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.

Sourced from: MMRIA Facilitation Guide and Review to Action [https://reviewtoaction.org/content/mmria-committee-facilitation-guide](https://reviewtoaction.org/content/mmria-committee-facilitation-guide)

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

Social Determinants
Housing, Food Access, Transportation, Living and Working Conditions, Socioeconomic Position, Education, Rural/Urban

Patient / Family Factors
- Biological Factors
- Race/Ethnicity
- Age
- Pre-Existing Health Conditions
- Parity
- Culture
- Religion / Spirituality
- Psychological Factors
- Behavioral Factors

Provider / Facility Factors
- General Healthcare Factors
  - Accessibility
  - Risk-Appropriateness
  - Quality
  - Patient Centeredness
  - Coordination / Continuity
  - Equity
- Maternal Healthcare Factors
  - Prenatal Care
  - Protocols and Safety Bundles
  - Postpartum Follow-up
  - Screenings for SDOH, Perinatal Mood Disorders, Substance Use, Domestic Violence
  - Referral and Linkage
  - Transition to Well-Woman Care

System Factors
- Health Insurance / Coverage
- Social Services
- Laws and Regulations
- Law Enforcement
- Public Transportation Environment

Community Factors
- Outreach
- Awareness
- Community-Based Programs
- Faith-Based Programs
- Support Systems
- Cultural Norms
- Social Norms

Women’s Reproductive Life Cycle

Before Pregnancy
- Prenatal

During Pregnancy
- Labor & Delivery
- Immediate Post-Partum

After Pregnancy

Maternal Health Outcomes:
- Mortality, Severe Maternal Morbidity, Pre-Term Birth, Low-Weight Birth, Infant Loss

Prevalence of Maternal Mental Health and Substance Use Disorders

1 in 5 women experience a maternal mental health condition in the US

- Maternal opioid use disorder at delivery increased 4x between 1999 - 2014
  - Haight, 2018

- Inpatient treatment of pregnant women for methamphetamine use increased 3x between 1996 - 2006
  - ACOG, 2011

- 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

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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

<table>
<thead>
<tr>
<th>COMMITTEE DETERMINATIONS ON CIRCUMSTANCES SURROUNDING DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>DID \textbf{OBESITY} CONTRIBUTE TO THE DEATH?</td>
</tr>
<tr>
<td>YES \quad \text{PROBABLY} \quad \text{NO} \quad \text{UNKNOWN}</td>
</tr>
<tr>
<td>DID \textbf{DISCRIMINATION**} CONTRIBUTE TO THE DEATH?</td>
</tr>
<tr>
<td>YES \quad \text{PROBABLY} \quad \text{NO} \quad \text{UNKNOWN}</td>
</tr>
<tr>
<td>DID \textbf{MENTAL HEALTH CONDITIONS \textit{OTHER THAN}} SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?</td>
</tr>
<tr>
<td>YES \quad \text{PROBABLY} \quad \text{NO} \quad \text{UNKNOWN}</td>
</tr>
<tr>
<td>DID \textbf{SUBSTANCE USE DISORDER} CONTRIBUTE TO THE DEATH?</td>
</tr>
<tr>
<td>YES \quad \text{PROBABLY} \quad \text{NO} \quad \text{UNKNOWN}</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MANNER OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAS THIS DEATH A SUICIDE?</td>
</tr>
<tr>
<td>YES \quad \text{PROBABLY} \quad \text{NO} \quad \text{UNKNOWN}</td>
</tr>
<tr>
<td>WAS THIS DEATH A HOMICIDE?</td>
</tr>
<tr>
<td>YES \quad \text{PROBABLY} \quad \text{NO} \quad \text{UNKNOWN}</td>
</tr>
</tbody>
</table>
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)

- 2016: 87
- 2017: 70.7
- 2018: 83.6

**Combined Rates 2016-2018**
- PAMR: 80.5
- PRMR: 18.2

*PRMR observances are <20
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

Total Pregnancy Associated Deaths = 203
Total Pregnancy-Associated Deaths Related to Mental Health Conditions or Substance Use = 99

- Mental Health Conditions: 31.5% (99/315)
- Substance Use Disorder: 41.4% (99/241)
- And / Or: 48.8% (99/203)

Pregnancy-Associated

Pregnancy-Related

23.9%

19.6%

30.4%
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

- Pregnant at the time of death: 21.2%
- Pregnant within 42 days of death: 14.1%
- Pregnant 43 to 365 days of death: 59.6%

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

- White Non-Hispanic: 60.6%
- Hispanic: 25.3%
- American Indian / Alaska Native: 11.1%

*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

- Half of pregnancy-associated deaths related to mental health conditions or substance use disorders were among women 30-39 years old.

Total pregnancy associated deaths related to mental health conditions or substance use = 99

* 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

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

- 8th Grade or Less: 6.1%
- 9th Through 12th Grade with No Diploma: 24.2%
- High School Graduate or GED Completed: 35.4%
- Some College, but No Degree: 17.2%
- Associates Degree: 6.1%
- Bachelors Degree: 8.1%

**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

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident or Unintentional Overdose</td>
<td>43.5%</td>
</tr>
<tr>
<td>Natural Death</td>
<td>21.0%</td>
</tr>
<tr>
<td>Suicide</td>
<td>14.5%</td>
</tr>
<tr>
<td>Homicide</td>
<td>*</td>
</tr>
<tr>
<td>Pending/Undetermined</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

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

*Suppressed due to values <6
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

<table>
<thead>
<tr>
<th>Regulatory or State Policy</th>
<th>Payers</th>
<th>Law Enforcement</th>
<th>Other Systems</th>
</tr>
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<tbody>
<tr>
<td>Expand AHCCCS coverage to 1 year postpartum</td>
<td>Adopt maternity care incentive plans</td>
<td>Establish harm reduction programs and protocols for those experiencing SUD – including programs that accept the mother/infant dyad</td>
<td>Expand access to telehealth services (including broadband to support these services)</td>
</tr>
<tr>
<td>Establish physician consultative services for maternal mental health (MCPAP for Moms)</td>
<td>Integrate patient-centered care or family levels of care models</td>
<td>Establish supportive environments for women experiencing domestic violence or intimate partner violence</td>
<td>Become a Trauma-Informed State</td>
</tr>
<tr>
<td>Expand opportunities to diversify the maternal health workforce</td>
<td>Adopt American Indian Medical Home models</td>
<td></td>
<td>Prepare and disseminate maternal mortality data</td>
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<td></td>
<td>Provide access to full range of reproductive resources</td>
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Overall Goal</th>
<th>2-Year</th>
<th>5-Year</th>
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<tbody>
<tr>
<td>Reduce the overall Pregnancy-Associated Mortality Ratio (2016 PAMR: 87.0 per 100,000 live births)</td>
<td>5% (82.6)</td>
<td>10% (78.3)</td>
</tr>
</tbody>
</table>

**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

ADHS was awarded $450,000 per year for 5 years.
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

**ADHS was awarded $2 million per year for 5 years.**
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.

www.azdhs.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

Where there’s hope you can begin to heal.

SHE IS A GOOD MOTHER.
Your words matter. There are resources about substance use disorder stigma and information to help you see them for who they really are.

azhealth.gov/SeeMeDifferently
ADHS Maternal Health Website

http://www.azdhs.gov/maternalhealth
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
Adjourn