



Maternal Mental Health Advisory Committee

January 21, 2022



Welcome and Introductions

Agenda

- Call to Order: Sara Salek, Chief Medical Officer, AHCCCS
- Welcome and Introductions: Dr. Salek
- Maternal Mental Health Advisory Committee Charge: Dr. Salek
- Arizona Department of Health (ADHS) Presentation:
 - Angie Lorenzo, Chief, Office of Women's Health, Bureau of Women's and Children's Health, ADHS
 - Clarke Erickson Baer, MHA, Maternal Mortality Review Program Manager, Bureau of Women's and Children's Health, ADHS
- Discussion of next steps including formation of subcommittees: Dr. Salek
- Call to Public
- 2022 Meeting Dates
- Adjourn

Maternal Mental Health Advisory Committee Charge

- Recommend improvements for screening and treating maternal mental health disorders
- On or before December 31, 2022, the advisory committee shall submit a report with recommendations concerning improvements for screening and treating maternal mental health disorders
- Advisory Committee terminates on June 30, 2023

Pursuant to [SB1011](#)



ADHS Presentation



Maternal Mortality Related to Mental Health Conditions and Substance Use Disorder in Arizona

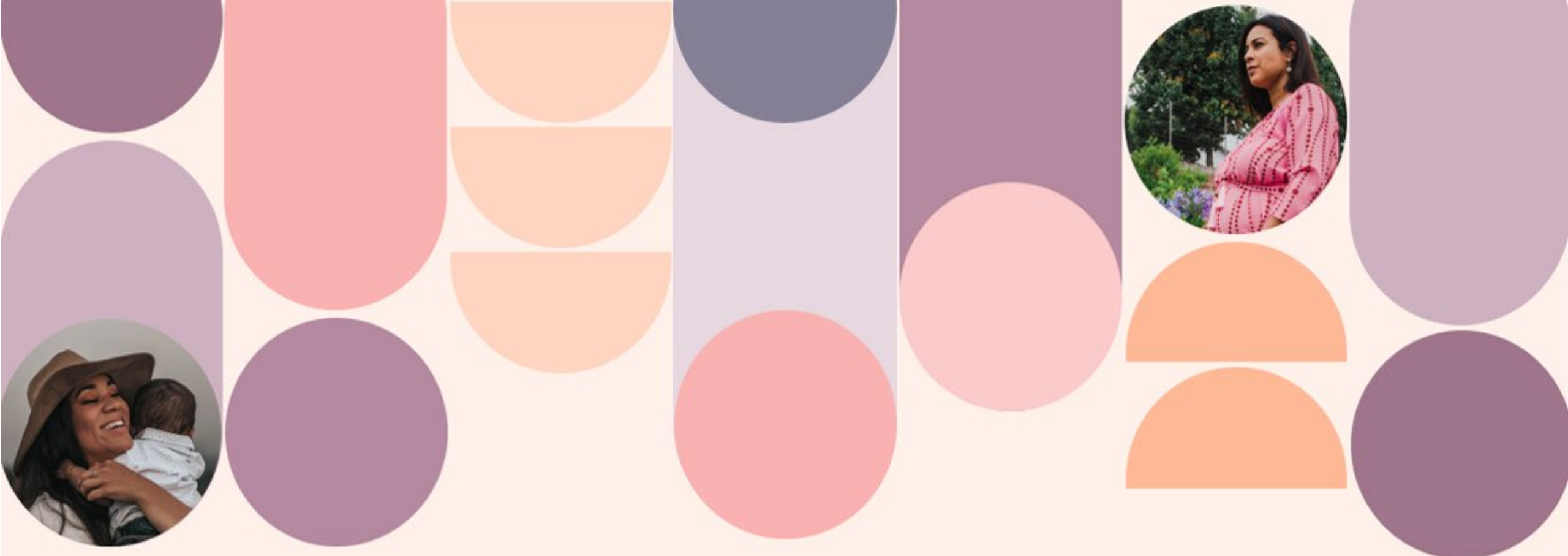
Presentation for the AHCCCS Maternal Mental Health Advisory Committee

Presented by Angie Lorenzo and Clarke Baer

January 21, 2021

Presentation Objectives

1. Provide an overview of maternal mortality and its association with maternal mental health and substance use disorder
2. Present data for mental health- and substance use-related maternal health outcomes in Arizona
3. Discuss next steps at ADHS to improve maternal mental and behavioral health outcomes in Arizona via the Arizona Maternal Mortality Action Plan

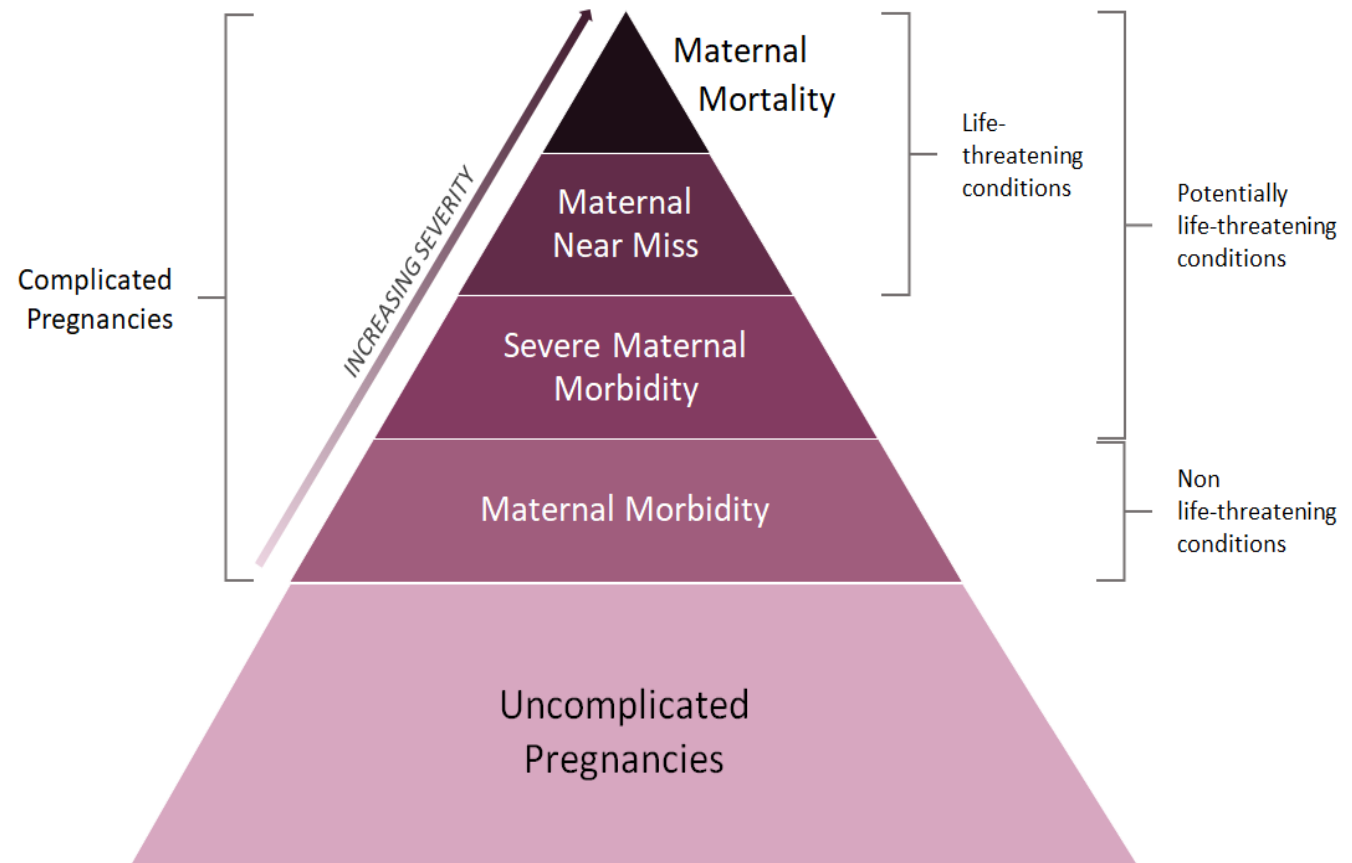


Overview of Maternal Mortality and Maternal Mental Health and Substance Use Disorder

Spectrum of Maternal Health Outcomes

Maternal Mortality:

Death of a woman while pregnant or within 1 year of the end of a pregnancy –regardless of the outcome, duration or site of the pregnancy—from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.
(CDC)



Pregnancy-Associated Deaths

- ▶ **Pregnancy-associated death:** The death of a woman while pregnant or within one year of the end of pregnancy, irrespective of cause.
- ▶ **Pregnancy-related death:** The death of a woman while pregnant or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.
- ▶ **Pregnancy-associated but NOT related death:** The death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy.

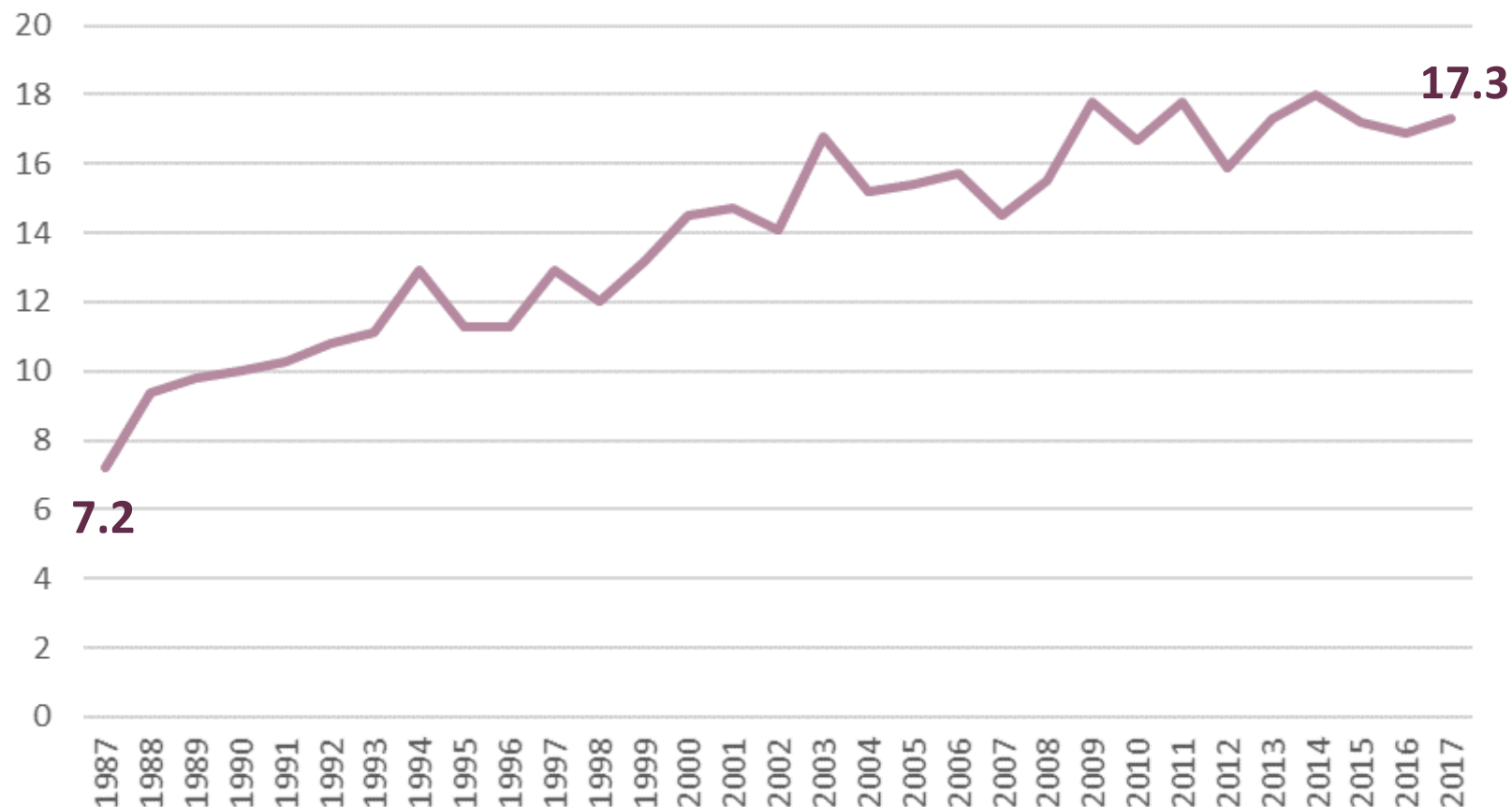


Pregnancy-Related Mortality in the United States, 1987 - 2017

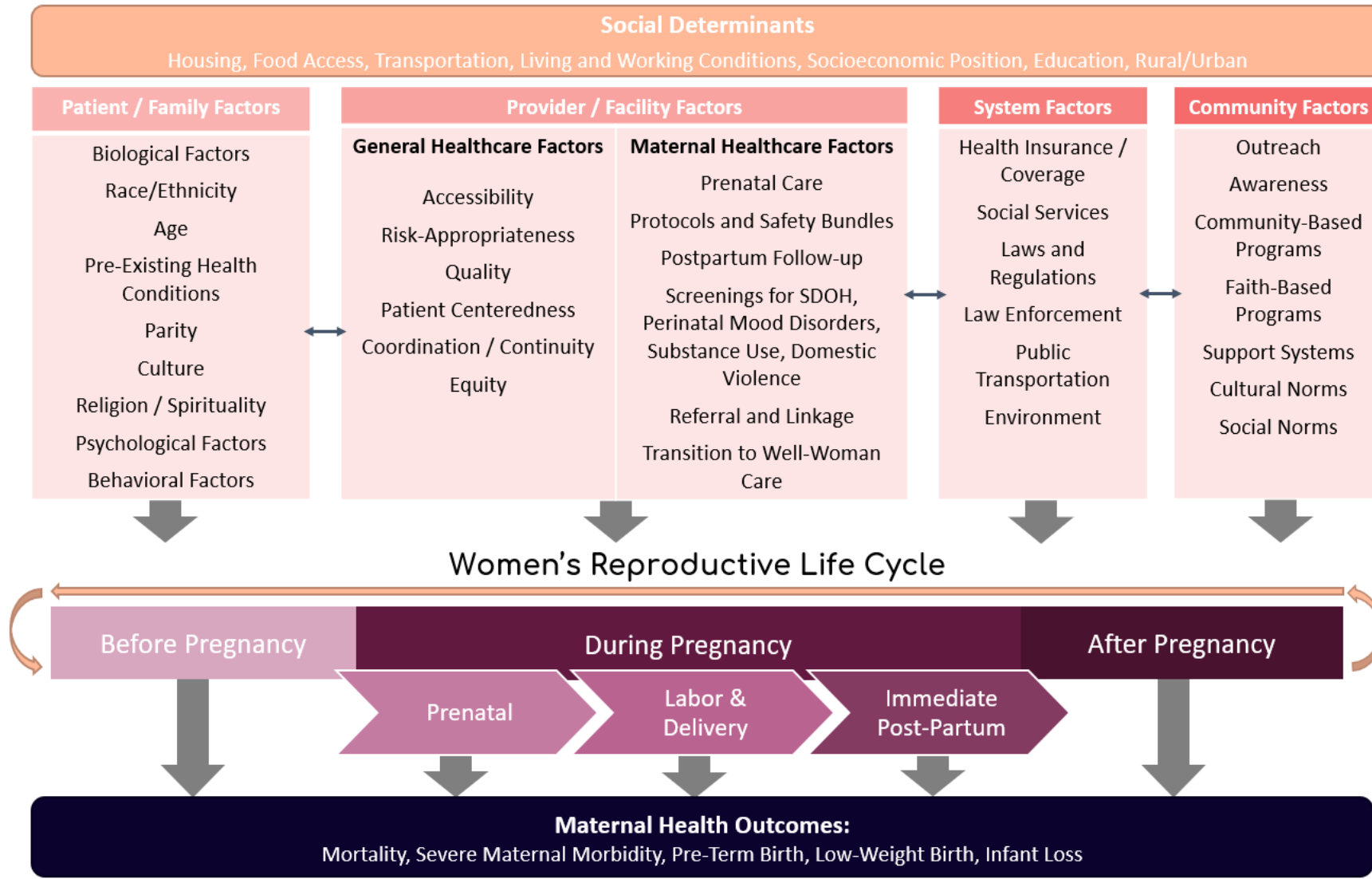


Pregnancy-Related Mortality Ratio

Number of pregnancy-related deaths per 100,000 live births per year



Factors Impacting Maternal Mortality and Morbidity



Prevalence of Maternal Mental Health and Substance Use Disorders



1 in 5

women experience a maternal mental health condition in the US

Fawcett, 2019; Davis 2019

4x

Maternal opioid use disorder at delivery increased 4x between 1999 - 2014

Haight, 2018

3x

Inpatient treatment of pregnant women for methamphetamine use increased 3x between 1996 - 2006

ACOG, 2011

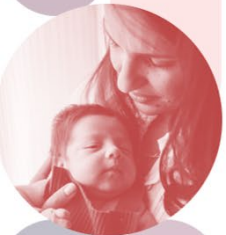
2x

Marijuana use doubled among pregnant women between 2010 - 2017

Volkow, 2019



Health Outcomes Associated with Untreated Mental Health or Substance Use Disorders



Among Women

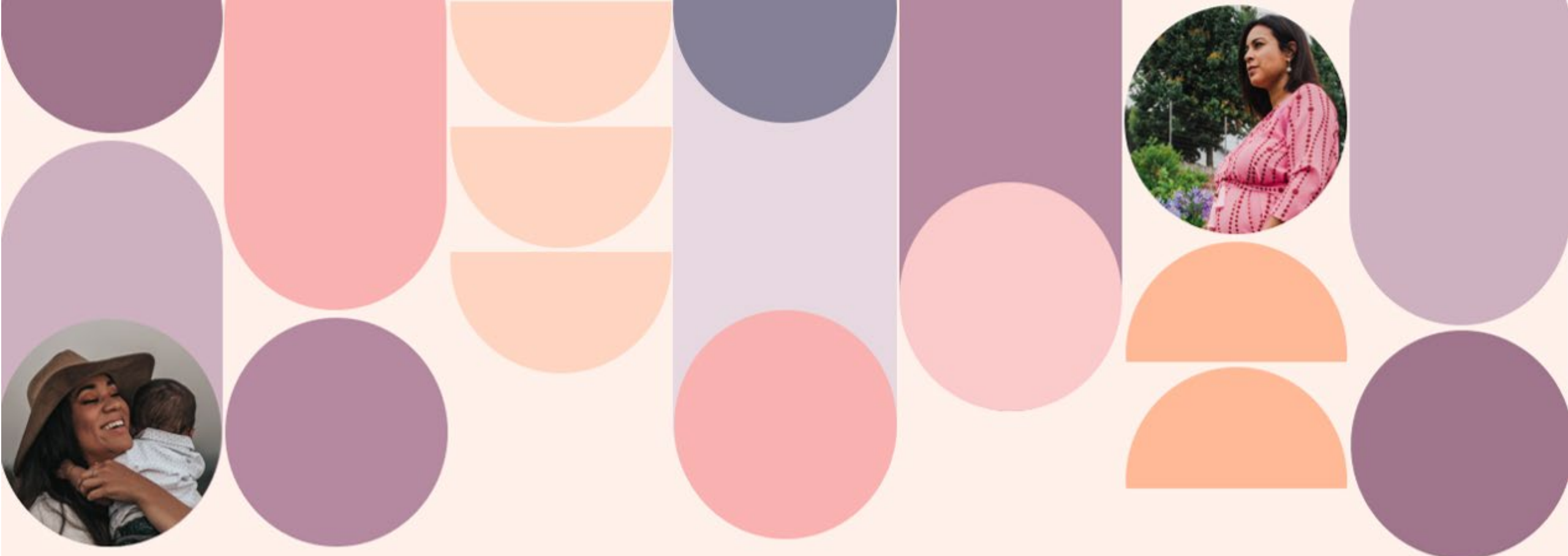
- Increased risk for adverse obstetrical outcomes (e.g., severe maternal morbidity, preterm birth, low birthweight, miscarriage)
- Exacerbation or onset of mental health condition
- Loss of sleep
- Substance use
- Inability to manage own or child's health or nutrition
- Challenges with breastfeeding or bonding with infant
- Increased rates of gestational hypertension and preeclampsia
- Possible suicide or attempted suicide
- Accidental or purposeful overdose

Among Infants

- Lower rates of breastfeeding
- Limited maternal-infant bonding
- Delays in early childhood development
- Increased rates of mental health conditions
- Preterm birth and/or low birth weight
- Neonatal abstinence syndrome (NAS) or withdrawal
- Unsafe infant sleep, carseat, and other home practices

Among Families

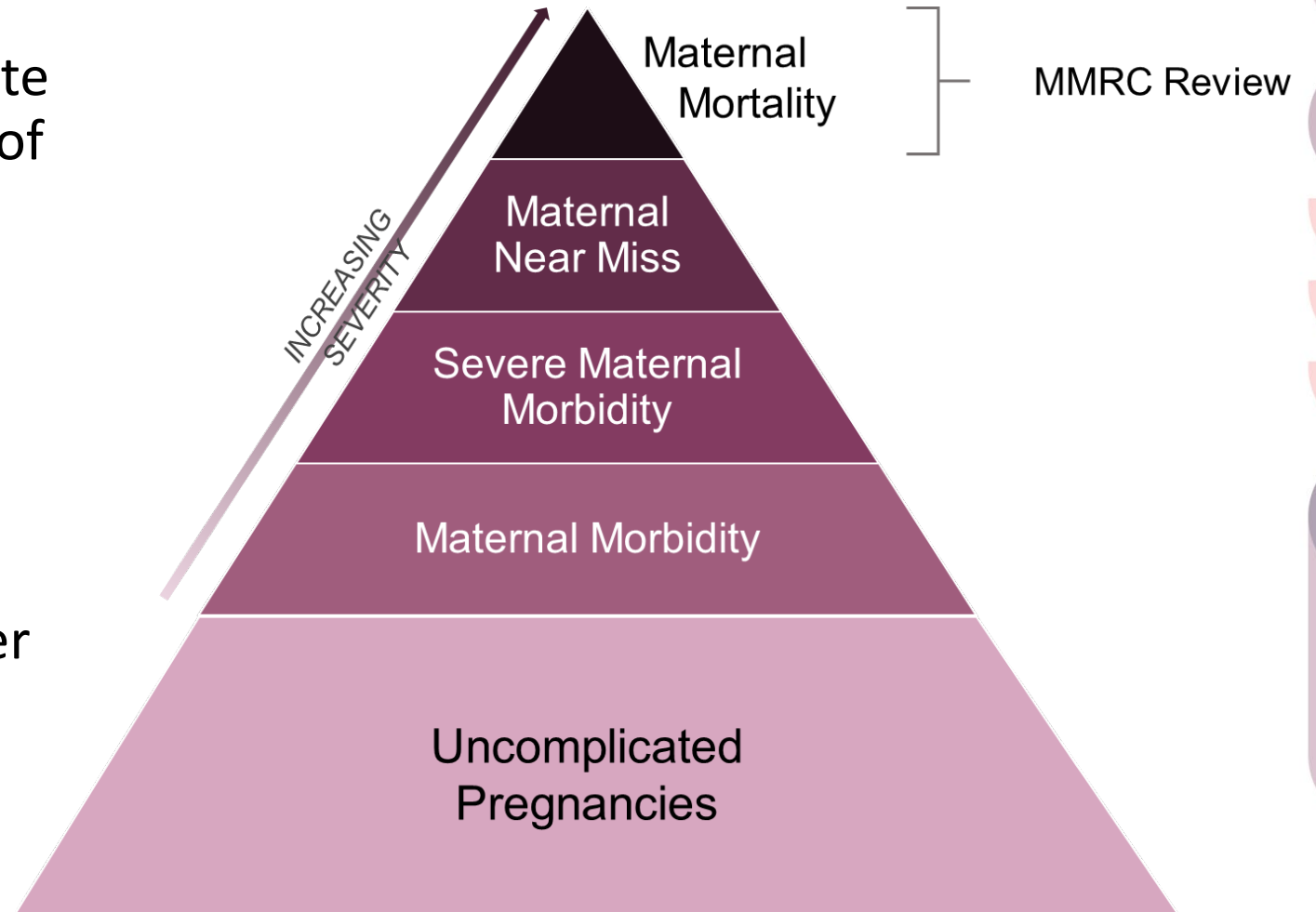
- Increased rates of paternal postpartum depression
- Decreased ability to support relationship partner
- Marital dissatisfaction



Maternal Health Outcomes in Arizona Related to Mental Health Conditions and Substance Use Disorder

Arizona Maternal Mortality Review Program

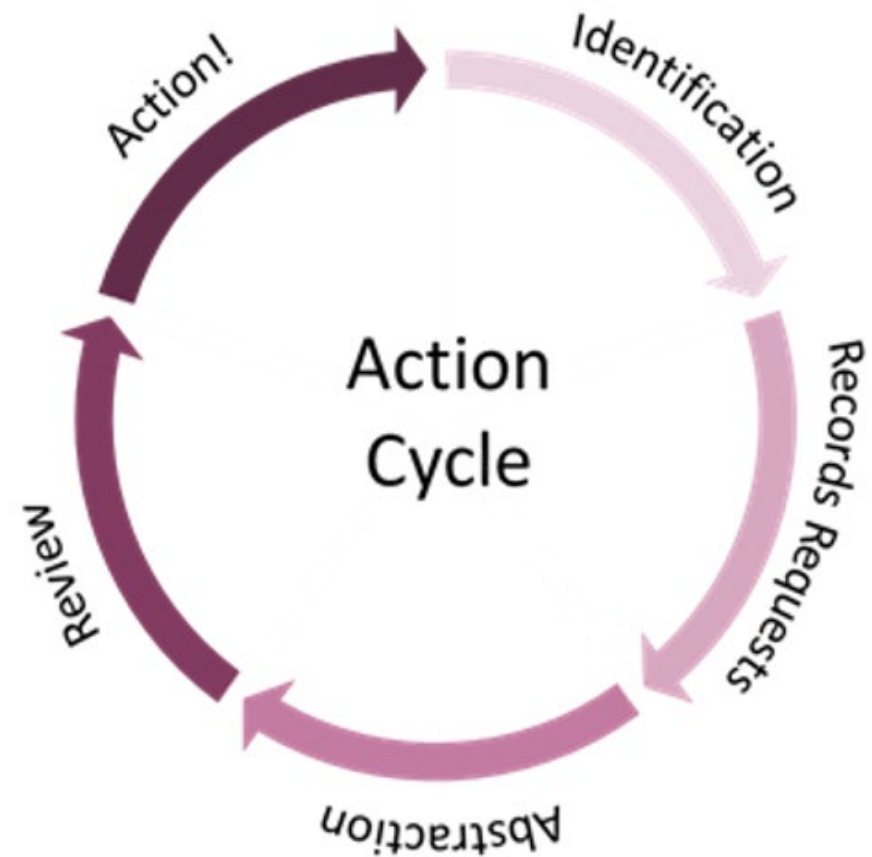
- ▶ Established by the Arizona Senate Bill 1121 on April 2011. Review of cases began July 2011.
- ▶ Multidisciplinary team reviews cases to identify preventative factors and produce recommendations for systems level changes.
- ▶ Latest report released December 31, 2020



MMRP Review Process

For every death, the MMRC aims to answer the following questions:

- Was the death pregnancy-related?
- What was the underlying cause of death?
- Was the death preventable?
- What are the contributing factors to the death?
- What specific and feasible actions might have changed the course of events (e.g., recommendations)?



MMRP Review Process

COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH

DID **OBESITY** CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID **DISCRIMINATION**** CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID **MENTAL HEALTH CONDITIONS** *OTHER THAN SUBSTANCE USE DISORDER* CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

DID **SUBSTANCE USE DISORDER** CONTRIBUTE TO THE DEATH? YES PROBABLY NO UNKNOWN

MANNER OF DEATH

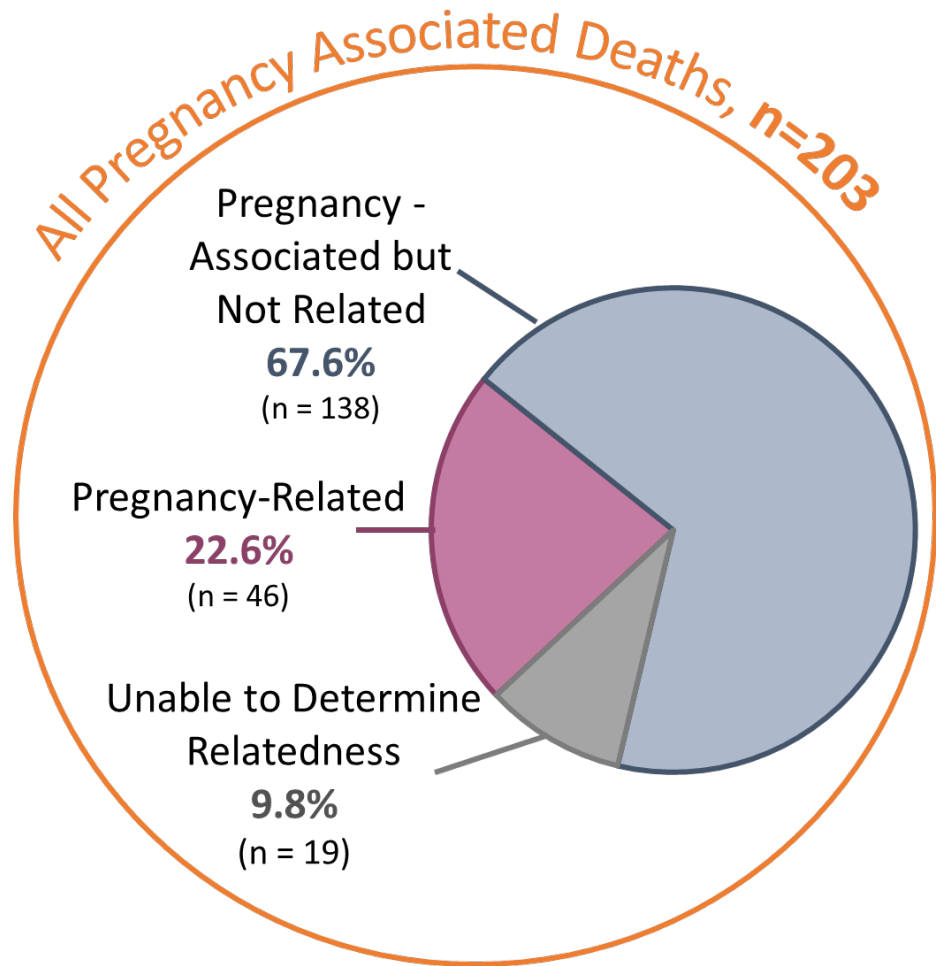
WAS THIS DEATH A SUICIDE? YES PROBABLY NO UNKNOWN

WAS THIS DEATH A HOMICIDE? YES PROBABLY NO UNKNOWN

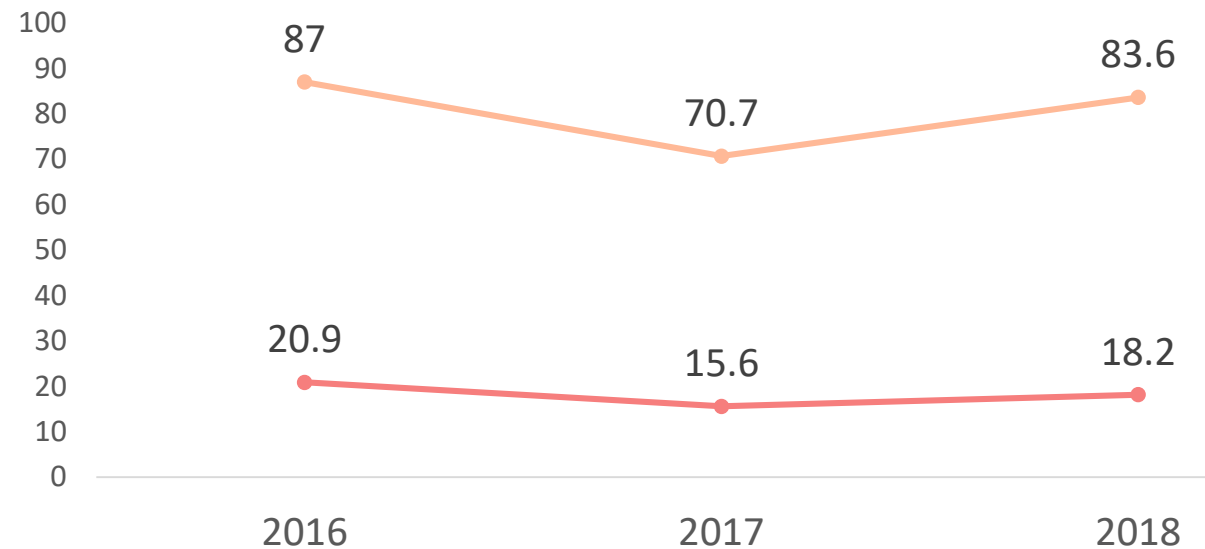


Maternal Mortality by Relatedness

2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days



Mortality Ratios (Deaths Per 100,000 Live Births)



— Pregnancy-Associated Mortality Ratio

*PRMR observances are <20

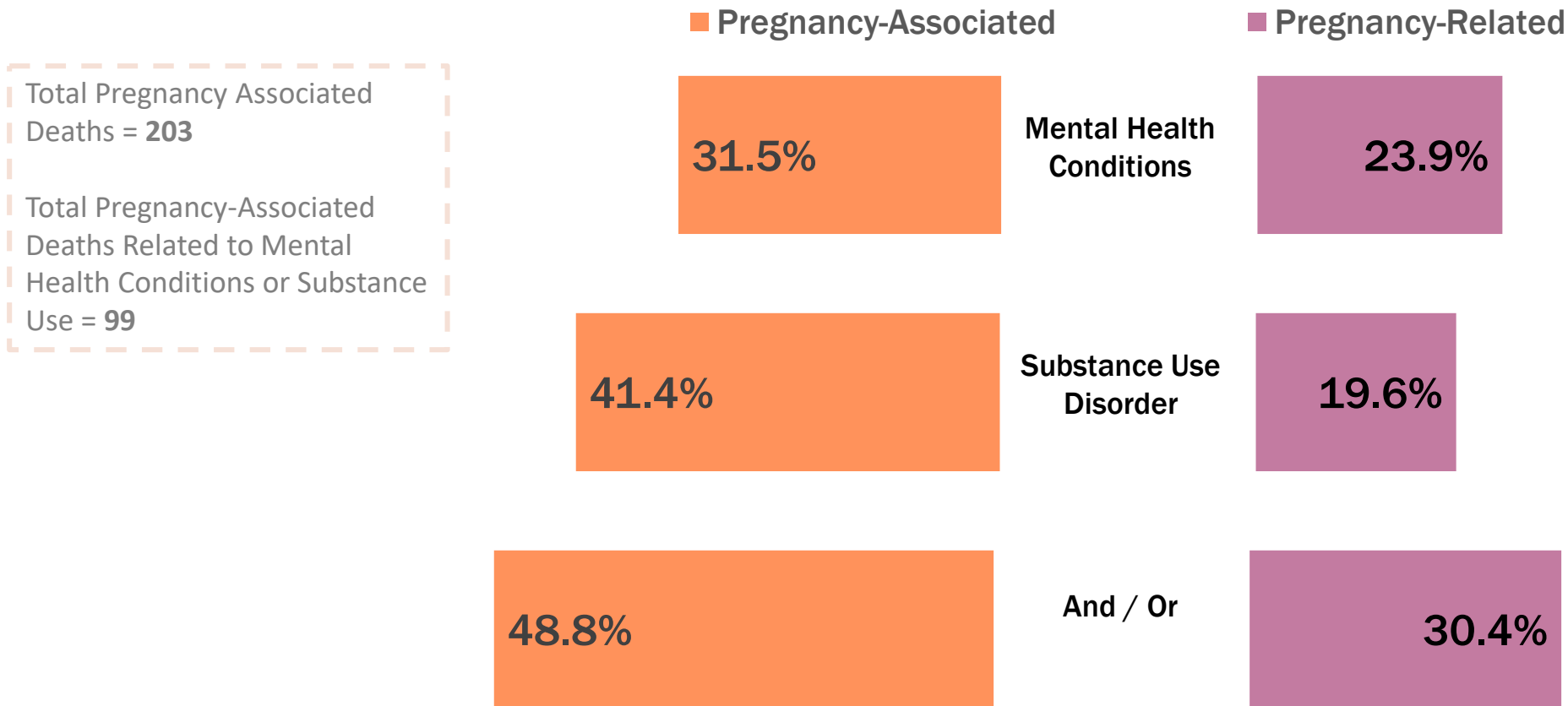
Combined Rates 2016-2018

PAMR: 80.5

PRMR: 18.2

Almost Half of All Pregnancy-Associated Deaths Were Related to Mental Health Conditions or Substance Use Disorder

2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

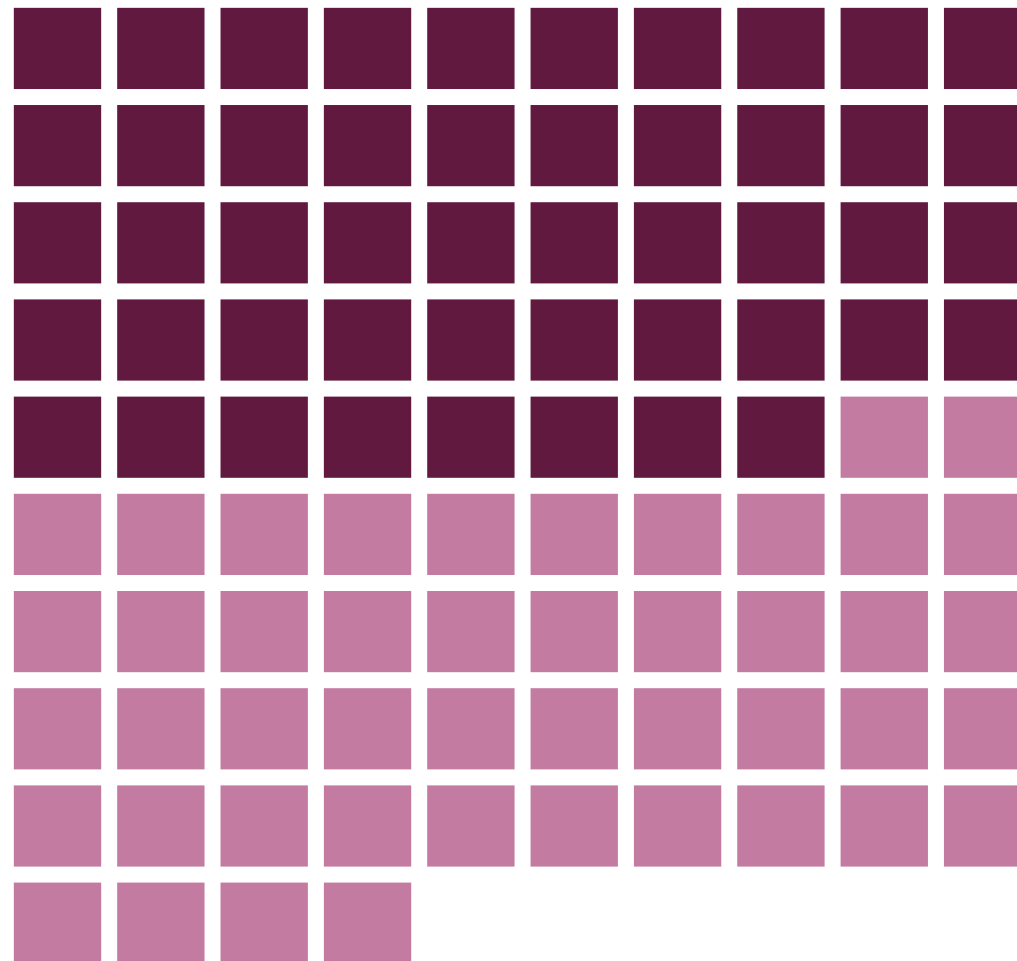


Almost All Pregnancy-Associated Deaths Related to Mental Health Conditions or Substance Use Disorder were Preventable

2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

98%

were preventable



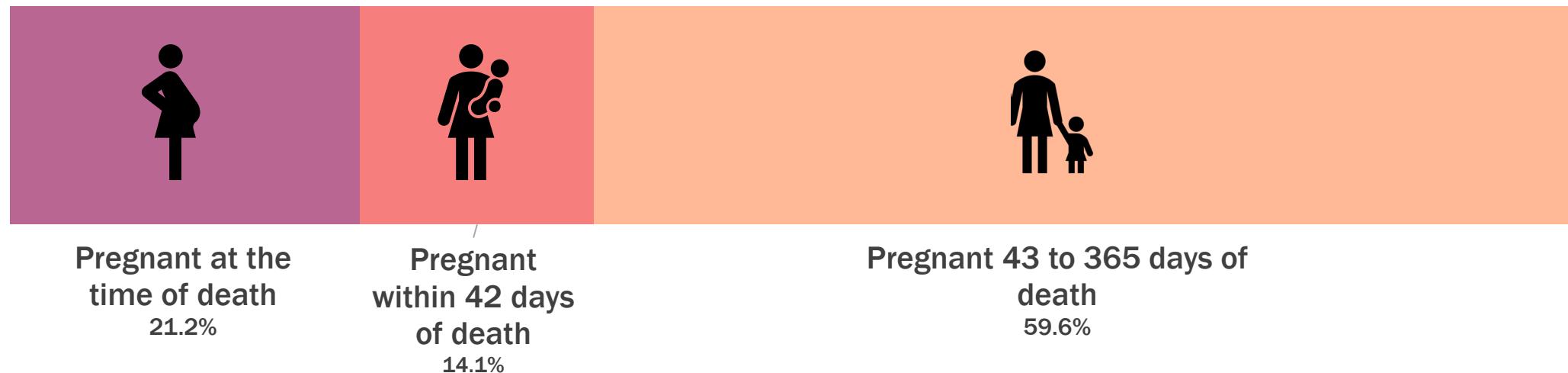
Good Chance to Prevent Death (48.5%)



Some Chance to Prevent Death (46.5%)

Three Out of Five Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use Disorder Occurred Between 43 and 365 Days Postpartum

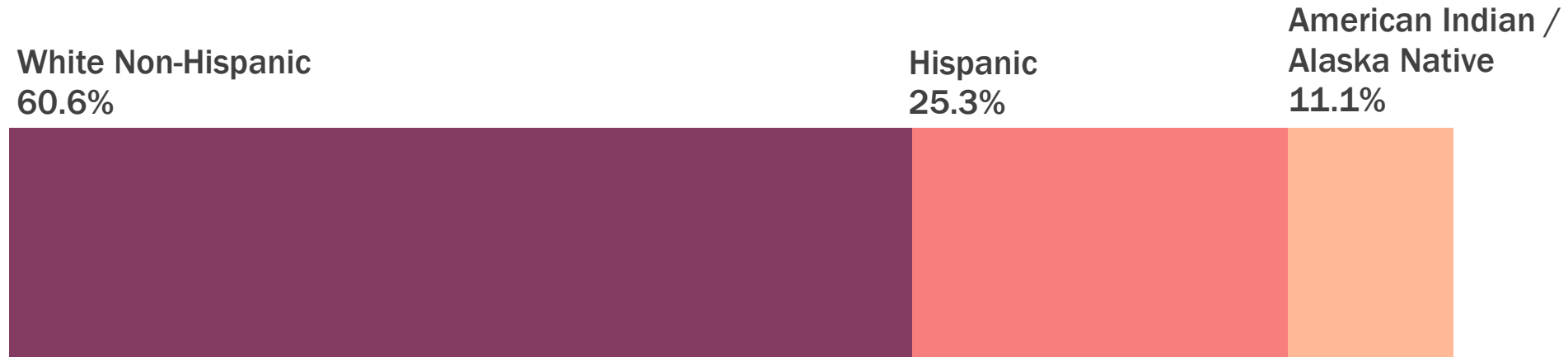
2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days



Total Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use = 99

Three Out of Five Pregnancy-Associated Deaths Related to Mental Health Conditions or Substance Use Disorder Were to White Non-Hispanic Women

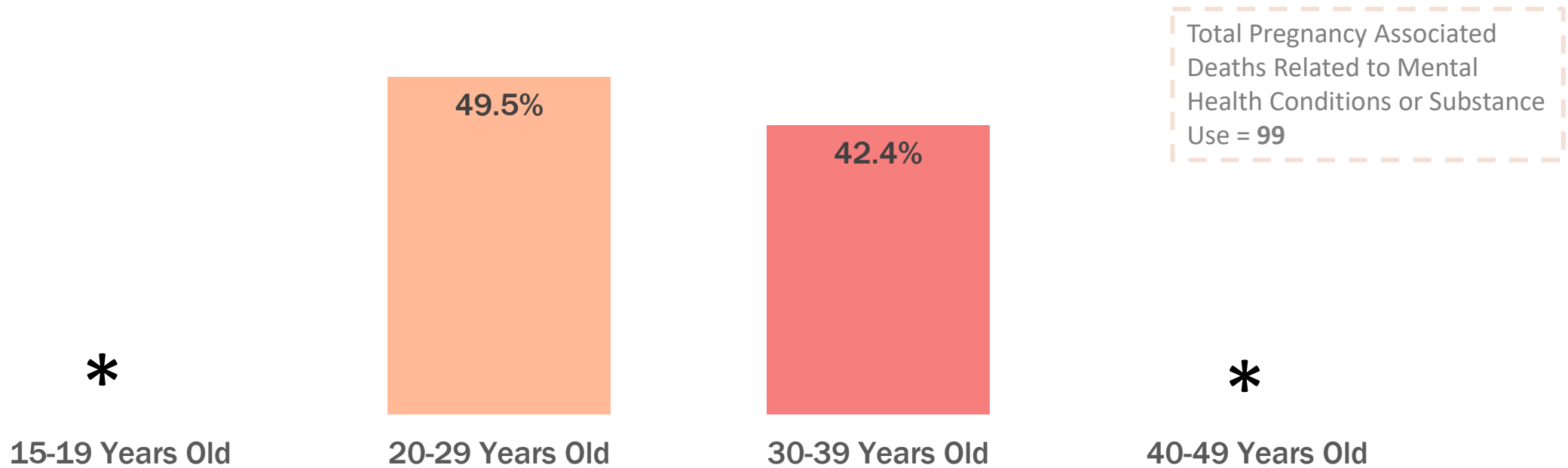
2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days



*African American and Asian American deaths suppressed due to numbers lower than six

Half of Pregnancy-Associated Deaths Related to Mental Health Conditions or Substance Use Disorders Were Among Women 30-39 Years Old

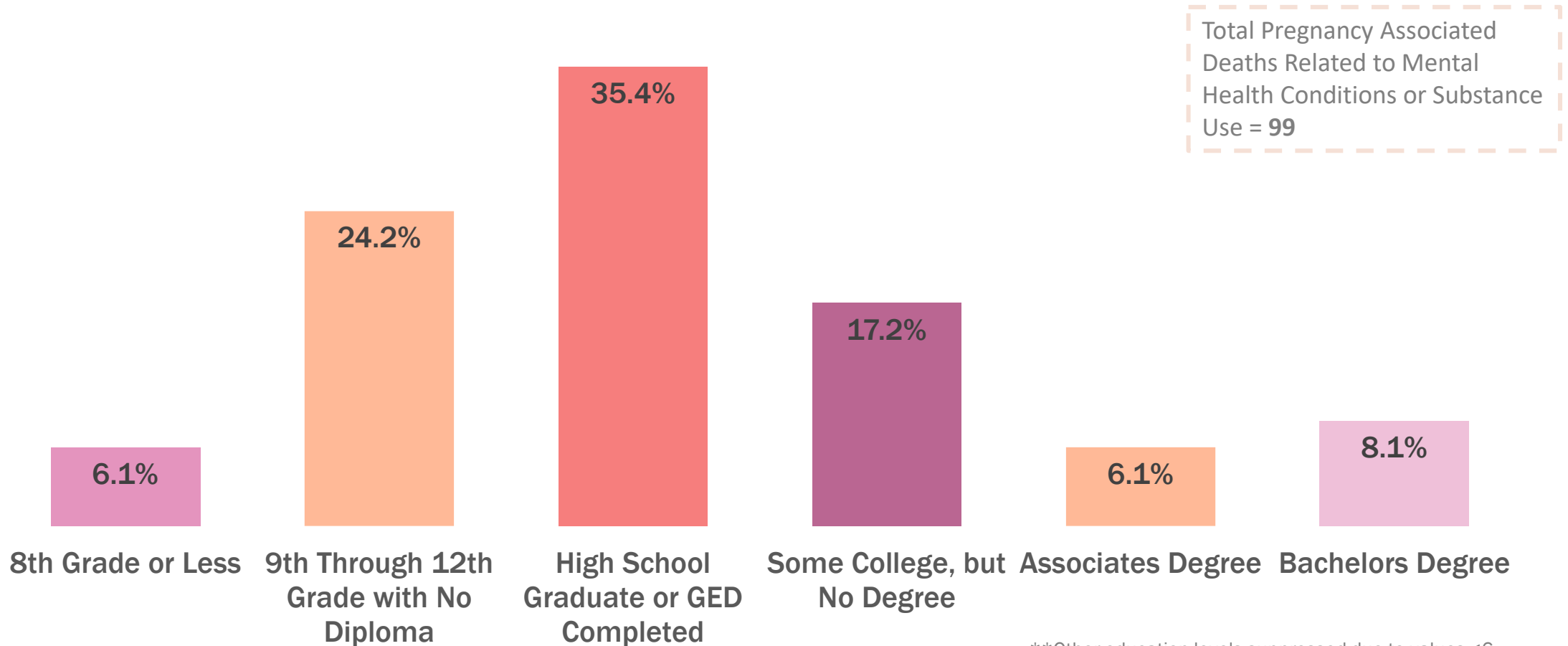
2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days



*Suppressed due to values <6

More Than Half of Pregnancy-Associated Deaths Related to Mental Health Conditions and/or Substance Use Disorder Were Among Women with a High School Education or Less

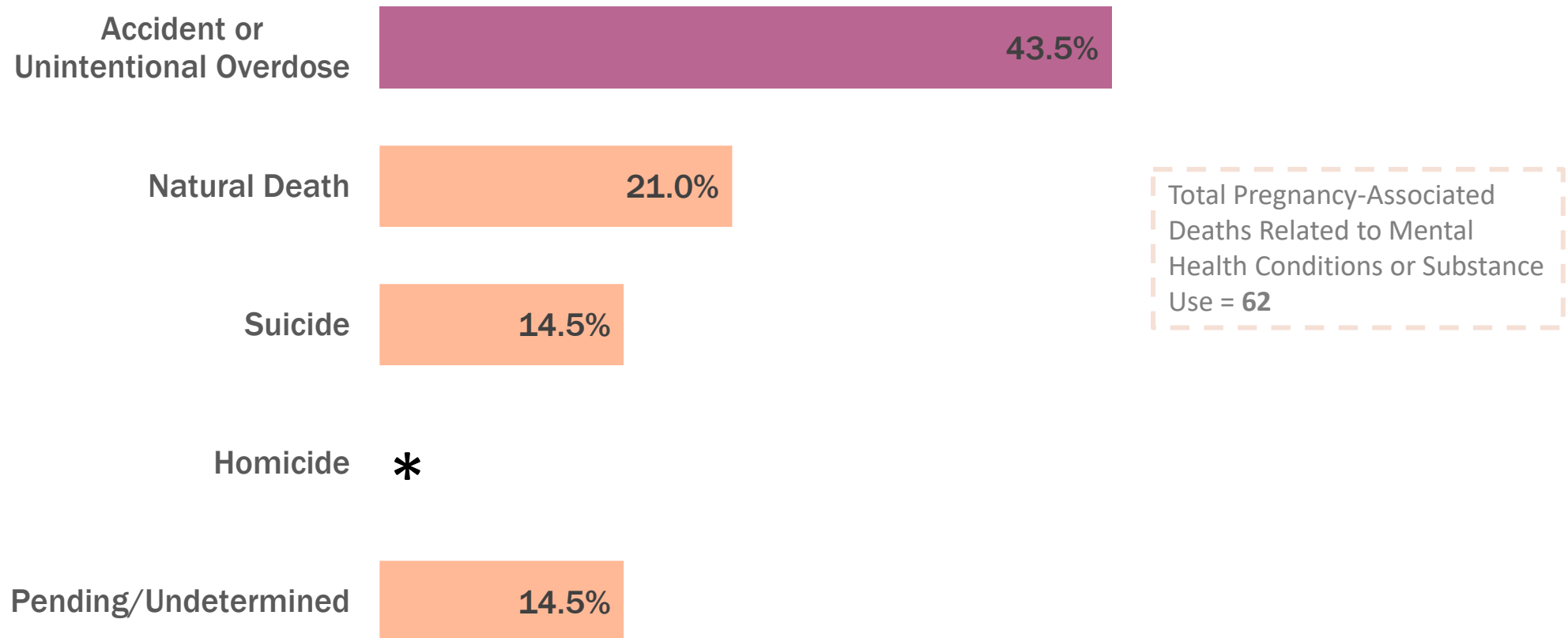
2016-2018 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days



**Other education levels suppressed due to values <6

Over 40% of Pregnancy-Associated Deaths Related to Mental Health Conditions or Substance Use Disorder Were Accidents or Unintentional Overdoses on the Death Certificate

2016-2017 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days





The MMRC Determined that More Pregnancy-Associated Deaths Related to Mental Health Conditions and Substance Use Disorder Were Suicides than the Death Certificates Indicated

2016-2017 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

14.5%

Of Pregnancy-Associated deaths related to mental health or substance use listed as Suicide on the
Death Certificate

19.3%

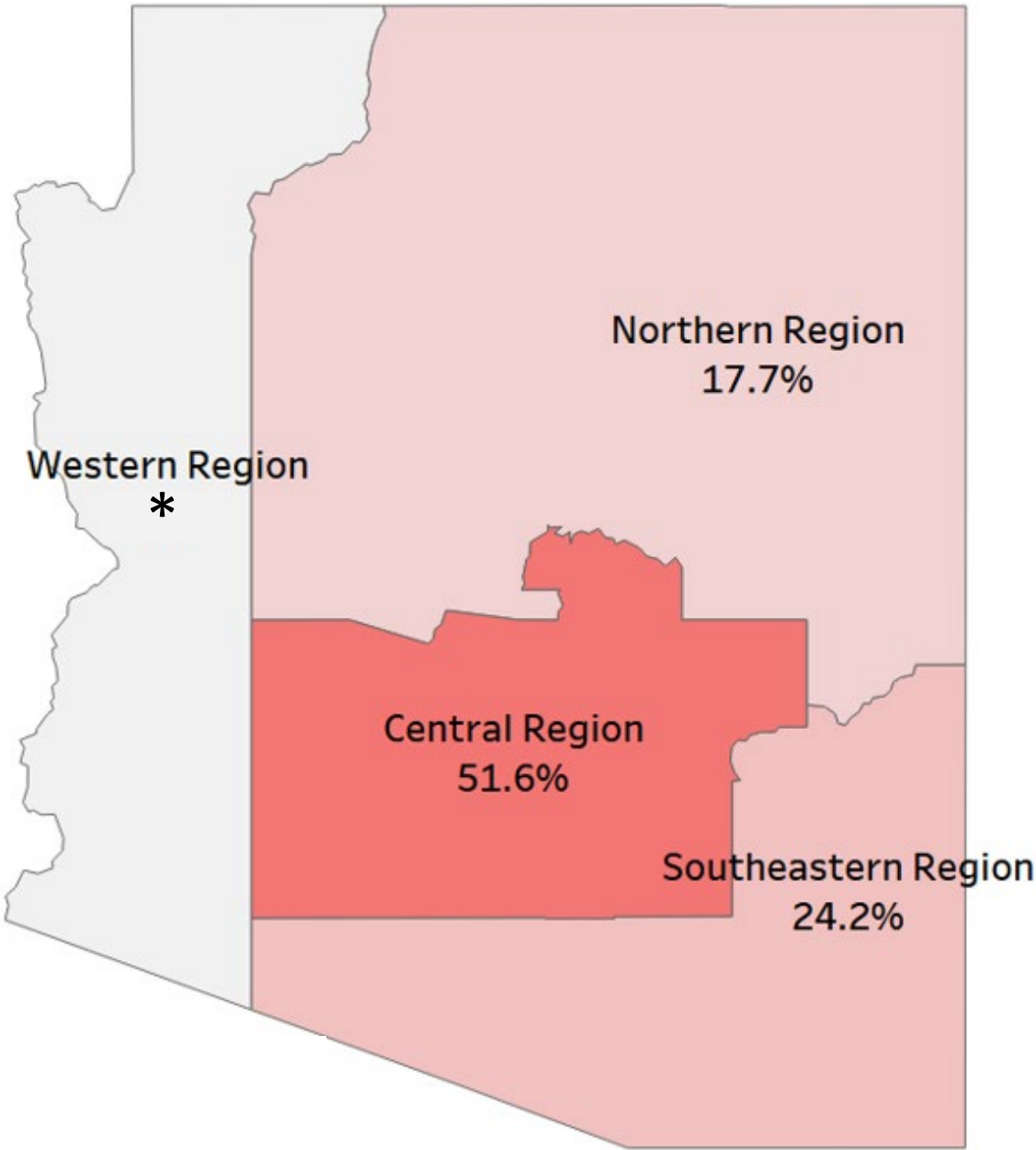
Of Pregnancy-Associated deaths related to mental health or substance use determined to be Suicide or Probably Suicide by the
Arizona Maternal Mortality Review Committee (MMRC)

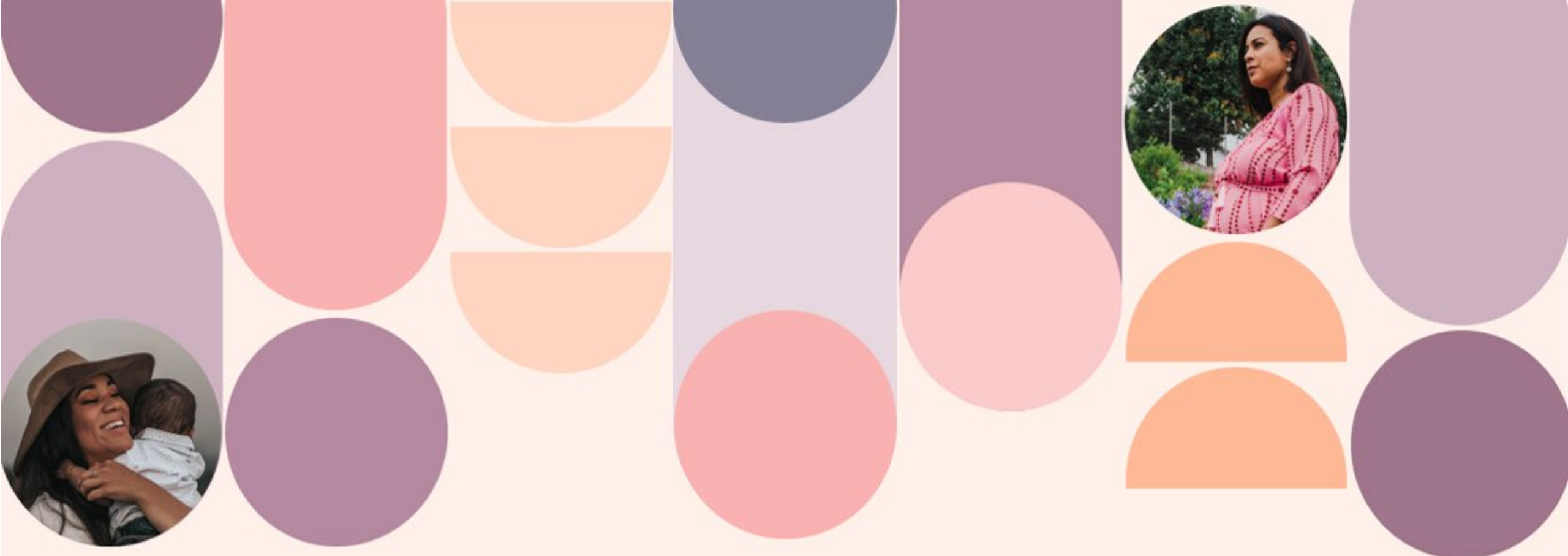


More than Half of Pregnancy-Associated Deaths Related to Mental Health Conditions or Substance Use Occurred in Central Arizona

2016-2017 Deaths in Arizona of Women 15-49 Years Old with a Pregnancy in the Previous 365 Days

Total Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use = 62





MMRC Recommendations for Improving Maternal Health Outcomes

Recommendations for Providers and Facilities

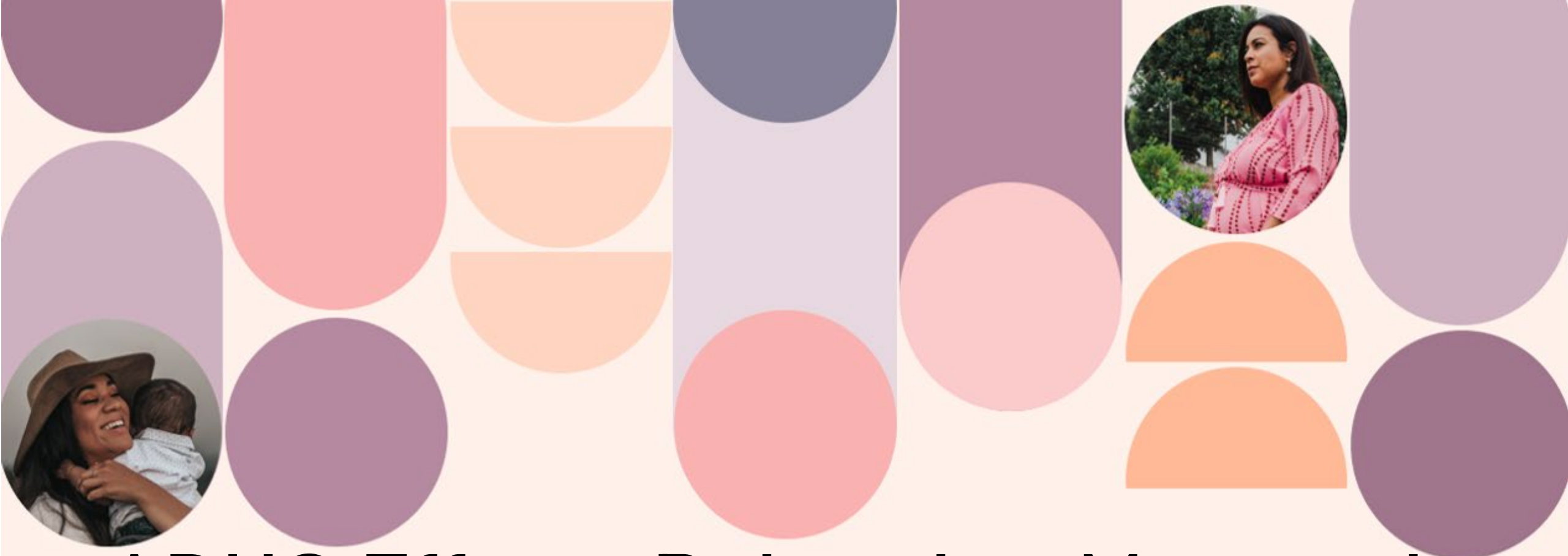
- ▶▶ Train perinatal providers and staff on how to **assess** (using PHQ2/PHQ9 for anxiety in addition to Edinburgh Postnatal Depression Screen (EPDS) across all perinatal periods), **diagnose, code, and treat** perinatal mood and anxiety disorders, including protocols for prescribing antidepressants, anti-anxiety, ADHD medication, and suboxone treatment for pregnant and postpartum women.
- ▶▶ Improve **continuity of care** (assessment, referral (warm-handoff), navigation, follow up) with maternal mental health specialists and peer support.
- ▶▶ **Optimization of postpartum care**, such as the ACOG Optimization of Postpartum Care Recommendations (postpartum period), including earlier, more frequent, postpartum visits for those at a higher risk of perinatal mood and anxiety disorders or substance use disorder.
- ▶▶ Expansion of **telemedicine** or participation in **physician consultative services** (PSI hotline, MCPAP for Moms).

Recommendations for Systems

Regulatory or State Policy	Payers	Law Enforcement	Other Systems
<ul style="list-style-type: none"> ▶▶ Expand AHCCCS coverage to 1 year postpartum ▶▶ Establish physician consultative services for maternal mental health (MCPAP for Moms) ▶▶ <i>Expand opportunities to diversify the maternal health workforce</i> 	<ul style="list-style-type: none"> ▶▶ Adopt maternity care incentive plans ▶▶ Integrate patient-centered care or family levels of care models ▶▶ <i>Adopt American Indian Medical Home models</i> ▶▶ <i>Provide access to full range of reproductive resources</i> ▶▶ <i>Reimburse for resources to address SDOH</i> ▶▶ <i>Reimburse for peer-support models</i> 	<ul style="list-style-type: none"> ▶▶ <i>Establish harm reduction programs and protocols for those experiencing SUD – including programs that accept the mother/infant dyad</i> ▶▶ <i>Establish supportive environments for women experiencing domestic violence or intimate partner violence</i> 	<ul style="list-style-type: none"> ▶▶ Expand access to telehealth services (including broadband to support these services) ▶▶ Become a Trauma-Informed State ▶▶ <i>Prepare and disseminate maternal mortality data</i>

Recommendations for Communities

- ▶▶ Develop and provide community-based outreach and education to reduce stigma of maternal mental health
- ▶▶ Support schools in enhancing behavioral health services (screening for ACES, referral)
- ▶▶ *Establish models of peer support across the perinatal period*
- ▶▶ *Ensure women have access to faith-based or other services to address SDOH*



ADHS Efforts Related to Maternal Mental Health

Maternal Mortality Action Plan, 2020-2025

Overall Goal	2-Year	5-Year
Reduce the overall Pregnancy-Associated Mortality Ratio (2016 PAMR: 87.0 per 100,000 live births)	5% (82.6)	10% (78.3)

Supporting goals:

- ▶▶ **Goal 1:** Increase pregnant and postpartum women’s awareness on postpartum warning signs and maternal mental health warning signs
- ▶▶ **Goal 2:** Improve the access to care for pregnant and postpartum women in Arizona
- ▶▶ **Goal 3:** Support workforce and workforce capacity that serve pregnant and postpartum women in Arizona
- ▶▶ **Goal 4:** Improve surveillance of maternal mortalities and morbidities
- ▶▶ **Goal 5:** Support the systems of care that serve pregnant and postpartum women in Arizona



CDC Preventing Maternal Deaths: Supporting Maternal Mortality Reviews

Program Goals:

- ▶▶ To identify and characterize maternal deaths with the goal of **identifying prevention opportunities**
- ▶▶ Aim to better **understand and prevent all pregnancy-related and pregnancy-associated deaths** by supporting MMRC to gather detailed, complete data on causes and circumstances surrounding maternal deaths to develop recommendation for prevention

Project Outcomes:

- ▶▶ Timely, accurate, and **standardize** information available
- ▶▶ Increased **awareness** of the existence and recommendations of MMRC
- ▶▶ Implementation of data driven **recommendations**
- ▶▶ Widespread adoption of **patient safety** bundles and/or policies
- ▶▶ **Reduction** in maternal complication of pregnancy

HRSA's State Maternal Health Innovation Program

- ▶▶ Establish a state-focused **Maternal Health Task Force** to create and implement a strategic plan
 - ▶▶ Subcommittee: **Maternal Mental Health Task Force**
- ▶▶ Improve the collection, analysis, and application of **state-level data** on maternal mortality and SMM
- ▶▶ Promote and execute **innovation** in maternal health service delivery





Maternal Mental Health Task Force

- ▶▶ Committee of subject matter experts together to **identify priorities and strategies** to address the gaps in quality mental health in Arizona.
- ▶▶ The committee identified four priority areas:
 - ▶▶ Access to care (including elevation of care and collaborative care)
 - ▶▶ Professional development & education (assessing/treating)
 - ▶▶ Insurance coverage (costs to patients, network adequacy)
 - ▶▶ Awareness (stigma, signs and symptoms)
- ▶▶ Outcomes: PSI Perinatal Mood and Anxiety Disorder Training, Upcoming Social Media Campaigns

ADHS Maternal Health Initiatives

- ▶▶ Maternal mental health initiative to train providers on screening and treating perinatal mood and anxiety disorders
 - ▶▶ 430 – Perinatal Mood and Anxiety Disorders: Components of Care
 - ▶▶ 221 – Advanced Psychotherapy
 - ▶▶ 60 – Advanced Psychopharmacology
 - ▶▶ 14/15 Arizona Counties Represented
- ▶▶ Implicit Bias Training for Providers
- ▶▶ Maternal Health & Family Wellness Trainings from and Indigenous Perspective
 - ▶▶ Including doula, lactation support, and healthy fatherhood training
- ▶▶ Maternal Mental Health Task Force
- ▶▶ Arizona AIM Collaborative: Severe Hypertension in Pregnancy Safety Bundle
- ▶▶ Support for home visiting programs, including Health Start and South Phoenix Healthy Start
- ▶▶ Prenatal Telehealth services through Chiricahua Community Health Center and Tucson Medical Center
- ▶▶ More data dissemination!



Postpartum Warning Signs Campaign

CDC's HEAR HER Campaign

- ▶ Personal stories, press releases, PSAs, social media materials, videos, and other downloads including conversation guides.
- ▶ Includes mental-health related warning signs to watch for.
- ▶ Available in Spanish and English. Navajo translation coming soon.

HEAR
www.cdc.gov

Know the maternal warning signs.

IF SHE SAYS SOMETHING'S WRONG, LISTEN.

Learn More

Pregnant now or within the last year?
Get medical care right away if you experience any of the following symptoms:

- Headache that won't go away or gets worse over time
- Dizziness or fainting
- Changes in your vision
- Fever of 100.4°F or higher
- Extreme swelling of your hands or face
- Thoughts of harming yourself or your baby
- Trouble breathing
- Severe nausea and throwing up
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or discharge after pregnancy

You know your body best
If you experience something that seems unusual or is worrying you, don't ignore it.

Learn about urgent warning signs and how to talk to your healthcare provider.

During Pregnancy
If you are pregnant, it's important to pay attention to your body and talk to your healthcare provider about anything that doesn't feel right. If you experience any of the urgent maternal warning signs, get medical care immediately.

After Pregnancy
While your new baby needs a lot of attention and care, it's important to remain aware of your own body and take care of yourself, too. It's normal to feel tired and have some pain, particularly in the first few weeks after having a baby, but there are some symptoms that could be signs of more serious problems.

Tip:

- Bring this conversation starter and any additional questions you want to ask to your provider.
- Be sure to tell them that you are pregnant or have been pregnant within a year.
- Tell the doctor or nurse what medication you are currently taking or have recently taken.
- Take notes and ask more questions about anything you don't understand.

Learn more about CDC's Hear Her Campaign at azhealth.gov/HearHer

Urgent Maternal Warning Signs
If you experience any of these warning signs, get medical care immediately.

- Severe headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about harming yourself or your baby
- Changes in your vision
- Fever of 100.4°F or higher
- Extreme swelling of your hands or face
- Trouble breathing
- Chest pain or fast-beating heart
- Severe nausea and throwing up (not like morning sickness)
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing down during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or leaking fluid that smells bad after pregnancy
- Swelling, redness or pain of your leg
- Overwhelming tiredness

Use This Guide to Help Start the Conversation:

- Thank you for seeing me.
- I am/was recently pregnant. The date of my last period/delivery was _____ and I'm having serious concerns about my health that I'd like to talk to you about.
- I have been having _____ (symptoms) that feel like _____ (describe in detail) and have been lasting _____ (number of hours/days)
- I know my body and this doesn't feel normal.

Sample questions to ask:

- What could these symptoms mean?
- Is there a test I can have to rule out a serious problem?
- At what point should I consider going to the emergency room or calling 911?

Notes: _____

Learn more about CDC's Hear Her Campaign at azhealth.gov/HearHer

ARIZONA DEPARTMENT OF HEALTH SERVICES

HEAR

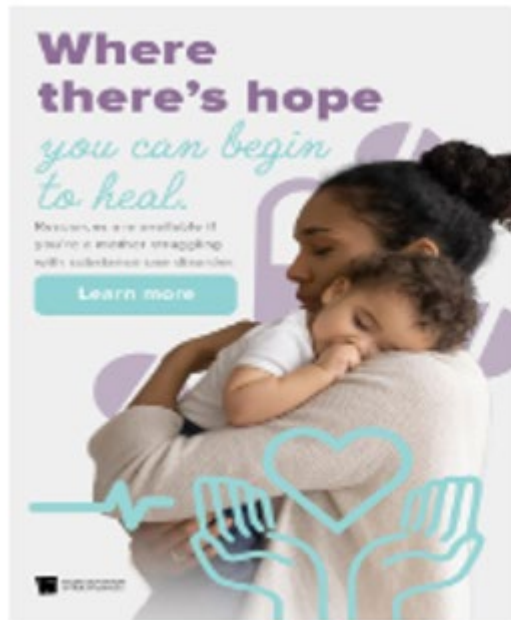
Learn more at cdc.gov/HearHer

Stigma Reduction Media Campaign – Women and Substance Use

GOAL:

To raise awareness and reduce the stigma associated with pregnant and postpartum women with substance use disorder.

Hope Heals



See Me Differently



ADHS Maternal Health Website



Women's and Children's Health

[ADHS Home](#) / [Public Health Prevention](#) / [Women's and Children's Health - Maternal Health](#)

[Home](#)

[Healthy Babies Project](#)

[Title V Block Grant](#)

[Women's Health](#) >

[Oral Health](#) >

[Office for Children with Special Health Care Needs](#) >

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Maternal Health ▾

Home

[Maternal Mortality Action Plan](#)

[Arizona AIM Collaborative](#)

Maternal Health



- We have added new COVID-19 and Pregnancy information to this section.
- [Maternal Health Learning & Innovation Center Resources](#)

The Arizona Department of Health Services is engaged in a range of maternal health initiatives to respond to the state's diversifying population and range of health outcomes among women in families. Please use the links in the following icons or the tabs located on the left hand side of this page to access information about Arizona's maternal health initiatives, programs, and reports.

Additional information related to maternal health and associated outcomes in Arizona are included below.



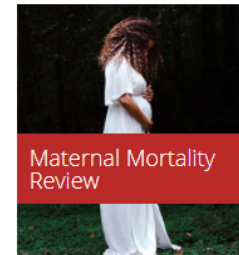
Reports and Briefs

The following reports include the most updated maternal morbidity and mortality data for Arizona.



Maternal Health Innovation

Engaging public health experts to address disparities in maternal health.



Maternal Mortality Review

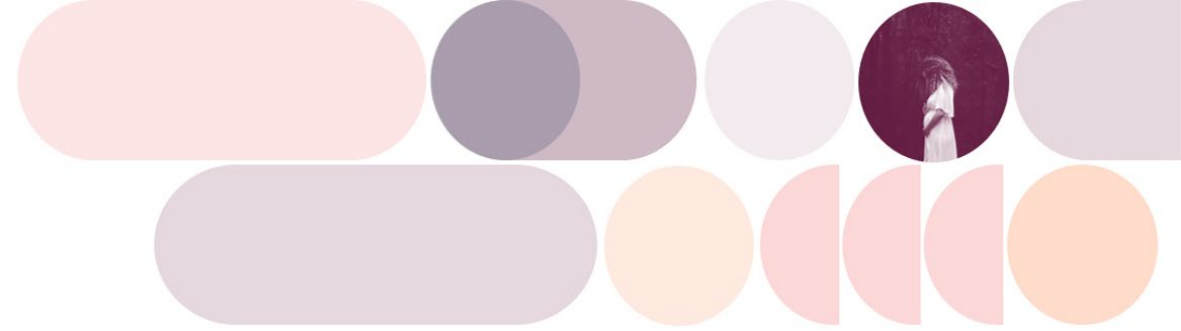
This group works to identify and characterize maternal deaths, and identifies & implements prevention



Pregnancy Associated Risk Monitoring System

This group works to identify and characterize maternal deaths, and identifies & implements prevention

Thank you!



maternalhealth@azdhs.gov

<http://azdhs.gov/maternalhealth>

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Advisory Committee: Next Steps

Priority Areas Identified by ADHS

- Access to Care
- Professional Development and Education
- Insurance Coverage
- Awareness

Others?

Discussion

Formation of subcommittees based on priority area

Maternal Mental Health Advisory Committee Website

- <https://www.azahcccs.gov/AHCCCS/CommitteesAndWorkgroups/maternalmentalhealthcommittee.html>



Call to Public



Adjourn