

TASK FORCE ON MATERNAL HEALTH

MEETING SUMMARY

August 28, 2020

1:00 pm – 4:00 pm

Virtual Meeting Conducted Over Zoom

Attendees:

Amanda Brickhouse Murphy, Amy Jo, Ashley Rodriguez, Ashley Stewart, Arthur Ollendorff, Belinda Pettiford, Brittney Sala, Carolyn Harraway-Smith, Chris Evans, Doris Robinson, Dorothy Cilenti, Ellen Chetwynd, Emily Hooks, Erica Little, Erin McClain, Frieda Norris, Jacqueline Wynn, James Coleman Janice Freedman, Jennifer Grady, Julie Lovingood, Kacie McLaughlin, Karen Burns, Kate Menard, Kathleen Knocke, Katie Borders, Katlyn Tanner, Kelly Kimple, LaTosha Scott, LaToshia Rouse, Lindsay Guge, Maria Small, Mary Kimmel, Melissa Godwin, Michelle Bucknor, Michelle Ries, Natalie Murdock, Nicole McKinney, Nicole Teal, Rachel Singley, Rebecca Severin, Renee Clark, Richard Kirsch, Sarah McCracken, Sarah Muthler, Sarah Wheeler, Stacy Warren, Ste'Keira Shepperson, Sue Lynn Ledford, Suzanne Dixon, Tahara Boston, Tina Sherman, Tomeka Isaac, Tyonna Howard, Velma Taormina, Veronica Piper

Welcome and General Housekeeping

James Coleman, MPH, Research Specialist, North Carolina Institute of Medicine

Large-group Discussion: Alignment of Maternal Health Task Force Work with Recommendations from PSOC Task Force and North Carolina's MMRC

Facilitated by James Coleman, MPH, Research Specialist, North Carolina Institute of Medicine

Using the Perinatal Health Strategic Plan (PHSP) and questions and comments raised at July's meeting, task force members discussed twelve points within the PHSP and how they might align to the Maternal Health Task Force's goals and focus.

Pregnancy & Postpartum Mental Health Overview

Mary Kimmel, MD, Assistant Professor and Co-Director, Perinatal Psychiatry Program, UNC School of Medicine

Dr. Kimmel provided an overview of the four aspects of mental wellness which includes experiences, behavior, medical conditions, and personality. Perinatal Mood and Anxiety Disorders (PMADS) can be experienced anytime during pregnancy through the first year postpartum, and 1 in 5 women will experience anxiety disorders in pregnancy. There is a difference between the baby blues and PMADS. Baby Blues are experienced by 80% of new mothers, typically peaking in days 4 – 5 and recovering in 2 – 3 weeks. PMADS typically peaks at 3 – 4 months postpartum but the onset can occur anytime during pregnancy or the first year postpartum. There are a variety of barriers to treatment at the patient, provider, and systems levels.

NC Maternal Mental Health MATTERS Program Overview

Karen Burns, MSW, Program Manager, NC Maternal Mental Health MATTERS, UNC School of Medicine

MATTERS is a HRSA-funded program and partners with Duke and UNC. The program's main goals are to increase screening, assessment, and treatment and provide continuing education. Most of the continuing education focuses around incorporating mental health care into primary care visits. The program is two years old, and since COVID, the program has pivoted to virtual outreach to engage providers. 84% of providers who participate in the program report that consultation reduced the

patient's need for a higher level of psychiatric care. Call volume has increased significantly since COVID, and most doctor and nurse practitioner consults are about depression and anxiety disorders. Currently, patients from 25 North Carolina counties are served by a consultation line.

Perinatal Substance Use Disorder Treatment Services and Support Options for Pregnant and Postpartum Women

Melissa Godwin, LCSW, Clinical Associate Professor, Behavioral Health Springboard, UNC School of Social Work

In North Carolina, 9.8% of mothers reported smoking in their last three months of pregnancy and 8.3% of mothers reported having any alcoholic drinks during the last three months of pregnancy. All substances have an increased risk of preterm birth and small for gestational age, which are both contributors to infant mortality. There are five points of intervention for perinatal substance use disorders: pre-pregnancy; prenatal; post-partum; and in infancy and beyond. There are a variety of intervention programs in North Carolina: the NC Pregnancy Medical Home Program Care Pathway is a prenatal intervention option; the NC Perinatal & Maternal Substance Use Initiative is family-centered with 21 programs statewide; and the NC CASAWORKS for Families Residential Initiative includes seven residential programs for women with a primary substance use disorder and their children.

Next Steps

James Coleman, MPH, Research Specialist, North Carolina Institute of Medicine

The next task force meeting will be held on September 21 from 1:00 – 4:00PM.