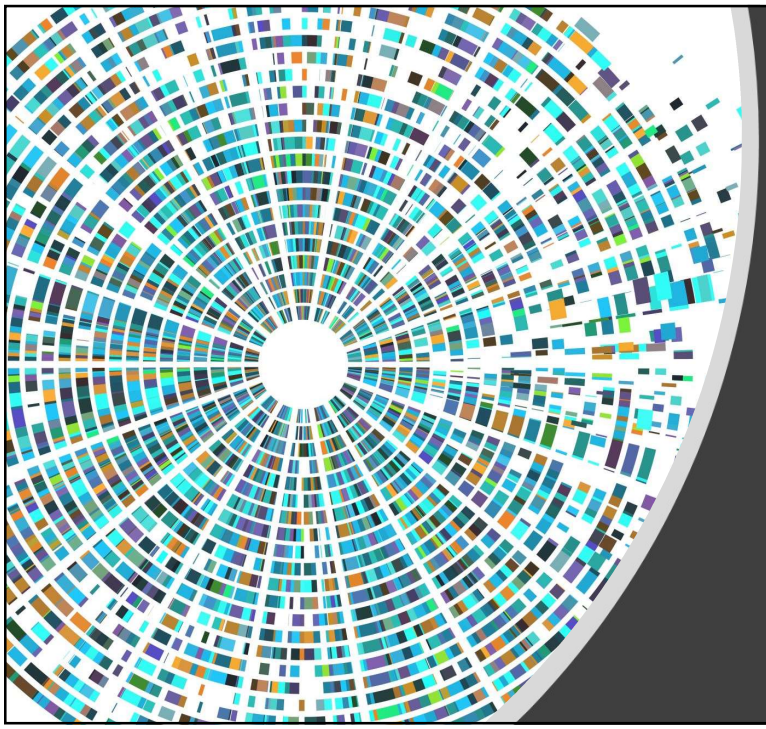

Screening and Intervening for Perinatal Substance Use and Mental Health Concerns: Optimizing the Role of Perinatal Providers

NNEPQIN Winter Conference
2/9/2023

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Disclosures and Acknowledgments

- The faculty have no conflicts of interest to disclose
- We gratefully acknowledge our many colleagues who work to improve outcomes for birthing people, infants, and families every day.

Objectives

Discuss the impact of perinatal mental health and substance use conditions on maternal morbidity and mortality in the United States

Explore the intersection of perinatal mental health and substance use disorders with social determinants of health in New Hampshire, and their combined impact

Review AIM recommendations for screening and responding to perinatal mental health conditions, substance use, and social determinants of health needs

Describe parallel approaches for screening and linkage to care for mental health, substance use, and social determinants of health

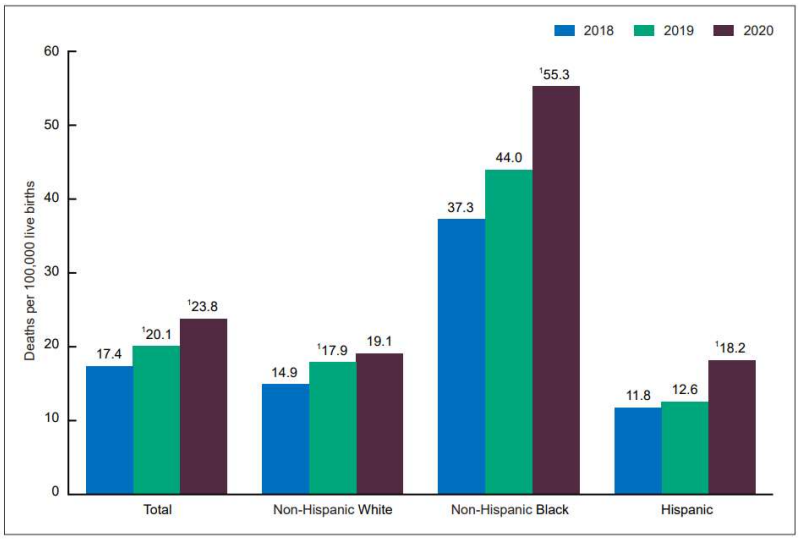
Definitions

- Health Care Access: "The ease with which an individual can obtain needed medical services" *-RAND*
- Behavioral health: "Mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms." *-AMA*
  - Perinatal mental health conditions
  - Perinatal substance use disorders
- Screening
  - Validated measures
  - Screening vs diagnosis
  - Universal vs targeted
  - Verbal vs biological

(https://www.rand.org/topics/health-care-access.html; https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health)

Perinatal Behavioral Health Conditions and Maternal Mortality

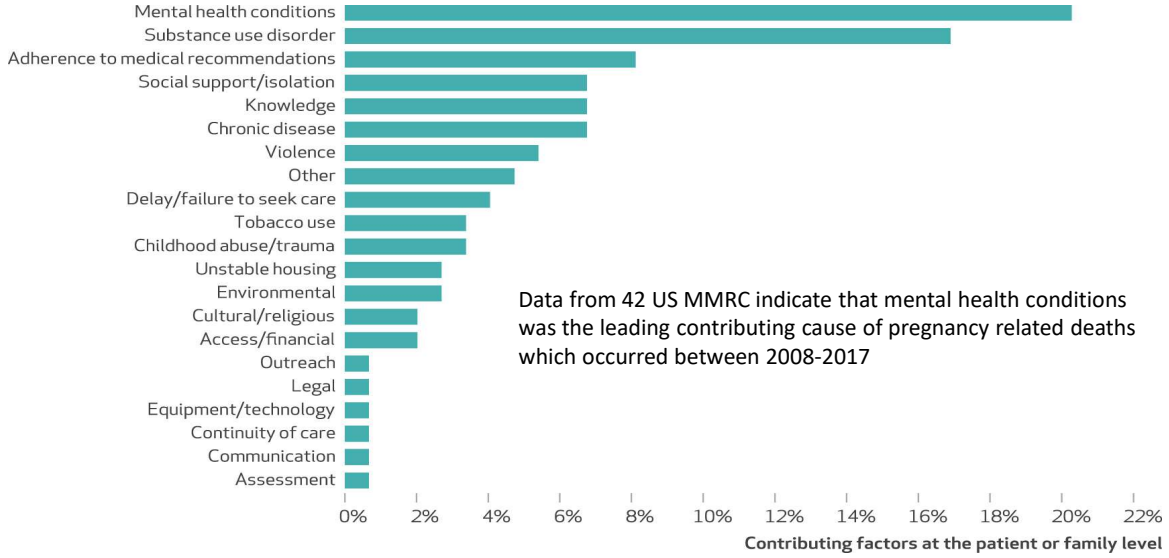
Total U.S. Maternal Mortality Rate, and By Race and Hispanic Origin (2018-2020)



[1]Statistically significant increase in rate from previous year ($p < 0.05$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Ref.Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022.
DOI: https://dx.doi.org/10.15620/cdc:113967

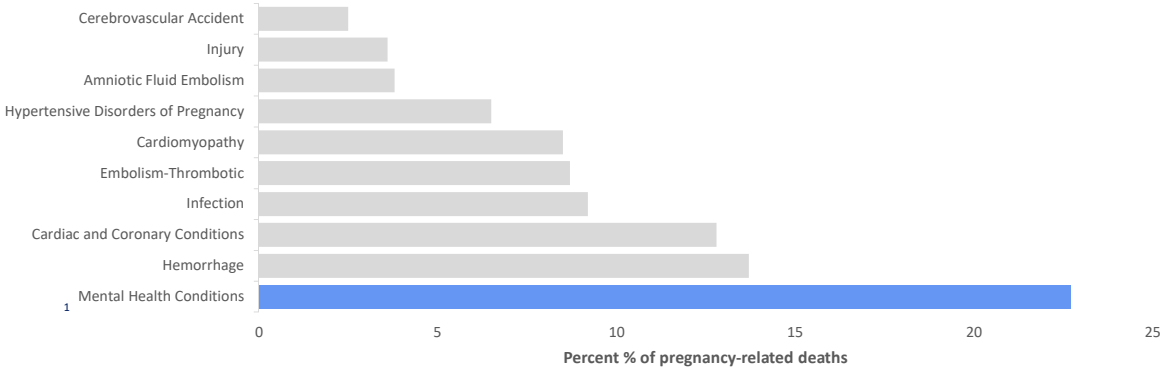
Factors Contributing To Pregnancy-Related Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008–17



Data from 42 US MMRC indicate that mental health conditions was the leading contributing cause of pregnancy related deaths which occurred between 2008-2017

SOURCE Analysis of pregnancy-related deaths attributable to mental health conditions occurring during the period 2008–17 and reviewed by fourteen state Maternal Mortality Review Committees, NOTE There were a total of 148 contributing factors classified at the patient or family level. https://doi.org/10.1377/hlthaff.2021.00615

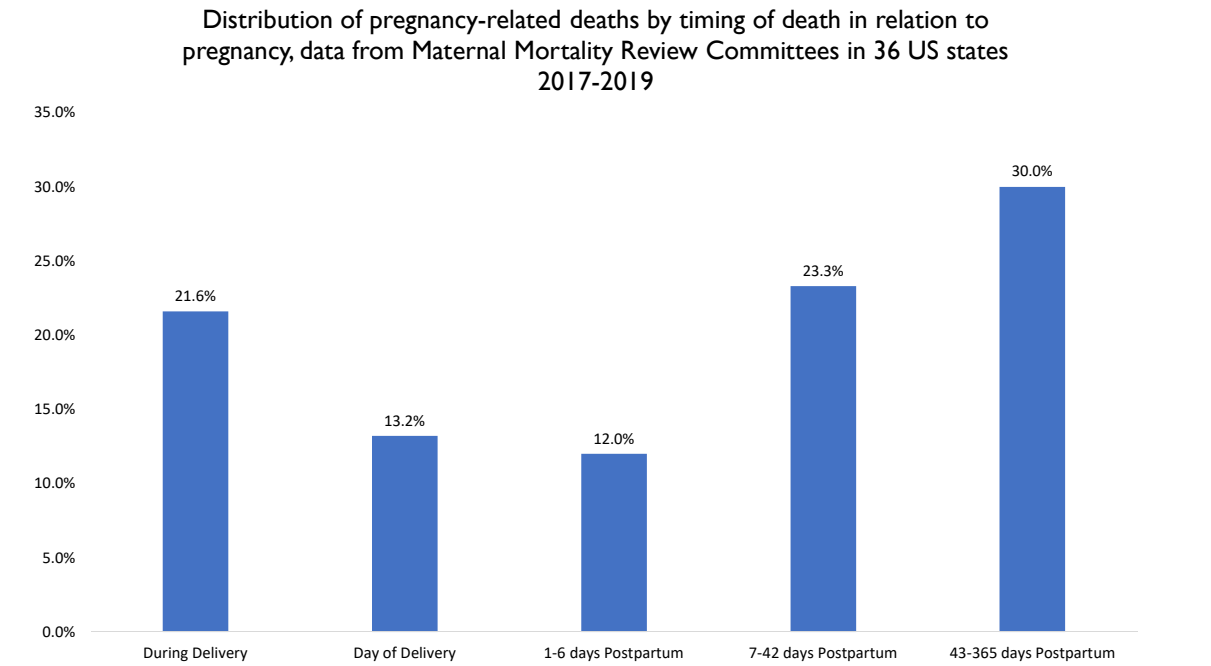
Underlying Causes of Pregnancy-Related Deaths in the U.S. (2017-2019)



- Aggregated data (2017-2019) from MMRCs in 36 US states including NH, indicate mental health conditions, as the leading underlying cause of pregnancy related-deaths in the US.
- Recommendations continue to focus on changes necessary to improve aspects of care for those pregnant and postpartum with substance use disorders (SUD).

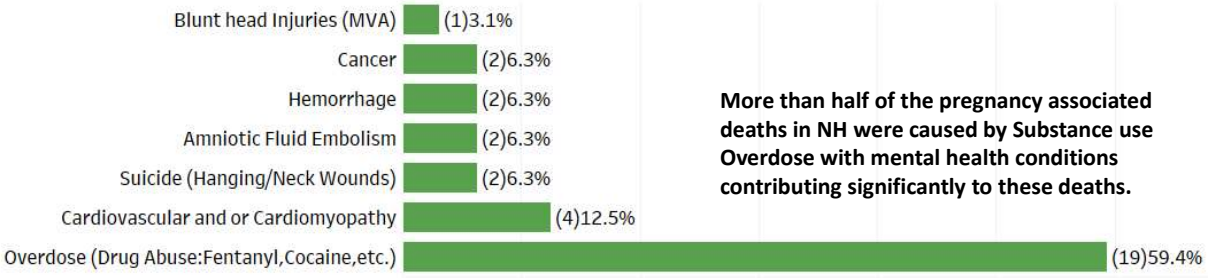
[1] Mental health conditions include deaths to suicide, unintentional or unknown intent overdose/poisoning related to substance use disorder, and other deaths determined by the MMRC to be related to a mental health condition, including substance use disorder

Data from Maternal Mortality Review Committees in 36 US States, 2017–2019 | CDC



Source: https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html

Causes of Pregnancy Associated Deaths in NH (2017-2021)



More than half of the pregnancy associated deaths in NH were caused by Substance use Overdose with mental health conditions contributing significantly to these deaths.

Selected committee determinations on circumstances surrounding death for reviewed cases

Committee determinations	Yes	No	Probably	Unknown
Did obesity contribute to the death?	2	23	1	0
Did discrimination contribute to the death?	0	13	0	7
Did mental health conditions contribute to the death?	13	7	5	1
Did substance use disorder contribute to the death?	15	7	2	2
Was this death a suicide?	2	19	0	5
Was this death a homicide?	0	25	0	0

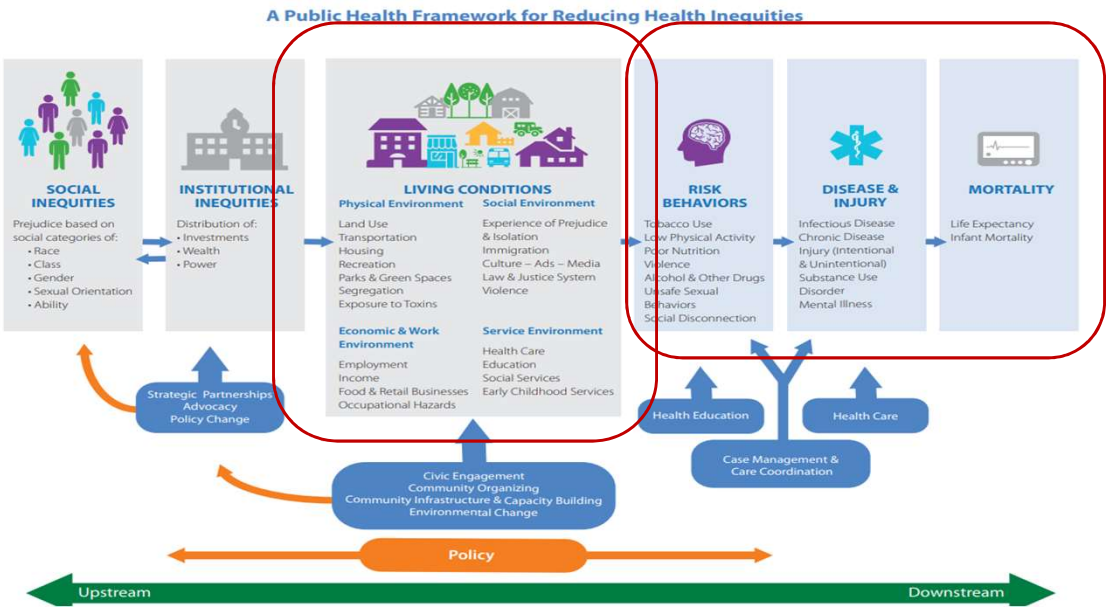
Data Source: MMRIA

10

Socio and Environmental Stressors Contributing to Pregnancy Related Deaths in NH

Social or emotional stressor	Number of deaths
Child Protective Services involvement	6
History of childhood trauma	4
History of domestic violence	4
History of psychiatric hospitalizations or treatment	7
History of substance use	16
History of substance use treatment	12
Pregnancy unwanted	1
Prior suicide attempts	6
Recent trauma	1
Unemployment	7
Other	3
Unknown	2
None	3

Data Source: MMRIA [11]



Adapted from original Bay Area Reginal Health Inequities Initiaive (BARHII) framework by: https://www.healthvermont.gov/sites/default/files/documents/pdf/PLN_HE_InequitiesFrameworkDiagram.pdf

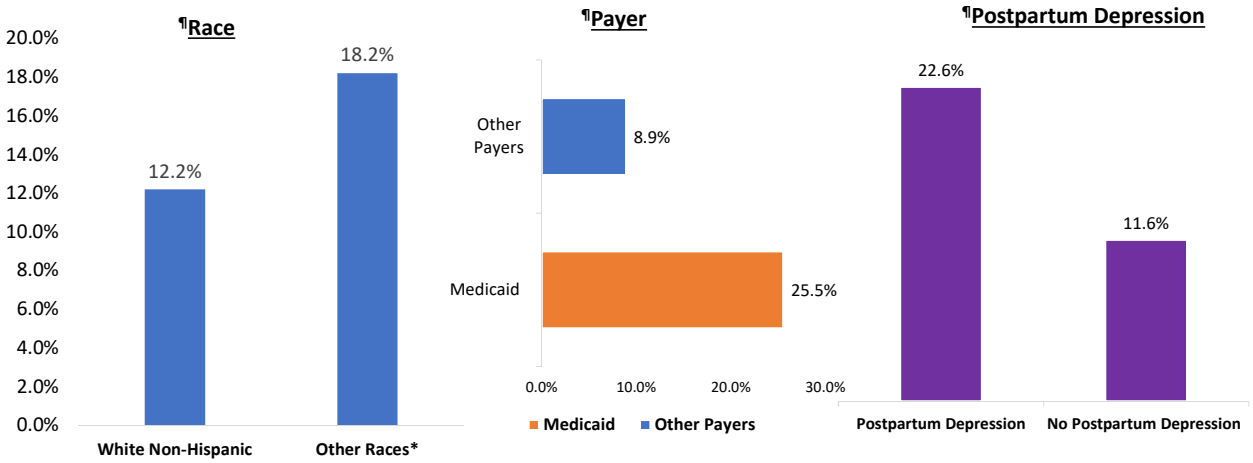
Healthy People 2030 Objectives

Maternal Infant and Child Health (MICH) Objectives include

- **MICH-8:** Increase proportion who receive early and adequate prenatal care
- **MICH-9:** Increase proportion who are abstinent from alcohol during pregnancy
- **MICH-11:** Increase proportion who are abstinent from drugs during pregnancy
- **MICH-D01**: Increase proportion who are screened for postpartum depression

Health Care Access

Proportion of Birthing People who Reported Unfair Treatment When Seeking Health Care Related Services^ In The Previous 12 Months Prior to the Survey, NH PRAMS† Survey 2016-2020



¶The difference between the groups is statistically significant **P<0.05**

*Other races include Hispanic, Black Non-Hispanic, Asian non-Hispanic, American Indian or Alaska Native, Other, More than 1 Race. ***The numerator was small for some races hence aggregated***

^Clinic visits, doctor's or nurse's office visits, applying for health insurance, applying for Medicaid, etc.

†Participants are randomly selected on a monthly basis from NH resident births to participate in PRAMS surveillance. PRAMS Data is weighted during analysis

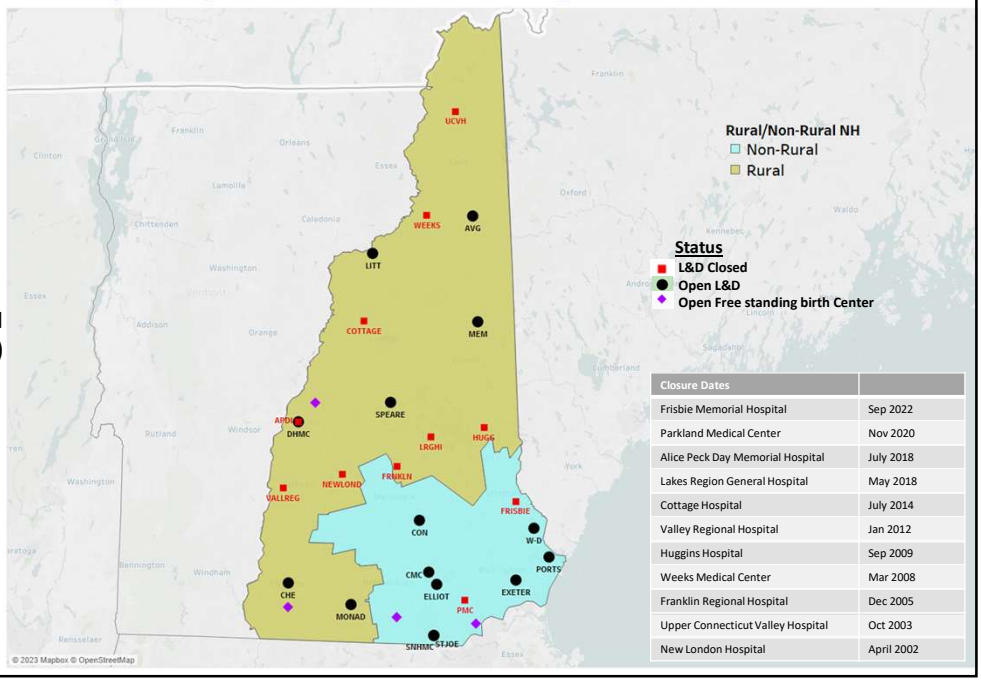
Data Source: NH PRAMS 2016-2020

Healthy People 2030 Maternal, Infant, And Child Health Objectives: Early And Adequate Prenatal Care

New Hampshire Open and Closed Labor and Delivery Centers

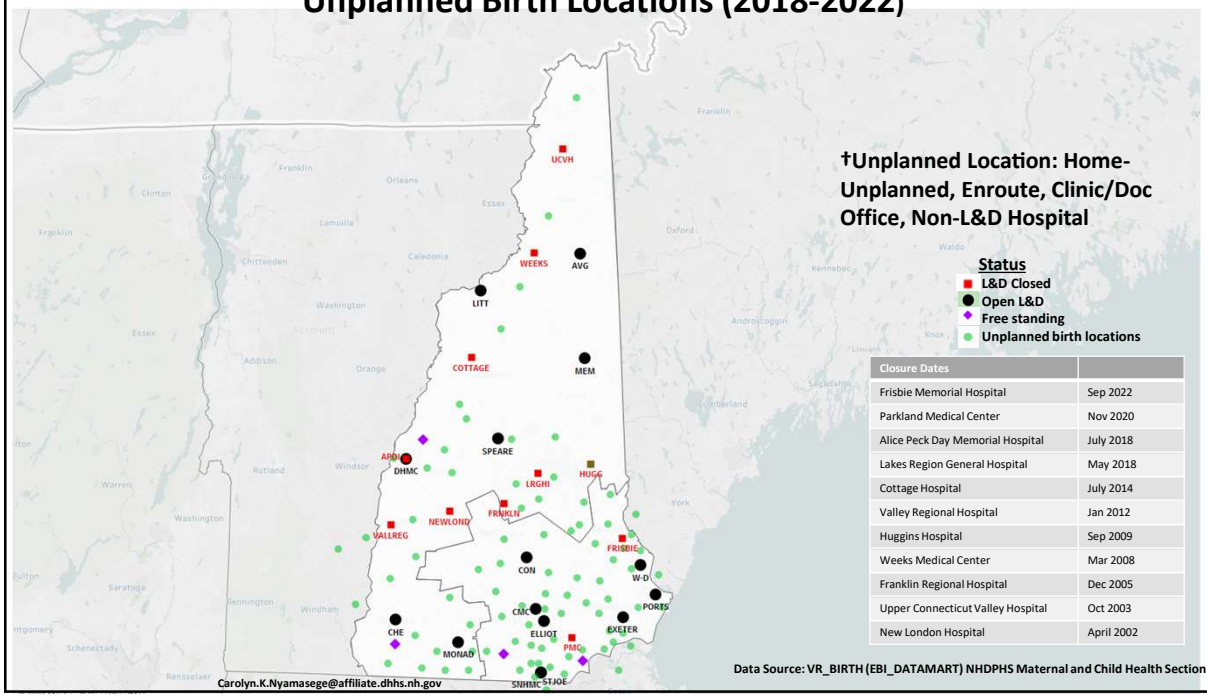
NH Resident Births by Rural and Non-Rural (2020-2022)

Non-Rural	74.1% (26,974)
Rural	25.9% (9,436)
Null	0.0% (15)
Grand Total	100.0% (36,425)



Closure Dates	
Frisbie Memorial Hospital	Sep 2022
Parkland Medical Center	Nov 2020
Alice Peck Day Memorial Hospital	July 2018
Lakes Region General Hospital	May 2018
Cottage Hospital	July 2014
Valley Regional Hospital	Jan 2012
Huggins Hospital	Sep 2009
Weeks Medical Center	Mar 2008
Franklin Regional Hospital	Dec 2005
Upper Connecticut Valley Hospital	Oct 2003
New London Hospital	April 2002

†Unplanned Birth Locations (2018-2022)



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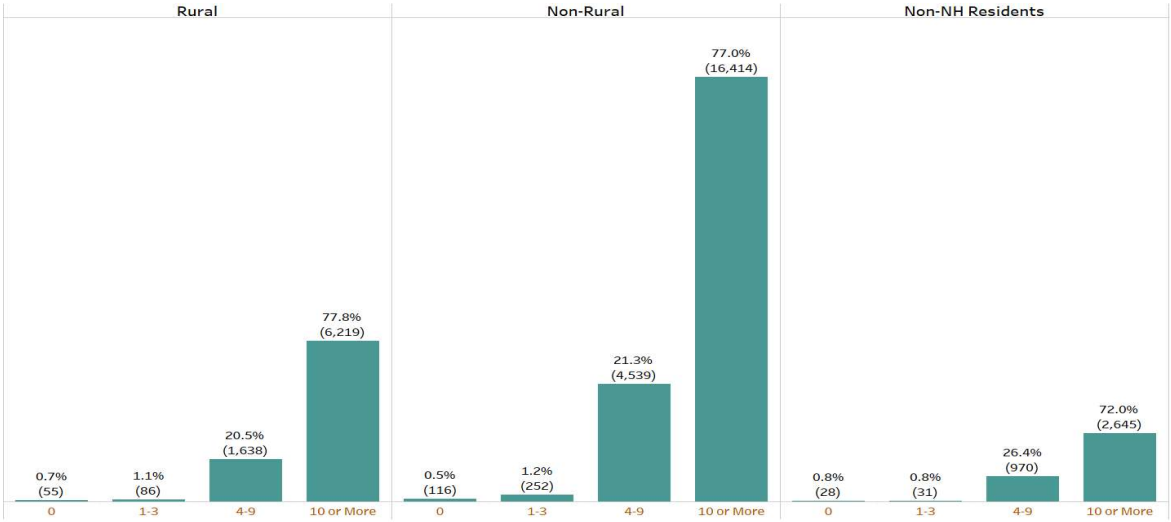
Weeks Medical Center	Mar 2008
Franklin Regional Hospital	Dec 2005
Upper Connecticut Valley Hospital	Oct 2003
New London Hospital	April 2002

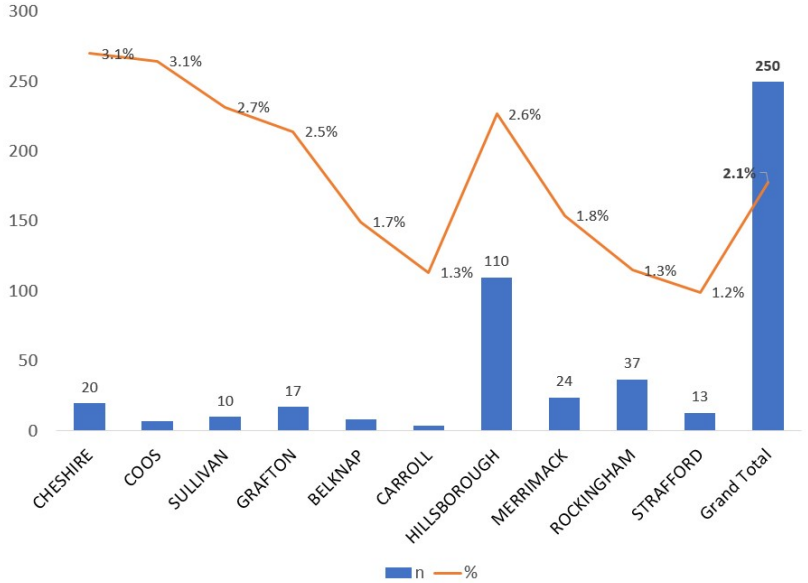
Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

Number of Prenatal Care Visits by Mother's Residence, Births Occurring in NH (2020-2022)



Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

Proportion of Birthing People who had *Inadequate Prenatal Care by County of Residence (2022 Births Data)



*Inadequate Prenatal Care was calculated using Kotelchuck Index NJSHAD - The Kotelchuck Index (state.nj.us)

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

Perinatal Substance Use

Healthy People 2030

Search

Home > Objectives and Data > Browse Objectives > Pregnancy and Childbirth > Increase abstinence from illicit drugs among pregnant women — MICH-11

Increase abstinence from illicit drugs among pregnant women — MICH-11

Objective Overview

Data

Data Methodology and Measurement

Evidence-Based Resources

Add to Custom List

Status: Little or no detectable change

Learn more about our data release schedule

Most Recent Data: **94.4** percent (2018-19)

Target: **95.3**

Desired Direction:

Baseline: **93.0** percent of pregnant females aged 15 to

days in 2017-18

See detailed data for this objective

Increase abstinence from illicit drugs among pregnant wor

h.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-abstinence-illicit-drugs-among-pregnant-women-mich-11

Healthy People 2030

Search

Home > Objectives and Data > Browse Objectives > Pregnancy and Childbirth > Increase abstinence from alcohol among pregnant women — MICH-09 > Increase abstinence from alcohol among pregnant women — Data

Increase abstinence from alcohol among pregnant women — MICH-09

Data

Objective Overview

Data

Data Methodology and Measurement

Evidence-Based Resources

Status: Little or no detectable change

Learn more about our data release schedule

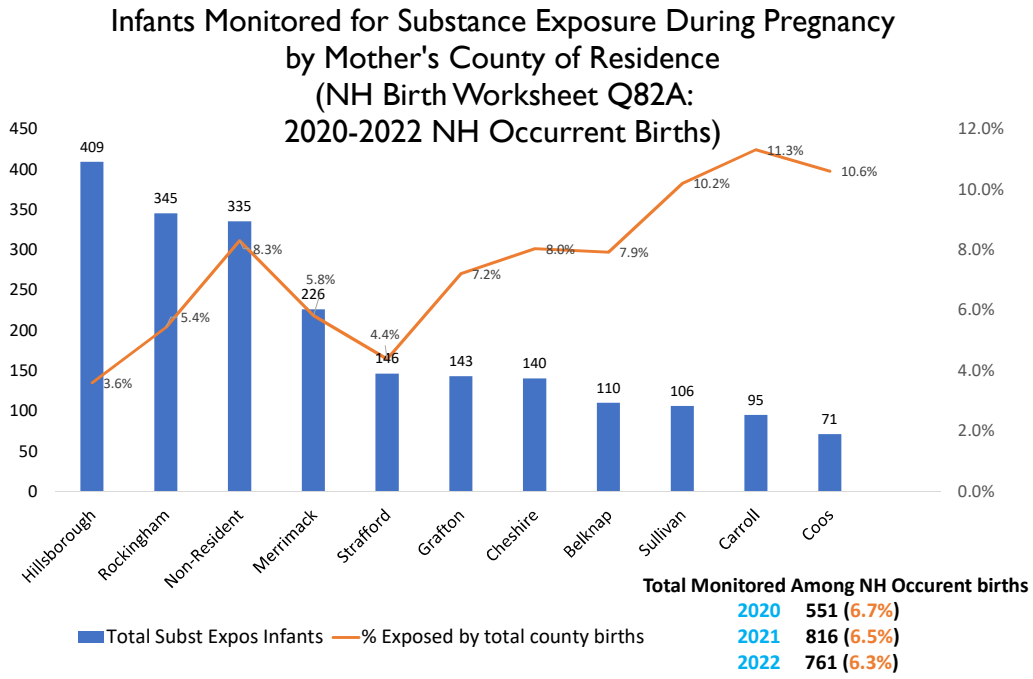
Most Recent Data: **90.3** percent (2018-19)

Target: **92.2** percent

Desired Direction: **Increase desired**

Baseline: **89.3** percent of pregnant females aged 15 to 44 years reported abstaining from alcohol in the past 30 days in 2017-18

Healthy People 2030 Goals: Increase abstinence from alcohol & drug use



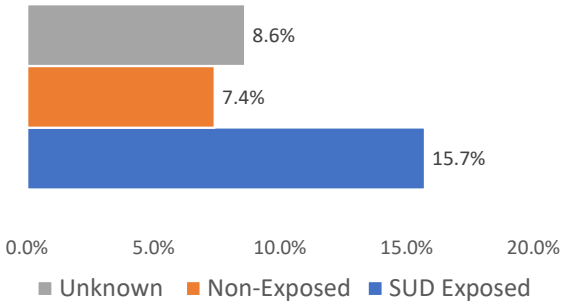
Total Monitored Among NH Occurent births

2020	551 (6.7%)
2021	816 (6.5%)
2022	761 (6.3%)

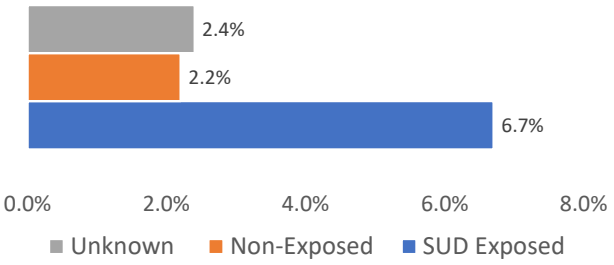
Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

Association of Substance Exposure During Pregnancy with Birth Outcomes (2020-2022)

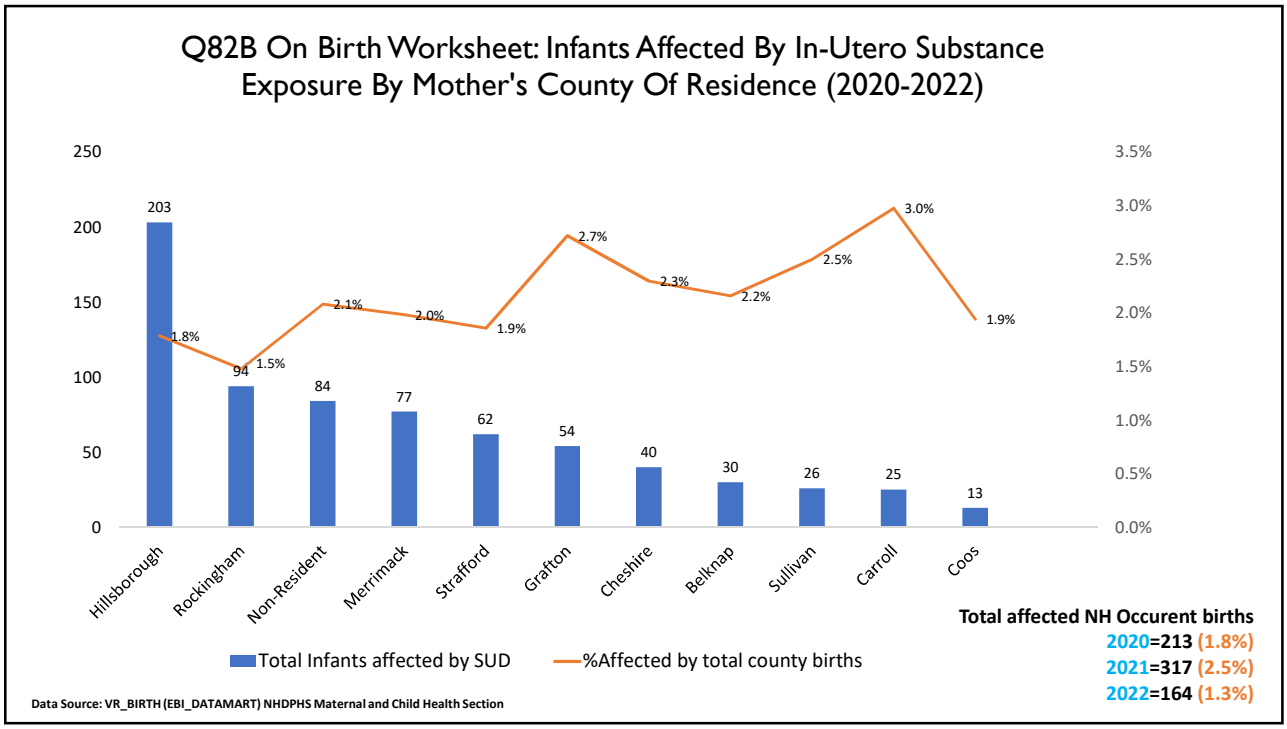
Proportion of Preterm Births Among Infants Monitored for Substance Exposure: Q82A

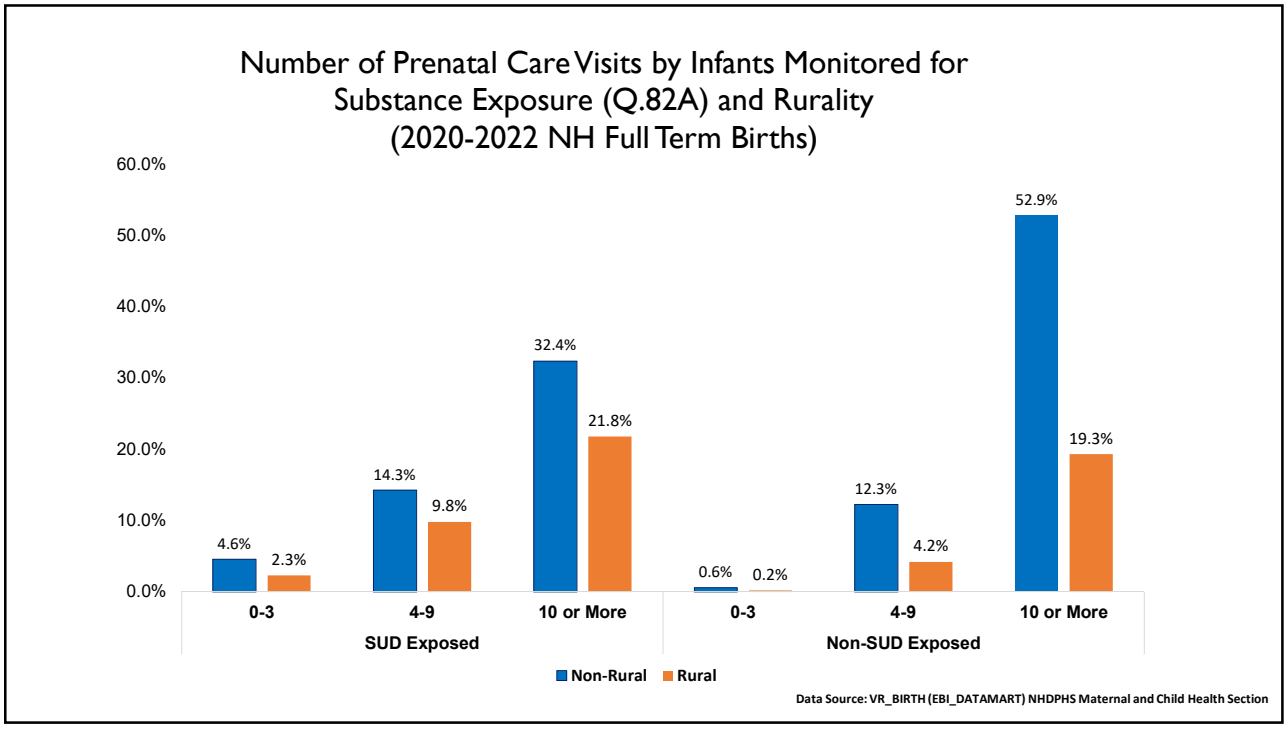


Proportion of Low Birth Weight Among Full Term Infants Who were Monitored for Substance Exposure

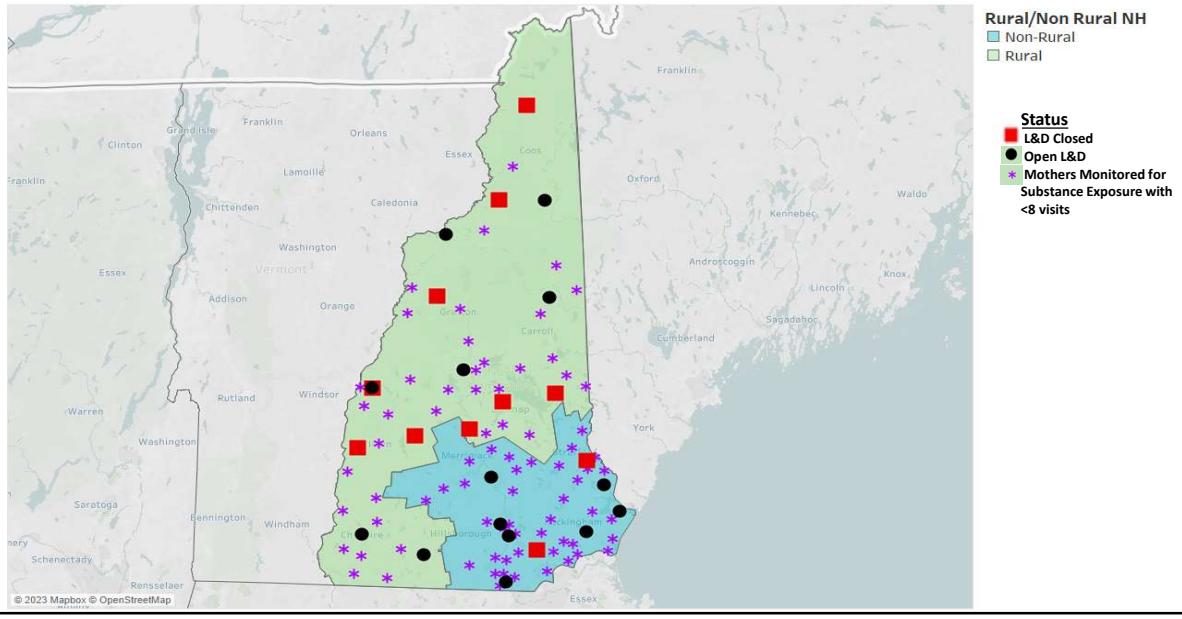


Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

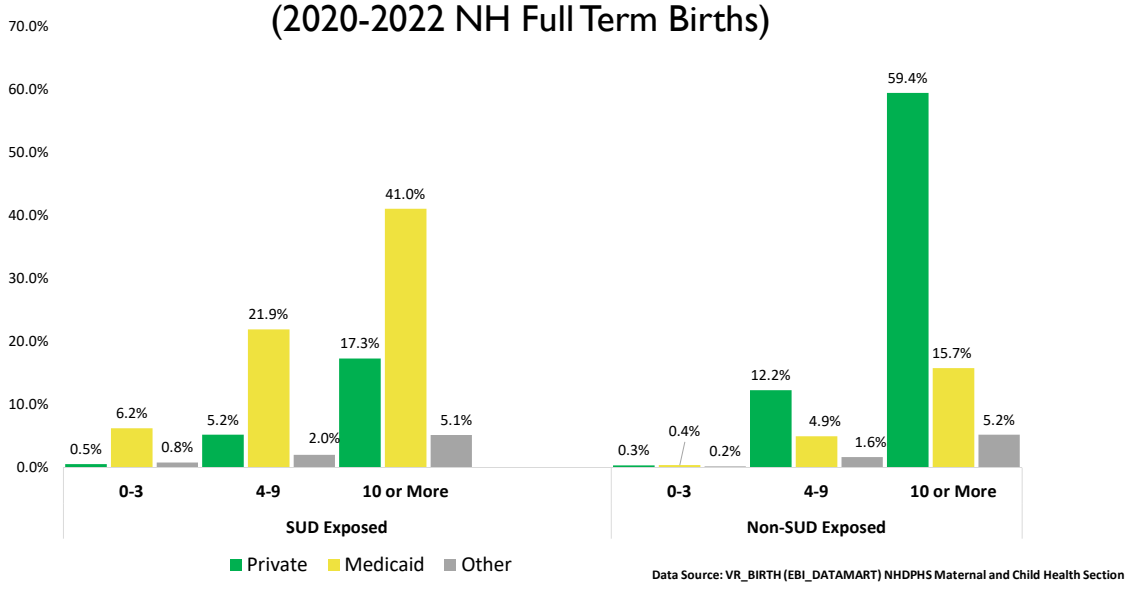

Q82B On Birth Worksheet: Infants Affected By In-Utero Substance Exposure By Mother's County Of Residence (2020-2022)
250
200
150
100
50
0
3.5%
3.0%
2.5%
2.0%
1.5%
1.0%
0.5%
0.0%
203
94
84
77
62
54
40
30
26
25
13
1.8%
1.5%
2.1%
2.0%
1.9%
2.7%
2.3%
2.2%
2.5%
3.0%
1.9%
Hillsborough
Rockingham
Non-Resident
Merrimack
Strafford
Grafton
Cheshire
Belknap
Sullivan
Carroll
Coos
Total Infants affected by SUD
%Affected by total county births
Total affected NH Occurent births
2020=213 (1.8%)
2021=317 (2.5%)
2022=164 (1.3%)
Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section


Number of Prenatal Care Visits by Infants Monitored for Substance Exposure (Q.82A) and Rurality (2020-2022 NH Full Term Births)
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
4.6%
2.3%
14.3%
9.8%
32.4%
21.8%
0.6%
0.2%
12.3%
4.2%
52.9%
19.3%
0-3
4-9
10 or More
0-3
4-9
10 or More
SUD Exposed
Non-SUD Exposed
Non-Rural
Rural
Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

Birthing People with Less than 8 Prenatal Care Visits whose Infants were Monitored for Substance Exposure During Pregnancy (NH Resident Full Term Births 2020-2022



Number of Prenatal Care Visits by Monitored for Substance Exposure (Q.82A) and Payor (2020-2022 NH Full Term Births)



Characteristics of Substance Exposed and Non-Exposed Mothers Who Had Less Than 10 Prenatal Care Visits Among Full Term Births

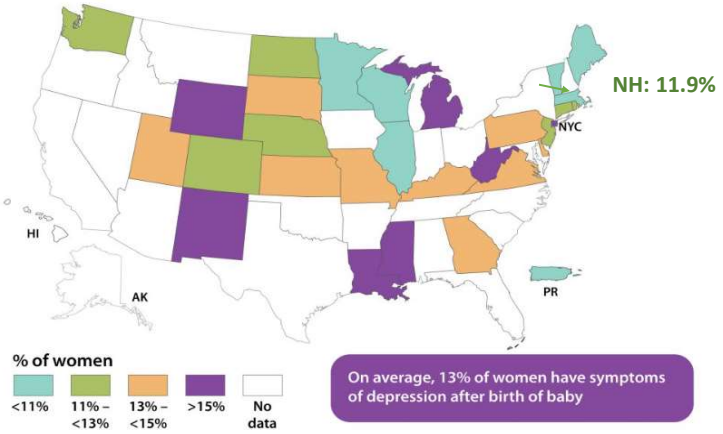
Variable	Substance Exposed Mothers: Total n=1779	Non-Substance Exposed Mothers: Total n=28,531
Low Birth Weight	2.8% (50)	0.6 (161)
Medicaid Deliveries	28.0% (499)	5.3 (1,520)
Resides in Rural (NH)	12.1% (215)	4.4% (1,243)
High School Graduate or Less	26.2% (466)	5.6% (1,606)
Mother's Age <29	20.7% (368)	8.5% (2,438)
Received WIC food during pregnancy	16.2 (288)	3.6% (1,021)
First Time Mother	11.4% (203)	7.3% (2,095)
Unemployed	6.9% (122)	2.1% (604)

Data Source: VR_BIRTH (EBI_DATAMART) NHDPHS Maternal and Child Health Section

Carolyn.K.Nyamasege@affiliate.dhhs.nh.gov

Perinatal Mental Health Conditions

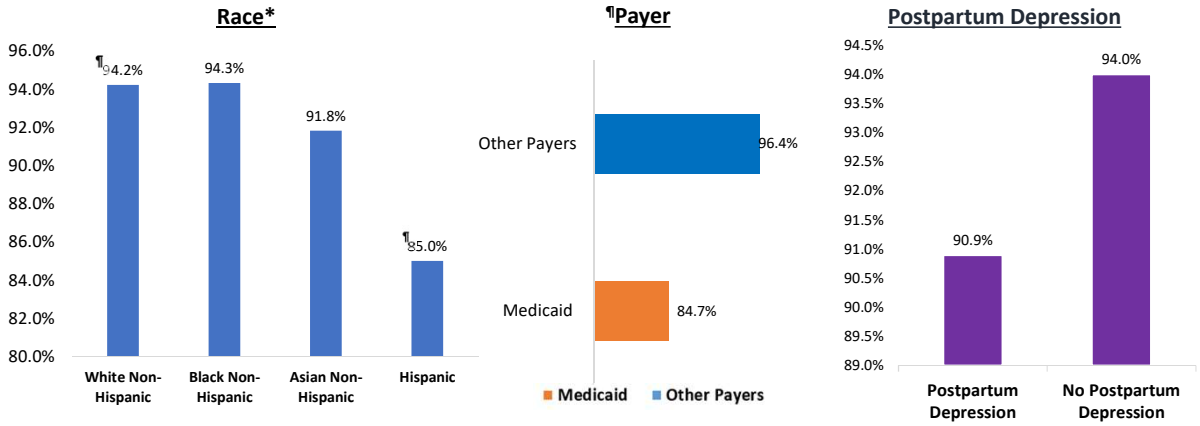
Percentage of Women With Symptoms of Depression After Birth: 2018 PRAMS Data From 31 States



Source: CDC's Pregnancy Risk Assessment Monitoring System Survey–31 sites, 2018

1 in 8	1 in 8 women report symptoms of depression after giving birth.	20%	About 1 in 5 women were not asked about depression during a prenatal visit.	50%	Over half of pregnant women with depression were not treated.

Proportion of Birthing People who Reported a Postpartum Care Visit by Payer, Race and Postpartum Depression, NH PRAMS Survey 2016-2020



¶The difference between the group is statistically significant **P<0.05**

*The numerator for other races e.g. American Indian or Alaska Native, Native Hawaiian and more than 1 race was small n<10 hence not presented

Among those with postpartum depression, 90.9% had a postpartum visit and 94.0% had a postpartum visits among those without postpartum depression. The difference was not statistically significant

Data Source: NH PRAMS 2016-2020

Healthy People 2030 Objectives:
Screening For Postpartum Depression

Objectives and Data | Tools for Action | Priority Areas | About | Custom List (0)

Healthy People 2030 | Search

Home > Objectives and Data > Browse Objectives > Pregnancy and Childbirth > Increase the proportion of women who get screened for postpartum depression — MICH-D01

Increase the proportion of women who get screened for postpartum depression — MICH-D01

Objective Overview

Evidence-Based Resources

Add to Custom List

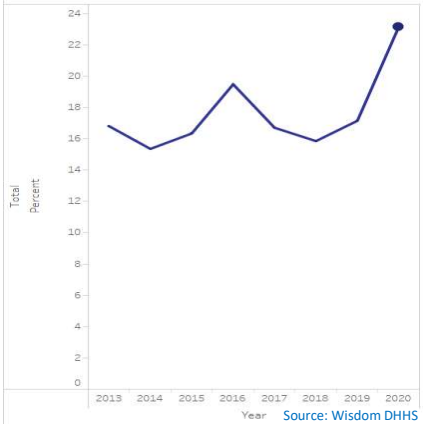
Status: Developmental | Learn more about our data release schedule

Increase the proportion of women who are screened for postpartum depression at their postpartum checkup

Summary

This objective currently has developmental status, meaning it is a high-priority public health issue that has evidence-based interventions to address it, but doesn't yet have reliable baseline data. Once baseline data are available, this objective may be considered to become a core Healthy People 2030 objective.

Maternal Depression in New Hampshire

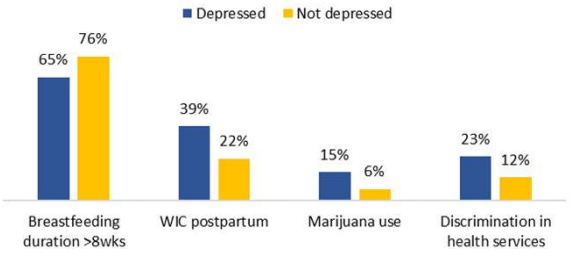


Source: Wisdom DHHS

23.1% self- reported depression or anxiety during pregnancy and 14.8% of postpartum people were diagnosed with depression in 2020 (Wisdom DHHS)

2022 NH PRAMS Data Brief

Health-related behaviors or conditions



Source: prams-maternal-depression.pdf (nh.gov)

12,000 births per year

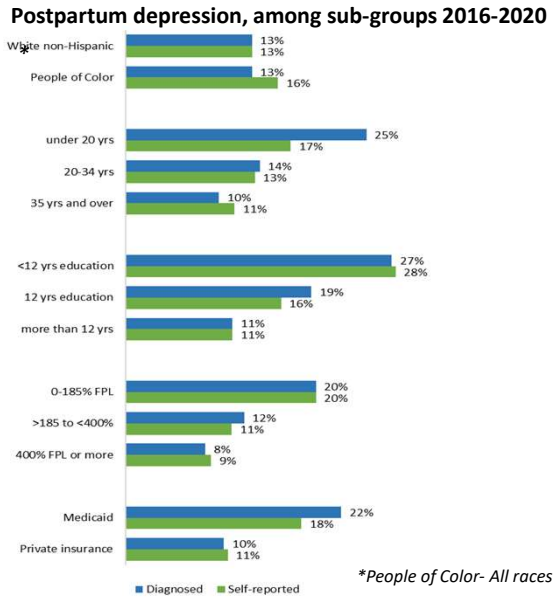
2,400 families impacted by MMH conditions

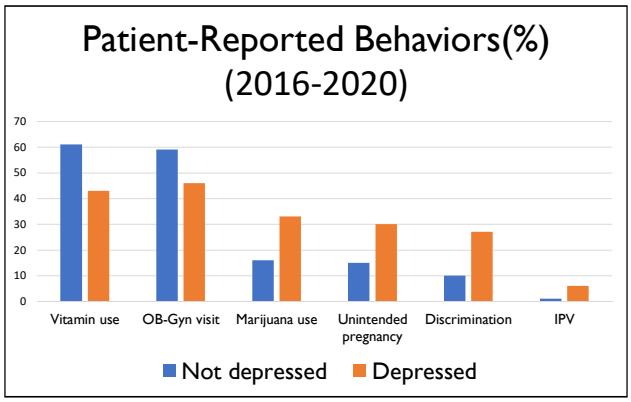
***$58 million cost** of untreated MMH conditions
mother's lost wages and productivity, poor health outcomes of mother and baby

*Cost is calculated as follows:
(2,400) X (0.75 remain untreated) x ($32,000 cost) = $58 million

Source: Maternal Mental Health Leadership Alliance

Characteristics Associated With Perinatal Depression In NH





**People of Color- All races except Non-Hispanic white*

prams-maternal-depression.pdf (nh.gov)

Critical Role Of Ob/Gyn Care Teams In Screening And Facilitating Access To Care for Perinatal Substance Use and Mental Health Conditions

Universal screening and linkage to care is recommended by all maternal health organizations

- ACOG
- ACNM
- SMFM

What more can New Hampshire providers do to align with national goals?

Healthy People 2030

Search

Home > Objectives and Data > Browse Objectives > Pregnancy and Childbirth > Increase abstinence from illicit drugs among pregnant women — MICH-11

Increase abstinence from illicit drugs among pregnant women — MICH-11

Objective Overview

Data

Data Methodology and Measurement

Evidence-Based Resources

Add to Custom List

Status: Little or no detectable change

Learn more about our data release schedule

Most Recent Data: **94.4** percent (2018-19)

Target: **95.3** percent

Desired Direction: **Increase desired**

Baseline: **93.0** percent of pregnant females aged 15 to 44 years reported abstaining from illicit drugs in the past 30 days in 2017-18

See detailed data for this objective

Increase abstinence from illicit drugs among pregnant women

Abstinence From Illicit Drugs and Alcohol

Search

pregnant women — MICH-09 > Increase abstinence from

Objective Overview

Data

Data Methodology and Measurement

Evidence-Based Resources

Status: Little or no detectable change

Learn more about our data release schedule

Most Recent Data: **90.3** percent (2018-19)

Target: **92.2** percent

Desired Direction: **Increase desired**

Baseline: **89.3** percent of pregnant females aged 15 to 44 years reported abstaining from alcohol in the past 30 days in 2017-18

Healthy People 2030 Objectives

Core AIM Patient Safety Bundles

CPPPSUD Safety Bundle Recommendations: Universal Screening for SUDs

Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

Recognition & Prevention — Every Patient

Recognition Element	Key Points
Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission	**Providers screening for SUDs should:** • Utilize validated screening tools to identify drug, alcohol, and polysubstance use. • Incorporate a screening, brief intervention and referral to treatment (SBIRT) approach. • Recognize that urine toxicology (urine drug testing) is not an appropriate method of screening for substance use or substance use disorders and this approach can discourage pregnant and postpartum people from seeking care.

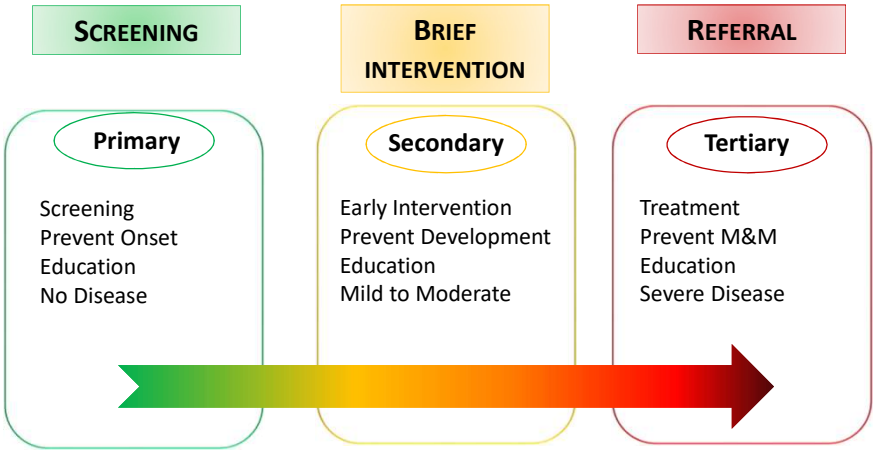
https://saferbirth.org/psbs/care-for-pregnant-and-postpartum-people-with-substance-use-disorder/

Substance Use Screening: Practice Considerations for Birthing Units

- Screening decision:
  - Choice of screener: 5Ps, AUDIT, T-ACE, DAST, NIDA, ASSIST…
  - Sensitivity vs specificity?
  - One step or two step screening?
  - Mode of screening?
- Policies must be explicit about consequences associated with disclosing substance use
  - Patients deserve transparency
  - When does screening result in drug testing?
  - Are there practice differences between ambulatory and inpatient settings?
- Staff training in response to positive screens
  - Stigma reduction

https://sbirtnh.org/wp-content/uploads/2019/02/perinatal-playbookFINALdig-2.pdf

SBIRT: Much More Than Screening



Universal Screening: SUD

- Screening: Not diagnostic of SUD
- Brief Intervention: Explores risk level, readiness
- Referral: Know available resources and how to facilitate access
- Treatment: Is the birthing unit able to initiate treatment medications if indicated? Are there protocols to manage acute withdrawal?

- Are resources offered to all patients- regardless of screening results?

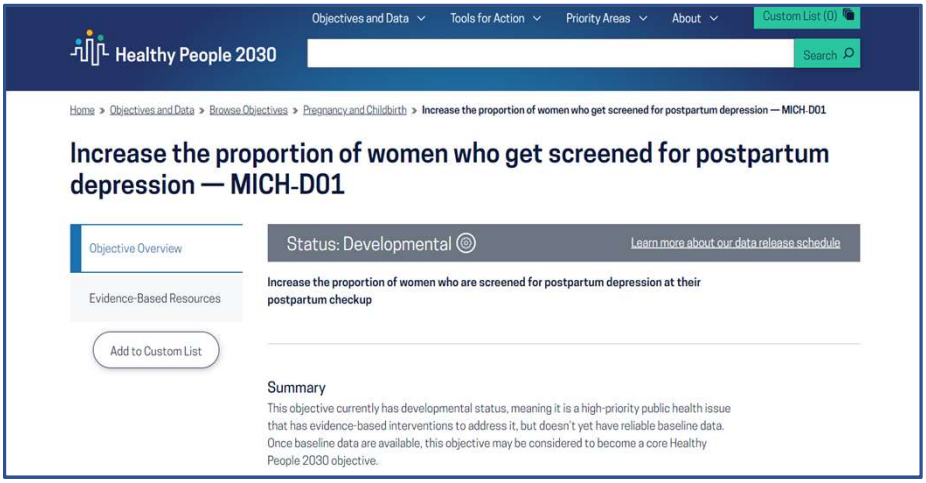
Selected Screening Instruments Commonly Used During Pregnancy

Screening Tool Name	Number of Items	Target Substance	Further Information (sample tool, scoring, references, developers, etc.)
TWEAK* (Tolerance, Worried, Eye-openers, Amnesia, K[C] Cut Down)	5	Alcohol	https://pubs.niaaa.nih.gov/publications/assessingalcohol/InstrumentPDFs/74_TWEAK.pdf
T-ACE*	4	Alcohol	https://www.mirecc.va.gov/visn22/t-ace_alcohol_screen.pdf
5 Ps Prenatal Substance Abuse Screen for Alcohol, Drugs and Tobacco*	8	Alcohol and other substances, including tobacco	https://www.pathwaysfl.org/blog/integrated-screening-tool-5-ps-for-pregnant-and-child-bearing-years/
Alcohol Use Disorders Identification Test (AUDIT)	10	Alcohol	http://auditscreen.org/
Alcohol Use Disorders Identification Test- Concise (AUDIT-C)	3	Alcohol	https://www.integration.samhsa.gov/images/res/tool_auditc.pdf
Drug Abuse Screening Test (DAST-10)*	10	Drugs	https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69
Substance Use Risk Profile - Pregnancy Scale (SURP-P)*	3	Alcohol and other substances	http://www.ilpqc.org/docs/toolkits/MNO-OB/Substance-Use-Risk-Profile-Pregnancy-Scale.pdf
CRAFFT 2.1 (for patients up to 26 years old)*		Alcohol and other substances	http://crafft.org/
NIDA Quick Screen/ASSIST*	4 / 8	Alcohol and other substances, including tobacco	https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf

*Denotes tools that have been validated for use with prenatal women.

perinatal-playbookFINALdig-2.pdf (sbirtnh.org)

Healthy People 2030 Recommendations: Screening For Perinatal Depression



Perinatal Mental Health Safety Bundle Recommendations: Universal Screening For PMHC

Perinatal Mental Health Conditions

Readiness — Every Unit

Develop workflows for integrating mental health care into preconception and obstetric care before pregnancy through the postpartum period including provision of pharmacotherapy when indicated, including:*

- Identify mental health screening tools to be integrated universally in every clinical setting where patients may present.*
- Establish a response protocol based on what is feasible for each area of practice and local mental health resources.
- Educate clinicians, office staff, patients, and patients' designated support networks on optimal care across the preconception and perinatal mental health pathway including prevention, detection, assessment, treatment, monitoring, and follow-up best practices.*

Perinatal Mental Health Conditions

Screen for perinatal mental health conditions consistently throughout the perinatal period, including but not limited to:

- Obtain individual and family mental health history at intake, with review and update as needed.*
- Screen for depression and anxiety at the initial prenatal visit, later in pregnancy, and at postpartum visits, ideally including pediatric well-child visits.*
- Screen for bipolar disorder before initiating pharmacotherapy for anxiety and depression.*

Screen for structural and social drivers of health that may impact clinical recommendations or treatment plans and provide linkage to resources.

https://saferbirth.org/wp-content/uploads/R2_AIM_Bundle_PMHC.pdf

Parallels Between Screening and Intervention Approaches To SUD And Maternal Mental Health Conditions

Substance Use Disorder

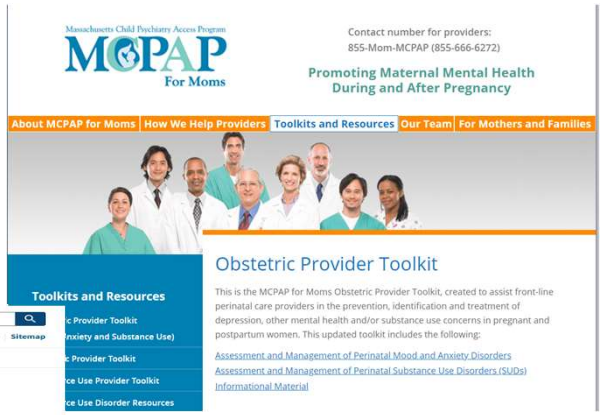
- Screening:
  - Validated screeners available
  - Positive screening not diagnostic
- Brief Intervention:
  - Explore significance of positive screen
  - Assess readiness
- Referral: Facilitate access to resources
- Treatment:
  - Is Integration of SUD treatment an option?
  - Is the birthing unit able to initiate treatment when indicated?
  - Are there protocols to manage acute withdrawal?

Mental Health

- Screening:
  - Validated screeners available
  - Positive screening not diagnostic
- Brief intervention:
  - Explore significance of positive screen
  - Assess safety
- Referral: Know available resources
- Treatment:
  - Can treatment be safely initiated by Ob/Gyn providers?
  - Are there protocols to assess for and manage suicidality?

Mental Health Screening And Intervention

- Most commonly used instruments: Edinburgh, PHQ2/9, GAD 7
- Also important:
  - PTSD screen
  - Mood disorders questionnaire



https://www.mcpapformoms.org/Toolkits/Toolkit.aspx#Mood

National Maternal Mental Health Hotline | MCHB (hrsa.gov)

Quick Safety

The Joint Commission.

Issue 67 | January 2023

Mental health conditions leading cause of pregnancy-related deaths

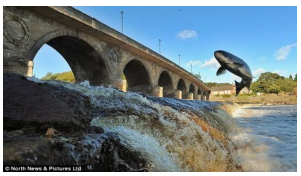
Safety actions to consider: Clinicians who provide care to pregnant patients can take the following actions to help address their patients' mental health needs and protect them and their babies from harm

- Screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient.
- Closely monitor, evaluate, and assess pregnant patients with current depression or anxiety, a history of perinatal mood disorders, risk factors for perinatal mood disorders, or suicidal thoughts.
- When indicated, be prepared to initiate medical therapy and/or refer patients to appropriate behavioral health resources.
- Have systems in place to ensure follow-up for further assessment/screening, diagnosis and treatment.

https://www.jointcommission.org/-/media/tjc/newsletters/quick-safety-67-maternal-death-and-mh-1-13-23-final.pdf

Challenges To Implementing Behavioral Health Interventions In The Inpatient Setting

Sometimes interventions to improve care work…
…and sometimes they don't



Common Provider Challenges With Regards To Behavioral Health Screening and Intervention

- Knowledge gaps about screening vs diagnosis of SUD
- Training in brief intervention skills
- Local availability of SUD or mental health treatment when needed
- Team members' personal experiences/beliefs/biases
- Time to complete screenings and follow up based on acuity
- Staff time for case management/discharge planning
- Competing urgencies

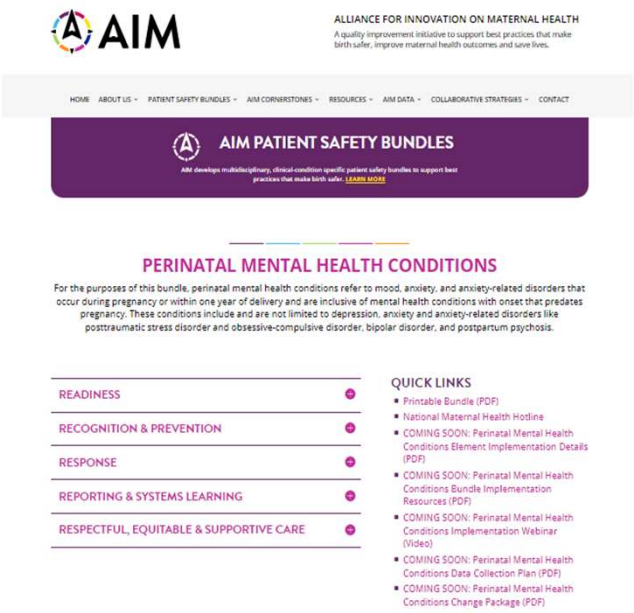
Next Week!

PMHC Safety Bundle Implementation Webinar

Monday, February 13th
3pm EST

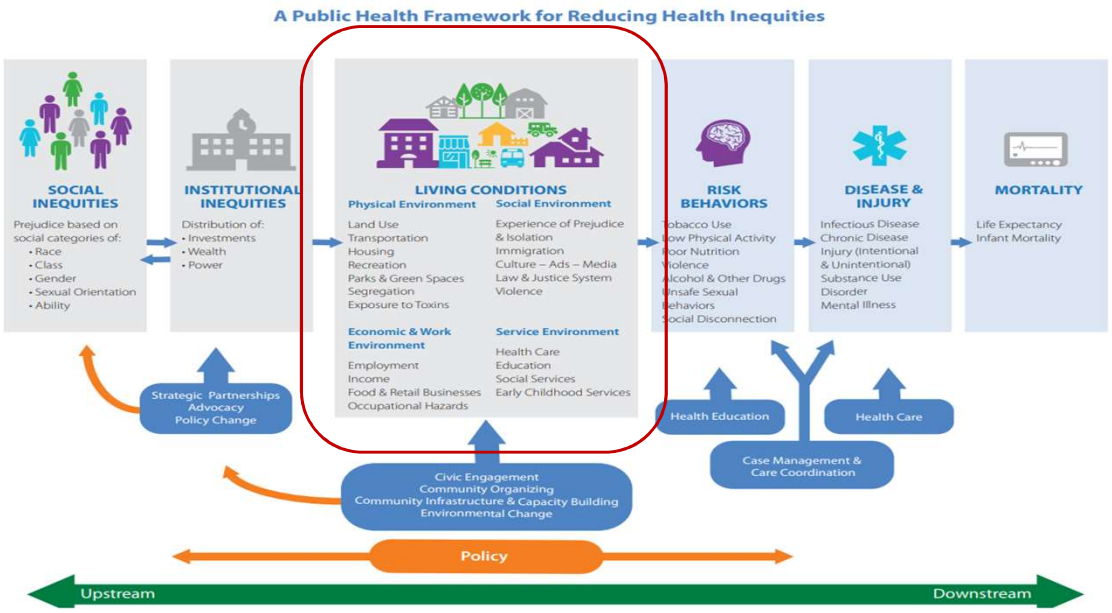
Registration open now!

Register *here [r20.rs6.net]*!



https://saferbirth.org/psbs/perinatal-mental-health-conditions/

Social Determinants Of Health



Adapted from original Bay Area Reginal Health Inequities Initiative (BARHII) framework by:
https://www.healthvermont.gov/sites/default/files/documents/pdf/PLN_HE_InequitiesFrameworkDiagram.pdf

Perinatal Mental Health Conditions

Readiness — Every Unit

Develop workflows for integrating mental health care into preconception and obstetric care before pregnancy through the postpartum period including provision of pharmacotherapy when indicated, including:*

Provide training and education to 1) address racism, health care team member biases, and stigma related to perinatal mental health conditions, and 2) promote trauma-informed care.

Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to address patient needs, including social drivers of mental and physical health.*

Screening For SDOH

- Universal screening approach recommended by Centers for Medicare and Medicaid Services (CMS)
- Validated instruments available
  - PRAPARE
  - Accountable Health Communities (AHC) Screening Tool

PRAPARE
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

https://prapare.org/

DISCUSSION PAPER

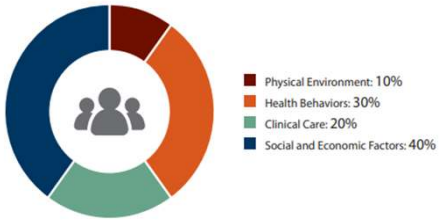
Standardized Screening for Health-Related Social Needs in Clinical Settings
The Accountable Health Communities Screening Tool

Alexander Billioux, MD, DPhil, Centers for Medicare & Medicaid Services;
Katherine Verlander, MPH, Centers for Medicare & Medicaid Services;
Susan Anthony, DrPH, Centers for Medicare & Medicaid Services;
Dawn Alley, PhD, Centers for Medicare & Medicaid Services

May 30, 2017

Billioux, A., K. Verlander, S. Anthony, and D. Alley. 2017. Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool. *NAM Perspectives.*

Relative Importance of Social Determinants of Health in Determining Health Outcomes



https://prapare.org/knowledge-center/category/prapare-implementation-and-action-toolkit/

USING SDOH Z CODES

Can Enhance Your Quality Improvement Initiatives

Health Care Administrators

Understand how SDOH data can be gathered and tracked using Z codes.

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.

Health Care Team

Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.

Coding Professionals

Follow the ICD-10-CM coding guidelines.[3]

- Use the CDC National Center for Health Statistics ICD-10-CM Browser tool to search for ICD-10-CM codes and information on code usage.[4]
- Coding team managers should review codes for consistency and quality.
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

Z code Categories

- **Z55** – Problems related to education and literacy
- **Z56** – Problems related to employment and unemployment
- **Z57** – Occupational exposure to risk factors
- **Z58** – Problems related to physical environment
- **Z59** – Problems related to housing and economic circumstances
- **Z60** – Problems related to social environment
- **Z62** – Problems related to upbringing
- **Z63** – Other problems related to primary support group, including family circumstances
- **Z64** – Problems related to certain psychosocial circumstances
- **Z65** – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

[3] https://www.cms.gov/medicare/icd-10/2022-icd-10-cm
[4] https://www.cdc.gov/nchs/icd/icd-10-cm.htm

Revision Date: June 2022

go.cms.gov/omh

https://www.cms.gov/files/document/zcodes-infographic.pdf

Example From One Health System: Comprehensive EHR-based Screening

EHR-based Screening

Prenatal Intake	28 weeks	Any Admission	Postpartum
NIDA/AUDIT-C -> AUDIT/DAST PHQ9/GAD7 SDOH Screener	NIDA/AUDIT-C -> AUDIT/DAST PHQ9/GAD7 SDOH Screener	RN Admission Assessment: NIDA/AUDIT-C SDOH Depression screening MSW & CNM/MD	NIDA/AUDIT-C -> AIUDIT/DAST PHQ9/GAD7 SDOH Screener

EHR alert activated for critical positive screens:
Substance use, high PHQ9 score or suicidality ->OB Provider; Food insecurity ->All clinical staff

Referral to Substance use treatment ← **Brief intervention and warm handoff** → CHW links to community resources

Behavioral Health Clinician

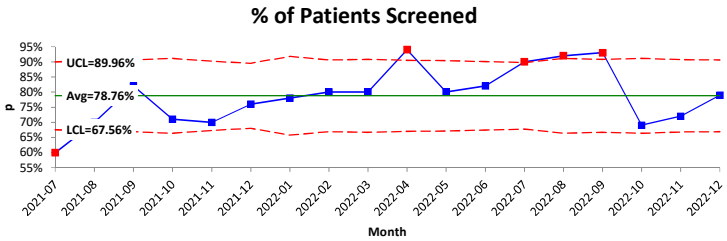
EHR: Electonric health record
RN: Registered Nurse
MSW: Social Worker **CNM:** Nurse Midwife **MD**: Physician
CHW: Community Health Worker
NIDA/AUDIT/DAST: validate screeners for substance use
PHQ9/GAD7: validated screener for depression & anxiety

→ Staff handoff
→ EHR

Possible Metrics For Screening Programs

- Proportion screened*
  - Proportion who screen positive
- Proportion offered/referred to appropriate resources*
- Patient experience of care
- Clinician experience providing care
- Staff training in trauma –informed care*
- Disaggregation by race and ethnicity to evaluate disparities

*AIM bundle metric



Summary

- Substance use and mental health conditions are leading drivers of maternal morbidity and mortality in NH
- Screening and linkage to treatment and mental health care are critical to save lives
- Limited prenatal care and unmet SDOH needs contribute to poor outcomes for birthing people and infants
- Perinatal care providers can play a critical role in meeting the behavioral health and social determinants needs of our patient

Citations

American College of Obstetricians and Gynecologists. Screening for Perinatal Depression. Committee Opinion Number 757. November 2018c

American Medical Association. What is Behavioral Health.? Accessed from: https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health

Centers for Disease Control and Prevention. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019 | CDC.

RAND Corporation. Health Care Access. Accessed from: https://www.rand.org/topics/health-care-access.html

White House Blueprint for Addressing the Maternal Health Crisis, June 2022.

Additional Slides for Discussion

Pre-screening fields in EHR Nursing Assessment

In the past year have you used an illegal drug or used a prescription medication for non-medical reasons?
No Yes

In the past year have you used opioids (oxycodone, Vicodin, heroin, fentanyl, buprenorphine, methadone, etc.) for non-medical reasons?
No Yes

Do you use marijuana, including use for medical reasons or synthetic marijuana products ("K2", "Spice" or other brands)?
No Yes

Are you a person in long term recovery?
No Yes

Are you, or is someone you know, at risk of witnessing or experiencing an opioid overdose?
No Yes

Do you want to talk with someone about going home with Naloxone?
No Yes

Alcohol Use Screen

Alcohol Use Screen

Unable to assess

☐ Patient is unable to speak ☐ Patient confused ☐ Family unavailable ☐ Other (see comment)

In the past year have you had 4 or more drinks a day containing alcohol?
No Yes

Additional Questions Which Populate Nursing Assessment Following An Initial Positive Response:

Drug Abuse Screening Tool (DAST)

In the past year have you used opioids (oxycodone, Vicodin, heroin, fentanyl, buprenorphine, methadone, etc.) for non-medical reasons?
No Yes

Have you used drugs other than those required for medical reasons?
0-->No 1-->Yes

Do you abuse more than one drug at a time?
0-->No 1-->Yes

Are you always able to stop using drugs when you want to?
0-->Yes 1-->No

Have you had "blackouts" or "flashbacks" as a result of drug use?
0-->No 1-->Yes

Do you ever feel bad or guilty about your drug use?
0-->No 1-->Yes

Does your spouse ever complain about your involvement with drugs?
Does your spouse ever complain about your involvement with drugs?
0-->No 1-->Yes

Have you neglected your family because of your use of drugs?
0-->No 1-->Yes

Have you engaged in illegal activities in order to obtain drugs?
0-->No 1-->Yes

Have you experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
0-->No 1-->Yes

Have you had medical problems as a result of your drug use (for example: memory loss, hepatitis, convulsions, bleeding ect.)?

DAST Score

How often do you have a drink containing alcohol?

0-->Never	1-->Monthly or less	2-->2 to 4 times a month	3-->2 to 3 times a week	4-->4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

0-->1 or 2	1-->3 or 4	2-->5 or 6	3-->7, 8, or 9	4-->10 or more

How often on one occasion have you had 4 or more drinks a day containing alcohol?

0-->Never	1-->Less than monthly	2-->Monthly	3-->Weekly	4-->Daily or almost daily

How often during the last year have you found that you were not able to stop drinking once you had started?

0-->Never	1-->Less than monthly	2-->Monthly	3-->Weekly	4-->Daily or almost daily

How often during the last year have you failed to do what was normally expected from you because of drinking?

0-->Never	1-->Less than monthly	2-->Monthly	3-->Weekly	4-->Daily or almost daily

How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?

0-->Never	1-->Less than monthly	2-->Monthly	3-->Weekly	4-->Daily or almost daily

How often during the last year have you had a feeling of guilt or remorse after drinking?

How often during the last year have you had a feeling of guilt or remorse after drinking?

0-->Never	1-->Less than monthly	2-->Monthly	3-->Weekly	4-->Daily or almost daily

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0-->Never	1-->Less than monthly	2-->Monthly	3-->Weekly	4-->Daily or almost daily

Have you or someone else been injured as a result of your drinking?

0-->No	2-->Yes, but not in the last year	4-->Yes, during the last year

Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

0-->No	2-->Yes, but not in the last year	4-->Yes, during the last year

Audit Score (Female)

Additional Questions Which Populate Nursing Assessment Following An Initial Positive Response:

Alcohol Use Disorders Identification Test (AUDIT)

New Hampshire

MMHLA
Maternal Mental Health Leadership Alliance

OCTOBER 2022

MATERNAL MENTAL HEALTH AT A GLANCE

12,000 births per year

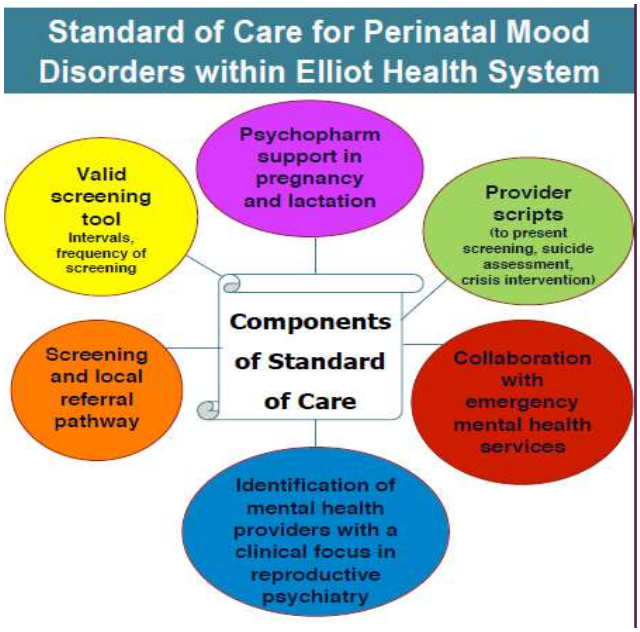
2,400 families impacted by MMH conditions

$58 million cost of untreated MMH conditions
mother's lost wages and productivity,
poor health outcomes of mother and baby

16% postpartum depression rate[1]
26% births covered by Medicaid[2]
23 deaths per 100,000 births[3]
maternal mortality rate

1 CDC 2 March of Dimes 3 PRAMS
*Cost is calculated as follows:
(2,400) X (0.75 remain untreated) x ($32,000 cost) = $58 million

Data Source: March of Dimes, Alison Palmer, RN, MS, WHNP-BC



Source: Alison Palmer, RN, MS, WHNP-BC