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NASMHPD 2025 Annual Meeting

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Maternal Mental Health Poll

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Defining Perinatal Mental Health

- Definitions of **Serious Mental Illness** (SMI) vary, but typically include bipolar disorder, schizophrenia, and major depression

- **Perinatal Mental Health Disorders** include anxiety, depression, bipolar, PTSD, OCD, and postpartum psychosis during pregnancy and up to one year after birth

- Women with SMI are at higher risk of PMHD

- PMHDs occur among women with and without pre-existing SMI

We need to think about how we serve women with existing SMI who become pregnant, as well as women without prior mental health diagnoses who develop PMHD

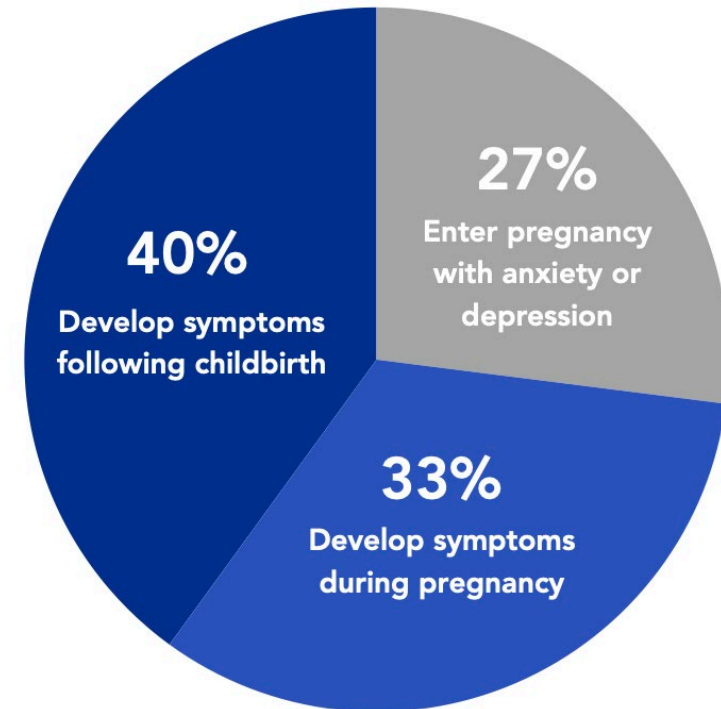NASMHPD

Prevalence of PMHD

1 in 5 Mothers are Impacted by Mental Health Conditions

Maternal mental health (MMH) conditions are the **MOST COMMON** complication of pregnancy and birth, affecting 800,000 families each year in the U.S.[1,2]

75%
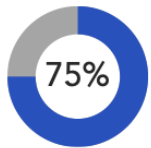
Most Women are Untreated, Increasing Risk of Negative Impacts

75% of women impacted by MMH conditions **REMAIN UNTREATED**, increasing the risk of long-term negative impacts on mothers, babies, and families.[4]

40% Develop symptoms following childbirth

27% Enter pregnancy with anxiety or depression

33% Develop symptoms during pregnancy

If untreated, symptoms of MMH conditions can last up to 3 years.[7]

Prevalence of PMHD

Common disorders and conditions during pregnancy and the postpartum period include:

- Depression
- Anxiety disorders
- PTSD
- Substance use disorder

NOT THE SAME AS BABY BLUES (up to 85%)

Mental Health Conditions are a Leading Cause of Maternal Deaths

Mental health conditions are a **LEADING CAUSE** of maternal mortality, accounting for 22% of pregnancy-related deaths. [3]

$14 Billion: The Cost of Untreated MMH Conditions

The cost of not treating MMH conditions is $32,000 per mother-infant pair, or **$14 BILLION** each year in the U.S. [5]

High-Risk Groups

Specific groups have a higher risk for maternal mental health conditions as determined by race, ethnicity, family history of mental illness, pregnancy and birth experience, and other risk factors. Learn More

Prevalence and Risk of SMI

SMI in perinatal population

- prevalence ranging from 0.13% to 9.4%(5.4% in general adult population)

- increasing over time

- High risk of adverse outcomes related to pregnancy, delivery and fetal outcomes (ie. preeclampsia, preterm birth, fetal distress)

- Higher prevalence of physical health conditions (obesity, diabetes, thyroid disease)

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Postpartum Psychosis: Prevalence and Risk

- Affects between 1-2 per 1,000 women

- Symptoms usually begin suddenly in the first few weeks postp
  - Delusions and hallucinations
  - Manic and depressive symptoms
  - Cognitive symptoms

- Prodromal symptoms include irritability, mood changes, confusion or disorientation, and insomnia

- Women with personal or family history of SMI at higher risk, though 40% who experience PPP have no previous psychiatric history

- After experiencing postpartum psychosis, women are at higher risk for recurrent bipolar disorder or psychosis episodes
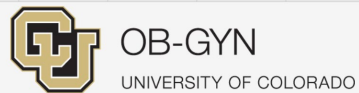
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The Current Maternal Mental Health System

- **Primary Care & OB/GYNs**
  - Often the first point of contact for mental health concerns
  - Limited training in perinatal mental health

- **Screening & Referral**
  - EPDS, PHQ-9 commonly used, but implementation is inconsistent
  - Referrals often fall through due to lack of follow-up

- **Outpatient Mental Health Services**
  - Community clinics and private providers offer therapy and medication management
  - Long waitlists and workforce shortages are common

- **Inpatient Psychiatric Care**
  - General psychiatric units rarely accommodate postpartum needs (e.g., infants not allowed)
  - Mother-Baby Units (MBUs) are rare in the U.S.

- **Peer Support & Community-Based Programs**
  - Emerging but not widely available or funded
  - Often lack integration with clinical systems

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State-Level Solutions and Promising Practices

- Working toward universal screening
- Training
- Psychiatric consultation and/or access lines
- Maternal mental health peer support
- Integrated care
- Home visiting
- Mother/child intensive treatment for SMI

Help Me Grow® Vermont

STRONG ROOTS
Mom Power
A Group-Based Intervention Program for Mothers

CU OB-GYN
UNIVERSITY OF COLORADO

PROMISE Perinatal Mood Disorders Clinic

Emotional health support for expectant & new mothers

KyPQC
Kentucky Perinatal Quality Collaborative

VMAP
Virginia Mental Health Access Program

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Brooke Doyle, M.Ed., LMHC

Commissioner

Department of Mental Health

State of Massachusetts

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MCPAP for Moms

- MCPAP for Moms aims to promote maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage depression.

- MCPAP for Moms provides obstetricians, midwives, and PCPs with psychiatric consultation for behavioral health concerns and questions around medications when pregnant or breastfeeding.

- MCPAP for Moms also supports connections with community-based services and support groups.

- The program is free and available throughout Massachusetts regardless of type of health insurance.

Basics of Perinatal Mental Health and MCPAP for Moms

Presented by Brooke Doyle, Massachusetts Department of Mental Health
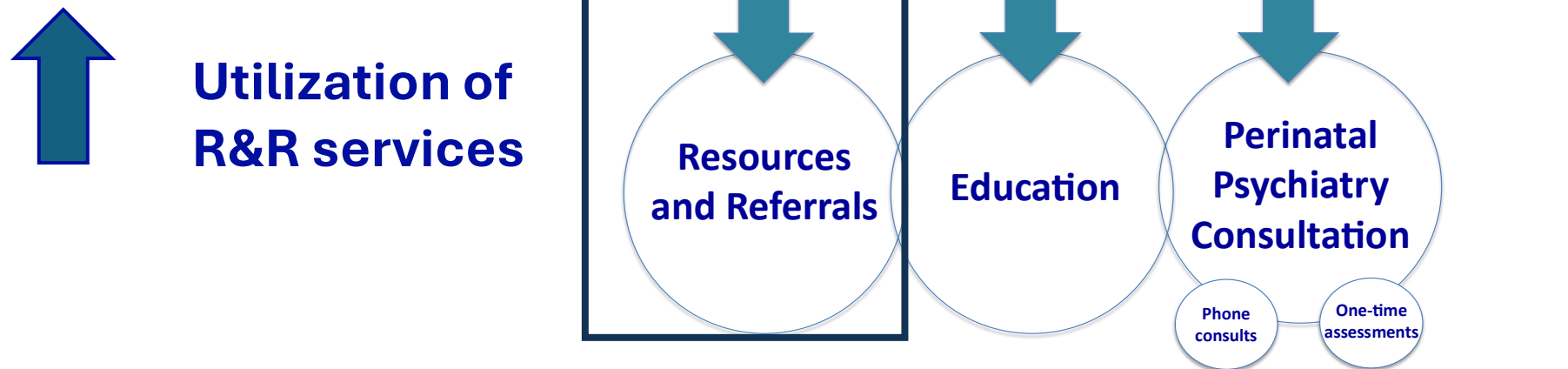Commissioner and Prepared by Uruj Kamal Haider MD, UMassChan Medical School

Massachusetts Child Psychiatry Access Project
MCPAP
For Moms

UMass Chan
MEDICAL SCHOOL

Lifeline
for families

Treatment trends suggest that MCPAP for Moms helps clinicians treat more complex illness over time

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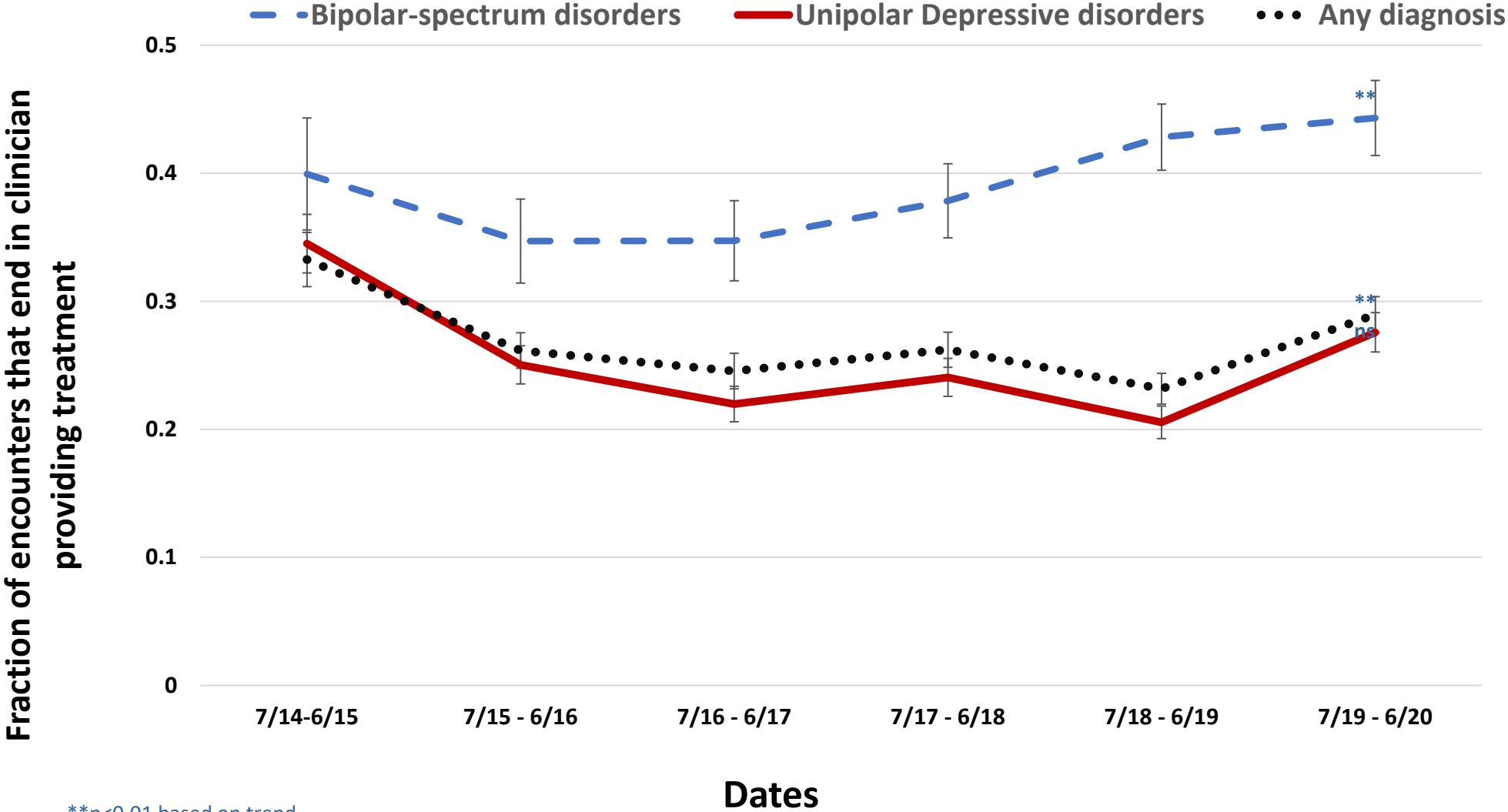
Increased utilization of R&R encounters was modestly associated with the rates at which clinicians provided direct mental healthcare for any diagnosis

Utilization of R&R services

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MCPAP

For Moms

Resources and Referrals

Education

Perinatal Psychiatry Consultation

Phone consults

One-time assessments

	Any diagnosis		Unipolar depressive disorders		Bipolar-spectrum disorders	
	IRR	*95% CI*	*IRR*	*95% CI*	*IRR*	*95% CI*
Utilization of R&R	**1.05**	1.04 to 1.06	**1.06**	1.05 to 1.07	**1.07**	1.05 to 1.09

Masters et al. (2023). *Archives of Women's Mental Health*.
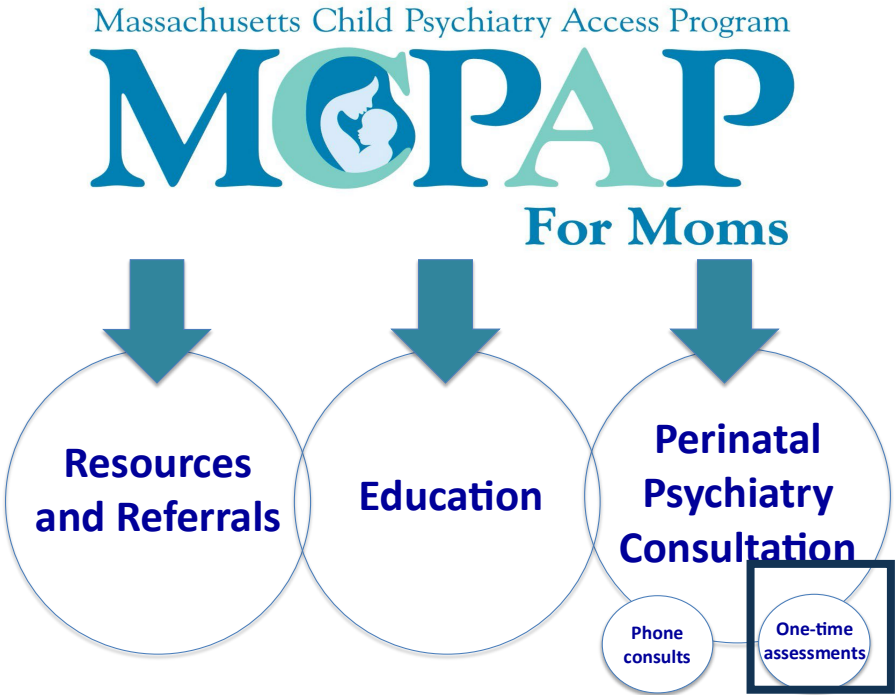
Increased utilization of phone consults was significantly associated with the rates at which clinicians provided direct mental healthcare for any diagnosis
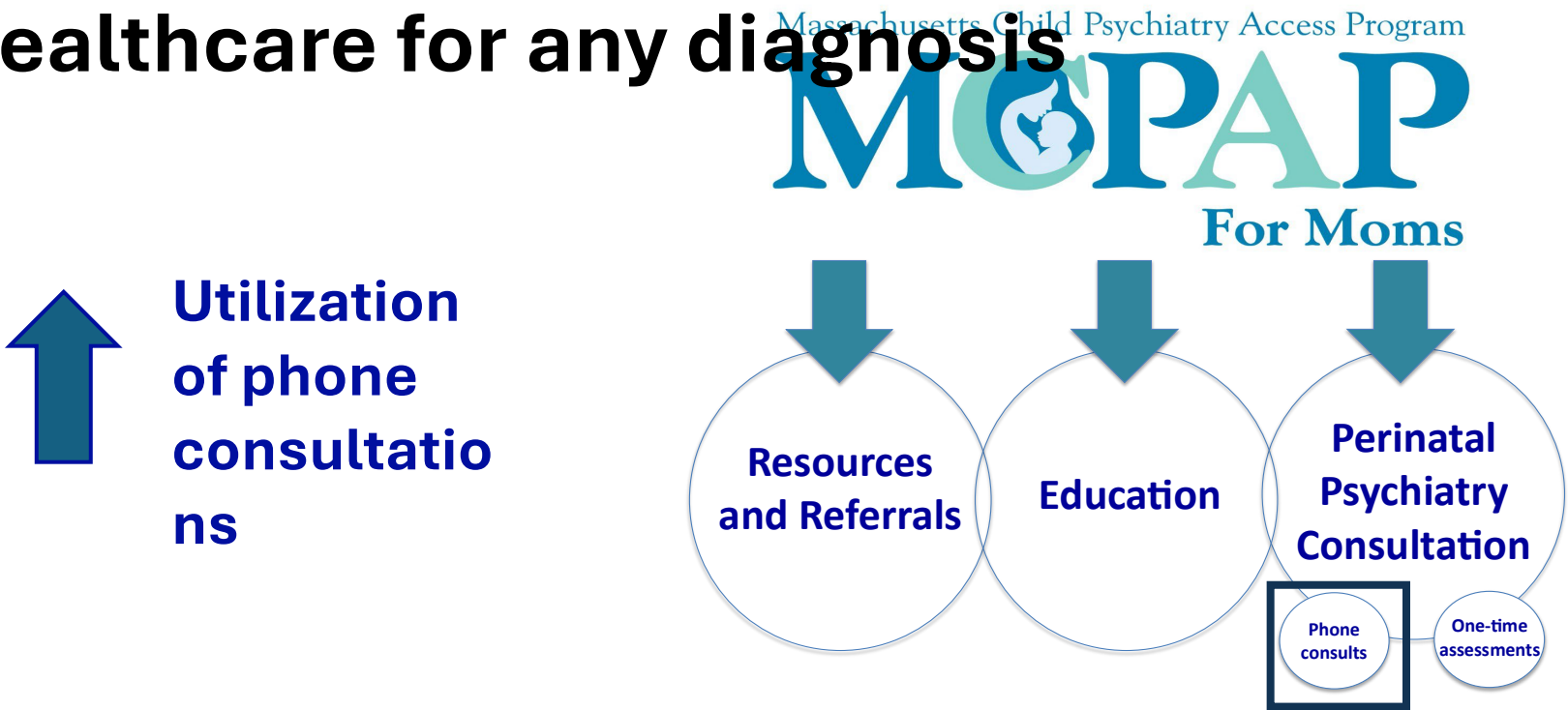
	Any diagnosis		Unipolar depressive disorders		Bipolar-spectrum disorders	
	IRR	95% CI	IRR	95% CI	IRR	95% CI
Utilization of phone consults	1.30	1.28 to 1.33	1.31	1.28 to 1.34	1.25	1.20 to 1.29

Masters et al. (2023). *Archives of Women's Mental Health*.

Increased utilization of one-time assessments was significantly associated with the highest rates at which clinicians provided direct mental healthcare for any diagnosis, *especially* BD

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MCPAP For Moms

Utilization of one-time assessments

Resources and Referrals

Education

Perinatal Psychiatry Consultation

Phone consults

One-time assessments

	Any diagnosis		Unipolar depressive disorders		Bipolar-spectrum disorders	
	IRR	*95% CI*	*IRR*	*95% CI*	*IRR*	*95% CI*
Utilization of one-time consults	**1.70**	1.60 to 1.81	**1.66**	1.53 to 1.79	**2.12**	1.86 to 2.41

Participants with support see addressing perinatal bipolar disorder as an important part of their role as obstetric professionals

"I'm a lot less scared to prescribe medications than I was probably four years ago because I see [that] the benefit outweighs the risks. So, I won't start somebody on a bipolar medication if I think they're bipolar. But if they've been on it and I call and I talk to [MCPAP psychiatrist] and we [talk through] the case and they think it's appropriate, then I will happily prescribe it."
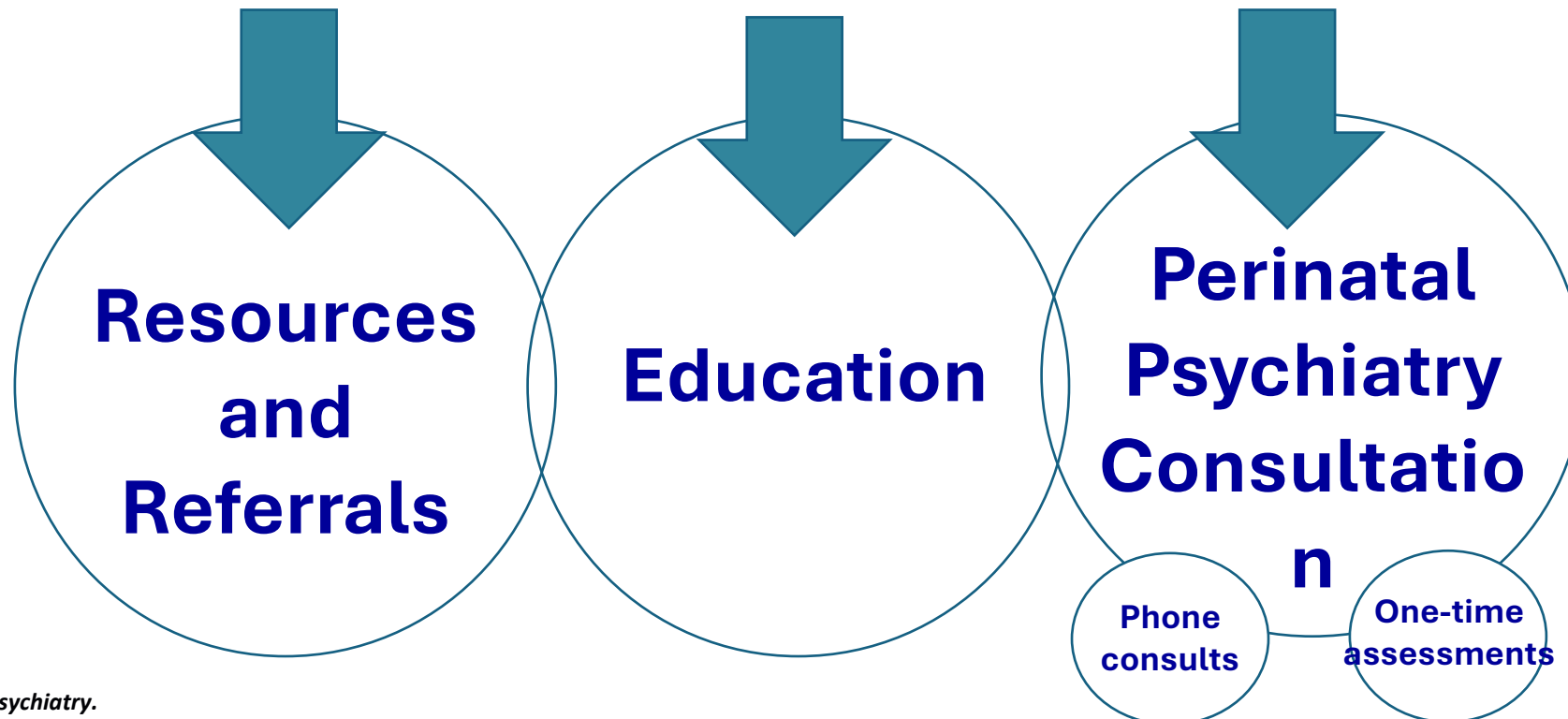
- Provider exposed to MCPAP for Moms

MCPAP for Moms can help provide a solution by building the capacity of perinatal care settings to provide mental health care

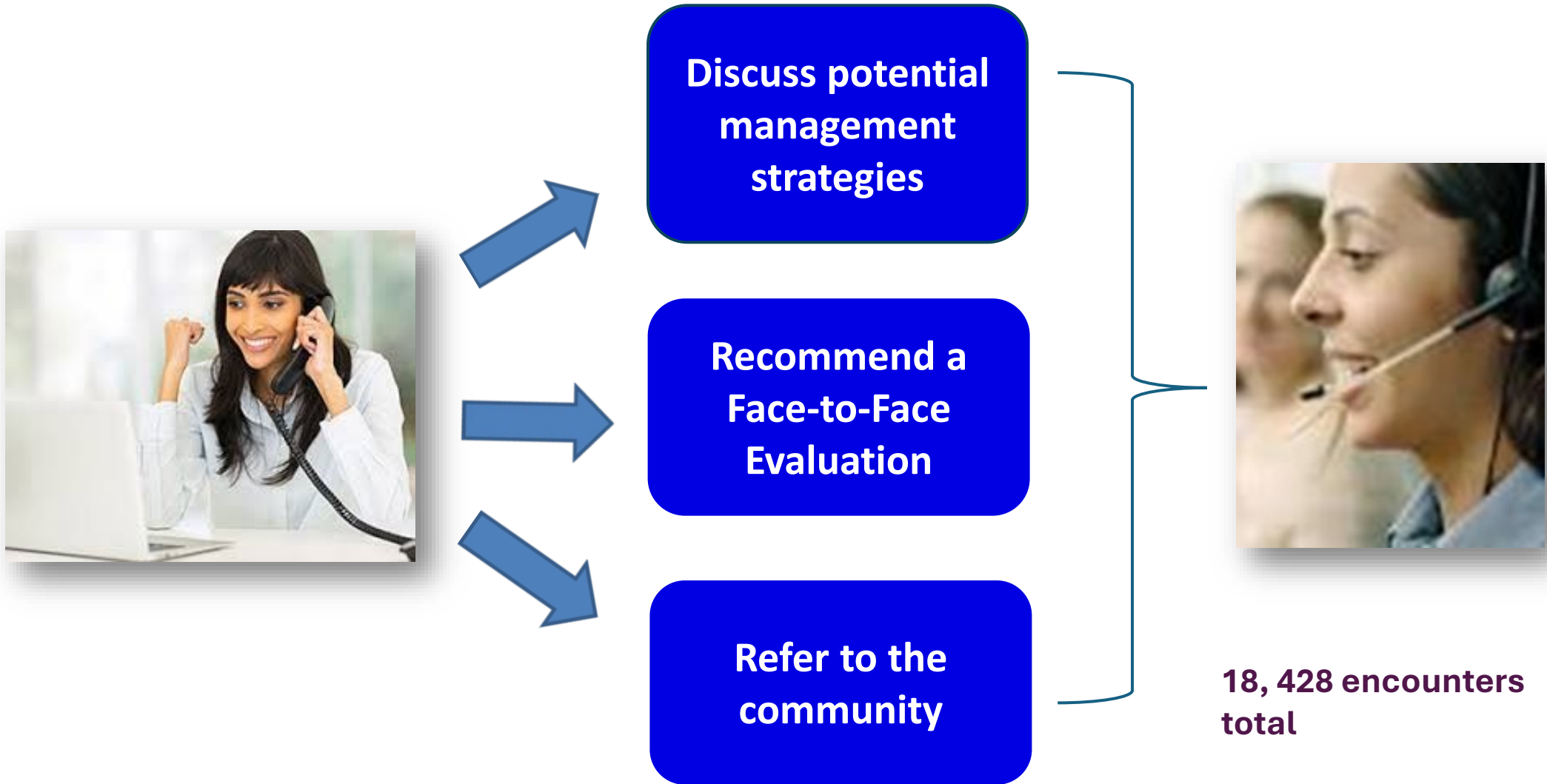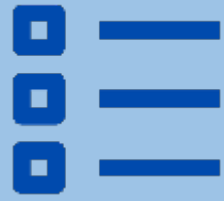Massachusetts Child Psychiatry Access Program

MCPAP For Moms

Resources and Referrals

Education

Perinatal Psychiatry Consultation

Phone consults

One-time assessments

Byatt et al. (2016). *General Hospital Psychiatry.*

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Providers can call 855-Mom-MCPAP for consultation for mental health and SUD topics

Resource and Referral specialist

Resources to provider

Provider to Provider Phone Consultation

Face to Face Consultation

Resources to patient (Patient Contact)

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The consultation is the "engine" of MCPAP for Moms

Discuss potential management strategies

Recommend a Face-to-Face Evaluation

Refer to the community

18, 428 encounters total

Byatt et al. (2016). *General Hospital Psychiatry.*

Resource and Referral is based on acuity, severity and need

Resources to Provider

- RRS identify 2-3 targeted resources and share in a list form with the provider
- Does not involve speaking with mom

Outreach to Patient

- RRS contact mom and work with them to schedule appointment
- Follow up after 1 month

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MCPAP
For Moms

How can MCPAP for Moms Help?

Call MCPAP for Moms at 855- 666-6272, Monday – Friday 9:00 a.m. – 5:00 p.m.
 to request the following services:

Trainings and Toolkits
https://www.mcpapformoms.org/Toolkits/Toolkit.aspx

Real-time provider to provider phone consultation

Linkages with community-based resources

Massachusetts Child Psychiatry Access Program
MCPAP
For Moms

MCPAP for Moms aims to promote maternal and child health by building the capacity of front line providers to address perinatal mental illness

Toolkit and e-modules are available for provide obstetric clinicians through ACOG

Available now at
www.acog.org/mentalhealth
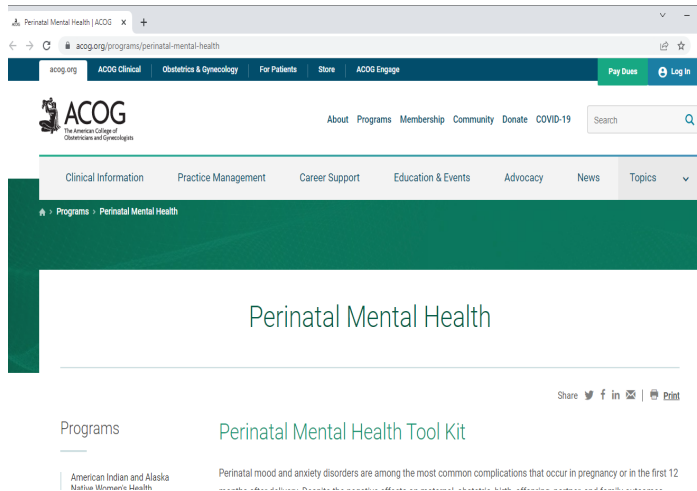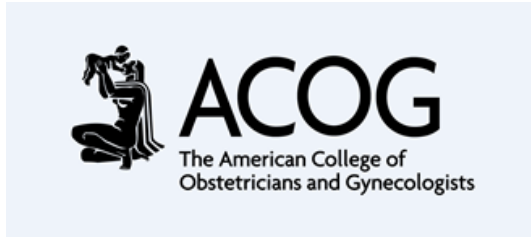
[Perinatal Mental Health | ACOG](#)
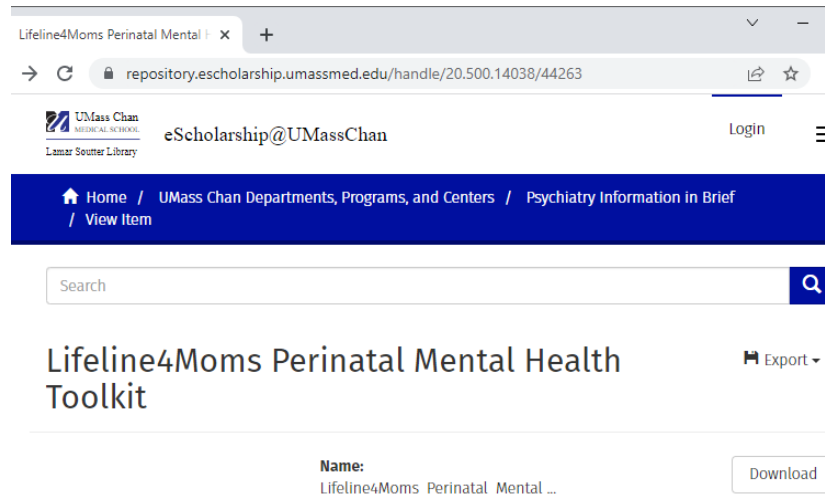
[Lifeline4MomsPerinatal Mental Health Toolkit (umassmed.edu)](#)

We also developed a toolkit for substance use disorder care
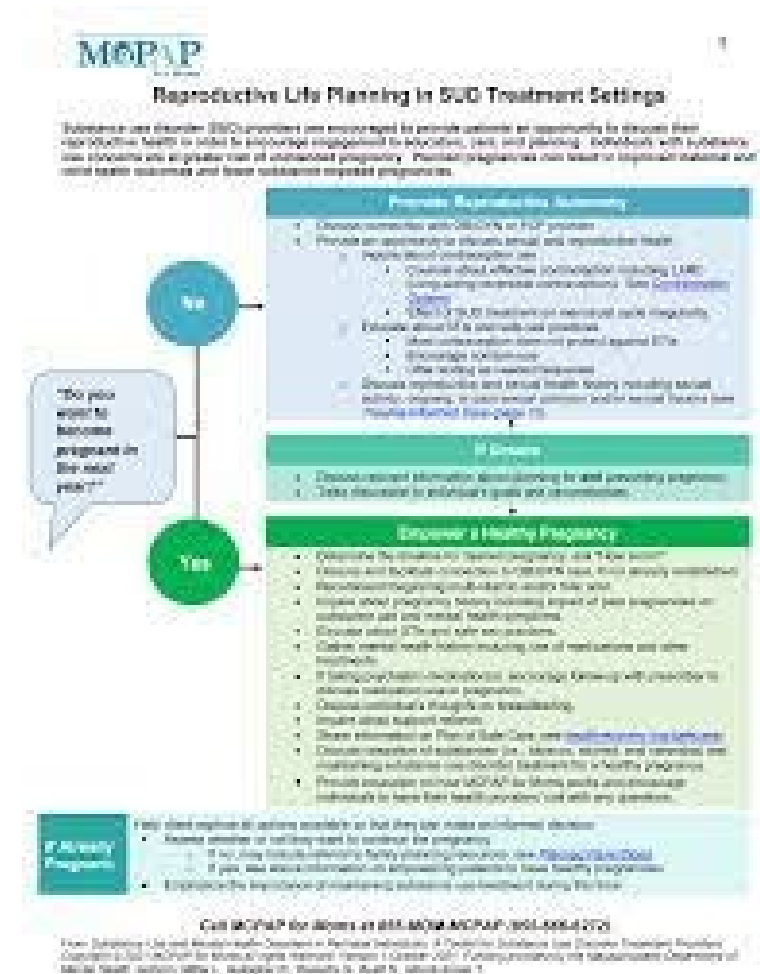
Resources

- **MCPAP for Moms**
  - **mcpapformoms.org**
- **ACOG**

  acog.org/programs/perinatal-mental-health
- **MGH Center for Women's Mental Health**
  - **womensmentalhealth.org**
- **Reprotox**
  - **reprotox.org**
- **Postpartum Support International**
  - **postpartum.net**
- **Lactmed**
  - **toxnet.nlm.nih.gov/newtoxnet/lactmed.htm**
- **Lifeline for Moms**
  - **umassmed.edu/lifeline4moms**

MASSACHUSETTS
BEHAVIORAL
HEALTH
HELP LINE

Get help now.
833-773-2445

24/7 365

Acknowledgements

MCPAP for Moms Team

Kristen Morningstar

Director of Specialty Behavioral Health Services

Michigan Department of Health and Human Services

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Division of Maternal and Infant Health

- **Pregnancy - Infancy - Family | Building tomorrow together!**
- **Mission:** The Maternal Infant Health Program nurtures health and wellness throughout pregnancy and infancy by partnering families with caring, trusted, and knowledgeable home visitors who serve the goals and needs of each family.
- **Vision:** Our vision is that all babies, families, and communities in Michigan are healthy and thriving.
- **Goals:** The goals of MIHP are to reduce rates of maternal and infant morbidity and mortality by promoting healthy pregnancies, positive birth outcomes, and healthy growth and development for infants.
- **Values:** Equity | Integrity | Quality | Innovation | Collaboration

Maternal Infant Health

- DMIH partners with Phillips to improve access to vital resources for expectant moms through the Pregnancy+ App. The app points users to other state programs such as Michigan's Home Visiting program and programs supporting behavioral and mental health.

- The Maternal Infant Health Program, Michigan's largest home visiting program, uses an evidence-based intake assessment to determine risk related to mental health and other concerns. [Maternal Infant Health Program (MIHP)](#)

- Families Served in 2024
  - 101,139 Home Visits including 17,067 Virtual Visits
  - 17,145 Families Served
  - 12,115 Children Served

    Source: MDHHS Data Warehouse Medicaid Claims/Encounters

Michigan Perinatal Quality Collaborative

- Michigan Perinatal Quality Collaborative/Regional Perinatal Quality Collaboratives: Michigan Perinatal Quality Collaborative (MI PQC)
  - Support and promote trainings and education to healthcare workers, OB residents, and birth workers on general perinatal mental health concerns, Trauma Informed Care, Postpartum Support International formal trainings, Survivor Mom's Companion and Resolve Through Sharing.
  - Share resources for assessment, care, and treatment of perinatal mental health conditions on their social media accounts, website and in print materials.

Michigan Perinatal Quality Collaborative

Implementing and expanding care for families affected by Perinatal Substance Use Disorder (PSUD)

♦ Increased screening for mental and behavioral health concerns at prenatal and family planning clinics through utilization of an electronic screening tool (such as [High Touch, High Tech).](#)

♦ Increased accessibility of Medication-Assisted Treatment (MAT) for pregnant & postpartum people, as well as coordination of prenatal care for pregnant people receiving MAT.

♦ Establish rooming-in policies and procedures for families with babies born substance-exposed at participating birthing hospitals.

High Touch High Tech

DMIH partners with High Touch High Tech (HT2) and the Pregnancy Checkup App. [Home | HT2](#)

- 21 prenatal/postpartum clinics that offer electronic mental and behavioral health screening to patients.
- When the Pregnancy Checkup app began it was aimed at patients attending their first prenatal appointment. There is now a module aimed at postpartum screening of mental and behavioral health.
- Additionally, a version of the tool is available to patients outside of clinics that have implemented the screening apps. This is called direct-to-patient care and is focused more on patient education related to mental and behavioral health concerns.

Medicaid Infant Mental Health Services

- Infant Mental Health Services, or Prevention Direct Service, provide home-based parent-infant support and therapeutic intervention services.

- Using the Infant Mental Health Home Visiting model (perinatal people, birth to 36 months), to families where the parent's condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant.

Infant Mental Health Services

- ***IMH-HV*** is delivered weekly in families' homes by Master's-level providers.

- Through a multifaceted approach, ***IMH-HV*** aims to increase parental competencies, promote mental health and sensitive caregiving, and thus reduce risk for the infant/toddler and lessen the probability of intergenerational transmission of the effects of unresolved loss and trauma in parents.

- This program involves the family or other support systems in the individual's treatment: The needs and contributions of significant adults (including other parents who are not direct recipients of services) and other young children in the household are considered and included in the ***IMH-HV*** intervention. This may include biological parents, foster parents, and/or kin; and may also involve coordination of care with child welfare system providers, medical providers, early care and education providers, and other professionals involved in support for the infant/toddler and/or family.

Infant Mental Health Services

Infant Mental Health Home Visiting Components

- Culturally Responsive Practice
- Building an Alliance
- Material Needs
- Developmental Guidance
- Emotional Support
- Infant-Parent Psychotherapy
- Life Course Planning
- Reflective Supervision
- Videotaping
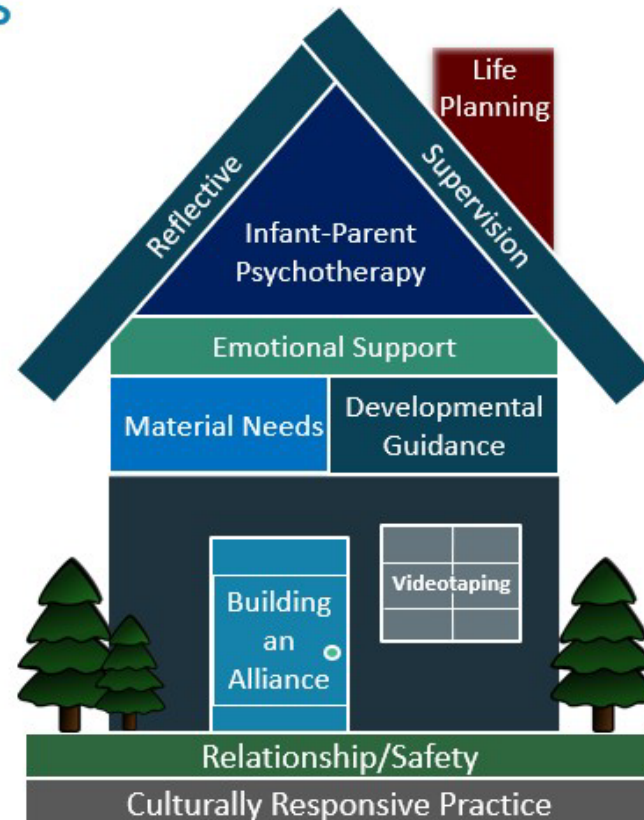
Michigan Clinical Consultation & Care -MC3

- Offers psychiatry support to prescribing outpatient health care providers in Michigan who are managing patients with behavioral/mental health concerns.

- This includes children, adolescents, young adults through age 26, and women who are contemplating pregnancy, pregnant, or postpartum (up to one year).

- Statewide services: prescriber consultations, telepsychiatry evaluations, group case consultations.

- Select counties: perinatal patient care, school-based consultation, emergency & crisis services consultation, behavioral resource specialist.

Questions?

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