Access to Perinatal Mental Health Care: Patient and Provider Perspectives on MCPAP for Moms

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Objective

Identify the perspectives of providers and patients on how MCPAP for Moms has impacted mental health care in obstetrics settings.

Background

One out of every seven women experience depression during pregnancy or in the postpartum period.[1] Despite its negative impact, most women with perinatal depression do not access mental health care.[2] In an effort to promote maternal and child health by building the capacity of providers serving pregnant and postpartum women, the Massachusetts Child Psychiatry Access Program (MCPAP) for Moms was implemented in OB/GYN practices across Massachusetts.

MCPAP for Moms Components

Training 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 obstetric, pediatric, adult primary care, and psychiatric providers.

Linkages with community-based resources including mental health care, support groups, and other resources to support the wellness and mental health of pregnant and postpartum women.

Methods

Provider participant recruitment:
- OB providers from 2 clinics in central MA
- 3 focus groups conducted with 7-18 providers

Patient participant recruitment:
- Women who scored ≥ 10 on the Edinburgh Postnatal Depression Scale (EPDS) during pregnancy or postpartum
- In-depth, in-person interviews were conducted with 10 women postpartum
- Exclusion criteria: active substance use, bipolar disorder, psychosis

Transcribed interviews were analyzed by two researchers using an iterative, interpretive process within a grounded theory framework. Inter-rater reliability was 0.97. This analysis was part of a larger study exploring the effectiveness of MCPAP for Moms Program.

Results

Facilitators to treatment

- **Routinized EPDS screenings offer a system for incorporating depression care into the OB clinic.**
  "I feel like screening for depression is so automatic now in our clinic…it's just become standard and it's seamless…we really pick up a lot that we may not have otherwise if we didn't particularly put it on our radar to ask about depression…"–provider
- **Education provided by MCPAP for Moms increases obstetrical providers' knowledge and confidence in delivering mental health care.**
  "[The MCPAP for Moms psychiatrist's] educational piece has been really helpful. She…talked about how if someone is already on a medication and they're pregnant, they've already been exposed and their other exposure is their illness. Just the way she worded that really struck me and I think that's been helpful in terms of convincing patients to stay on it if they're already on it." –provider
- **MCPAP for Moms Care Coordinator facilitates patients' continuity of care between their behavioral health and obstetrical providers.**
  "I could actually feel the concern [of the MCPAP for Moms care coordinator] because usually people, they'll…refer you to something and then they won't check on you at all [but the MCPAP for Moms care coordinator] was always checking in on me…she found the time to check in on me. I thought that was really good. I appreciate that." –patient

Barriers to treatment

- **Mental health viewed as outside the realm of care provided by an OB.**
  "I don't think I ever thought [mental health care] was not important to me, but I didn't think that the OB would have time or care. I feel like it was her responsibility to care about the baby and it…seemed out of her scope to like try to figure out emotional wellbeing…" –patient
- **OBs are undertrained for discussing emotional wellness with patients.**
  "[OBs] seemed more comfortable with what they do… they don't seem comfortable addressing depression…I could sense that…my OB…didn't have enough… practice with her skills… It was very superficial and [she wanted] to get this over with and get on to the actual physical." –patient
- **OBs are not confident in their ability to provide psychiatric treatment.**
  "I don't think if we get a positive EPDS we'll be like…you need an antidepressant …I think a lot of [OBs] are not comfortable saying, okay, just because it's a positive screen I can now determine that they need pharmacologic treatment. I think we would prefer further evaluation before doing that." –provider

Table 1. MCPAP for Moms Program has served many patients and providers since in implementation in 2014.

OB Practices Enrolled in MA	**124 (67%)**
Provider and Staff Trainings	150
Women Served	2,824
Face to Face Evaluations	181
Care Coordination Encounters	3,508
Total Doc-doc Telephone Encounters	2,111
Telephone Encounters with Ob/Gyns	1,319 (62%)
Telephone Encounters with Psychiatrists	307 (15%)
Telephone Encounters with Other Providers	485 (23%)

Discussion

MCPAP enhances access to and treatment of perinatal and postpartum mental health care.
- Implementation of systematic depression screenings has facilitated the integration of mental health care into the OB clinic.
- Education provided by the MCPAP for Moms program strengthens and develops the skills of OBs to provide mental health care to pregnant and postpartum women.
- MCPAP for Moms care coordinator's consistent contact with patients allows women to better navigate behavioral health resources and stay connected to mental health care.

MCPAP could be supplemented through proactive patient engagement and development of a stepped-care treatment response for depression.
- Physical health care remains largely prioritized over mental health care in the OB clinic.
- OBs require further training and practice to become more competent in discussing behavioral health with patients and in utilizing pharmacologic therapy.

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1. Gavin, NI, et al., Perinatal Depression: a systematic review of prevalence and incidence. *Obset Gynecol*, 2005. 106 (5):1071-83.
2. Byatt N, Levin L, Ziedonis D, Moore Simas T, Allison J. Enhancing Depression Care in Obstetric Settings. *Obstetrics and Gynecology*. 2015; 126(5):1048-58.