Perinatal Mental Health

The importance of the 4th Trimester

NASEM | DR. KAREN TABB DINA, JUNE 7, 2021

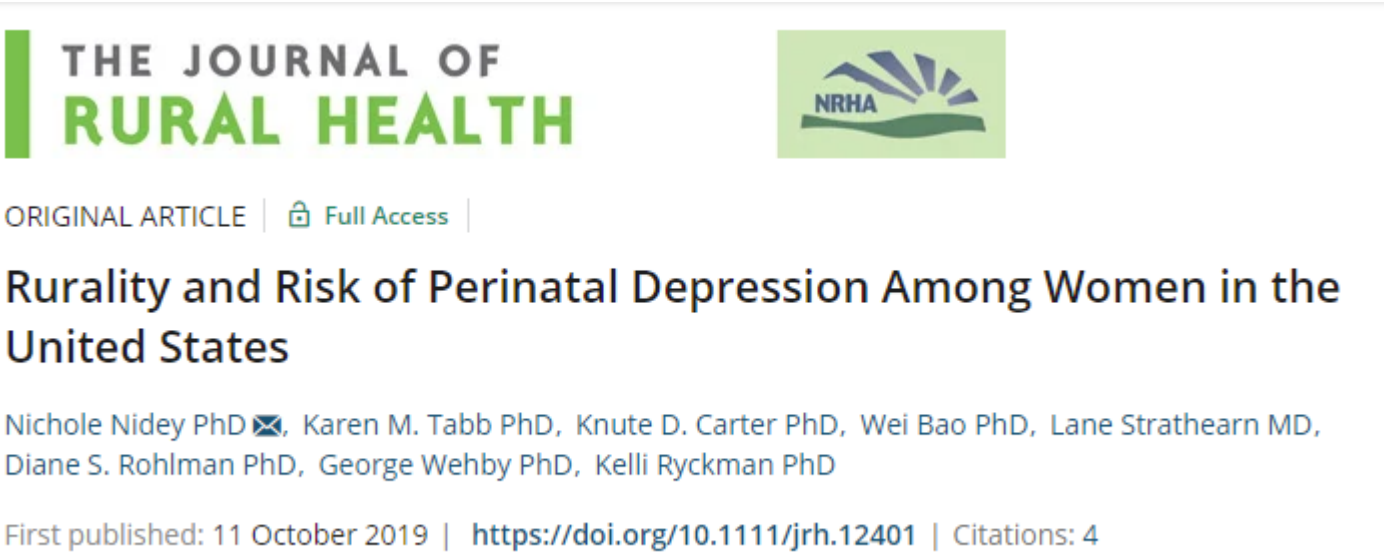
ILLINOIS SOCIAL WORK

PERINATAL MENTAL HEALTH DISORDERS

- Perinatal mental health disorders are the leading causes of maternal morbidity and mortality.
  - ***Perinatal Depression***
  - ***Suicidal Ideation***
  - Perinatal Anxiety
  - Bipolar Disorder
  - Perinatal Psychosis

DISPARITIES IN MATERNAL MENTAL HEALTH

- Rural Women



THE JOURNAL OF RURAL HEALTH

NRHA

ORIGINAL ARTICLE | Full Access

Rurality and Risk of Perinatal Depression Among Women in the United States

Nichole Nidey PhD, Karen M. Tabb PhD, Knute D. Carter PhD, Wei Bao PhD, Lane Strathearn MD, Diane S. Rohlman PhD, George Wehby PhD, Kelli Ryckman PhD

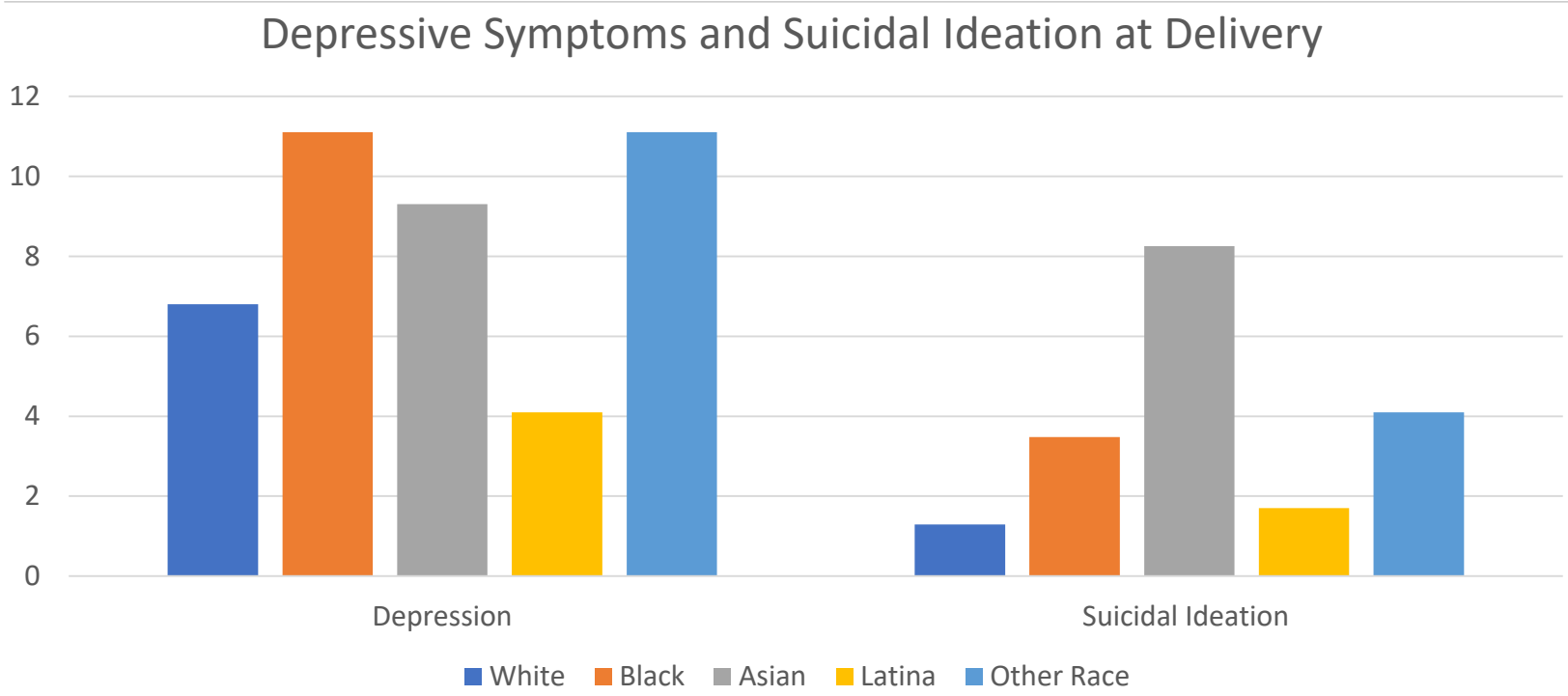
First published: 11 October 2019 | https://doi.org/10.1111/jrh.12401 | Citations: 4

DISPARITIES IN MATERNAL MENTAL HEALTH

- RACE
  - Black Women
  - Black Multiracial Women
  - Asian Women
- Depression
  - 10-30%
- Suicidal Ideation
  - 3-17%

Gavin et al 2011, Melville et al 2011, Murkerjee et al 2016, Tabb et al 2020, Admon et al 2020.

DISPARITIES IN PERINATAL SUICIDALITY



Tabb et al., *Journal of Affective Disorders Reports*, December 2020

From: **Trends in Suicidality 1 Year Before and After Birth Among Commercially Insured Childbearing Individuals in the United States, 2006-2017**

JAMA Psychiatry. Published online November 18, 2020. doi:10.1001/jamapsychiatry.2020.3550

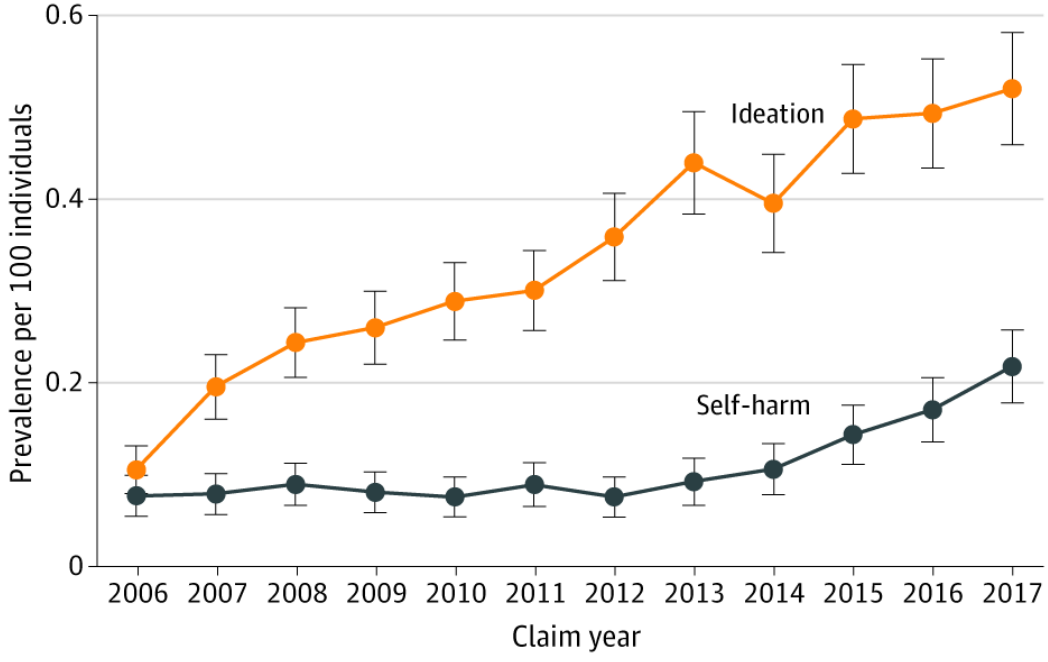


Figure Legend:

Trends in Suicidal Ideation and Intentional Self-harm Among 595 237 Commercially Insured Childbearing Individuals, 2006-2017

COVID-19 AND MATERNAL MENTAL HEALTH

- Perinatal Depression *(Davenport et al 2020)*
  - 40-44%
- Psychological distress *(Ostacoli et al 2020)*
  - 43%
- Pandemic Related Stress *(Preis et al 2020)*
  - 30%
  - Perinatal Infection Stress
    - 29%
- Anxiety *(Davenport et al 2020)*
  - 72%

UNTREATED PERINATAL DEPRESSION:

- NEONATAL RISKS
- OBSTETRIC RISKS
- INFANTS & CHILDREN
- POSTPARTUM/MATERNAL

Grote et al 2010, Beck CT et al 1995, Murray L 1992, Whiffen VE et al 1989, Lindahl V et al 2005, Misra et al 2003, Li P et al 2009, Bansil P et al 2010, Kurki 2000, Kozhimannil 2009, Dayan 2002, Marcus 2009, Raisanen et al 2014

MATERNAL DEPRESSION COSTS… a lot!

HEALTH

M50 MATHEMATICA Policy Research

IssueBRIEF

Dara Lee Luca, Nellie Garlow, Colleen Staatz, Caroline Margiotta, Kara Zivin

Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States

CONTEXT

- PMADs affect 1 in 7 pregnant and postpartum women nationwide, making it the most common obstetric complication.[4,5]
- These conditions often go undiagnosed and untreated, despite the existence of screening tools and effective treatments.[6] In fact, only 50% of perinatal women who are diagnosed with depression receive any treatment.
- When left untreated, PMADs can become a multigenerational issue, negatively affecting the mother and child's long-term physical, emotional, and developmental health.

Summary. Although perinatal mood and anxiety disorders (PMADs), which include depression and anxiety disorders during pregnancy and postpartum, are common among mothers in the United States, these medical conditions often go undiagnosed and untreated.[1,2] While PMADs have received increasing attention from policymakers and professional societies, the societal costs have not been well documented. This issue brief describes the findings from a new mathematical model that quantifies the societal costs[3] of untreated PMADs from conception to age 5. The model uses the most recent data and credible estimates of maternal, child, and societal outcomes associated with untreated PMADs from peer-reviewed literature. We estimate that the total societal cost of untreated PMADs in the U.S. is $14.2 billion for all births in 2017 when following the mother-child pair from pregnancy through five years postpartum.

RESEARCH RATIONALE AND SYNOPSIS

To our knowledge, this new mathematical model presents the most comprehensive analysis to date of the economic burden of PMADs in the United States. To construct the model, we compiled the most recent peer-reviewed literature and secondary data sources to quantify the societal costs of not treating PMADs. We collected data on the prevalence of PMADs, the outcomes associated with untreated PMADs, and the costs and baseline rates of each outcome. With this information, we created a total cost estimate for all U.S. births in 2017 when following the mother-child pair from pregnancy through five years postpartum.

Figure 2 presents our conceptual framework of how untreated PMADs influence maternal, child, and societal outcomes. As the framework shows, our model reflects the societal costs of untreated PMADs through three primary domains: (1) maternal productivity loss; (2) greater use of public sector services, including welfare and Medicaid costs; and (3) higher health care costs attributable to worse maternal and child health. These outcomes have been shown in the literature and recognized by subject matter experts to be linked to PMADs.

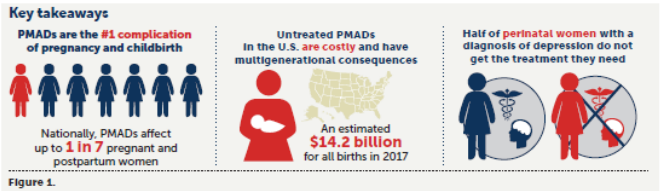
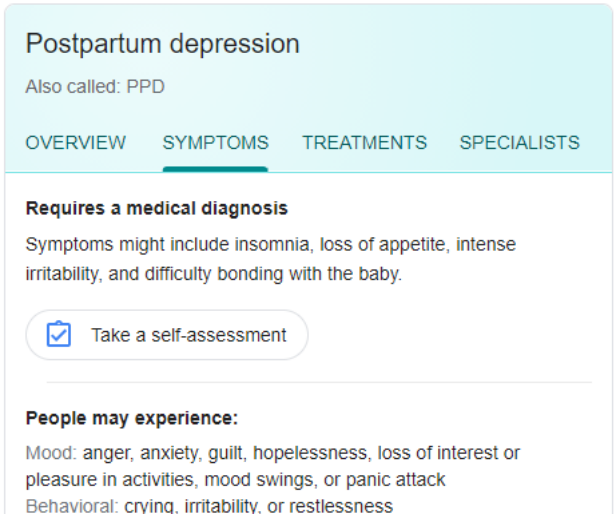


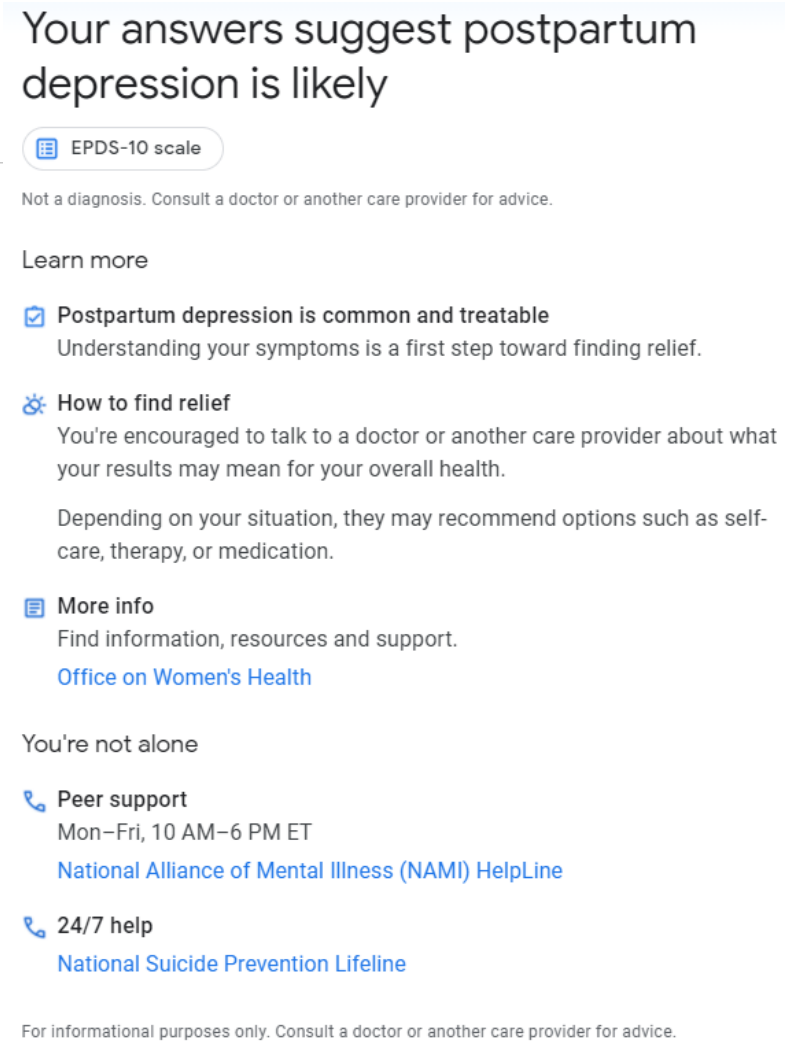
Figure 1.

PROMISING PUBLIC HEALTH AND RESEARCH INFORMED SOLUTIONS

NEW(ish) RESOURCE

- Okay, Google.
- https://landing.google.com/screener/postpartum-depression





COLLABORATIVE CARE

- Integrated Health Treatment Models
  - *MCPAP for Moms*
- Work for women
- Improve outcomes for:
  - Pregnant women
  - Rural women
  - Minority women

Hu, J., Wu, T., Damodaran, S., Tabb, K. M., Bauer, A., & Huang, H. (2020). The Effectiveness of Collaborative Care on Depression Outcomes for Racial/Ethnic Minority Populations in Primary Care: A Systematic Review. *Psychosomatics*.

Depression During and After Pregnancy Can Be Prevented, National Panel Says. Here's How.

The New York Times

The task force of experts recommended at-risk women seek certain types of counseling, and it cited two specific programs that have been particularly effective.

Captoria Porter of Bolingbrook, Ill., has seven children ages 11 to two months and experienced no depression during or after her first five pregnancies. But during her sixth, things were different: "I was really sad. I didn't want any company." Nolis Anderson for The New York Times

What You and Your Family Need to Know About Maternal Depression

A government panel's new recommendations could bring hope to many women at risk for the condition. Here is what the group said and how you can use the information.

Feb. 12, 2019

DEPRESSION SCREENING

COUNCIL ON PATIENT SAFETY
IN WOMEN'S HEALTH CARE
safe health care for every woman

Perinatal depression affects as many as
one in seven women.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

ACOG recommends all pregnant women be screened at least once during the perinatal period.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

U.S. Preventive Services Task Force

BARRIERS TO SCREENING

PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI)

- Authorized by Congress in 2010 as part of the Patient Protection and Affordable Care Act (PPACA)

- PCORI supports "research that addresses the questions and concerns most relevant to patients, and we involve patients, caregivers, clinicians, and other healthcare stakeholders, along with researchers, throughout the process".

UNIVERSITY-COMMUNITY PARTNERSHIP

- Community Engagement and Research Involvement
- Improving Clinical Practice
- Broadening the Horizon of Public Health Districts

PATIENT-ENGAGED RESEARCH CER

- Community Engagement
  - Pregnancy Expo
  - Town Hall
  - Coffee Hours
  - Happy Hour
- Patients as Partners
  - **ADVISORY BOARD**
  - Design
  - Dissemination
  - Capacity Building
- Comparative Effectiveness Research
  - Shared research questions

Perinatal Connect

KEY POINTS TO CARRY US FORWARD

- Universal Approaches are key to addressing disparities
- During COVID-19 mental health challenges increased
- Screening tools such as the PHQ-ADS appropriate
- Past Due - Clinical Research Innovation
- Community Partners and Patients as Partners are Key

THANK YOU

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WEINBURG RESEARCH AWARD FOR SOCIAL WORK FACULTY

www.perinatalconnect.org

ILLINOIS SOCIAL WORK

DEFINITIONS FOR TERMS USED

- Antenatal: the time period during pregnancy
- Collaborative Care: an integrated health care model with four distinct features
- Depression: a mood disorder, often indicated by the presence of elevated depressive symptoms (in most studies)
- Perinatal: the time period during pregnancy until up to 12 months after giving birth
- Postpartum: the time period after giving birth
- Race: a social construct based upon self-identification
- Suicidal ideation: thoughts of death or self-harm

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