Ellen Story Commission on Postpartum Depression
Quarterly Meeting – September 21, 2023

MEETING MINUTES

Commissioners present: Rep. Brandy Fluker Oakley (Co-chair), Sen. Liz Miranda (Co-chair), Rep. Jim O'Day, Lily Stowe-Akeman on behalf of Rep. Mindy Domb, Sen. Joan Lovely, Hannah Mori on behalf of Sen. Bruce Tarr, Jessie Colbert, Stephanie Crawford, Leena Mittal, Chloe Zera, Rebecca Butler (DOI), Beth Buxton (DPH), Sarah Krinsky (MassHealth), Margarita O'Neill-Arana (DMH), Lauren Almeida (DCF), Tyreese Nicolas (EEC), Divya Kumar, Lisa Scarfo, Liz Murphy, Tiffany Moore Simas, Jennifer Gilbert-Cohen, Karen Garber, Nadja Lopez

Commissioners not present: Rep. Carole Fiola, Rep. Kim Ferguson, Sen. Becca Rausch, Sen. John Keenan, Nneka Hall, Lee Cohen, Julie Johnston, Josh Sparrow, Kerry LaBounty, Jayne Singer

Others: Tom Egan, Salma Mohamed, Maia Raynor, Autumn Versace, Uruj Haider, Julie Garner, Kathleen Dermady, Amy Hrobak, Kathleen Jones-McWilliams, and other staff and members of the public.

I. Welcome and Introductions

Commission Coordinator Ashley Healy welcomed commissioners and guests. Ms. Healy announced that the meeting was being conducted pursuant to Open Meeting Law and that the meeting was being recorded and livestreamed through the legislature's website.

The Commission proceeded to roll call. Next, Ms. Healy asked commissioners to approve minutes from the 5/10/23 quarterly meeting. Given the hybrid format of this meeting, rather than take a roll call vote on the minutes, Ms. Healy asked commissioners to please voice any objection or disapproval. Hearing none, the 5/10/23 minutes were approved.

Ms. Healy invited the Commission's Co-chairs to provide updates.

Co-chair Sen. Liz Miranda stated that the birth center in Leominster recently was forced to close and described efforts of the Birth Equity Task Force and others to prevent this closure. The efforts ultimately were unsuccessful and Co-chair Sen. Miranda has heard concerns about a maternity care desert emerging in the Leominster/Worcester County area in addition to the one that exists in Taunton. This is something to which the Commission should pay attention.

Co-chair Sen. Miranda also stated that she is working on a birth justice omnibus bill (S.1415), largely shaped by the Special Commission on Racial Inequities in Maternal Health, and currently is in active editing mode and is about 60-70% done. Co-chair Sen. Miranda asked for input from commissioners so that the bill can focus on the physical aspects of morbidity and mortality and also the mental health aspects.

Co-chair Rep. Brandy Fluker Oakley stated that the Commission is continuing to work on an event in collaboration with EOHHS, MassDPH and other partners, with a date TBD.

Co-chair Rep. Fluker Oakley also noted a recently vacated seat on the Commission and expressed gratitude for their service. The Commission is in the process of determining a selection process to replace commissioners when seats become available.

II. Department of Public Health data concerning severe maternal morbidity

Commissioners received a presentation from Hafsatou Diop, MD, MPH, Director of the Division of Maternal and Child Health Research and Analysis in the Department of Public Health, concerning data released over the summer on severe maternal mortality (SMM) in Massachusetts between 2010-2020.

Dr. Diop provided an overview of the Public Health Data Warehouse. It is a unique data analysis tool whose original focus was analyzing fatal and nonfatal opiate overdoes but it was expanded to cover additional priorities for reducing morbidity and mortality.

Dr. Diop explained that SMM includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a birthing person’s health. SMM rates are increasing in the U.S. and in Massachusetts, nearly doubling between 2011 and 2020. When analyzed by race and ethnicity, data showed that Black non-Hispanic women had the highest SMM rate out of any group, and this rate was more than twice the SMM rate for white women and almost twice the SMM rate for Asian women. The gap in SMM rates between white women and Black non-Hispanic in 2011 was twofold, but by 2020, the gap but was 2.5 times, representing a 25% increase in that gap over time. There also were disparities in SMM rates in other priority populations including individuals with opiate use disorder, individuals with disabilities, and foreign-born individuals.

Dr. Diop discussed the purpose of the Special Commission on Racial Inequities in Maternal Health (RIMH Commission) and highlighted key recommendations of that Commission's report.

Highlighted recommendations for Public Health Infrastructure included:

- establish a statute and provide state funding for Maternal Mortality and Morbidity Review Committee (MMMRC);
- fund quality improvement efforts led by Perinatal Neonatal Quality Improvement Network (PNQIN);
- establish legislation to develop a doula workforce and provide state funding for doula certification/credentialing;
- provide funding for statewide expansion of the Welcome Family home visiting program (currently only available in 8 communities); and
- mandate education regarding stigma, bias, trauma, diversity, mental health, and substance use disorder among DCF staff.

Highlighted recommendations for Health Care Systems included:

- support perinatal quality improvement efforts to have all birth facilities participate in implementation of patient safety bundles;
- promote group prenatal care models;
- increase access and effort to integrate and expand midwifery model of care;
- expand access to birth centers and doula care; and
- require provider-based training on implicit and explicit bias, discrimination, and trauma informed care.

Dr. Diop described some of the progress that has been made in implementing the RIMH Commission's recommendations and reducing SMM and racial disparities in maternal health outcomes, including:

- Massachusetts Maternal Health Task Force;
- PNQIN's Maternal Equity Bundle and SPEAK UP against racism training; and
- Innovation in maternal health service delivery in direct clinical care
    - Remote blood pressure monitoring programs
    - Implementation of the CDC's Levels of Care Assessment Tool (LOCATe)
    - Establishing the Levels of Maternal Care in Massachusetts hospitals

Dr. Diop stated that DPH is responding to the RIMH Commission's call to action by focusing on:

- Doula workforce development;
- MMRC – full and ongoing operations and legislative authority;
- Expand PNQIN equity bundle implementation;

- Home visiting program;
- Department of family and medical leave data collection;
- Telehealth remote blood pressure monitoring; and
- Provider training.

Ms. Healy thanked Dr. Diop for her presentation and for her work in collecting the data and as a member of the RIMH Commission. Ms. Healy opened the floor to questions or comments from commissioners on the presentation or any of the data.

Co-chair Sen. Miranda thanked Dr. Diop for her work on the RIMH Commission. She inquired as to what is happening in DPH internally since the data was released showing that SMM rates have worsened for Black women in the last decade, and what DPH wants to see happen immediately so that we can course correct on this.

Dr. Diop replied that DPH is prioritizing maternal health and is in the process of developing a statewide strategic plan for maternal health. DPH expects to have draft recommendations by this fall and the final plan done by 2024. It will have very specific goals and action-oriented objectives to address the inequities seen in the data. Some of the actions will have to come from the legislature, such as establishing doulas as a workforce and profession in order to get their work covered.

Commissioner Divya Kumar asked what the Ellen Story Commission can do to champion the mental health piece of this data, and to expend access to services to those who greatly need them, given that individuals who experience SMM and near misses often struggle with PTSD and other mental health challenges.

Dr. Diop responded that there is a higher demand for mental health care than can receive help in the state and we must increase the number of providers and resources to reduce the wait time to begin care. The healthcare system need to work to recognize mental health issues earlier, to provide multiple point in time screenings for pregnant people, to improve care coordination between a patient's primary care provider and mental health provider, and use existing resources such as MCPAP for Moms.

Commissioner Tiffany Moore Simas asked about the Welcome Family home visiting program and who has access to it.

Dr. Diop replied that Welcome Family is universal one-time home visiting that allows any birthing person, regardless of socioeconomic status or insurance type, to benefit from the visit. There is evidence that connecting patients early in the postpartum period can improve referrals to services. Expanding Welcome Family was a recommendation of the RIMH Commission but has not had any teeth yet.

Commissioner Moore Simas asked whether part of the recommendation involved building up the workforce in order to expand home visiting. Dr. Diop answered that the

program is not statewide and was established only in communities determined to have higher rates of adverse maternal and infant outcomes.

Commissioner Sarah Krinsky shared that MassHealth covers 40% of birthing families in MA and recently published a webpage for pregnant MassHealth members with resources, including home visiting plans. The webpage will be updated once doula services are covered later this year.

Commissioner Karen Garber commented in the chat that as a community mental health provider she is aware that funding to support families only becomes available after baby is here and is not enough.

III. New ACOG provider resources on perinatal mental health

Commissioners received a presentation from Commissioner Tiffany Moore Simas, MD, MPH, MEd on new provider resources on perinatal mental health that have been developed by the American College of Obstetricians and Gynecologists (ACOG), in order to increase clinicians' capacity to address perinatal mental health (PMH) in obstetric settings.

Commissioner Moore Simas explained that PMH was not as prevalent in conversations around maternal health until somewhat recently and when guidelines were discussed, they were focused really on screening with less of a focus on what happens after screening, which is arguably even more important. Despite the fact that perinatal mood and anxiety disorders are the most common complication of pregnancy, clinicians experience discomfort with addressing PMH, stemming from lack of training, guidance, lack of knowledge re; integrating into workflow, and lack of resources and referrals.

Commissioner Moore Simas stated that a PMH patient safety bundle first was developed in 2015/2016 and this year that bundle was revived and updated. The goal is for PNQIN to engage with hospitals and possibly practice to implement the new bundle by spring 2024.

Commissioner Moore Simas shared that, in addition to the PMH patient safety bundle, ACOG also put together two new clinical practice guidelines, using a very rigorous and formal clinical practice guidelines process. The first guideline is focused on screening and diagnosis, and its main topic areas are:

- Perinatal depression and anxiety disorders
- Perinatal bipolar disorder
- Postpartum psychosis and perinatal suicidality

The second guideline is focused on treatment and management of perinatal mental health conditions, and its main topic areas are:

- General approach to psychopharmacotherapy;
- Psychopharmacotherapy for perinatal depressive disorders;
- Psychopharmacotherapy for perinatal anxiety disorders; and
- Psychopharmacotherapy for bipolar disorder

Under each topical area there are evidence-based recommendations and data to support them, and also "GP" or good practice points. Commissioner Moore Simas demonstrated how this works using the example of "General Approach to Psychopharmacotherapy".

Commissioner Moore Simas stated that ACOG now also has available a Suite of Resources to help integrate obstetric and mental health care. This includes:

- Perinatal mental health toolkit to assist clinician in the moment on how to address mental health (available on ACOG website and publicly on Lifeline for Moms);
- Perinatal mental health e-modules to train clinicians in PMH; and
- Implementation guide for integrating PMH into OB practice, step by step, with a repository of mental health resources and referral resources.

Commissioner Moore Simas indicated that bringing obstetric care clinicians up in their knowledge and ability to address PMH has been a huge part of the conversation. While there still is much work to do, there are resources and bundles now available where there weren't any previously.

Ms. Healy opened the floor for commissioners to ask questions or make comments.

Commissioner Liz Murphy asked what percent of obstetric providers in MA utilize MCPAP, whether there is an opportunity to pull more in, and what the barriers to doing so would be.

Commissioner Moore Simas replied that Massachusetts does have high utilization and that this is an important time for access programs to engage with OBs now that the new recommendations and resources are available, and make clear that the access programs are here to help.

Commissioner Jennifer Gilbert-Cohen asked whether there are resources for creating more training sites to train providers. Commissioner Moore Simas replied that this is something that needs to be looked at. While there are perinatal psychiatry fellowships, we can agree we need more of all providers addressing PMH.

Commissioner Leena Mittal stated that MCPAP for Moms currently is working with community behavioral health centers (CBHC's) to increase PMH training for their staff, and that there are pipeline programs in other places like Brigham and Womens Hospital and Mass General Brigham, which provide training modules in multiple disciplines.

Commissioner Mittal also noted that MGH is working toward putting resources toward building maternal mental health capacity broadly.

Dr. Diop asked whether there is an opportunity to build training within primary care settings because that's where most patients would go as a first line of action, and because it is easy to find a primary care provider but not so easy to find a mental health provider. What would be the best way to collaborate with them so they can support their patients?

Commissioner Moore Simas responded that this could be done with pediatricians as well and that we should build bridges between obstetricians, primary care providers, pediatrics, and NICU. It is important not to be one-discipline focused but think about the full range of disciplines that touch the perinatal individual in the family.

Commissioner Kumar commented in the chat that there are no PCP's taking new patients within the whole Mass General Brigham system and so unfortunately it is not easy to find a PCP. Commissioner Kumar also noted that community health center pilot programs were initially created to integrate screening into pediatrics and family medicine, and the multi-disciplinary approach is why.

Commissioner Krinsky commented in the chat that MassHealth requires and pays for postpartum depression screenings in pediatrics up to 6 months postpartum.

Commissioner Mittal stated that while engaging screening is important, there is a lot of challenge reimbursing for actual treatment. Enhancing the pool of mental health providers is necessary and this ultimately is going to come from improved reimbursements, improved pipeline programs, and enhancing the value of behavioral health treatment in the larger healthcare system. Home visiting programs are wonderful but if there isn't treatment at the end of that, what is going to come next. Obstetricians can begin this but cannot do it all.

Commissioner Jessie Colbert addressed an opportunity to invest in some state funding for PMH by means of legislation entitled the Moms Matter Act. While there are bigger picture issues around the pipeline, this would be an important step forward to invest in specializing providers and diversifying those providers in the community.

Commissioner Chloe Zera stated that legislative action could be very important and pointed to An Act to support families that reforms 51A to decriminalize substance use during pregnancy.

Commissioner Krinsky stated in the meeting chat that there are other requirements for MassHealth managed care plans, and provided a link.

IV. Announcements

Commissioner Mittal addressed the Commission to give an update on MCPAP for Moms, which has been part of an effort to enhance PMH expertise in state CBHC's. MCPAP for Moms was able to send 42 clinicians to Postpartum Support International's training to get a PMH-C certification, which will enhance capacity for PMH care in CBHC's. MCPAP for Moms also is working along with the Department of Mental Health on the approach to 51A and a plan of safe care pathways. MCPAP for Moms' call volumes are high, and were the highest they've ever been per month in Feb. 2023, which was understandable given local events. MCPAP for Moms also has seen high acuity, high risk content of the calls, and high needs, which have been a challenge particularly given shortages, but are looking to hire resource specialist and program coordinator.

Ms. Healy shared that Commissioner Jayne Singer recently presented a webinar on the symptoms, causes, and risk factors for postpartum depression and mood disorders, as well as treatments and steps for seeking help, for new parents, with a focus on women with ADHD.

Ms. Healy announced that she and Commissioner Nneka Hall were working on planning an event for October 25th to commemorate the month of October as Pregnancy and Infant Loss Awareness month. The event will be a virtual webinar with a presentation on kick counting and advice from a mental health provider about connection between loss and mental health.

Commissioner Gilbert-Cohen announced that Midwife Support Day will be happening at the State House on October 5th.

V. Public Comment

Ms. Healy opened the floor to public comment. Seeing none, Ms. Healy asked for a motion to adjourn. The motion was made and seconded.

VI. Adjournment