



Tomorrow's Doctors, Tomorrow's Cures®

**Lessons Learned From the 2023-2024
“Improving Maternal Mental Health Outcomes”
AAMC Webinar Learning Series**

Digital Compendium

Series Overview

The AAMC has identified [improving mental health care access](#) as a strategic priority, and one of the main areas of focus is maternal mental health. Perinatal mental health (PMH) conditions impact millions of pregnant women and people nationwide every year. Despite being the leading cause of maternal morbidity and mortality, maternal mental health disorders are underdiagnosed and undertreated.¹ Accessing PMH services is a significant barrier for many due to a shortage of providers, the siloed nature of mental health care, the high cost of treatment, and stigma. Integrating mental health care with medical care, supplementing clinical care with virtual care tools, and leveraging community and peer support are just a few of the ways to improve outcomes. There are also many academic health systems and nonprofit organizations working to fill the gaps of care that pregnant and postpartum people need at such a critical time. This webinar series highlights the innovative work being done to improve access to PMH care.

This compendium provides key takeaways from each webinar, information about the organizations featured in the series, and the collection of resources shared by each featured organization. The series is suitable for obstetric clinicians, trainees, academic medicine leaders, administrators, and community advocates working to address and improve the outcomes of unaddressed mental health challenges for pregnant and postpartum people.

1 in 5 women suffer from a mental health condition during the perinatal period*	Less than 15% of women suffering from a mental health condition receive treatment†
20% of postpartum deaths are due to suicide‡	100% of mental health related deaths are PREVENTABLE**

Sources:

* Fawcett EJ, Fairbrother N, Cox ML, White IR, Fawcett JM. The prevalence of anxiety disorders during pregnancy and the postpartum period: a multivariate Bayesian meta-analysis. *J Clin Psychiatry*. 2019 Jul 23;80(4):18r12527. doi:10.4088/JCP.18r12527

† Puspitasari AJ, Heredia D, Weber E, et al. Perinatal mood and anxiety disorder management in multicenter community practices: clinicians' training, current practices and perceived strategies to improve future implementation. *J Prim Care Community Health*. doi:10.1177/2150132721996888

‡ Campbell J, Matoff-Stepp S, Velez ML, Cox HH, Laughon K. Pregnancy-associated deaths from homicide, suicide, and drug overdose: review of research and the intersection with intimate partner violence. *J Womens Health (Larchmt)*. 2021;30(2):236-244. doi:10.1089/jwh.2020.8875

** Trost SL, Beauregard JL, Smoots AN, et al. Preventing pregnancy-related mental health deaths: insights from 14 US maternal mortality review committees, 2008-17. *Health Aff (Millwood)*. 2021;40(10):1551-1559. doi:10.1377/hlthaff.2021.00615

How to Use This Compendium

Each webinar in the series has one or two pages dedicated to its key takeaways, organizational information, and associated resources.

To access the webinars, you will need to [register for the series](#). You may be prompted to “activate” each webinar to access the recording and other information, such as the speaker list and “Handouts” tab where you will find supplementary resources shared by the webinar speakers.

¹ O'Connor K. In addressing maternal mortality, mental health often left out. *Psychiatr News*. 2024;59(4). doi:10.1176/appi.pn.2024.04.4.11

The AAMC would like to offer special thanks to our collaborators and featured organizations in this series.



Contact Us

For inquiries, please contact mentalhealth@aamc.org



Perinatal Mental Health Hotlines and Resources

Postpartum Support International (PSI) is one of the foremost organizations working to bring awareness and help mothers in need through resources, peer support, hotlines, and support tools for both patients and providers. Last year, PSI collaborated with the Health Resources and Services Administration (HRSA) to develop the National Maternal Mental Health Hotline as a part of the federal government's priority to expand access to mental health care for pregnant and postpartum individuals.

Throughout the webinar series, PSI was consistently highlighted as a preeminent organization and resource working to support patients, providers, and advocates.

Resources for providers:

- Psychiatric Consult Line 1-877-499-4773: Free to providers and prescribers across the United States.
- [Perinatal Mental Health Trainings and Certifications](#).
- [Perinatal Mental Health Provider Directory](#) - Covers the United States and Canada.
- Perinatal Mental Health Alliance for People of Color: Addresses gaps in resources for professionals and communities of color.

Resources for patients and families:

- PSI Helpline 1-800-944-4PPD (4773).
- The [HRSA-funded National Maternal Mental Health Hotline 1-833-TLC-MAMA \(1-833-852-6262\)](#).
- Support coordinators.
- An expansive list of support groups tailored for specific social and cultural needs (e.g., religion, race/ethnicity, LGBTQ+ families, military status, and other social experiences).

The PSI Helpline and the HRSA hotline both offer support in multiple languages.

Depression, anxiety, and a general feeling of being overwhelmed are the top three reasons that mothers and childbearing people contact the hotline.

Mind the Gap

Through the national Mind the Gap initiative led by PSI, experts from professional and advocacy organizations collaborate to champion more expansive policies that ensure comprehensive access to perinatal mental health care.



[Subscribe to the Mind the Gap newsletter and get involved here.](#)



[Activate this webinar to access the recording and navigate to the "Handouts" tab to download full key takeaways and related resources.](#)

Success and Challenges of State-Funded Perinatal Psychiatry Access Programs

State-funded perinatal psychiatry access programs (access programs) like MCPAP for Moms, Project TEACH NY, and NC Maternal Mental Health MATTERS integrate behavioral and obstetric care by developing the capacity of obstetric providers to address and manage PMH conditions. They are affiliated with and supported by academic health systems and are staffed by perinatal psychiatrists who offer training, consultation, resources, and referrals to build the capacity of perinatal care professionals to screen, assess, and treat PMH and substance use disorders.

In the United States, there are currently 29 active statewide access programs and five aspiring programs. Together, the programs comprise the national network of perinatal psychiatry access program called [Lifeline for Moms](#). According to Dr. Nancy Byatt, executive director of Lifeline for Moms Program and Lifeline for Families Center, the network covers 65% of annual births (2.5 million of 3.7 million).



About the Access Program

MCPAP for Moms is the catalyst program for the national network of state programs that is now Lifeline for Moms. It offers perinatal psychiatric consultation, resources, and referrals for obstetric, pediatric, primary care, and behavioral health specialists in Massachusetts to address mental health and substance use challenges faced by pregnant and postpartum patients.

Source: [MCPAP for Moms](#)

Program Data

Among practices enrolled in MCPAP for Moms, the success rate for treatment initiation for perinatal depression in Massachusetts went from less than 25% to over 43%. For treatment sustainment, success rates increased from around 1% to 20%.



About the Access Program

Project TEACH NY provides consultation, education, and referral support to maternal and pediatric primary care providers in New York.

Source: [Project TEACH](#)

Program Data

Of all specialty providers calling Project TEACH's perinatal psychiatry access team, obstetricians and maternal-fetal medicine providers were the highest utilizers of the program at 41%, followed by adult psychiatry at 36%.



About the Access Program

NC Maternal Mental Health MATTERS (Making Access to Treatment, Evaluation, Resources, and Screening Better) offers training opportunities in addition to psychiatric consultation, resources, and referral services to health care professionals across North Carolina. NC MATTERS works to reduce health disparities and increase healthy birth outcomes.

Source: [NC MATTERS](#)

Program Data

NC MATTERS boasts a 97% provider satisfaction rate and decreased the average wait time to connect patients to behavioral health providers from the national average of 25 days to 7 days for 149 patients.

The Future of Perinatal Psychiatry Access Programs

Obstetric providers clearly need more support to properly care for pregnant patients experiencing mental health conditions. Access programs are critical resources filling this need and have demonstrated the ability to facilitate access to more timely and higher-quality mental health care.

[Activate this webinar to access the recording and navigate to the “Handouts” tab to download full key takeaways and related resources.](#)



Establishing Equitable Models of Prenatal Care: The Elevating Voices, Addressing Depression, Toxic Stress and Equity (EleVATE) Collaborative

The [EleVATE Collaborative](#) is a transdisciplinary group composed of patients, obstetric clinicians, mental health providers, social workers, public health professionals, community health workers, nurses, health care team members, and patients. The EleVATE Collaborative utilizes a group prenatal care model to reduce preterm birth rates and postpartum depression among Black women and childbearing people throughout Missouri by incorporating evidence-based behavioral health techniques into medical care. They also train team members within the health care system to consistently use a trauma-informed, anti-racist, and culturally responsive lens. EleVATE's framework for health equity promotion involves three main components:

1. Patients: Reduce inequitable adverse pregnancy outcomes.
2. Systems change: Elevate and integrate perspectives from communities and health care institutions to increase shared accountability and develop innovative solutions, policies, and new approaches to care delivery;
3. Clinicians: Provide training to support patients experiencing trauma, depression, and psychosocial stress due to racism.

EleVATE not only practices through an innovative structure that prioritizes empathy, but it also offers organizational leadership pathways to patients to help them advocate for themselves and their families.



Visit EleVATE's [YouTube channel](#) to learn more about its work and facilitation strategy to center the patient experience.

Promising EleVATE Pilot Data

- NO EleVATE patients gave birth preterm (< 37 weeks) compared with 18% of pregnant women receiving individual care.
- 13% reduction in labor inductions and 10% reduction in C-sections.
- Improvements in patients breastfeeding at discharge (26%) and attending postpartum visits (29%).

For more information on the EleVATE pilot program, check out their [recent publication](#).

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The Perinatal Mental Health Education and Screening Project: A Collaborative Approach to Improving Maternal Mental Health

The Maternal Mental Health Leadership Alliance (MMHLA) is a leading organization in maternal mental health advocacy and is dedicated to promoting the mental health of mothers and childbearing people across the country. In partnership with the March of Dimes, MMHLA established the [Perinatal Mental Health Education and Screening Project](#), a multiyear, multidisciplinary collaborative effort to ensure all patients across the perinatal spectrum are educated and screened for maternal mental health disorders. The project is divided into two phases and is currently in phase 2.

- **Phase 1:** Assembled more than 250 partners to develop a screening [framework](#) focused on **when** to screen childbearing patients for perinatal mental health conditions.
- **Phase 2:** Focused on addressing the following barriers to screenings for front-line providers:
 - Education for front-line providers.
 - Resources for those impacted by PMH disorders.
 - Reimbursement for front-line providers to screen and treat PMH conditions.
 - Screening tools that are comprehensive, updated, and culturally relevant.

Mental Health Throughout the Perinatal Period

- 27% of individuals enter pregnancy with anxiety or depression.
- 33% develop symptoms during pregnancy.
- 40% develop symptoms after childbirth.

This underscores the need to discuss maternal mental health as early in the perinatal period as possible.

U.S. Maternal Mortality

- Overall, in 2022, there were 23.8 maternal deaths per 100,000 live births.
- In 2021, there were 69.9 deaths per 100,000 live births for non-Hispanic Black women.
- Mental health conditions leading to suicide and overdose are the **OVERALL** leading causes for maternal death. However, when disaggregated by race and ethnicity, various physical conditions, such as cardiac and coronary conditions, are the leading causes of death for women of color.



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Screening and Treating Maternal Mental Health Conditions: Understanding and Utilizing the New Clinical Practice Guidelines From ACOG

The new clinical practice guidelines from the American College of Obstetricians and Gynecologists (ACOG), published in June 2023, offer a road map for providers to take the necessary steps of screening, diagnosing, treating, and managing maternal mental health conditions. Complications such as depression, anxiety and anxiety-related disorders, bipolar disorder, postpartum psychosis and OCD, and suicidality necessitate timely and clinically appropriate responses. The speakers discuss how they have interpreted and implemented the guidelines in their own practices and how other providers can utilize them to help their patients.

- Clinical Practice Guideline No. 4: [Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum](#)
- Clinical Practice Guideline No. 5: [Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum](#)

ACOG recommendations for obstetricians and other pregnancy care providers (consult Clinical Practice Guidelines to see [all](#) recommendations):

- Screen everyone receiving well-woman, prepregnancy, prenatal, and postpartum care for depression and anxiety using standardized validated instruments.
- Screen for perinatal depression and anxiety at the initial prenatal visit, later in pregnancy, and at postpartum visits.
- Implement mental health screening with systems in place to ensure timely access to assessment and diagnosis, effective treatment, and appropriate monitoring and follow-up based on severity.
- Consult a mental health professional in your health system or contact a [perinatal psychiatry access program](#) when treating a patient with bipolar disorder, a precipitant of postpartum psychosis.
- Treat postpartum psychosis (and other psychiatric emergencies), which carries an elevated risk of suicide and infanticide, with immediate medical attention.
- Be prepared to counsel patients on the benefits and risks of psychopharmacotherapy for PMH conditions and initiate psychopharmacotherapy for perinatal depression or anxiety disorders.
- Do not withhold or discontinue medications for mental health conditions due to pregnancy or lactation status alone.
- When a patient answers affirmatively to a self-harm or suicide screening questions, immediately assess the likelihood, acuity, and severity of risk. Follow up with risk-tailored management.

Educational Resources for Clinicians

- [ACOG Online Trainings and Educational Resources](#) and [Addressing Perinatal Mental Health Conditions in Obstetric Settings](#)
- [National Curriculum in Reproductive Psychiatry](#)
- [Perinatal Mental Health Conditions](#) from the [Alliance for Innovation on Maternal Health \(AIM\)](#)

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