



# Maternal Health Access Project (MHAP)

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# AGENDA

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Defining Perinatal Mental & Behavioral Health

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Perinatal Mental & Behavioral Health in Missouri

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The Maternal Health Access Project

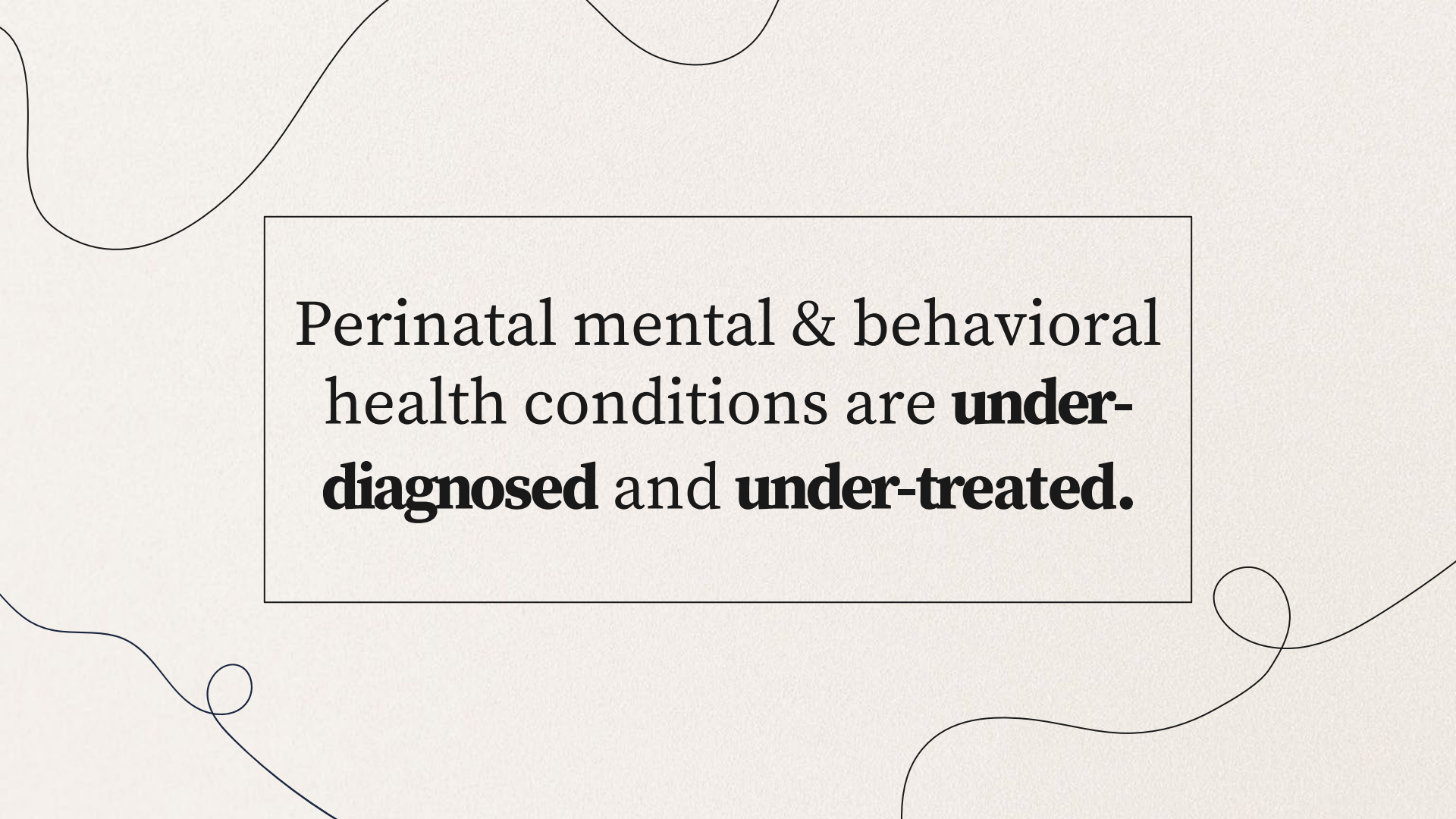
01

Defining Perinatal Mental & Behavioral Health

# Perinatal Mental & Behavioral Health

- Mental/ behavioral health conditions occurring **during pregnancy or in the 12 months following delivery**
- Perinatal mood and anxiety disorders (PMADs) and substance use disorders are among the **most common** obstetric complications
- An estimated **1 in 5** women worldwide will suffer from a maternal mental health complication



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Perinatal mental & behavioral  
health conditions are **under-  
diagnosed** and **under-treated**.

# Left untreated, these conditions can lead to...



## Pregnancy & birth complications

- Preeclampsia
- Preterm delivery
- Low birth weight
- NICU admissions



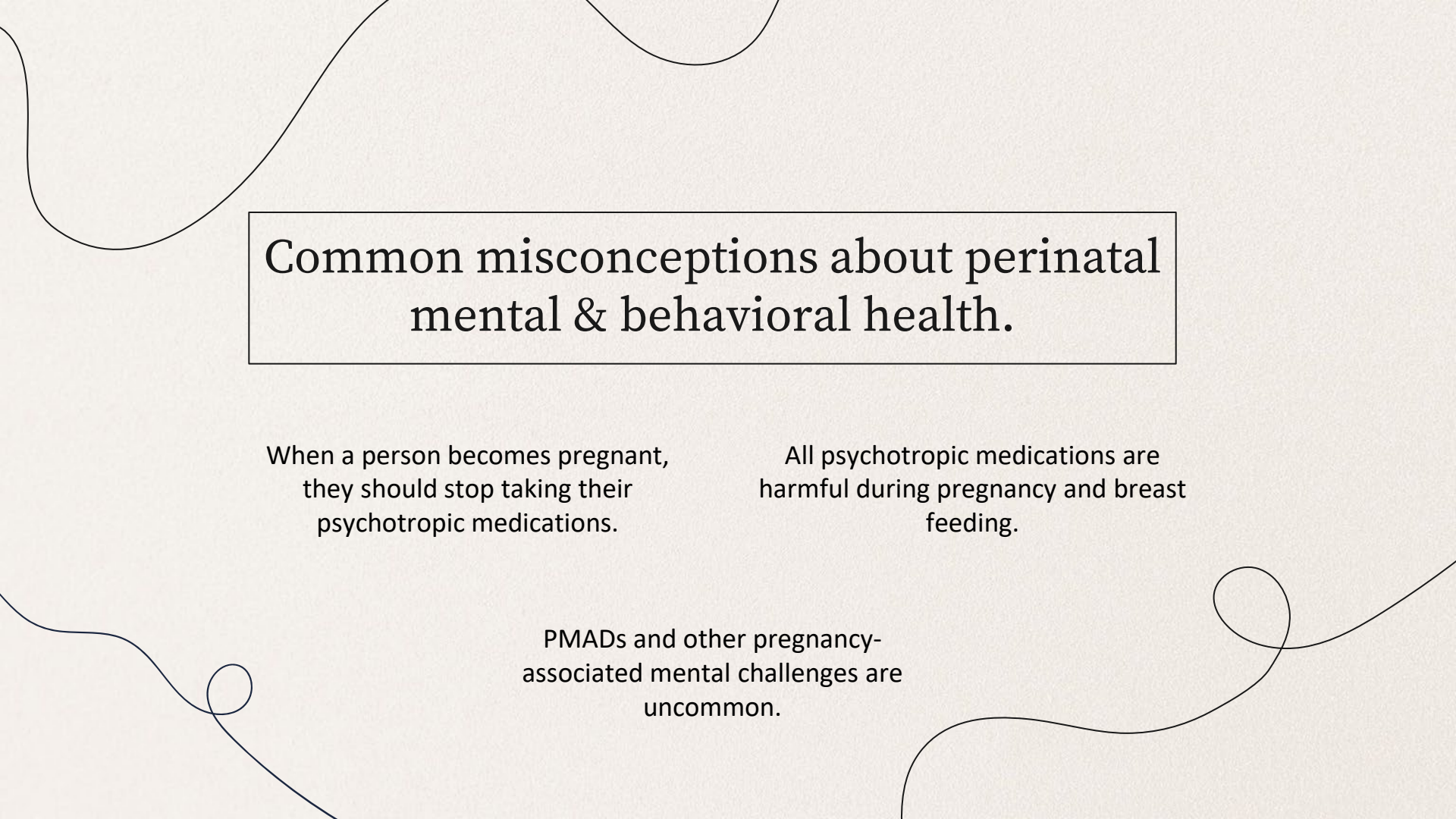
## Impacts on relationships

- Lactation challenges
- Bonding issues
- Adverse partner relationships



## Impacts on child's development

- Cognitive delays
- Motor and growth issues
- Behavioral problems
- Mental health disorders



## Common misconceptions about perinatal mental & behavioral health.

When a person becomes pregnant, they should stop taking their psychotropic medications.

All psychotropic medications are harmful during pregnancy and breast feeding.

PMADs and other pregnancy-associated mental challenges are uncommon.

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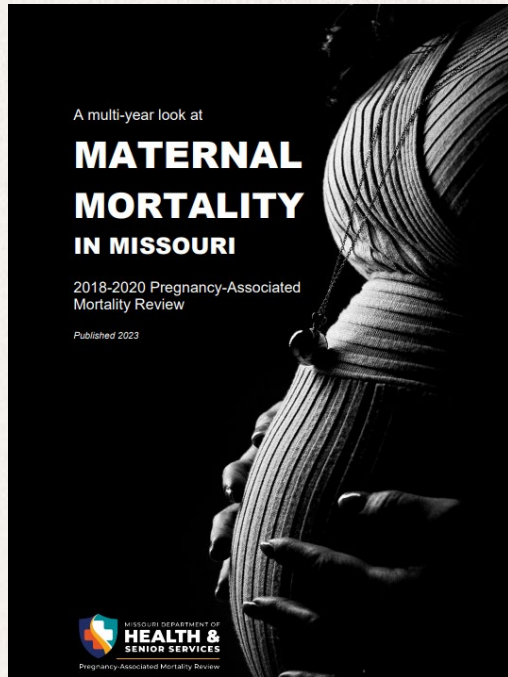


02



Perinatal Mental & Behavioral Health in  
Missouri

# 2023 PAMR Findings



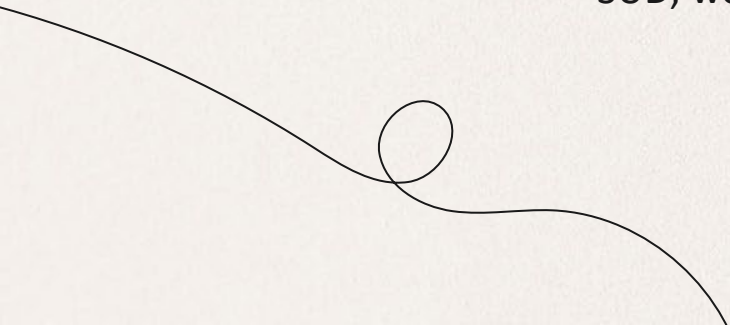
- Between 2018 and 2020, Missouri had a pregnancy-related mortality ratio (PRMR) of **32 deaths per 100,000 live births**
- This rate was **3x as high** for Black women
- Mental health conditions, including substance use disorder (SUD), were the **leading underlying cause of pregnancy-related death**

Missouri Pregnancy Associated Mortality Review 2018-2020 Annual Report. Missouri Department of Health and Senior Services. (July 2023).



**100%**

of all pregnancy-related deaths due to mental health conditions, including SUD, were determined to be preventable.



03

Maternal Health Access Project

# What is MHAP?

A perinatal psychiatry access program designed to give women's health providers throughout the state the resources they need to diagnose, treat, and access care coordination for their patients' perinatal mental & behavioral health concerns.



# What is MHAP?

## 1. Psychiatric Consultation

Real-time phone consultation with a perinatal psychiatrist, available on demand Monday – Friday 9:00 AM – 4:30 PM

## 2. Resource & Referral

Linkages to community based resources to promote perinatal mental health and wellness with the active support of a care coordinator

## 3. Education & Trainings

Trainings and toolkits for providers and staff on a wide range of topics related to perinatal mental and behavioral health

# Creating a new path

- The path to recovery from a PMH condition can be improved if providers are knowledgeable about how to treat PMH conditions and have access to needed resources.
- For example: Kai receives obstetric care at a large rural practice. When screened at 14 weeks' gestational age, Kai reports symptoms of depression. Kai's state does not have a Perinatal Psychiatry Access Program, and Kai has difficulty accessing mental healthcare.
- A perinatal psychiatry access program can move Kai's path in a completely new direction.



## WITHOUT A PERINATAL PSYCHIATRY ACCESS PROGRAM



Kai screens positive for depression at 14 weeks.

OB unsure how to respond and lacks referral sources. Tells Kai to call insurance for therapy. Kai goes on therapy waitlist.

Kai feels worse at 24 weeks. OB uncomfortable prescribing antidepressants, so refers Kai to a psychiatrist.

Psychiatrist has a 4-month waitlist.

At 1 month postpartum, Kai attempts suicide.

Kai is admitted to a psychiatric hospital and separated from the baby.

Separation puts Kai and child at higher risk of complications in behavior, development, and health.

## WITH A PERINATAL PSYCHIATRY ACCESS PROGRAM



OB knows about MCPAP for Moms and has undergone training to screen, assess, and treat depression.

OB contacts MCPAP for Moms, prescribes an antidepressant, and refers Kai to therapy.

Kai starts medication and is connected with a therapist and support group through MCPAP for Moms.

At 30 weeks gestation, Kai feels better, with full remission of symptoms.

Kai adjusts well to the new baby.



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MHAP is an **educational** and **experiential** resource for providers.

It does **not** provide direct care to patients and should not be used as a substitute for specialty care and services.

# Who can utilize MHAP?

Anyone in the state providing healthcare and/or social services to patients in the perinatal period!

OB/GYNs

Midwives

Doulas

PCPs

CHWs

BHCs

Social Workers

RNs

Psychiatrists

WIC Clinics

Home Visitors

# 1. Psychiatric Consultation

## Prescribing Providers

- Helping patients with existing MBH conditions with pre-conception medication planning
- Conducting medication assessments and risk/benefit analyses
- Safely dosing, titrating, and weaning perinatal patients from psychotropic medications
- Initiating and managing medication treatment for SUD during the perinatal period

## Non-prescribing Providers

- Interpreting PMAD screening results
- Helping patients understand their symptoms and/or diagnosis
- Determining appropriate next steps to recommend to a perinatal patient with a mental or behavioral health concern
- Advocating for the patient within the medical and mental health systems

## 2. Resource and Referral

Some of the resources to which coordinators can help link providers' patients include:

- Primary care
- Individual therapy
- Group therapy
- SUD treatment
- Support groups
- Child-parent psychotherapy

# 3. Education and Trainings

All providers enrolled in MHAP will have access to all trainings and educational materials generated by the program. Trainings will occur monthly via Zoom. All trainings will be recorded and available to view online. Topics may include:

- How to screen for and recognize common mental and behavioral health disorders
- Suicide risk and safety assessment in the perinatal period
- Triage and risk assessment in perinatal mental health
- Substance use in the perinatal period
- Sleep hygiene and perinatal mental health
- Perinatal mental health and wellness
- Supporting the well-being of the birthing person's partner
- The impacts of perinatal mental health on attachment and infant/child development



How does  
MHAP work?

## Provider contacts MHAP (phone call or filling out online form).

Provider requests consultation.



Provider is connected to a perinatal psychiatrist either within 30 minutes of initial call or at a scheduled time.



Provider and psychiatrist consult on medical management of patient's behavioral health concern.



Consultation can be ongoing – no limit on the number of calls a provider can make.

Provider requests care coordination.



Care Coordinator contacts provider within 2 business days of referral.



Care Coordinator contacts patient directly and connects them with resources.



Care Coordinator provides support and follow-up until patient has connected with services and attended at least 2 appointments.



Care Coordinator communicates with provider on patient's status.

# FAQs



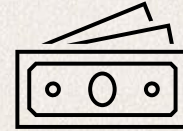
When can consults occur?

A perinatal psychiatrist will be available Monday through Friday from 9:00 AM to 4:30 PM.



Can a provider access both consultation and care coordination?

Yes. The psychiatric consultation and care coordination workflows can happen simultaneously for the same patient.



How much will MHAP cost providers and/ or patients?

Nothing. There is **no cost** to providers or patients for utilization of MHAP services.



# MHAP Partners



Washington University Physicians

Perinatal Behavioral Health Service

**Behavioral Health Network**  
of Greater St. Louis



Missouri Department of  
**Health & Senior Services**



To enroll and access  
services:



[musompsychiatrymh1@missouri.edu](mailto:musompsychiatrymh1@missouri.edu)





Thank you.

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