



MFHS

**Addressing Perinatal
Health Through
Maternity Medical
Home Model of Care**

Disclosures

No relevant financial relationships exist for anyone involved in the planning of these activities.



Learning Objectives

- Participants will be able to describe the maternity medical home model of care.
- Participants will learn how perinatal anxiety and depression can be effectively addressed in the maternity medical home model of care.
- Participants will learn about interventions and best practices to improve access to care and outcomes in the prenatal and postpartum periods.

Presenters



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Director of Behavioral Health

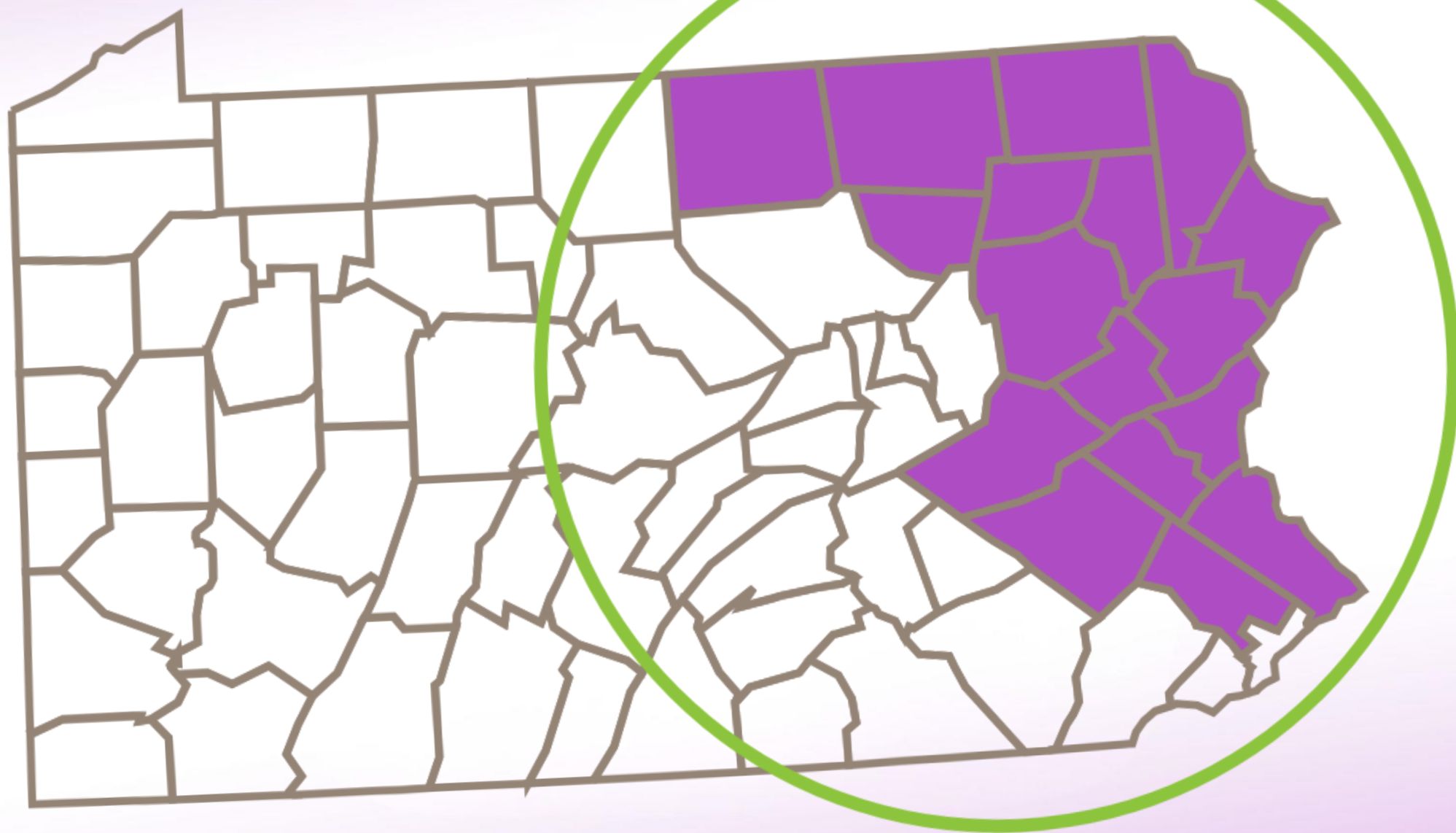
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MFHS is...

Maternity
Care

Nurse-Family
Partnership

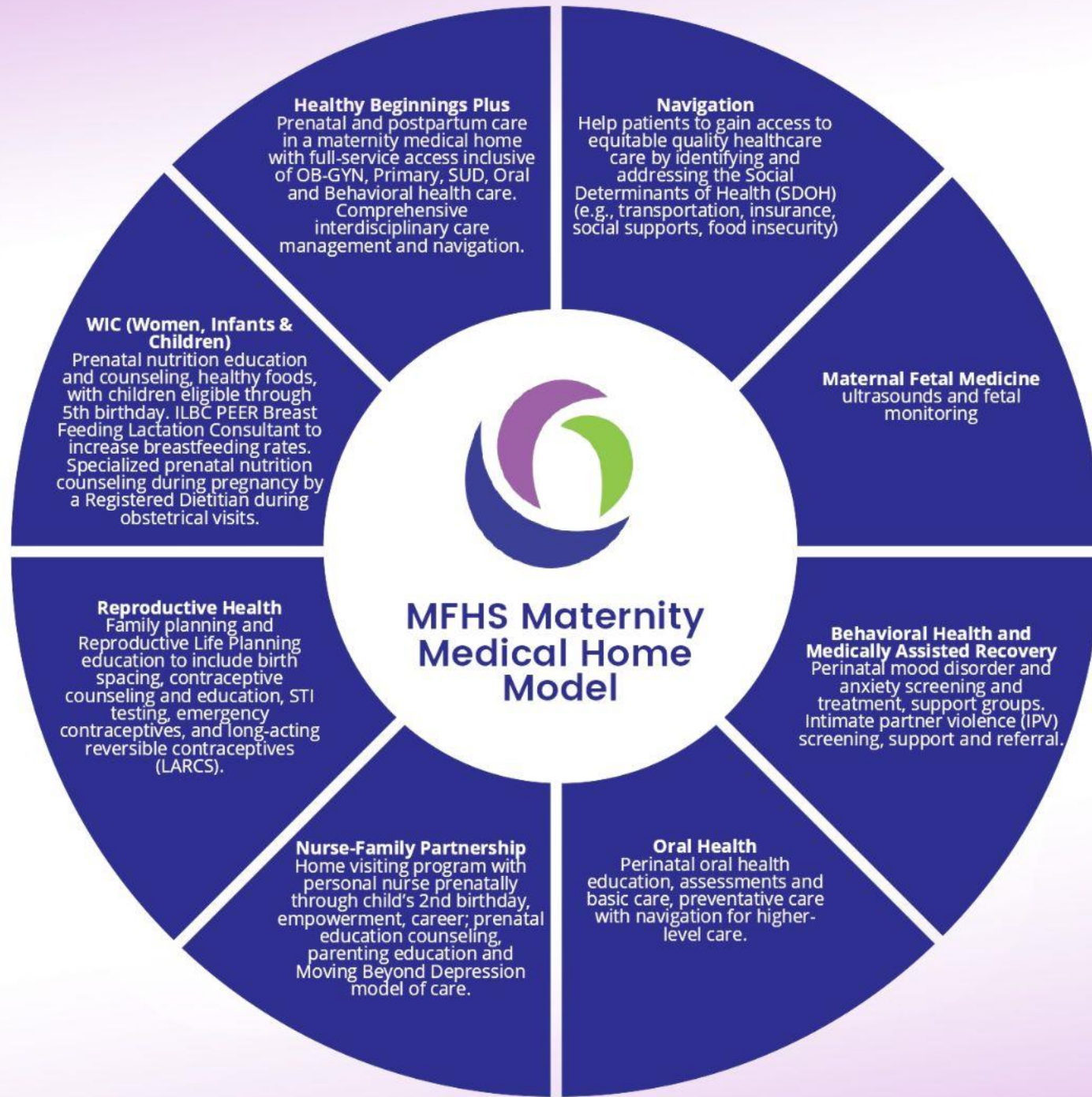
WIC
Nutrition

Reproductive
Healthcare

Dental Care

Behavioral Health



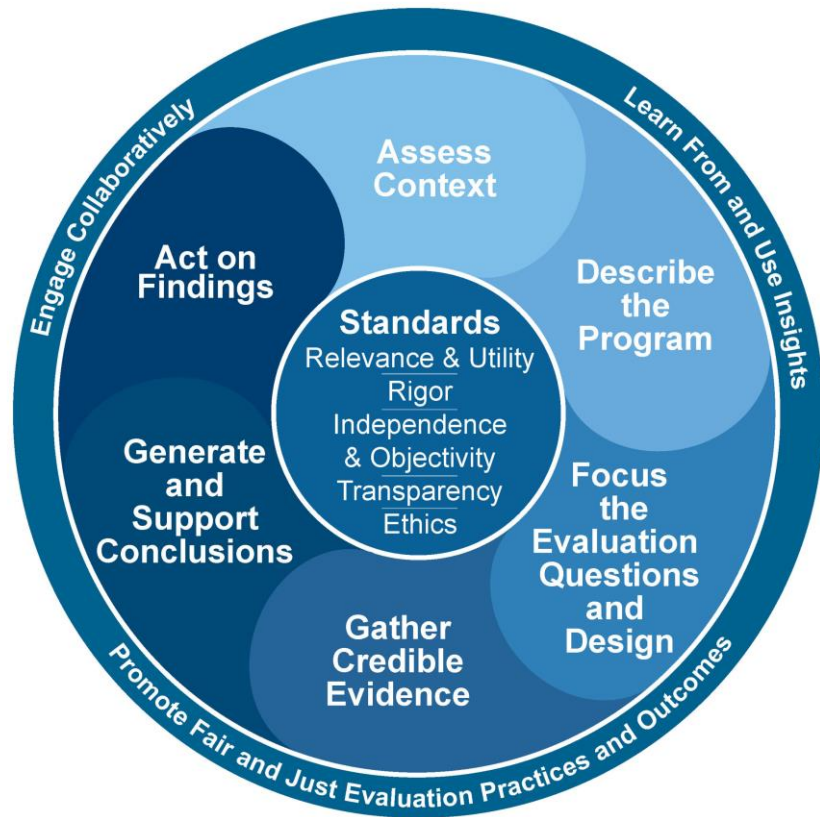


Circle of Care Practice



- Opened June 2023
- 79% of clients are covered by Medical Assistance
- Located in a WIC "hot spot" for enrollment
- On a bus route and walking distance to low income housing
- Federally Designated Severely Distressed Census Tract
- Health Professions Shortage Area for dental

The Evaluation Framework



- CDC's Program Evaluation Framework

Outer circle: cross-cutting actions to support every step of the evaluation

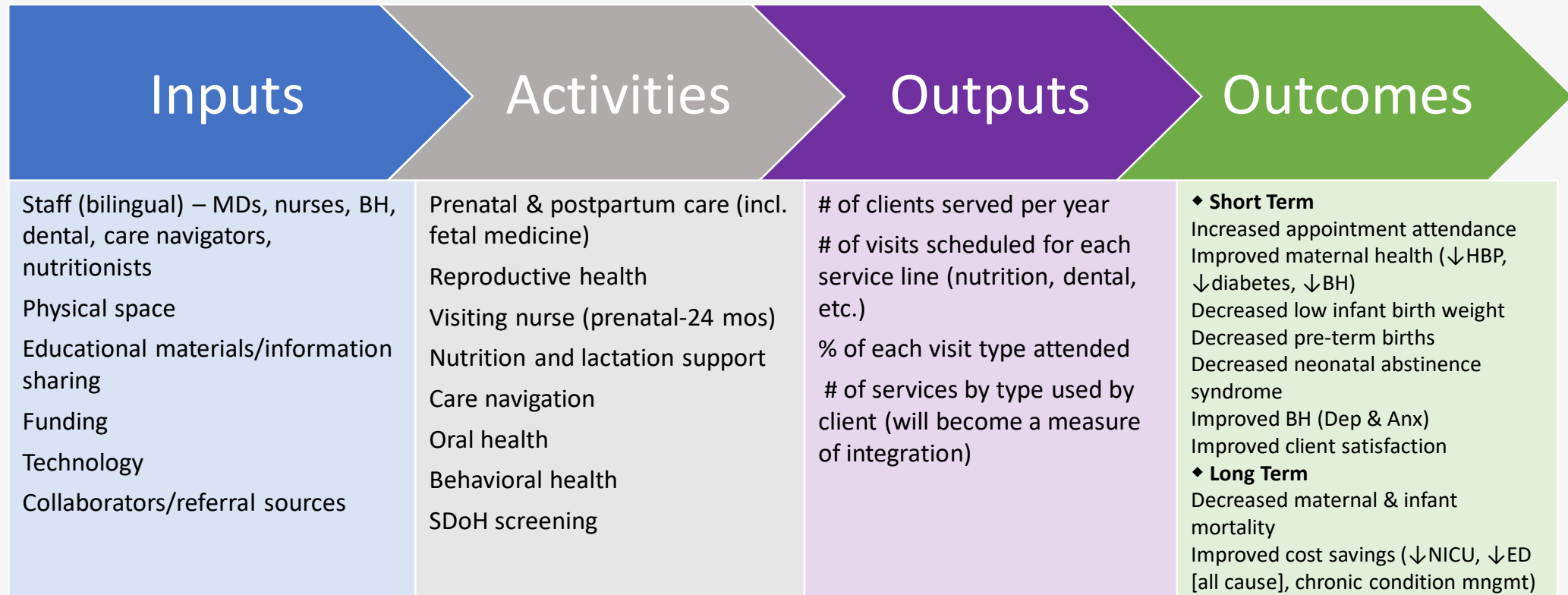
Middle circle: the evaluation steps that support both formative and summative evaluation

Inner circle: standards for adhering to high-quality evaluation work

Logic Model: MFHS Circle of Care

Overarching Questions

1. Does MFHS's maternity medical home model of care (MMHM) improve outcomes for pregnant persons and infants when compared with state and national benchmarks?
2. Does the model reduce, or have the potential to reduce, health care costs for pregnant persons and infants by decreasing NICU stays, increasing birthweights, and lowering rates of perinatal complications?



Assumptions

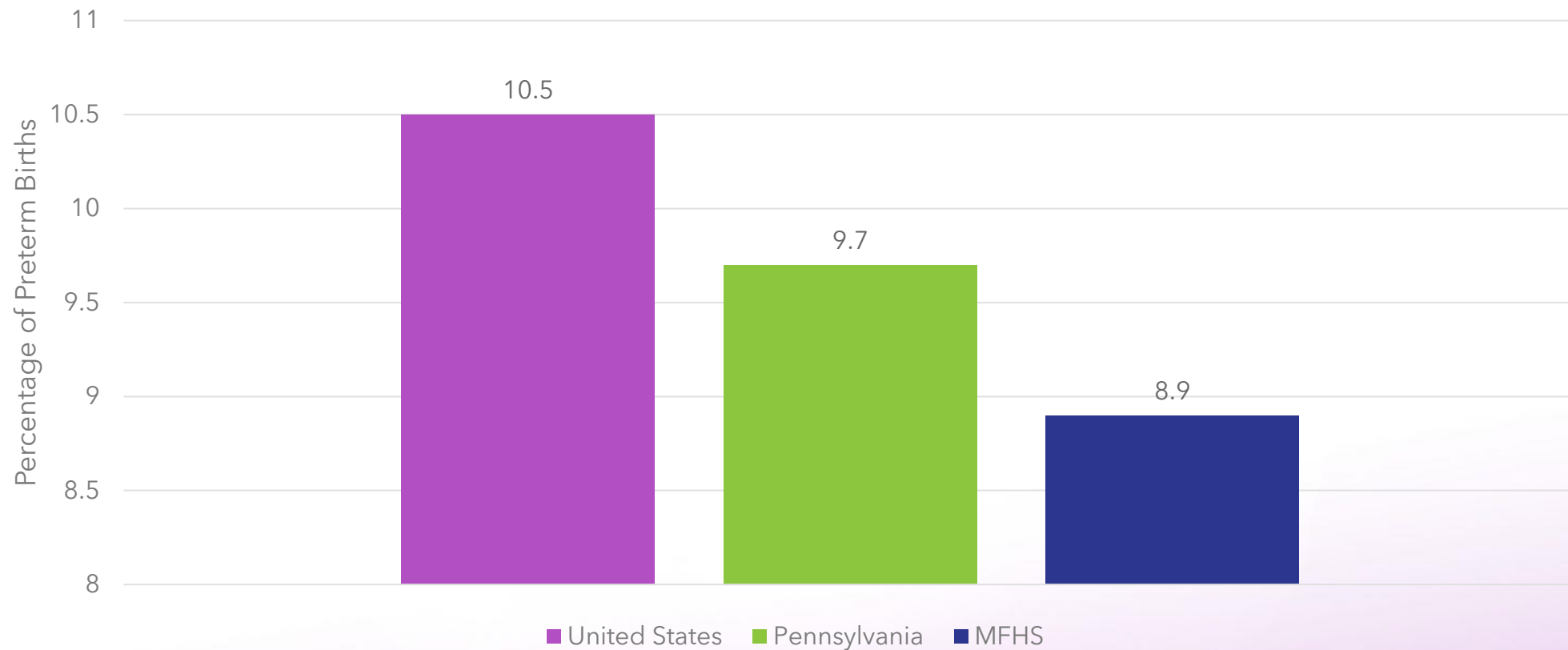
- Integrated model utilization leads to improved health – the greater the utilization, the better the outcomes (“dose effect”).
- Staff members follow standardized protocols for service delivery, while maintaining an individualized care plan.
- The model fosters client trust and safety, which increase engagement.

Sample Description: full sample

- **Sample Overview:** 189 clients evaluated across age, ethnicity, race, primary language, and baseline employment
- **Age Distribution:** Mean age = 26.8 years (SD = 6.0; Range: 15–48)
 - Most participants (55%) are 20–29 y.o.
- **Race & Ethnicity:** The sample is predominantly White (53%), 14% Black, and 16% other or multiracial. Nearly 17% of the respondents declined to provide race data. Hispanic ethnicity is reported among approximately 10% of the sample.
- **Language & Employment:** The majority of clients are English-speaking (88%) and 61% are employed.

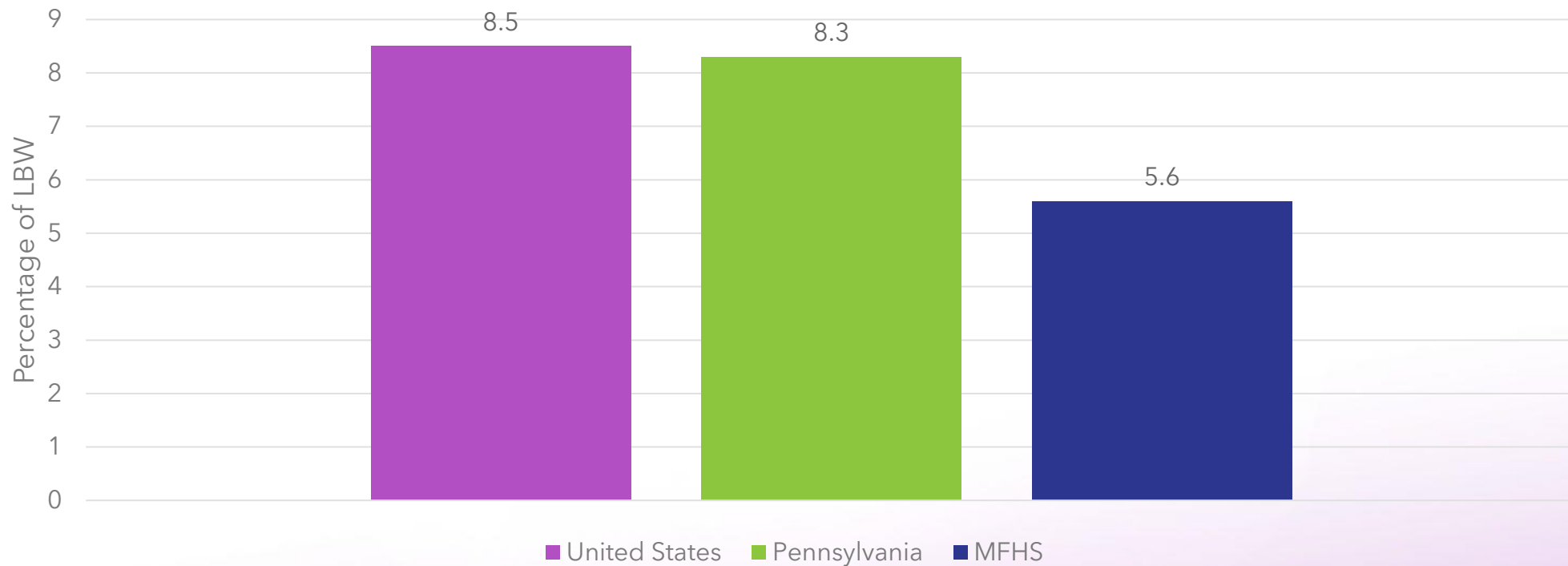
Preterm Births

Preterm births are defined as occurring before the 37th week



Low Birth Weight (LBW)

LBW is defined as less than 2,500 grams or 5 pounds 8 ounces



Perinatal mental health disorders affect about 800,000 people annually in the U.S. and are a leading cause of pregnancy-related deaths.

Postpartum Support International (PSI)

A decorative graphic in the bottom right corner consisting of several overlapping circles in various shades of purple, creating a modern, abstract design.

PA MMRC 2025 Annual Report

- Mental health conditions, the leading cause of pregnancy-associated death, make up 47% of cases. Within mental health conditions, overdose and substance use disorder (SUD) are the primary causes of death.
- Approximately 26% of MMRC cases had SUD identified as a contributing factor to the death.

Table 1: Categories of Leading Causes of Death for 2021 Pregnancy-Associated Deaths in Pennsylvania (n=129)

Category	n	%
Mental health condition	61	47.3
Injury	19	14.7
Cardiac and coronary condition	18	13.9
Hemorrhage	8	6.2
Infection	6	4.6
Metabolic/endocrine condition	5	3.9
Pulmonary condition	5	3.9
Cerebrovascular accident	3	2.3
Cancer	2	1.6
Embolism	1	0.8
Undetermined	1	0.8

MMRC has recommendations for Supporting Behavioral Health and Substance Use Disorder Needs:



**For the
patient and
family**



**For
providers**



For facilities



For systems

Why Integrate Behavioral Health into Perinatal Care

According to PA MMRC:

- Mental health conditions, the leading cause of pregnancy-associated death, make up about 47% of cases.
- Within mental health conditions, overdose and substance use disorder (SUD) are the primary causes of death.
- Approximately 26% of cases had SUD identified as a contributing factor to the death.

Perinatal Anxiety and Depression

Perinatal anxiety and depression remain among the most common and undertreated complications of pregnancy and the postpartum period, particularly for individuals facing socioeconomic, geographic, and structural barriers to care. Health and human service providers are uniquely positioned to address these gaps through integrated, community-based models that meet families where they already receive trusted services.

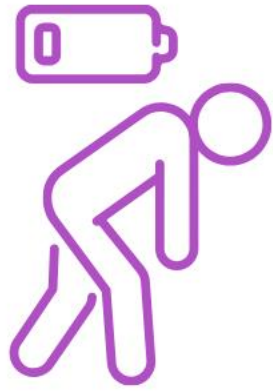
Definition

Perinatal depression includes depression that occurs during pregnancy (prenatal depression) and in the weeks and months after childbirth (postpartum depression). Most episodes of perinatal depression begin within 4–8 weeks after the baby is born. Pregnant and postpartum women with perinatal depression experience extreme sadness, anxiety, and fatigue that may make it difficult to carry out daily tasks, including caring for themselves or others. (NIMH)

What are the signs and symptoms of perinatal depression?



Persistent
feelings of
sadness



Fatigue or
decrease in
energy



Difficulty
concentrating or
remembering



Difficulty
sleeping or
oversleeping



Trouble
bonding with
baby

Increase in Neurodivergent Perinatal People

Neurodivergence refers to natural variations in brain function, including conditions such as autism, ADHD, dyslexia, dyspraxia, dyscalculia, and Tourette's. Approximately 15–20% of the population is neurodivergent, and **many pregnant people may identify with one or more of these neurotypes.**

Pregnancy can amplify sensory sensitivities, emotional fluctuations, and executive functioning demands, making routine prenatal care, appointments, and preparation for parenthood more challenging.

Increase in Neurodivergent Perinatal People

Best Practices for OB/GYNs (ACOG recommendations):

- **Awareness** of disability-related barriers in reproductive care
- **Patient-centered adjustments** to office workflows, equipment, and communication
- **Avoiding assumptions** about sexual activity, consent, or parenting capacity
- **Ensuring equitable access** to screenings, counseling, and prenatal care

Research on neurodivergent pregnancy and birth shows:

- **Sensory needs** (lighting, noise, touch) are often unaddressed, causing distress or nonverbal overload during labor
- **Communication styles** may require flexible, clear, and non-judgmental approaches

(PHQ-9 and GAD-7)

Date _____ Patient Name: _____ Date of Birth: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.

PHQ-9	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3
Patient Health Questionnaire and General Anxiety Disorder	0	1	2	3
<i>Add the score for each column</i>				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all

Somewhat difficult

Very Difficult

Extremely Difficult

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.

<i>GAD-7</i>	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it's hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3
<i>Add the score for each column</i>				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?
(Circle one)

Not difficult at all

Somewhat difficult

Very Difficult

Extremely Difficult

PHQ-9--Depression

5-9== Minimal Symptoms -----Support/Educate----- Return in 4 weeks

10-14==Minor Depression++-----Support/Educate/Monitor
Dysthymia*/MDD, mild ++-----Psychotherapy or Medication----every 2-3 weeks

15-19==MDD; moderate-severe-----Psychotherapy or/and Medication—minimum every 2-3 weeks

20 above==MDD-Severe-- Psychotherapy AND medication-----every 2 weeks

PHQ over 15--19: LSW should make every effort to assess the patient within 24 –48 hours and document efforts to do so.

PHQ over 20 and/or positive response to #9 question: LSW should assess patient prior to leaving clinic; if unable to do an assessment for any reason, consult with Director of Behavioral Health/ _____ immediately and document & comply with clinical directions.

GAD-7 –Anxiety

5-9 MILD-----Support/Educate Return in 4 weeks

10-14----- MODERATE-----Psychotherapy-----Every 2-3 weeks

Over 15-----SEVERE Psychotherapy and/or Medication-----Every 2 weeks

Integration of Behavioral Health into Perinatal Care

- Proximity – opportunities for providers (e.g., ultrasound, oral health, WIC nutritionist) to pick up on signs
- Multiple opportunities for interaction
- Breaks down silos
- Trust

MFHS Program

- Pregnancy through 12 months postpartum
- 4th Trimester planning and resources
- Clients may be on waiting lists with other providers
- Bridge appointments for MAT
- Work closely with and refer to other providers
- Refer out for higher level care
- Medication management
- Coordination with existing providers

Building the Program

- Blue Dot training and designation
- PSI certification
- Psychiatrist supervision
- SOPs
- Referral pathway
- DDAP support
- Any insurance, Medicaid, or no insurance
- Referrals from private practices
- Language Matters – “Perinatal Counselor”

Blue Dot



- The **Blue Dot Safe Spot** is a program by **Postpartum Support International (PSI)** designed to create trusted, visible points of care in healthcare and community settings where parents can access perinatal mental health support [Postpartum Support International](#).
- **What It Is:** The Blue Dot Safe Spot (BDS) is a **pilot initiative** that trains medical practitioners, clinic staff, and other care providers to recognize signs of perinatal mental health concerns and connect patients to appropriate resources [Postpartum Support International](#).
- **Designation:** Participating sites are marked with the Blue Dot symbol in offices, on websites, and in patient materials.
- **Purpose:** To normalize conversations about perinatal mental health, reduce stigma, and ensure parents know help is available [Postpartum Support International](#).

PA DDAP Grant Pregnancy Support Services (GIFA 22-03)

- Goal: Provide access to treatment and long-term recovery support services for pregnant and parenting women (PPW) using a comprehensive, one-stop, maternity medical home model of care.
- Funds perinatal counselor, clinical staff, oral health care, barrier reduction, care navigation and coordination, patient supports, etc.
- Single-site care provision mitigates barriers to care, including childcare, transportation, and communication/scheduling barriers that often arise from multi-site care coordination.

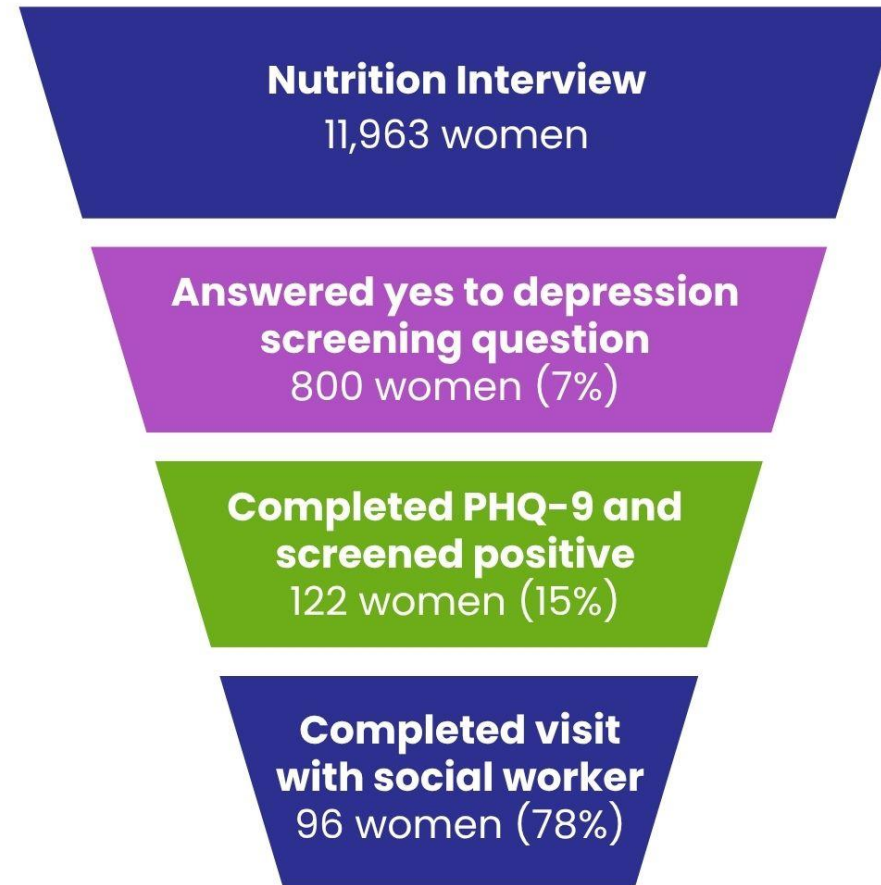
Integration into MFHS Service Lines

- NFP and Moving Beyond Depression 15-week program
- Pilot WIC Promising Practices program
- Reproductive health
- Maternity
- Expanding use of navigators, community health workers (CHW)

Pilot WIC Intervention: Integration of Screenings into WIC Visits

- PA Department of Health: *Promising Practices* grant (RFA: 67-194) MFHS rural WIC centers (Wyoming, Wayne, Susquehanna, Bradford, Tioga, Monroe, Sullivan, Pike)
- AllOne Foundation MFHS WIC centers in Lackawanna and Luzerne Counties
- Response to MMRC recommendations
- WIC interview questions asked twice annually:
 - Over the past 2 weeks, have you lost interest or pleasure in doing things or felt down, depressed or hopeless?
 - Do you feel safe in your home?
 - "Field" for WIC staff to indicate a participant reported a mental health concern: "Mental illness are reported by self or health care professional."

WIC Mental and Behavioral Health Screening



WIC Intervention in Practice

- Staff training for WIC
- Trauma informed training for full staff
- Social work interns
- Expand telehealth

Integration into Practice

- Bidirectional referrals
- Warm handoffs
- Medication management
- Bilingual social worker

Social Work Interns

- Graduate students
- Undergraduate students
- Exposure to the field
- Pipeline for future workforce



The Role of Reproductive Services in mental and behavioral health

- Supports recovery
- Birth spacing
- Family planning options
- Moms may desire to return to education and/
or entry into workforce
- Fourth Trimester Planning



Reality ...

BARRIERS EXPERIENCED

- Credentialing and payments
- Patient childcare challenges and bringing children to appointments
- Language
- Transportation
- Stigma
- SUD, medical marijuana, and “herbals”

SOLUTIONS

- Bring children to appointments
- Bilingual counselors
- UBER Health
- Harm Reduction
- Care Navigators
- Education for pregnant person, partner, and family



Expanding the COC Model

- Lackawanna
- Monroe
- Luzerne
- Northern Tier and Southern counties



What Can You Do as Providers?

Connect with local WIC agencies. Federal WIC standards require state and local agencies to ensure participants receive referrals to appropriate health, welfare, and social service programs when needs are identified. These referrals can include:

- Mental and behavioral health services
- Substance use disorder treatment
- Medical providers
- Domestic violence resources
- Medicaid and insurance assistance
- Food, housing, transportation, and other social support programs (SDOH-related resources)

Thank you!



Scan or visit [Mfhs.org/rcpa](https://mfhs.org/rcpa) for resources