



Mom's IMPACTT: IMProving Access to Maternal Mental Health & Substance Use Disorder Care through Telemedicine and Tele-Mentoring

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Maternal Mental Health Conditions

1 IN 5 women experience a **PERINATAL MENTAL HEALTH CONDITION**¹ such as depression and anxiety

1 IN 8 women have symptoms of **POSTPARTUM DEPRESSION**²



Over **50%** of pregnant women with depression are **UNTREATED**³, further impacting mother and child

In 2019, maternal mental health conditions were the **LEADING CAUSE OF PREGNANCY-RELATED DEATHS**⁵

Mental health conditions account for **9% OF PREGNANCY-RELATED DEATHS**⁶, and suicide accounts for **20% OF POSTPARTUM DEATHS**⁷

Black and Indigenous women are **2-3X MORE LIKELY TO EXPERIENCE MATERNAL MENTAL HEALTH CONDITIONS**, but less likely to receive care^{8,9,10}



**Many Maternal Deaths
due to Mental Health
Conditions are
Preventable**

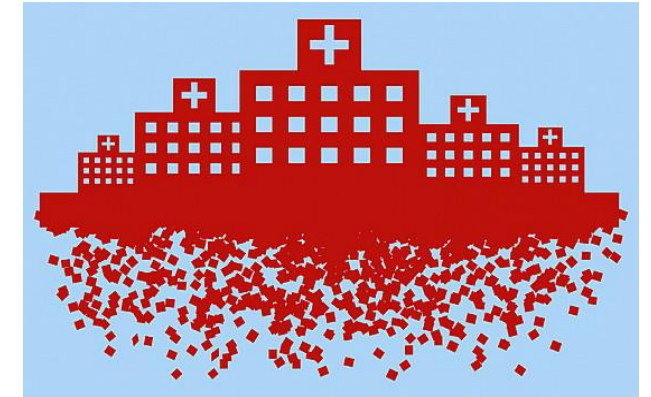
MATERNAL HEALTH

By Susanna L. Trost, Jennifer L. Beauregard, Ashley N. Smoots, Jean Y. Ko, Sarah C. Haight, Tiffany A. Moore Simas, Nancy Byatt, Sabrina A. Madni, and David Goodman

Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008-17

Trost, SL, Beaurard, JL, Smoots, AN, Ko, JY, Haight SC, Moore Simas AS, Byatt N, Madni SA, Goodman, D. Preventing Pregnancy-Related Mental Health Deaths: Insights From 14 US Maternal Mortality Review Committees, 2008-17. Health Affairs Vo. 40, No. 10.

Barriers to Successful Screening & Effective Referral to Treatment



Patient	Provider	Healthcare System
Bias, Discrimination, Stigma, Racism	Bias, Discrimination, Racism	Structural Racism
Social Determinants of Health	Insufficient time	Cost: Time & Re/Training
Fear of social/legal consequences	Lack of MH/SUD knowledge	Separation of MH/SUD care
Lack of available or accessible *MH/SUD treatment providers	Lack of available or accessible *MH/SUD treatment providers	Lack of available or accessible *MH/SUD treatment providers

*MH: Mental Health; SUD: Substance Use Disorder

**Mom's IMPACTT:
IMProving Access to maternal mental health
and substance use disorder Care
through Telemedicine and Tele-Mentoring**

Goal 1: Provider *Building Frontline Provider Capacity*

Goal 2: Patient *Access to MH/SUD Care*

- **Mom's IMPACTT has 3 components and provides:**
 - **Real-time psychiatric consultation for providers** to support them in effectively managing maternal mental health and substance use disorders.
 - **Mental health and substance use disorder trainings** tailored to the needs of the hospital and/or outpatient practice's providers and staff.
 - **Brief Phone assessment by Care Coordinator** to provide appropriate referral to treatment and community-based resources.

**Every
Mother
Deserves
Support.**



Mom's IMPACTT

**IMProving Access to Maternal Mental Health and Substance
UseDisorder Care Through Telemedicine and Tele-Mentoring**



How Mom's **IMPACTT** Works

[Building Provider Capacity: Training & Consultation]

843-792-MOMS
(843)-792-6667

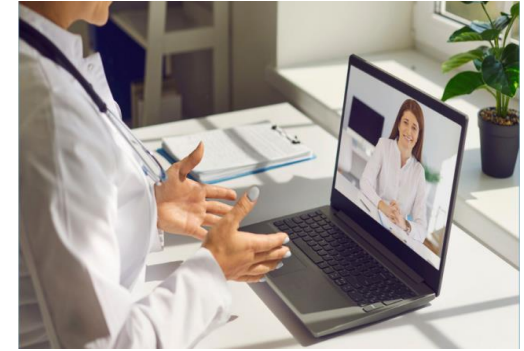


Midwives
Obstetricians
Pediatricians
Psychiatrists

Community Health Workers/Doulas
Advance Practice Providers
Primary Care/Family Practice



- Assessment
- Referrals & Resources
- Care Coordination

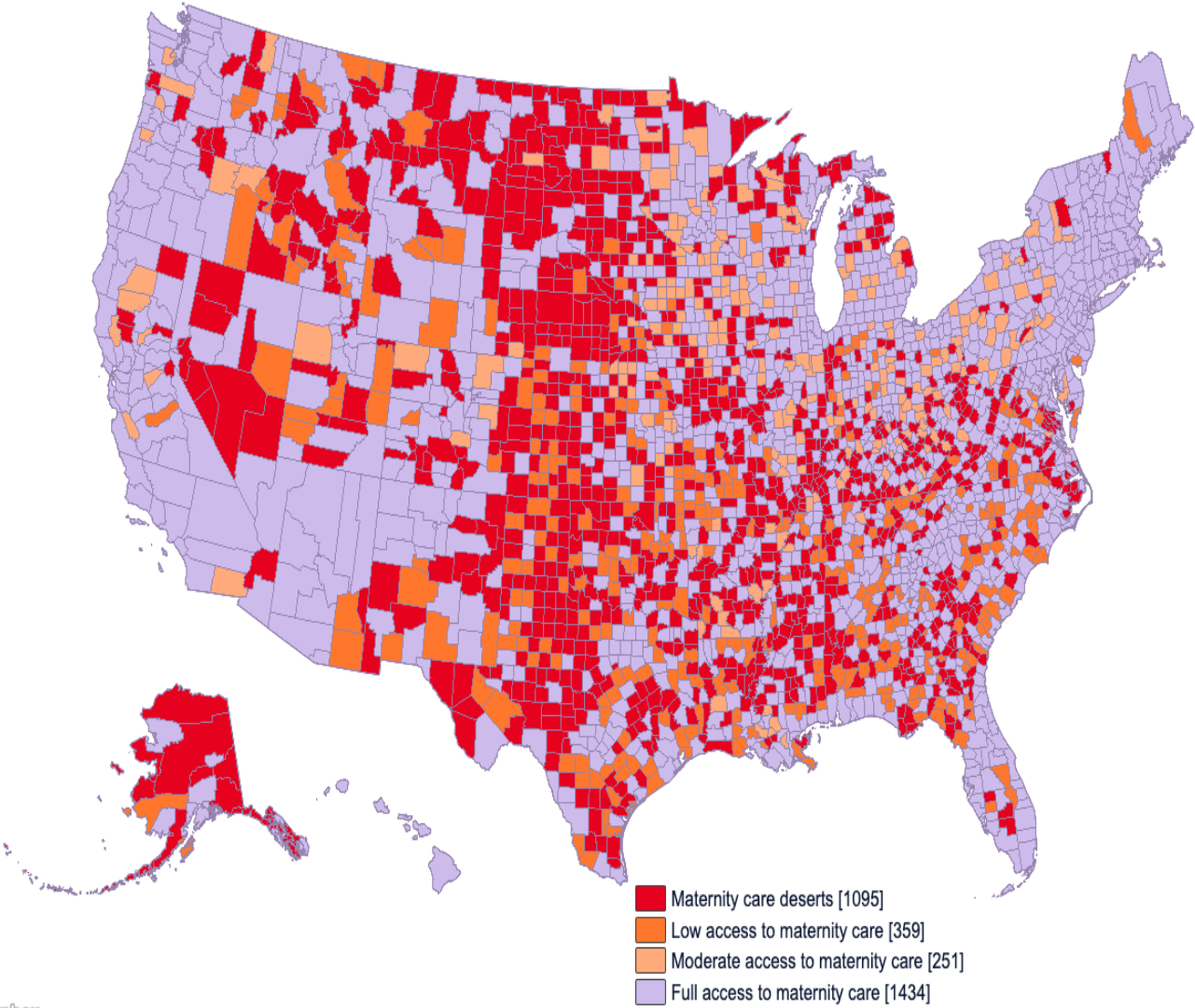


Provider-Provider Consultation



Provider Trainings

Maternity Care Deserts



47.8% of SC Counties have No or Low Access to Maternity Care

Source: U.S. Health Resources and Services Administration (HRSA), Area Health Resources Files, 2019

How Mom's **IMPACTT** Works [Patients]



Pregnant



0-12 Months Postpartum



Patient-Provider Treatment

- Assessment
- Referrals to Resources
- Permission to Communicate with Provider for Care Coordination

Case example

Patient 1- Perinatal Opioid Use Disorder

Self Referral to Moms IMPACTT

Concern: medication questions

- 35 y/o, white woman
- G1PO, 14 weeks
- Birth control failure
- 5 years sustained recovery with MOUD
- Provider stopped prescribing in pregnancy
- Experiencing withdrawal with craving
- No longer connected to recovery community support

Care Coordinator Intervention

Understanding stigma

- Home-based telemedicine services
 - Risk/benefits of options during pregnancy
 - Stabilized on MOUD
- OB Provider with adequate POUD training
- Delivery hospital with NOWS experience
- Coordination across health care systems
 - Training and education
- Linkage to community & recovery support services

Moms IMPACTT

Outcomes: May 2022- August 2024

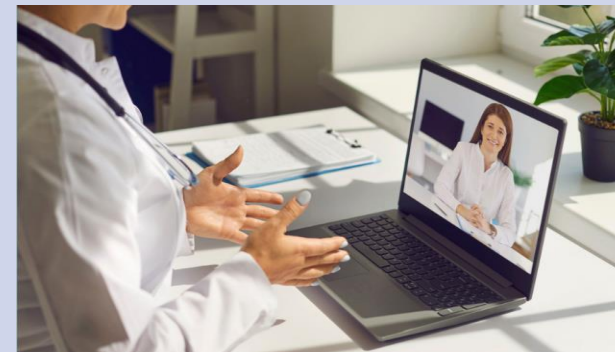
- **Goal 1: Provider**
Building Frontline Provider Capacity

Provider Trainings



MH/SUD trainings for
1,350 front-line providers

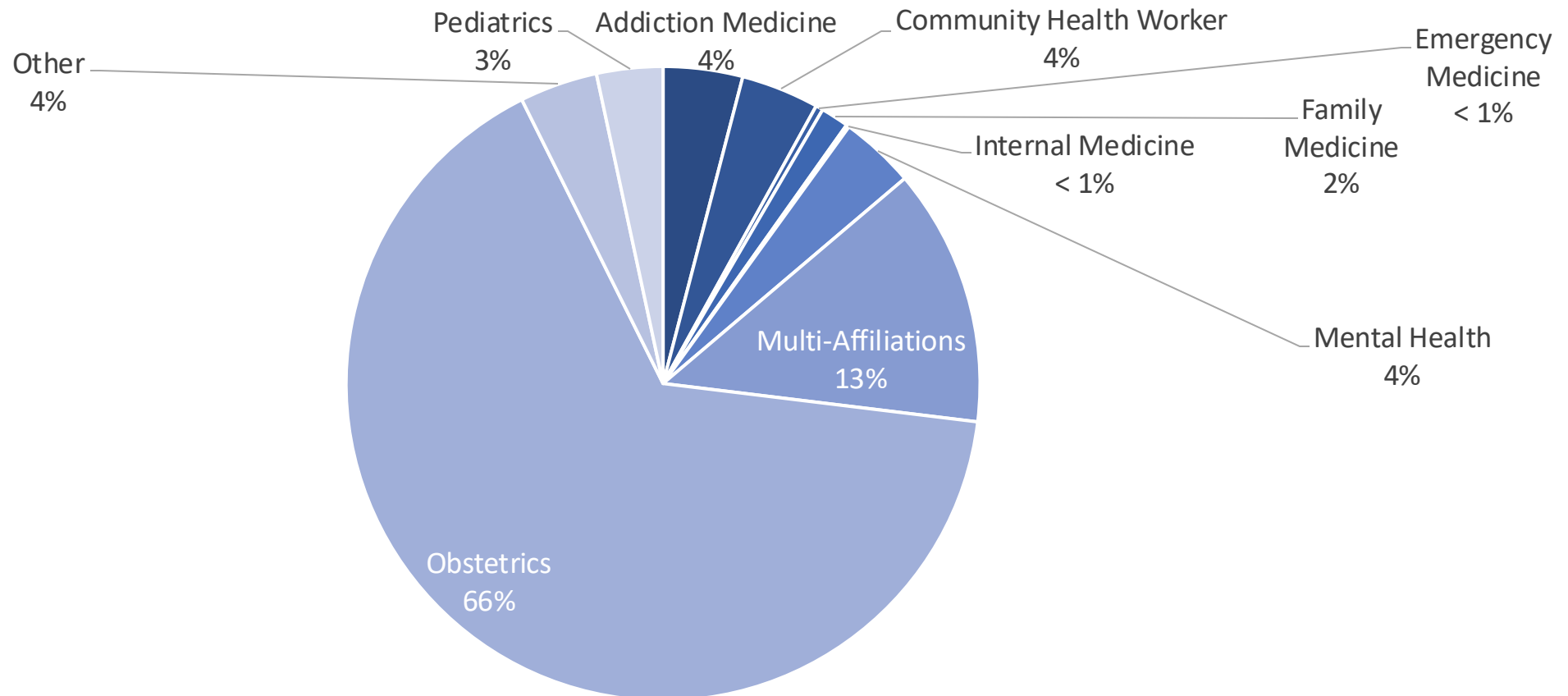
Provider-Provider Consultation



87 provider-to-provider
consultations

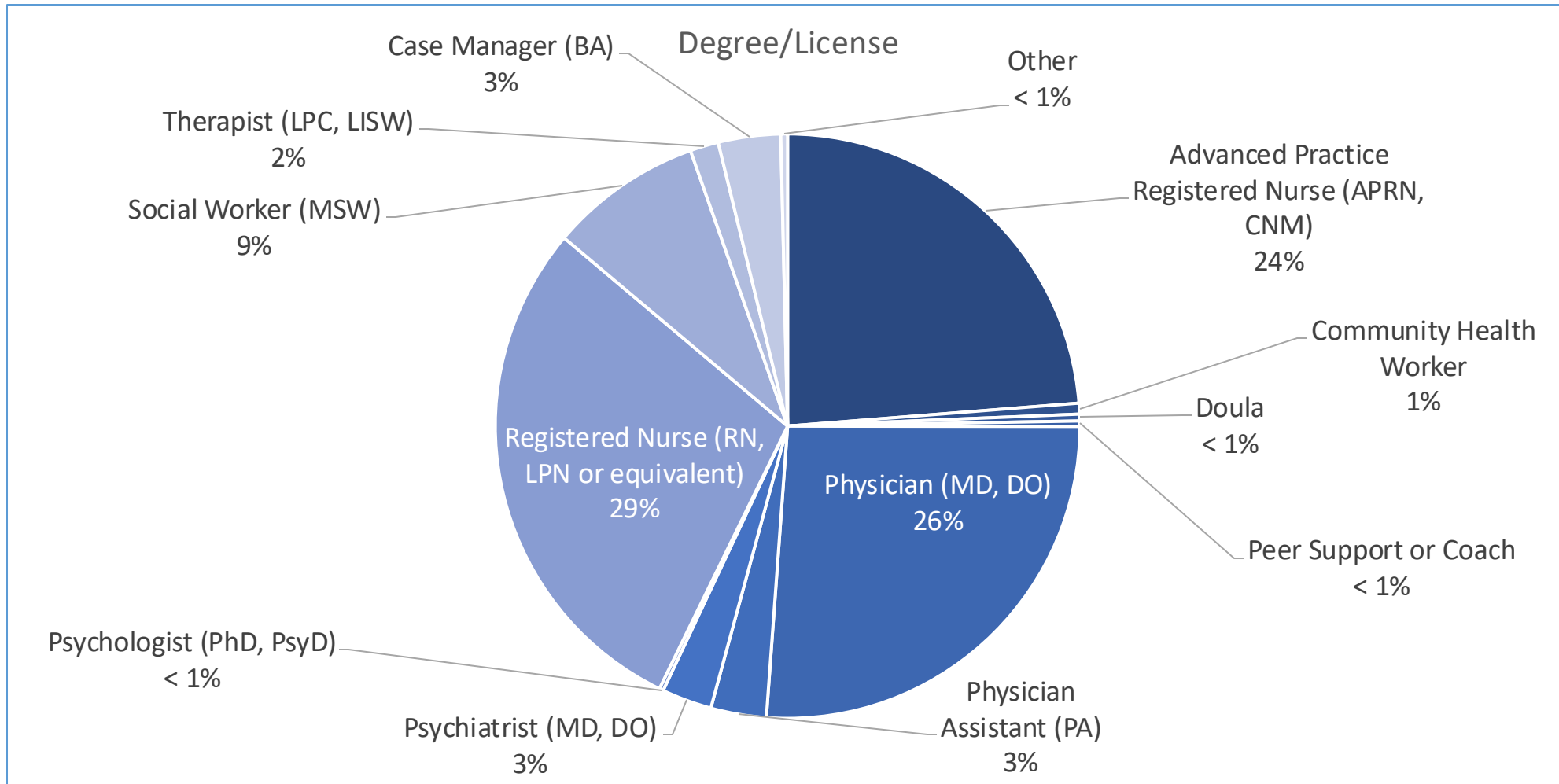
Specialties of Providers Contacting Moms IMPACTT

Professional Affiliation



Professional Degree of Providers Contacting Moms IMPACTT

Professional Degree



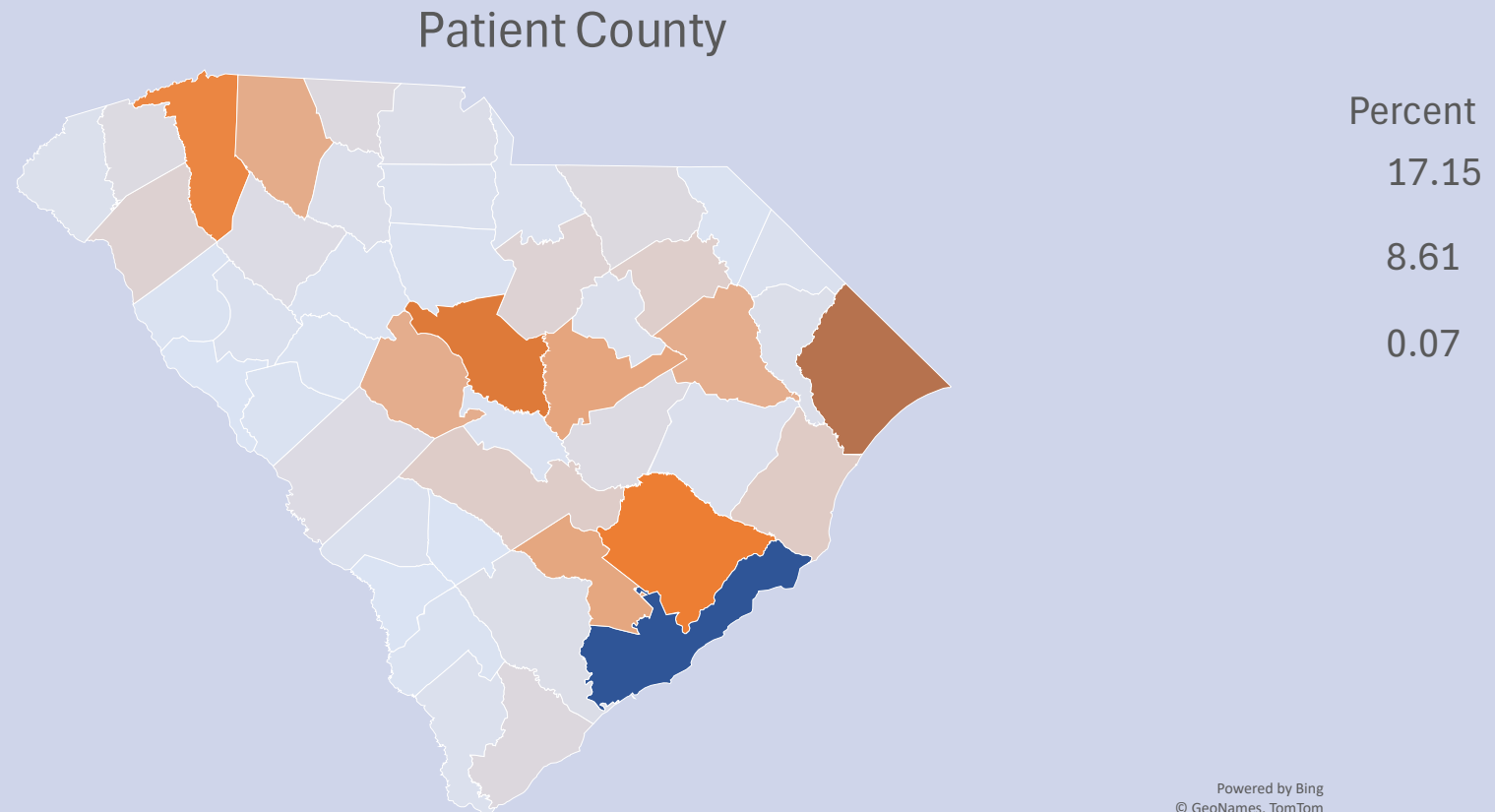
Moms IMPACTT

Patient (Self or Provider) Referrals by County

May 2022- August, 2024

- **Goal 2: Patient Access to *MH/SUD Care***

Access to care for 2,858 pregnant and postpartum people from 100% of Counties in SC



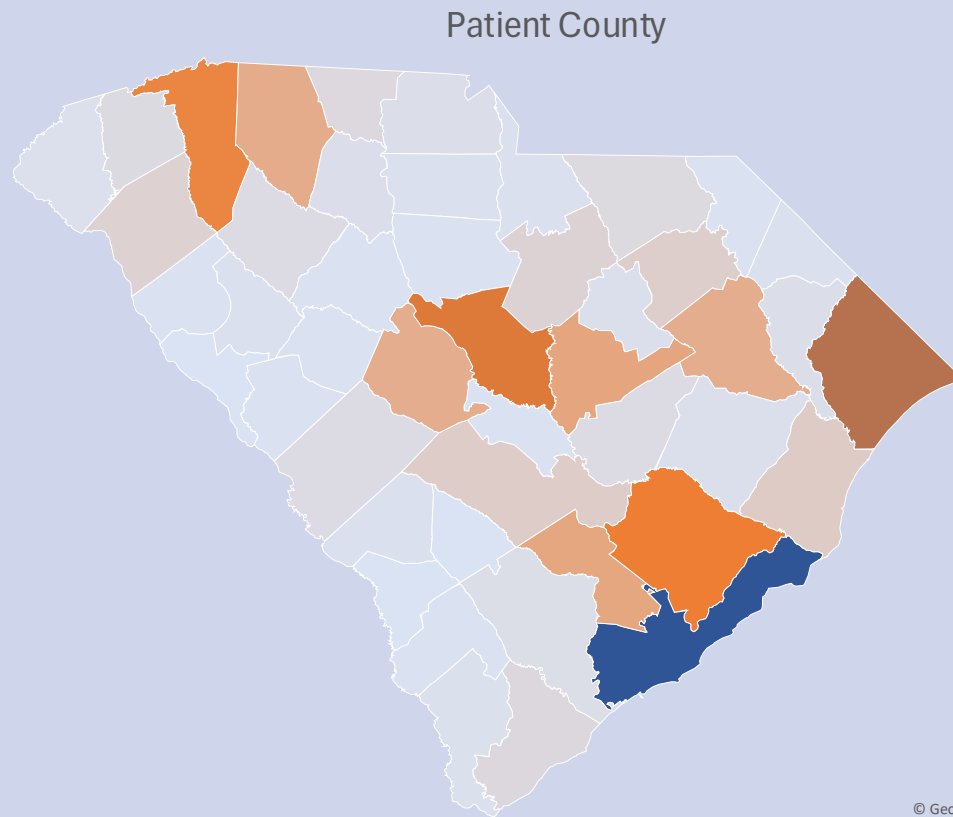
Moms IMPACTT

Patient (Self or Provider) Referrals by County

May 2022- August 2024

- **Goal 2: Patient Access to *MH/SUD Care***

Access to care for 2,858 pregnant and postpartum people from 100% of Counties in SC



Of the 2,858 people:

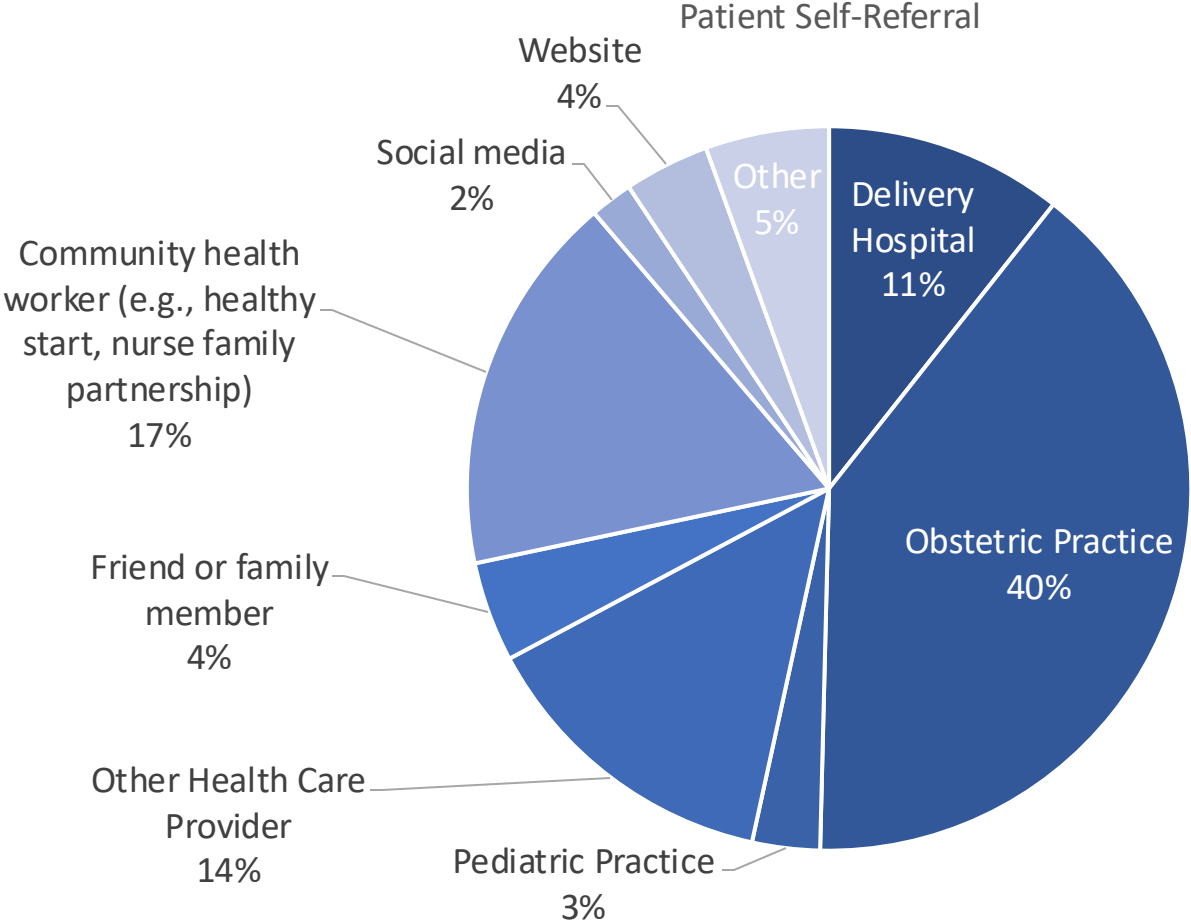
- 53.3% Patient Self-Referral
- 46.7% Provider Referral

Of the 2,858 people:

- 31.6% Referred to community
- 68.4% Received treatment in our outpatient clinic

How Patients Hear about Moms IMPACTT

How did you hear about MOM's IMPACTT?



Moms IMPACTT

Outcomes: May 2022- August 2024

- Access to care for 2,858 pregnant/postpartum people from 100% of Counties in SC

- Average Age: 28.5 (range 14-46 years old)

- Race/Ethnicity

 - 56.2% White

 - 32.9% Black

 - 0.4 % Native American

 - 7.3% Hispanic

 - 3.2% Other/Mixed Race

- Insurance

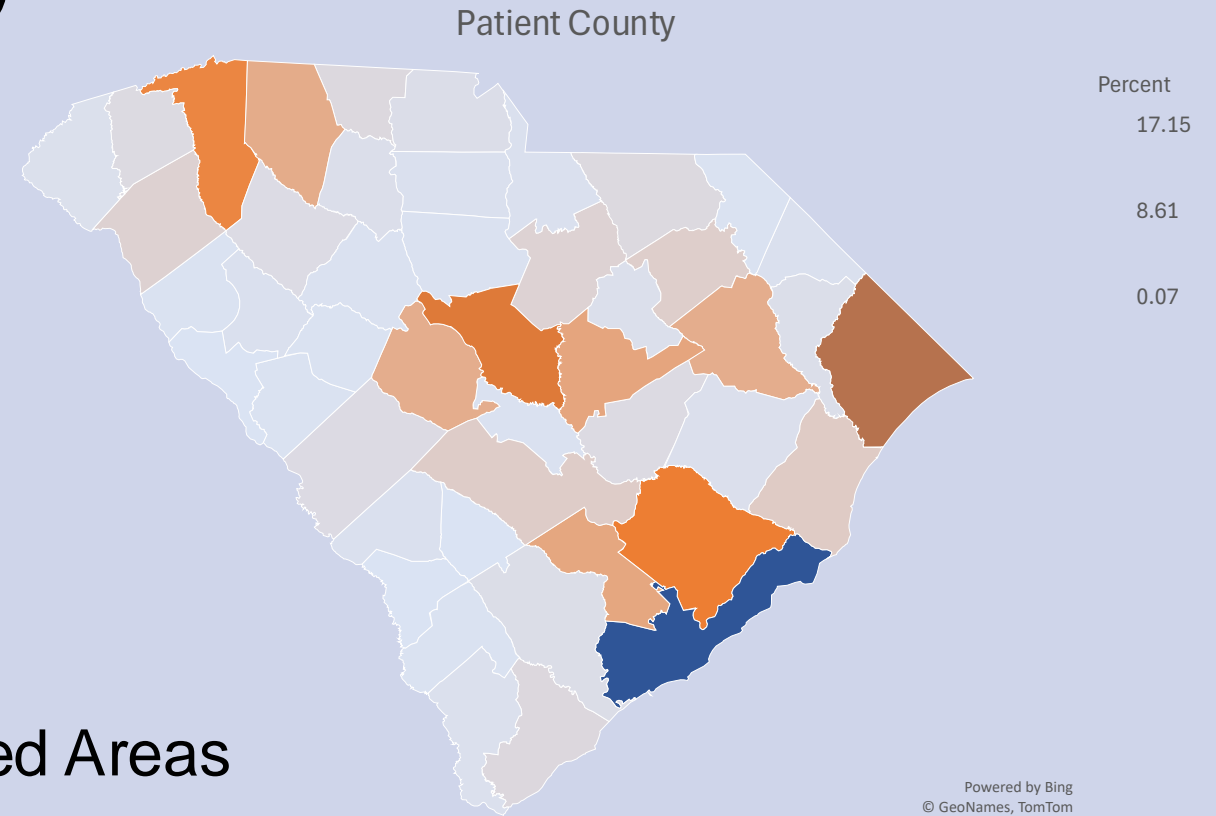
 - 54.4% with Medicaid

- Location

 - 90.4% Fully Medically Underserved Areas

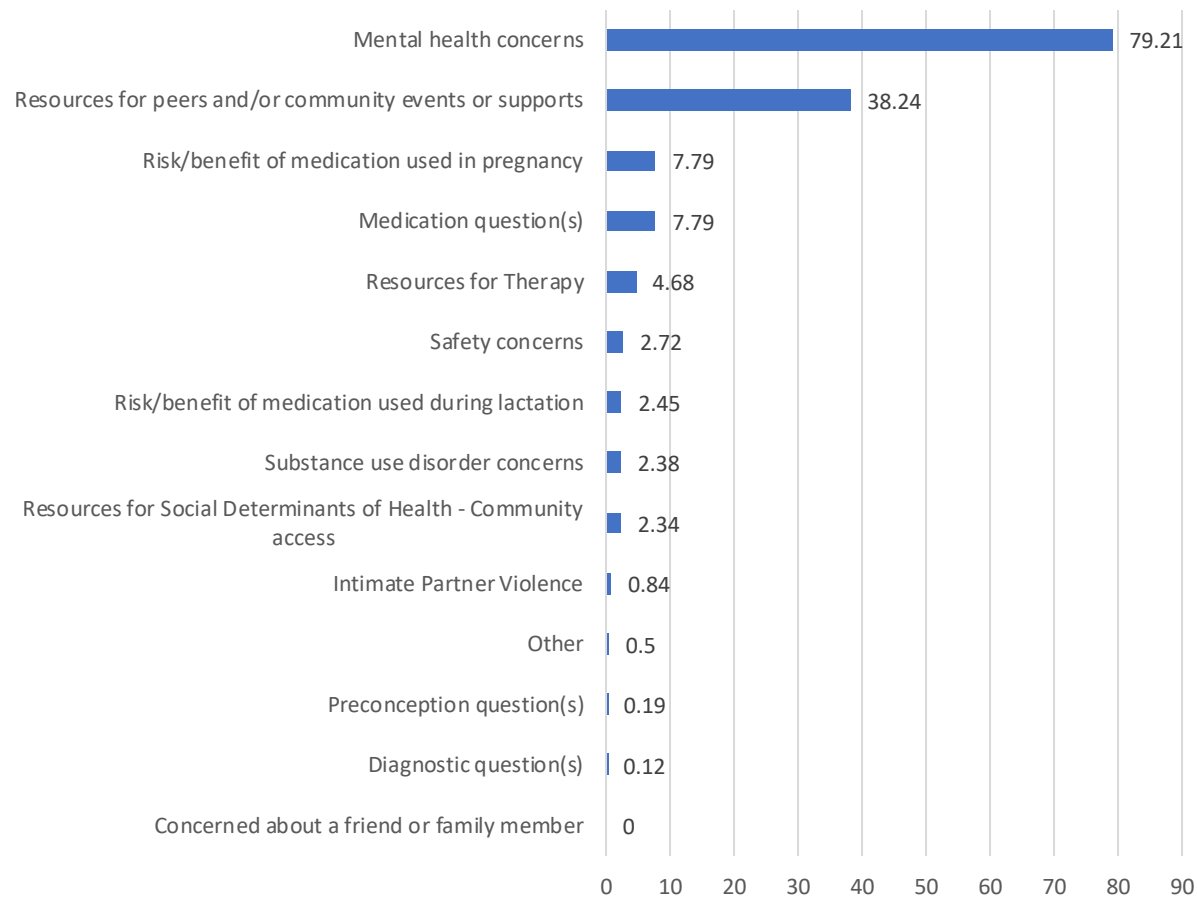
 - 46.5% Partially Rural Counties

 - 11.5% Rural Counties



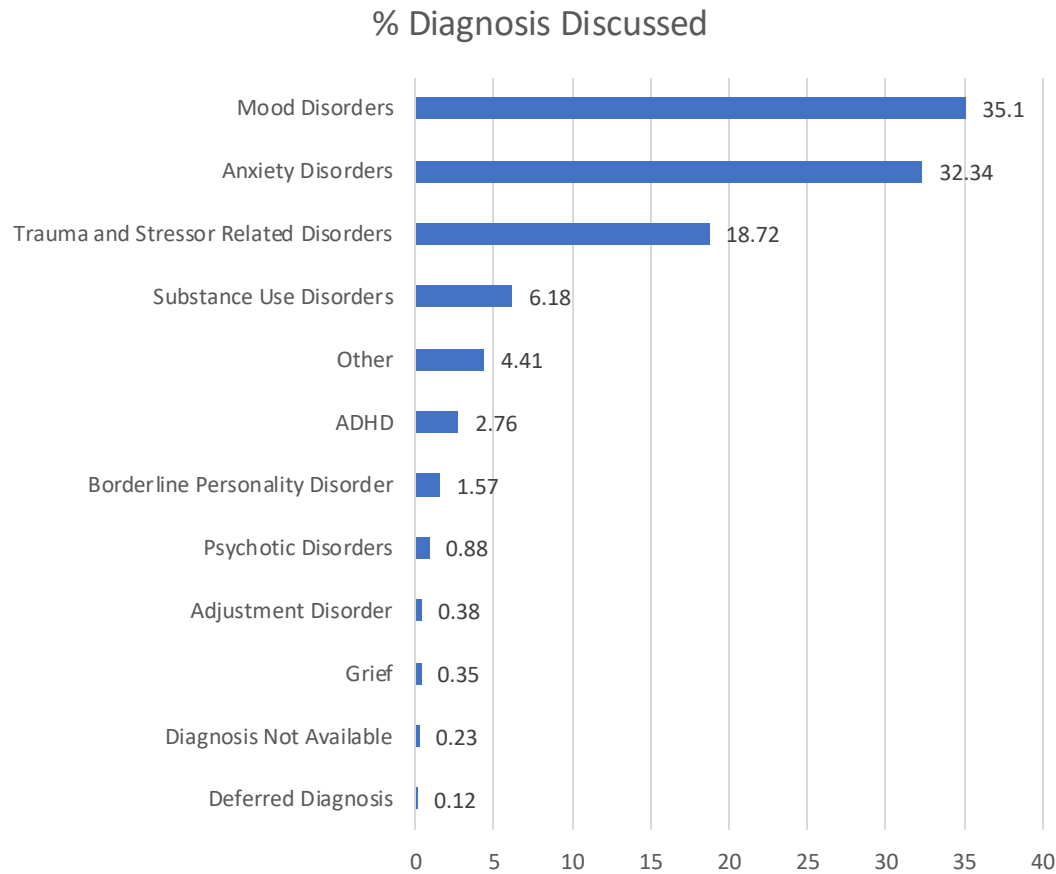
Patient (Self or Provider) Referral Reason for Contacting Moms IMPACTT

% Reason for Contacting Moms IMPACTT



Reason for Contacting Moms IMPACTT	N	%
Mental health concerns	2065	79.21
Resources for peers and/or community events or supports	997	38.24
Medication question(s)	203	7.79
Risk/benefit of medication used in pregnancy	203	7.79
Resources for Therapy	122	4.68
Safety concerns	71	2.72
Risk/benefit of medication used during lactation	64	2.45
Substance use disorder concerns	62	2.38
Resources for Social Determinants of Health - Community access	61	2.34
Intimate Partner Violence	22	0.84
Other	13	0.5
Preconception question(s)	5	0.19
Diagnostic question(s)	3	0.12
Concerned about a friend or family member	0	0.00

Patient (Self or Provider) Referral Diagnoses Discussed During Appointment with Psychiatrist



Diagnoses Discussed	N	%
Mood Disorders	915	35.10
Anxiety Disorders	843	32.34
Trauma and Stressor Related Disorders	488	18.72
Substance Use Disorders	161	6.18
Other	115	4.41
ADHD	72	2.76
Borderline Personality Disorder	41	1.57
Psychotic Disorders	23	0.88
Adjustment Disorder	10	0.38
Grief	9	0.35
Diagnosis Not Available	6	0.23
Deferred Diagnosis	3	0.12

Summary & Next Steps

Moms IMPACTT

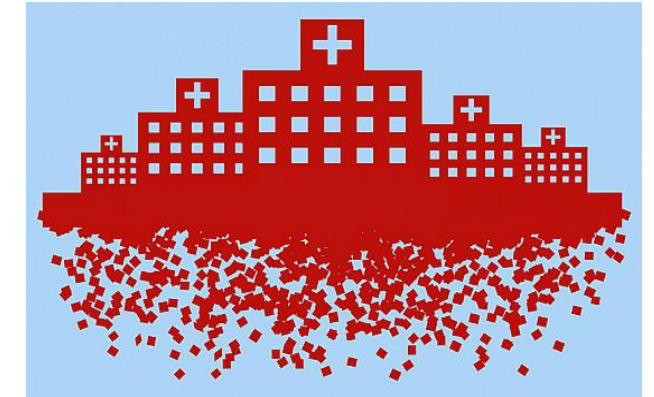
Moms IMPACTT Summary

- Improves access to maternal mental health and substance use disorder treatment
- Support Front-line Providers
 - Specialties
 - Affiliations
 - Geographic Locations
- Treatment & Access to Resources for Patients
 - Race/Ethnicity
 - Geographic Location
 - Insurance Status

Moms IMPACTT Next Steps

- Call for healthcare system level changes, insurance payments, and/or policies to support adoption of access programs
- Continued efforts to support digital literacy, affordable internet service plans, access to broadband and devices with A/V capabilities

Barriers to Successful Screening & Effective Referral to Treatment



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Listening to Women and Pregnant and
Postpartum People
(Text/Phone Screening & Referral Program)

Listening to Women & Pregnant & Postpartum People



Text Message Based Screening



Brief Intervention

Remote Care Coordinator (MSW)



Referral to Treatment

Telemedicine/ Office or Home

Follow up



Communicate with Ob/Peds Team

Screening information

Referral and Tx Progress



Listening to Women & Pregnant & Postpartum People (LTWP)



Text Message Based Screening



Brief Intervention

Remote Care Coordinator (MSW)



Referral to Treatment

Telemedicine/ Office or Home
Follow up



Communicate with Ob/Peds Team

Screening information
Referral and Tx Progress

Randomized Controlled Trial LTWP Vs. UC

Usual Care (UC)



In-Person Screening



Brief Intervention

In-Person Ob/Gyn, CNM



Referral to Treatment

Telemedicine/ Office or Home
Follow up



Communicate with Ob/Peds Team

Screening information
Referral and Tx Progress

Text And Telephone Screening And Referral Improved Detection And Treatment Of Maternal Mental Health Conditions

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HealthAffairs

Randomized Controlled Trial (n=415 peripartum participants)

Participants assigned to LTWP, compared to in-person SBIRT were:

- 3.0 times more likely to be screened
- 3.1 times more likely to screen positive
- 4.4 times more likely to be referred to treatment
- 5.7 times more likely to attend treatment
- Findings consistent in Black, Non-Hispanic & Rural and Partially Rural Populations

Adapted LTWP to Include Alliance for Innovation on Maternal Health (AIM) Safety Bundles

Postpartum Discharge Transitions

- Summary of birth events
- Emergent/Urgent warning signs/symptoms & who to call
- Attending postpartum care visit
- Birth spacing & contraception
- Breastfeeding
- Well-being, mental health, substance use
- Social determinants of health
- Physical recovery, sleep/fatigue, sexual health, activity
- Medications & chronic conditions

Reduction in Racial and Ethnicity Disparities





HEAR 4 Mamas Healing Equity Advocacy & Respect for Mamas



**Daily Text Message Screening
Postpartum Complications & Preventative Care**



Brief Evaluation
Remote Advanced Practice Provider (CNM, FNP)



**Education, Treatment & Referrals to
Treatment & Resources**



Communicate with Ob/Peds Team
Screening, Tx information
Referral and Tx Progress



AIMs Safety Bundles

- Emergent/Urgent warning signs/symptoms & who to call
- Postpartum care visit
- Birth spacing, contraception
- Breastfeeding
- Well-being, mental health, SUD
- Social determinants of health
- Physical recovery, sleep/fatigue, sexual health, activity
- Medications & chronic conditions
- Racial and Ethnicity Disparities



H.E.A.R. 4 Mamas

Volunteers Needed

Healing, Equity,
Advocacy, and Respect

Participate in a study to learn if a new program can help keep mamas safe and healthy.

- ✓ Mamas ages 18-49
- ✓ Insured by Medicaid
- ✓ Delivered a baby within the past 2 weeks
- ✓ Up to \$120 provided for time in completing surveys



Connect with us!

Call/Text: 843-998-5635

HEAR4Mamas@musc.edu



Research



South Carolina - Statewide Study Recruitment

- Inform all pregnant individuals insured by Medicaid about the study
 - Study to support postpartum individuals' health and well-being following delivery
 - Nurse Advocate, address health concerns or questions, provide resources, make sure your concerns are heard.
 - Provide Study Flyer
 - Ask if interested in study team contacting them
 - If yes, provide name and contact information through secure HIPAA compliant survey.

Resources for Providers

1. AHA's Better Health for Mothers and Babies initiative
2. AHA's Maternal Mental Health Webpage
3. AIM Patient Safety Bundle: Perinatal Mental Health Conditions
4. Clinical Guidelines: Screening and Treatment of Maternal Mental Health
5. Lifeline for Moms Perinatal Mental Health Tool Kit™
6. eModule: Addressing Perinatal Mental Health Conditions in Obstetric Settings
7. National Child & Maternal Health Educational Programs

**Patients can
get help by
calling or
texting the**



**National Maternal
Mental Health Hotline**

833-TLC-MAMA

(833-852-6262)

This hotline is available 24/7,
in English and Spanish.

Peripartum Individuals
Taking Part in Research & Clinical
Care



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Health Division

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