Closing Gaps in Maternal Mental Health Care by the Year 2020

MMH Overview & Lactation Support Powerful Role

California Breastfeeding Coalition
January, 2019
Meet Joy

Joy Burkhard, MBA
Founder & Director 2020 Mom
Quality/Compliance Manager Fortune 100 Health Insurer
Who is 2020 Mom?

- Non-profit formed in 2011 at the urging of the CA legislature
  Young Junior League member Read article in Glamour Magazine which inspired Legislation

Mission: To Close Gaps in Maternal Mental Health Care
Based in CA, leading systems and policy change in the U.S.
Built around Collaboration and Vision

Because of their collaborative work with many different organizations they have identified barriers and solutions and are breaking down these barriers one-by-one.”
- Laurie Gregg, M.D., ACOG
  2012

People who straddle 2 worlds or 2 arenas often see paths forward that the rest of us do not. Their vision and ability to bridge, is invaluable and leads to scalable, lasting change.
- Johnathon Goldfinger, MD, Pediatrician
  2018
What did you forget?
Why are you here?
Goals for Our Session

- General Overview of Maternal Mental Health Disorders
- How We Detect, Evidence Based Treatment
- Rates of Detection and Treatment
- Barriers for Mothers and Providers
- Policy Landscape
- Breast Feeding Supporters - Core Competencies
- Resources for You & Next Steps
Did you Know?

Women in their childbearing years account for the largest group with depression in the U.S.

Untreated anxiety and depression during pregnancy is a leading cause of pre-term/low birth weight deliveries.

Postpartum depression is the most common complication of childbirth.

There are more new cases of mothers suffering from maternal depression each year than women diagnosed with breast cancer.

The American Academy of Pediatrics has noted that Maternal Depression is the most under-diagnosed obstetric complication in America.
Did you Know?

According to the W.H.O., depression is the leading cause of disability (ability to work).

Between 1990 and 2013 the number of people suffering from depression and/or anxiety increased by nearly 50% and increased 18% from 2005 and 2015. A “wake up call.”

AAP study shows sharp rise in teen depression, stark differences between rates in girls and boys.

Mental Health Disorders rank #1 in terms of costly conditions in the U.S. (Medical Affairs)
*In part because we aren’t treating soon enough = Chronic*

Every U.S. $1 invested in scaling up treatment (Rx & Counseling) for depression and anxiety leads to a return of $4 in better health and ability to work.
Why “Maternal Mental Health”? 

- Postpartum Depression is often used incorrectly as the “Umbrella term” for all MMH disorders

- Perinatal Mood and Anxiety Disorders (“PMADS”) was the clinical term most often used but...
  - Does not include psychosis &
  - Advocacy groups like NAMI and Mental Health America requested “MAD” never be used in an acronym to describe mental health disorders

- Maternal Mental Health Disorders being more widely adopted

- Perinatal Mental Health being used by organizations who also work with dads/partners
What are MMH Disorders?

*These disorders can happen during pregnancy or the postpartum period.*

NOT the Baby Blues
-the baby blues impact up to 80% of women and resolve naturally within two weeks.

Depression*
-impacts up to 20% of women
(majority have had a prior episode)

Anxiety*
-impacts up to 10% of women (often a precursor to depression)-can include OCD and intrusive/scary thoughts & PTSD

Postpartum Psychosis
-impacts .1-.2% of women
-break in reality, higher risk of harming the baby/self, linked to bipolar disorder
Breast Feeding Interference

Depression
• Mothers may be too sick to get out of bed and care for baby
• Mothers may be told they can no longer breast feed if they take a pharma med.
• There are meds that are safe to take (prescriber should reference Lactmed).
• If breastfeeding is working well, can be devastating to stop.

Anxiety
• In the postpartum period, anxiety is generally the precursor to depression
• If breastfeeding isn’t working, can be an anxiety trigger
• Domperidone linked to anxiety

Promoting feeding in anyway that helps parents connect.
**Why Should we Prioritize this Population?**

*Two+ lives are impacted:*

Annual Cost = $22,500 per mother-baby dyad (not including cost of pre-term birth)

*Harvard Center for the Developing Child:*

*Children born to mothers experiencing moderate to severe depression have changes in their brain architecture that seem to negatively affect their learning, behavior, and mental health.*

*If a mama aint well, aint nobody well.*
Risk of Untreated Depression and Anxiety on Mothers

- Increase risk of Pre-term/Low Birth Weight Babies (x4)
- Increase risk of Preeclampsia
- Increase her risk of substance abuse & smoking
- Increase her risk of ER visits & psychiatric hospitalizations
- Interfere with her relationship stability
- Impact a mom and partner’s ability to work (+presenteeism) or return to work from disability
- Increase the risk of abortion or adoption
- Impact her long-term well-being and sense of worthiness
- Increase her risk of suicide
- Increase risk of neglecting her children
- Increased risk of committing Infanticide (caused by psychosis not depression)
Risk of Untreated Depression and Anxiety on Infants & Children

Can cause emotional & social problems in children:
- Lower self esteem
- Increased Anxiety and fearfulness
- Increased risk for depression
- Problems forming secure relationships

Can cause developmental delays in infants/child
- Late walking/talking
- Delayed readiness for school
- Learning difficulties and problems w/ school
- Attention/Focus impairment
Focus IS now on MMH


American College of Obstetrics and Gynecology (ACOG) recommends screening (2015)

The USPSTF recommends screening adults for depression and specifically calls out the importance of screening pregnant and postpartum women (2016)
  - Draft recommendation related to screening to determine who is at risk to refer counseling. (Pending, 2018)

CMS recommends states reimburse pediatricians for Medicaid screening by pediatricians and notes coverage for mother-baby treatment (2016)

AMA recommends screening (2017)
Screening Questionnaires

Edinburg (EPDS)
Most widely used during Perinatal Period
Addresses Depression & Anxiety
10 Questions

PHQ-9
Most recommended by researchers
Most often used in primary care
9 Questions

PHQ-2 2 Questions

GAD or PASS (Perinatal Anxiety)

Sleep Screens such as The Pittsburg Sleep Quality Index
Diagnosis and Treatment Rates

Cigna HEDIS-Like OBGYN Med Record Review (2014)
- 5% of screened during Pregnancy
- 6% during the postpartum

44% of OBGYNs report they always screen, but may not use a validated screening tool (PHQ-9 or EDPS) (2009)

Cigna Study of PPO Patients in CA
Marcus J Women Health 2003; 12 ($): 373-80
Emphasis on Root Causes

Root Causes
are underlying factors
that create problems
and allow these
problems to persist
often after attempts to
address the challenge.
Barriers to Screening & Treatment, OBGYNs/Peds

Survey of OB/Gyns:
Those who don’t screen indicate:
Don’t feel qualified (No interest)

Not enough time to screen/manage

Don’t know where to refer*
(Psychiatrist shortages, MMH specialists shortages, shortages of those in-network, and lack of credentials to identify MMH specialists)

No financial incentive**

*Shortage of psychiatrists and trained MMH therapists,

**Aetna study: paying for PCP depression screening outside of standard office visit rate didn’t increase screening rates.

Pediatricians raise similar concerns and that mom isn’t their patient.
Barriers to Screening & Treatment, Moms

Women and Families may not speak up, here’s why:
- Confused as to what’s happening
- General Stigma of Mental Health
- Don’t want to appear ungrateful
- Fear that baby will be taken away (particularly low income)
- General Distrust of Medical Community (AA mothers in particular)
- Don’t understand risks to baby’s health

When moms finally do speak up, often help isn’t available.
Are moms getting treatment?

Research suggests, only 15% receive treatment. 6% will sustain treatment to wellness.

Only 6% sustain treatment

Untreated Women

Cigna Study of PPO Patients in CA 2014 Medical Records
Psychotherapy, such as cognitive behavioral therapy (CBT) (6 sessions as effective as drug therapy for mild-moderate)
- Medication
- Meditation
- Omega 3s, Folic Acid & Vitamin D3
- Yoga and/or other exercise
- Improve Sleep

All of these treatments are also preventive

EMERGING
- Transcranial Magnetic Stimulation (TMS) –FDA Approved
- Electro Convulsive Therapy (ECT)
Risk Factors

Medical Complications & MHSUD Family or Personal History
- Prior Mood Disorders including Mood Trouble during Menstruation and Depression with previous pregnancy.
- Family History of Mood Disorders
- Substance Abuse
- Autoimmune Disorders like Thyroid Disorders and Diabetes

Life stress
Child’s medical complications, poor relationships, low socio-economic status, unwanted pregnancy, pregnancy loss or infant death, single mother, multiples, job stress, move, etc.

Isolation. Lack of practical or emotional support.
Meet Maureen

Middle income, lives in Monterey, 32 years old.

“One day I was looking up at a tree in my back yard and felt so bad I could imagine myself hanging from it. The next day I learned I was pregnant...


My OB referred me to a psychiatrist, who sent me back to my OB. I was told to white-knuckle it and call 911 if I was going to kill myself.

After talking to 27 providers, at 6 months pregnant, I finally found #28 and 29 an LCSW and nurse practitioner who prescribed me medication who had both received specialized training.”
Meet Jessica

As an African Americans often feel we are being judged by outsiders, particularly people in authority like doctors. A doctor can’t know us unless they talk to us about life, and express a genuine interest. If they are just paper pushing, asking required questions it will never happen.

I didn’t ask for help from any health care professionals. I got through my depression on my own, by listening to music.

Jessica, mother of 7
Increased exposure to social stressors – e.g., poverty, marginal neighborhoods, violence

National Pregnancy Risk Assessment Survey (PRAMS) shows higher rates in:
• younger women
• lower educational attainment
• Medicaid at time of delivery

African American Women suffer at rates 35-50% higher than the general population.

Evidence is varied among Latina populations.
Maternal Mental Health: CA’s Goals and Recommendations

Formed via Assembly Concurrent Resolution (ACR) 105 (2014), requiring a report be issued back to the Legislature.
The Key Players

16 appointed multi-stakeholder members & additional standing contributors

Funded privately by The California Endowment & The California Health Care Foundation.
Work Products

Provider Core Competencies
Identifies the skills and knowledge various providers should have who interact with women in the perinatal period

A Continuum of Care
Summarizes the 4 critical timeframes for providers to address MMH disorders

Screening: Score “Cut Offs” and Timing Recommendations
Developed by PSI at the urging of the task force to identify score cut-off for PHQ-9 and EPDS & Timing of Screens by PCP, Ob/Gyn and Pediatrician

A “Menu” of Treatment Options
Adapted from the MCPAP for Moms Toolkit to Include Full Range of Tx Options by Severity

Detailed Recommendations for All Stakeholders
Everyone can and must do something
5 Major Barriers & Calls to Action

No Home Base for Screening, Lack of Referral Pathways, Capacity & Support
*Single provider type must always be on-point to screen, clear role must be defined (Ob/Gyn)*
*Must address knowledge gaps, capacity & treatment shortages*

Mental Health and Medical Systems Are Not Integrated
*Starting with Insurance Policies; Accessing mental health care should be no different than heart care*

No Measurement of Screening Rates:
*We don’t address what we don’t see; Need a HEDIS Measure*

Women Need More MMH Education & General Support:
*To reduce risk & address stigma; Public Health Departments*

No Framework for Change for All Key Stakeholders:
*A clear path helps all of us get from A to B; See Paper Appendix*

**Screening Goal, 80% by the Year 2020**
CA MMH Core Competencies

CHWs, LCs, Doulas, Home Visitors, Childbirth Educators, Peer Supporters:
– Understand signs and symptoms of the range of MMH disorders and which factors place a woman at high-risk
– Develop knowledge about the valid screening tools for depression and anxiety. Understand where to locate these screening tools and how to select and use them
– Understand recommended frequency of screening during pregnancy and postpartum and suggested ‘cutoff’ scores to identify who may have potential anxiety or depression
– Be familiar with and follow agency protocols for different types healthcare workers involved in addressing MMH, which include prevention and treatment resources and referral pathways
– Understand that trouble breastfeeding can be a risk factor for anxiety and depression; and some agents used to help increase breast milk supply may trigger anxiety
Call to Action

**Lactation Consultants**
- Become familiar with the core competencies developed for lactation consultants as noted in this paper.
- Become familiar with local treatment resources, including contacting Postpartum Support International’s warmline for resources, as needed.
- Take Introduction to MMH course, and consider certificate-based training in MMH.

**International Board of Lactation Consultant Examiners (IBLCE)**
- Review the core competencies for lactation consultants addressed in this paper and update testing.
Focus IS now on MMH Among BF Associations

Revisions to IBCLC Scope of Practice and Clinical Competencies
https://iblce.org/2018/12/17/revisions-to-ibclc-scope-of-practice...

• Additional information is included in the Scope of Practice regarding the IBCLC’s role in providing breastfeeding and lactation care in relationship to maternal and child health and mental health.

Breastfeeding and Mental Health – World Alliance for ...
waba.org.my/breastfeeding-and-mental-health

• Breastfeeding and Mental Health Joint Statement from WABA & LLLI in celebration of World Health Day ... the end goal should be the prevention of depression through long-term promotion of mental health. This year, World Health Day focuses on the theme of “Depression: Let’s Talk.” ... International Lactation Consultant Association (ILCA ...
Effective 1/1/2020
AB 3032 Hospital Maternal Mental Health
Requires hospitals to train clinicians and educate women about maternal mental health disorders and local treatment options, if any.

Effective 7/1/2019
AB 2193 Obstetric/PCP Provider Screening & Insurer Programs
MDs treating mom to confirm screening has occurred or perform Screening at least once during the perinatal period.

Requires health insurers to develop MMH programs to support women and providers.
Viscous Cycle: Raising Awareness Matters

very little awareness

screening rates too low

shortage of treatment
Take Action

Hang Posters and Distribute Palm Cards
Complimentarily Awareness Materials
www.2020Mom.org/materials

Host a Diaper Drive and educate about MMH
www.2020Mom.org/diaper-drive

Get Trained
MMH 101 webinar quarterly & Certificate Based Training
www.2020Mom.org/free-intro-to-MMH

May MMH Awareness Month
MMH Week: Social Media Campaign
www.TheBlueDotProject.org
Cheryl Beck, RN, DNSc, CNM, FAAN
Researcher, Birth Trauma
Professor, University of Connecticut

Attend in LA or via Livestream
Hope & Help
Support in pregnancy & postpartum

Peer Lead, Clinician Supported Maternal Mental Health Support Group Leader Training

Next Thursday, February 7
8:15am-4:45pm PST
Center at Cathedral Plaza
Los Angeles, CA
References:
Report from the California Task Force on the Status of Maternal Mental Health Care
www.2020Mom.org

Thank you!

Joy@2020mom.org
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