Maternal Mental Health Efforts in California

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Maternal Mental Health (MMH) Initiatives in California

- CA-PAMR focus on maternal deaths due to suicide, homicide and drug overdoses
- 2020 Mom Project
  - CA Task Force on the Status of Maternal Mental Health Care
- Integrating Maternal Mental Health Bundle (Council on Patient Safety in Women’s Health Care) into state efforts on MMH
CA PAMR updates

- Consolidating past case review
  - Report in preparation for all causes of maternal death (2002-2007) using linked data and case review findings

- Going forward
  - In depth review of maternal deaths due to suicide, homicide and drug overdoses (2002-12) using linked data and coroner reports
  - Convening new CA-PAMR expert committee to review medical records of deaths due to suicide (2002-12)
CA-PAMR 2002-2007 Findings

- Preliminary data from linked death & birth certificates
  - Rates of suicide, homicide and drug overdose among the pregnancy-associated cohort significantly lower than rates among women aged 15-44
  - For suicide, homicide and drug overdose, rates during pregnancy and the early postpartum period (<42 days) were significantly lower than rates in late period (43-365 days pp)
  - Absolute numbers of death due to these causes puts them in the top five causes of maternal death
CA-PAMR questions

- How to define pregnancy-related death among these causes
  - Is this classification necessary or helpful?
- How to define ‘social risk factors’ – significant life stressors or adverse events – and assess their relative impact on pregnancy-related death
  - lack of prenatal care, heavy drug use, severe mental illness, homelessness, incarceration and exposure to violence
CA Task Force on Maternal Mental Health
June 2015 through June 2016

- Formed after 2020 Mom Project sponsored state Resolution
- ~20 appointed members from various stakeholder organizations as well as advocates and mothers
- Funded by The California Endowment and The California Healthcare Foundation
- Study the maternal mental health landscape in California
- Query national experts & review programs that address maternal mental health, including national maternal mental health bundle
- Goal: Issue a white paper summarizing findings and issuing recommendations to the CA legislature as well as other public and private entities
Initial Findings and Strategies

- Agree on need for national measures
- Goal to screen all CA women (timeframe and exact metrics TBD)
- In line with ACOG recommendation, OBGYNs as home base for screening starting in pregnancy (and even after postpartum visit if a woman comes to her OBGYN)
  - To be in a position to screen, OBGYNs need:
    - referral pathways for non-drug treatment (such as talk therapy -- which women with mild-moderate depression prefer and research supports as effective)
    - drug safety information and psychiatric consultation/referral resources
- Adopt 'no wrong door' policy (where Hospitals, PCPs and Pediatricians, Home Visitors and others screen routinely)
- Symptom score may be ultimate outcome measure but needs more development.
  - Patients are often treated without formal diagnosis due to concern about stigma
Other Considerations

- **Social Policy/Determinants**
  - Account for and understand social factors and provide non-clinical, peer and/or community support (i.e. It Takes a Village)

- Disparities add profound complexity in identification, support, treatment and addressing non-clinical factors

- National and state level policy is important, however, change must also happen at the community level

- Hospitals and Insurers play an important role
  - Hospitals are the 'hub' with 99% of births. Screening and treatment programs such as support groups, outpatient day treatment programs are powerful in communities where hospitals take a leadership role
  - Insurers should consider whether medical contracts allow for reimbursement for such programs and creation of case management programs for MMH disorders
  - Workforce expansion necessary to meet needs. PCPs and others with skills to treat and escalate to psychiatry and perinatal psychiatry for most complex situations
MATERNAL MENTAL HEALTH: PERINATAL DEPRESSION AND ANXIETY

- Project from Council on Patient Safety in Women’s Health Care
- Multidisciplinary Bundle Work Group
- Presentations and slides available at [www.safehealthcareforeverywoman.org](http://www.safehealthcareforeverywoman.org)
  - Empowering Patients, Improving Outcomes: Maternal Mental Health (12/14/15)
  - Presentation of Maternal Mental Health Patient Safety Bundle (2/23/16)
  - Maternal Mental Health: Enhancing Screening and Better Practices (5/5/16)
Every Clinical Care Setting

- Identify mental health screening tools to be made available in every clinical setting (outpatient OB clinics and inpatient facilities).
- Establish a response protocol and identify screening tools for use based on local resources.
- Educate clinicians and office staff on use of the identified screening tools and response protocol.
- Identify an individual who is responsible for driving adoption of the identified screening tools and response protocol.
Every Woman

- Obtain individual and family mental health history (including past and current medications) at intake, with review and update as needed.
- Conduct validated mental health screening during appropriately timed patient encounters, to include both during pregnancy and in the postpartum period.
- Provide appropriately timed perinatal depression and anxiety awareness education to women and family members or other support persons.
RESPONSE

Every Case

- Initiate a stage-based response protocol for a positive mental health screen.
- Activate an emergency referral protocol for women with suicidal/homicidal ideation or psychosis.
- Provide appropriate and timely support for women, as well as family members and staff, as needed.
- Obtain follow-up from mental health providers on women referred for treatment. This should include the necessary release of information forms.
REPORTING/SYSTEMS LEARNING

Every Clinical Care Setting

- Establish a non-judgmental culture of safety through multidisciplinary mental health rounds.
- Perform a multidisciplinary review of adverse mental health outcomes.
- Establish local standards for recognition and response in order to measure compliance, understand individual performance, and track outcomes.
Thank you

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