



OB/GYN Webinar Series 2019-2020

Screening, Treatment & Access for Mothers
and Perinatal Partners (STAMPP)

Tuesday, January 21, 12:00pm- 1pm EDT

Presented by:

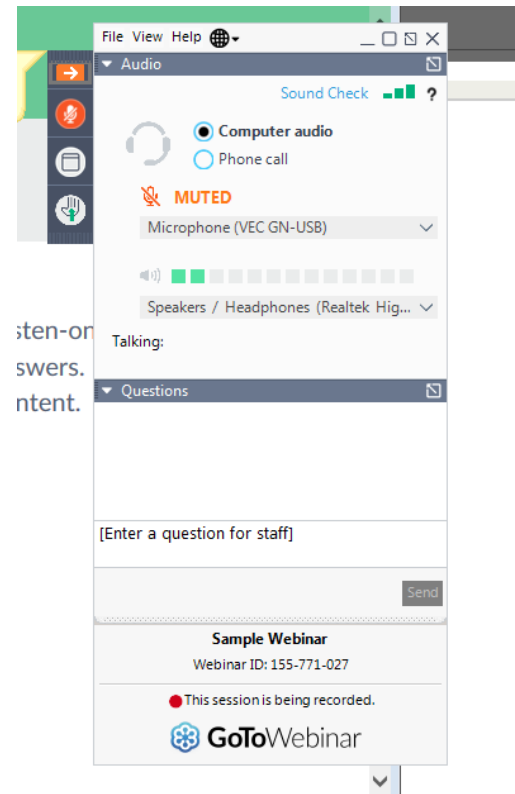


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Questions/Comments During the Webinar

Use the Question box in your webinar toolbar



Laura Bernard, MPH

Program Manager for Screening, Treatment & Access for Mothers and Perinatal
Partners (STAMPP) Grant
Vermont Department of Health, Division of Maternal & Child Health

VERMONT

Screening, Treatment & Access for Mothers
and Perinatal Partners (**STAMP**)

Goal: To improve the mental health and well-being of pregnant and postpartum women and their children and families by developing and sustaining a coordinated system of mental health supports for pregnant and postpartum women

Objectives

- ▶ Assess **resources, gaps and opportunities** in our existing system of care
- ▶ Increase capacity of Vermont's **health care providers** to educate, screen, diagnose, prevent, and treat
- ▶ Increase capacity of Vermont's **mental health system** to diagnose and treat
- ▶ Increase capacity of the **human service workforce** to screen and support
- ▶ Identify and support innovative **financing options**
- ▶ Access to comprehensive maternal depression and **educational information** and support and treatment options
- ▶ Develop up-to-date, **real-time referral resources at the community level**
- ▶ Conduct a **comprehensive evaluation**

Organizational Structure

State Partners

Vermont Department of Health (lead)

Vermont Department of Mental Health

Other AHS Departments and Divisions (Blueprint, CIS, DCF, ADAP, etc.)

Current Funded Partners

Vermont Child Health Improvement Program (VCHIP)

University of Vermont Medical Center

Designated Mental Health Agencies

Washington, Chittenden, Rutland, Franklin counties

Postpartum Support International for Training, Marketing TBD

Identified Needs and Opportunities

- ▶ Increased capacity for screening, referring and treating
- ▶ Normalize and destigmatize the issue
- ▶ Coordinated care
- ▶ More focus on intrapartum depression
- ▶ Centralized information location for referrals, messages and materials
- ▶ User-friendly materials for different needs and different audiences
- ▶ Messages to support patient and provider conversations
- ▶ Information that increases self-disclosure



Health Care Provider Capacity

Quality improvement in primary care (pediatrics, family medicine, internal medicine)

Quality improvement in OB settings with screening, referral, and treatment workflow optimization

Psychiatric consultation in primary care and OB

Training: Postpartum Support International, Grand Rounds, Project ECHO (tentative Fall 2020)

Mental Health Capacity

Psychiatric consultation to mental health providers and psychiatrists

Telehealth to increase psychiatric access in rural communities

Designated mental health agencies lead pilot projects collaborate with community partners in 4 regions to address community access to screening, referral, treatment, and supports

Support groups and other community resources for women and families with lived experience

Referrals, Resources, Communication, and Training

Vermont Help Me Grow/211 provides connection to supports and services including care coordination and referral to mental health clinicians with PMAD expertise



Provide ongoing training and professional development on PMADs and related topics across disciplines



Create new, high impact materials/ website/ social media for target audiences

Needs Assessment Framework

Mental Health Capacity

- ▶ Designated agencies (DAs)
- ▶ Private Providers

Health Care Providers

- ▶ Primary care
- ▶ OB, midwives
- ▶ Pediatric primary care
- ▶ Family medicine

Community Organizations

- ▶ Parent Child Centers,
- ▶ Home health agencies
- ▶ Other

Pregnant/post-partum women, families

- ▶ People with lived experience
- ▶ Partners
- ▶ Family

Medical Provider Needs Assessment Interviews

▶ **Overview:**

- ▶ Questions regarding screening, referral, and treatment for perinatal mood and anxiety disorders and substance use disorder
- ▶ Interviews are approximately 30 minutes in length
- ▶ Interviews can be conducted by phone or in person at a time of your choice

▶ **Benefits for participants:**

- ▶ The knowledge you are influencing and improving the system of care
- ▶ Give feedback regarding your preferred professional development and training needs on this topic (future opportunities may be free and offer CEUs)
- ▶ A copy of the needs assessment report



Perinatal mood and anxiety disorders (PMADs) are common, treatable, and can occur at any time during pregnancy or in the first year after pregnancy (the perinatal period).

What are they symptoms of PMADs?

- Perinatal mood disorders include depression, anxiety, obsessive compulsive disorder, panic disorder, PTSD and rarely psychosis.
- Symptoms can include feelings of hopelessness, guilt and despair, feeling inadequate as a parent, anxiety, irritability, lack of interest in family/friends, obsessing over the baby's safety, feeling emotionally disconnected from baby.

Why care about PMADs?

- As many as one in five pregnant or postpartum Vermonters suffer from symptoms of depression and/or anxiety during the perinatal period.
- These disorders are one of the leading complications related to childbearing and can have profound and lasting impact on the woman the child, and the family.
- PMADs touch most Vermont families in some way. There is emerging evidence that fathers, partners and non-gestational caregivers (foster or adoptive parents) are also at risk from the stress of having a baby.
- It can be hard to recognize or identify these disorders in a time when many people experience changes in mood, sleep patterns and appetite, which can lead to under-diagnosis and under-treatment of PMADs.
- The estimated cost of untreated PMADs in the U.S. is \$14.2 billion for all births in 2017 following the mother-child pair from pregnancy through 5 years postpartum.

What are the risk factors for PMADs?

- Risk increases significantly for women who have a personal or family history of PMADs, anxiety or depression. Other risk factors are biological, such as changes in hormones and sleep, life stressors, such as lack of support from partner/family, and psychological factors, such as difficulty with transitions.

Where can people get help?



offers [referrals](#) for therapy and support. Dial 2-1-1 ext. 6

- Medical care providers see nearly all pregnant people in Vermont, and 92% of women have a post-partum checkup. Providers can screen, educate, refer and treat these people and their families.
- [Crisis Text Line](#) text VT to 741741

This handout is available for download as from this webinar and on our website <https://vchipobstetrics.org/webinars/>

Questions?

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Certified Nurse-Midwife & Psychiatric Mental Health Nurse Practitioner
University of Vermont Medical Center

Vermont Perinatal Mood and Anxiety Consultation Service

Not just depression, not just postpartum...

- Wide spectrum of emotional complications
 - Anxiety
 - Depression
- Preconception
- Pregnancy
- The first year postpartum
- Up to 20% of women

Purpose and Goals

- Increase knowledge and capacity of health care and mental health providers to screen, diagnose, treat, and refer women at risk for and experiencing perinatal mood and anxiety disorders.
- Enhance, expand, and improve quality and availability of services for Medicaid eligible pregnancy and newly parenting women who are at risk for or experiencing PMADs by providing perinatal psychiatric consultation for Physicians, Advanced Practice Providers, and other licensed health care providers working with this population.

Components:

- Training, Toolkits, Resources
- Perinatal Psychiatric consultation
 - Enrollment
 - At the time of engagement for a training
 - Rolling- at the time of a consultation.
- Data collection
 - Practice/Providers
 - Clients served

Training, toolkits, resources

- PMAD 101
- Evidence based guidelines
 - Screening
 - management of screening results
 - treatment options
 - triage and referral
 - risks and benefits of medications.
- General resources for patients

Perinatal Psychiatric Consultation

- Possible topics
 - Preconception planning
 - Risk factors
 - Screening, assessment, diagnosis
 - Best practices for Treatment
 - Psychotropic medications
 - Recommended psychotherapeutic models
- Outcomes
 - Answer Provider's question over the phone/in person
 - Recommend face to face evaluation with the patient for further assessment to guide recommendation
- Monday- Friday 9am to 4pm. Response within 3 business days.

Practice Enrollment:

- Completion of a training
 - Webinar
 - Face to face
 - State sponsored training
- At the time of consultation
 - At the point of contact
 - Follow up as needed
- Paperwork
 - Practice demographics
 - Contacts
- Determination of how to best serve the practice
 - Telephone as needed
 - Regularly scheduled access such as supervision meetings or case management meetings

Agreements and Understandings

- Informed consent of clients to share information and receive consultation on their behalf
- The goal is to support the Practice/Provider manage the care of their client
 - Care is not transferred to the Service
 - Medications will not be prescribed
- Agree when possible to participate in PMAD educational opportunities
- Complete periodic surveys about the use of the Service and satisfaction
- Emergent/Urgent care is not part of the Service

Perinatal Consultation

- Consultant will not provide direct treatment- only support for front-line providers in managing the mental health care of their patients.
- Client will be informed about and give consent for the consultation.
- Free and available to all medical and psychiatric providers serving pregnant and postpartum women throughout Vermont
- Not a crisis or emergency service. If there are urgent safety concerns, local crisis service or the emergency room should be involved.

Vermont Perinatal Mood and Anxiety Consultation Service

During pregnancy and the first year postpartum, a wide spectrum of emotional complications are possible. Post Partum Depression, a well known term, is just one of the Perinatal Disorders. These disorders can undermine the health and well-being of our mothers and families. As many as one in five women suffer from the symptoms of these disorders, one of the most common complications of pregnancy.

GOAL

Prescribing clinicians working with women in this important period may be the first, and possibly the only, providers to see women/families struggling with PMADs. Front-line primary care, obstetric, and pediatric providers often have limited access to mental health resources and supports needed to address mental health in their perinatal patients. This service provides perinatal psychiatric consultation and resources for obstetric, primary care, pediatric, and psychiatric providers

COMPONENTS:

- Training, Toolkits, Resources
- Perinatal Psychiatric Consultation.
 - Identification of risk factors
 - Screening, Assessment, and Diagnosis
 - Treatments
 - Psychotropic medications
 - Considerations for decision making
 - Start, continue, discontinue, or change a medication before, during, or following pregnancy or in lactation.
 - Recommended Psychotherapeutic models
 - Strategies for prevention, risk reduction



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<https://vchipobstetrics.org/webinars/>

Perinatal Mood and Anxiety Consultation Service

This service provides consultation, education, and resources for healthcare and community providers, who have questions about risks, screening, diagnosis, treatment, and prevention of perinatal mood and anxiety disorders.

Consultation is provided by Sandra Wood CNM, PMHNP in the University of Vermont Medical Center Women's Services. Sandra is a Certified Nurse-Midwife and Psychiatric Mental Health Nurse Practitioner providing Perinatal Mental Health care within University Obstetrics and Midwifery Services.

Potential Topics:

- What are the risk factors for perinatal mood and anxiety disorders?
- Are there tools for prevention of emotional complications during pregnancy or postpartum?
- Screening pregnant/postpartum women
 - What screening tool(s) to use?
 - When to screen?
 - How to implement in your setting/agency?
 - Follow up for at-risk scores and crisis plan?
- Assessment and diagnosis in pregnancy and postpartum.
 - What can mood and anxiety disorders look like in the perinatal period?
- What are some tools for insomnia during pregnancy?
- What psychotherapy has been studied for perinatal depression?
 - How to find resources on these treatments?
- What treatment options are available aside from antidepressants and psychotherapy?
- Prescribing Psychotropic medications
 - What to keep in mind when making a decision with a client.
 - to start, restart, continue, or discontinue psychotropic medications before or during the perinatal period?
 - to start, restart, continue, or discontinue medication postpartum or in lactation?
- What safety information is available on a specific medication during pregnancy or lactation?
- Are there alternative psychotropic medications to be considered in the pre-conception period, pregnancy, postpartum, in lactation?
- How long should conception be postponed after medication is discontinued or switched (antidepressants, mood stabilizers)?
- What are the best choices as an initial antidepressant for breastfeeding women?
- What mood stabilizers could be considered for a pregnant/breastfeeding woman with bipolar disorder?
- How should an infant be monitored if exposed to a medication in breast milk?
 - What side effects might be expected for an infant?
 - Are there strategies for reducing medication exposure in breastfeeding infants?
 - Should any blood tests be conducted on the mother and nursing infant?

If you do not see your topic of interest in the examples, you should still feel free to make contact and we'll determine if this is an appropriate resource.

Questions will generally be answered or responded to within three business days.



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To access consultation services call
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Questions?

This webinar was recorded and will be available to view within 5 days at vchipobstetrics.org

UPCOMING WEBINARS

In Collaboration with UVMMC, Vermont Dept. of Health, VCHIP

Upcoming Webinars:

- February 18th – 12-1pm EST – *Discharge Opioid Prescribing after Childbirth & Public Health Topic*
- March 17th – 12-1pm EST – *Joint Commission Mandates & Public Health Topic*

To register visit: vchipobstetrics.org



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Thank you!



Vermont Child Health Improvement Program
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