UT Southwestern
Medical Center

The Imperative of Improving Access to Maternal Mental Health Care

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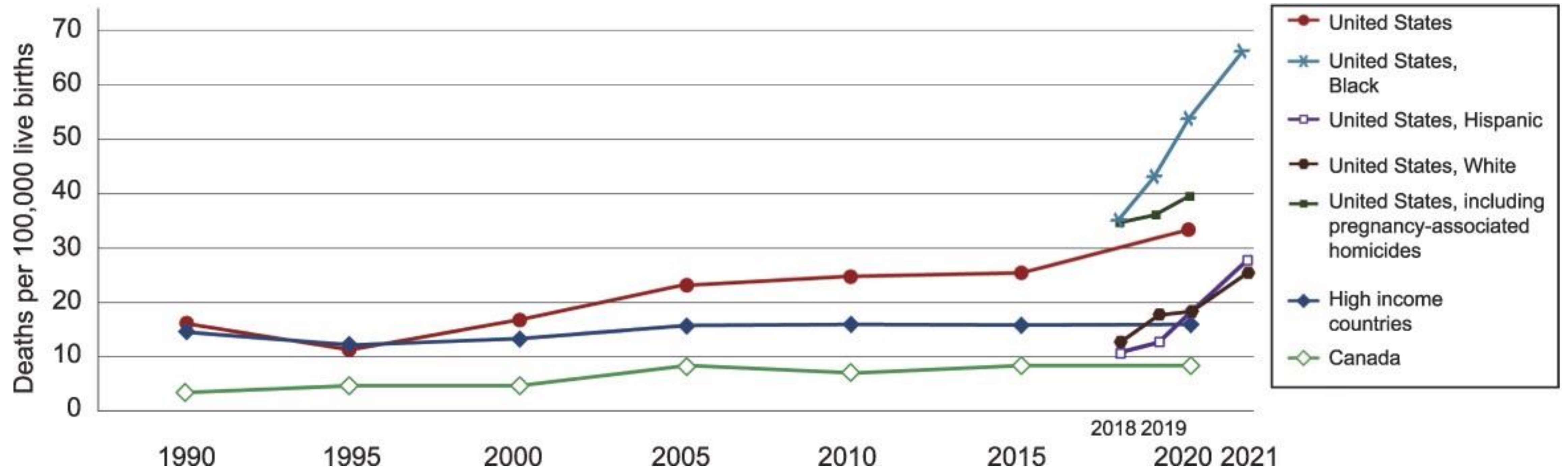
Objectives

Provide an overview of maternal mortality in the United States

Discuss suicidality in the peripartum period

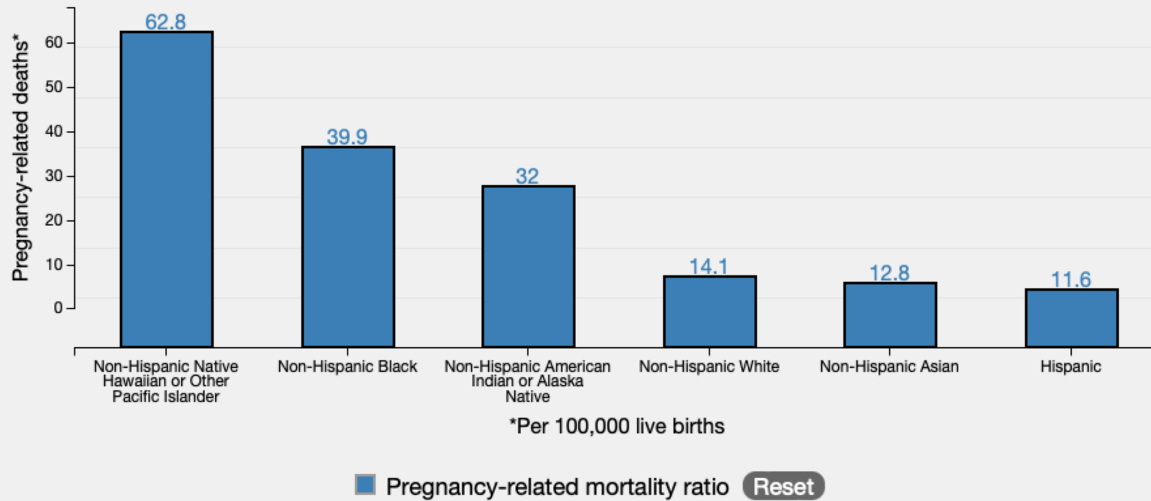
Understand how to use the Perinatal Psychiatry Access Network to improve access to care

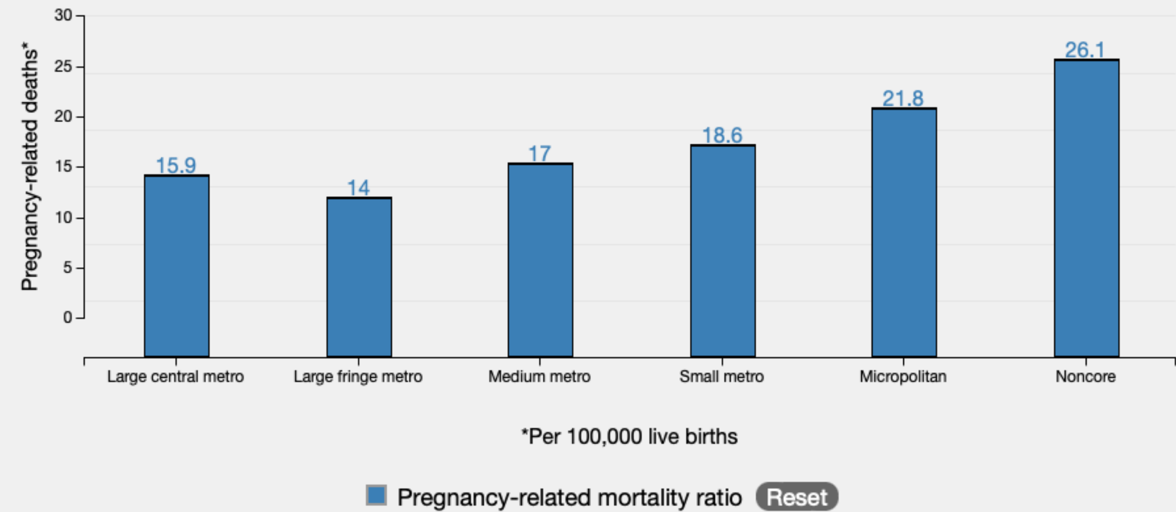
Maternal mortality



Maternal mortality rates in the United States, Canada, and all high-income countries. Data from 2021 provisional.[9,36–38]

Davidson. Preventable Maternal Mortality. Obstet Gynecol 2024.





https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html#table4

Davidson et al. Maternal Mortality: A National Institutes of Health Pathways to Prevention Panel Report. Obstetrics & Gynecology ():10.1097/AOG.0000000000005488, December 21, 2023

Maternal mortality

Suicide and overdose are the leading cause of death for childbearing persons in the year after delivery

Davis et al. 2019a, Kendig et al. 2017a, Orsolini et al. 2016, Rodriguez-Cabezas et al. 2018

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This Issue Views 10,124 | Citations 0 | Altmetric 77

Medical News & Perspectives

October 27, 2022

Detailed Maternal Mortality ... More Than 4 in 5 Pregnancy- ... US Are Preventable

Bridget M. Kuehn, MSJ

JAMA. 2022;328(19):1893-1895. doi:10.1001/jama.2022.19233

Table 4. Underlying causes of pregnancy-related deaths*, overall and by race-eth... from Maternal Mortality Review Committees in 36 US states, 2017-2019.1

Condition	Total N	Total %	Hispanic n	Hispanic %	Non-Hispanic AIAN n	AIAN %	Asian n	Asian %	Black n	Black %	N...
Mental health conditions[2]	224	22.7	34	24.1	2	–	1	3.1	21	7.0	(
Hemorrhage[3]	135	13.7	30	21.3	2	–	10	31.3	33	10.9	1
Cardiac and coronary conditions[4]	126	12.8	15	10.6	1	–	7	21.9	48	15.9	(

Table 4. Underlying Causes of Pregnancy-Related Deaths[a], Overall and by Race-Ethnicity[b], Data From Maternal Mortality Review Committees in 38 U.S. States, 2020[c]

Condition	Total: Number of pregnancy-related deaths	Total: %	Hispanic: Number of pregnancy-related deaths	Hispanic: %	AI/AN: Number of pregnancy-related deaths	AI/AN: %	Asian: Number of pregnancy-related deaths	Asian: %
Mental health conditions[d]	115	22.5	16	15.8	2	-	1	7.7
Cardiovascular conditions	85	16.6	12	11.9	2	-	1	7.7
Cardiomyopathy	*35*	*6.8*	*5*	*5*	*2*	*-*	*1*	*7.7*
Other cardiovascular conditions[e]	*50*	*9.8*	*7*	*6.9*	*0*	*-*	*0*	*0.0*
Infection	84	16.4	32	31.7	2	-	1	7.7
COVID-19	*54*	*10.6*	*29*	*28.7*	*2*	*-*	*0*	*0*
Hemorrhage	57	11.2	14	13.9	0	-	1	7.7
Embolism	44	8.6	5	5	0	-	2	15.4
Hypertensive disorders of pregnancy	36	7.1	7	6.9	0	-	1	7.7
Amniotic fluid embolism	19	3.7	4	4	0	-	3	23.1

https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html#table4

Davidson et al. Maternal Mortality: A National Institutes of Health Pathways to Prevention Panel Report. Obstetrics & Gynecology ():10.1097/AOG.0000000000005488, December 21, 2023

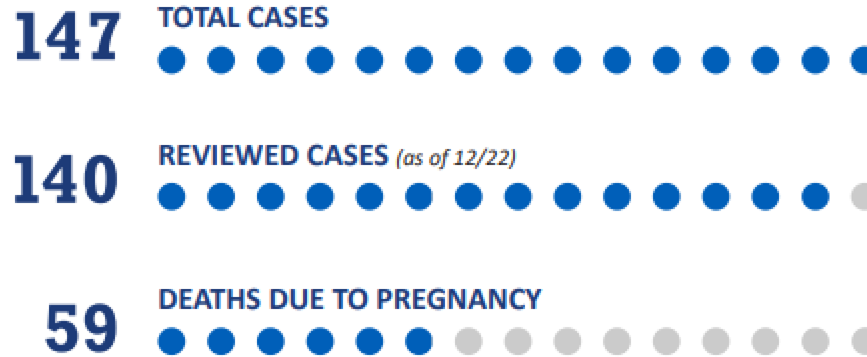
Texas Maternal M... Committee

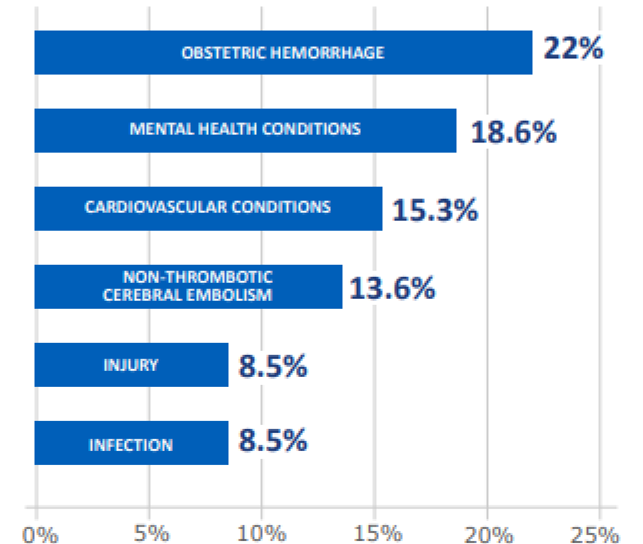
Leading underlying causes o...

Texas Maternal Mortality and Morbidity

Data Snapshot

*as of December 2022





12 WOMEN DIED PER MONTH ON AVERAGE

In 2020, Black women were 2x more likely to experience critical health issues –

1.7x more likely to have **hemorrhage-related** health issues.

3.2x more likely to have **preeclampsia-related** health issues.

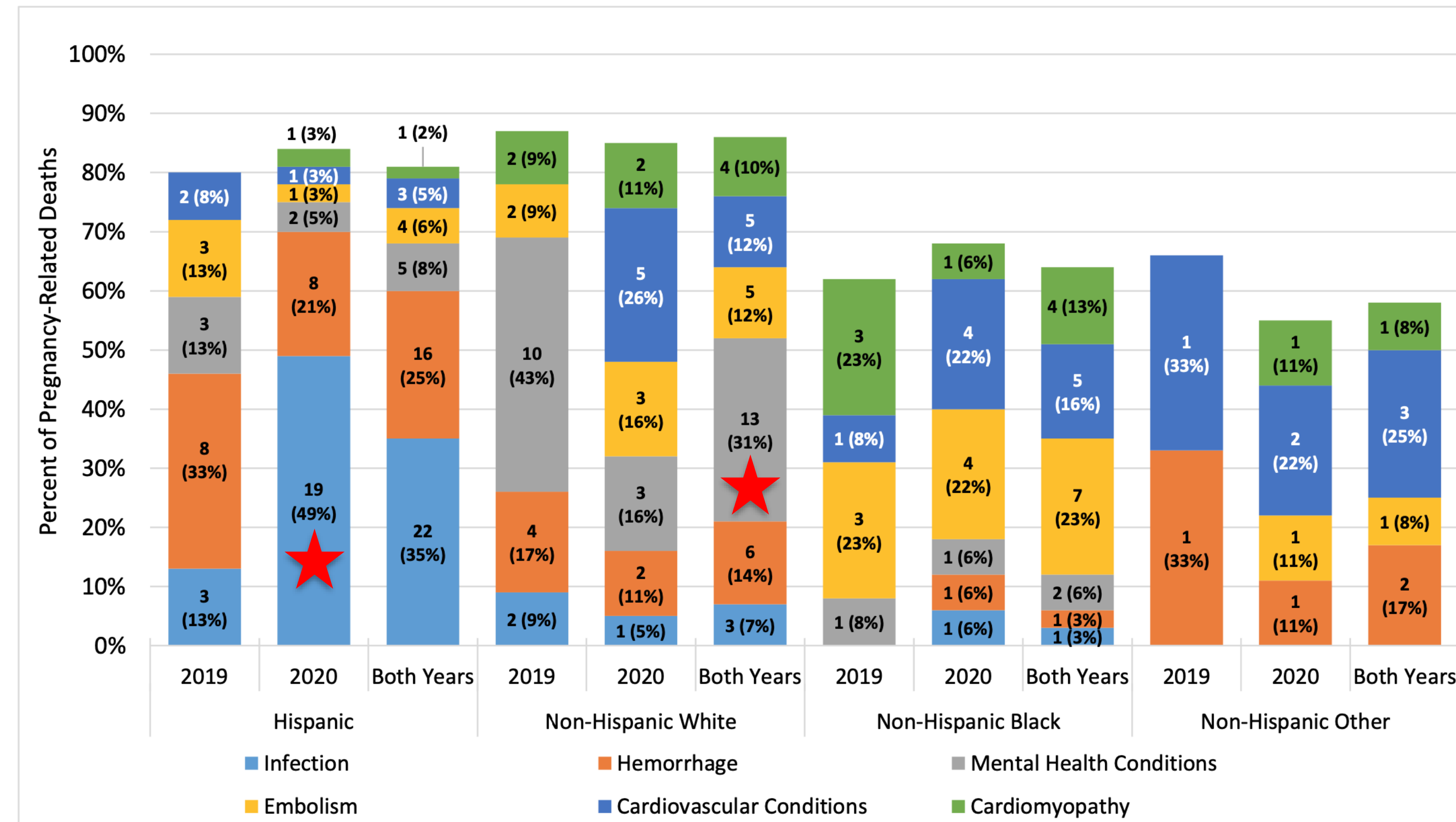
2.3x more likely to have **sepsis-related** health issues.

https://www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/Addendum-2022-MMMRC-DSHS-Joint-Biennial-Report.pdf

Texas Maternal Mortality and Morbidity Review Committee

Leading underlying causes of reviewed pregnancy-related deaths, Texas, 2019 and 2020

Figure C-3. Six Leading Causes of Pregnancy-Related Death by Race and Ethnicity, 2019 and 2020 (N=148).

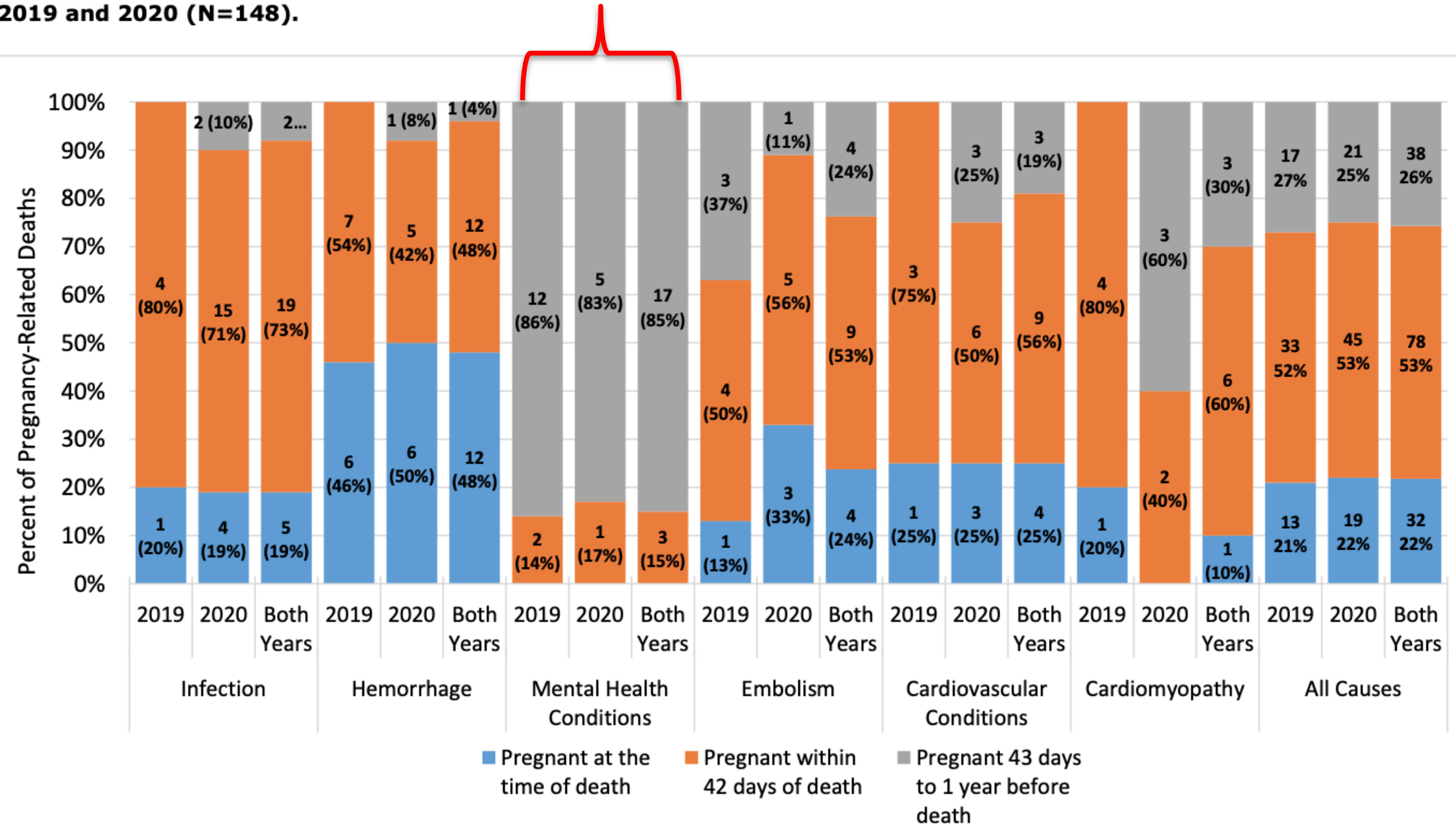


PeriPAN

https://www.dshs.texas.gov/sites/default/files/legislative/2024-Reports/MMMRC-DSHS-Joint-Biennial-Report-2024.pdf

Suicidality in the Pe

- Suicidal ideation
  - 5-14% report thoughts of se
- Suicide attempts are more like
- Is the peripartum period prote
  - Lower rates of suicide during
  - Elevated rates of suicide pos



Lindahl et al Arch of WMH, 2005; Oates British medical bulletin, 2003; CL Palladino et al. Obstetrics and Gynecology, 2011; Mangla et al AJOG 2019

Risk Factors for Perinatal Suicide

- Preexisting and/or comorbid psychiatric disorders such as major depressive disorder, bipolar disorder, or anxiety
- Comorbid substance use disorders (especially opioid use disorder)
- Prior psychiatric hospitalization
- Prior suicide attempts or family history of suicide
- Lack of psychiatric care or discontinuation of psychotropic medications
- Perinatal complications
- Intimate partner violence
- Unpartnered or lack of social support
- Unwanted or unintended pregnancy
- Nulliparity
- Adolescent pregnancy

Alhusen et al. 2015b, Chisholm et al. 2017, Campbell et al. 2021, Mangla et al AJOG 2019, Orsolini et al 2016

Assessing Suicide Risk

- Assess for nature, intent, plan, lethality, access
- Maintain an open, direct, and non-judgmental tone
- Always ask, what would happen to baby?
- Concerning statements
- Preparatory behaviors

Mangla et al AJOG 2019, Orsolini et al 2016

Infanticide

- Infanticide in the United States
  - 8/100,000 infants in the US die by infanticide
  - 16-29% of mothers complete suicide after filicide
- Psychiatric disorders are associated with infanticide
  - 4% risk of infanticide with untreated postpartum psychosis
  - Often associated with altruistic delusions

Table 4

Infanticide motives: Not all are related to mental illness

Motive	Description	Relevance to PPP
Fatal maltreatment	The most common cause of infanticide Death as a result of abuse or neglect (often chronic)	Rarely related to PPP, but a mother with PPP may have irritability or difficulty providing for the infant's needs
Unwanted child	Infant is unwanted due to inconvenience or future plans	Rarely related to PPP
Partner revenge	The least common cause of infanticide Murder of infant to cause suffering of other parent, may occur during custody battle	Rarely related to PPP
Altruistic	A mother with psychosis or depression kills her infant "out of love" believing that she is preventing earthly suffering; or a suicidal mother kills her infant and herself, rather than leave the infant in the world motherless	Often related to PPP or PPD
Acutely psychotic	A mother kills her infant for no comprehensible reason, such as in response to command hallucinations, or confusion in delirium	Often related to PPP

PPD: postpartum depression; PPP: postpartum psychosis

Source: Reference 27

Postpartum psychosis

Postpartum blues	Perinatal depression	Postpartum psychosis
50-85%	10-15%	0.1-0.2%
Within 1 week postpartum	May start during pregnancy or up to 1 year postpartum*	Dramatic, within 2 weeks postpartum
Fluctuating, labile mood; anxiety, tearfulness Does not impair functioning	Depressed mood; prominent anxiety symptoms Increases risk for suicidal and infanticidal thoughts and behaviors	Mania and/or mixed affective state; agitation, bewilderment, delusions, disorganized behavior Substantially increases suicide and infanticide risk

Doyle M et al., BJPsych advances, 2015;21(1):5-14.

Screening Instruments for Perinatal Mood and Anxiety Disorders

- ❖ Edinburgh Postnatal Depression Scale (EPDS)
- ❖ Postpartum Bonding Questionnaire (PBQ)
- ❖ Perinatal Anxiety Screening Scale (PASS)
- ❖ Mood Disorders Questionnaire (MDQ)

Items	Always	Very often	Quite often	Some-times	Rarely	Never
1. I feel close to my baby						
2. I wish the old days when I had no baby would come back						
3. I feel distant from my baby						
4. I love to cuddle my baby						
5. I regret having this baby						
6. The baby doesn't seem to be mine						
7. My baby winds me up						
8. I love my baby to bits						
9. I feel happy when my baby smiles or laughs						
10. My baby irritates me						
11. I enjoy playing with my baby						
12. My baby cries too much						
13. I feel trapped as a mother						
14. I feel angry with my baby						
15. I resent my baby						
16. My baby is the most beautiful baby in the world						
17. I wish my baby would somehow go away						
18. I have done harmful things to my baby						
19. My baby makes me feel anxious						
20. I am afraid of my baby						
21. My baby annoys me						
22. I feel confident when caring for my baby						
23. I feel the only solution is for someone else to look after my baby						
24. I feel like hurting my baby						
25. My baby is easily comforted						

Mangla et al AJOG 2019, Orsolini et al 2016

Safety Planning

- Environmental stressors and warning signs
- Coping Skills
- Social Supports
- Professional Support
  - 1-833-TLC-MAMA, 1-800-944-4773 (PSI HelpLine), 988
- Removal of Means
- Preferred hospital or programs
- Engage partners and family whenever possible

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Levels of Care

- ❖Outpatient
- ❖Partial Hospitalization Program
- ❖Inpatient

Perinatal Psychiatry Access Network in Texas (PeriPAN)

Call to **enroll** for free at **888-901-(2726)** and get help with a patient quickly.

PeriPAN is a **state-funded program** available to **enroll** for clinicians in Texas that are treating new and expectant mothers with mental health concerns

PeriPAN's perinatal psychiatrists and clinical staff can provide:

- Real-time support to clinicians on issues such as medication management and treatment plans for perinatal patients
- Referral assistance
- Vetted resources

PeriPAN is a consult hotline available to **outpatient** clinicians who screen or provide care to women in the prenatal, perinatal, birthing, and postpartum period such as:

- OB/Gyns
- Pediatricians
- Family practitioners
- Psychiatrists
- Psychologists
- Midwives
- Other Primary Care Physicians

Background

The Texas Child Mental Health Care Consortium (TCMHCC) was created by the 86th Texas Legislature to leverage the expertise and capacity of the health-related institutions of higher education to address urgent mental health challenges and improve the mental health care system in this state in relation to children and adolescents.

One of TCMHCC's five initiatives is the **Child Psychiatry Access Network (CPAN):**
Primary care providers can access the Child Psychiatry Access Network (CPAN) for assistance with behavioral health care for their child and adolescent patients.

In 2021, the Texas Legislature approved federal funding from the American Rescue Plan Act for expanded services of several of the Consortium's initiatives.

CPAN expanded to include the health of the mother (pregnant or postpartum up to one year) through the **PeriPAN program**.

UTSW PeriPAN Faculty & Staff

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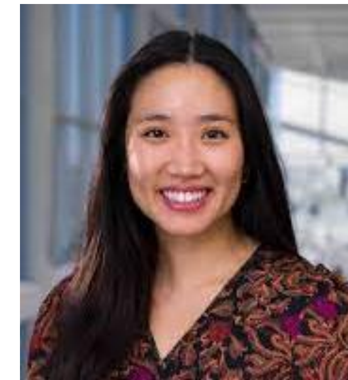
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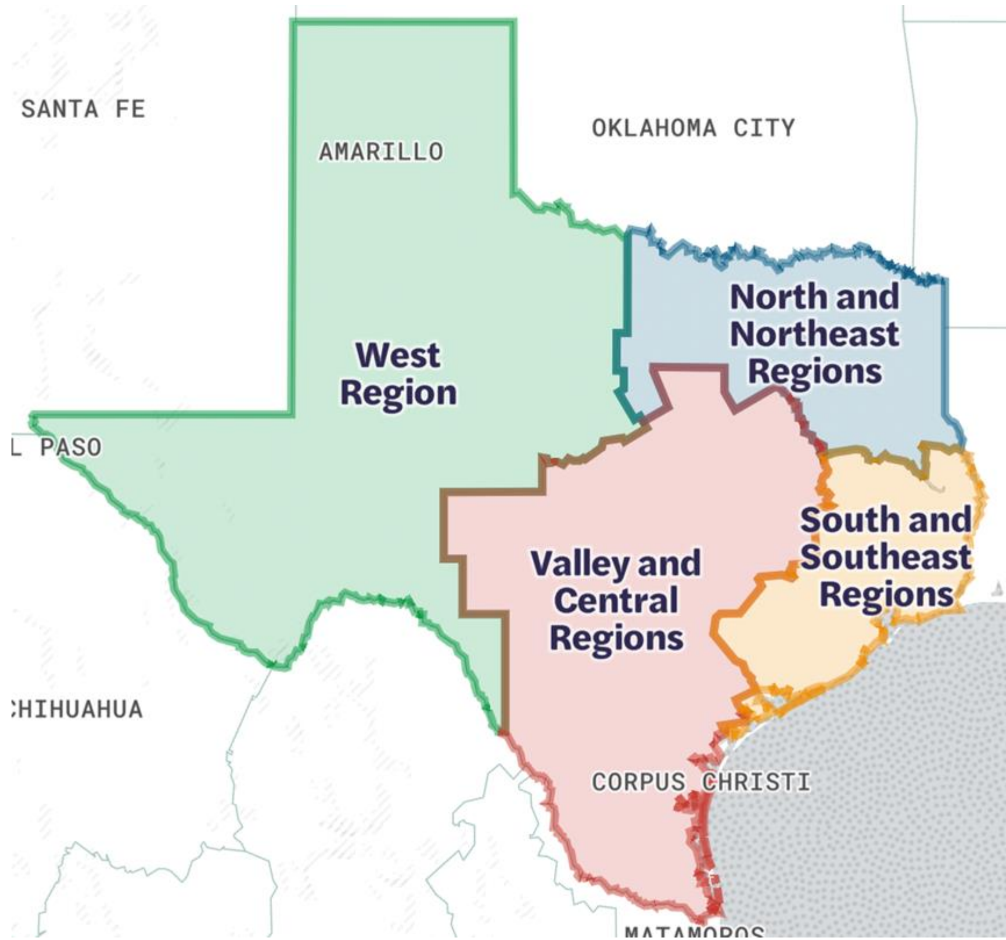
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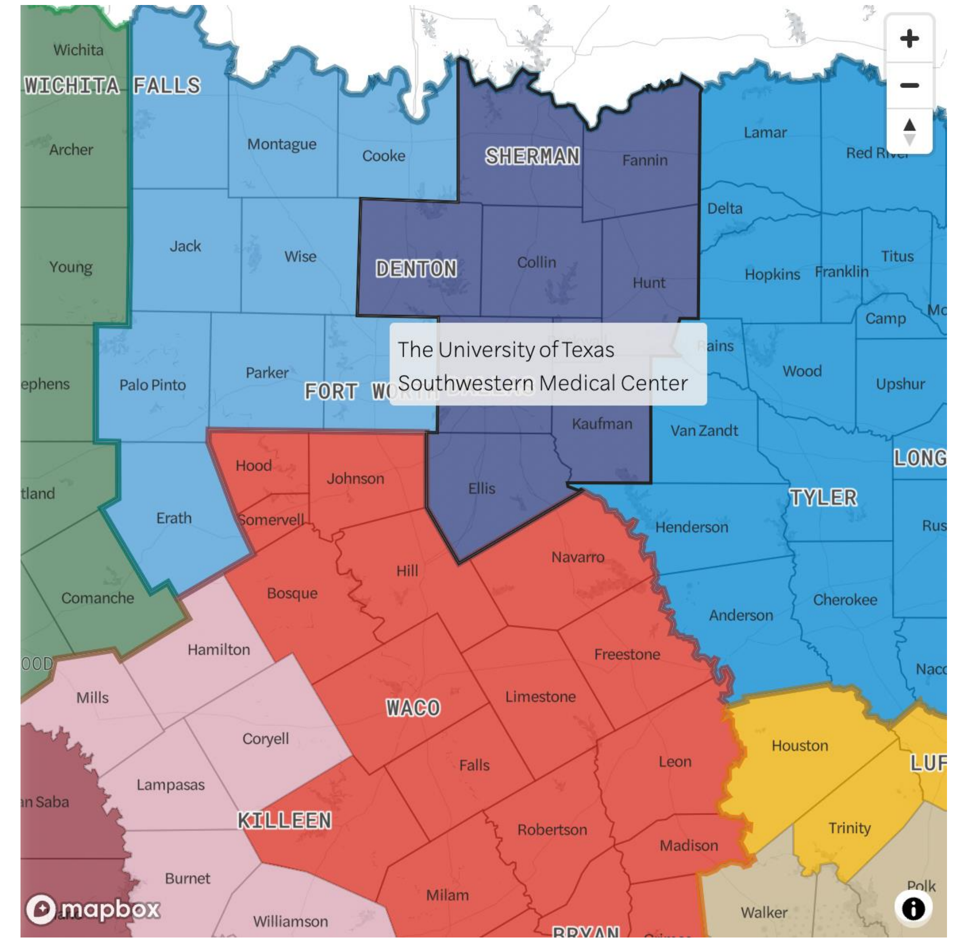
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FOR PROVIDERS FOR SCHOOLS LEARN ABOUT EVENTS NEWS RESOURCES

Perinatal Psychiatry Access Network (PeriPAN)

Clinicians or other Health Professionals

To speak with your local PeriPAN team

Call 1-888-901-2726

Hours: Monday-Friday, 8 AM-5PM

Or use our Contact Form

A team member will respond to you within one business day

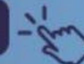
Quick Links

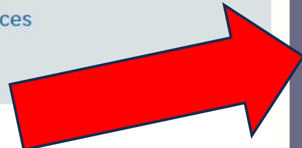
- What is PeriPAN?
- PeriPAN's Core Components
- PeriPAN's Geographic Network of Psychiatrists
- Toolkits and Resources
- Background

Nearly 50k mothers who gave birth in 2019 had a mental health concern like depression

Expand your knowledge of maternal mental health with PeriPAN's state-funded monthly CME webinars.

Sign up, and start learning!





Offered through The Texas Child Mental Health Care Consortium's Perinatal Psychiatry Access Network

FAQ’s:

Does it cost to call?

PeriPAN and CPAN services are free

How do I enroll my office in CPAN and PeriPAN?

Call 1-888-901-2726: » Select and confirm PeriPAN is available in your region. » If you are unsure of your region, please call the number above and select the Central Operations Support Hub option for further assistance.

Can I bill my time for reimbursement when I use PeriPAN and CPAN?

Yes. Calling PeriPAN and CPAN is justification to document increased time or complexity-based coding.

Hours of operation?

Mon-Fri 8am-5pm, except for state holidays.

What information do you need from me when I call?

Brief demographic and health status information in addition to your specific consultation request.

How many times can I call?

As many times as you feel necessary. Through a shared electronic health record, PeriPAN and CPAN clinicians can see what was recommended in the last consultation to facilitate continuity of care management.

Can I refer my patient to PeriPAN and CPAN for a direct assessment by the clinician?

Yes, if determined necessary/helpful by the consulting psychiatrist.

Contacting your regional PeriPAN & CPAN team

CPAN & PeriPan
Contact Card

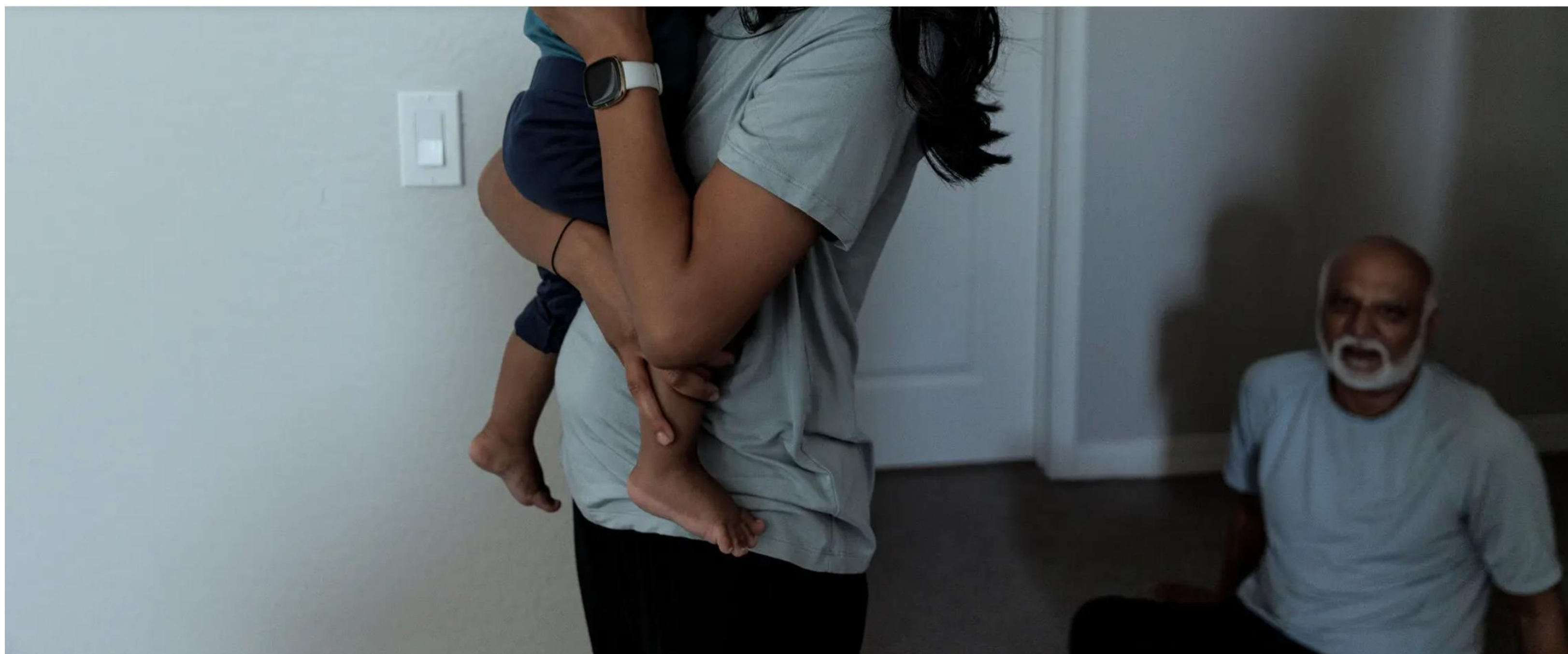
1. Text: **469-527-3501** (no PHI, just request callback from psychiatrist at preferred time)
   Call hotline **1 (888) 901-2726**
   Press Option 1 for North/Northeast Region
   Then press 2 for UT Southwestern Hub
   Then press 1 for CPAN or press 2 for PeriPAN

1. Speak with clinician within 5 minutes to assess needs and questions. Receive resources and referrals from mental health clinicians if needed.

2. If the question is diagnostic or medication related, a psychiatrist will call you back within 30 minutes or you can schedule a call back time.

Website: https://tcmhcc.utsystem.edu/
For questions,call 1-888-901-2726, OR email PeriPAN@UTSouthwestern.edu or CPAN@childrens.com

Support



“The only way I was able to prioritize my recovery is because I had so much support at home from my husband, and my parents, who stayed with us after the baby was born,” Ms. Hiralal said. Adriana Zehbrauskas for The New York Times

Online Support Groups

Over 30 specialty groups available
5 days a week

Learn more about PSI Online support

...ternal Mental Health Hotline

Are you a new parent - or about to be - and feeling sad, worried, overwhelmed, or concerned that you aren’t good enough?

For emotional support and resources
CALL OR TEXT 1-833-TLC-MAMA (1-833-852-6262)

Free – Confidential – 24/7
60+ Languages

Thank You!