



# **Improving Perinatal Depression Care in Obstetric Settings: PRogram In Support of Moms (PRISM)**

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# Disclosure Statement: Nancy Byatt, DO, MSCI, MBA



- Medical Director, MCPAP for Moms, MA Department of Mental Health, Executive Director, Lifeline4Moms
- Advisory Boards, consultant and speaker honoraria, Sage Therapeutics or their agents
- Council Member, Gerson Lehman Group
- Perinatal Depression Advisory Board, Janssen / Johnson and Johnson
- Steering Committee on Clinical Advances in Postpartum Depression, Medscape
- Consultant, Ovia Health

# The perinatal period is ideal for the detection and treatment of depression

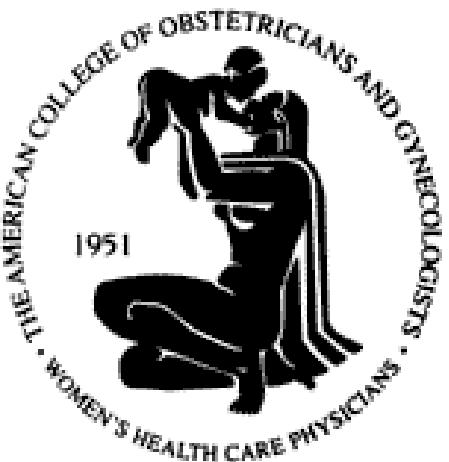
**Regular opportunities to screen  
and engage women in  
treatment**

**Ob/Gyn providers have a pivotal  
role**

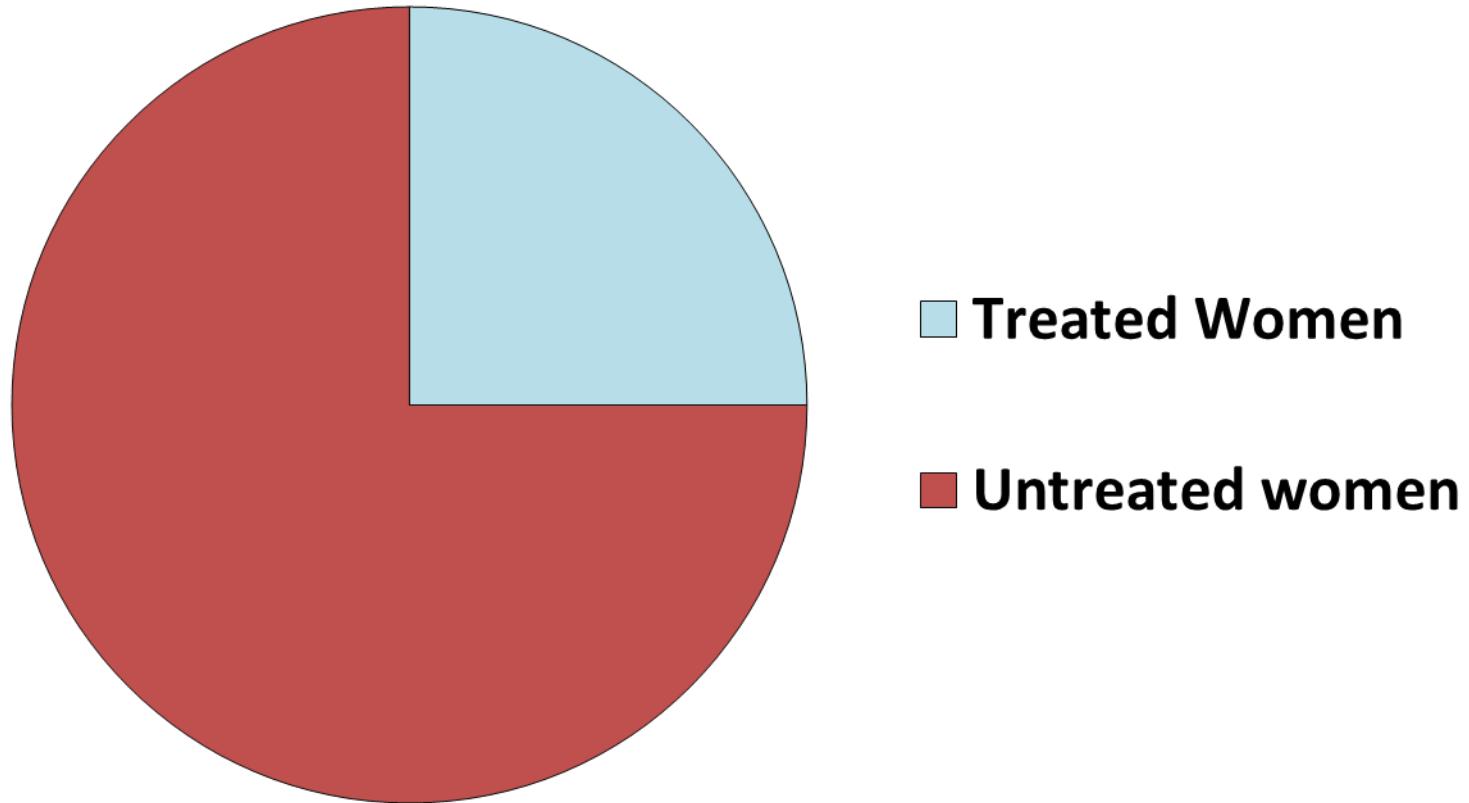
**Most depression is treated by  
primary care providers**



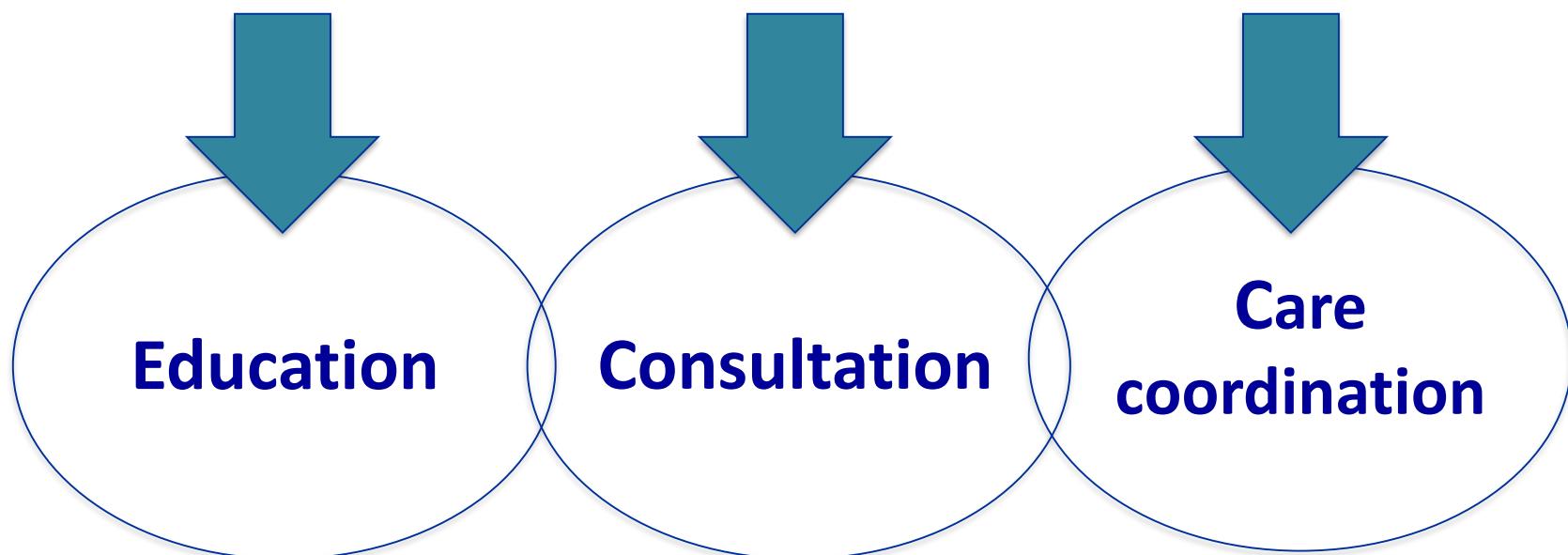
# Screening is encouraged to increase detection

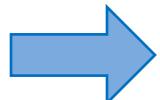
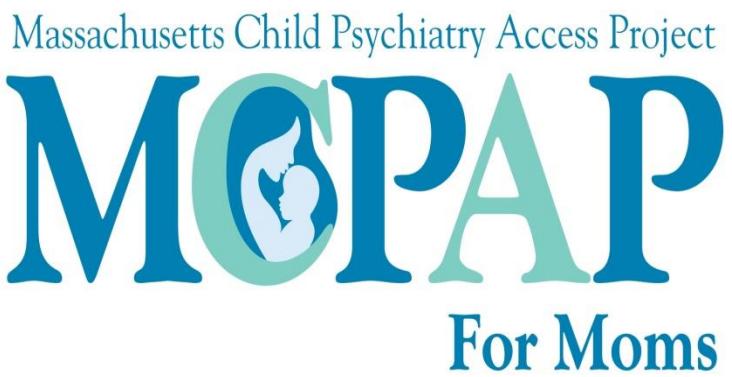


# Perinatal depression is under-diagnosed and under-treated



Massachusetts Child Psychiatry Access Program



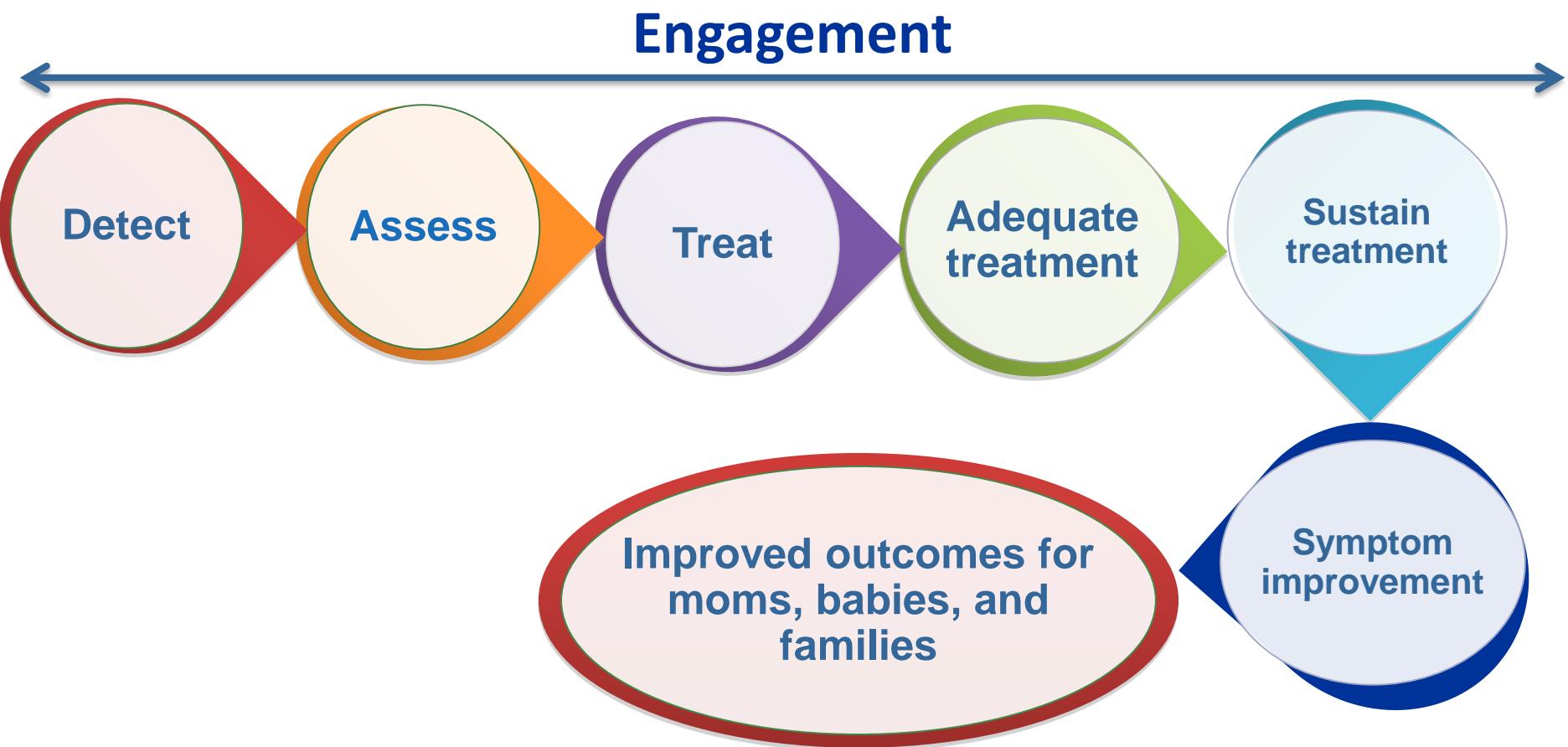


Program in Support of Moms

**PRISM**



# We added components to MCPAP For Moms to promote treatment engagement and follow-up



# CDC-funded PRISM Group RCT

Refine PRISM and the large group RCT protocol;  
Conduct run-in phase (Phase 1)



Conduct Group RCT (Phase 2)

Randomize 10 Ob/Gyn clinics

5 clinics

PRISM

5 clinics

MCPAP for Moms alone

Random selection of perinatal patient study participants from clinic patient roster

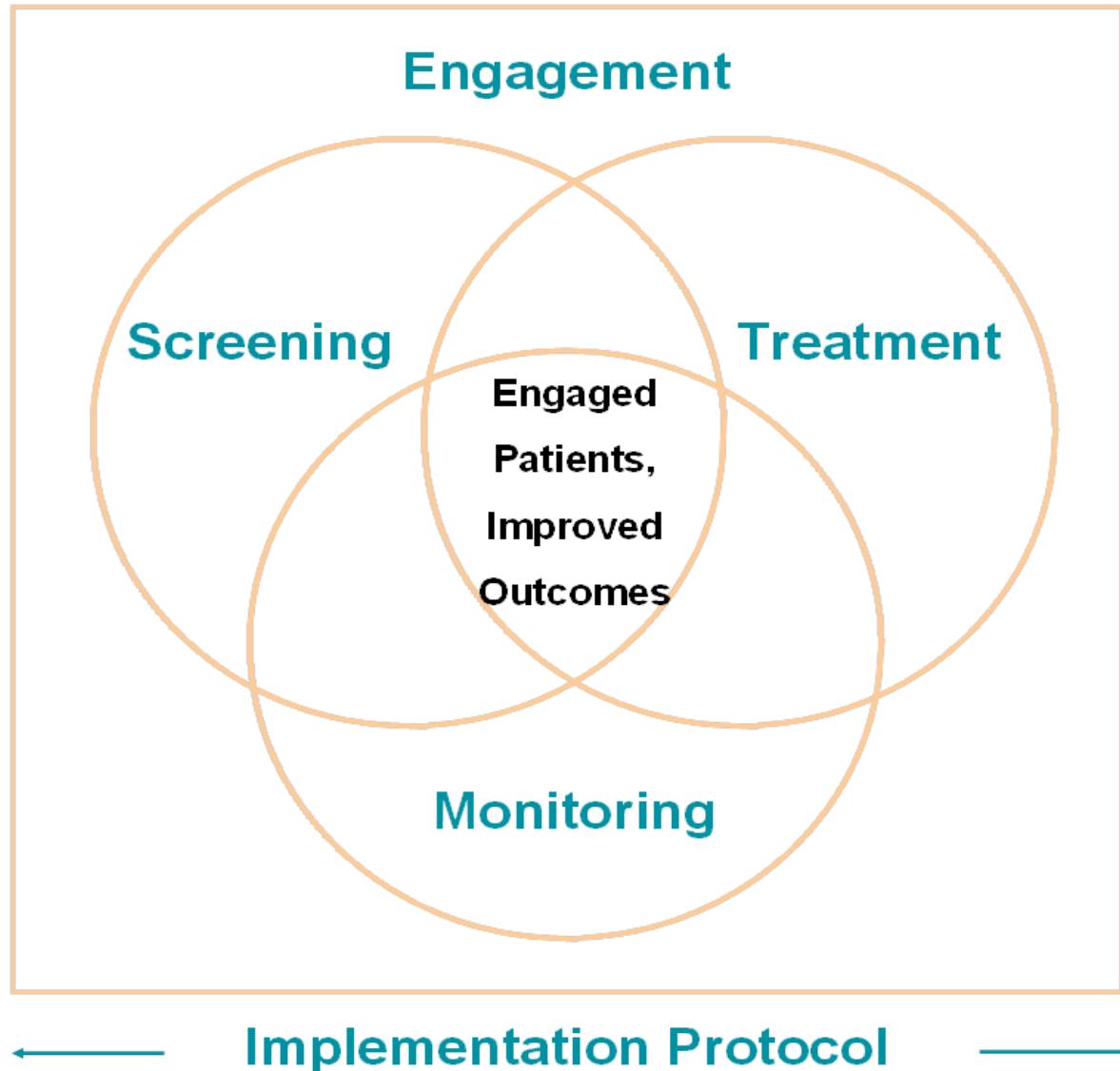


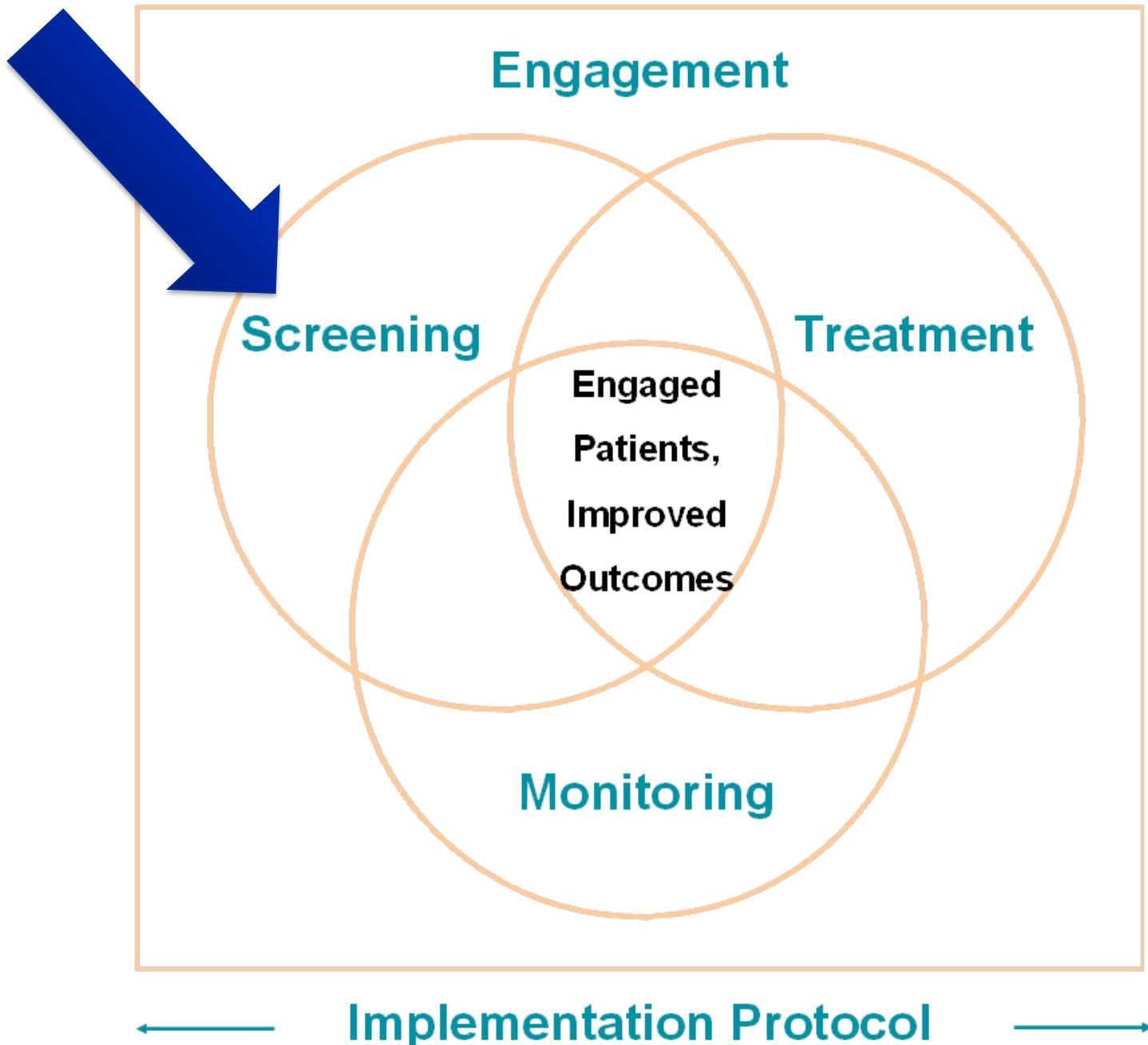
Follow patients longitudinally until 12 months postpartum and assess depression and treatment participation



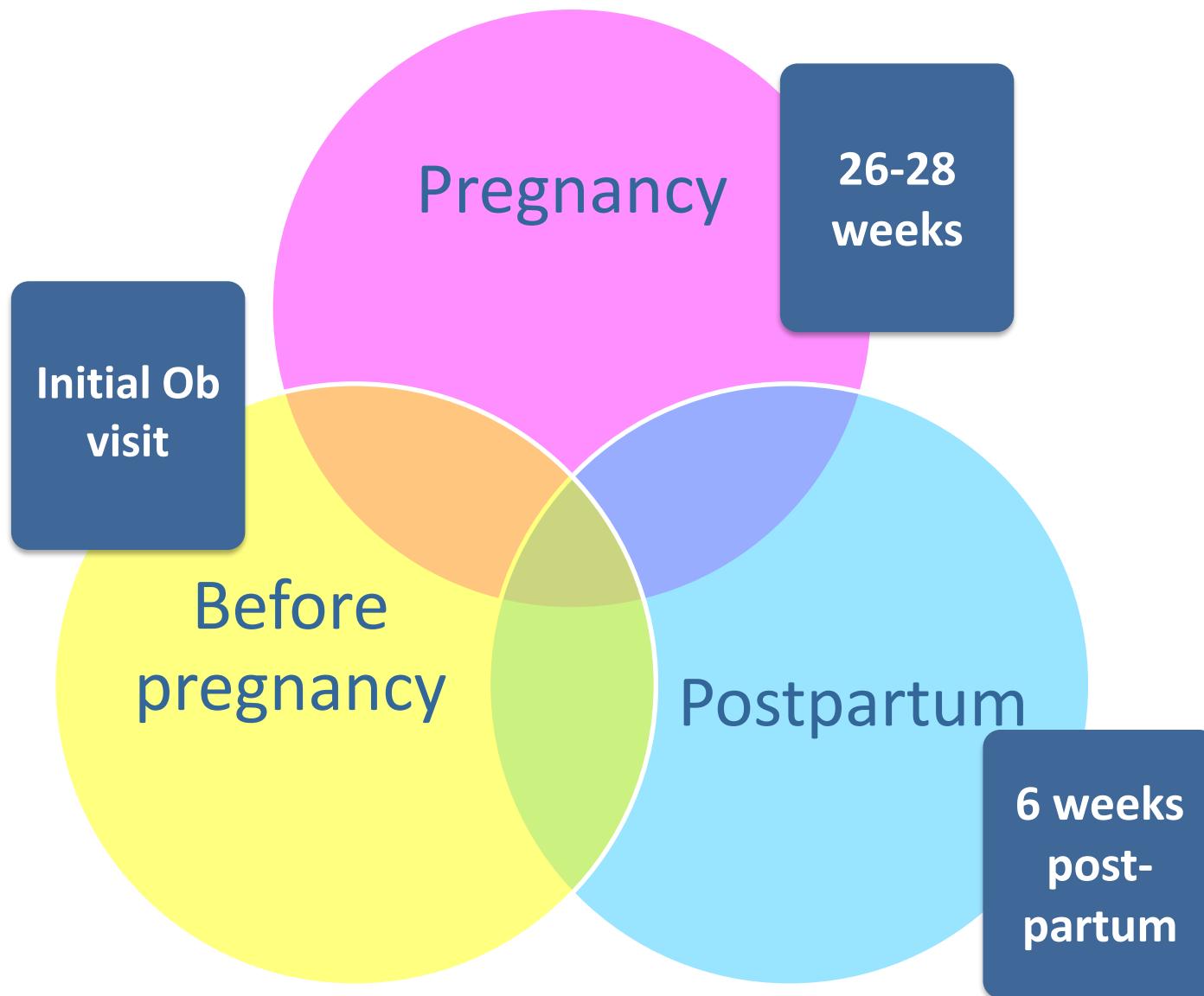
Dissemination to facilitate national uptake  
(Phase 3)

# PRISM leverages existing resources to help practices integrate depression into obstetric care

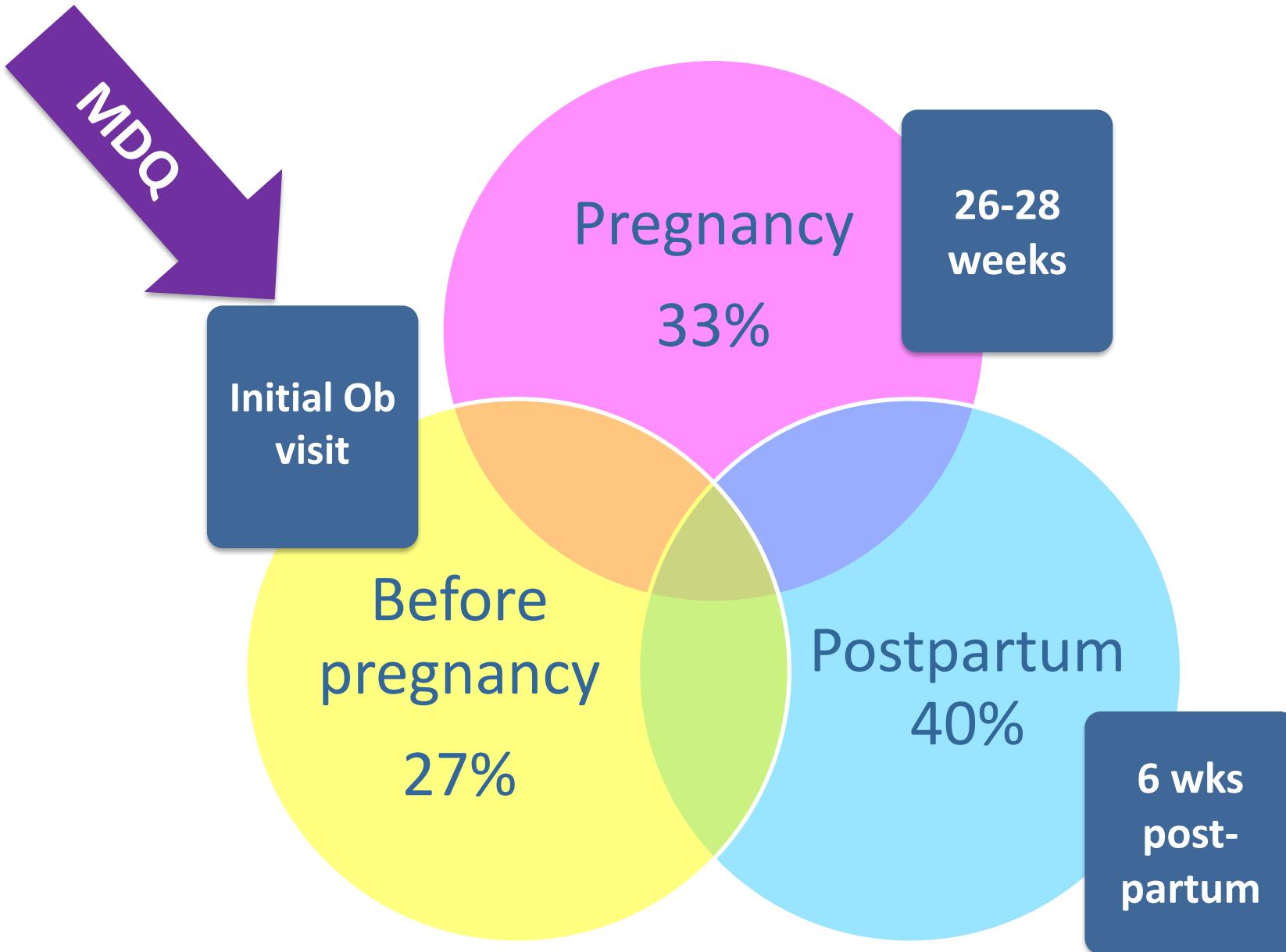


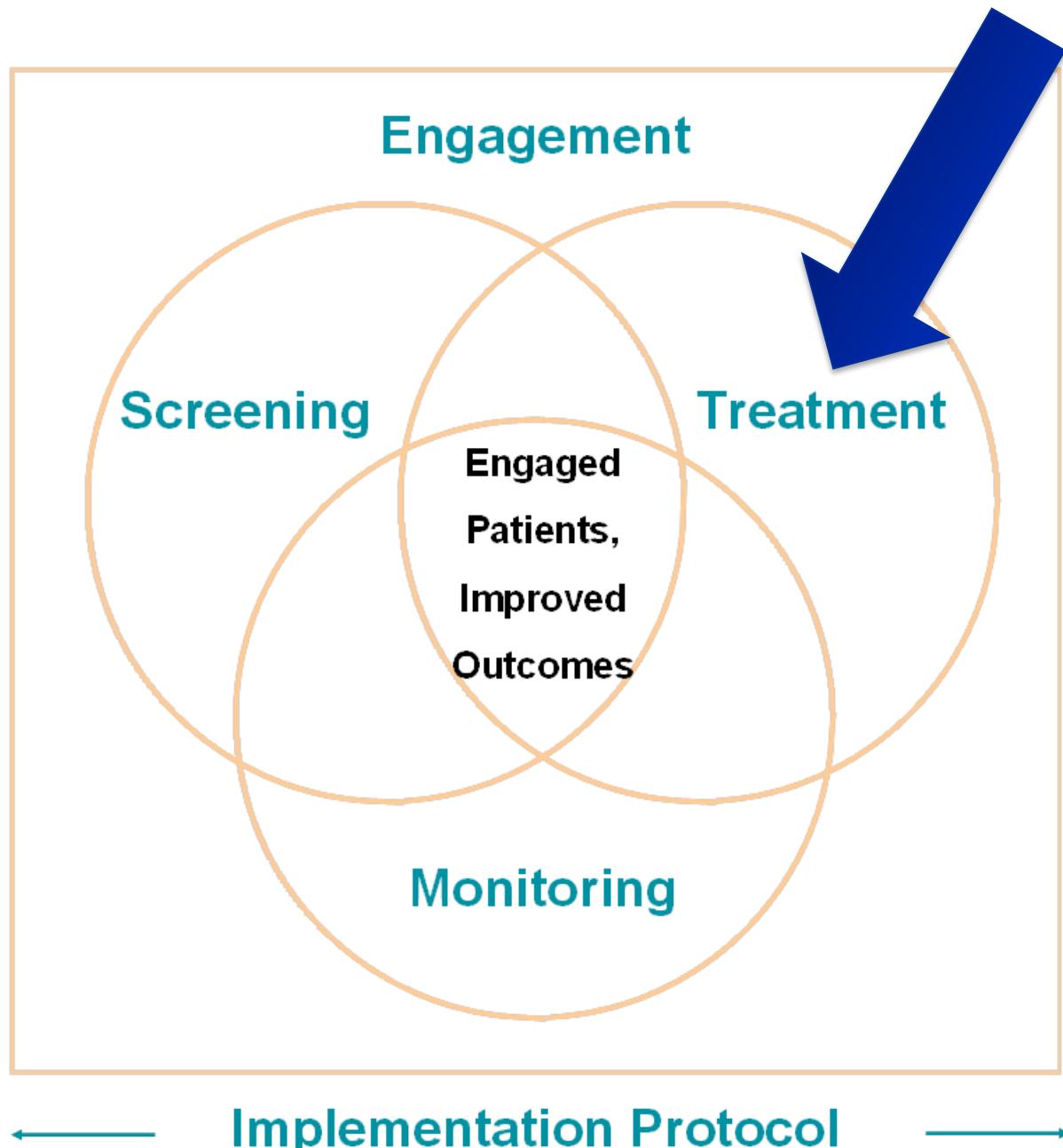


# Screen with EPDS during pregnancy and postpartum



# Screen with MDQ for bipolar disorder at initial visit





# Care is stepped up as needed

Education  
and monitoring

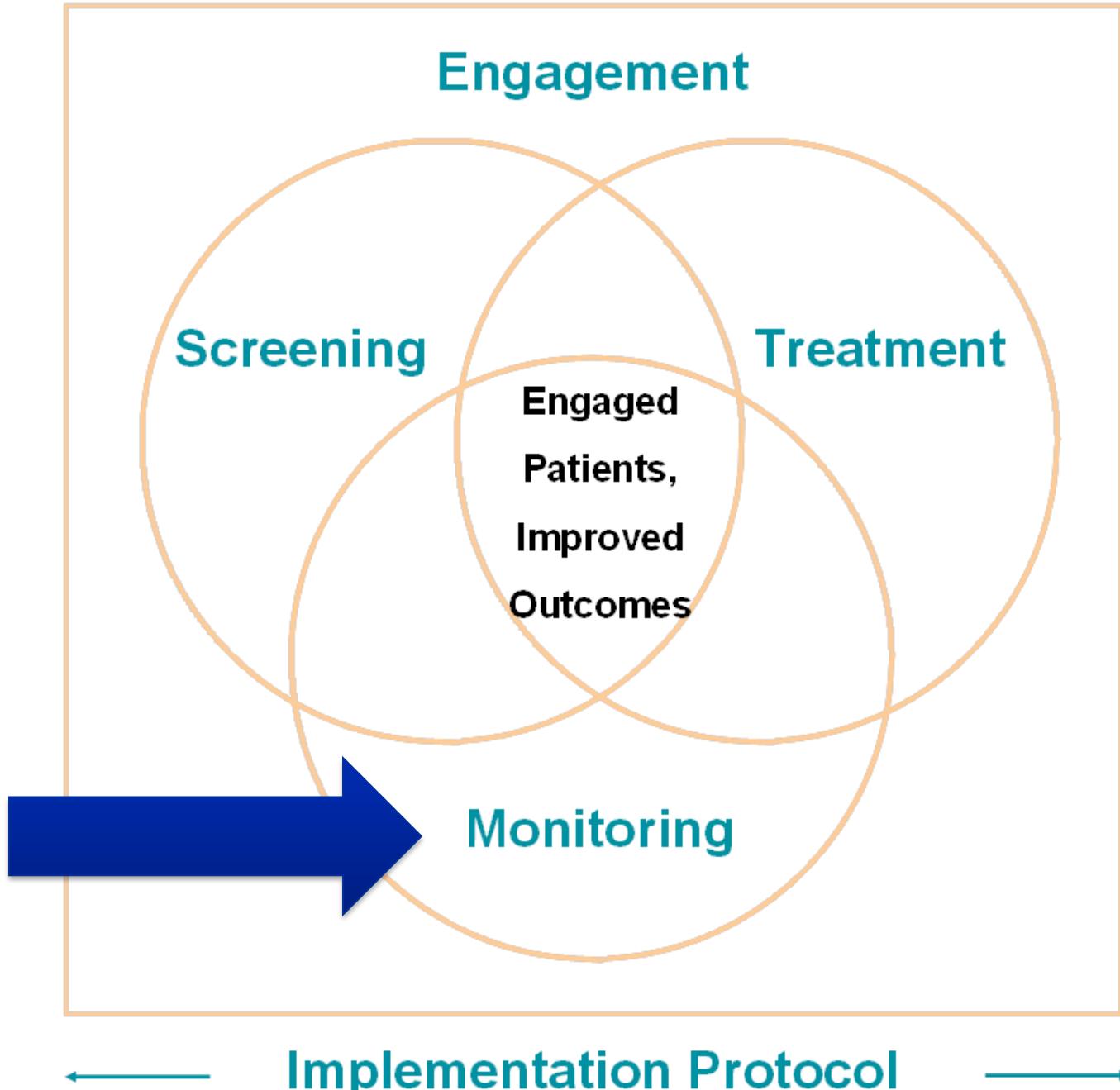
**EPDS <10**

**Manage in Ob setting  
with help from MCPAP  
for Moms**

**EPDS >10; MDQ –**

**Refer to Psychiatrist;  
Call MCPAP for Moms**

**EPDS >10; MDQ +**



# **Navigator helps ensure women get in treatment and stay in treatment**

**Navigator**

Therapy  
and  
Support  
groups

**Ob Provider**

Medication

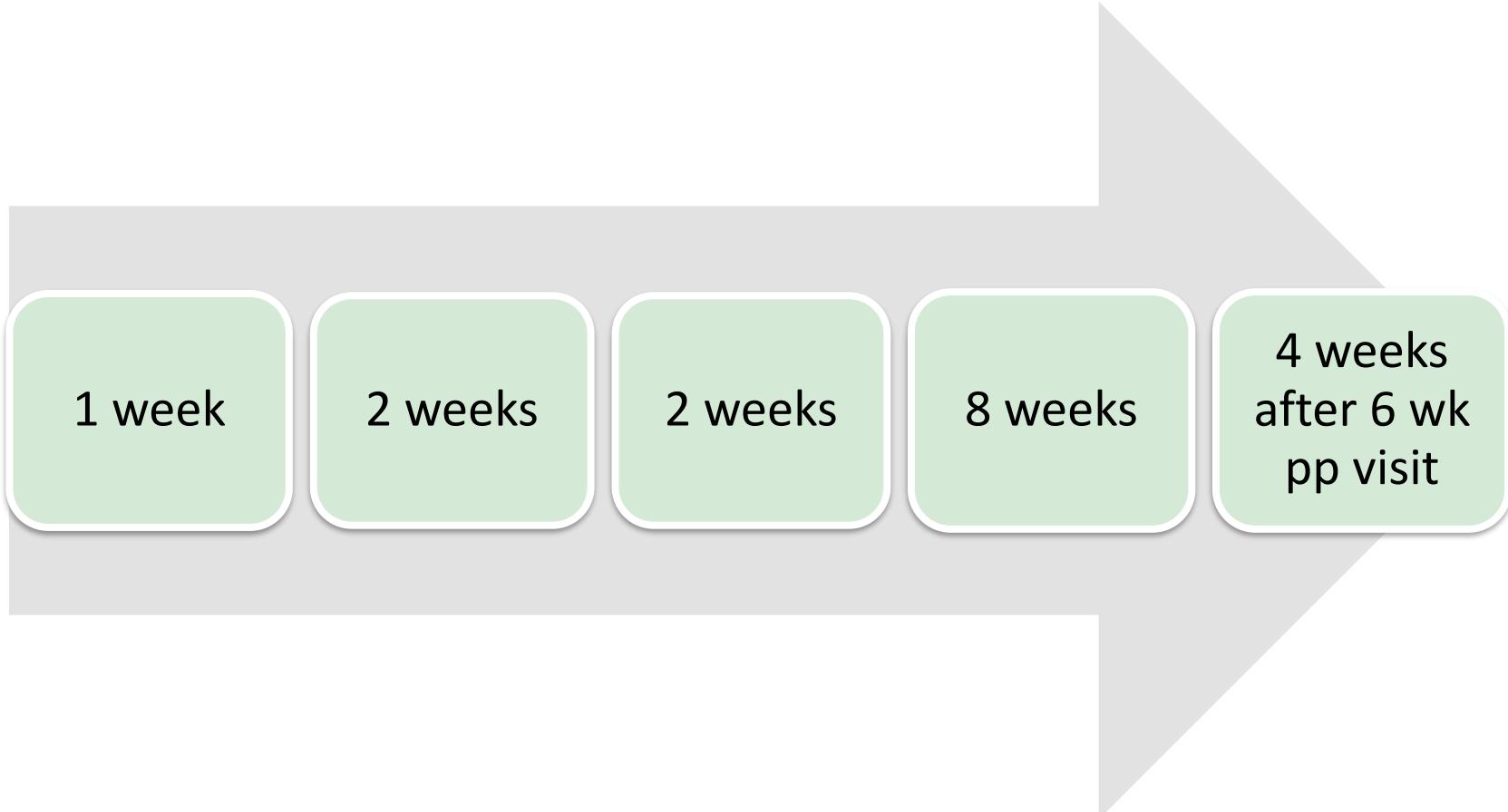


**EPDS  $\geq$  10**

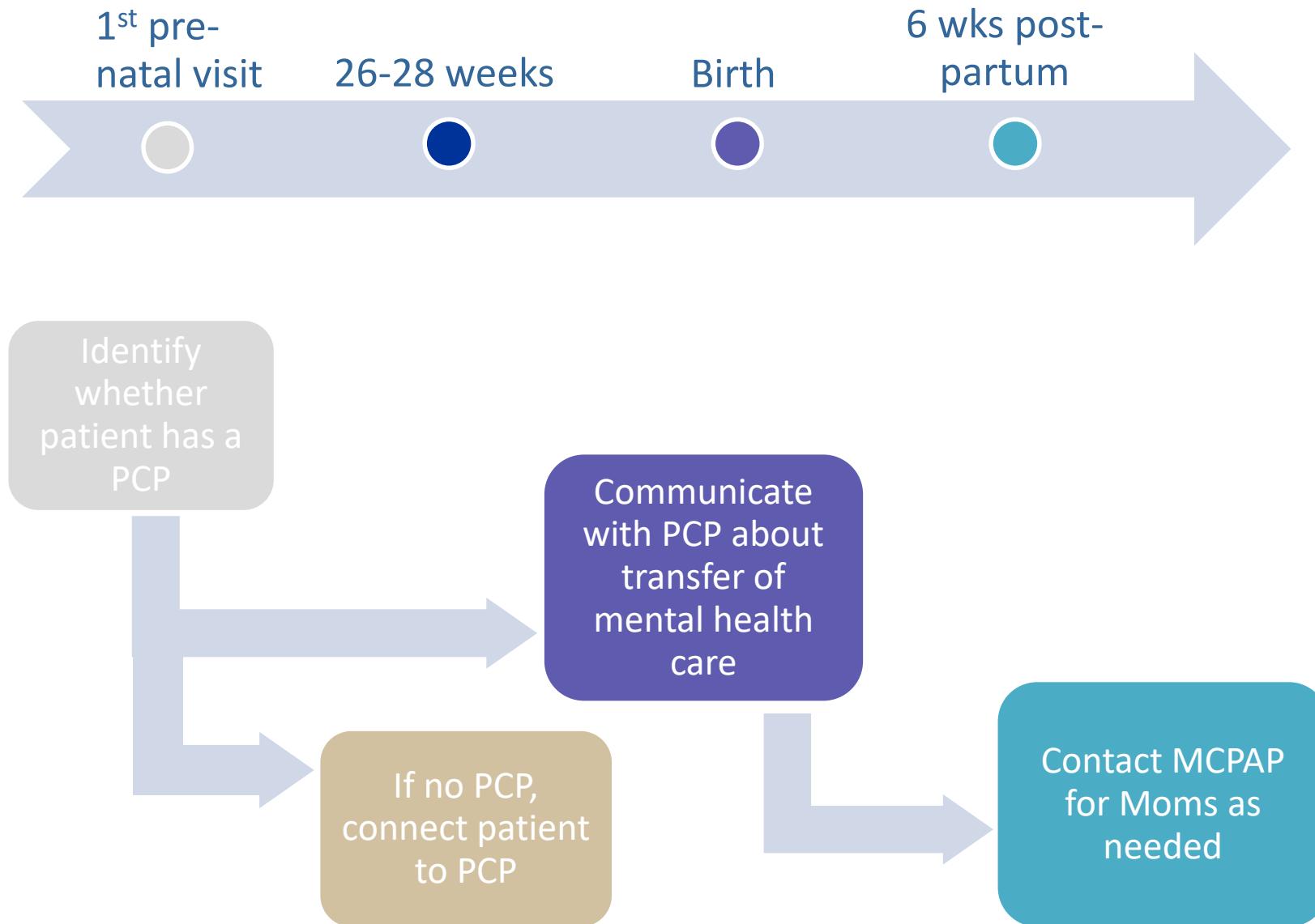
# Navigator follow-up with patients at multiple time points using depression registry



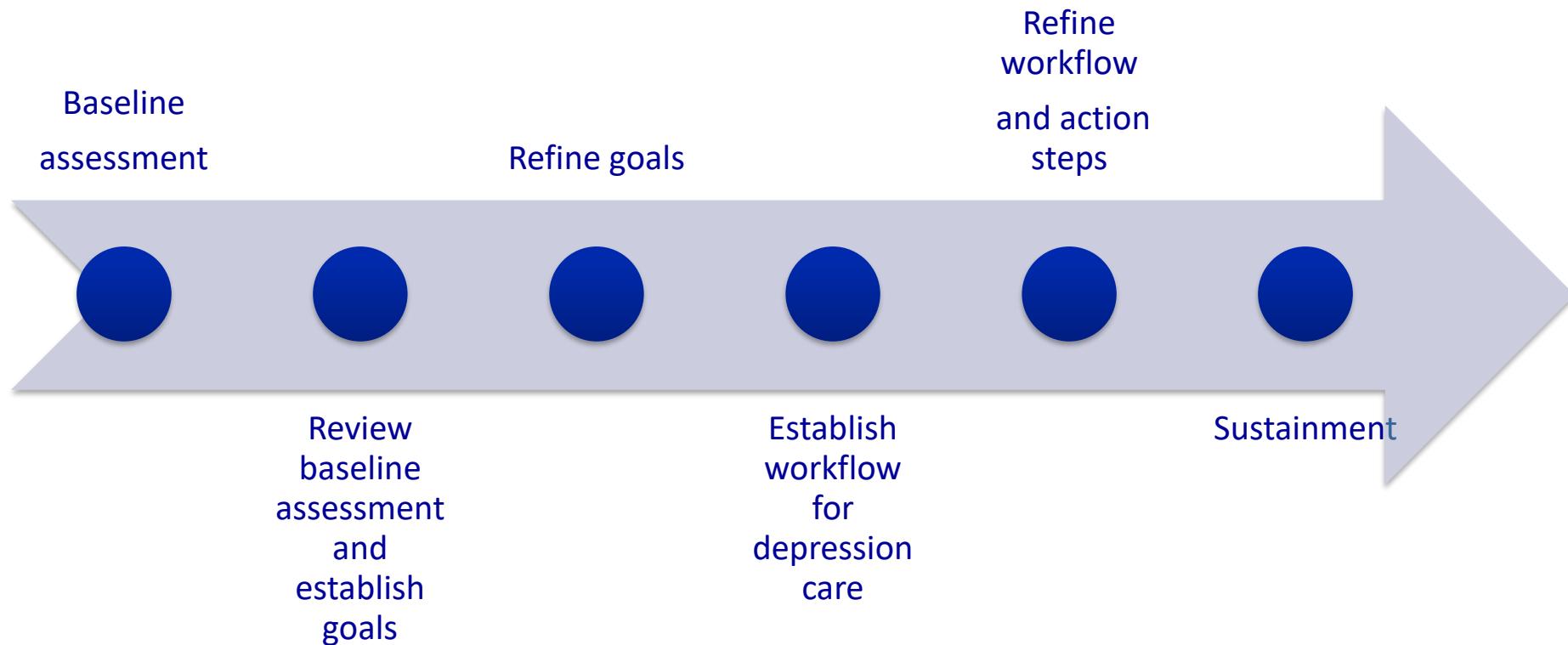
Screening:  
EPDS  $\geq 10$



# Navigator arranges for transfer of care



# Implementation protocol tailors every intervention component for each practice setting



# Facilitators to the implementation

**Relationships with practice leadership and committed champions**

**Structure provided by meetings and implementation protocol**

**Engaging all practice stakeholders**

**Tailoring intervention to each practice**

**Baseline assessment**

**Minimizing time burden and accommodating needs of the practice**

**Consistent and rapid response to questions and concerns**

**Sustainment meetings**

# Challenges encountered during implementation

**Competing demands**

**Organizational changes and turnover within practices**

**Carving out time for the Navigator**

**Depression registry not integrated with the medical record**

**Using EHR for monitoring (e.g. tracking EPDS and MDQ)**

**Limitations of community mental health resources**

**Ensuring practices follow through on goals**

**Communication between Navigators and Consultant Psychiatrists**

# Responses to challenges

**Establishing and maintaining strong relationships with the implementation team**

**Compensating practices for intervention implementation**

**Flexibility (e.g. goals, timeline, Navigator time and calls with Psychiatrist)**

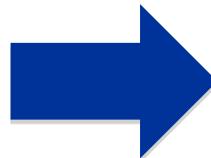
**Practices expanding per diem staff time to free up**

**Trouble-shooting challenges in sustainment meetings**

# Depression practices pre and post implementation

	Pre-implementation (n=10)	Post-implementation (n=5)
Depression screening first half pregnancy	60%	100%
Depression screening second half pregnancy	27.4%	100%
Depression screening postpartum	93.3%	100%
Bipolar disorder screening (MDQ)	0%	100%
Monitoring patients using depression registry	0%	100%
Number of patients entered in registry, mean (range)	0	117 (95-148)

# PRISM is a feasible approach that may be able to optimize perinatal depression care in obstetric settings



# Thank you!

Jeroan Allison, MD, MS

Kathleen Biebel, PhD

Marlene Freeman, MD

Safiyah Hosein

Lori Pbert, PhD

Dane Netherton, PhD

Padma Sankaran, MA

Linda Brenckle, MS, RD, PMP

Linda Weinreb, MD

Doug Ziedonis, MD, MPH

Participating Obstetric Practices

CDC

UMMS CTSA

MCPAP for Moms

MA PPD Commission

National Coalition for Maternal Mental Health

Quantitative Health Sciences, UMMS

Psychiatry, UMMS

Psychiatry, MGH/Harvard Medical School

UMass Medical School (UMMS)

Behavioral Medicine, UMMS

Quantitative Health Sciences, UMMS

Psychiatry, UMMS

Psychiatry, UMMS

Family Medicine & Comm Health, UMMS

Psychiatry, UMMS

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DMH

# Please contact me with questions

[www.mcpapformoms.org](http://www.mcpapformoms.org)

[www.lifeline4moms.org](http://www.lifeline4moms.org)

Massachusetts Child Psychiatry Access Program



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## Thank you!

# QUESTIONS?



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**Thank you!**