
Bree Collaborative | Perinatal/Maternal Mental Health

February 27th, 2023 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Colleen Daly, PhD, Microsoft (chair)
Trish Anderson, MBA, BSN, WSHA
Aphrodyi Antoine, MPH, MPA, HRSA
Christine Cole, LCSW, HCA
Melissa Covarrubias, CHPW
Billie Dickinson, WSMA
Andrea Estes, MBA, HCA
Cindy Gamble, MPH, AIHC
Kristin Hayes, MSW, Evergreen Health
Libby Hein, LMHC, Children’s Home Society of
Washington
Mandy Herreid, MN, United Healthcare
Kay Jackson, CNM, ARNP, Off the Grid
Midwifery and Health
Ellen Kauffman, MD
Jillian King, DNPc, University of Washington
Gina Legaz, MPH, WA Department of Health

Jennifer Linstad, CNM, Center for Birth
MaryEllen Maccio, DM, Valley Medical Center
Patricia Morgan, ARNP, Evergreen Health
Sheryl Pickering, DOH, WIC
Ashley Pina, HCA/DBHR
Sarah Pine, HCA
Brienne Probasco, WACHC
Melissa Rubin, DNP, ARNP, Sound Family
Psychiatry
Monica Salganokar, MHA, WSMA
Nicole Saint Clair, MD, Regence
Caroline Sedano, MPH, DOH
Lewissa Swanson, MPA, HRSA
Beth Tinker, PhD, MPH, MN, RN, HCA

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative
Emily Robson, RN, DNP, Bree Collaborative

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the Bree Perinatal/Maternal Mental Health workgroup. Those present introduced themselves and their organization.

Action: Adopt January minutes

DISCUSS: CHARTER AND ROSTER

Mr. Locke shared the workgroup’s draft charter. Major changes from January include opening up the scope beyond screening and intervention activities and adding a focus on structural determinants of health and advancing equity. Workgroup members discussed additional edits.

- Members recommended changing the term “disparity” to “inequity” as well as adding an acknowledgement of structural and systemic racism as contributing to inequities.
- The workgroup amended the term “perinatal/maternal” to be more broad. The workgroup discussed terms including the “birthing journey,” “reproductive journey,” and “family building.” The workgroup settled on the phrase “reproductive journey and family building, including the perinatal and postnatal period.”
- In addition to the current duties and functions, the workgroup added a bullet about acknowledging the role of systems in maternal mental health outcomes.

Action: Adopt charter and roster

DISCUSSION: OPPORTUNITY FOR IMPACT

Mr. Locke continued the conversation on opportunities for impact, including the birthing timeline and the maternal mental health.

- Workgroup members discussed the timeline that they hope to cover ranging from family planning to post-natal services.
 - Workgroup members hope to start with pre-conception services. In other words, services and conversations about mental health for all people of reproductive age before they plan on having kids to make sure they are aware of the challenges and potential support for mental health services.
 - In addition to pregnancy services, the workgroup would like to consider alternative family building timelines including fertility/infertility treatments, adoption, and more.
 - Finally, the workgroup discussed post-natal services timeline. At least one year should be covered, especially for clinical services. However, the workgroup would like to consider bolstering supports for parents beyond one year. Parenting is a long journey that will involve pediatric engagement.
- Next, the workgroup discussed the scope of the care continuum, using a diagram from the Colorado Maternal Mental Health coalition.
 - The current diagram misses some structural/systemic concerns including racism and social determinants like housing and food.
 - Additionally, the diagram misses the role of culture. Culture = health, and often we forget about cultural programs and services.
 - The diagram also misses the difficulty to access mental health services, especially trauma-focused care.
 - The diagram does help show that maternal care delivery needs to be expanded beyond the clinic to involve doula, CHWs, community health organizations, and more.
- Finally, the workgroup discussed some opportunities for impact to focus on at future meetings:
 - Supplemental care/expanded care continuum
 - Include innovative models of care (such as group prenatal care, community health workers, collaborative care, etc)
 - Best ways to track outcomes/assess interventions
 - Adequate funding for known effective programs
 - Community education/support
 - Screening activities, but only if connected to follow-up programs.
 - Must address effective screening strategies, access and awareness.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will begin discussing recommendations for pre-conception mental health services as a first step in the reproductive journey/family building process. The workgroup's next meeting will be on **Monday, March 20th from 8:00 – 9:30 AM.**