



EXECUTIVE SUMMARY and REPORT OF FINDINGS

PARTICIPATING ORGANIZATIONS

- 2020Mom
- American Academy of Pediatrics (AAP)
- American College of Nurse Midwives (ACNM)
- American College of Obstetricians and Gynecologists (ACOG)
- Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN)
- Association of Maternal & Child Health Programs (AMCHP)
- Center for Law and Social Policy (CLASP)
- Centers for Disease Control and Prevention (CDC)
- JB and MK Pritzker Family foundation – Children’s Initiative (Pritzker)
- Lifeline for Moms
- March of Dimes (MOD)
- Massachusetts Child Psychiatry Access Program for Moms (MCPAP for Moms)
- Maternal and Child Health Bureau (MCHB)
- Maternal Mental Health Leadership Alliance (MMHLA)
- National Association of Social Workers (NASW)
- Perigee Fund
- Postpartum Support International (PSI)
- Postpartum Support Virginia (PSVa)
- Slingshot Solutions
- Society for Maternal-Fetal Medicine (SMFM)
- U. S. Department of Veterans Affairs (VA)
- U.S. Health Resources & Services Administration (HRSA)
- UPIC Health
- ZOMA

SUMMARY OF FUTURE STATE – 10 YEARS

1. Maternal healthcare has been redefined to include both mental and physical health and well-being.
2. Increased awareness of maternal mental health has reduced stigma and normalized speaking about and seeking care.
3. Excellent comprehensive data informs maternal mental health practice and policy.
4. Public and private insurance both prioritize and incentivize maternal mental health, thereby facilitating a full spectrum of integrated care and access.
5. Nationwide pregnancy-only Medicaid/CHIP coverage has expanded from 60 days to 1 year postpartum.
6. Medical and community-based providers are educated about maternal mental health conditions and can comfortably and competently recognize and respond using an evidence-informed care pathway resulting in symptom improvement.
7. Culturally- and linguistically-appropriate systems of support meet the health and social support needs of women, children, and families.

PART I: INTRODUCTIONS / CURRENT STATE

Organizations were asked to identify the following regarding mental health challenges that women face during pregnancy and their first year postpartum:

1. **Current language** used to describe these conditions.
2. **Proposed language** (assuming consensus) that SHOULD BE used to describe these conditions.
3. **Statistics** used to describe the incidence of these conditions.
4. **Focus** of each organization in addressing these conditions.

**TABLE 1
CURRENT LANGUAGE**

Organizations currently use the following terms to describe mental health challenges that women face during pregnancy and first year postpartum:

Organizations	Maternal Mental Health	Perinatal Mood & Anxiety Disorders (PMADs)
2020 Mom	x	
American Academy of Pediatrics (AAP)	x	
American College of Nurse Midwives (ACNM)		
American College of Obstetricians and Gynecologists (ACOG)	x	x
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)		x
Associations Maternal & Child Health Programs (AMCHP)	x	
Center for Law and Social Policy (CLASP)		
Centers for Disease Control and Prevention (CDC)		
JB and MK Pritzker Family Foundation Children's Initiative		
Lifeline for Moms		
March of Dimes	x	
Massachusetts Child Psychiatry Access Program (MCPAP)		
Maternal Mental Health Leadership Alliance (MMHLA)	x	
National Association of Social Workers (NASW)		
Perigee Fund		
Postpartum Support International (PSI)	x	x
Postpartum Support Virginia		x
Slingshot Solutions		
The Maternal and Child Health Bureau (MCHB)		
The Society for Maternal-Fetal Medicine (SMFM)	x	x
U.S. Department of Veterans Affairs	x	
U.S. Health Resources & Services Administration (HRSA)		
UPIC Health	x	
ZOMA		

* Maternal Depression and Perinatal Mental Health were also mentioned, organizations were not specified.

TABLE 2: PROPOSED LANGUAGE. Organizations indicated the following terms SHOULD BE used (assuming consensus) to describe these conditions:

Organizations	Maternal Mental Health	Maternal Mental Wellness	Maternal Mental Health & Wellness	Perinatal Mood & Anxiety Disorders (PMADs)	Peripartum Mood Disorder	Perinatal Mental Health
2020 Mom				x		
American Academy of Pediatrics (AAP)		x				
American College of Nurse Midwives (ACNM)					x	
American College of Obstetricians and Gynecologists (ACOG)						
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)						
Associations Maternal & Child Health Programs (AMCHP)	x			x		
Center for Law and Social Policy (CLASP)						
Centers for Disease Control and Prevention (CDC)						
JB and MK Pritzker Family Foundation Children's Initiative			x			
Lifeline for Moms						
March of Dimes						
Massachusetts Child Psychiatry Access Program (MCPAP)						
Maternal Mental Health Leadership Alliance (MMHLA)		x				
National Association of Social Workers (NASW)	x					
Perigee Fund						
Postpartum Support International (PSI)			x			
Postpartum Support Virginia						
Slingshot Solutions	x					
The Maternal and Child Health Bureau (MCHB)						
The Society for Maternal-Fetal Medicine (SMFM)						
U.S. Department of Veterans Affairs						x
U.S. Health Resources & Services Administration (HRSA)						
UPIC Health						
ZOMA						

*Maternal Health & Wellbeing (understanding that it would include substance use disorders), Maternal Depression, Maternal Depression & Related Behavioral Disorders, and Perinatal Mental Health & Substance Use Disorders were also mentioned, organizations were not specified.

When aligning on language to describe these conditions, attendees suggested that

1. Language should be gender neutral.
2. It may be necessary to align on several terms based on the target audience.
3. Statistics for specific groups (i.e. military veterans, women of color) would be helpful.

TABLE 3: STATISTICS. Organizations use the following statistics when defining the incidence of mental health challenges that women face during pregnancy and first year postpartum:

Organizations	20% of Women	1 in 7 Women	Greater than 30% of Women Veterans	Globally 1 in 5	The Most Common Complications of Pregnancy
2020 Mom	x				
American Academy of Pediatrics (AAP)					
American College of Nurse Midwives (ACNM)	x				
American College of Obstetricians and Gynecologists (ACOG)		x		x	
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)		x			
Associations Maternal & Child Health Programs (AMCHP)					
Center for Law and Social Policy (CLASP)					
Centers for Disease Control and Prevention (CDC)		x			
JB and MK Pritzker Family Foundation Children's Initiative	x				
Lifeline for Moms	x				
March of Dimes					
Massachusetts Child Psychiatry Access Program (MCPAP)					
Maternal Mental Health Leadership Alliance (MMHLA)	x				
National Association of Social Workers (NASW)	x				
Perigee Fund					
Postpartum Support International (PSI)					
Postpartum Support Virginia					
Slingshot Solutions					
The Maternal and Child Health Bureau (MCHB)					
The Society for Maternal-Fetal Medicine (SMFM)		x			
U.S. Department of Veterans Affairs			x		
U.S. Health Resources & Services Administration (HRSA)					
UPIC Health					
ZOMA					x

*Greater Than 25% of Women with the Presence of Co-Issues was also mentioned, organizations were not specified.

TABLE 4: FOCUS. Organizations focus on different aspects of maternal mental health / postpartum depression:

Organizations	Policy & Legislative Change	Patient & Caregiver Support	HCP Support, Education & Training	Healthcare Services & Research	Systems Change (Policy, Awareness, Clinical, Data)	Systems Change (Policy, Advocacy, Workforce, Field Capacity)	State Health Department Technical Assistance
2020 Mom	x						
American Academy of Pediatrics (AAP)			x				
American College of Nurse Midwives (ACNM)			x				
American College of Obstetricians and Gynecologists (ACOG)	x		x				
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)			x				
Associations Maternal & Child Health Programs (AMCHP)	x						x
Center for Law and Social Policy (CLASP)	x						
Centers for Disease Control and Prevention (CDC)							
JB and MK Pritzker Family Foundation Children's Initiative	x						
Lifeline for Moms			x				
March of Dimes	x						
Massachusetts Child Psychiatry Access Program (MCPAP)			x				
Maternal Mental Health Leadership Alliance (MMHLA)	x						
National Association of Social Workers (NASW)	x						
Perigee Fund						x	
Postpartum Support International (PSI)		x	x				
Postpartum Support Virginia		x					
Slingshot Solutions	x						
The Maternal and Child Health Bureau (MCHB)			x				
The Society for Maternal-Fetal Medicine (SMFM)			x				
U.S. Department of Veterans Affairs				x			
U.S. Health Resources & Services Administration (HRSA)							
UPIC Health		x					
ZOMA					x		

PART 2: FUTURE STATE

Attendees developed goals for the next 10 years for maternal mental health (MMH) / postpartum depression (PPD) with the following two items in mind:

1. Current activities in service of the future state
2. Gaps that currently prevent the future state from being realized

# 1: Maternal healthcare has been redefined to include both mental and physical health and well-being.	
Current Activities in Service of The Future State	Gaps Currently Preventing the Future State
<p>A. Program development. B. Education and research.</p> <p>Current activities include:</p> <ul style="list-style-type: none"> Organizations are partnering with hospitals to test and implement scalable approaches (Lifeline4Moms, PSVa, ZOMA). 2020Mom and ZOMA recognize maternal mental health innovations through their awards program. Several organizations are providing HCP education and training (ACNM, ACOG, APHW, PSI, ZOMA). ACOG has issued national clinical guidance for HCPs involved in maternal healthcare. VA is conducting research to identify the mental health burden of pregnant veterans, including the impact of mental health conditions (such as PTSD) on birth outcomes. 	<ol style="list-style-type: none"> 1. Training does not prioritize mental health as much as physical health. 2. Medical students are not trained about maternal mental health. There is also a lack of emphasis on maternal mental health in obstetric and pediatric resident programs. 3. Residency programs to educate physicians on maternal mental health are lacking. 4. Insurance packages for maternity care do not include coverage for mental health screening, assessment, and treatment. 5. Mental health care is not currently integrated into obstetric care. 6. Emphasis on pregnancy should be on both mom and baby. This is often not the case.

# 2: Increased awareness of maternal mental health has reduced stigma and normalized speaking about and seeking care.	
Current Activities in Service of The Future State	Gaps Currently Preventing the Future State
<p>A. Educational programs, resources, and materials for providers and patients. B. Maternal mental health fundraising efforts. C. Maternal mental health policy development. D. Maternal mental health research activities.</p> <p>Current activities include:</p> <ul style="list-style-type: none"> Mental health first aid & peer mentor programs. Maternal mental health awareness days. Conferences and training programs. Climb Out of the Darkness. Congressional briefings. 	<ol style="list-style-type: none"> 1. A lack of public access to the healthcare system and resources. 2. Low public awareness from a broad range of stakeholders such as the mental health community and non “mom-baby groups”. 3. A lack of broad and coordinated guidance.

# 3: Excellent comprehensive data informs maternal mental health practice and policy.	
Current Activities in Service of The Future State	Gaps Currently Preventing the Future State
<p>A. Funding, generating, and disseminating data.</p> <p>Current activities include:</p> <ul style="list-style-type: none"> • ZOMA is funding Healthcare Effectiveness Data and Information Set (HEDIS) measures. • Lifeline4Moms is helping to standardize data collection across perinatal psychiatry access programs. • Lifeline4Moms and CDC are working to close gaps surrounding perinatal mental health practices. • NASW is reviewing research that informs maternal mental health practices and is disseminating information to social workers. 	<ol style="list-style-type: none"> 1. More women decision makers are needed. 2. Federal, State, association health plan data and sources have not been compiled. 3. Parity between general and mental health does not currently exist. 4. The cost of medical insurance is seen as “out of control”.

# 4: Public and private insurance prioritizes and incentivizes maternal mental health, thereby facilitating a full spectrum of integrated care and access.	
Current Activities in Service of The Future State	Gaps Currently Preventing the Future State
<p>A. Advocacy and policy. B. Research and funding.</p> <p>Current activities include:</p> <ul style="list-style-type: none"> • Many organizations (ACNM, ACOG, AWHONN, SMFM) are advocating and providing policy development for prioritizing and incentivizing perinatal mental health. • Lifeline4Moms is engaged in research to build guidance for return on investment by insurance companies. • ZOMA has developed a report for advocacy that outlines the national cost of untreated maternal mental health issues. 	<ol style="list-style-type: none"> 1. Employers lack an understanding of the plans they are picking for their employees. 2. Gender inequality for insurance coverage exists. 3. Insurers are not focused on this population and are not motivated to care. 4. There is a lack of understanding / knowledge about what is possible under Federal law.

# 5: Nationwide pregnancy-only Medicaid/CHIP coverage has expanded from 60 days to 1 year postpartum.	
Current Activities in Service of The Future State	Gaps Currently Preventing the Future State
<p>A. Advocacy and policy activities</p> <p>Current activities include:</p> <ul style="list-style-type: none"> • Several organizations are involved in lobbying (at both state and federal levels) to extend pregnancy-only Medicaid / CHIP coverage to 1 year postpartum. • Mathematica Report (May 2019) provides cost of untreated PMADs at \$32,000 per mother/infant dyad. 	<ol style="list-style-type: none"> 1. Current healthcare system is fragmented. 2. Political feasibility with regards to Medicaid extension is lacking. 3. Policymakers lack education on the cost and health outcomes impact of not extending Medicaid postpartum. 4. A case has not been made to highlight the maternal impacts of early intervention and care on the workforce and military readiness. 5. Currently there is a narrow focus on women with substance use disorders.

# 6: Medical and community-based providers are educated about maternal mental health conditions and can comfortably and competently recognize and respond using an evidence-informed care pathway resulting in symptom improvement.	
Current Activities in Service of The Future State	Gaps Currently Preventing the Future State
<p>A. Training to improve provider competencies in recognizing and responding to maternal mental health conditions.</p> <p>Current activities include:</p> <ul style="list-style-type: none"> • PSI is providing training and certifications. • MCPAP for Moms and Lifeline4Moms have developed toolkits. • ACOG has established a maternal mental health expert working group. • PSVa and other state organizations have created maternal mental health coalitions and training for therapists. 	<ol style="list-style-type: none"> 1. There is no comprehensive mental health curriculum for HCPs that care for pregnant and postpartum mothers. 2. There is no integrated approach to care for pregnant and postpartum mothers that involves all medical disciplines serving this patient community. 3. HCPs that care for pregnant and postpartum women are not adequately trained and are thus unable to treat mental health challenges associated with pregnancy. 4. Current medical workforce does not reflect the diversity of patient communities.

# 7: Culturally- and linguistically-appropriate systems of support meet the health and social support needs of women, children, and families.	
Current Activities in Service of The Future State	Gaps Currently Preventing the Future State
<p>A. Support, education, and training. B. Policy support.</p> <p>Current activities include:</p> <ul style="list-style-type: none"> • Support groups and resource centers (PSI, PSVa, VA, states). • Diversity and culture promotion (ACNM). • Spanish language support initiatives (PSI, ZOMA). • System of maternity care coordinators (VA). • Patient education programs and health literacy materials (SMFM). • Support and training to build provider capacity and access to perinatal psychiatry programs (Lifeline4Moms, MCPAP for Moms). 	<ol style="list-style-type: none"> 1. Paid family leave is inadequate or does not exist. 2. Universal home visits for all new moms and babies to access resources do not exist. 3. Dedicated mental health/substance use disorder funding is lacking. 4. Free peer-led support groups at all hospitals providing maternity services are lacking or do not exist. 5. Mental health and substance use disorder health and social services are not connected and state and Federal levels. 6. Community training to support the diverse needs of women and children is lacking. This includes training around: <ul style="list-style-type: none"> • Providing culturally relevant services • Implicit bias • Health equity

PART 3: IMPROVING COLLABORATION

Organizations brainstormed ideas for more effective collaboration:

1. Write and sign a letter to the U.S. Department of Health and Human Services specifically regarding the current language around PPD/MMH as well as requesting a report. (Completed July 2019)
2. Remain connected through regular meetings, convenings, and conversations.
3. Work together to standardize data collection to consistently include perinatal mental health in maternal mortality reports and conversations.
4. Collaborate to develop a centralized repository about what organizations are doing regarding maternal mental health at both a national and state level. Keep an updated inventory of what each group is working on.
5. Develop a common policy agenda.
6. Develop an interprofessional development program online to develop the following:
 - a. A Clearing House
 - b. National Annual Conference
 - c. Networking
 - d. Government Advisory Committee
 - e. Listserv/Information Sharing
7. Develop an electronic database (State and National) that provides information on
 - a. Advocacy
 - b. Funding
 - c. Discipline
 - d. Programs/Organizations
8. Create core standards and terms.
9. Improve visibility for existing work.
10. Create a community to learn new perspectives and to share expertise.
11. Encourage organizations to include those with lived experiences from varied communities / cultures.

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