

Perinatal behavioral health disorders, including mood and anxiety disorders (PMADs) and substance use disorders, are the most common complication of pregnancy and childbirth and are a leading cause of maternal mortality and morbidity. These disorders present during pregnancy or the first year following childbirth, and affect the health and wellbeing of the whole family. Despite the prevalence and impact, these disorders often go undiagnosed and untreated¹.

Prevalence



1 in 5
... **women nationwide are impacted** by maternal mental health conditions⁶.

... **Kansas moms** reported experiencing depression during pregnancy⁷.

... **pregnancy-associated deaths** in Kansas were impacted by mental health disorders⁸.

2X
Women of color are 2 times as likely to experience postpartum depression. They are also less likely to receive treatment or professional support for their symptoms².

Women experiencing a perinatal mood and anxiety disorder are 19% more likely to experience a substance use disorder³ and drug overdose is one of the leading causes of pregnancy-associated deaths nationwide⁴.



\$32,000
The approximate societal costs of untreated postpartum perinatal mood and anxiety disorders per mother-child pair from pregnancy through five years⁹.

With the Kansas birth rate at nearly 35,000⁵, about 7,000 women will experience a perinatal mental health condition and less than half will receive treatment¹, resulting in a conservatively estimated \$19.5 million cost of untreated perinatal mental health disorders per year, totaling \$112 million over the course of pregnancy through the first five years.



Barriers to Treatment

Screening and Intervention Organizational policies can be inconsistent and lack integrated, evidence-based procedures that support universal screening, intervention, and referral for perinatal behavioral health.

Access to Specialists Frontline providers (e.g., OB/GYNs, family practice physicians, APRNs, midwives) often lack sufficient training to manage complex perinatal mental health disorders. 66% of Kansas counties are designated as mental health professional shortage areas¹⁰. Of available behavioral and mental health providers, few have expertise in treating pregnant and postpartum individuals.

Reimbursement Policy While recent changes to KanCare policy have expanded reimbursement for maternal depression screenings and extended postpartum coverage, reimbursement for care coordination and case consultations between front-line and specialty psychiatric providers remains insufficient.

Kansas Connecting Communities

Kansas Connecting Communities (KCC) is a collaborative initiative working to improve the behavioral health and wellbeing of pregnant and postpartum individuals in Kansas. KCC is one of 20 state perinatal psychiatric access programs working to build the capacity of frontline health care providers to address perinatal behavioral health conditions through education, consultation, and building referral linkages.



EDUCATION

Trainings and toolkits for practitioners and staff to implement screening, triage, referral, and treatment in line with evidence-based guidelines.



CONSULTATION

Psychiatric consultation between frontline healthcare providers and peripartum psychiatrist.



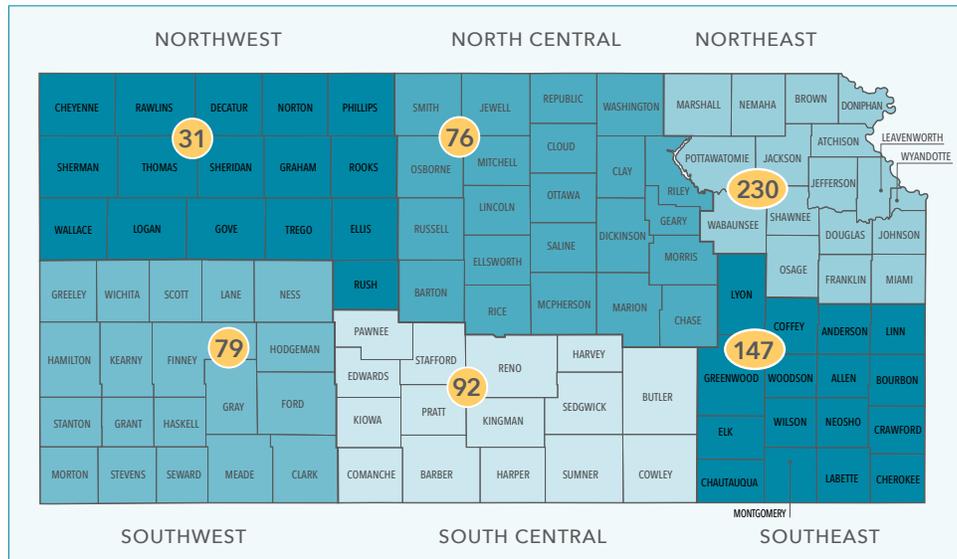
RESOURCES & REFERRALS

Linkages with community-based resources including individual and group therapy, support groups, and other local resources.

KCC maintains a staff of perinatal behavioral health expert consultants who provide training, case consultations, and referral support across the state. With an annual operating budget of \$649,953, just 0.6% of the cost of untreated perinatal mental health conditions, KCC is a cost effective intervention to improve maternal and child health outcomes.

Impact

In the first three project years (October 2018 to September 2021), KCC trained nearly 700 Kansas providers. The map below highlights the number of providers that were trained in each region. In addition to direct training, KCC partnered with Postpartum Support International in 2021 to provide advanced training for front-line providers on the treatment of perinatal behavioral health disorders. Planning is underway to provide this training to more front-line providers in 2023.



Provider Self-Efficacy

Providers who responded to surveys following KCC training and technical assistance reported that their confidence to conduct screening, provide brief interventions, and engage patients in treatment for Perinatal Mood and Anxiety Disorders (PMADs) and Substance Use Disorders (SUDs) increased.

Providers also reported higher overall comfort with perinatal behavioral health. After attending a KCC training, an additional 25% of providers reported being “Very Comfortable” addressing these needs with their patients.

Confidence Change

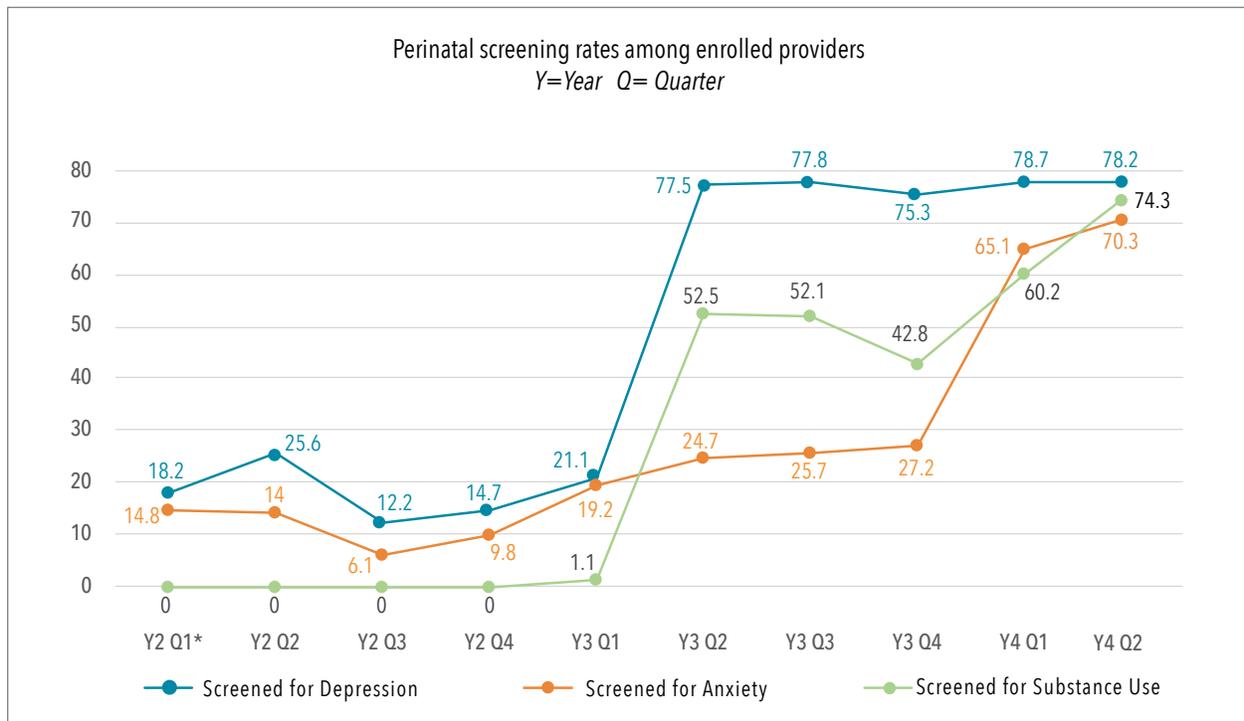
Behavioral Health Intervention	PMADs (n=168)	SUDs (n=63)
Screening	+18%	+27%
Brief Intervention	+80%	+27%
Treatment/Referral to Treatment	+19%	+31%

The KCC program... has been instrumental in helping [our clinic] organize and implement our perinatal mental health screening programs, along with helping us to establish a concrete action plan for those times when mothers need assistance. I truly believe that our implementation of screening and caring for mothers’ mental health will help families in our area thrive in ways that wouldn’t have been possible without these resources.

Dr. Jenna Sloan, OB/GYN, Hays Medical Center, Hays, KS

Positive Impact on Screening Rates with Participation

More training leads to more screening. More screening leads to increased identification. Increased identification is the critical first step to accessing treatment and other support services. Participation in KCC training and technical assistance activities has resulted in a significant increase in screening rates among KCC enrolled providers. Technical Assistance activities focus on skill development, organizational readiness and infrastructure support, and workflow integration.



*Grant year 2 began on 9/30/2019

“Our clinic is so grateful to be part of a process of data collection to show that screening during pregnancy and early postpartum is important and we hope our actions will be able to influence insurers decisions to pay for earlier and more frequent screenings.”

Jamie Harrington, APRN, CNM, FNP-BC
Sunflower Birth & Family Wellness, Winfield, KS

As a provider, especially a provider in a rural setting, it’s important for us to know what resources we have. We don’t always have the option to just send somebody down the road to a psychiatrist or to a therapist that often would involve hours of travel that just aren’t feasible. So, I was very excited when I learned that in Kansas, we have the Provider Consultation Line for Perinatal Health to fill this gap.

Dr. Beth Oller, Family Physician and KCC Physician Champion, Stockton, KS

Recommendations



Provide expert consultation and care coordination support

Ensure all healthcare providers can access expert consultation and care coordination support by funding a statewide perinatal psychiatric access program that includes linked specialty teams with expertise in perinatal health (e.g., peripartum psychiatrists, psychologists, OB/GYNs, family practice physicians, pediatricians, resource specialists, and patient and family advocates).

Recommendation was set forth by the 2021 Special Committee on Kansas Mental Health Modernization and Reform, [5.3](#).



Expand workforce development activities

Make training and technical assistance widely available and accessible to all providers serving pregnant and postpartum individuals. Activities should focus on universal behavioral health screening implementation, evidence-based treatment modalities (e.g., prescribing best practices, psychotherapy) for all provider types, and referral best-practices.



Improve access to quality treatment

- » Maintain a vetted directory of treatment providers with perinatal expertise.
- » Maintain policies that reduce barriers to care for perinatal patients.
- » Maintain and expand policies that support those helping patients access treatment including perinatal care coordinators, health navigators, home visitors, and community health workers.

Endnotes

- 1 MMHLA Main Fact Sheet (2020). www.mmhla.org/wp-content/uploads/2020/07/MMHLA-Main-Fact-Sheet.pdf
- 2 Pao, C., Guintivano, J., Santos, H., & Meltzer-Brody, S. (2019). *Postpartum depression and social support in a racially and ethnically diverse population of women*. Archives of women's mental health, 22(1), 105-114. <https://doi.org/10.1007/s00737-018-0882-6>
- 3 McKee, K., Admon, L.K., Winkelman, T.N.A. et al. Perinatal mood and anxiety disorders, serious mental illness, and delivery-related health outcomes, United States, 2006–2015. BMC Women's Health 20, 150 (2020). <https://doi.org/10.1186/s12905-020-00996-6>
- 4 Campbell, Jacquelyn et al. *Pregnancy-Associated Deaths from Homicide, Suicide, and Drug Overdose: Review of Research and the Intersection with Intimate Partner Violence*. Journal of women's health (2002) vol. 30,2 (2021): 236-244. doi:10.1089/jwh.2020.8875
- 5 www.marchofdimes.org/peristats/data?reg=99&top=2&stop=1&lev=1&slev=4&obj=8&sreg=20
- 6 MMHLA Main Fact Sheet (2020). www.mmhla.org/wp-content/uploads/2020/07/MMHLA-Main-Fact-Sheet.pdf
- 7 Kansas PRAMS 2019 Surveillance Report (2021). www.kdhe.ks.gov/DocumentCenter/View/13576/2019-Surveillance-Report-PDF
- 8 KS Maternal Morbidity Mortality Report (Dec 2020). https://kmmrc.org/wp-content/uploads/2021/02/KS-Maternal-Morbidity-Mortality-Report_Dec-2020_FINAL2-21.pdf
- 9 Dara Lee Luca, Nellie Garlow, Colleen Staatz, Caroline Margiotta & Kara Zivin. (2019, April 29). *Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States*. *Mathematica*. www.mathematica.org/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states
- 10 House Committee on Ways and Means Report (2020). *Left Out: Barriers to Health Equity for Rural and Underserved Communities: Kansas Health Equity Facts*. https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/Kansas%20Health%20Equity%20Facts_0.pdf



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