Perinatal Mental Health Learning Community

Webinar April 16, 2020  12 – 1 p.m.

Impact of COVID-19 on Perinatal Mental Health

Release of Hospital Resources to Strengthen Perinatal Mental Health
Housekeeping

- All lines are muted.
- Raise your hand to speak.
- Use “Questions” to make comments or ask questions.
Our Team

Julia Slininger
Program Manager,
PMH Learning Community
Hospital Quality Institute

Staci Grabill
Program Coordinator
PMH Learning Community
Hospital Quality Institute

Barbara Sheehy
System Director, Perinatal
Behavioral Health
CommonSpirit Health

Kelly O'Connor-Kay
Executive Director,
Maternal Mental Health NOW

Gabrielle Kaufman
Clinical Director,
Maternal Mental Health NOW

Anna King
Clinical Training Specialist,
Maternal Mental Health NOW

Boris Kalanj
Director of Programs,
Hospital Quality Institute
https://www.hqinstitute.org/post/perinatal-mental-health-learning-community

Perinatal Mental Health Learning Community

The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.

Online Resources for Hospitals

Hospitals are invited to use the following resources, developed for our PMH Learning Community to assist with implementing the provisions of AB 3032 and strengthen hospital approaches to perinatal mental health. These resources are available free of charge.

- Online Training Course for Hospital Staff
- Quick Reference Guide for Hospital Staff
- Brochure Template for Hospitals
- App for Patients and Families
Education and Technical Assistance (Feb ’20 - Dec ’21)
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
- 1:1 Technical Assistance (on demand)
- In-Person Regional Events (Nov ’20)

Training Tools and Resources (Apr ’20 – Dec ‘21)
- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

Case Studies Developed
Case Studies Available
AB-3032: Hospitals Maternal Mental Health Act

• It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.

• All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.

• Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.
Care for the Caregiver Webinar
A Lifeline for the Health Care Frontline
Webinar | April 21, 2020 - 9:00am - 12:00pm

https://www.hqinstitute.org/care-for-caregiver-web
Today’s Webinar Objectives

• Understand how the COVID-19 pandemic can heighten the mental health risks of women and families in the perinatal period.

• Learn about practical steps health care leaders and staff can take to mitigate these risks.

• Understand how to locate, navigate and use the new education and training resources on perinatal mental health developed for hospitals.
Agenda

• The impact of COVID-19 on perinatal mental health
  Margaret Lynn Yonekura, MD, FACOG  Helena Vissing, Psy.D., PMH-C

• Rollout of hospital resources for perinatal mental health
  Kelly Kay
  Ŷ Online course for hospital staff
  Ŷ Quick reference guide for hospital staff
  Ŷ Brochure template for hospitals
  Ŷ App for patients and families
Inpatient Obstetric Healthcare in Era of Covid-19

Margaret Lynn Yonekura, M.D., FACOG
Perinatal Behavioral Health Physician Champion
CommonSpirit Health
Member, Infectious Disease Society for Obstetrics and Gynecology
April 16, 2020
COVID-19 Pandemic Disaster

• A disaster is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources.

• Pandemic FAQs
  – Who’s susceptible? – everyone
  – How fast is it spreading? – exponentially
  – How deadly is it? Clearly more deadly than influenza
  – When and how will it end?
COVID-19 Pandemic Response

• Goal: “flattening the curve”
  – Staying at home
  – Physical distancing
  – Frequent hand hygiene
  – Wearing face covering

• Impact on mental well-being
  – Tremendous fear, stress, and anxiety
  – Those with history of trauma/toxic stress likely to be triggered
  – Grieving multiple losses: safety/security, freedom, school/job, income, insurance, childcare...
• Worrying about health and safety of herself and infant
• Increased fear, stress, and anxiety → depression
• Fear of Covid-19 → obsessive cleaning
• Stay at home order → isolation, loneliness, and depression
• Living in cramped quarters with abuser→
Your Revised/Updated Birth Plan

Available in English & Spanish
‘What To Expect When You’re Delivering’

• COVID-19: ‘the great equalizer’
  – Patients and staff share a sense of vulnerability and concern
  – Staff at high risk for vicarious trauma, compassion fatigue, and burnout
    • Self-care has never been more important
    • What has helped you get through difficult times in the past?
    • Engage in practices that help you feel calm and grounded
  – Empathy and compassion for one another
  – Cooperate with each other
Many facilities have implemented universal testing of all inpatients at time of admission.
Considerations for Inpatient Obstetric Healthcare Settings

• Resource: CDC Guidance for Healthcare Professionals
• Revisions made April 4, 2020
• Guidance updated to clarify:
  – Considerations re visitors and essential support persons to pregnant women who have **known or suspected Covid-19 infection**
  – Prioritized testing of pregnant women with suspected Covid-19 at admission or who develop symptoms during admission
  – Isolation of **infants with suspected Covid-19** from other healthy infants
  – Determination of whether to keep mother with known or suspected Covid-19 and her infant together or separated
“The approaches outlined are intentionally cautious until additional data become available to refine recommendations for prevention of person-to-person transmission in inpatient obstetric care settings.”

- CDC
Prehospital Considerations

- Pregnant patients with known or suspected Covid-19 should notify the obstetric unit **prior** to arrival so facility can make appropriate infection control preparations
  - Appropriate room for L & D
  - Ensuring infection prevention and control supplies and PPE are correctly positioned
  - Informing healthcare team who will be involved in patient’s care
During Hospitalization

- Healthcare facilities providing inpatient obstetric care should limit visitors to pregnant women who have known or suspected Covid-19 infections
  - Visitors should be limited to those essential for pregnant woman’s well-being and care (emotional support persons)
    - Depending on extent of community-transmission, institutions may consider limiting visitors to one essential support person and having that person be the same individual throughout the hospitalization
    - Use of alternative mechanisms for patient and visitor interactions, such as video-call applications, can be encouraged for any additional support persons
  - Visitors will be screened; those with negative screens must wear masks
Mother/Baby Contact

• Benefits of mother/infant skin-to-skin contact:
  – Mother-infant bonding
  – Increased likelihood of breastfeeding
  – Stabilization of glucose levels
  – Maintaining infant body temperature

• Unknown risk of transmission and clinical severity of Covid-19 infection in infants from contact with infectious respiratory secretions
The determination of whether or not to separate a mother with known or suspected Covid-19 and her infant should be made on a case-by-case basis using **shared decision-making** between the mother and the clinical team. Considerations in the decision include:

- Clinical condition of mother and infant
- Covid-19 testing results of mother (confirmed vs. suspected) and infant (a positive infant test would negate the need to separate)
- Desire to feed at the breast
- Facility capacity to accommodate separation or colocation
• Options:
  – Separate rooms to reduce the risk of transmission – recommended
  – Using engineering controls like physical barriers (a curtain between mother and NB) and keeping the NB ≥ 6 feet away from mother
  – Rooming-in

In Canada and Europe, mother/baby dyad remains together.
Breastfeeding

• If temporary separation is undertaken, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply
  – Dedicated breast pump should be provided
  – Practice hand hygiene prior to expressing breast milk
  – After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump disinfected.
  – Expressed breast milk should be fed to NB by a healthy caregiver
If a mother with known or suspected Covid-19 and her infant do room-in and the mother wishes to feed at the breast, she should put on a face mask and practice hand hygiene before each feeding.
Testing for Covid-19: NB should be tested around 24 hr of age and then again at 48-72 hr of age
  – If initial test is positive, follow-up testing of combined throat/nasopharynx specimens should be done at 48 to 72 hr intervals until there are 2 consecutive negative tests

Hospital discharge: NBs should be discharged based on center’s normal criteria

Education should be provided to all caregivers and include written as well as verbal education in person, via telephone or virtually.
Screening for Psychosocial Concerns

• Screening is more important than ever!
• At time of admission:
  – Screen for alcoholism and SUD
  – Screen for DV/IPV
• Postpartum:
  – Screen for PMADs (EPDS; PHQ-9 plus GAD-7) and Suicide Risk
  – Consider screening for Stress: Perceived Stress Scale
• Consider referring patients to local perinatal home visiting program(s)
COVID – 19: How are You Doing?

Helena Vissing, Psy.D., PMH-C

- Free evidence-based stress-management virtual clinics
- Drop-ins, no registrations needed
- State-management techniques, mindfulness and simple breathing techniques, appreciation, and peer-to-peer empathy.

www.covidcalm.org
• Although these are unprecedented times, principles of trauma-informed care are still relevant!

Focus on the connection:
All the things you do in the moment that cultivates connection and acknowledgement can potentially prevent and mitigate trauma and toxic stress significantly – including for yourself!

**Non-defensive attitude**

- Remember you don’t have to defend everything that’s happening as most of it is beyond your control

- Showing empathy by not taking patient’s frustrations personally is crucial for trauma-prevention
Principles of Trauma-Informed Care

• Safety (for patient and staff)
• Trustworthiness and transparency
• Peer support
• Collaboration and mutuality
• Empowerment, voice and choice
• Cultural and historical issues and gender awareness

From National Center for Trauma-Informed Care, SAMHSA, www.samhsa.gov
Postpartum PTSD Risk Factors

- High anxiety sensitivity
- History of sexual trauma
- Inadequate social support and social isolation
- Having a baby in the NICU
- History of abortions/pregnancy loss
- Mother’s report of prolonged labor
- Mother’s perception of obstetric complications
- History of infertility

(Verrault et al. 2012; Montmasson et al. 2012; Furuta et al., 2014; Kim et al., 2015)
Factors that may increase resilience and reduce risks of trauma in perinatal patients:

- Sense of support
- Increasing women’s positive emotions
- Sense of mastery, control and active coping
- Encouraging a sense of purpose or meaning during pregnancy, birth and postpartum
- Continuous support during labor, particularly for women with history of trauma or abuse, obstetrical complications or high levels of intervention

(Ayers, 2017)
• **Adjustment of services**
  Create a “substitutions menu” of all the ways you can offer virtual alternatives to usual perinatal patient services, and if you can’t, provide referrals:
  E.g. online childbirth preparation classes, lactation consultation, nurse hotlines, virtual social worker services.

• **Encourage virtual support groups (therapeutic or peer)**
  Postpartum Support International: [www.postpartum.net](http://www.postpartum.net)

• **Psychoeducate about the importance of reaching out sooner rather than later**
  Now more than ever: don’t wait!
  Remind patients of self-care and reasonable expectations for adhering to social distancing (e.g. if a single-mom had a c-section she need in-person help)
Examples

Childbirth Class, Evidence-Based Birth: https://evidencebasedbirth.com/childbirth-class/

Online Lactation Consultation, LiveHealth: https://livehealthonline.com/lactation/

Online Perinatal Mental Health Resources, Postpartum Support International: www.postpartum.net
  • HelpLine in English and Spanish
  • Online support groups
  • Provider directory with specialized Mental Health Professionals
Virtual Support Groups

Taking care of mama
A virtual opportunity for pregnant and new moms to connect and gain support during these challenging times.

Tuesdays, April - May 2020 | 2:00 - 2:45 pm (PST)
All are welcome at no cost - Join one meeting or join all

To receive meeting link and password, or for questions contact:
Barbara Sheehy | (415) 544-2395 | Barbara.Sheehy@DignityHealth.org

ZOOM meetings facilitated by Maternal Mental Health NOW staff
Anna King, LCSW, PMH-C & Gabrielle Kaufman, MA, LPCC, BC-DMT, NCC, PMH-C


Comments & Questions
Online Resources

• “Maternal Mental Health in the Hospital Setting” Online Training for Staff and Providers
  – 55 minutes
  – Provider approved by the California Board of Registered Nursing, CEP #16793 for 1 contact hour
• “Quick Reference Guide” for Staff and Providers
  – Designed to accompany online training
• “Speak Up When You’re Down” Brochure for Patients and Families
  – 4 languages: English, Spanish, Chinese & Vietnamese
  – Customizable so that hospitals can include local resources
• “Emotional Wellness Self-Help Tool” App for patients and Families
  – For those preparing for pregnancy (including loss), pregnant and postpartum
  – Provides mindfulness and other self-care exercises
  – Ability to make and save a care plan
  – Available in English & Spanish

Access through HQI’s Perinatal Mental Health Learning Community website:
Online Training for Hospital Staff

Maternal Mental Health in the Hospital Setting – What to Know & How to Screen

This is a 55-minute online course that provides education about features and prevalence of perinatal mood and anxiety disorders, screening approaches that can be done in the hospital, and effective follow up through referrals and resources.

For first-time users, click on “Sign Up” above, then enter your information. Use your email address as the username and choose a password. If you are returning user, click on “Login” above to re-enter the course.

Access through HQI website
Direct URL: hqi-maternalmentalhealthnow.talentlms.com
Quick Reference Guide to Maternal Mental Health in the Hospital Setting

This guide is designed to accompany the online training Maternal Mental Health in the Hospital Setting: What to Know & How to Screen. Always follow your hospital's protocols and procedures.

Perinatal Mental Health Disorders (PMH)
- Perinatal Mental Health Disorders affect 1 in 7 mothers.
- Perinatal Mental Health Disorders can occur from conception through one year after birth. If left untreated, women can experience symptoms of depression and anxiety through two years after birth and beyond.
- Baby Blues is not a disorder and resolves on its own by two weeks postpartum.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Helplessness, hopelessness, anger, feelings of inadequacy</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Racing thoughts, inability to settle</td>
</tr>
<tr>
<td>Bipolar</td>
<td>Episodes of mania paired with periods of depression and low mood</td>
</tr>
<tr>
<td>OCD</td>
<td>Compulsions and intrusive thoughts – efforts to avoid harm to infant</td>
</tr>
</tbody>
</table>

Access through [HQI website](http://guide.mmhnow.org)

Direct URL: guide.mmhnow.org
SPEAK UP WHEN YOU’RE DOWN

1 | MATERNAL DEPRESSION AND ANXIETY IS COMMON.

It is the number one complication of pregnancy. In the US, 15% to 20% of new moms, or about 1 million women, each year experience perinatal mood and anxiety disorders. Some studies suggest that number may be even higher.

YOU ARE NOT ALONE.

Maternal depression can affect any woman regardless of age, income, culture, or education.

2 | YOU MIGHT EXPERIENCE SOME OF THESE SYMPTOMS.

- Feelings of sadness or anger.
- Mood swings: highs and lows, feeling overwhelmed.
- Difficulty concentrating.
- Lack of interest in things you used to enjoy.
- Changes in sleeping and eating habits.
- Panic attacks, nervousness, and anxiety.
- Excessive worry about your baby.
- Thoughts of harming yourself or your baby.
- Fearing that you can’t take care of your baby.
- Feelings of guilt and inadequacy.
- Difficulty accepting motherhood.
- Irrational thinking: seeing or hearing things that are not there.

Some of the ways women describe their feelings include:

I want to cry all the time.
I feel like I’m on an emotional roller coaster.
I will never feel like myself again.
I don’t think my baby likes me.
Everything feels like a huge effort.

3 | SYMPTOMS CAN APPEAR ANY TIME DURING PREGNANCY, AND UP TO THE CHILD’S FIRST YEAR.

Baby blues, a normal adjustment period after birth, usually lasts from 2 to 3 weeks. If you have any of the listed symptoms that have stayed the same or gotten worse, and lasted more than 5 weeks, then you may be experiencing maternal depression or anxiety.

4 | YOU DID NOTHING TO CAUSE THIS.

You are not a weak or bad person. You have a common, treatable illness. Research shows that there are a variety of risk factors that may impact how you are feeling, including your medical history, how your body processes certain hormones, the level of stress you are experiencing, and how much help you have with your baby. What we do know is, THIS IS NOT YOUR FAULT.

5 | THE SOONER YOU GET HELP, THE BETTER.

You deserve to be healthy, and your baby needs a healthy mom in order to thrive. Don’t wait to reach out. Talk to someone you trust. HELP is available.

If you have thoughts of harming yourself or baby, call 911 immediately.

6 | THERE IS HELP FOR YOU.

Postpartum Support International
1.800.944.4773
www.postpartum.net

6 THINGS
Every New Mom & Mom-To-Be Should Know About Maternal Depression

Adapted from Postpartum Progress, www.postpartumprogress.com, where you can find out more on childbirth-related mental illness. This brochure is also available in Spanish, Chinese and Vietnamese.

Access through HQI website
App for Patients and Families

Access through [HQI website](http://www.hqinstitute.org)
Direct URL: mycare.mmhnow.org
Comments & Questions
Next Steps

Next Group Office Hours: May 21, Noon - 1 p.m.

Next Webinar: June 18, 12 – 1 p.m.