



The Massachusetts Child Psychiatry Access Program (MCPAP) for Moms

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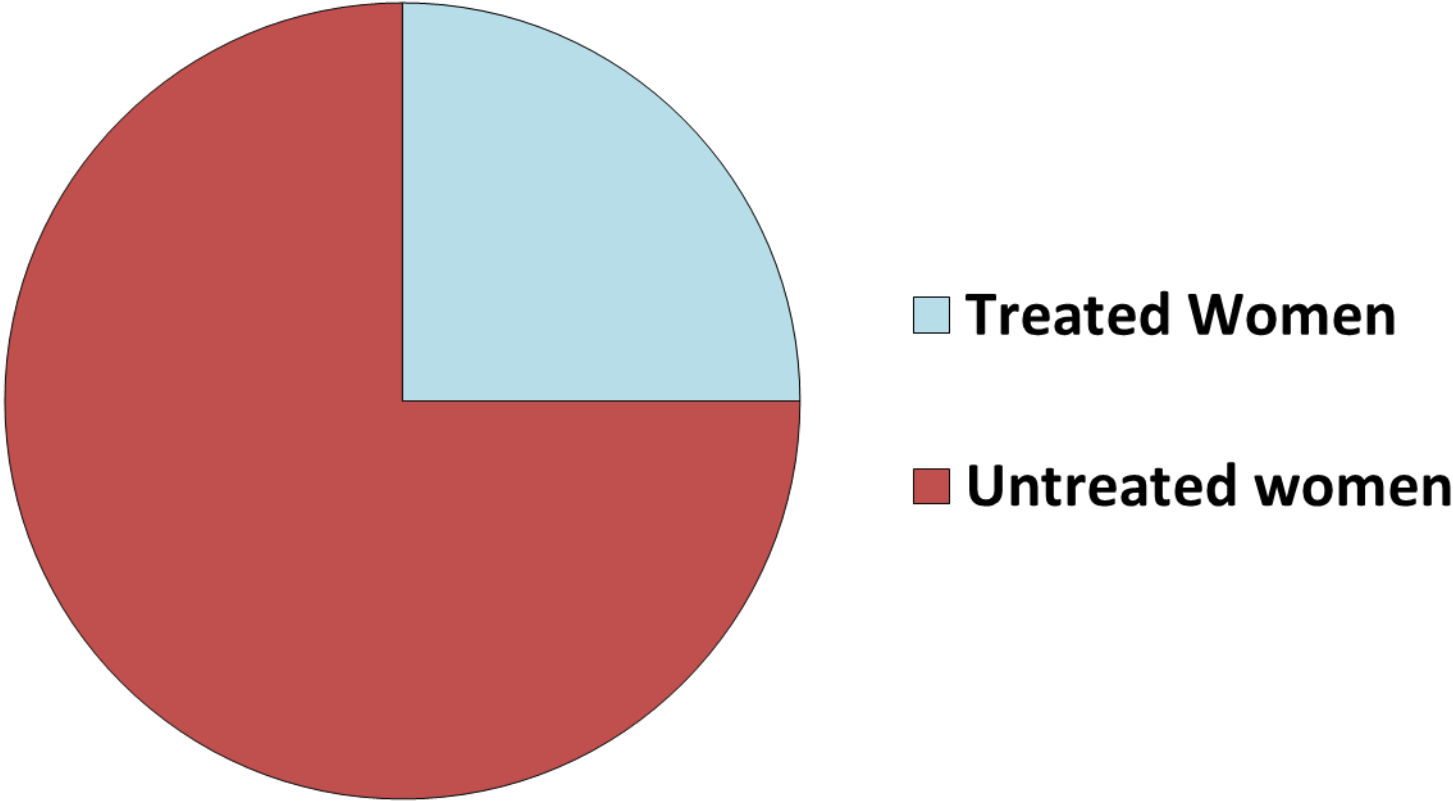
Maternal mental health affects everybody



Major gaps in care remain in our modern health care system



The vast majority of perinatal depression is unrecognized and untreated



Maternal mental health affects mom, child, and family

Preterm delivery
Low birth weight
NICU admissions

Cognitive delays
Motor & Growth issues
Behavioral problems
Mental health disorders



Less engagement in medical care
Smoking & substance use

Lactation challenges
Bonding issues
Adverse partner relationships

Mental health conditions and infection are the leading causes among preventable maternal deaths

The COVID-19 pandemic is increasing perinatal depression and anxiety

Depression
1-2 in 5



Anxiety
1 in 3



Disparities exist in both obstetric and perinatal mental health care

Increased risk of perinatal mood and anxiety disorders

Prenatal care

Mental health screening

Barriers to accessing mental health care

Trauma



Perinatal mental health and substance use disorders are recognized as a major public health problem



Families, providers, and community partners want health care systems to address perinatal mental health and substance use disorders

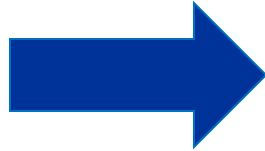
Regular opportunities to screen and engage perinatal individuals in treatment

Frontline providers have a pivotal role

Most depression is treated by primary care providers

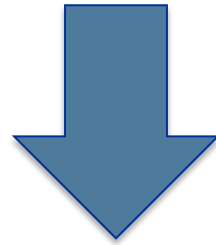


Building front line provider capacity to provide mental health care can provide a solution



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Massachusetts Child Psychiatry Access Program



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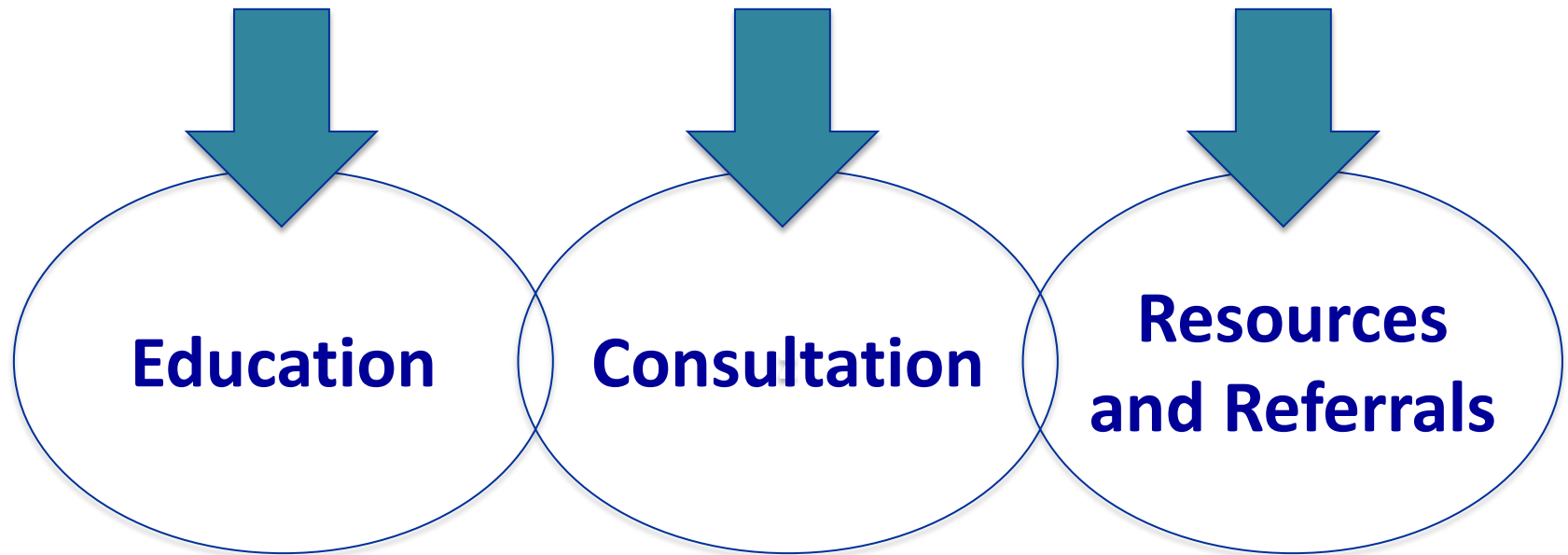
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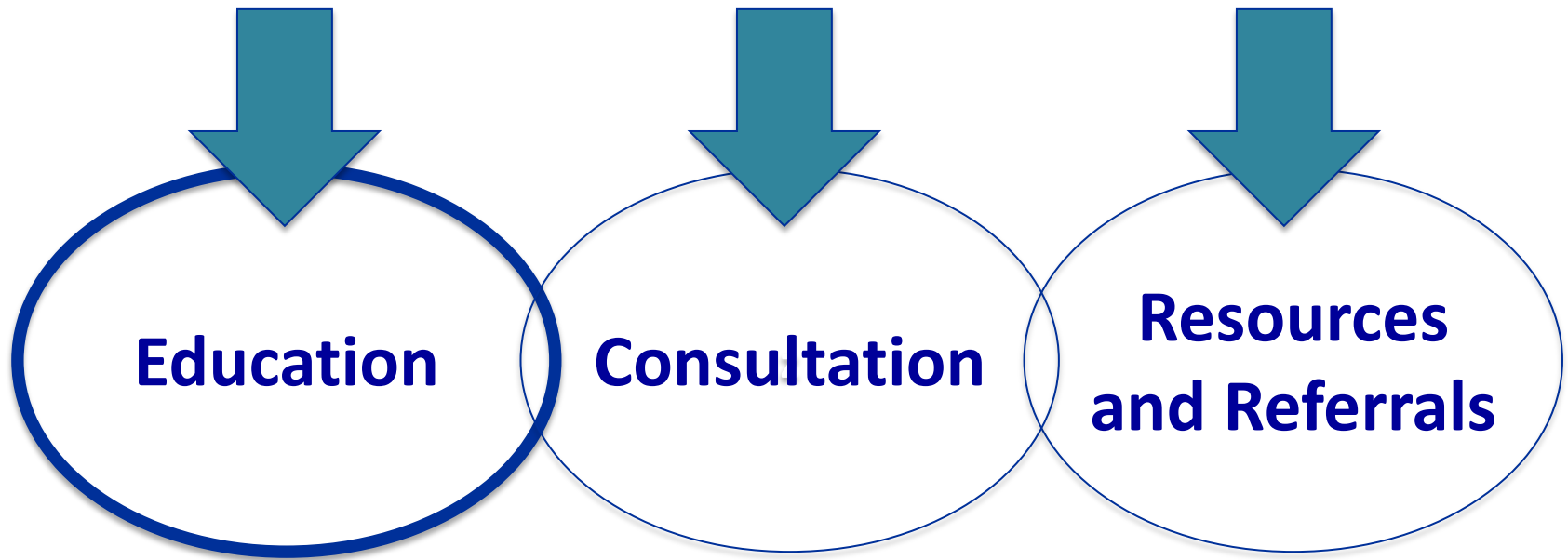
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Training and toolkits help educate and engage providers in addressing mental health



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Contact number for providers:
855-Mom-MCPAP (855-666-6272)

Promoting Maternal Mental Health During and After Pregnancy

About MCPAP for Moms
How We Help Providers
Toolkits and Resources
Our Team
For Mothers and Families



Click Below For Video



MCPAP for Moms promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.

One in Seven

One out of every seven women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.

In the News »


FOR PROVIDERS ONLY

Enroll in MCPAP for Moms

Provider Resources

- Trainings and toolkits** for providers and their staff on evidence-based guidelines for: depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.
- Real-time psychiatric consultation and care coordination** for providers serving pregnant and postpartum women including obstetricians, pediatricians, adult primary care physicians, and psychiatrists.
- Linkages with community-based resources** including mental health care, support groups and other resources to support the wellness and mental health of pregnant and postpartum women.

Improving access to and engagement of pregnant and postpartum women in mental health and substance use treatment leads to improved outcomes for mothers and their babies.



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Antidepressant Treatment Algorithm
(use in conjunction with Depression Screening Algorithm for Obstetric Providers)

Is patient currently taking an antidepressant?

Yes → If medication has helped and patient is on a low dose: increase dose of current medication (see table below) | If patient is on therapeutic dose for 4-8 weeks that has not helped: consider changing medication. If questions contact MCPAP for Moms for consultation

No → Does patient have a history of taking an antidepressant that has helped?
Yes → Prescribe antidepressant that helped patient in the past (see table below)
No → Use sertraline, fluoxetine or citalopram (see table below)

To minimize side effects, half the recommended dose is used initially for 2 days, then increase in small increments as tolerated.

First line treatment (SSRIs)			
*sertraline (Zoloft) 50-200 mg <i>Increase in 50 mg increments</i>	fluoxetine (Prozac) 20-60 mg <i>Increase in 10 mg increments</i>	citalopram (Celexa) 20-40 mg <i>Increase in 10 mg increments</i>	escitalopram (Lexapro) 10-20mg <i>Increase in 10 mg increments</i>

Second line treatment			
SSRIs *paroxetine (Paxil) 20-60mg <i>Increase in 10 mg increments</i>	SNRIs venlafaxine (Effexor) 75-300mg <i>Increase in 75 mg increments</i>	Other bupropion (Wellbutrin) 300-450mg <i>Increase in 75 mg increments</i>	<p>If a first or second line medicine is currently helping, continue it</p> <p>Strongly consider using first or second line medicine that has worked in past</p>
*fluvoxamine (Luvox) 50-200mg <i>Increase in 50 mg increments</i>	duloxetine (Cymbalta) 30-60mg <i>Increase in 20 mg increments</i>	mirtazapine (Remeron) 15-45mg <i>Increase in 15 mg increments</i>	

*Considered a safer alternative in lactation because they have the lowest degree of transplacental passage and fewest reported adverse effects compared to other antidepressants. **In general, if an antidepressant has helped it is best to continue it during lactation.**

Reevaluate depression treatment in 2-4 weeks via EPDS & clinical assessment

If no/minimal clinical improvements after 4-8 weeks →

1. If patient has no or minimal side effects, increase dose.
2. If patient has side effects, switch to a different med.

If you have any questions or need consultation, contact MCPAP for Moms at 855-Mom-MCPAP (855-666-6272)

If clinical improvement and no/minimal side effects →

Reevaluate every month and at postpartum visit. Refer back to patient's provider and/or clinical support staff for psychiatric care once OB care is complete. Contact MCPAP for Moms if it is difficult to coordinate ongoing psychiatric care. Continue to engage woman in psychotherapy, support groups and other non-medication treatments.

CALL MCPAP FOR MOMS WITH CLINICAL QUESTIONS THAT ARISE DURING SCREENING OR TREATMENT AT 855-666-6272

MCPAP for Moms: Promoting maternal mental health during and after pregnancy
Revision 04.28.14

www.mcpapformoms.org
Tel: 855-Mom-MCPAP (855-666-6272)

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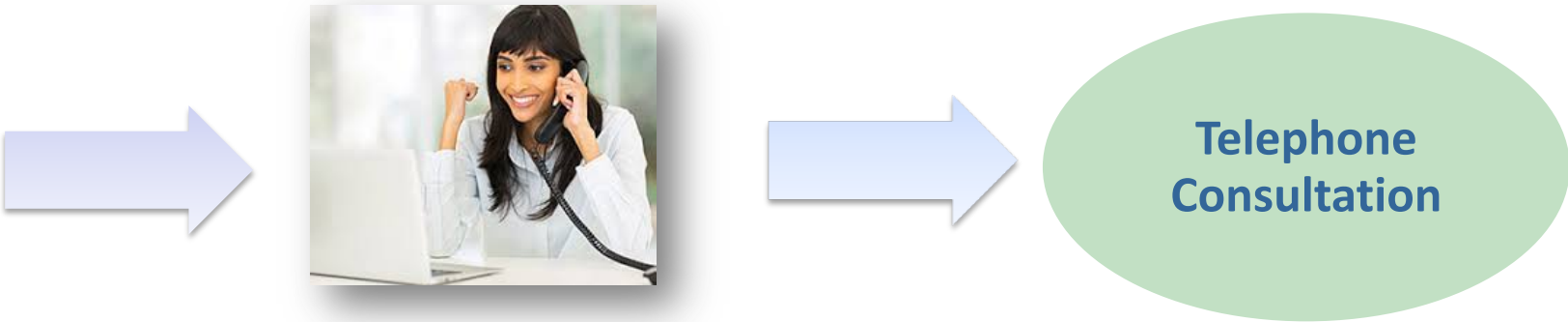
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Telephone consultation is the primary currency of this relationship and the “engine” of Access Programs

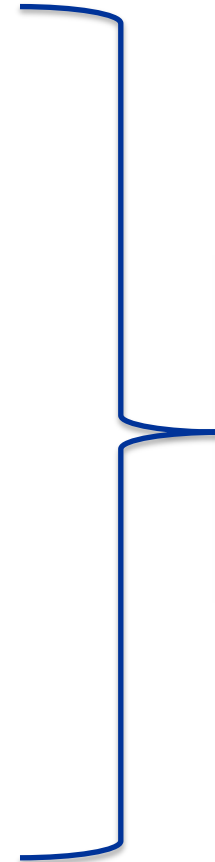




**Discuss potential
management
strategies**

**Recommend a Face-
to-Face Evaluation**

**Refer to the
community**



MCPAP for Moms ≠ telepsychiatry

We serve all providers for pregnant and postpartum women



**Obstetric
providers/
Midwives**

**Family
Medicine/
Primary Care
providers**

**SUD
providers**

**Psychiatric
providers**

**Pediatric
providers**

Obstetric providers are our highest utilizers

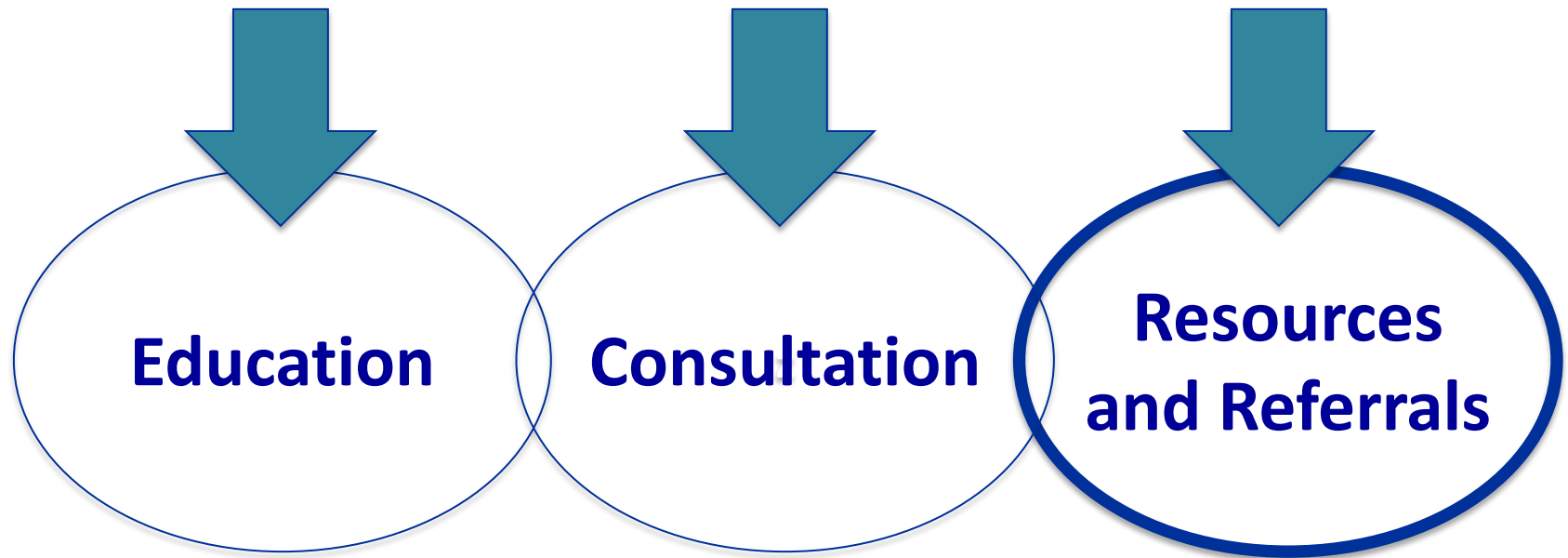


Obstetric providers/ Midwives	Family Medicine/ Primary Care providers	SUD providers	Psychiatric providers	Pediatric providers
60%	9%	<1%	14%	5%

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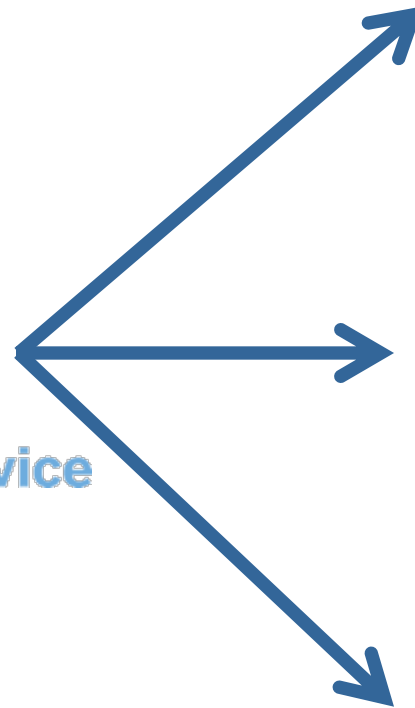


Resources and referrals to link with therapy, support groups, and community resources



**WILLIAM JAMES
COLLEGE**

INTERFACE Referral Service



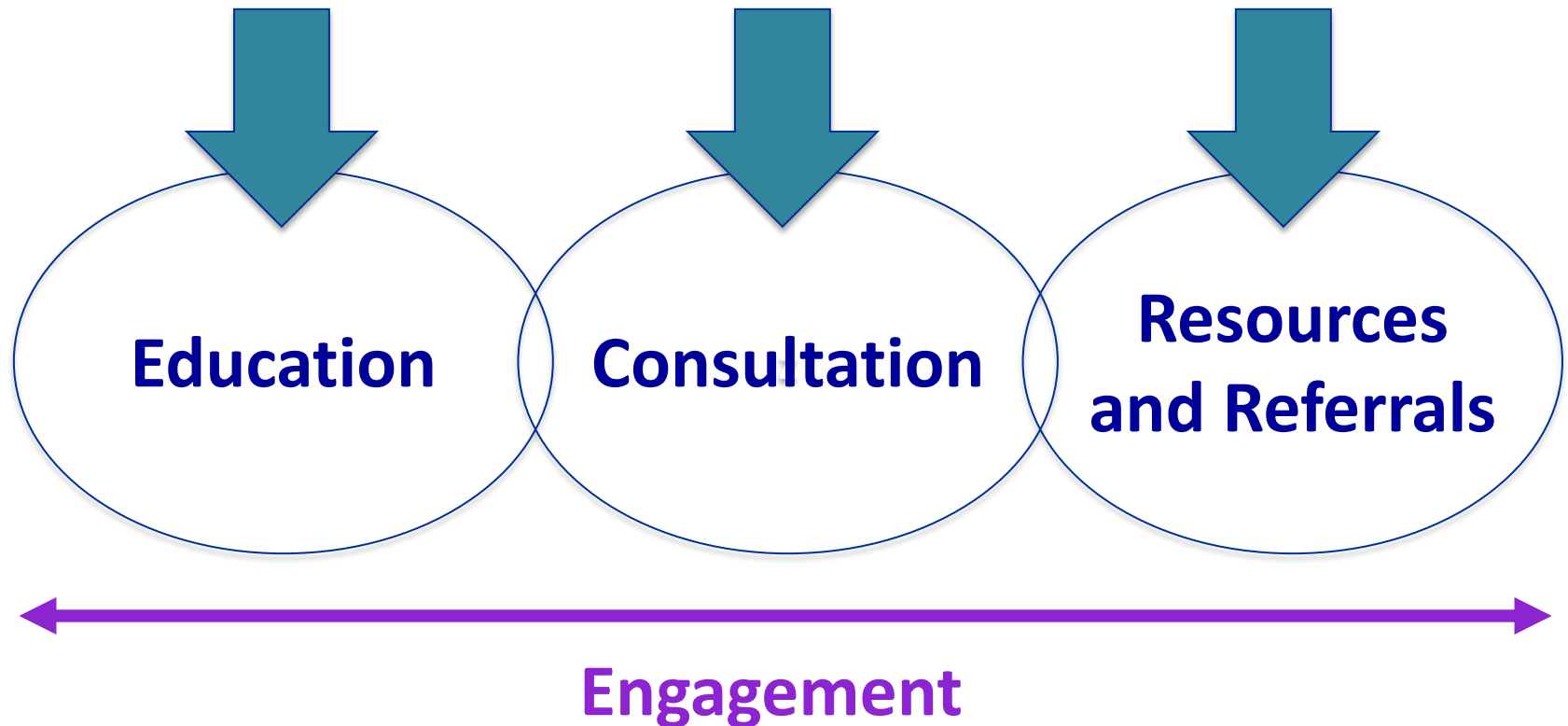
**Community
Resources**

**Support the wellness and mental
health of perinatal women**

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MCPAP for Moms is a scalable model that leverages limited resources



1.0 FTE Perinatal Psychiatrists

2.5 FTE Resource and Referral Specialists

Since our launch in July 2014, MCPAP for Moms has served many providers and parents

OB practices enrolled	161 (77%)
Enrolled practices utilizing	110 (64%)
Women and other perinatal individuals served	9,988
Provider-provider telephone encounters	5,306
Face-to-face evaluations	589
Resource and referral encounters	11,645

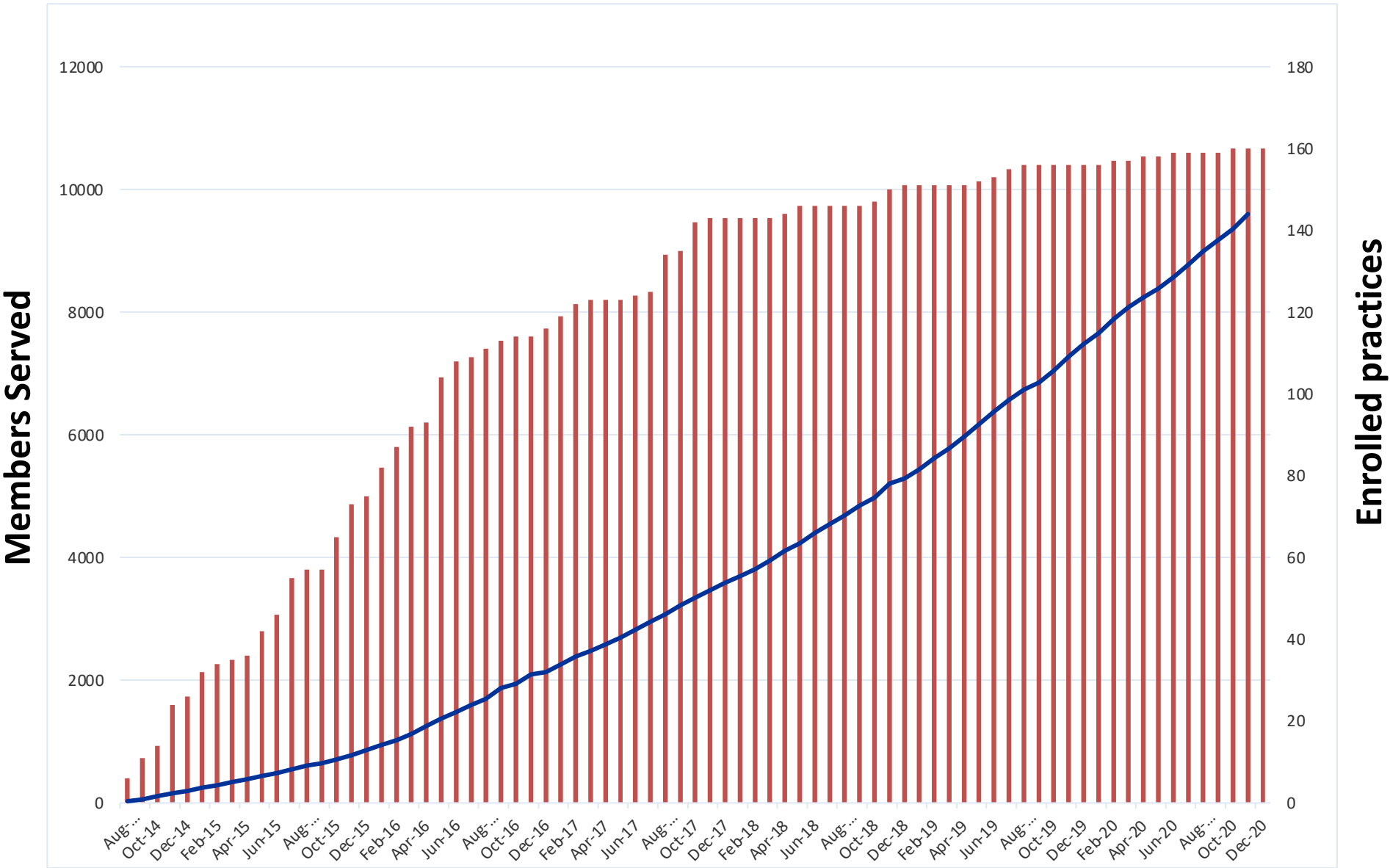
We serve 200-300 women per month

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Women and other perinatal individuals served	9,988
Provider-provider telephone encounters	5,306
Face-to-face evaluations	589
Resource and referral encounters	11,645

We serve 200-300 women per month

MCPAP for Moms covers 80% of the deliveries in MA and has directly served almost 10,000 women





**2013-2014
Depression**



**2016
Depression
Anxiety**



**2017
Bipolar
Disorder**



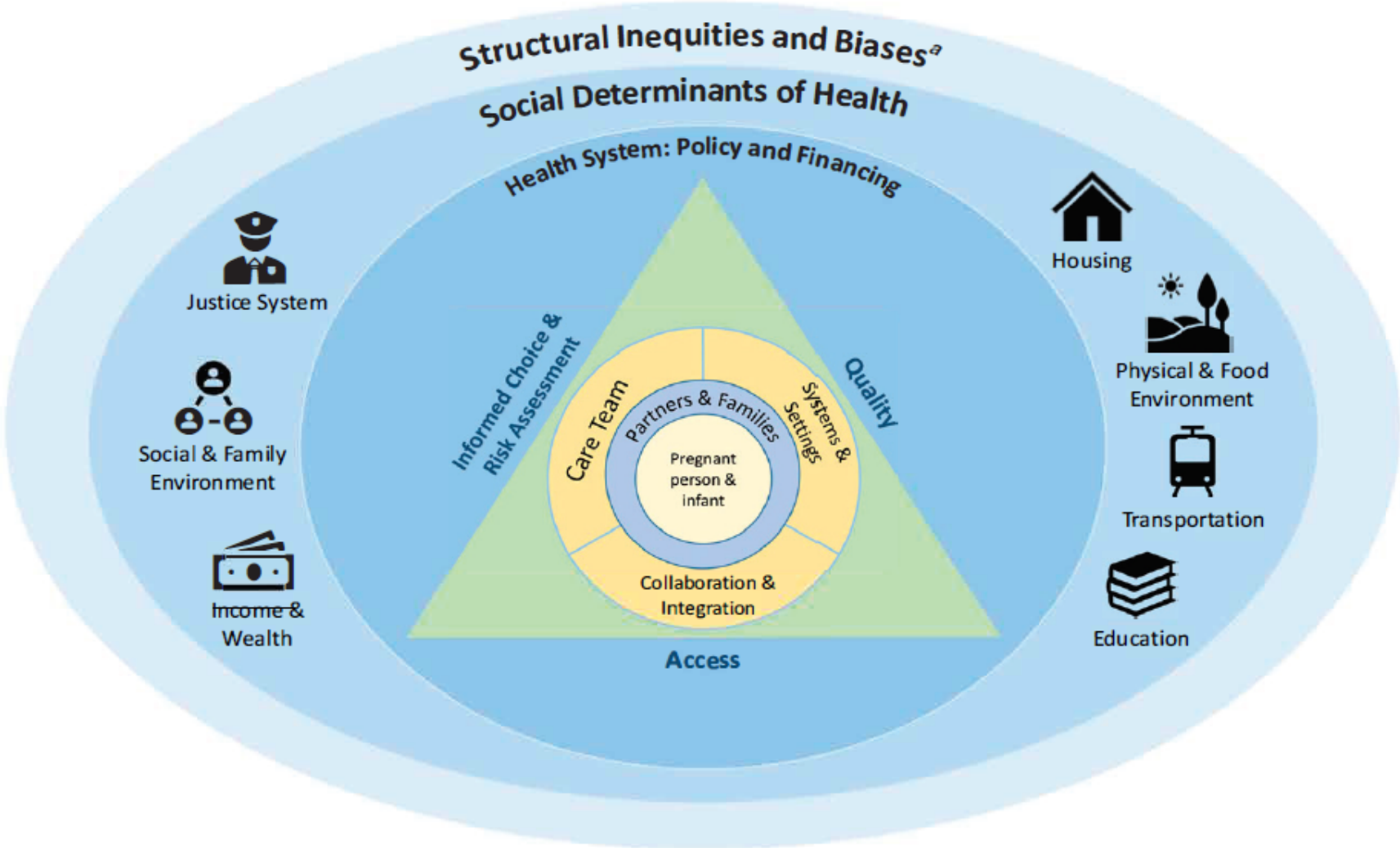
**2018
Substance
Use
Disorder**



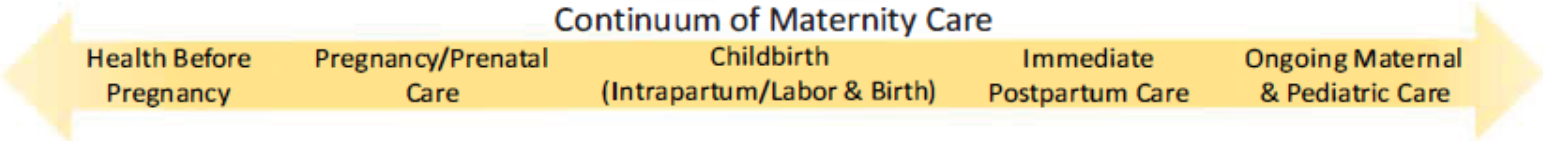
**2020
Health
Equity**



Our goal is equitable access to mental health care



Continuum of Maternity Care



Equity and justice need to be at the forefront of our vision, values and services



Create a liberated space to address individual/team contributions to racism and to foster anti-racist action



Apply an anti-racist lens to all processes including data collection and evaluation to address inequities



Produce and disseminate materials that promote belonging and highlight racial disparities

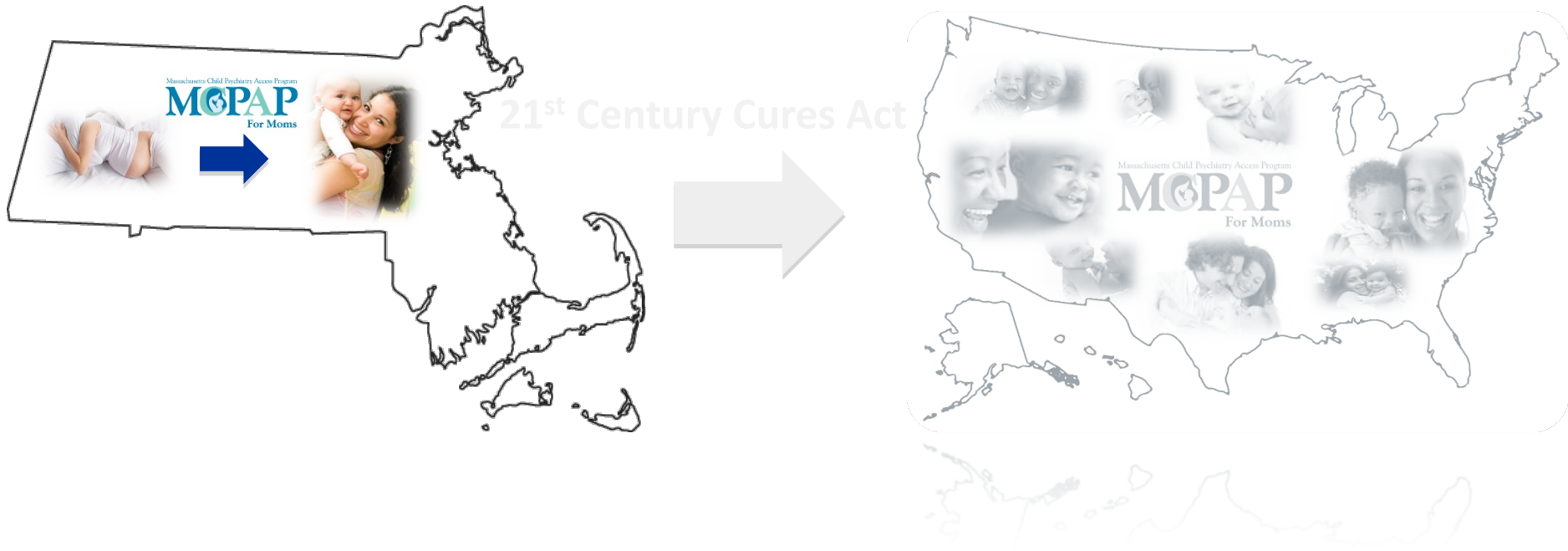


All providers and patients have equitable access to MCPAP for Moms and we apply an anti-racist lens to all trainings & services



Intentionally collaborate and engage with communities and systems to address barriers and promote equity and justice

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment



MCPAP for Moms can serve as a model for other states in the US

Untreated perinatal mood and anxiety disorders come at a high cost

\$32,000/yr



\$345.6 Million/yr



MCPAP for Moms costs are low

\$32,000/yr



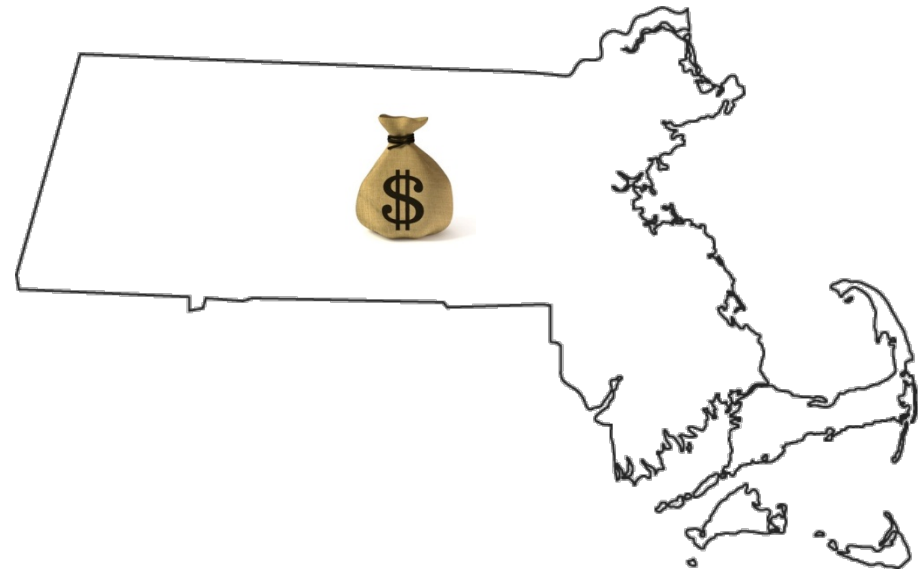
\$13.89/yr
\$1.16/month



\$345.6 Million/yr



\$1 Million/yr



50% is recuperated through legislated surcharge to commercial insurers

\$32,000/yr



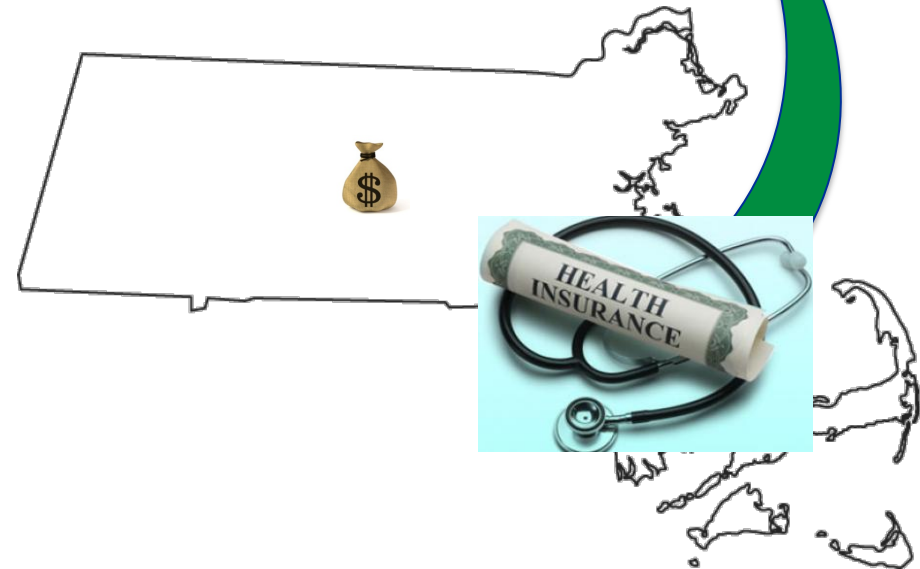
\$13.89/yr
\$1.16/month



\$345.6 Million/yr

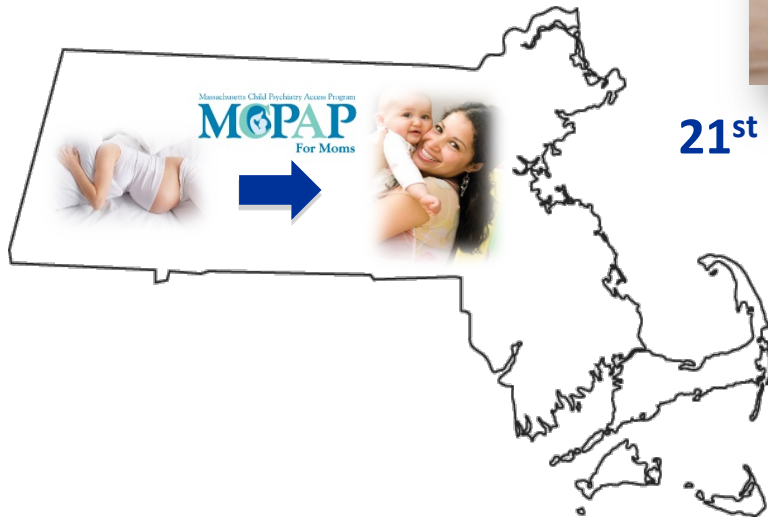


\$1 Million/yr

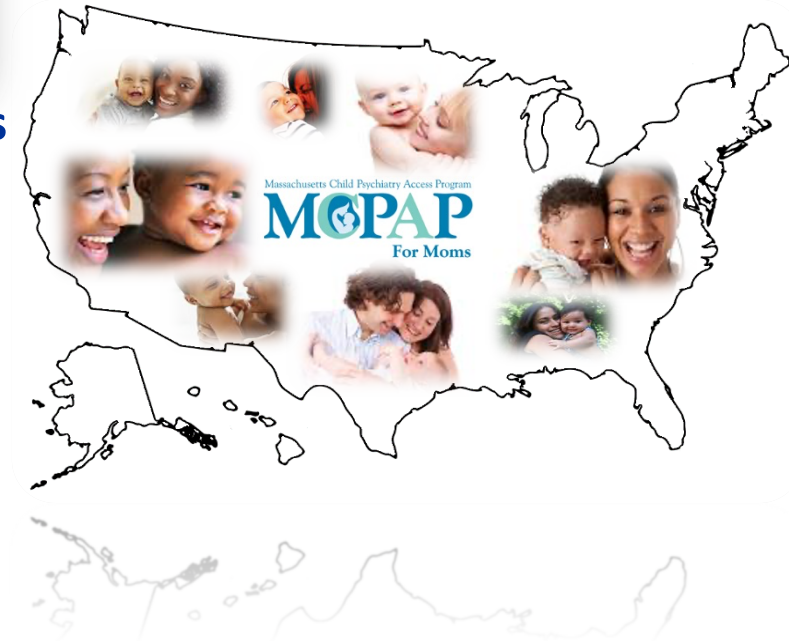
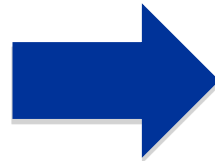


50%
2015

With MCPAP for Moms, all women across MA have access to evidence-based mental health and substance use disorder treatment



21st Century Cures

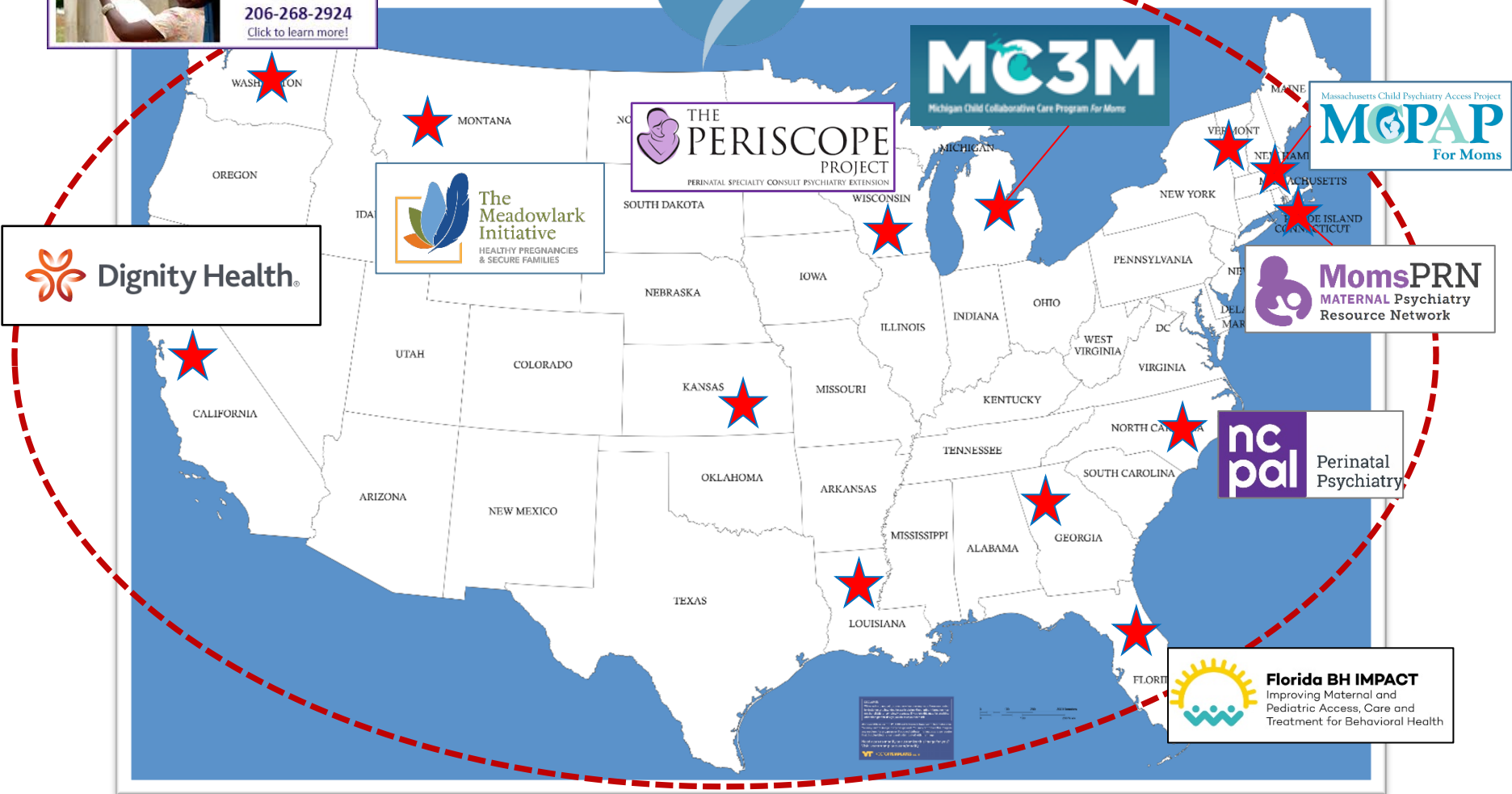


MCPAP for Moms is serving as a model for other states in the US

16 Access Programs are available across the US



Partnership Access Line (PAL) For Moms
206-268-2924
[Click to learn more!](#)



<https://www.umassmed.edu/lifeline4moms/Access-Programs/network-members-us/>

Perinatal Psychiatry Access Programs need to be tailored for the region they serve

Program Component	Massachusetts	Washington	Wisconsin
Training and toolkits	✓	✓	✓
Consultation	✓	✓	✓
Resource and referral	✓		
Context (e.g., legislation, funding, complementary programs)			

Perinatal Psychiatry Access Programs are being implemented and funded in various ways



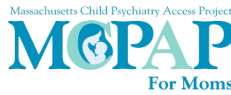
Partnership Access Line (PAL) For Moms
206-268-2924
[Click to learn more!](#)



MC3M
Michigan Child Collaborative Care Program for Moms



THE PERISCOPE PROJECT
PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION



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Dignity Health



The Meadowlark Initiative
HEALTHY PREGNANCIES & SECURE FAMILIES



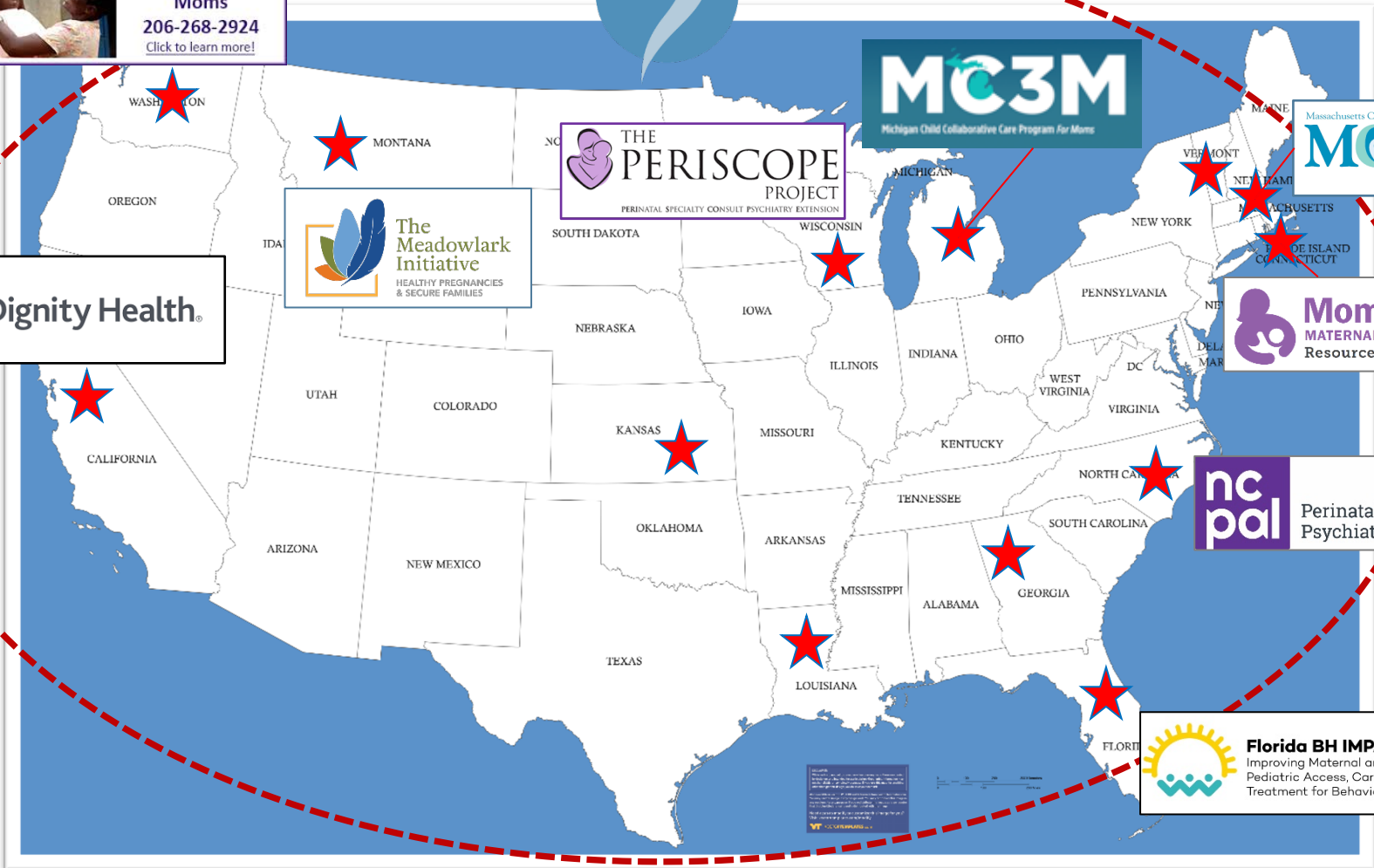
MomsPRN
MATERNAL Psychiatry Resource Network



nc pal Perinatal Psychiatry



Florida BH IMPACT
Improving Maternal and Pediatric Access, Care and Treatment for Behavioral Health



Our Lifeline4Moms National Network aims to improve maternal & child health through Access Programs

Peer-learning and resource sharing

Program Evaluation



<https://www.umassmed.edu/lifeline4moms/Access-Programs/>

Increasing front line provider capacity to provide mental health care can promote maternal and child health



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Led by professional societies and governmental organizations, expectations of frontline perinatal care providers are changing

Thank you!

Jean Ko, PhD
Cheryl Robbins, PhD
CDC Maternal Mortality Team
Participating Women and
Obstetric Practices
ACOG
CDC Foundation 999
CDC 1U01 DP006093
NIMH 1R41 MH113381-01
NIMH 2R42 MH113381-02
ACOG 6 NU380T000287-02-01
PCORI IHS-2019C2-17367
Perigee Fund

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QUESTIONS?



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Thank you!

Please contact me with questions

www.mcpapformoms.org

www.umassmed.edu/lifeline4moms.org

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Thank you!