
c. What initiatives would promote the recruitment and retention of behavioral health supports?

Public Awareness and System Capacity Building

a. How does the District raise awareness among the public and reduce stigma to encourage help-seeking behavior?
b. What systems need to be created or connected to assist both mothers and providers?
c. What program funding, reimbursement strategies, and policy development need to be implemented for perinatal mental health initiatives?

Public Comments

Questions?

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