Implementation Assistance & Online Training for Perinatal Mental Health Conditions

Our team has received funding from the National Institute of Mental Health (NIMH) to evaluate the extent to which 1) online training and toolkits and 2) virtual implementation assistance added to online training and toolkits, improve obstetric providers’ knowledge, skills, and practices towards perinatal mental health conditions, compared to treatment as usual group.

- One in five women experience mood and anxiety symptoms during pregnancy or in the year after giving birth.
- Left untreated, perinatal mental health conditions have deleterious effects on maternal health, birth outcomes, infant attachment, and children’s development.
- Maternal mental health conditions including suicide are a leading preventable cause of maternal mortality.

Recognizing the prevalence, impact, and preventable maternal morbidity and mortality, the Council on Patient Safety in Women’s Health Care, convened by the American College of Obstetricians and Gynecologists, developed a Maternal Mental Health patient safety bundle that outlined core care components needed in every clinical setting to address perinatal mental health conditions for every woman. While most obstetric providers want to address perinatal mental health conditions, real-world practice is often lagging behind recommended care standards due to a paucity of resources and lack of training for obstetric providers. The goal of our program is to increase provider capacity to detect, assess, and treat perinatal mental health conditions.

We are developing a new online training model to which we will add a toolkit and implementation assistance that can be delivered virtually and is applicable to providers accessing varied levels of mental health resources available across the US.

Our goal is to help obstetric providers to:

1) implement screening for perinatal mood and anxiety disorders;
2) distinguish mood disorders from each other as co-morbid conditions and differentiate them from other medical illnesses;
3) triage and refer based on assessments;
4) treat women with mild to moderate illness; and
5) consider risks and benefits of different treatment modalities.

We will conduct a randomized controlled trial comparing treatment as usual with training and with training plus implementation assistance to evaluate the difference in provider self-efficacy and patient experiences between participating practices in the different groups. Participants completing the training will receive ABOG MOC4 credit. Practices will be randomized in ratio of 1:2:2, to either:

- **Treatment as usual**
- **Training**: Complete the e-learning curriculum and utilize a toolkit designed to address perinatal mental health.
- **Training and virtual implementation assistance**: Participate in training as above plus engage in a quality improvement initiative designed to assist practices in integrating screening, assessment, and treatment into their workflow.

All participants will be asked to complete pre- & post surveys and a 6-8-month follow-up survey.

For more information or questions, please contact:
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**FACTS AND FIGURES**

1 in 5 women suffer from perinatal mood and anxiety disorders

Untreated perinatal mood and anxiety disorders contribute to preventable maternal mortality

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