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## Bree Collaborative | Perinatal/Maternal Mental Health

August 21<sup>st</sup>, 2023 | 8:00 – 9:30 a.m.

Virtual

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### MEMBERS PRESENT

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Gloria Andia, HRSA IEA Region 10  
Trish Anderson, MBA, BSN, WSHA  
Melissa Covarrubias, CHPW  
Andrea Estes, HCA  
Colleen Daly, PhD, Microsoft (chair)  
Libby Hein, Molina Health Care  
Kay Jackson, CNM, ARNP  
Ellen Kauffman, MD  
Jillian King, RN, Student Nurse Midwife UW  
MaryEllen Maccio, MD, Valley Medical Center

Patricia Morgan, ARNP, EvergreenHealth  
Ashley Pina, HCA DBHR  
Brianna Probasco, WACHC  
Lewissa Swanson, HRSA, MCHB  
Beth Tinker, PhD, MPH, MN,  
RN, HCA  
Brittany Weiner, WSHA

### STAFF AND MEMBERS OF THE PUBLIC

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Karie Nicolas, MA, CG, Bree Collaborative  
Emily Nudelman, RN, DNP, Bree Collaborative  
Ginny Weir, MPH, Bree Collaborative

### WELCOME

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Emily Nudelman, DNP, RN welcomed members to the workgroup. Dr. Nudelman informed the group that the new staff member who will help oversee the Bree Workgroups, Beth Bojkov, will begin this week. Please send information and correspondence to [bree@qualityhealth.org](mailto:bree@qualityhealth.org) as she gets settled.

- Motion to approve the July meeting minutes.

**Action:** Adopt July Minutes.

### PRESENTATION: BETH TINKER, PhD, MPH, MN, RN HCA

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Beth Tinker, HCA presented information about work going on at the HCA to support Maternal and Perinatal Health. Dr. Tinker's presentation covered the HCA's maternity care bundle and why it was not decided to move forward, HCA's prioritized projects (i.e., support the use of doulas and midwives). Dr. Tinker reviewed the need to limit their performance metrics to only five metrics and support the monitoring of a few other measures. Perinatal mental health screening is a metric. She explained the perinatal bundle report was not chosen to move forward at this time because there is no evidence that an episode of care met state quality or cost goals. She reviewed how the HCA has shifted their focus to a project on doulas and one on midwives. She highlighted how currently, in Washington state legislation has not been passed to have Medicaid cover doulas. Dr. Tinker and the group brought forth some resources that may be useful for the group to review:

- National Healthlot
- HCA 2019 Legislation Support
- Look into AAP learning collaboratives
- ACOG guideline state from June on Mental Health

Dr. Tinker concluded her presentation with comments on a Behavioral Health consultation for every pregnant and/or postpartum person and the role of a health plan to promote perinatal mental health.

## DISCUSSION: EVIDENCE REVIEW

Dr. Nudelman reviewed the additional references that have been added to the Evidence Table. The evidence reviewed resources for harm reduction techniques from SAMSHA, public health psychiatric line, and two reports reviewing the role of Doulas.

## DISCUSSION: DRAFT RECOMMENDATIONS

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Dr. Nudelman provided an overview to the group on how Bree reports are commonly structured. She explained they have sections on the different audiences (e.g., health delivery systems, health plan, purchasers, public health agencies, etc.) Dr. Nudelman explained the report was edited from July to encompass different audiences adding recommendations for Health Care Professionals and Clinicians, DOH and Public Health Agencies, and Purchasers. Dr. Nudelman reviewed new recommendations for the health care professionals and began the section on health plans before the meeting concluded. Information and comments brought forward by the group members during the review of recommendation:

- Significance of integrating behavioral health consultations into where patient receives their medical care.
  - How to co-locate resources within the clinic?
- Ensuring Mental Health provider is a part of the interdisciplinary team
  - MaryEllen Maccio, MD, Valley Medical Center brought forward how at Vallet Medical Center they are implementing a model where the Behavioral Health worker is co-located with the OB provider and it is going well yet requires further funding for sustainability.
- Importance of educating pregnant person on mental health if screening is negative. Example of chart phrase used by Valley P-BHIP (Perinatal Behavioral Health intervention program): “Mood and balanced emotions are an important part of a healthy pregnancy. Based on your survey today, your mood is in a normal range. To maintain healthy emotional balance, focus on adequate rest, social support, good nutrition, and regular exercise it's never too early to make a plan to support your sleep and nutrition postpartum. Challenges with low mood or excessive worry (perinatal mood disorders) are the most common complication of pregnancy, affecting 1 in every 5 pregnant individuals. Mood changes can occur anytime during pregnancy and up to one year postpartum. If you note a change in your mood, talk to your OB team and family. Challenges with mood, intrusive thoughts or delayed bonding do not reflect your ability to be a good parent. You are not alone, treatment is available, we are here to help.”
- Barrier: Some OB providers do not see behavioral health as part of their OB care.
  - OB providers need support on recognizing and understanding mental health is a standard of care for an OB clinician to do.
  - Group Discussed training and education support for OB Clinicians such as [Perinatal Support WA](#) and [UW Perinatal Psych line](#)
    - CME
    - Residency training
    - Opportunity for alignment with midwifery education
  - Including it as part of payment, offer screening and BH Care as part of OB care. If they are not met, then they do not receive payment.
- Support needed for transitions of care between OB and primary care clinician.
- Discussion on support individuals with Opioid use disorder and prescribing buprenorphine
  - Resource from group: [Centers for Excellence for Perinatal Substance Use Disorder](#)
- Recommendation on using urine drug screen should be changed. There is language from [ACOG](#) not recommending urine drug screen due to reinforcement of historical biases.

- In the Midwifery model the professional spends more time with the patient. Is there an opportunity to have longer OB visits?
- Possible recommendations of OB visits at 2, 6 week and 12-week mark
  - Legislative funding may be necessary to implement since we would need to pay providers more for the additional time frame/additional visits.
- Dr. Nudelman reviewed recommendations on pediatricians to screen post-partum people. The group previously expressed interest in understanding how frequently screenings is being done. Work is currently beginning to further understand this, yet barriers to screening were identified as Pediatrician may have limited time to screen and address a positive screening during visit, and difficulty connecting parent to their clinician.
- Opioid Treatment Program clinicians would like to be engaged with OB for their pregnant and post-partum clients.
  - Support for referral, transition of care and care coordination

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

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Dr. Nudelman invited final comments or public comments, then thanked all for attending. Between meetings, Bree staff will continue to update draft recommendations. Bree staff will plan to review the Bree recommendations further at next meeting. The workgroup's next meeting will be on **Monday, September 18<sup>th</sup> from 8:00 – 9:30 AM.**