

(New) Safe Deliveries Roadmap: Perinatal Mental Health

Contact	Jenica Sandall, JenicaS@wsha.org		
Measure eligibility:	All hospitals* that participate in MQI and have a labor and birth		
	department are eligible to complete this metric.		
Clinical Rationale:	According to the CDC, 1 in 5 birthing people suffer from a mental health or substance use disorder 1. Behavioral health conditions, including suicide, accounted for 32% of all pregnancy-related deaths in Washington State 2 and are the leading cause of maternal mortality in the United States. Eighty percent of all pregnancy-related deaths are preventable and significant disparities in incidence and outcomes exist, especially for Black and Indigenous patients. It is estimated that up to 75% of people with perinatal mental health (PMH) conditions never get treatment3.		
	A priority recommendation from the WA Maternal Mortality Review Panel was to address mental health and substance use disorders by increasing screening, prevention, and treatment for pregnant and parenting people. Statewide implementation of the AIM Perinatal Mental Health Bundle4 aims to address this recommendation.		
	Implementing systems to improve screening, treatment, referral, and continuity of care from antepartum to intrapartum and from postpartum to the community takes time. Perinatal mental health will continue as a measure in 2025 and hospitals are encouraged to continue AIM Perinatal Mental Health Bundle implementation activities between measurement periods.		
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	Selected References: 1. Centers for Disease Control and Prevention. (2022, September). Four in 5 pregnancy-related deaths in the U.S. are preventable. Centers for Disease Control and Prevention. https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html		
	2. Stein, BS., Sedano, C., Gardner, D., Silverman, E., Mentzer, K., Tibbs Christensen, T., & Shah, U.A. (2023, February). Washington State Maternal Mortality Review Panel: Maternal Deaths 2017—2020. Washington State Department of Health. https://doh.wa.gov/sites/default/files/2023-02/141-070-		
	MaternalMortalityReviewPanelReport-2023.pdf 3. Clarke DE, De Faria L, Alpert JE, The Perinatal Mental Health Advisory Panel, The Perinatal Mental Health Research Team. (2023). Perinatal Mental and Substance Use Disorder: White Paper. American Psychiatric Association.		
	 https://www.psychiatry.org/maternal 4. American College of Obstetricians and Gynecologists. (2022). Perinatal Mental Health Conditions. AIM. 		
	https://saferbirth.org/psbs/perinatal-mental-health-conditions/		

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	5. Maternal Mental Health Leadership Alliance. (December 2022). Perinatal mental health education and screening project. https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/63ff6c10a47afd07e822073f/1677683735082/MMHLA+Final+Report+2-27-2023.pdf			
Definition:	Part A. Gap & Needs Assessment			
	Complete and submit the Perinatal Mental Health gap and needs assessment with input from a multidisciplinary team with			
	assessment with input from a multidisciplinary team with representation from relevant team members specific to your			
	hospital/department workflow (i.e. nurse, social worker, obstetric			
	clinician, pediatric clinician, case management, mental health			
	clinician, etc.)			
	Part B. Process, Resource, & Policy Documents			
	Upload documents:			
	a. A document that describes the current process related to			
	mental health screening, assessment, and education for			
	obstetric patients in the hospital (~500 words or less). b. Documents or referral resources and communication			
	pathways your hospital utilizes to address patient needs,			
	including social drivers of mental and physical health			
	c. Resources and education provided to patients identified			
	as having a mental health condition before discharge			
	(may be multiple files)			
	d. Any hospital/OB department policy/protocol/guideline(s),			
	etc. relevant to perinatal mental health, if available.			
Included Populations:	Each hospital with a labor and birth department.			
Exclusions:	Hospitals that do not have a labor and birth department			
Fields to be reported:	Part A.			
	Submit the completed gap and needs assessment via the Qualtrics:			
	Part A – Perinatal Gap and Needs Assessment: Qualtrics Survey			
	NOTE: Part A questions can be found here: <u>link</u>			
	Part B.			
	Submit the completed narrative and upload via			
	SharePoint. For access permissions email Dataanalytics@wsha.org			
Data Collection period:	Part A and Part B: July 1 – August 31, 2024			
Reporting deadline:	Part A and B submissions due by: August 31, 2024			

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Audits and validation: Do not change	Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks.					
Submission Frequency:	Part A and B. Once between July 1st and August 31st, 2024.					
Data collection system:	Qualtrics for Part A and WSHA SharePoint for Part B					
Data Scoring:	This measure is all or nothing scoring. Each hospital with a labor and birth unit <i>must complete part A and part B</i> to be eligible for scoring. Hospitals that do not complete part A <i>and</i> B will receive 0 points. Hospitals that complete and submit part A and part B will receive 10 points. *For hospitals that are reporting under one licensure (share a CCN): Damust be submitted from each hospital to be considered for this measure Scores from each hospital will be averaged.					
		Thresholds	No Submissions for Part A AND Part B	Submit Part A (Needs Assessment) and Part B (Upload of Process, Resource & Policy Documents)		

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