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**Bree Collaborative | Perinatal/Maternal Mental Health**

March 20<sup>th</sup>, 2023 | 8:00 – 9:30 a.m.

**Virtual**

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**MEMBERS PRESENT**

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Colleen Daly, PhD, Microsoft (chair)  
Aphrodyi Antoine, MPH, MPA, HRSA  
Christine Cole, LCSW, HCA  
Melissa Covarrubias, CHPW  
Cindy Gamble, MPH, AIHC  
Kristin Hayes, MSW, Evergreen Health  
Libby Hein, LMHC, Molina Healthcare  
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  
Katie Price, private practice  
Sheryl Pickering, DOH, WIC  
Ashley Pina, HCA/DBHR  
Sarah Pine, HCA  
Caroline Sedano, MPH, DOH  
Lewissa Swanson, MPA, HRSA  
Beth Tinker, PhD, MPH, MN, RN, HCA  
Brittany Weiner, WSHA (for Trish Anderson)  
Josephine Young, MD

**STAFF AND MEMBERS OF THE PUBLIC**

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Nick Locke, MPH, Bree Collaborative  
Emily Robson, RN, DNP, Bree Collaborative  
Karie Nicholas, MSc, Bree Collaborative

**WELCOME**

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

**Action:** Adopt February minutes

**PRESENTATION: MATERNAL MORTALITY REVIEW PANEL FEB 2023 REPORT**

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Mr. Locke invited Caroline Sedano, MPH, with the Department of Health to present on the recent DOH Maternal Mortality Review panel. Ms. Sedano presented on key slides about the state of maternal health in Washington, especially related to behavioral health.

- The report found that 80% of pregnancy-related deaths are preventable, and the leading cause of pregnancy-related deaths include behavioral health concerns (such as suicide and overdose).
- The Report offers six broad recommendations, which will be further explained at a DOH webinar in April.
- Some of the recommendations that may overlap with our workgroup include screening and availability of behavioral health providers, and recommendations about basic social needs.
- The DOH is currently working on a gap analysis project to further develop plans to address preventable deaths, especially related to substance use disorder.

**DISCUSSION: FRAMEWORK FOR RECOMMENDATIONS**

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Mr. Locke transitioned the workgroup to talk about a framework to guide recommendations. The workgroup began by looking at the Family Building Journey as a framework for targeting

recommendations to specific phases of the journey. Mr. Locke asked the workgroup if we should refine the scope down to pregnancy, delivery, and the postpartum period (0 – 1 year after birth).

- A limited scope would align with current data from the DOH panel
- However, workgroup members would like to look inclusively at ways to build a family. Expanded data may show expanded disparities in family planning.
- Additional topics beyond pregnancy/delivery/postpartum include pregnancy loss and unintended pregnancy.
- The workgroup would like to be more inclusive and think about upstream factors instead of the downstream outcomes of birth. We must bring awareness to available supports early.
- Additionally, we should recognize that the family building journey is not just a linear process.

Mr. Locke also shared other frameworks that might guide our thinking, including the scope of the care continuum, the pulling together for wellness model, and the socioecological model.

- Members agreed that the socioecological model might address some of our goals for different levels of interventions (especially community and structural levers)
- another model that might be useful is the midwife model of care
- The fragmentation of our health/social service support system prevents whole person care. WE may need to address different frameworks to different sectors.
- If we hope to address inequities we need to include culture and community.
- Are there opportunities to empower community organizations through our recommendations?

Mr. Locke closed this portion of the meeting by asking workgroup members what areas they would like to focus recommendations toward

- Workforce development – which may look different in different communities/settings
- Don't limit recommendations to a single provider type
- Understand that clinical/behavioral health barriers include money and time, as well as coordination with pediatric providers.
- Address multiple social needs, including intimate partner violence.

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

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Mr. Locke invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review a refined focus area draft and begin to discuss recommendations. The workgroup's next meeting will be on **Monday, April 24<sup>th</sup> from 8:00 – 9:30 AM.**