



# Promoting Maternal Mental Health During and After Pregnancy

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**Nancy Byatt, DO, MS, MBA, FACLP, DFAPA**

Executive Director, Lifeline for Families Center and Lifeline for Moms Program

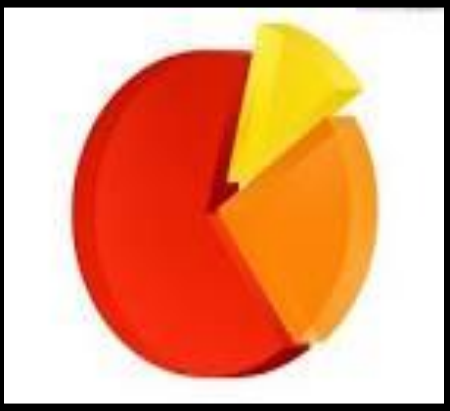
Tenured Professor of Psychiatry, Ob/Gyn, PQHS, UMass Chan Medical School

Medical Director of Research and Evaluation, MCPAP for Moms

Massachusetts Child Psychiatry Access Program

**MCPAP**  
For Moms

# Objectives

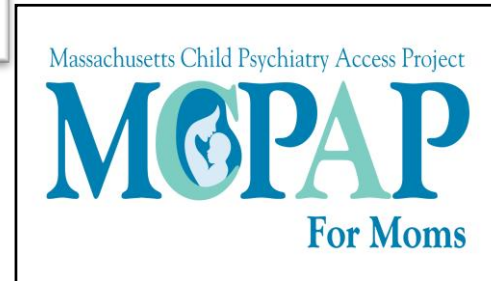


Learn Importance and Prevalence of Perinatal Depression and SUD.



Know the role of Pediatric and Obstetric PCPs in detection, referral, and treatment.

Learn how MCPAP for Moms can help.



Learn about issues about lactation and PPD treatment.



# Perinatal mental health affects everybody



# Major gaps in care in our modern mental health care systems



# Mental health conditions are the most common complication of pregnancy

**1 in 5**

women around the world will suffer from a maternal mental health complication



# Maternal mental health affects mom, child, and family

Preterm delivery  
Low birth weight  
NICU admissions

Cognitive delays  
Motor & Growth issues  
Behavioral problems  
Mental health disorders



Less engagement in medical care  
Smoking & substance use

Lactation challenges  
Bonding issues  
Adverse partner relationships

Perinatal mental health and substance use disorders are the leading cause of maternal death in the US

**Mental health conditions are the underlying cause of 23% of maternal deaths in the US**

# 100%

of pregnancy-related  
mental health deaths were  
determined to be  
**preventable**



# Perinatal mental health and substance use disorders are recognized as a major public health problem



# 1 in 3 fathers in families struggling with maternal depression experience postpartum depression

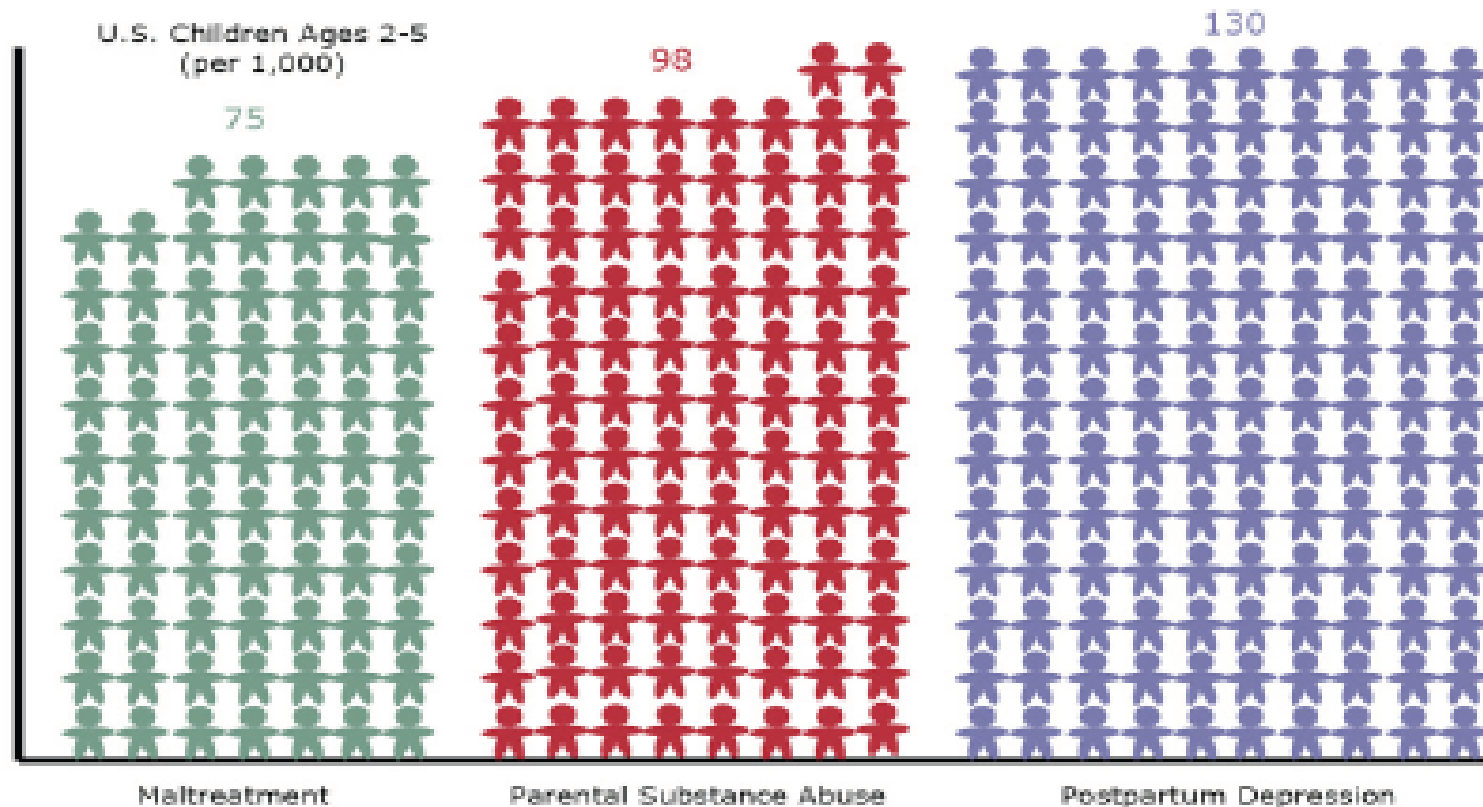


**Depression in fathers may present differently than in mothers.**

**-Substance use, change in work or social functioning**

**Adoptive parents have similar rates of PPD as birth parents.**

## Sources of Toxic Stress in Young Children



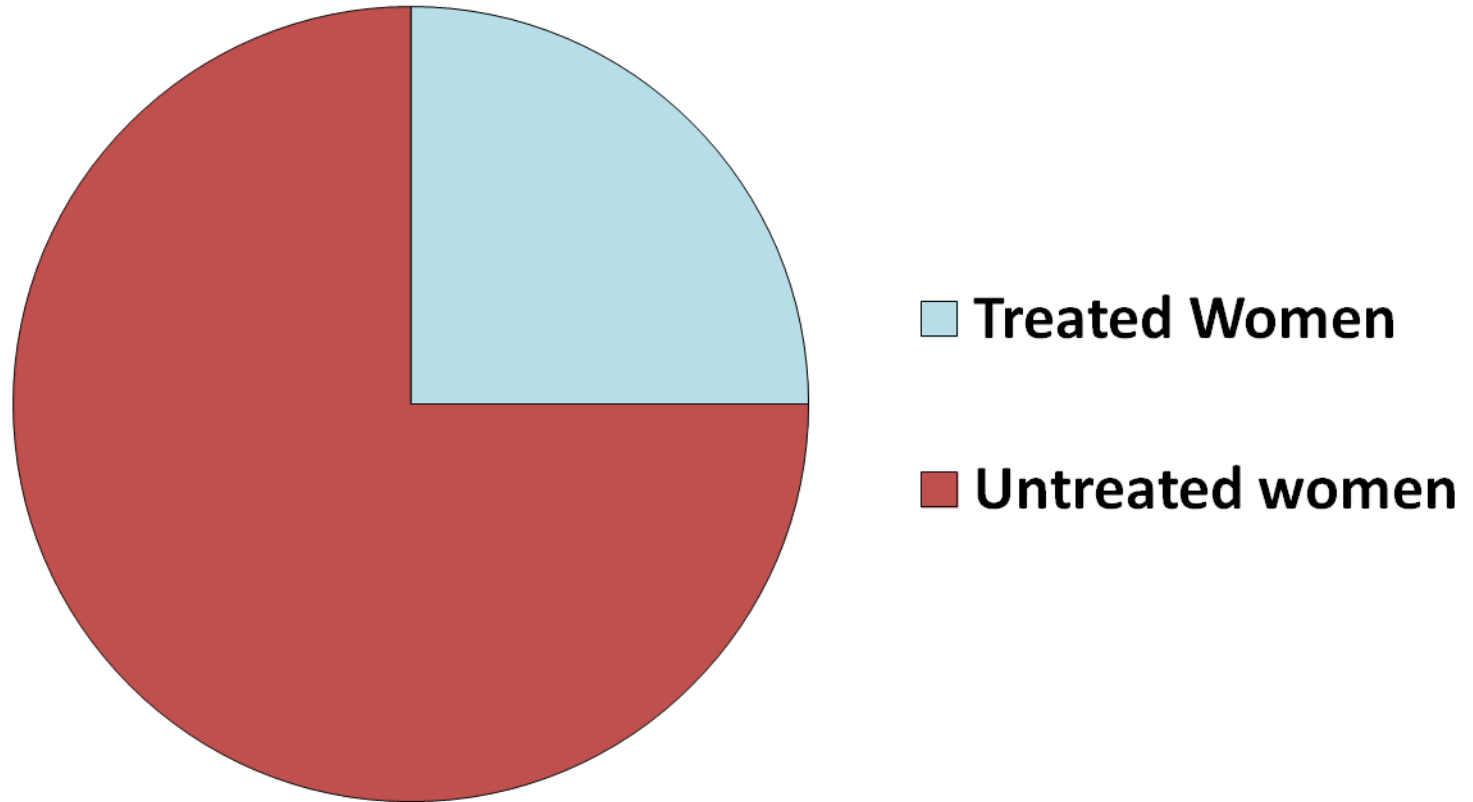
Source: Finkelhor et al. (2005)

Source: SAMHSA (2002)

Source: O'Hara & Swain (1996)

Providing supportive relationships and safe environments can improve outcomes for all children, but especially those who are most vulnerable. Between 75 and 130 of every 1,000 U.S. children under age 5 live in homes where at least one of three common precipitants of toxic stress could negatively affect their development.

# Perinatal depression is under-diagnosed and under-treated



# Optimizing parental mental health could break the transgenerational impact of maternal depression

Generation 0  
Childhood impact

Maternal depression



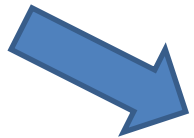
Generation 1  
Childhood impact

Maternal depression



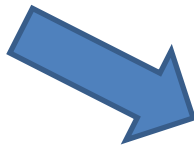
Generation 2  
Childhood impact

Maternal depression



Generation 3  
Childhood impact

Maternal depression



Generation 4  
Childhood impact

Maternal depression



Adapted from slide created by Allain Gregoire, DRCOG, MRCPsych

Family relationships play a pivotal role in physiology, biology, and physical and mental well-being



**For children, mental health is a component and result of positive caregiving relationships**

**Child mental health is most malleable to safety, stability, and nurturing by caregivers**

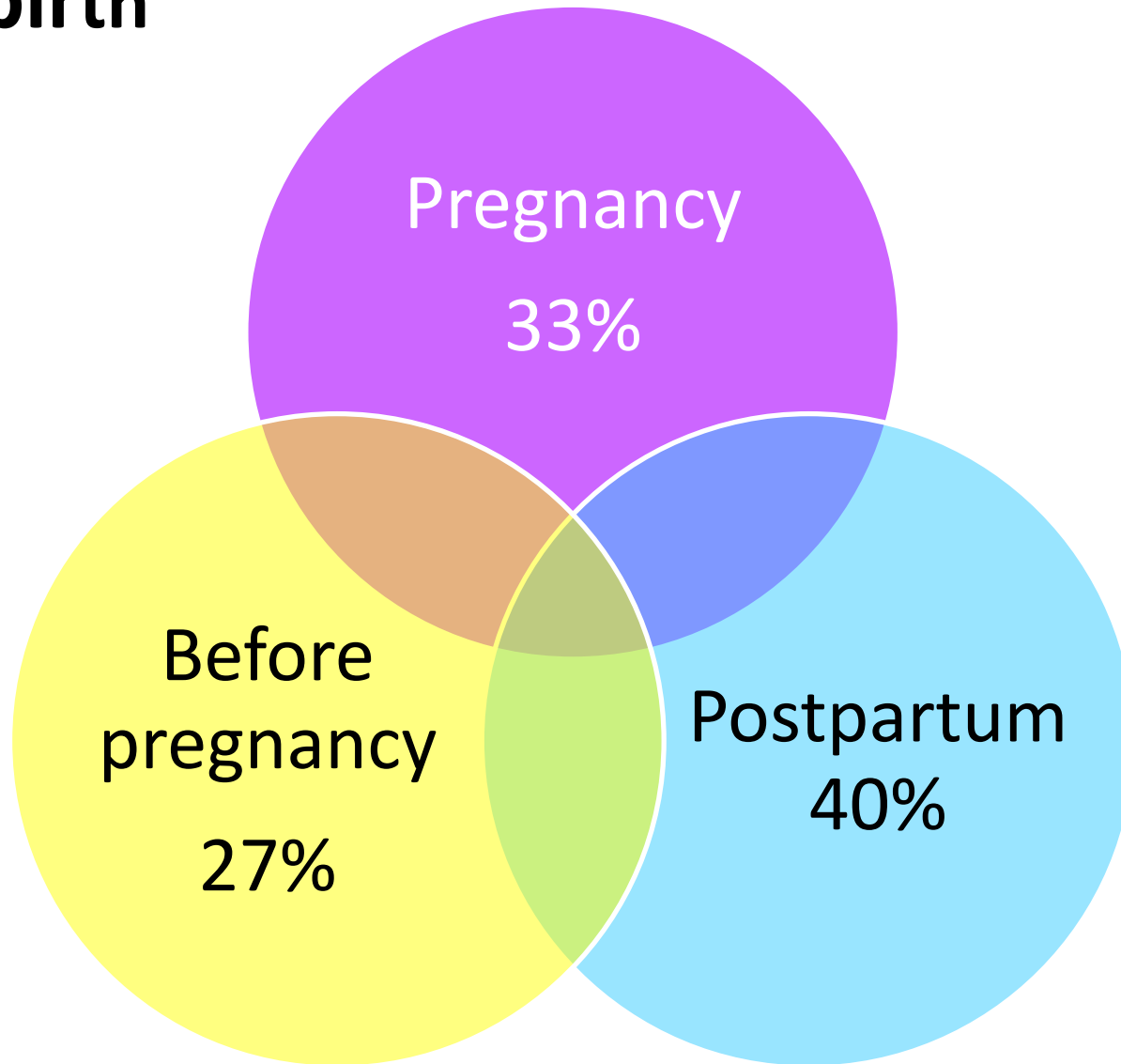
# The postpartum period is ideal for the detection and treatment of depression

**Well-child visits are regular opportunities to screen and engage women in treatment**

**Front line pediatric providers have a pivotal role**



# Two-thirds of perinatal depression begins before birth





# Pediatricians have a unique opportunity to identify maternal depression

**“... to help prevent untoward development and mental health outcomes.”**

***Bright Futures and the AAP Mental Health Task Force recommend integrating depression screening into well-child visits***



# Perinatal Health Resources from American Academy of Pediatrics (AAP)

## New Perinatal Mental Health Resources

- [Perinatal Mental Health and Social Support Webpage](#)
- [Integrating Postpartum Depression Screening in Your Practice in 4 Steps](#)
- [Postpartum Depression and Anxiety: How to Start the Conversation](#)
- Postpartum Depression (PPD) Factsheet: Feeling Very Sad or Anxious? ([English](#) or [Spanish](#))
- [Is it normal to feel completely overwhelmed after having a baby?](#)
- Animated Perinatal Depression Video Explainer ([English](#) or [Spanish](#))

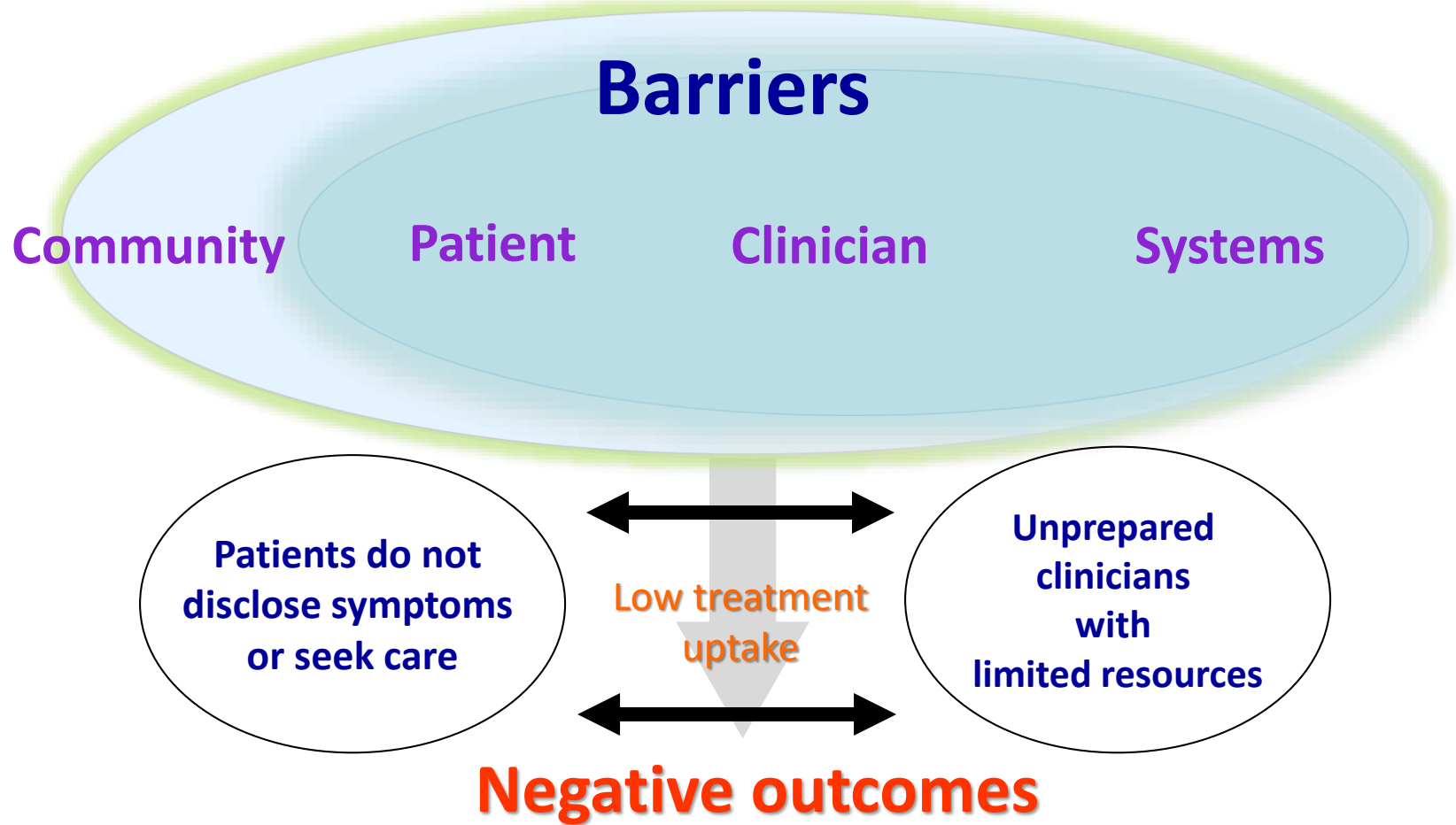
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- [Communicating with Families](#)

## New Perinatal Vaccination Resources

- [Conversations with Unvaccinated New Parents about COVID-19 Vaccines](#)
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# Multi-level barriers to perinatal mental health persist



# MCPAP

Massachusetts Child Psychiatry Access Project

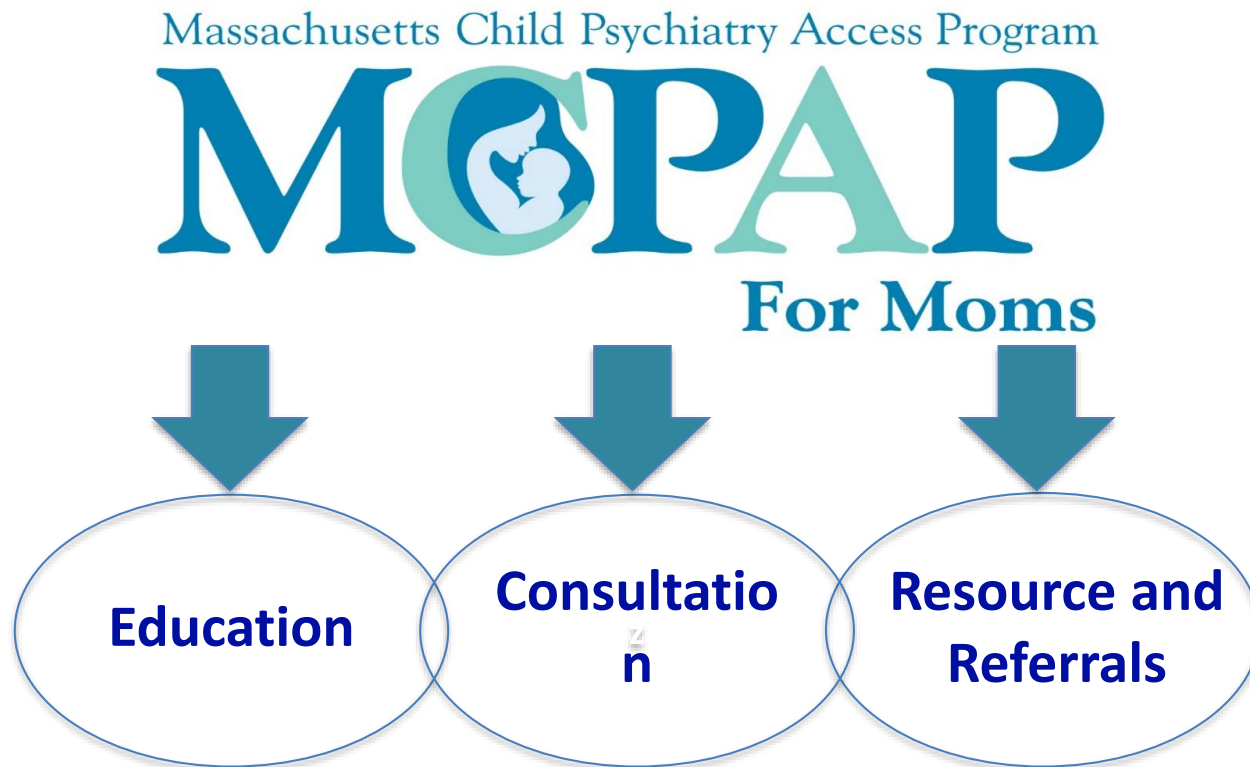


Massachusetts Child Psychiatry Access Project

# MCPAP

**For Moms**

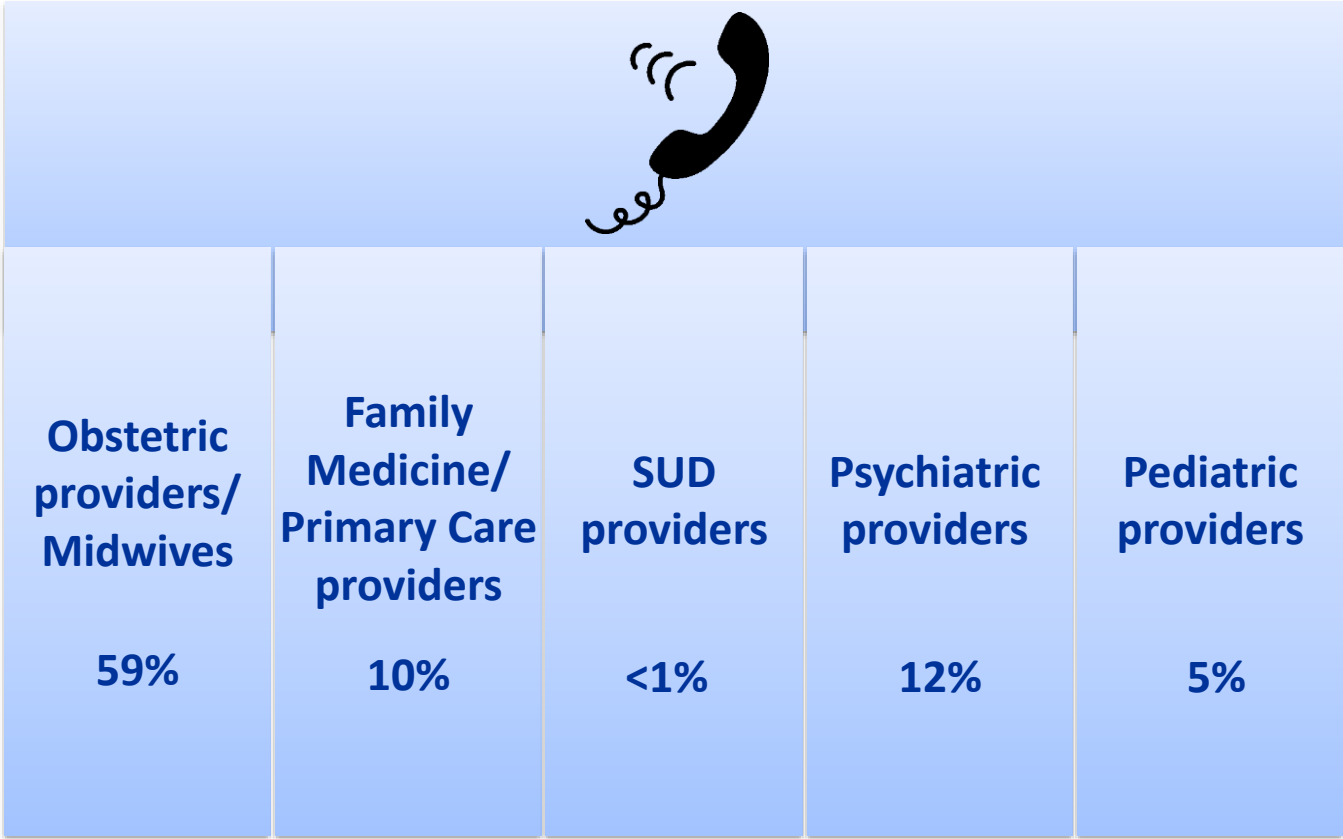
# MCPAP for Moms builds the capacity of clinical settings to provide care for mental health and substance use disorders



# Telephone consultation is the “engine” of MCPAP for Moms

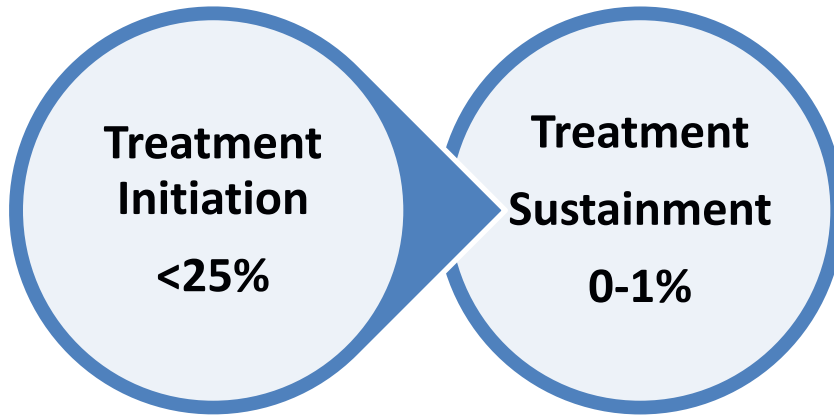


We serve all providers caring for perinatal individuals

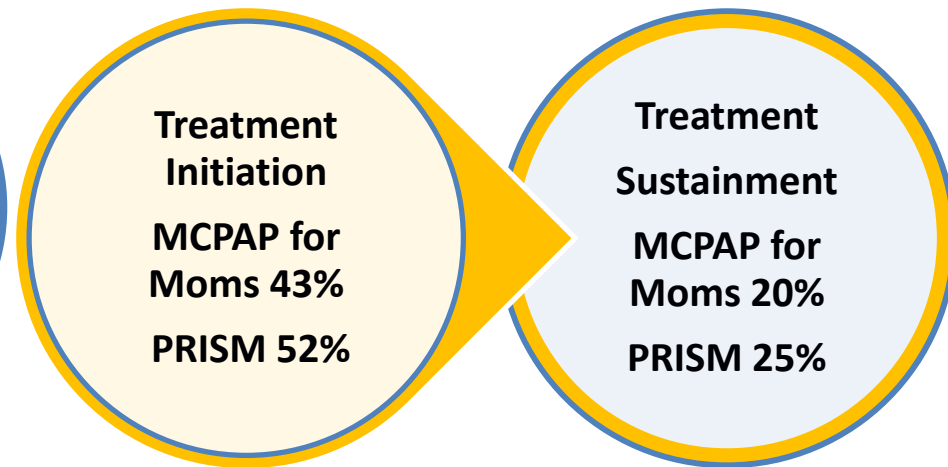


# Both MCPAP for Moms and PRISM are effective in improving treatment initiation and sustainment rates, compared with previously reported outcomes

## Systematic Review (2015)

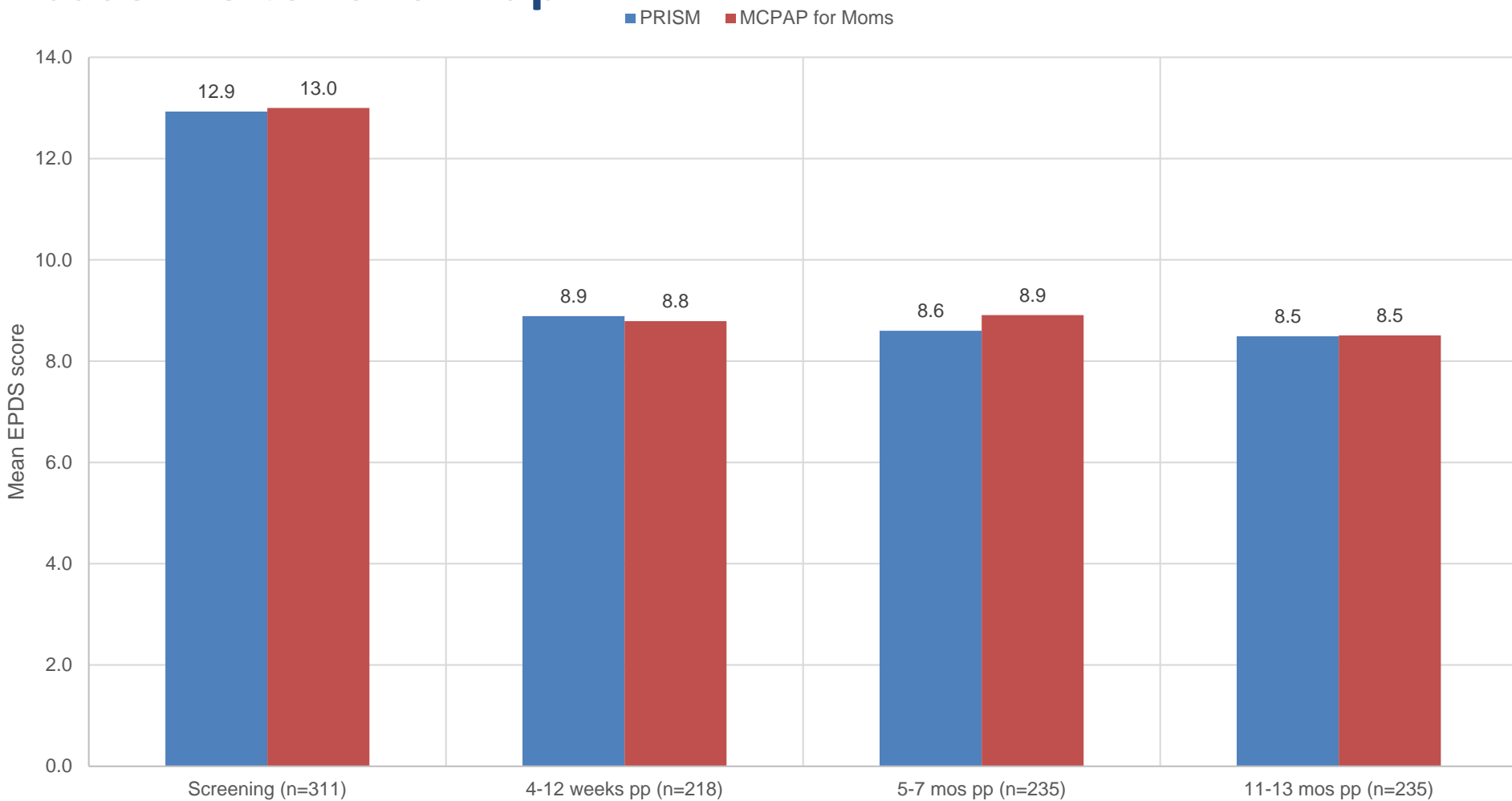


## MCPAP for Moms and PRISM



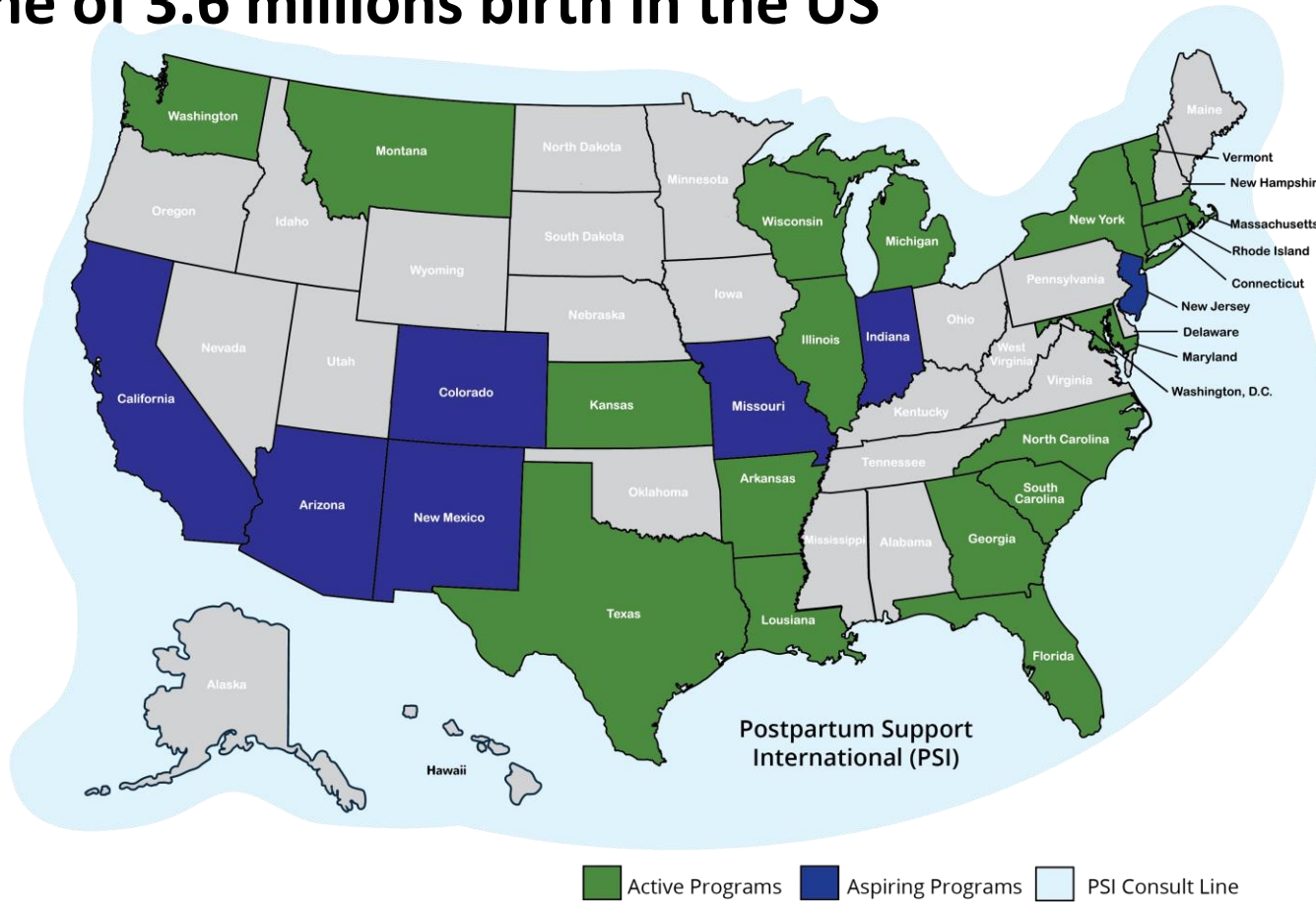


# Mean differences in depression symptomatology among patient participants receiving care from both MCPAP for Moms and PRISM practices decreased significantly from baseline to follow-up



**\*There was no difference in magnitude of decline between the groups**

**There are now 20 Access Programs covering 1.8 million or 50% of the of 3.6 millions birth in the US**



# **MassHealth ACO Pediatric Requirements (as of 4/1/2023)**

- All pediatric practices need to enroll in MCPAP.
- Only practices regularly doing prenatal care need to enroll in MCPAP for Moms.
- Pediatric practices with perinatal questions should call their usual MCPAP team.

# Questions?



# MCPAP for Moms: A Primer for Pediatric Providers

Download from MCPAP.org



Be sure that you are using:  
Version 3, April 1, 2018

# **MCPAP for Moms encourages all pediatric providers to screen both parents for postpartum depression**

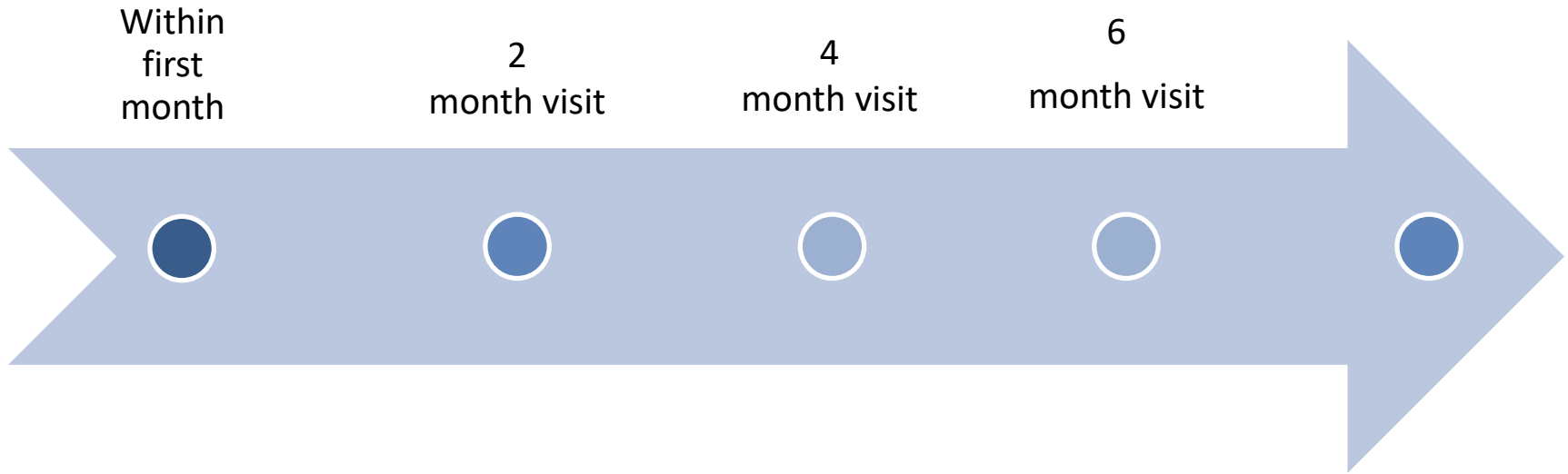
**Screen mothers and fathers of infants patients during well-child visits**

**Screen postpartum teen mom being seen for primary care**

**Recommended by AAP  
(Bright Futures)**



# We recommend parental depression screening during pediatric visits



● SWYC/MA (Massachusetts Survey of Wellbeing of Young Children)  
OR  
EPDS or PHQ-9

Download SWYC/MA at [www.MCPAP.org](http://www.MCPAP.org)



# Edinburgh Postnatal Depression Scale (EPDS)

## (Section of SWYC/MA)

Validated in pregnancy and postpartum

Sensitivity (86%)

Specificity (78%)

Cross Cultural Validity

Available in Multiple Languages

10 items

Asks about self-harm

Instructions in Toolkit at

[www.MCPAP.org](http://www.MCPAP.org) (provider/screening tab)

### Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time  
 Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.  
 No, not very often      Please complete the other questions in the same way.  
 No, not at all

In the past 7 days:

- |  |  |
|--|--|
| 1. I have been able to laugh and see the funny side of things<br><input type="checkbox"/> As much as I always could<br><input checked="" type="checkbox"/> Not quite so much now<br><input type="checkbox"/> Definitely not so much now<br><input type="checkbox"/> Not at all | *6. Things have been getting on top of me<br><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all<br><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<br><input type="checkbox"/> No, most of the time I have coped quite well<br><input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things<br><input type="checkbox"/> As much as I ever did<br><input type="checkbox"/> Rather less than I used to<br><input type="checkbox"/> Definitely less than I used to<br><input checked="" type="checkbox"/> Hardly at all     | *7. I have been so unhappy that I have had difficulty sleeping<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, not at all  |
| *3. I have blamed myself unnecessarily when things went wrong<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, some of the time<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, never                             | *8. I have felt sad or miserable<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, not at all  |
| 4. I have been anxious or worried for no good reason<br><input type="checkbox"/> No, not at all<br><input type="checkbox"/> Hardly ever<br><input type="checkbox"/> Yes, sometimes<br><input checked="" type="checkbox"/> Yes, very often                                      | *9. I have been so unhappy that I have been crying<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Only occasionally<br><input type="checkbox"/> No, never  |
| *5. I have felt scared or panicky for no very good reason<br><input type="checkbox"/> Yes, quite a lot<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> No, not much<br><input checked="" type="checkbox"/> No, not at all                               | *10. The thought of harming myself has occurred to me<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Hardly ever<br><input type="checkbox"/> Never   |

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies.

# EPDS scores range 0 - 30

$< 10$

- Depression unlikely

$\geq 10$

- Possible depression

$\geq 13$

- Probable depression

**Duration and number of depressive episodes is the # 1 risk factor for relapse during pregnancy**

**Other risk factors for perinatal depression:**

**Personal history of postpartum depression**

**Family history of postpartum depression**

**History of mood changes related to hormonal changes (e.g. hormonal contraception, PMS/PMDD)**

## Baby Blues



$\leq 2$  wk

**Mood lability**

**High emotionality**

## Depression



$\geq 2$  wks

**Guilt, feeling worthless**

**Suicidal thoughts**

**Impacts functioning**

# Risk of harm to baby

## OCD/anxiety/depression

- Good insight
- Thoughts are intrusive and scary
- No psychotic symptoms
- Thoughts cause anxiety



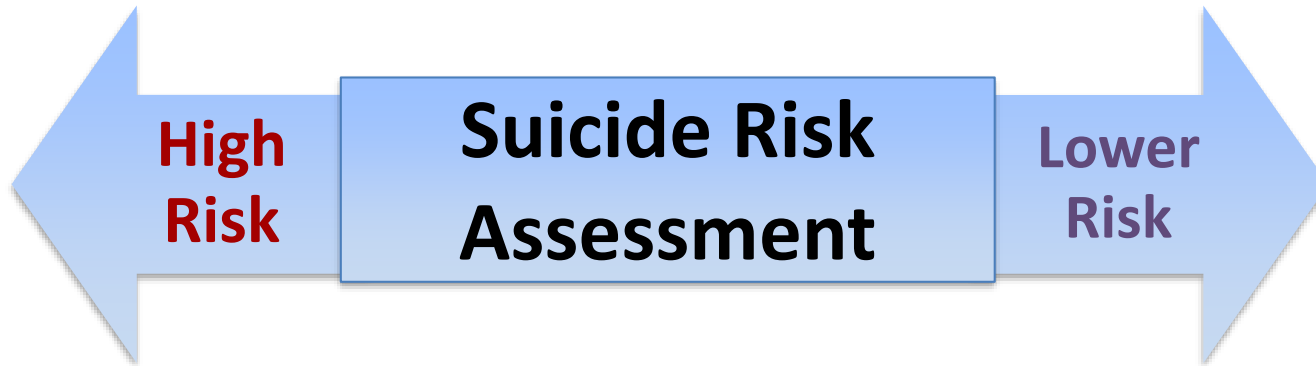
**Low risk**

## Postpartum Psychosis

- Poor insight
- Psychotic symptoms
- Delusional beliefs or distorted reality present



**High risk**



**History of suicide attempt**

**High lethality of prior attempts**

**Recent attempt**

**Current plan**

**Current intent**

**Substance use**

**Lack of protective factors  
(including social support)**

**No prior attempts**

**If prior attempts, low  
lethality & high  
rescue potential**

**No plan**

**No intent**

**No substance use**

**Protective factors**

# Bipolar disorder increases risk of postpartum psychosis

1-2/1000 women

>70% bipolar disorder

24 hrs – 3 weeks postpartum

Mood symptoms, psychotic symptoms & disorientation

R/o medical causes of delirium

Psychiatric emergency

4% risk of infanticide with postpartum psychosis



# Case of Ms. Z





# EPDS or PHQ-9 $\geq 10$

**Score suggests depression.**

**Perform a brief assessment of risk.**

**Practices with co-located behavior health clinicians may want their clinician to do this task.**


**Refer parent to previous mental health provider if there is one.**

# EPDS or PHQ-9 < 10

**Score does not suggest depression.**

- **Clinical support staff educates parent about the importance of emotional wellness and provides information about community resources.**

**If there is a positive score on the self-harm/suicide question...**



**Refer to parent's local emergency service. For MassHealth members, contact local Emergency Services Program at 1-877-821-1609.**

**As best as possible, mom and baby should have someone else in room at all times.**

**EPDS or PHQ-9  $\geq 10$  but  $< 13$**

**or**

**Parent seems able to manage on their own**

- **Give mom info about community resources/support groups. Order MCPAP for Moms resource cards. Refer to website, [www.mcpapformoms.org](http://www.mcpapformoms.org).**
- **Provide names of mental health providers in area who treat PPD. Call MCPAP for Moms (866-666-6272) for list of providers. Best to know insurance when calling.**
- **Refer and with consent notify parent's PCP/OB for monitoring and follow-up. PCP can call MCPAP For Moms with questions. "Close the loop."**

**Parent does meet any of above criteria  
or  
You are concerned about safety**

**Call MCPAP for Moms (866-666-6272) for  
consultation and care coordination.**

# Engage Natural Supports

- **You will most likely only have one parent in the office when a screen is positive.**
- **If parent alone or feeling alone, higher risk of suicide.**
- **Seek parent's permission to notify natural support.**
- **Screen for domestic violence.**

**Provider should document the clinical plan based on the screening results**

**Document the clinical plan based on the screening results**

- Not required to include the screen as a part of the medical record**

**If there are clinical questions, including questions about medications that are safe during lactation, call MCPAP for Moms**

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

Massachusetts Child Psychiatry Access Project

# MCPAP

For Moms

Promoting Maternal Mental Health During and After Pregnancy

Contact number for providers:  
855-Mom-MCPAP (855-666-6272)

[About MCPAP for Moms](#) | [How We Help Providers](#) | [Provider Toolkit](#) | [Our Team](#) | [For Mothers and Families](#)





PLAY VIDEO ▶

**MCPAP for Moms** promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage depression.



### One in Eight

One out of every eight women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.

### Provider Resources

-  **Trainings and toolkits** for providers and their staff on evidence-based guidelines for: depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.
-  **Real-time psychiatric consultation and care coordination** for providers serving pregnant and postpartum women including obstetricians, pediatricians, adult primary care physicians, and psychiatrists.
-  **Linkages with community-based resources** including mental health



# Questions?

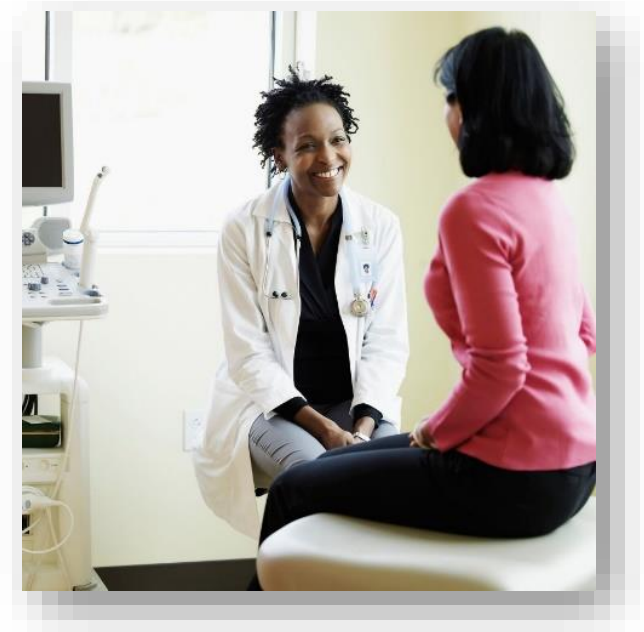
# Ask teens mom women what type of treatment they prefer

*There are effective options for treatment during pregnancy and breastfeeding.*

*Depression is very common during pregnancy and the postpartum period.*

*There is no risk free decision, so we must balance the risk of treatment against the risk of symptoms.*

*Women need to take medication during pregnancy for all sort of things.*

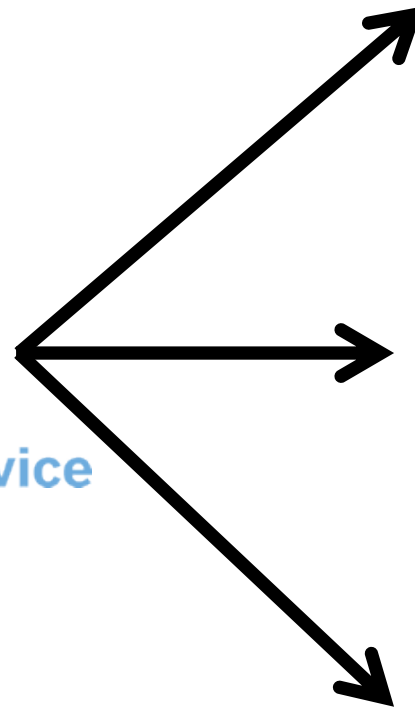


# Resources and referrals to link with therapy, support groups, and community resources



WILLIAM JAMES  
COLLEGE

INTERFACE Referral Service



Community  
Resources

Support the wellness and mental  
health of perinatal women

# Reassure women about types of treatment

*There are effective options for treatment during breastfeeding.*

*Depression is very common during The postpartum period.*

*Women need to take medication during lactation for all sort of things.*

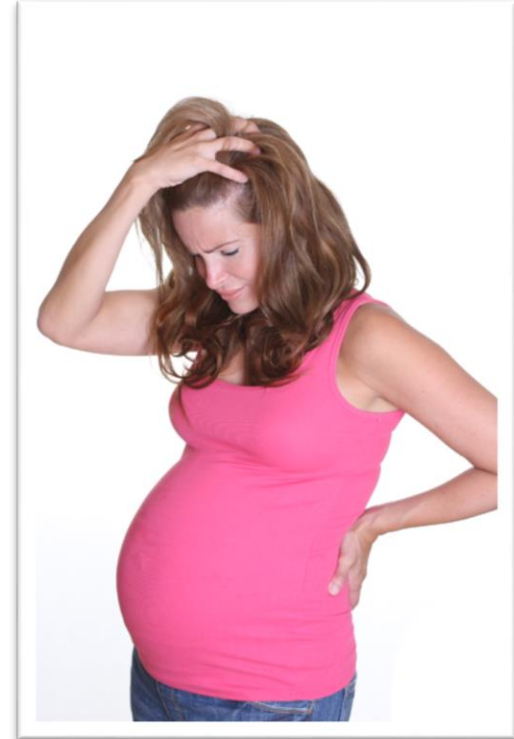


# No decision is risk free

There is no such thing as no exposure



**Vs.**

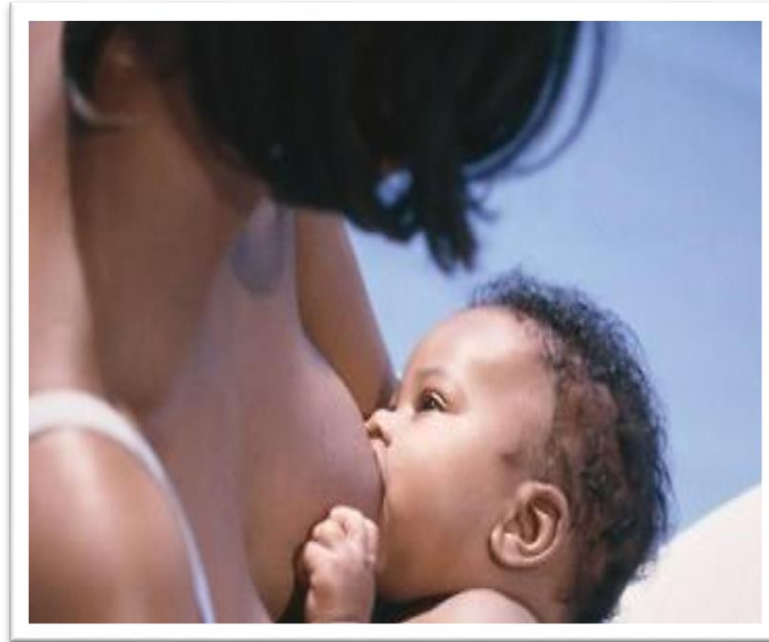


SSRIs are among the best studied classes of medications used in pregnancy

# Case of Ms. Y

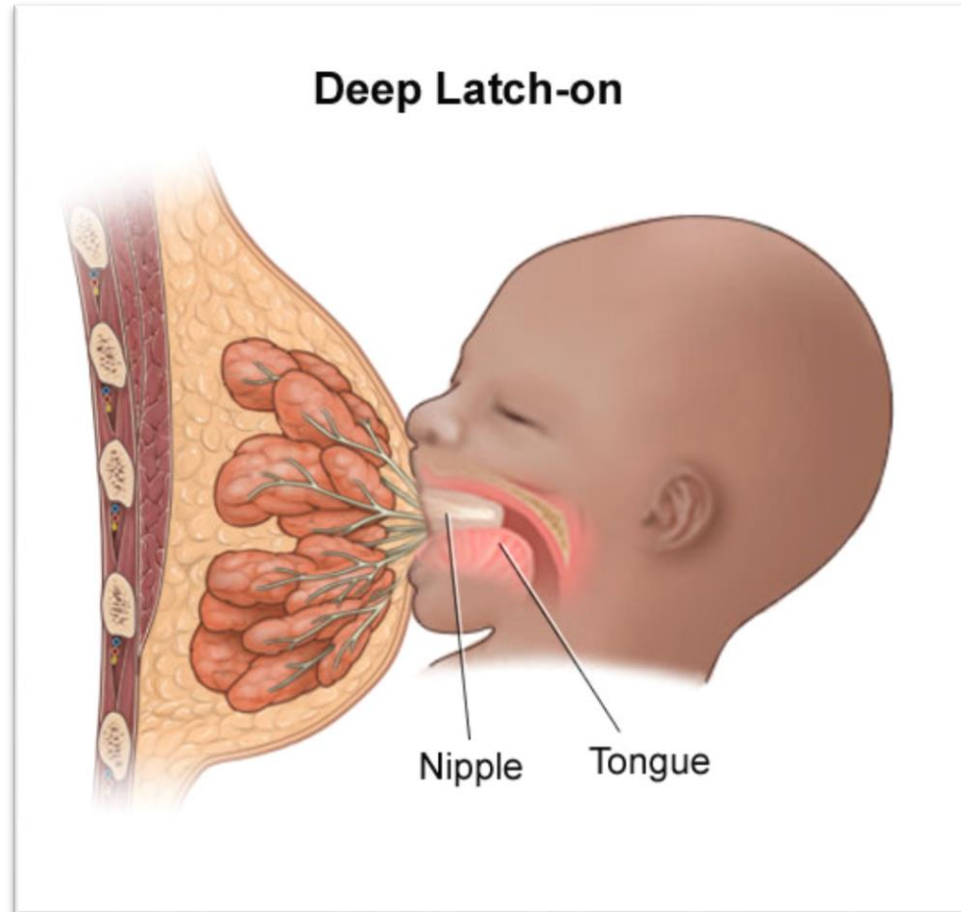


# **Breastfeeding generally should not preclude treatment with antidepressants**



**SSRIs and some other antidepressants are considered a reasonable option during breastfeeding**

# Sertraline, paroxetine, & fluvoxamine have lowest passage into milk





# Antipsychotic use should not preclude the possibility of breastfeeding

Quetiapine, olanzapine, risperidone < Typicals



**\*Use what has worked in the past, considering reproductive data.**

# Breastfeeding



Antidepressants

Antipsychotics

Carbamazepine

Valproic Acid

Lamotrigine

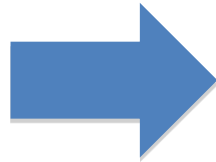
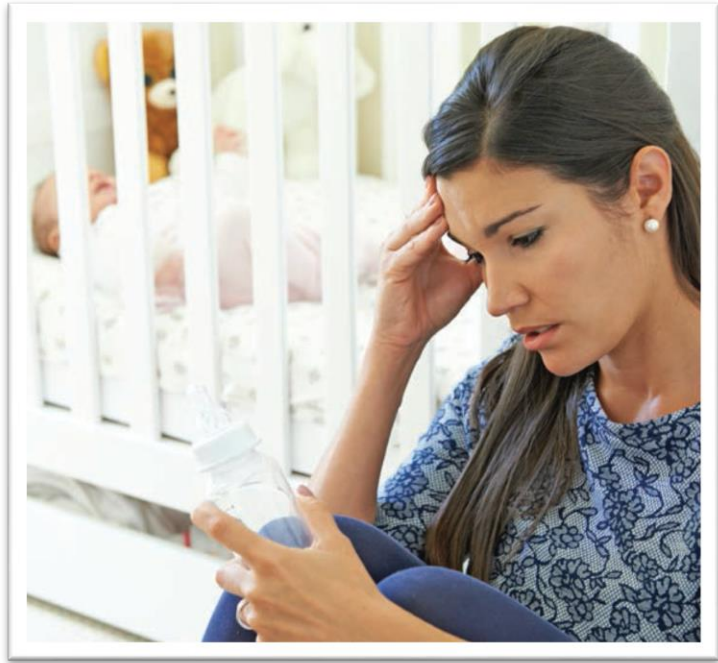
Lithium

# Infant monitoring is needed during lactation for certain medications

<b>Drug</b>	<b>Infant Monitoring</b>
<b>Carbamazepine</b>	<b>CBZ level, CBC, liver enzymes</b>
<b>Valproic acid</b>	<b>VPA level (free and total), liver enzymes, platelets</b>
<b>Lamotrigine</b>	<b>Rash, liver enzymes, lamictal level</b>
<b>Lithium</b>	<b>BUN, CRE, TSH, CBC</b>
<b>Typical antipsychotics</b>	<b>Stiffness, CPK</b>
<b>Atypical antipsychotics</b>	<b>Weight, blood sugar</b>

**If in doubt, call MCPAP for Moms!**

**In summary, our aim is to promote maternal and child health by building the capacity of obstetric practices to address perinatal depression**



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# Questions?

**Is anyone doing PPD screening now?**

**If not, do you see any problems to start PPD screening in your office?**

**For questions, please contact us**

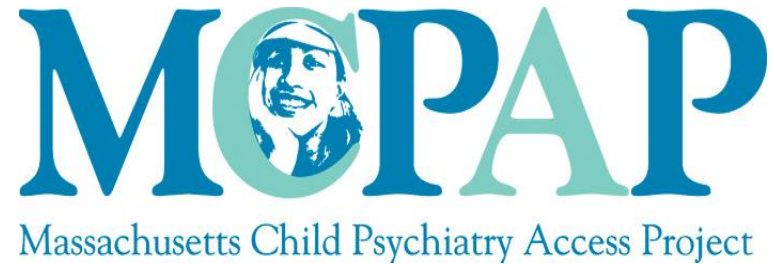
**[www.mcpapformoms.org](http://www.mcpapformoms.org)**

**Nancy Byatt, DO, MS, MBA, FACLP  
Medical Director of Research and Evaluation  
MCPAP for Moms**

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

**John Straus, MD  
Founding Director, MCPAP**

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



**Thank you!**