
Bree Collaborative | Perinatal/Maternal Mental Health

April 24th, 2023 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Colleen Daly, PhD, Microsoft (chair)
Amy Laurent, MPH, Microsoft (for Colleen Daly)
Aphrodyi Antoine, MPH, MPA, HRSA
Christine Cole, LCSW, HCA
Melissa Covarrubias, CHPW
Andrea Estes, MBA, HCA
Cindy Gamble, MPH, AIHC
Libby Hein, LMHC, Molina Healthcare
Mandy Herreid, MN, United Healthcare
Ellen Kauffman, MD
Gina Legaz, MPH, WA Department of Health

Jennifer Linstad, CNM, Center for Birth
Patricia Morgan, ARNP, Evergreen Health
Wendy Nakatsukasa-Ono, MPH, Cardea
Brianne Probasco, WACHC
Sheryl Pickering, DOH, WIC
Ashley Pina, HCA/DBHR
Sarah Pine, HCA
Brittany Weiner, WSHA (for Trish Anderson)
Josephine Young, MD

STAFF AND MEMBERS OF THE PUBLIC

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

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the Bree Perinatal/Maternal Mental Health workgroup.

Action: Adopt March minutes

PRESENTATION: PREVIOUS FOUNDATION WORK AND LOGIC MODEL

Mr. Locke began the meeting by sharing some of the Bree's previous work on behavioral health and reproductive health. The presentation covered previous reports to help identify levers the Bree has used in the past and how this report can build off previous work. Additionally, Mr. Locke shared a logic model that describes the exposures and screening diagnoses of interest as well as potential interventions.

- First, the workgroup discussed data from the OB COAP program, a sister program at the foundation for health care quality. The OB COAP program has abstracted data on maternity care in Washington, including screening rates and the number of prenatal care visits.
- The workgroup discussed additional ideas for the logic model.
- Other interventions to address could include: ensuring people are connected to their community, shared decision making/motivational interviewing, access to services and trusted relationships, and ensuring we avoid unintended consequences.
 - Specifically, the workgroup discussed how to review harmful interventions, such as incarcerating individuals with substance use disorders during pregnancy.
- The workgroup emphasized the importance of underlying community supports that improve mental/behavioral health.

DISCUSSION: EVIDENCE REVIEW BRAINSTORM

Mr. Locke transitioned the workgroup to talk about topics for the evidence review process. Mr. Locke invited input from the workgroup related to clinical/hospital interventions, supportive community birthing pathways, and community interventions. The workgroup brainstormed topics for research.

- Clinical/Hospital Interventions
 - Motivational interviewing and shared decision making to develop trusting relationships.
 - Inequities in screening/referral rates based on race/ethnicity
 - Integrating maternal mental health with ACEs and trauma-informed care.
 - Leveraging other staff members beyond providers such as community health aids, behavioral health aids (Alaska programs)
 - Screening and levels of risk (such as low, moderate, and high risk to target interventions)
 - How to follow-up on positive screens
 - SUD treatment during pregnancy or the postpartum period
 - Sustainable reimbursement for adequate prenatal/perinatal visits
 - Efficacy of screening for infant mental health.
 - Access to resources (especially in areas with less access such as rural areas) – impacted services due to people crossing state borders
 - Language and culturally appropriate services.
- Supportive Community Birthing Pathways
 - Certification for doulas and differences in outcomes for certified doulas.
 - Access to doulas for different communities.
 - Connecting social workers to community midwives and doulas
 - Sustainable reimbursement for midwives/doulas
- Community Interventions
 - Coordination between primary care providers and social services, recognizing historical trauma.
 - Effect of public policies for economic supports for clients/patients on maternal mental health outcomes.
 - Home-visit programs
 - Raising awareness and education of maternal mental health at a population level.
 - State-wide strategic plans and funding at the state level
 - Federal funding
- Other comments:
 - In addition to evidence-based practices we should look into promising practices and practice-based evidence, especially when it comes to communities that are not as well studied such as tribal communities.
 - We should be more clear about how we describe midwives and doulas. Midwives are clinical practitioners, and many midwives work in hospital settings. Instead of supplemental pathways, we should examine the role of midwives and doulas separately.
 - We are also interested in contacts to connect with regarding case studies, sample workflows, or other promising practices from Washington state.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments or public comments, then thanked all for attending. Between meetings, Mr. Locke will share the survey and the current topics for evidence review to solicit input from members who were unable to attend. Bree staff will begin the evidence review process and start to discuss recommendations at the May workgroup meeting. The workgroup's next meeting will be on **Monday, May 18th from 8:00 – 9:30 AM.**

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