

# Promoting Maternal Mental Health During and After Pregnancy: MCPAP for Moms

## **Nancy Byatt, DO, MS, MBA, FAPM**

Medical Director, MCPAP for Moms

Associate Professor of Psychiatry and Ob/Gyn

UMass Memorial Medical Center/UMass Medical School

## **Tiffany A. Moore Simas, MD, MPH, MEd, FACOG**

Lead Obstetric Liaison, MCPAP for Moms

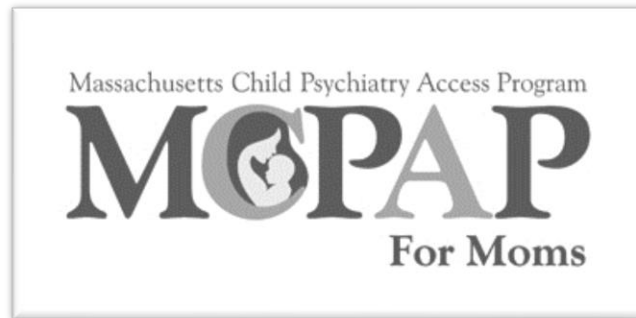
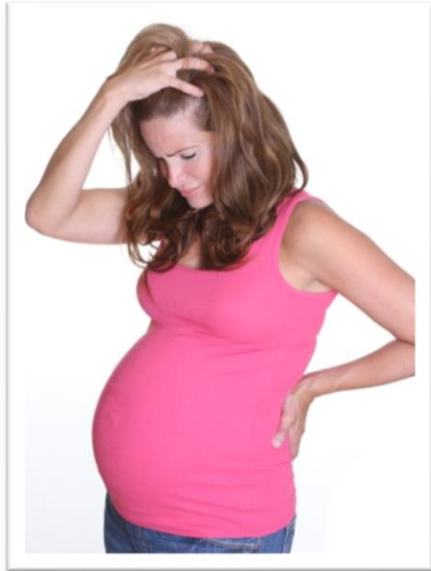
Associate Professor of Ob/Gyn, Pediatrics & Psychiatry

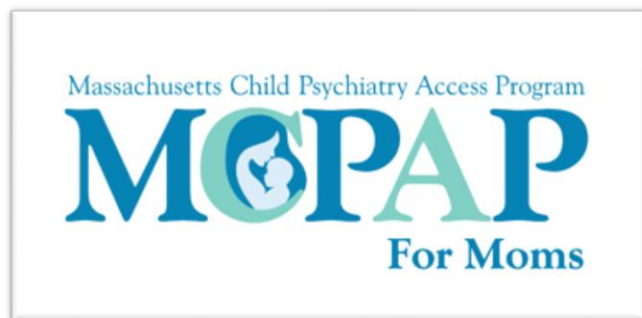
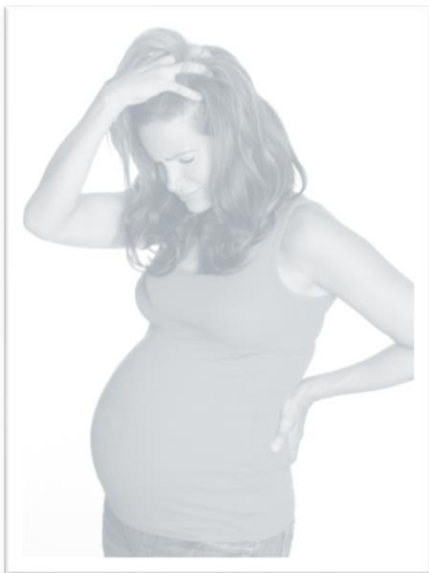
UMass Memorial Medical Center/UMass Medical School

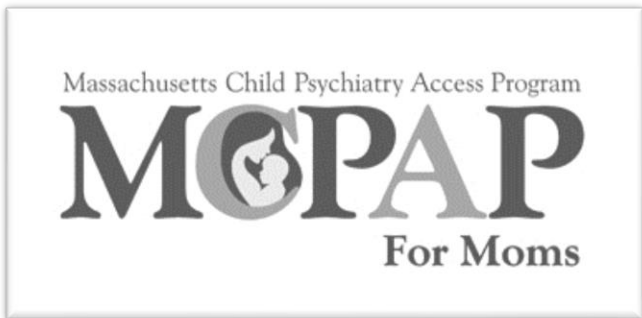
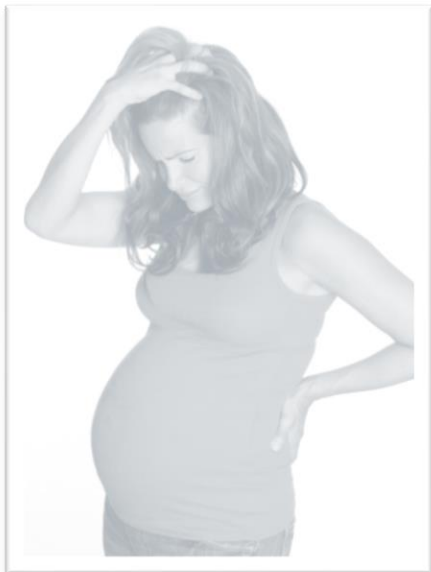
## **John H. Straus, MD**

Founding Director, MCPAP for Moms









# The health care system needs to change to support mothers



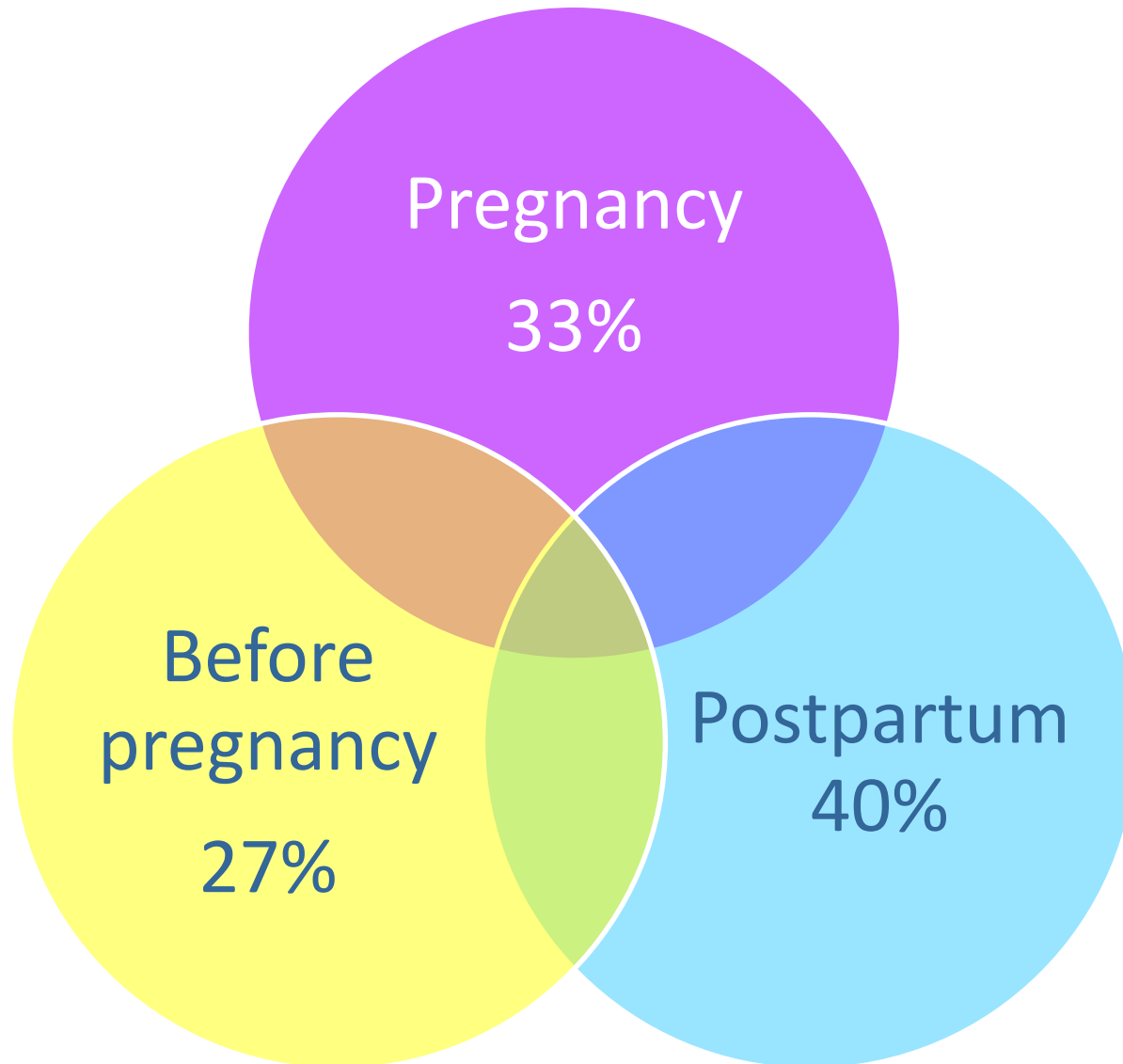
# Perinatal depression is one of the most common complications of pregnancy



Perinatal depression affects as many as  
**one in seven women.**

<http://www.acog.org/Womens-Health/Depression-and-Postpartum-Depression>

# Two-thirds of perinatal depression begins before birth



# Perinatal depression effects mom, child & family

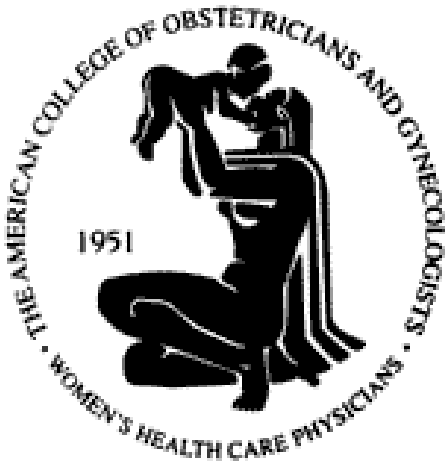
**Poor health care**  
**Substance abuse**  
**Preeclampsia**  
**Maternal suicide**



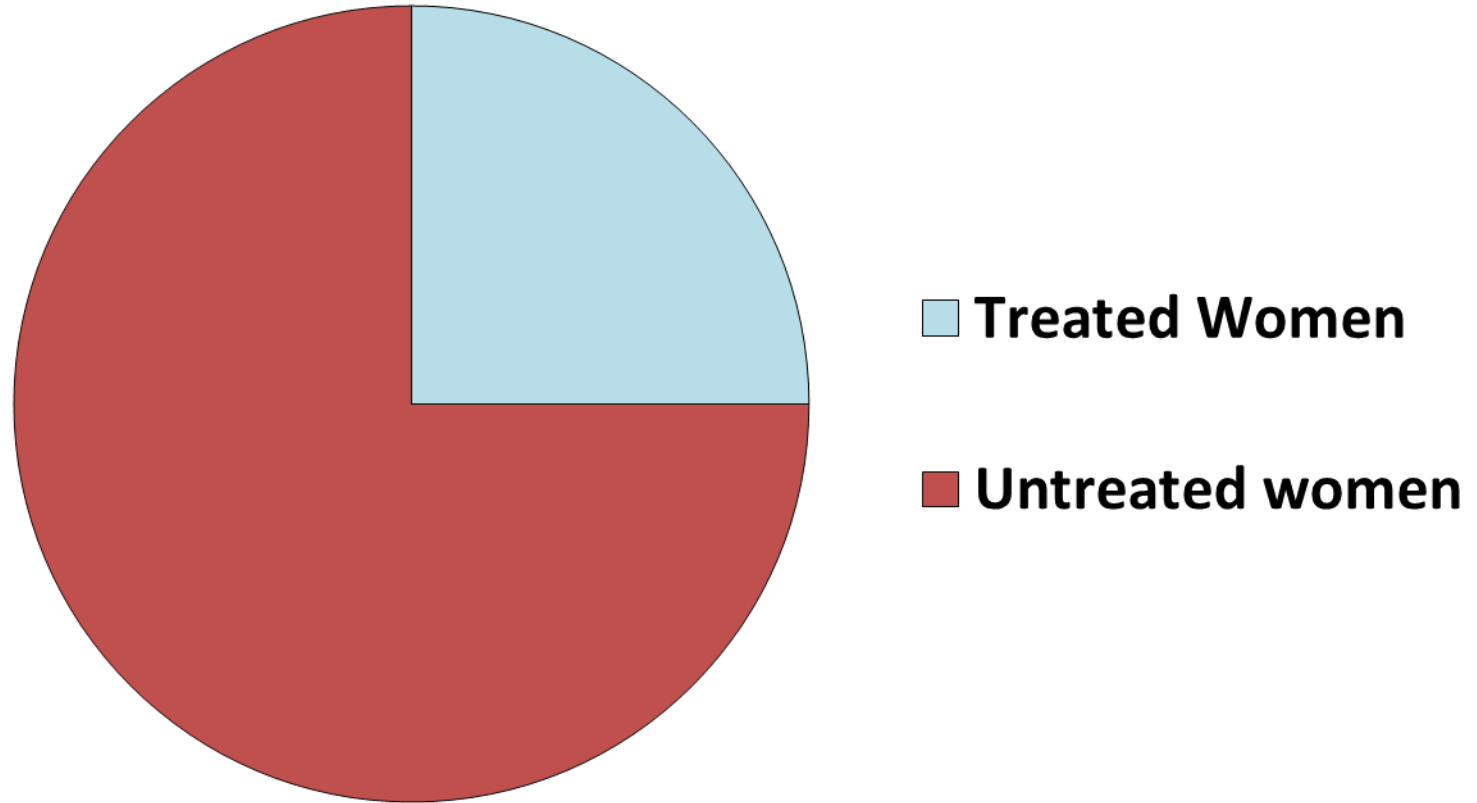
**Low birth weight**  
**Preterm delivery**  
**Cognitive delays**  
**Behavioral problems**



# Screening is encouraged to increase detection and diagnosis



# Perinatal depression is under-diagnosed and under-treated



# 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**

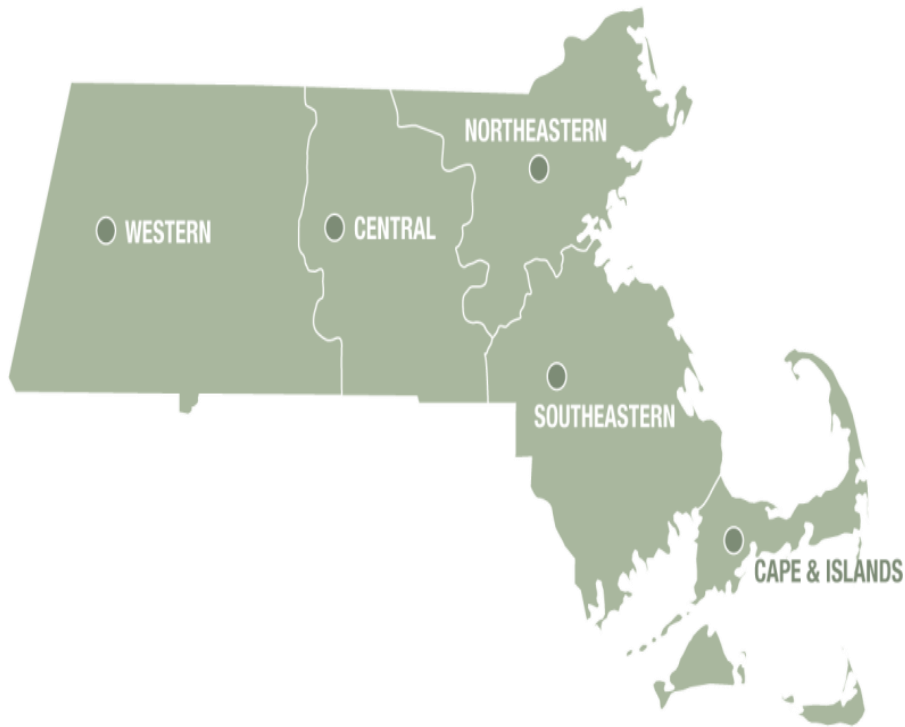
**80% of depression is treated by primary care providers**



# Including depression as part of obstetric care can increase access to care



# In 2010, Massachusetts passed a Postpartum Depression Act



# Massachusetts legislators and stakeholders advocated for MCPAP for Moms funding

2010

MA passes PPD Act, forms PPD Commission



July 2013

MCPAP for Moms funded



July 2014

MCPAP for Moms launch



July 2015

Insurance companies pay surcharge for MCPAP for Moms







Massachusetts Child Psychiatry Access Program

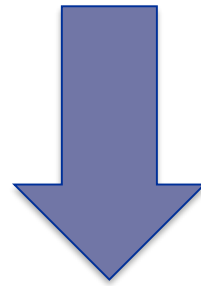
# Massachusetts passed legislation to fund MCPAP for Moms statewide





# MCPAP

Massachusetts Child Psychiatry Access Program

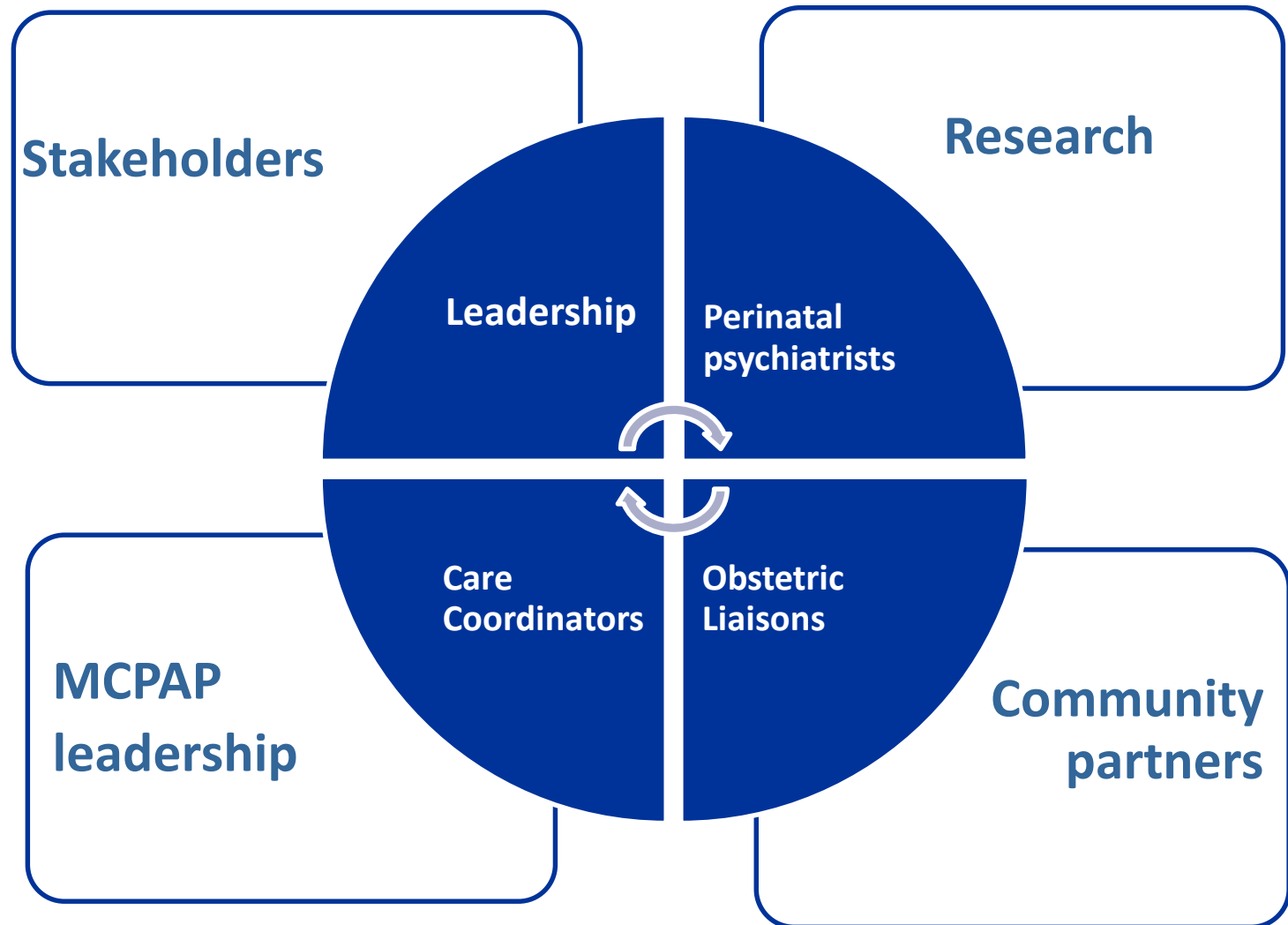


Massachusetts Child Psychiatry Access Program

# MCPAP

**For Moms**

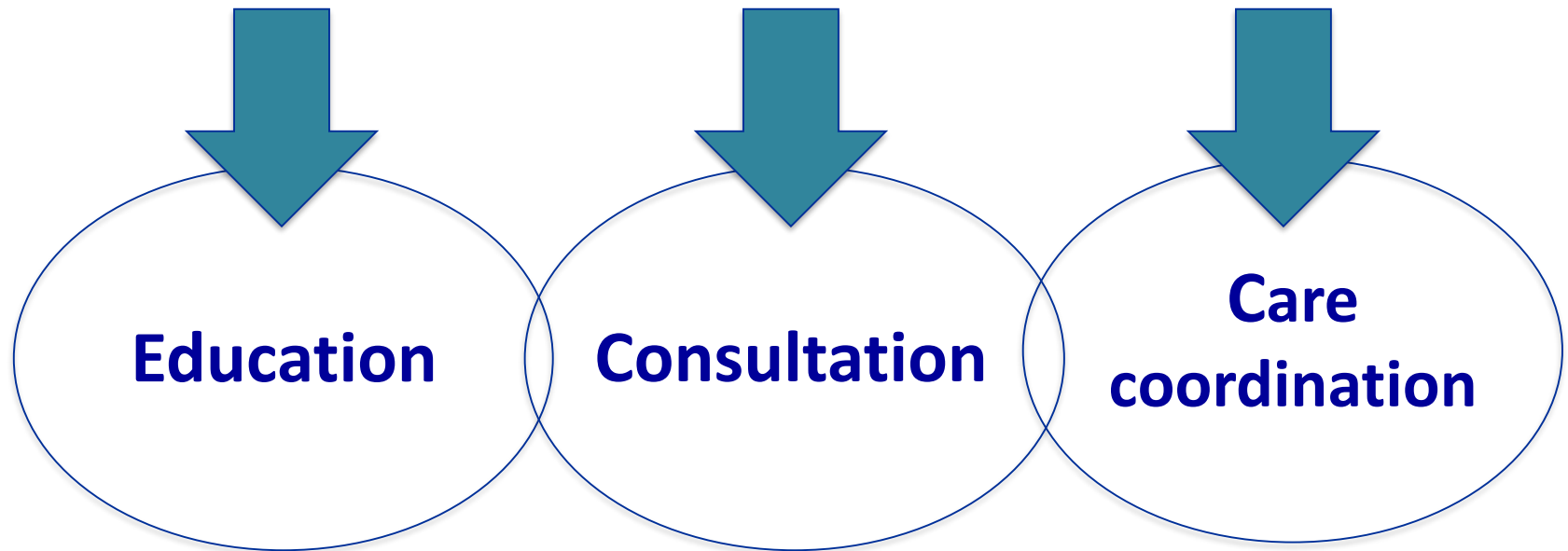
# MCPAP for Moms was developed using research and feedback from end-users



Massachusetts Child Psychiatry Access Program



**For Moms**



**The goal of MCPAP for Moms is to increase the capacity of frontline providers to address perinatal depression.**

# Telephone Consultation



**Obstetric  
providers/  
Midwives**

**Family  
Medicine**

**Psychiatric  
providers**

**Primary  
care  
providers**

**Pediatric  
providers**

# Care coordination is based on acuity, severity and need

## Resources to Provider

Care coordinator will identify 2-3 targeted resources to deliver via phone or email

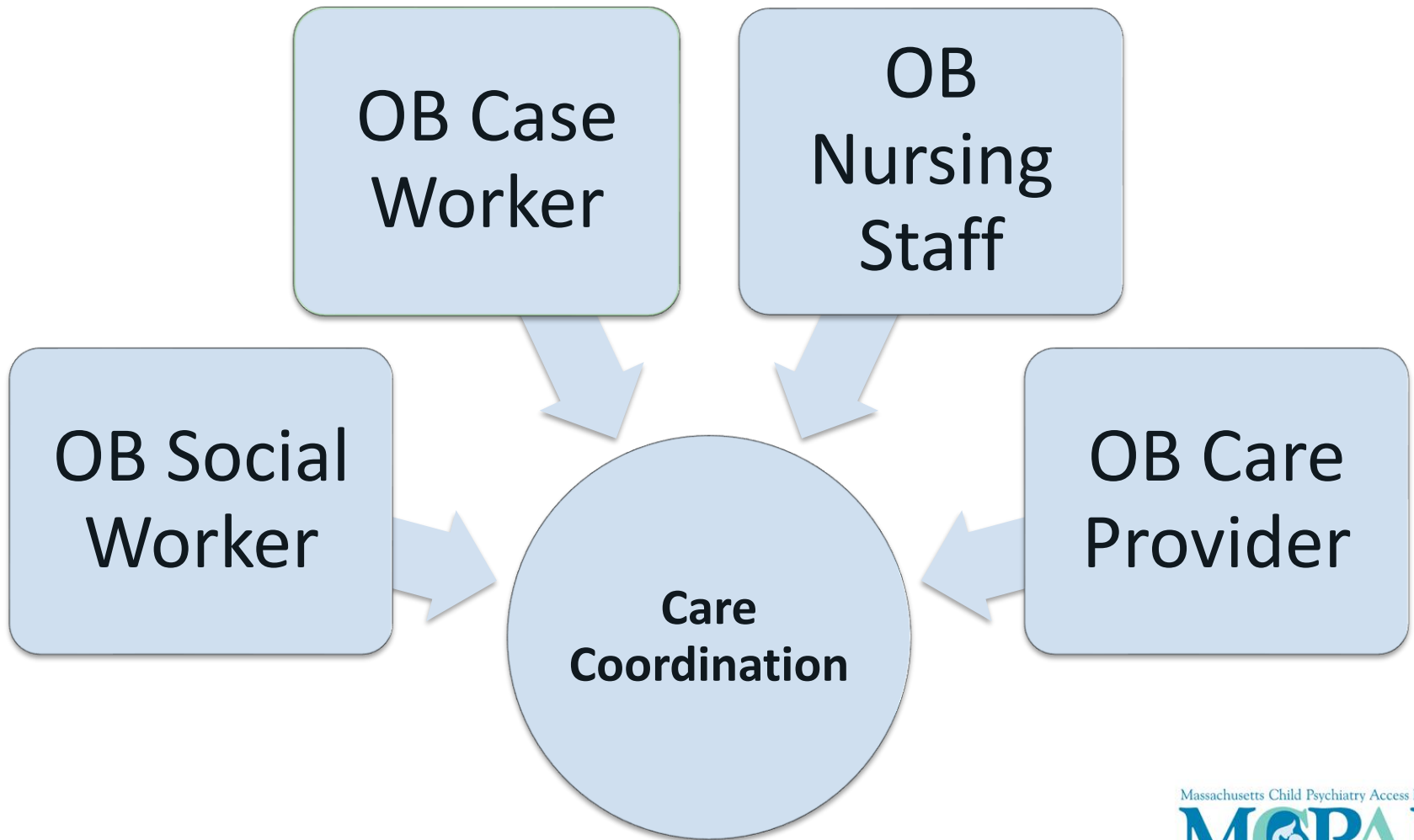
Does not involve speaking with mom

## Outreach to Patient

Care coordinator will contact mom and work with her to schedule appointment

Care coordinator will follow up after 1 month

# Practices can call for resources

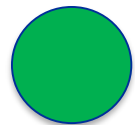


**1<sup>st</sup> pre-  
natal visit**

**26-28  
weeks**

**Birth**

**6 wks  
post-  
partum**

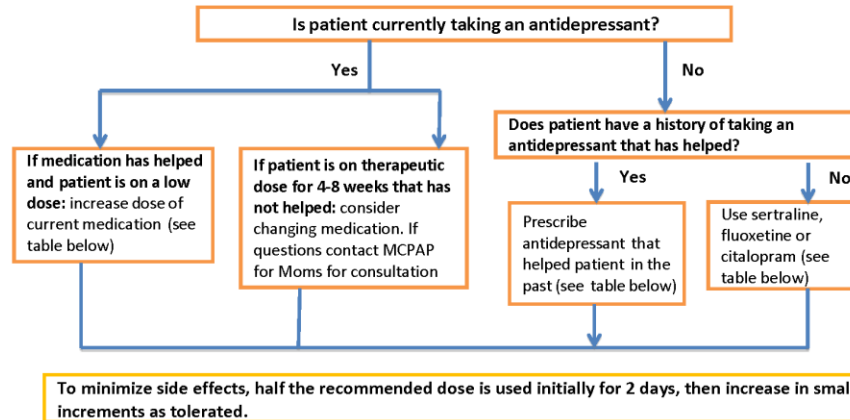


**Administer Edinburgh Postnatal Depression  
Scale**

# Education – Trainings and Toolkits



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



First line treatment (SSRIs)			
*sertraline (Zoloft) 50-200 mg Increase in 50 mg increments	fluoxetine (Prozac) 20-60 mg Increase in 10 mg increments	citalopram (Celexa) 20-40 mg Increase in 10 mg increments	escitalopram (Lexapro) 10-20mg Increase in 10 mg increments
Second line treatment			
SSRIs	SNRIs	Other	If a first or second line medicine is currently helping, continue it  Strongly consider using first or second line medicine that has worked in past
*paroxetine (Paxil) 20-60mg Increase in 10 mg increments	venlafaxine (Effexor) 75-300mg Increase in 75 mg increments	bupropion (Wellbutrin) 300-450mg Increase in 75 mg increments	
*fluvoxamine (Luvox) 50-200mg Increase in 50 mg increments	duloxetine (Cymbalta) 30-60mg Increase in 20 mg increments	mirtazapine (Remeron) 15-45mg Increase in 15 mg increments	
*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

Copyright © MCPAP for Moms 2014 all rights reserved. Authors: Byatt N., Biebel K., Hosein S., Lundquist R., Freeman M., & Cohen L.

www.mcpapformoms.org

Tel: 855-Mom-MCPAP (855-666-6272)



# 1-855-Mom-MCPAP





```
graph LR; A[Male Doctor on Phone] --> B[Discuss potential management strategies]; A --> C[Recommend a Face to Face Evaluation]; A --> D[Refer to the community]; B --- E{ }; C --- E; D --- E; E --- F[Female Doctor on Phone];
```

**Discuss potential  
management  
strategies**

**Recommend a Face  
to Face Evaluation**

**Refer to the  
community**



# Education about various treatment and support options is imperative



# Care coordination links with support groups and community resources



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

# Can refer moms to [www.mcpapformoms.org](http://www.mcpapformoms.org)

Massachusetts Child Psychiatry Access Project



Contact number for providers:

855-Mom-MCPAP (855-666-6272)

Google™ Custom Search



**Promoting Maternal Mental Health  
During and After Pregnancy**

About MCPAP for Moms

How We Help Providers

Provider Toolkit

Our Team

For Mothers and Families



## Support Groups for Mothers and Expectant Mothers

### Support Groups for Mothers and Expectant Mothers

MCPAP for Moms partners with William James College Interface Referral Service to develop and maintain community-based resources to support mothers and fathers experiencing mental health issues related to the challenges of becoming parents. Interface maintains a comprehensive listing of support groups by geographic area. It is important to call before planning to attend a support group as the dates and times of groups change frequently.

**Support Groups for Mothers and Expectant Mothers »**

**Resources for Pregnant and Postpartum Women »**

**Resources for Fathers »**

**Parenting and Family Supports »**

**Perinatal Loss Resources »**

**Crisis Services »**

**General Mental Health Resources »**

**Resources In Spanish »**

### For Mothers and Families

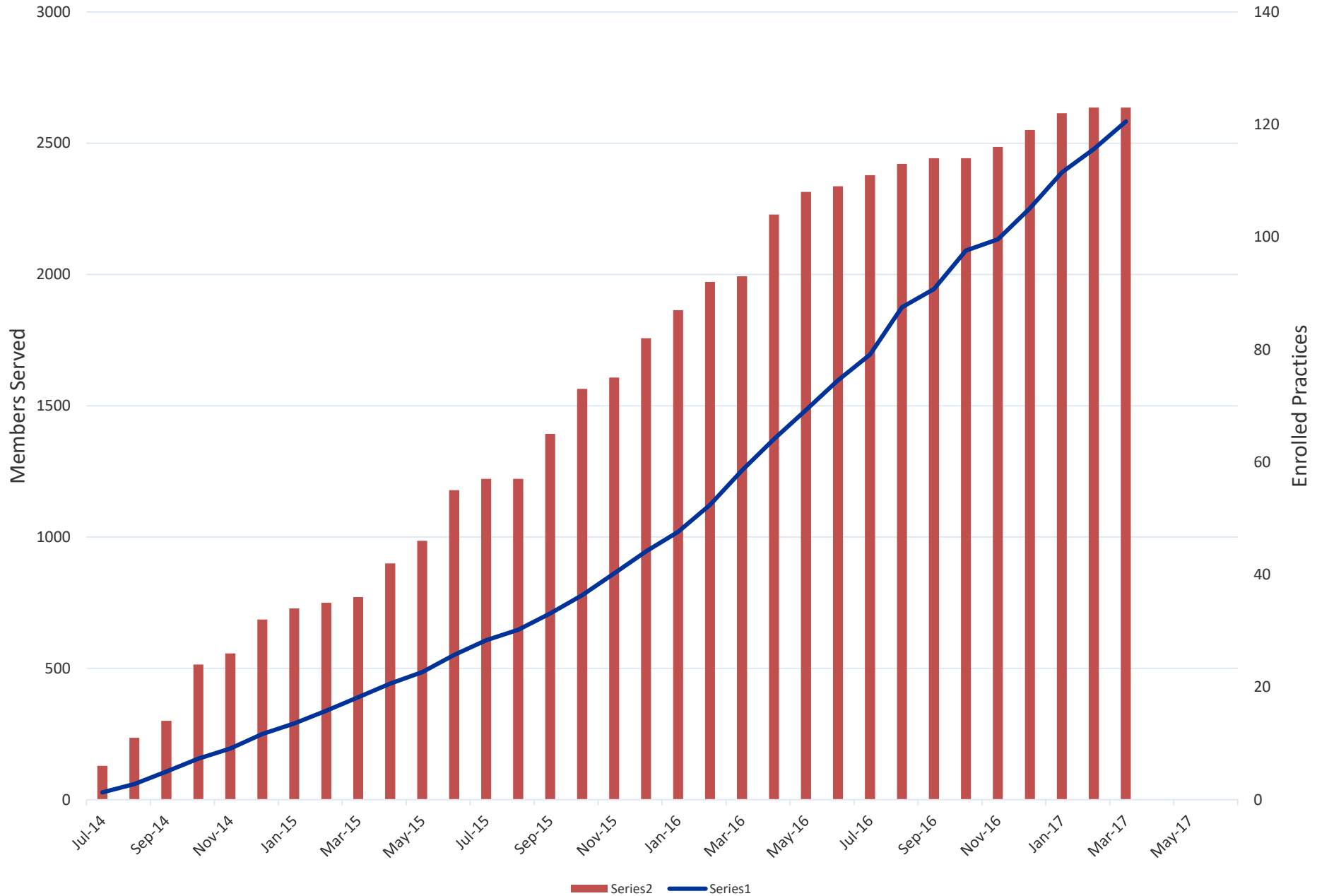
- **Support Groups for Mothers and Expectant Mothers »**

**Resources for Pregnant and Postpartum Women »**

**Resources for Fathers »**

**Parenting and Family Supports »**

# Enrolled Practices and Members Served



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

<b>OB Practices Enrolled</b>	<b>133 (67%)</b>
<b>Trainings</b>	<b>150</b>
<b>Women Served</b>	<b>2,583</b>
<b>Doc-doc Telephone Encounters</b>	<b>1,637</b>
<b>Face to Face Evaluations</b>	<b>169</b>
<b>Care Coordination Encounters</b>	<b>2,696</b>
<b>Telephone Encounters with Ob/Gyns and MWs</b>	<b>1,205 (62%)</b>
<b>Telephone Encounters with Psychiatric Providers</b>	<b>281 (15%)</b>
<b>Telephone Encounters with Other Providers</b>	<b>443 (23%)</b>

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

<b>OB Practices Enrolled</b>	<b>133 (67%)</b>
<b>Trainings</b>	<b>150</b>
<b>Women Served</b>	<b>2,583</b>
<b>Doc-doc Telephone Encounters</b>	<b>1,637</b>
<b>Face to Face Evaluations</b>	<b>169</b>
<b>Care Coordination Encounters</b>	<b>2,696</b>
<b>Telephone Encounters with Ob/Gyns and MWs</b>	<b>1,205 (62%)</b>
<b>Telephone Encounters with Psychiatric Providers</b>	<b>281 (15%)</b>
<b>Telephone Encounters with Other Providers</b>	<b>443(23%)</b>



# Program costs are low



**1.2 FTE Perinatal Psychiatrist**

**2.3 FTE care coordinators**

# Untreated depression comes at a high cost

**\$22,000/yr**



**\$192,400,000/yr**



# MCPAP for Moms can result in significant savings

\$22,000/yr



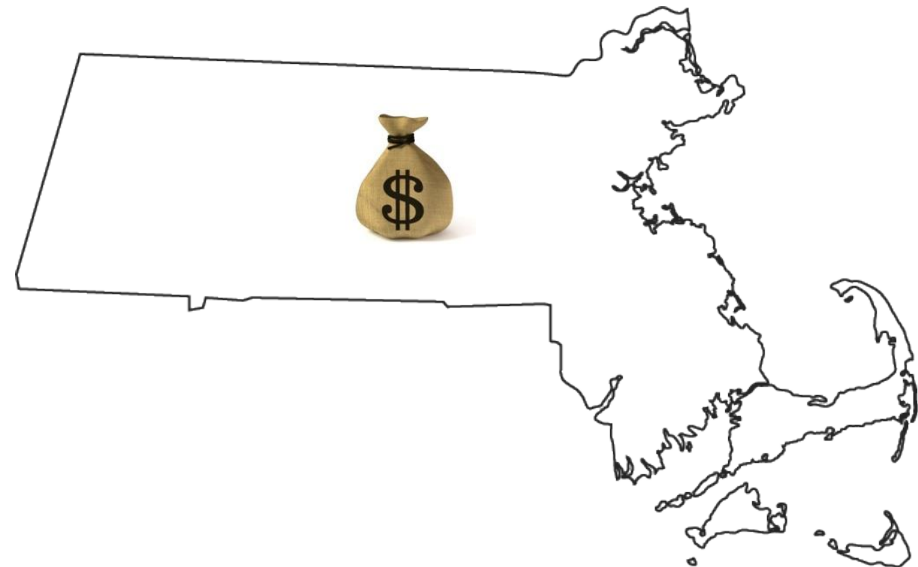
**\$11.81/yr**  
**\$0.98/month**



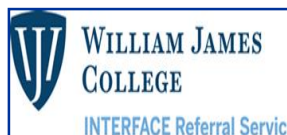
\$192,400,000/yr



**\$850,000/yr**



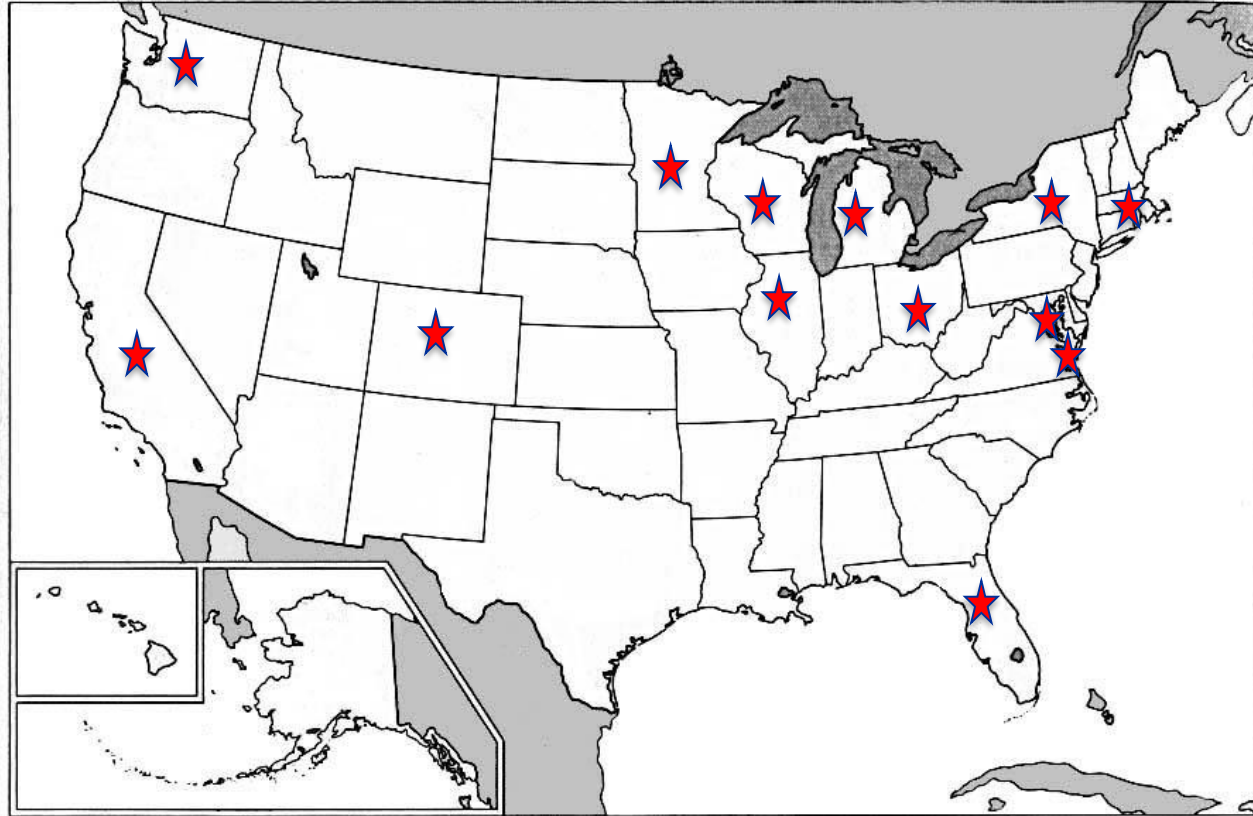
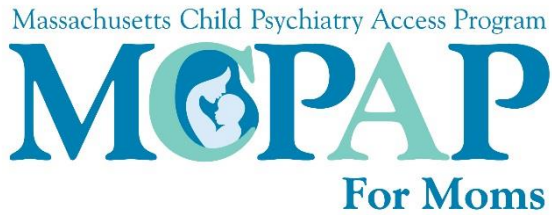
# Funding is a line item in the state budget



# 50% of cost is recuperated through surcharge to commercial insurers



# MCPAP for Moms is spreading and being viewed as a national model



# MCPAP for Moms inspired the Bringing Postpartum Depression out of the Shadows Act



**Bipartisan bicameral federal legislative bills (HR 3235 and S 2311)**



# Bringing Postpartum Depression out of the Shadows Act of 2015



## 20<sup>th</sup> Century Cures



# Bringing PPD out of the Shadows Act was signed into law in December 2016



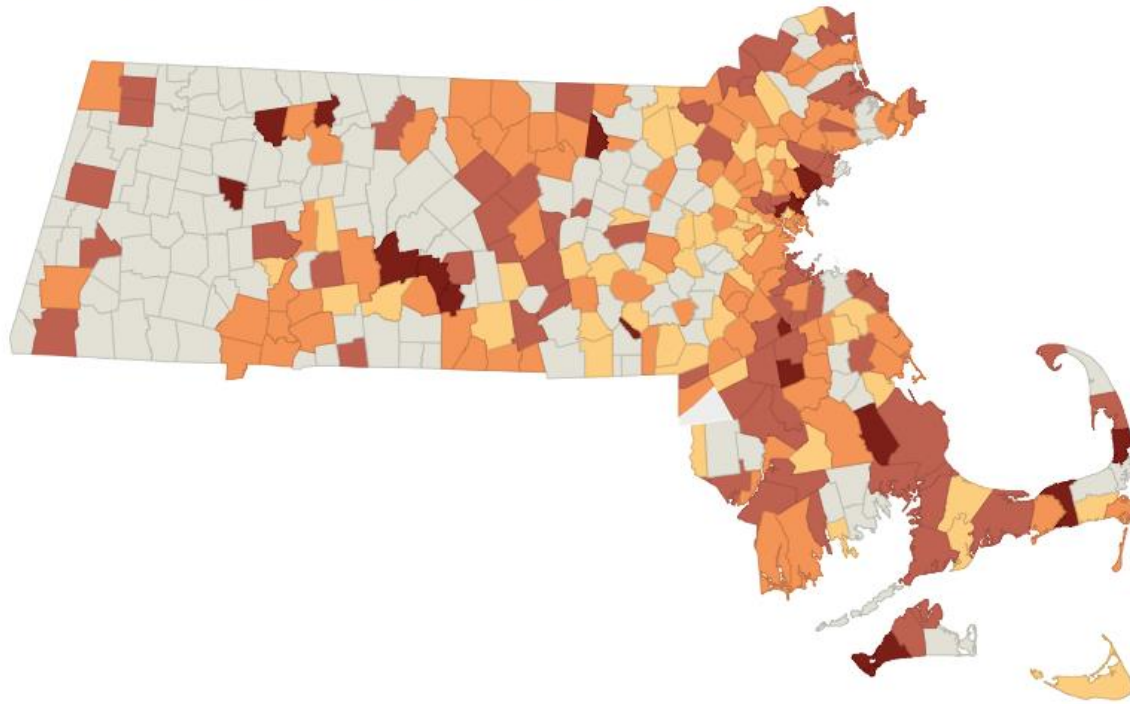
# There is a critical need for MCPAP for Moms to address substance use disorders

## A town-by-town look at the opioid epidemic's toll in Mass.

Opioid deaths per 100,000 people, 2014

Overdose surpasses car-crash deaths

0-0.999 1-9.999 10-19.999 20-39.999 40-300



<https://www.bostonglobe.com/metro/2015/10/22/town-town-look-opioid-epidemic-deadly-toll-massachusetts/FJksUU8hIYJN4Yl4mCKwkl/story.html>

# Call to Action

## The Working Group's Findings:

1. Individuals in crisis cannot access the right level of treatment at the right time 12
2. Youth drug use and addiction trends must be addressed through prevention education 18
3. Pregnant women and mothers with a substance use disorder need specialized care 21
4. Opioid medications must be safely managed by prescribers, pharmacists, and patients 23
5. The stigma associated with a substance use disorder is a barrier to treatment and recovery 28
6. Lack of transparency and accountability hinder our ability to respond to the opioid crisis 29
7. Courts and Jails should not be the primary mode of accessing long-term treatment 30
8. Recovery resources are insufficient and difficult to access 31
9. Increasing access to Naloxone will save lives 32
10. Insurance barriers prevent individuals from receiving treatment 33
11. The opioid crisis is a national issue that requires both state and federal solutions 34

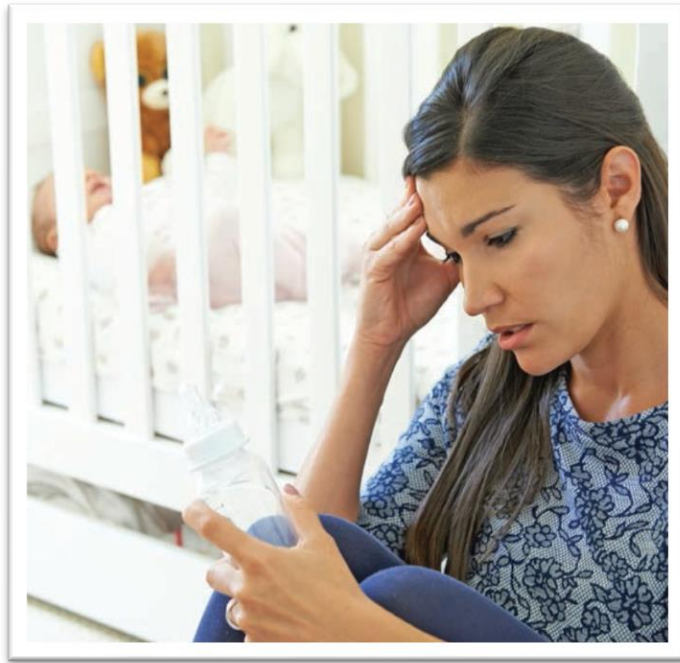
# **MCPAP for Moms is broadening its scope to address substance use disorders**

**Consultation and care coordination for obstetric providers to build their capacity to address substance use disorders**

**Consultation for MAT providers to build their capacity to address psychiatric comorbidities**

**Education, training and toolkit**

# MCPAP for Moms has transformed perinatal mental health care in Massachusetts

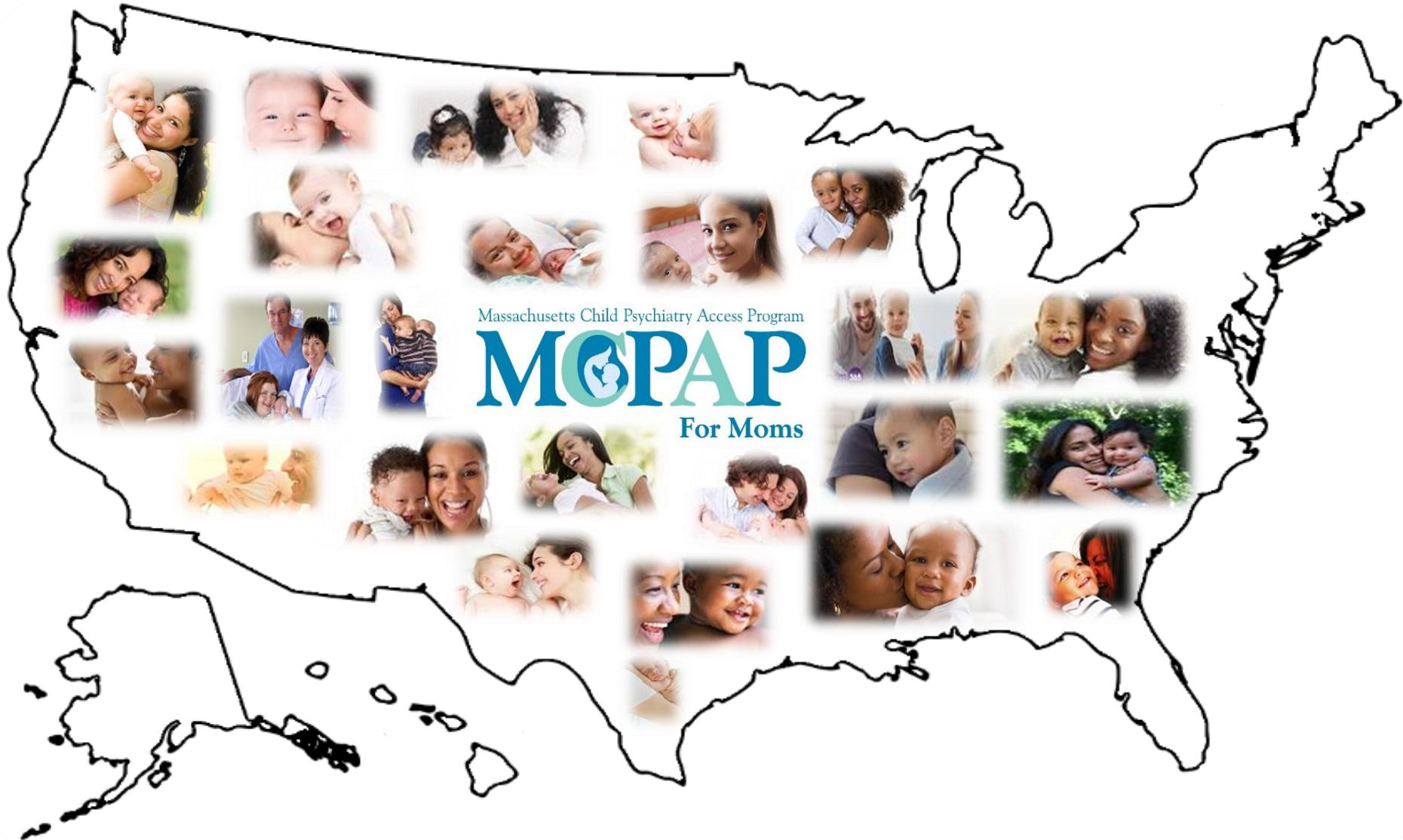


Massachusetts Child Psychiatry Access Program  
**MCPAP**  
For Moms





# Now it is time to bring MCPAP for Moms to the rest of the country



# Please contact us

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

**Nancy Byatt, DO, MS, MBA, FAPM**  
**Medical Director**

[Nancy.Byatt@umassmemorial.org](mailto:Nancy.Byatt@umassmemorial.org)

**Tiffany Moore Simas, MD, MPH, MEd, FACOG**  
**Lead Obstetric Liaison**

[TiffanyA.MooreSimas@umassmemorial.org](mailto:TiffanyA.MooreSimas@umassmemorial.org)

**John H. Straus, MD, Founding Director**

[John.Straus@beaconhealthoptions.com](mailto:John.Straus@beaconhealthoptions.com)



**Funding provided by the Massachusetts Department of Mental Health.**

## Thank you!

# QUESTIONS?



[Nancy.Byatt@umassmemorial.org](mailto:Nancy.Byatt@umassmemorial.org)

[Tiffany.MooreSimas@umassmemorial.org](mailto:Tiffany.MooreSimas@umassmemorial.org)

[John.Straus@beaconhealthoptions.com](mailto:John.Straus@beaconhealthoptions.com)

**Thank you!**