
Bree Collaborative | Perinatal/Maternal Mental Health

May 15th, 2023 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Colleen Daly, PhD, Microsoft (chair)
Aphrodyi Antoine, MPH, MPA, HRSA
Christine Cole, LCSW, HCA
Melissa Covarrubias, CHPW
Billie Dickinson, WSMA
Andrea Estes, MBA, HCA
Libby Hein, LMHC, Molina Healthcare
Mandy Herreid, MN, United Healthcare
Kay Jackson, CNM, ARNP, Off the Grid
Midwifery and Health
Ellen Kauffman, MD

Gina Legaz, MPH, WA Department of Health
MaryEllen Maccio, MD, Valley Medical Center
Patricia Morgan, ARNP, Evergreen Health
Brianne Probasco, WACHC
Sheryl Pickering, DOH, WIC
Ashley Pina, HCA/DBHR
Caroline Sedano, MPH, DOH
Lewissa Swanson, MPA, HRSA
Brittany Weiner, WSHA

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. Members introduced themselves via chat.

Action: Adopt April Minutes.

DISCUSSION: FOCUS AREAS FOR EVIDENCE REVIEW

Mr. Locke began the meeting by sharing a new chart that organized the evidence review process into focus areas. Focus areas include:

- Clinical Screening and Referral
- Provider-Patient Interactions
- Clinical Structure and Services
- Access and Coordination
- Care Team
- Incentives
- Community Initiatives

Workgroup members discussed the new organization and added new topics that were not previously represented.

- Members agreed that the new organization was much more clear and specific.
- Members suggested research for more tribal initiatives for the “community initiatives” section. Bree staff will follow-up between meetings.

- Members discussed the importance of public awareness, especially as it relates to recent articles on inequities in maternal health. Educating the public and educating providers about the impact of racism can be an important step.
- Members discussed group prenatal care as an additional clinical structure for research, in addition to home visits and integrated behavioral health. The DOH recently ran a group prenatal care pilot project at a federally qualified health center in south Seattle that may have more information.
- In addition to incentives related to reimbursements and state/federal funding, incentives should examine funding from hospitals, such as from hospital priorities and allocation of program funds.
- One further program to look into is “Nurture Northwest” run by Jennifer Duvall.

DISCUSSION: EVIDENCE REVIEW PROGRESS

Mr. Locke transitioned the workgroup to share the current progress of the evidence review process and invite feedback. The current evidence review includes 36 articles and 10 examples of community initiatives. The current review has focused on clinical screening, provider/patient relationships, and clinical structure. Further review will look into access, care team makeup, and incentives.

- Clinical Screening/Referrals:
 - 16 articles demonstrate that screening for perinatal mood disorders improve outcomes, including some meta-analyses. Facilitators include staff buy-in and champions, barriers include access to referral resources and patient perceived discrimination.
 - Members discussed additional topics for screening, including:
 - Screening for maternal mental health in pediatric practices. This is currently covered by Medicaid and the AAP recommends. However, some have experienced trust issues, especially related to legal concerns around custody. Overlaps with patient/provider relationships.
 - The details of how to screen are important – what tool, what staff member should administer screening, etc.
 - Members shared resources for screening, including the MMHLA, and the Washington chapter of the AAP which has resources related to maternal mental health screening.
- Patient-Provider Interactions:
 - 16 articles were reviewed, especially related to racial concordance, perceived discrimination, and trauma-informed care. Many patients report miscommunication and perceived discrimination. Racial concordance is associated with improved outcomes, but most studies have too small of numbers to be significant. Trauma-informed care appears to be a best practice for providers.
 - Members discussed how to address perceived discrimination through implicit bias training for providers, racial concordance of doulas/midwives, or other anti-racism initiatives.
- Clinical Structure:
 - 6 articles were reviewed, especially related to home-visits for maternal care and integrated behavioral health. Both appear to be associated with improved outcomes.
 - Members offered new resources, especially related to integrated behavioral health:
 - Valley medical has an evidence review of integrated behavioral health specific to maternity care that we can borrow from. Bree staff will follow-up.
 - CalMedicaid has a policy to provide mental health services for pregnant people even without a diagnosis of a behavioral health disorder. More research is needed.

- Other Topics:
 - At this point, the other topics (care team, access, and incentives) have not been reviewed in as much depth. Mr. Locke invited members to share suggestions for further research.
 - Team-based care questions include: who is most effective (i.e. midwife, nurse practitioner, OBGYN) for mental health outcomes, and who should be part of the care team (i.e. OBGYN, behavioral health, social worker, etc.).
 - Workgroup members discussed concerns for the care team, including:
 - How to reduce barriers for providers, especially OBGYNs, to treat mental health, including training requirements, practice barriers (time per patient, burnout), and provider priorities.
 - How to increase referrals out to treatment when a behavioral health concern is beyond the provider's scope of practice/ability.
- Community Initiatives
 - Current research has focused on examples of federal and state-wide nonprofits for maternal mental health.
 - Further examples include resources for the prison population, partner support programs, and domestic violence programs.

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 reach out to members who offered additional resources. Bree staff will continue the evidence review process based on the refinements and start to discuss recommendations at the June workgroup meeting. The workgroup's next meeting will be on **Monday, June 19th from 8:00 – 9:30 AM.**