

# PNQIN AIM

## Opioid Use Disorder in Pregnancy

### Webinar Series

October 20, 2020

Webinar 4



# OUD in Pregnancy Webinars

## Monthly Agenda Overview

12:00 - 12:05: Welcome/ Introductions

12:05 - 12:15: Updates from the teams on QI projects + collaborative

12:15 - 12:30: Brief QI teaching, Assignment

- **Bonnie Glass, RN – Key Driver Diagram**

12:30 - 12:55: Guest Topics: 20 min presentations + 5 mins for questions

- **Gina Kelleher, M.Ed., LACD I – Linkages to Care**

12:55 - 1:00: Closing/ Final Comments

# Webinar Housekeeping

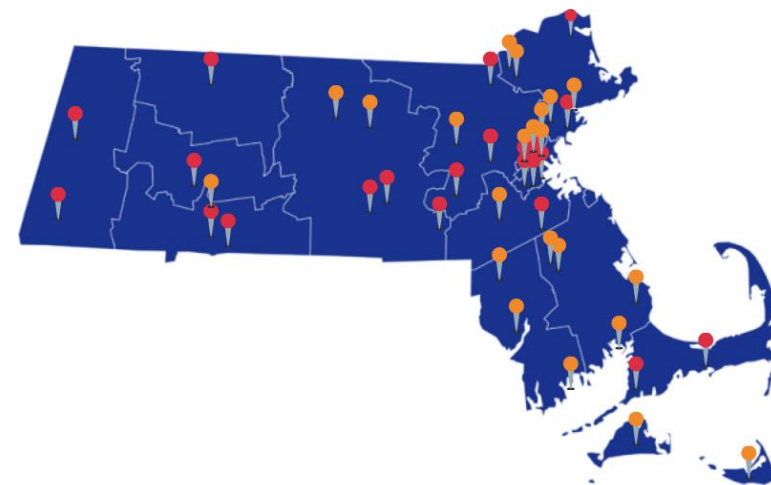
- We will take attendance in the chat box each month – please comment with your name and hospital
- Please mute yourselves unless you would like to contribute to the conversation or ask a question
- Utilize the "raise hand" feature or chat box to speak
- We will record this session and upload the recording and webinar slides to our website after the call
- We welcome feedback about the webinar content and structure!
- Please participate! We want this webinar to be helpful and collaborative!

# PNQIN AIM Wave 2 - Who's on the Line?

Beth Israel Deaconess Plymouth  
Beverly Hospital  
Brockton Hospital  
Cambridge Hospital/CHA  
Charlton Memorial Hospital  
Emerson Hospital  
Good Samaritan Medical Center  
Health Alliance Hospital  
Heywood Hospital  
Holy Family Hospital  
**Holyoke Medical Center**  
Lawrence General Hospital  
Martha's Vineyard Hospital  
Melrose-Wakefield Hospital

Mount Auburn Hospital  
Nantucket Cottage Hospital  
**Norwood Hospital**  
St. Elizabeth's Medical Center  
St. Luke's Hospital  
Sturdy Memorial Hospital  
**Tobey Hospital**  
Winchester Hospital

**Closed OB permanently**  
**Closed OB temporarily**



PNQIN AIM OUD Wave 2 **Targeted** Hospitals

- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Brockton Hospital
- Cambridge Hospital/CHA
- Charlton Memorial Hospital
- Emerson Hospital
- Good Samaritan Medical Center
- Health Alliance Hospital
- Heywood Hospital
- Holy Family Hospital
- Holyoke Medical Center
- Lawrence General Hospital
- Martha's Vineyard Hospital
- Melrose-Wakefield Hospital
- Mount Auburn Hospital
- Nantucket Cottage Hospital
- Norwood Hospital
- St. Elizabeth's Medical Center
- St. Luke's Hospital
- Sturdy Memorial Hospital
- Tobey Hospital
- Winchester Hospital

# PNQIN Perinatal Opioid Project Leadership Team

## PNQIN

- Fifi Diop (DPH) – Grant Primary Investigator
- Audra Meadows (BWH)
- Ron Iverson (BMC)
- Munish Gupta (BIDMC)
- Kali Vitek (BMC)

## Neonatal Folks

- Elisha Wachman (BMC)
- Larry Rhein (UMass)
- Rachana Singh (Baystate)
- Davida Schiff (MGH)
- Alan Picarillo (Maine)
- Eileen Costello (BMC)

## Maternal Folks

- Katherine Callaghan (UMass)
- Leena Mittal (MCPAP for Moms)
- Laura Sternberger (Moms Do Care)
- Nicole Smith (BWH)
- Donna Jackson-Kohlin (Baystate)
- Linda Jablonski (Baystate)

## Academic and Organizational Partners

- Patrice Melvin (BCH)
- Karla Damus (BU)
- Christina Gebel (Accompany Doula Care)

## State Partners

- Fifi Diop (DPH and PI of PNQIN Grant)
- Griffin Jones (HPC)
- Michael Kelleher (OHHS)
- Debra Bercuvitz (DPH)
- Abby Taylor (AGO)
- Karen Pressman (BSAS)
- Julia Reddy (BSAS)
- Mary Lutz (DCF)
- Alissa Cruz (MassBIRT)
- Colleen Labelle (BMC)
- Julia Prentice (BLC)
- Natalia Ciesielska (BLC)

## Families

- Patricia McDonnell (Baystate)
- Julie Maida
- Meghann Perry
- Ceara McManus (Moms Do Care)

# Announcements

- We are in the final stages of rolling out online stigma, bias, and trauma-informed care training on the PNQIN website
  - Those interested can register for the training, then access the content on your own time
  - CE credits offered through BU
  - Participants seeking credit must complete both the pre-training registration and post-training evaluation survey
- Keep on an eye out for Data Use Agreements (BIDMC) and Memorandums of Understanding (BLC) – these must be signed and returned in order to start collecting site data
- Check out website for updates!

# Available Trainings/Events

- ASAM/ACOG's Buprenorphine Waiver Trainings
  - **Upcoming dates:** October 16th; November 6th, 10th, 20th
  - **Register:** [https://www.asam.org/education/live-online-cme/waiver-qualifying-training/ob-gyn-focus?utm\\_source=ACOG&utm\\_medium=Today's%20Headlines&utm\\_campaign=ACOG&utm\\_term=20TOUD](https://www.asam.org/education/live-online-cme/waiver-qualifying-training/ob-gyn-focus?utm_source=ACOG&utm_medium=Today's%20Headlines&utm_campaign=ACOG&utm_term=20TOUD)
- MAT Waiver training for Advanced Practice Registered Nurses is offered by Providers Clinical Support System for *free!*
  - CE credits available
  - **Register:** <https://pcssnow.org/medications-for-addiction-treatment/waiver-training-for-nurses/>
- NNPQC/IHI webinar "Patient Engagement: Tools to Move Past the Story"
  - **Date:** Monday, November 9th from 1-2pm ET
  - **Register:** [https://nichq.zoom.us/meeting/register/tJcpduiurT0jHdR\\_4oASvenvBVY48xU9GO6a](https://nichq.zoom.us/meeting/register/tJcpduiurT0jHdR_4oASvenvBVY48xU9GO6a)
  - **Objectives:**
    - Introduction to the Family Voices Family Engagement in Systems Assessment Tools
    - Examples of the 3 uses of the Tools to plan, assess, & improve family engagement in systems-level initiatives
    - Ideas for PQC next steps

# Webinars, Podcasts, and Videos

- ASAM National Practice Guideline 2020 Focus Update Webinar – Pregnant Women
  - Follow the link for a recording and/or slides from June 30th: <https://elearning.asam.org/products/the-asam-national-practice-guideline-2020-focused-update-pregnant-women>
- Florida PCQ video series on maternal opioid use topics with the AIM states
  - <https://files.constantcontact.com/9648b4fd601/1d443076-3f4f-430d-b60d-1dec5934d5ea.pdf>
  - <https://health.usf.edu/publichealth/chiles/fpqc/morevideos>
- ACOG District II "On the Front Line" Podcast on Opioid Use Disorder
  - Listen here: <https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/opioid-use-disorder-in-pregnancy>
- "Engaging Women with OUD in the COVID-19 Crisis" presented by Mishka Terplan, MD, MPH
  - View the webinar recording and slides under the “Archived MORE Presentations and Webinars” tab: <https://health.usf.edu/publichealth/chiles/fpqc/MORE>



# Team Updates/Check-In

# QI Webinar Topics for Next 12 months

## Date/QI Topic

7/21/20	OUD Bundle Components Overview & Stakeholders
8/18/20	Developing a Project AIM
9/15/20	Measures for Improvement
<b>10/20/20</b>	<b>Key Driver Diagram</b>
11/17/20	Developing Interventions
12/15/20	Understanding Run Charts
1/19/21	Understanding Data Control Charts
2/16/21	Using the PDSA Cycle
3/16/21	PDSA: Making Adjustments
4/20/21	Scale and Spread Up
5/18/21	Sustainability

# QI Teaching: Key Driver Diagram

**Bonnie Glass, RN**

*Special Thanks: Adapted slides from Meg Parker, MD  
Boston Medical Center*

# Objectives

- Describe key driver diagrams and components
- Review and example SUD in Pregnancy Driver Diagram
- Describe process mapping of workflow
- Learn from Daisy Goodman (AIM OUD Bundle and the Checklist)

# PNQIN AIM OUD Guiding Principles

Why



Key Ideas



Start Here



If nothing else..





# What is a Key Driver Diagram?



- Visual strategic approach to organizing your QI project
- Includes
  - Global aim and Main outcome
  - Key drivers (Primary and Secondary)
  - Change concepts
- Clearly states the SMART AIM
- Clearly delineates the short list of primary drivers to achieve the AIM
- Lists/describes the many secondary drivers and change concepts to achieve the AIM
- A place to connect the measures to the drivers/change concepts
- Helps to focus your project workflow and PDSA

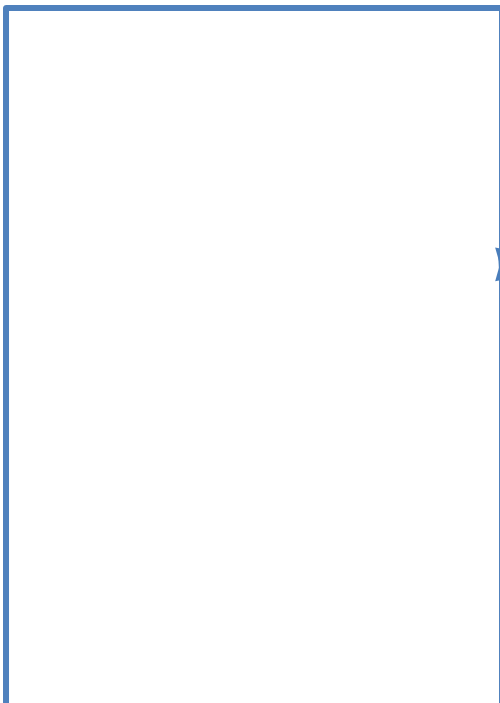
# Key Driver Diagram

\*IHI Open School

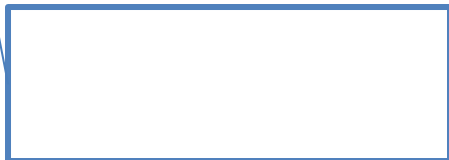
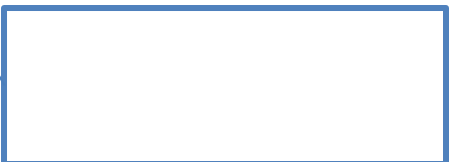
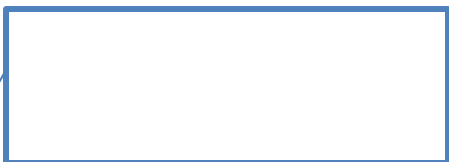
GLOBAL AIM



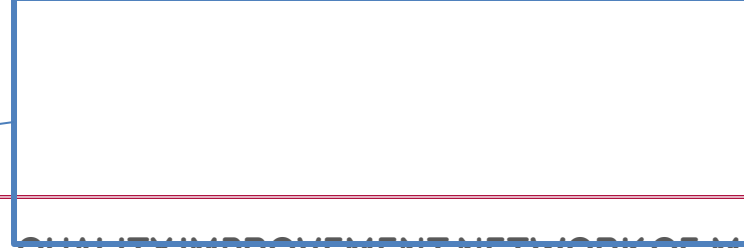
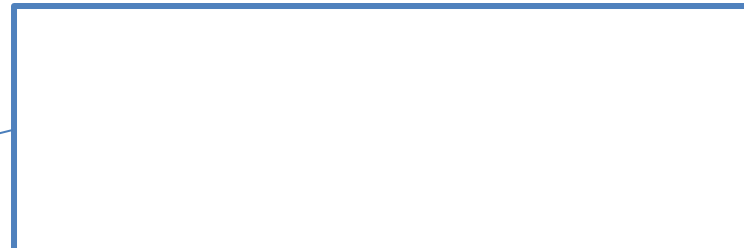
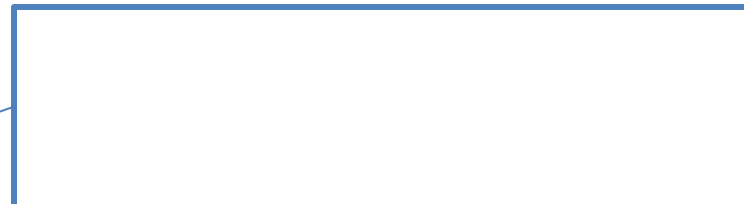
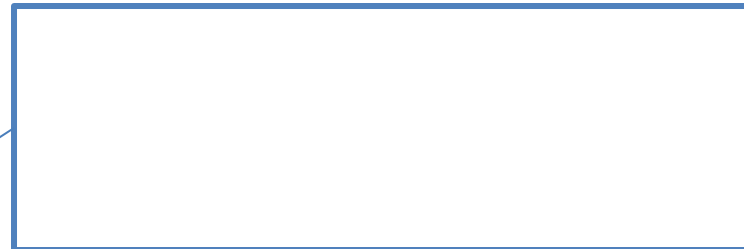
SMART AIM



PRIMARY DRIVERS  
(Needed system factors)



SECONDARY DRIVERS  
(Changes to test)



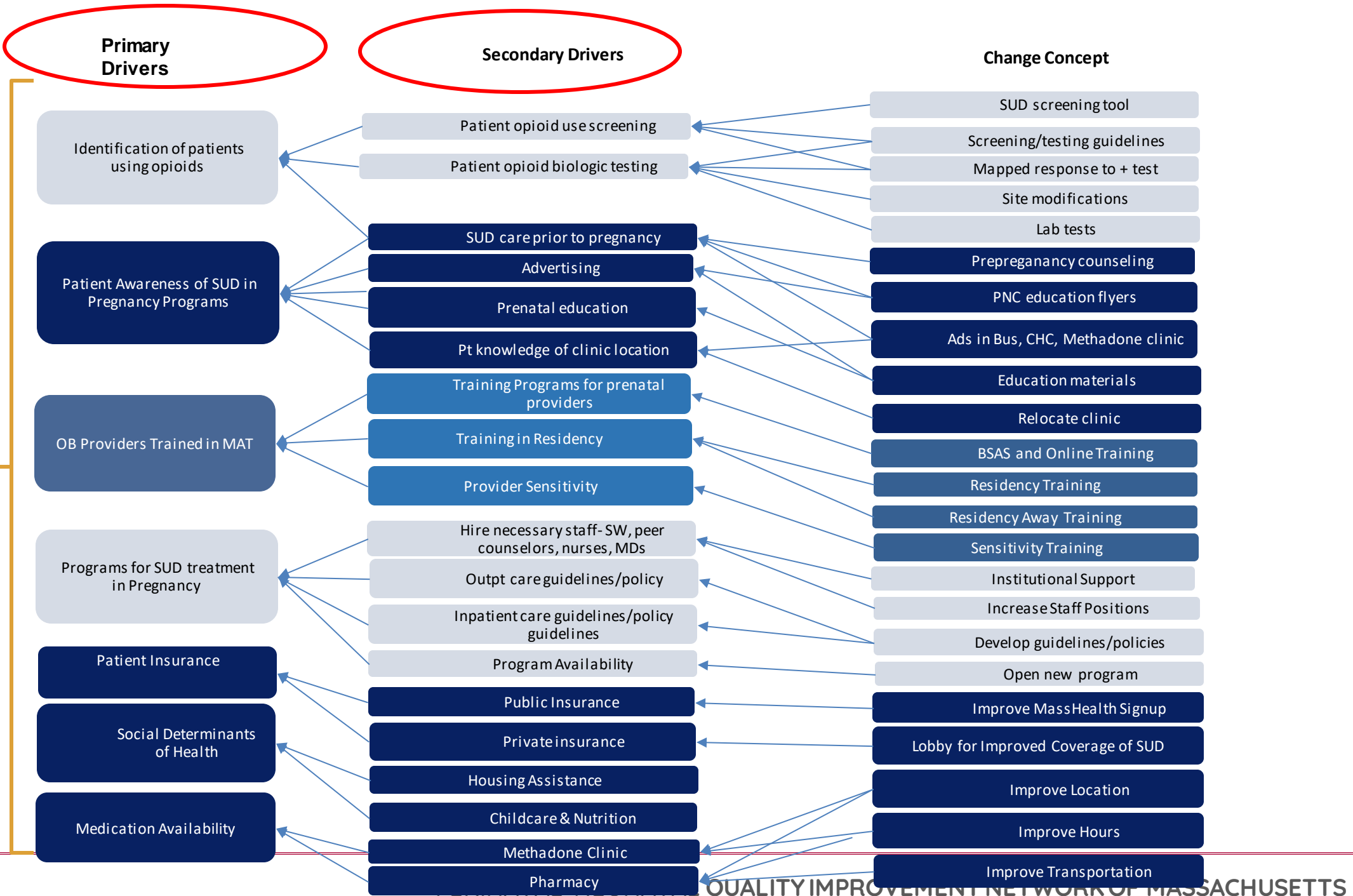


**Primary Aim Statement**

Increase the percent of women who are in MAT at the time of delivery/Mothers of infants diagnosed with NAS by x% or to x% by x date

Process measures:  
Per PDSAs

Balancing measures:  
Per PDSAs



**Global AIM**  
 Universal Screening of SUD in outpatient obstetrics

**Primary Drivers**

**Secondary Drivers**

**Change concept**

**Primary Aim Statement**  
 By June 1, 2020, we will create a sustainable strategy to screen all (100%) pregnant women in the AMB OB practice delivering at the BWH for substance use disorder using the NIDA quick screen tool in a private and confidential space (3 points - new OB, 27-30s week and postpartum visits) and offer timely, same day intervention from the OB social worker for those who screen positive and appropriate referral

Patients given standardized, validates screening tool in outpatient site (NIDA Screen) in private and confidential manner

- Screen in ambulatory site at New/27-30/PP
- Awareness and understanding of SUD screening, stigma and bias
- Screen easy to administer
- Screening & documentation incorporated into workflow

- Selection of single validated screening tool
- MAs to give screening tool at initial/New OB/ New OB Transfer, 27-30 week alongside TDAP and once postpartum in exam room alone
- Copies of screening tool at rooming workstation
- Posters in workspace explaining screening tool
- Check for screening rates at monthly review

Timely screening, appropriate scoring & timely EHR documentation of screen results

- Staff comfort with screening tool
- Scoring responsibilities clear and consistent
- Screening scored & documented while patient still in clinic

- Staff ed. session on scoring of screening tool
- Pocket cards for staff illustrating scoring & documentation
- Screening score documented at same time as vitals
- Identify space in EMR for score to be recorded

**AIM OUD Structure Measure S1:** Percent of Prenatal Care Sites which have implemented a universal screening protocol for OUD

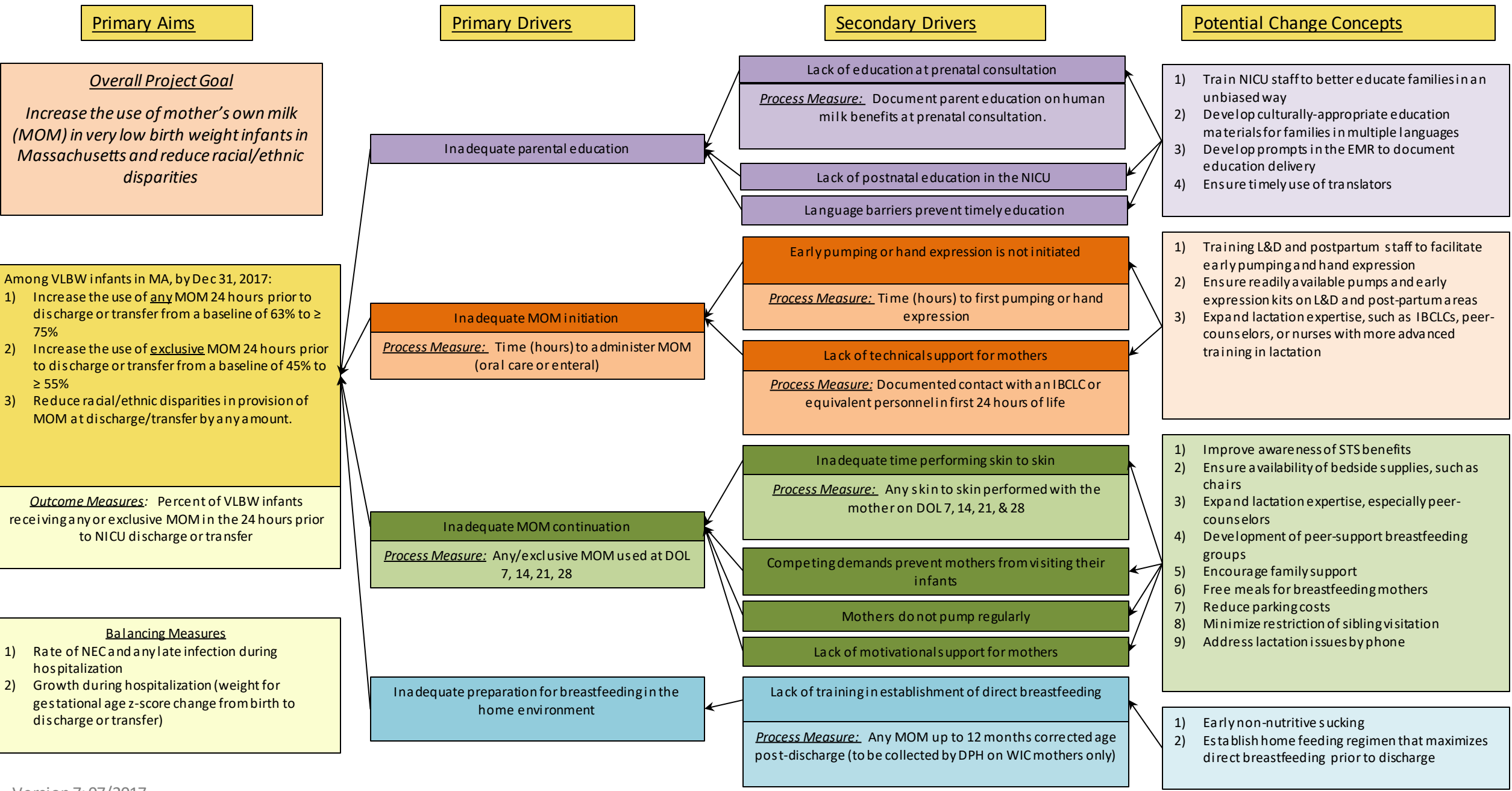
Timely and appropriate response to positive screens and referrals as needed

- Provider awareness of standardized SUD screening
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- SBIRT & new screening tool (resident and RN education)
- Clinic meeting introducing new screening tool & process (clinic staff education)
- Develop/distribute recommendations on "brief intervention" and "referral to treatment" for medium and high-risk patients
- Pamphlet on substance use in pregnancy & resources for patients

**\*\*UMASS Driver Diagram on Screening**  
 Adapted from Dr. Katherine Callaghan  
 Umass Worcester  
 Thank you! vOct 2019

# Key Driver Diagram: NeoQIC Human Milk Quality Improvement Collaborative



# Other Possible Elements

- Primary and secondary drivers
- Process measures that map your key drivers
- Balancing measures

# Example: Key Driver or Change Concept

SMART Aim:  
Universal screening for  
substances at the first prenatal  
visit by 12/2019 in my clinic

# Example: Key Driver or Change Concept

Staff don't think the mothers they serve use opioids so what is the point

Get input from mothers to develop scripts on presenting universal screening at visits

No time to do universal screening

SMART Aim:

Universal screening for opioid exposure at the first prenatal visit by 12/2019 in my clinic

Mothers would be horrified by this and leave my practice

Share data on frequency of substance use in the population seen in your clinic with staff

Share recommendations for universal screening from ACOG with staff

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Process measures:

Per PDSAs

Balancing measures:

Per PDSAs

Identification of patients using opioids

Patient Awareness of SUD in Pregnancy Programs

OB Providers Trained in MAT

Programs for SUD treatment in Pregnancy

Patient Insurance

Social Determinants of Health

Medication Availability

Patient opioid use screening

Patient opioid biologic testing

SUD care prior to pregnancy

Advertising

Prenatal education

Pt knowledge of clinic location

Training Programs for prenatal providers

Training in Residency

Provider Sensitivity

Hire necessary staff- SW, peer counselors, nurses, MDs

Outpt care guidelines/policy

Inpatient care guidelines/policy guidelines

Program Availability

Public Insurance

Private insurance

Housing Assistance

Childcare & Nutrition

Methadone Clinic

Pharmacy

SUD screening tool

Screening/testing guidelines

Mapped response to + test

Site modifications

Lab tests

Prepregnancy counseling

PNC education flyers

Ads in Bus, CHC, Methadone clinic

Education materials

Relocate clinic

BSAS and Online Training

Residency Training

Residency Away Training

Sensitivity Training

Institutional Support

Increase Staff Positions

Develop guidelines/policies

Open new program

Improve MassHealth Signup

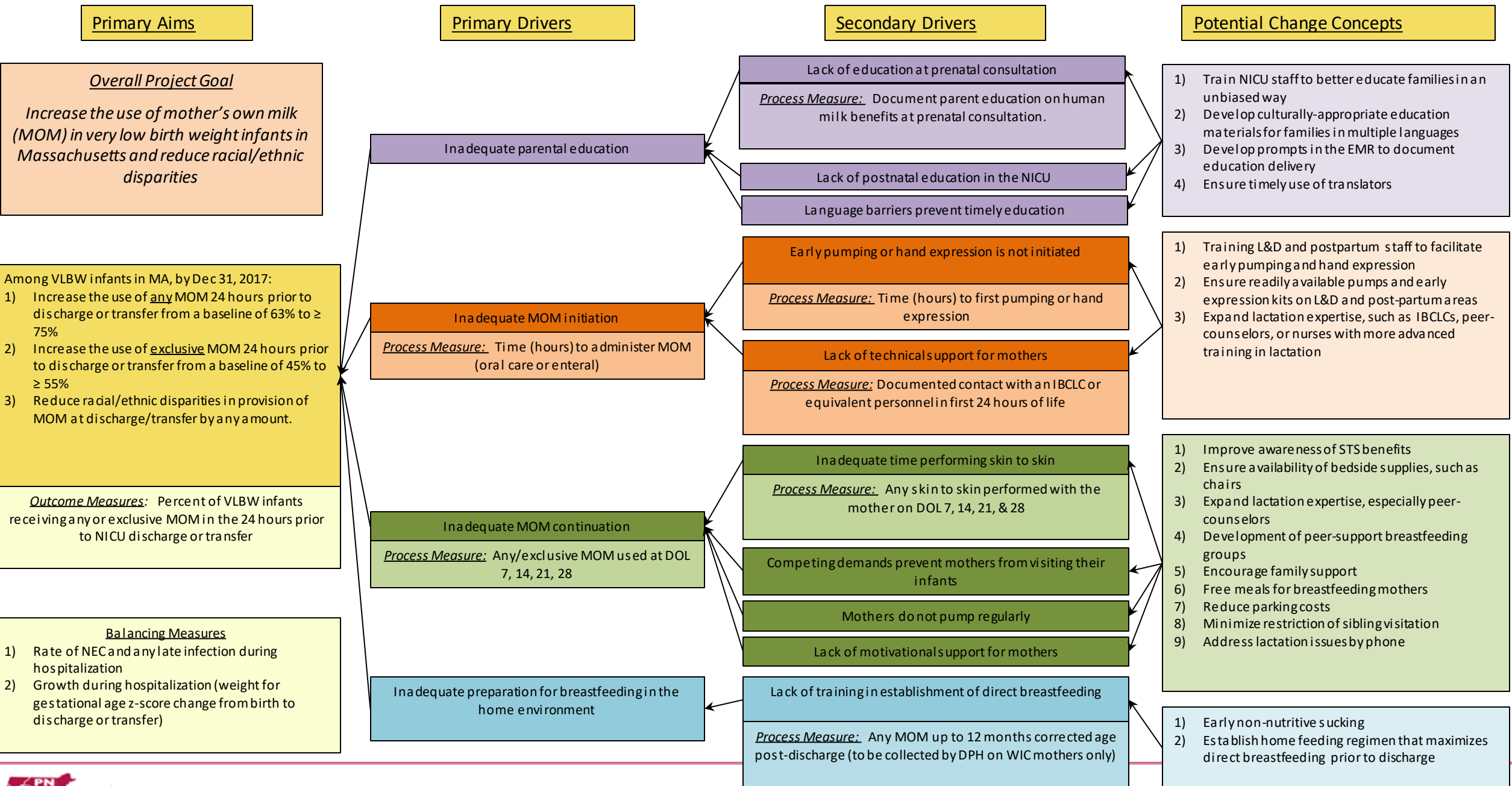
Lobby for Improved Coverage of SUD

Improve Location

Improve Hours

Improve Transportation

# Key Driver Diagram: NeoQIC Human Milk Quality Improvement Collaborative

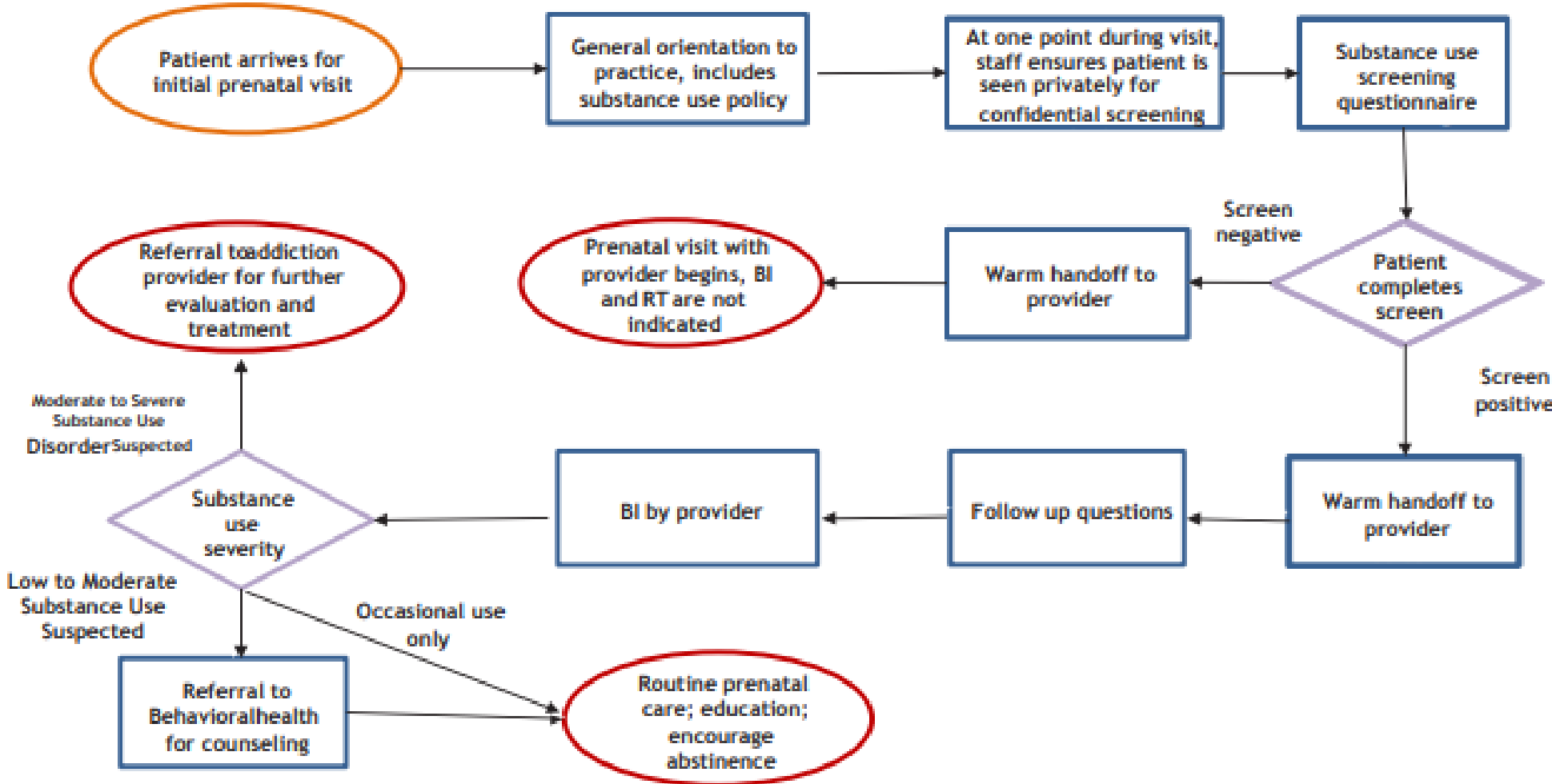


# Process Mapping

- Map out processes in a system that are linked
- Draw with boxes and arrows
- Helps you to understand your system
- Helps you to identify specific problems and develop interventions for improvement



# Workflows



# Questions?

Write in the chat, or email Bonnie  
at [bwglass@aol.com](mailto:bwglass@aol.com)!

# Guest Speaker Webinar Topics for Next 12 months

## Date/Guest Speaker Topic

7/21/20	OUD Screening Options
8/18/20	Plans of Safe Care
9/15/20	Caring for Patients with OUD
<b>10/20/20</b>	<b>Linkages to Care</b>
11/17/20	Equity Considerations in OUD care
12/15/20	Centering Patient Voice
1/19/21	OUD SMM Data
2/16/21	Early Head Start
3/16/21	MAT
4/20/21	Pain Relief During Pregnancy, Labor, Surgery & Post-op
5/18/21	SBIRT Check-in

**Guest Topics:**  
**Linkages to Care**

**Gina Kelleher, M.Ed., LACD |**  
**MCPAP for Moms**  
**Brigham and Women's Hospital**



# Connecting Pregnant and Postpartum Women with Mental Health and SUD Services: A Primer

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**Gina Kelleher, M.Ed, LADC 1**  
**Substance Use Disorder Project Manager**  
**MCPAP for Moms**

# Disclosure

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## Overview of substance use disorder treatment in perinatal women

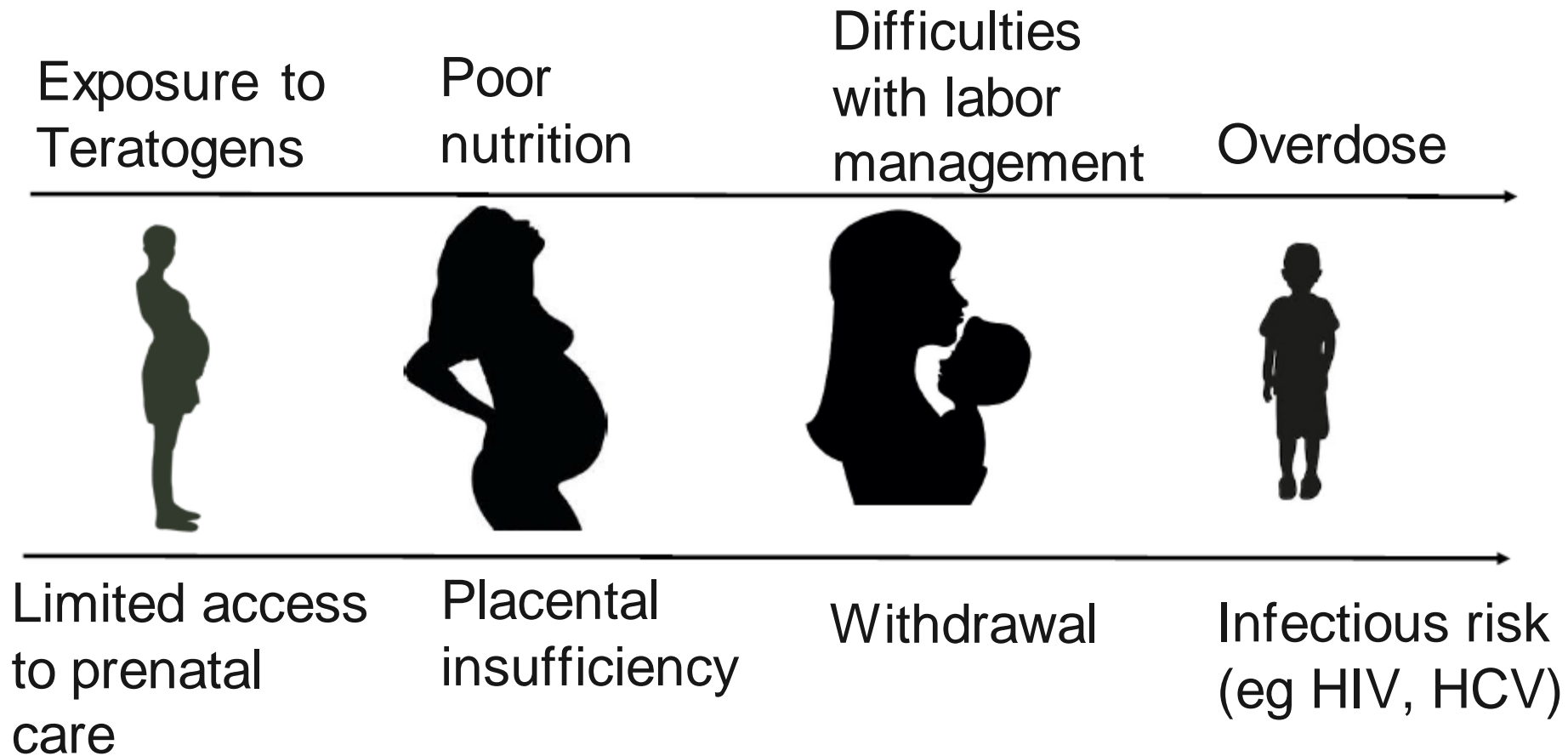


## Overview of mental health treatment needs for perinatal women



## How MCPAP for Moms can help facilitate linkage to mental health and SUD care

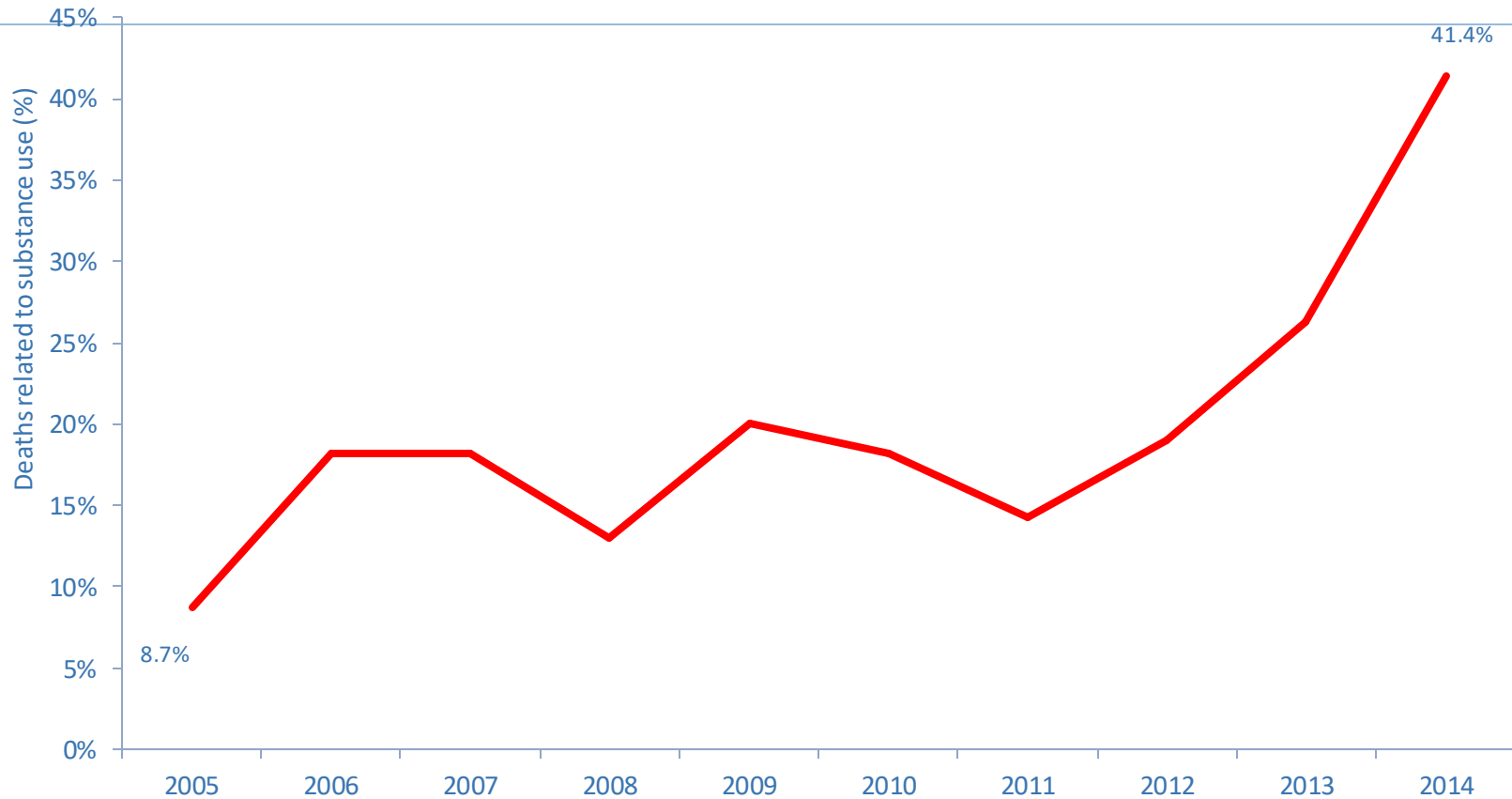
# Substance use during pregnancy poses risk to the woman, fetus, and family



**Preventable cause of maternal & infant mortality**

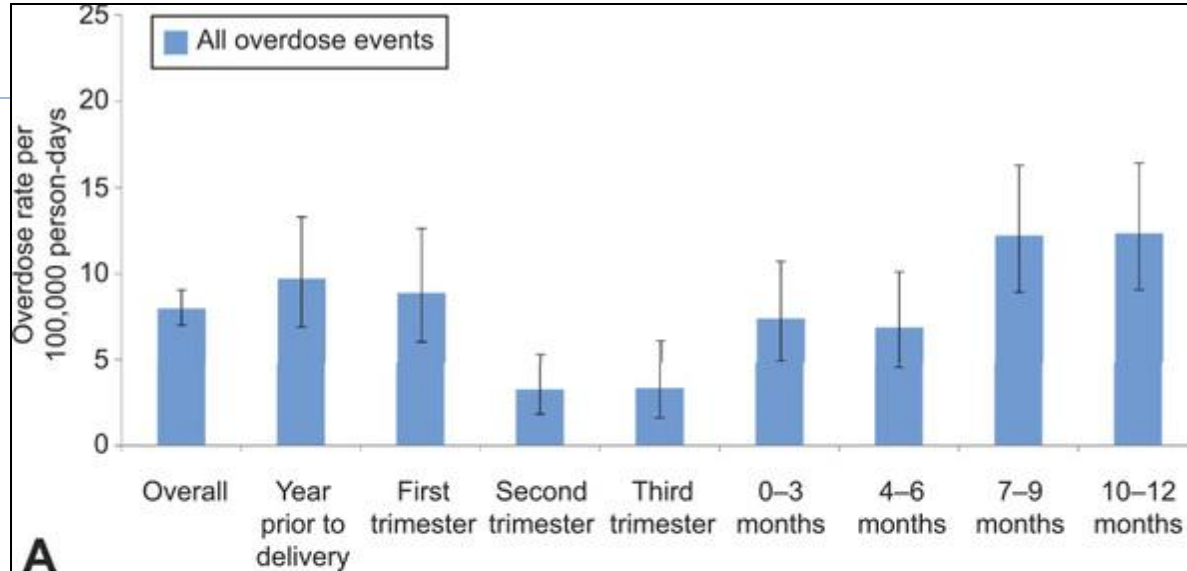


# Pregnancy associated deaths in MA related to substance use are on the rise

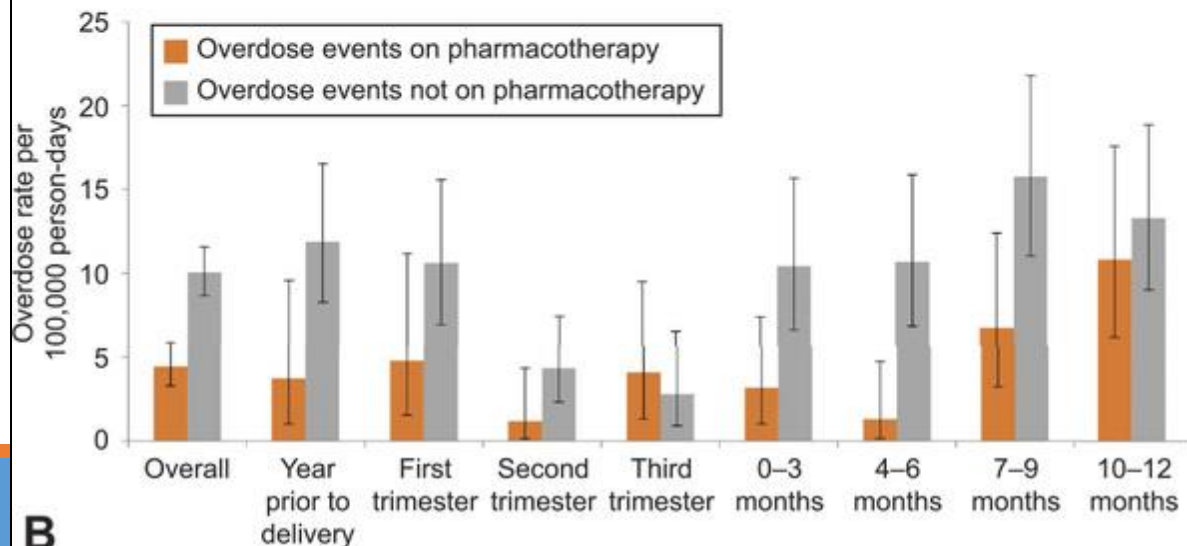


Substance Use among pregnancy associated deaths 2005-14, MA DPH  
<https://www.mass.gov/service-details/maternal-mortality-and-morbidity-initiative>

# Medication treatment for OUD decreases maternal mortality



A

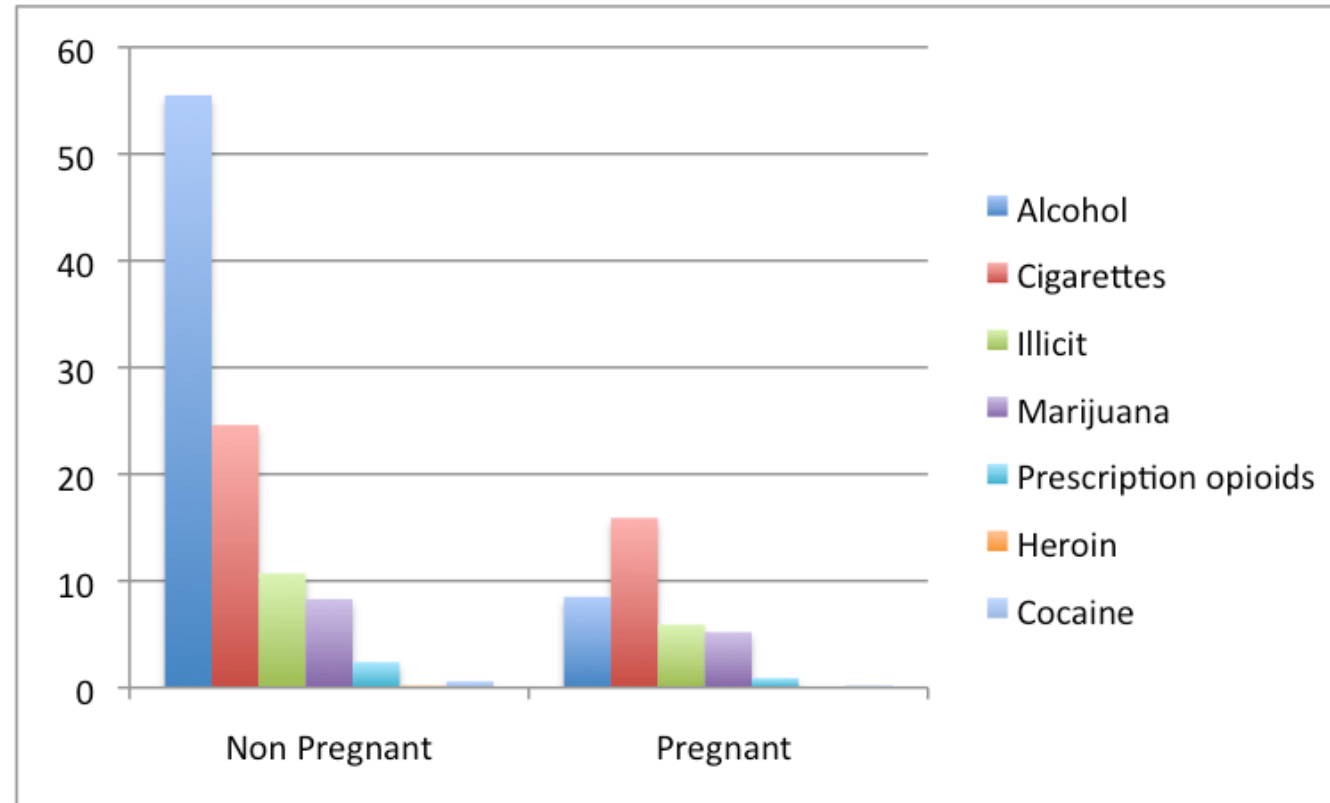


B

**Mortality is greatest after delivery**

**Methadone and Buprenorphine save lives**

# Pregnancy is a window of opportunity during which women stop using substances



Drug use in the past month, females 15-44

# Psychiatric diagnoses are more common in women with Opioid Use Disorder in pregnancy



# Barriers to Treatment

## Patient

Lack of detection  
Fear/stigma  
Limited access

## Provider

Lack of training  
Discomfort  
Few resources

## Systems

Lack of integrated care  
Screening not routine  
Isolated providers

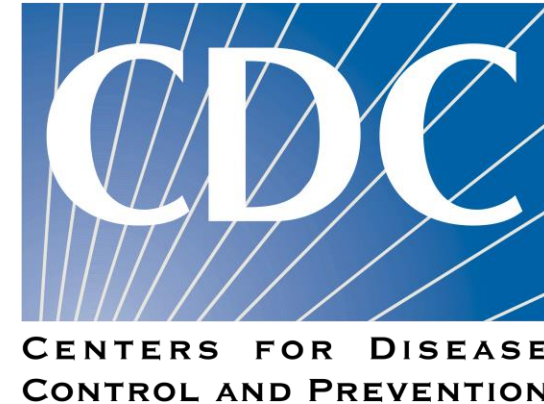
Women do not  
disclose symptoms  
or seek care

Underutilization  
of Treatment

Unprepared providers,  
With limited resources

## Poor Outcomes

# Universal screening for substance use and mental health in pregnancy is recommended by many organizations



# MCPAP for Moms recommends a modified version of the NIDA Quick Screen for universal screening in OB settings

Modified NIDA Quick Screen (Modified NIDA)					
Ask: "In the <u>past three months</u> , how often have you used:"					
Alcohol (four or more drinks a day)	<input type="checkbox"/> Never <input type="checkbox"/>	Once or twice <input type="checkbox"/>	Monthly <input type="checkbox"/>	<input type="checkbox"/> Weekly	Daily
Tobacco products	<input type="checkbox"/> Never <input type="checkbox"/>	Once or twice <input type="checkbox"/>	Monthly <input type="checkbox"/>	<input type="checkbox"/> Weekly	Daily
Prescriptions drugs not used as prescribed or any marijuana	<input type="checkbox"/> Never <input type="checkbox"/>	Once or twice <input type="checkbox"/>	Monthly <input type="checkbox"/>	<input type="checkbox"/> Weekly	Daily
Illegal drugs	Never	Once or twice	Monthly	Weekly	Daily
Any answer other than "never" is a positive screen and should prompt follow-up questions to further characterize which substance(s) are being used, the amount, and the time course (see <i>SUD1</i> ).					
Adapted from the NIDA Quick Screen					

# Edinburgh Postnatal Depression Scale (EPDS)

Validated in pregnancy and postpartum

10 items

Asks about self-harm

**Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

---

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

Yes, all the time

Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.

No, not very often      Please complete the other questions in the same way.

No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things	*6. Things have been getting on top of me
<input type="radio"/> As much as I always could	<input type="radio"/> Yes, most of the time I haven't been able to cope at all
<input type="radio"/> Not quite so much now	<input type="radio"/> Yes, sometimes I haven't been coping as well as usual
<input type="radio"/> Definitely not so much now	<input type="radio"/> No, most of the time I have coped quite well
<input type="radio"/> Not at all	<input type="radio"/> No, I have been coping as well as ever
2. I have looked forward with enjoyment to things	*7. I have been so unhappy that I have had difficulty sleeping
<input type="radio"/> As much as I ever did	<input type="radio"/> Yes, most of the time
<input type="radio"/> Rather less than I used to	<input type="radio"/> Yes, sometimes
<input type="radio"/> Definitely less than I used to	<input type="radio"/> Not very often
<input type="radio"/> Hardly at all	<input type="radio"/> No, not at all
*3. I have blamed myself unnecessarily when things went wrong	*8. I have felt sad or miserable
<input type="radio"/> Yes, most of the time	<input type="radio"/> Yes, most of the time
<input type="radio"/> Yes, some of the time	<input type="radio"/> Yes, quite often
<input type="radio"/> Not very often	<input type="radio"/> Not very often
<input type="radio"/> No, never	<input type="radio"/> No, not at all
4. I have been anxious or worried for no good reason	*9. I have been so unhappy that I have been crying
<input type="radio"/> No, not at all	<input type="radio"/> Yes, most of the time
<input type="radio"/> Hardly ever	<input type="radio"/> Yes, quite often
<input type="radio"/> Yes, sometimes	<input type="radio"/> Only occasionally
<input type="radio"/> Yes, very often	<input type="radio"/> No, never
*5. I have felt scared or panicky for no very good reason	*10. The thought of harming myself has occurred to me
<input type="radio"/> Yes, quite a lot	<input type="radio"/> Yes, quite often
<input type="radio"/> Yes, sometimes	<input type="radio"/> Sometimes
<input type="radio"/> No, not much	<input type="radio"/> Hardly ever
<input type="radio"/> No, not at all	<input type="radio"/> Never

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

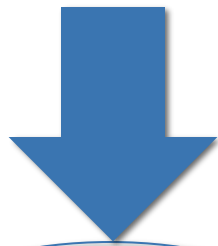
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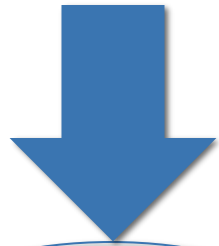
Massachusetts Child Psychiatry Access Program

# MCPAP

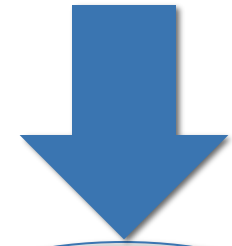
For Moms



**Education**

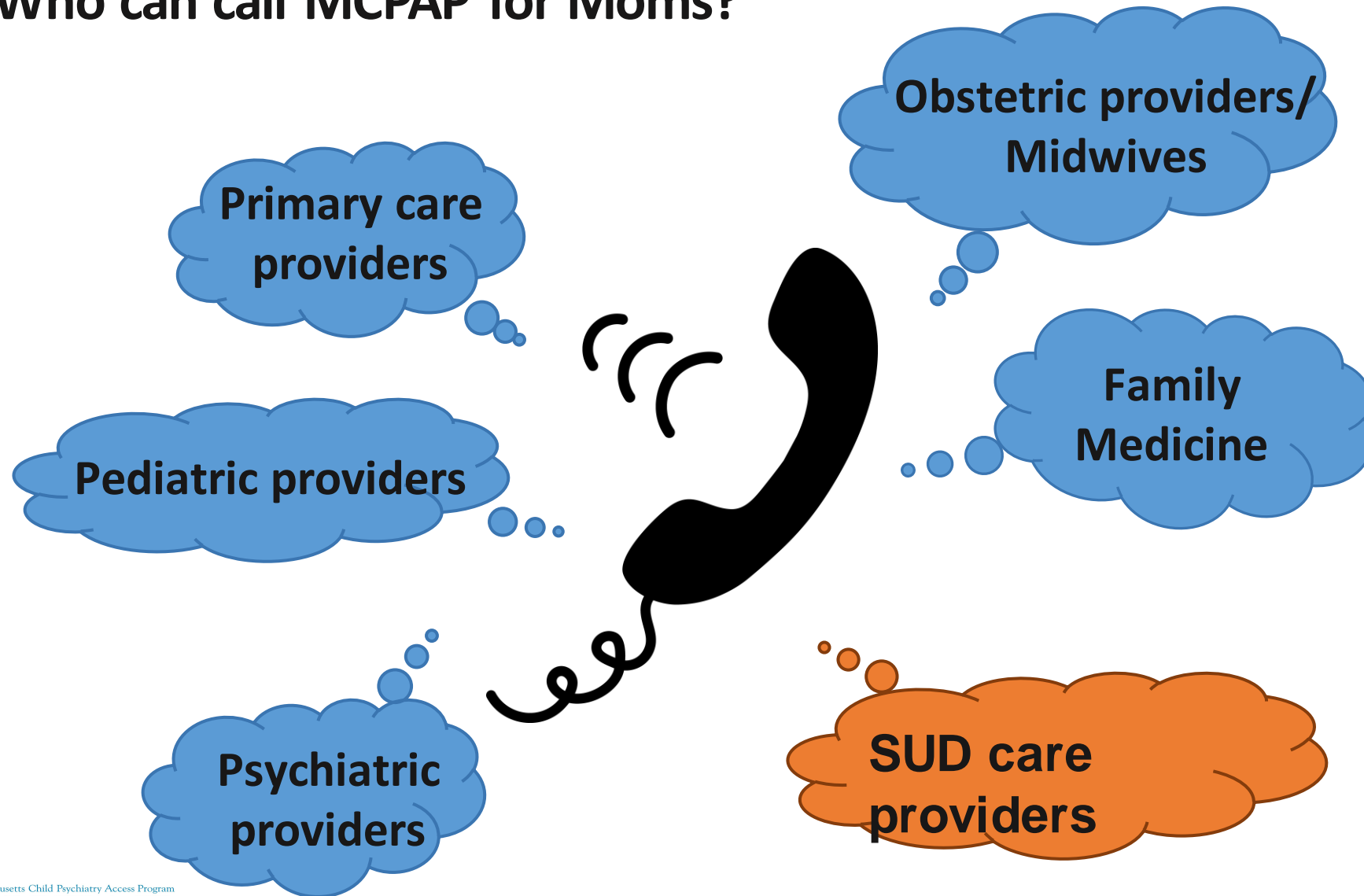


**855-Mom-MCPAP**

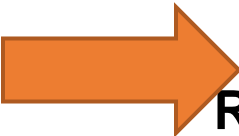


**Resource and Referral**

# Who can call MCPAP for Moms?



Providers can call **855-Mom-MCPAP**  
for consultation for mental health and SUD topics

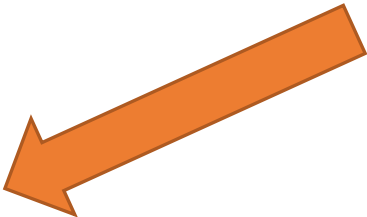


**Resource and Referral specialist**



**Resources to provider**

**Provider to Provider Phone Consultation**



**“Face to Face” Consultation**

**\*Telemedicine**



**Resources to patient (Patient Contact)**



# Our website has resources for providers as well as patients and families - [www.mcpapformoms.org](http://www.mcpapformoms.org)



Contact number for providers:  
855-Mom-MCPAP (855-666-6272)

Google Custom Search

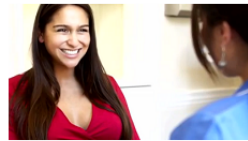


Promoting Maternal Mental Health During and After Pregnancy

About MCPAP for Moms | How We Help Providers | Toolkits and Resources | Our Team | For Mothers and Families



Click Below For Video



**MCPAP for Moms** promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage mental health and substance use concerns.



## One in Seven

One out of every seven women experience depression during pregnancy or in the first year postpartum. Depression during this time is twice as common as gestational diabetes.



**Trainings and toolkits** for providers and their staff on evidence-based guidelines for: depression screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options.



**Real-time psychiatric consultation and care coordination** for providers serving pregnant and postpartum women including obstetricians,

## Provider Resources

# Additional MH resources

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Postpartum Support International (PSI)

<https://www.postpartum.net>

PSI-MA Helpline 1-866 472 1897

[psiofmass@gmail.com](mailto:psiofmass@gmail.com)

Hospital based teams should collaborate with their social work and care management colleagues

# Options for referral for SUD treatment

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How to Find Treatment and Resources	
<b>Bureau of Substance Abuse Services (BSAS)</b> Helpline: Helps patient/provider determine treatment needs	1-800-327-5050 <a href="http://www.helplinema.org">www.helplinema.org</a>
<b>Massachusetts Behavioral Health Access (MABHA)</b> Service Locator: Provider-oriented treatment locator	<a href="http://www.mabhaccess.com/SUD.aspx">www.mabhaccess.com/SUD.aspx</a>
<b>Institute for Health and Recovery Resource Locator:</b> Community resource locator by zip code	<a href="http://www.healthrecovery.org/resource-search">www.healthrecovery.org/resource-search</a>
<b>The Journey Project:</b> Website for pregnant and parenting women with substance use disorders	<a href="http://www.journeyrecoveryproject.com">www.journeyrecoveryproject.com</a>

Questions? Call MCPAP for Moms:  
855-666-6272

Source: [www.mcpapformoms.org](http://www.mcpapformoms.org) - Resources for  
Providers -> Toolkits

# Additional resources for SUD support

Psychosocial Treatments		
Peer Support	Professionally led	Residential
<ul style="list-style-type: none"> <li>Alcoholics Anonymous: <a href="http://www.aa.org">www.aa.org</a></li> <li>Narcotics Anonymous: <a href="http://www.na.org">www.na.org</a></li> <li>SMART recovery: <a href="http://www.smartrecovery.org">www.smartrecovery.org</a></li> </ul>	<ul style="list-style-type: none"> <li>Cognitive Behavioral Therapy</li> <li>Motivation enhancement</li> <li>Mindfulness-based treatments</li> <li>Couples/family</li> <li>Group counseling</li> </ul>	<ul style="list-style-type: none"> <li>Inpatient rehabilitation</li> <li>28-day programs/"rehab"</li> <li>Long-term residential</li> <li>Sober living</li> <li>Therapeutic community</li> </ul>
Patients can self-refer to any of the above options		Call MCPAP for Moms for assistance with referrals

Questions? Call MCPAP for Moms:  
855-666-6272

Source: [www.mcpapformoms.org](http://www.mcpapformoms.org) - Resources for  
Providers -> Toolkits



**Women with any history of substance use should be counseled as early as possible about possible social service reporting after delivery**





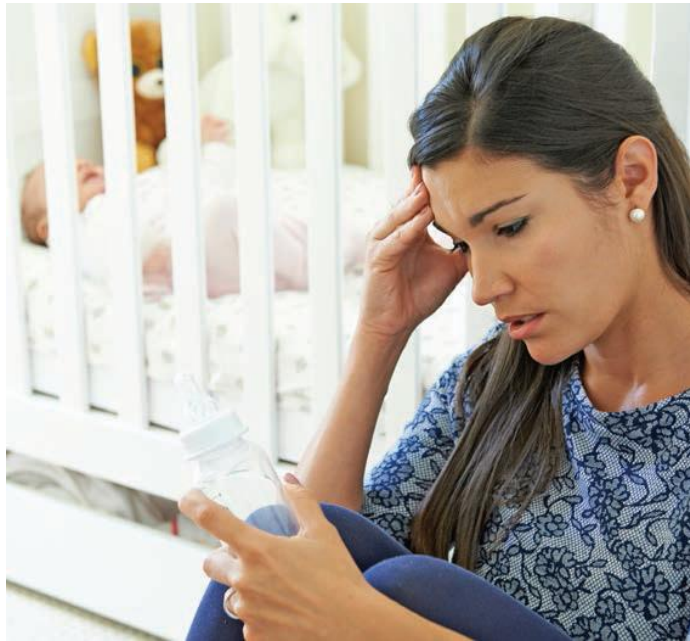
# Pregnant and Parenting women with SUD benefit from the development of a team of providers

**Please work with patients to develop a Plan of Safe Care**

<http://www.healthrecovery.org/safecare>



**In summary, our aim is to promote maternal and child health by building the capacity of front line providers to address maternal mental health and substance use needs**



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# Acknowledgements

## MCPAP for Moms is funded by the Massachusetts Department of Mental Health

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### Leadership

#### **Nancy Byatt, DO, MS, MBA, FACLP**

Medical Director,  
UMass Memorial Medical Center /  
UMass Medical School

#### **Leena Mittal, MD, FACLP**

Assoc. Medical Director,  
Brigham and Women's Hospital /  
Harvard Medical School

#### **Beacon Health Options Team**

John Straus, MD  
Beth McGinn, M.Ed  
Sarah Rosadini, BA

#### **SUD Project Manager:**

Gina Kelleher, M.Ed, LADC I – BWH

### Consulting Psychiatrists:

#### **Margo Nathan, MD**

Brigham and Women's Hospital /  
Harvard Medical School

#### **Wendy Marsh, MD, MSc**

UMass Memorial Medical Center /  
UMass Medical School

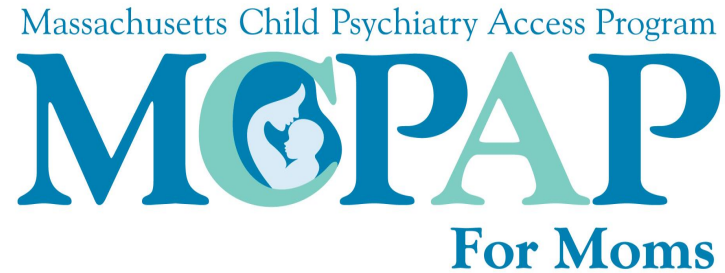
#### **Valerie Sharpe, MD**

Baystate Medical Center

### Resource Referral team:

Liz Spinosa, LMHC – UMass  
Asha Janay, BA – BWH

**Call 1-855-Mom-MCPAP**  
**[www.mcpapformoms.org](http://www.mcpapformoms.org)**



**Please email questions to:**  
**[rkelleher3@bwh.harvard.edu](mailto:rkelleher3@bwh.harvard.edu)**

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Kelleher R.**

**Funding provided by the Massachusetts Department of Mental Health.**



# Closing Thoughts

- Next webinar is **Tuesday, November 17th, 2020** from 12-1pm
- **QI Topic:** Developing Interventions
- **Guest Topic:** Equity Considerations in OUD Care

*Stay tuned for registration and agenda for the PNQIN Perinatal Opioid Use Summit –  
11/17 and 11/18!*

# Questions or Concerns?

