GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Maternal Health Advisory Group

Virtual Meeting via WebEx
Tuesday, September 16th, 2025
Meeting Summary

TMaH, Patient Safety & Perinatal Mental Health *See slides 5-9*	• TMaH aims to improve perinatal mental health by addressing the lack of evidence-informed safety practices, inconsistent screenings, and lack of team-based care through various activities over the course of the model. • The 2023 Perinatal Mental Health Task Force Report outlines several recommendations. DHCF has implemented several recommendations and plans to pursue additional activities as part of TMaH.

DC Perinatal Quality Collaborative Presentation
 	
See slides
 	
11-25
	• The District of Columbia Perinatal Quality Collaborative (DCPQC) selects AIM Patient Safety Bundles to implement across District birthing hospitals through a data-informed decision-making process that gathers input from community members, including hospital teams and patient partners.
	
	• Initiatives implemented by DCPQC:
	  ○ **Severe Hypertension in Pregnancy Bundle:** Currently implemented and sustained in all birthing hospitals in the District to increase the timely treatment of hypertension as part of clinical protocols.
	  ○ **Obstetric Hemorrhage Bundle:** Focuses on improving the quantitative measurement of blood loss and incorporating trauma-informed care in clinical response after a hemorrhage event.
	  ○ **Postpartum Workgroup:** Identified critical gaps in how electronic health information is exchanged. In partnership with CRISP DC, this workgroup is exploring real time alerts to improve continuity of care.
	
	• The next AIM patient safety bundle will be around perinatal mental health. The safety bundle aims to bring together providers, mental health specialists, and community partners in developing and implementing the Perinatal Mental Health patient safety bundle, set to launch in January 2026.
	  ○ Focus areas for this bundle align with TMaH model priorities, and include universal screening, patient education, and referral pathways.
	
	• Participation in the Perinatal Mental Health bundle will include *learning sessions* to build capacity and equip team members with knowledge, and *action periods* to implement, test, and evaluate. Organizations participating in the TMaH Provider Incentive Program will likely be eligible for incentive payments for fully participating in the Perinatal Mental Health bundle.

Perinatal Mental Health at Children's National Presentation
 	
See slides
 	
27-43
	• Children's National has a deep commitment to building infrastructure and support for perinatal mental health in the pediatric setting through consultations, integrated models, services, and referrals.
	
	• Given the associations between perinatal mental health disorder and adverse neurobehavioral outcomes for offspring, Children's National addresses perinatal mental health from a preventative mental health lens by screening and identifying the mental health needs for expectant and new parents.
	
	• Initiatives at Children's National:
	  ○ **Workforce Development:** The Pediatric Health Network provides resources to build workforce capacity for perinatal mental health
	  ○ **The Perinatal Psychology Program:** Hospital-facing program that provides screening and treatment for patients who are facing high parental stress, grief, or significant medical complexity (i.e. fetal and infant medical diagnosis, parents of infants in CICU or NICU).
	  ▪ Promotes team-based care by screening before appointments to gain actionable information to share with the clinical team and enhance the quality of care provided.
	  ○ **DC Mother-Baby Wellness Program:** Community-based program that offers screening and referrals for mental health services, care coordination to access services that address their social needs, developmental screening for infants, and family planning services.

Breakout Rooms *See slide 45*	**Group #1: Public Education & Awareness Campaign Activity** • Participants identified barriers and key themes/messages for a potential public awareness campaign for perinatal beneficiaries and providers to increase perinatal mental health screenings. • See below for the results of our collaborative brainstorming session. **Group #2: Screening for Perinatal Mental Health Conditions** • Providers use a variety of screening tools throughout pregnancy and postpartum, including the Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire-2 (PHQ-2), PHQ-9, Perinatal Anxiety Screening Scale (PASS), and Panic Disorder Severity Scale (PDSS) • The timing and frequency of screening during the prenatal and postpartum period varies between providers.

Next Steps
 	
See slide 46
	• HIE Policy Board Operations, Compliance, and Efficiency (OCE) and Policy Subcommittee Meeting on Monday, 9/22 from 2:30 PM – 4:00 PM.
	  ○ Topic: TMaH and the role of Digital Health in patient safety and quality improvement
	  ○ Please email dhcf.maternalhealth@dc.gov to receive a calendar invite
	
	• Next meeting is on **October 21st from 11am-12:15pm**
	  ○ Topic: Patient Safety in Managing High-Risk Pregnancies
	
	• Contact dhcf.maternalhealth@dc.gov with questions; meeting materials are posted on https://dhcf.dc.gov/page/transforming-maternal-health

Campaign Goal:

Encourage both providers and beneficiaries to enage in mental health screening, assessment, and treatment during prenatal and postpartum care.

Background:

ACOG recommends that screening for perinatal depression and anxiety occur at the initial prenatal visit, later in pregnancy, and at postpartum visits using a standardized, validated instrument. Women, their families, and members of their support system should be encouraged to contact the practice if she or they are concerned about her mental health, but patients are often reluctant to discuss mental health conditions for many reasons including stigma.

All new prenatal patients and their families, or other members of the patient's support system should be proactively provided with education so that they are aware of signs and symptoms of perinatal mood and anxiety disorders. Having these conversations early in the pregnancy and again in the early postpartum period can decrease stigma, normalize screening and detection, and encourage women to discuss any mental health concerns.

Audience:

- Perinatal providers and admin staff

Barriers:

- Empathy
- Staff shortage causing frustration
- Cultural Humility and Sensitivity

Themes/Messaging:

- Unity between patients and providers
- screening is essential despite network
- get front desk staff and other staff trained

Channels:

Audience:

- Pregnant and postpartum beneficiaries

Barriers:

- language congruent resources
- wait times
- access to support network
- child protective services being
- stigma
- cost
- fear of confidentiality
- transportation to services
- Access to a therapist
- immigration status concerns
- Time for therapy sessions
- transportation to services
- infant care

Themes/Messaging:

- mental health is part of health
- caring for your self is caring for your chid
- you matter (materials with focus on child and not caregiver)
- matiernal well-bing
- you are not alone
- Normalizing the need for mental health support
- support services in a ecosystem