



2023 PERINATAL MENTAL HEALTH Strategic Plan

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES



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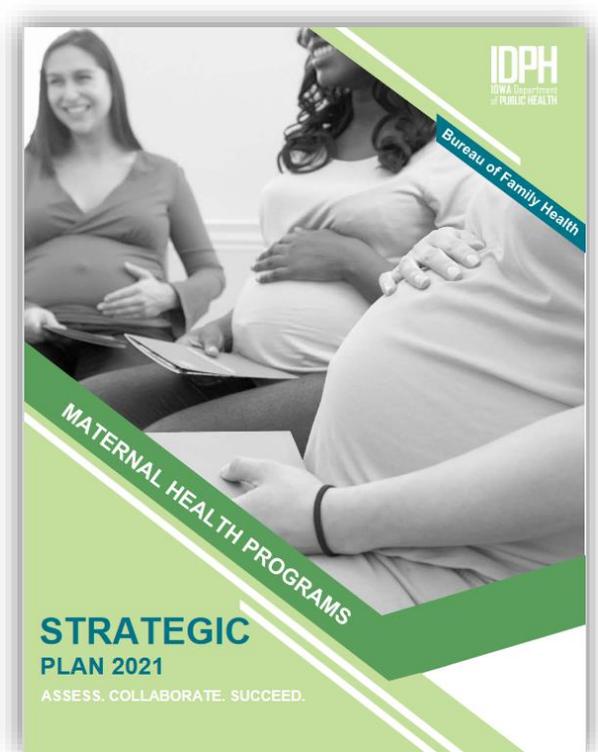
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URGENT NEED PERINATAL MENTAL HEALTH

In 2021, the Iowa Department of Health and Human Services, formally known as the Iowa Department of Public Health, Bureau of Family Health, completed an extensive planning process resulting in the creation of the statewide [Maternal Health Strategic Plan](#). The plan identified the state of Iowa's strategic priorities to improve the lives of pregnant and birthing mothers. Development of the strategies was accomplished with the engagement from the community, clinical and provider perspectives and in alignment with national public health goals.

As a result of that work, maternal mental health was identified as a top priority.

From the 2021 Maternal Health Strategic Plan:



General Recommendations to Improve Maternal Mental Health

- Empower healthcare providers and birthing hospitals to:
 - Assure all pregnant and postpartum women are screened for depression and when appropriate referred to treatment.
 - Embrace the necessity of recognition and treatment of mental health concerns, and assure women receive counsel on ongoing care follow-up and care coordination.
- Implement system-wide changes to support universal screening for depression, anxiety and substance use, access to consultation and treatment for all pregnant and postpartum women.
- Increase access to mental health providers and treatment for depression and other mental health issues.
- Identify opportunities for the development of a state-wide program or method to link maternal health providers to mental health experts for consultation, and advice on medication management during pregnancy and when referral is needed. (Identified by the IMQCC Mental Health and Substance Use Disorder Subcommittee; MMRC Recommendation)

TAKING A CLOSER LOOK

The 2021 Maternal Health Strategic Plan recognized “Elevating Focus on Maternal Mental Health” as a critical priority and provided general recommendations to improve systems, patient services, and outcomes for mothers and babies.

Feedback from the 2021 planning process revealed additional insight was needed to learn more about the ongoing and trending influences impacting maternal mental health nationally and in Iowa. To understand the trends, deeper discussions were facilitated to assess how Iowa’s collective health care system can adapt to better support our changing families, parents and workforce in today’s dynamic and complicated world.

KEY CONTRIBUTORS

Nicole Anderson, BA, University of Iowa Hospitals and Clinics & IMQCC
Karen Danley, IBCLC, Postpartum Support International- Iowa (PSA)
Monica Goedkin, MPA, Iowa HHS
Molly Gosselink, BSN, MPH, Formerly Iowa HHS
Cassandra Halls, BA, Project Facilitator
Tashina Hornaday, Policy Specialist, Iowa Medicaid
Lindsey Jones, MHA, Iowa HHS
Laura Larkin, BA, MS, LMSW, Iowa HHS
Rebecca Lundquist M.D, Perinatal Psychiatrist & IMQCC Co-Chair Subcommittee
Keri Neblett, LMSW, Iowa HHS
Stacey Pawlak, PhD, University of Iowa Hospitals & Clinics
Rebecca Peterson, MS, LMHC, CADC, Mercy One; House of Mercy
Stephanie Radke M.D, OB/GYN, University of Iowa
Kristy Roosa, MSW, Iowa HHS
Michele Tilotta, MPA, BSN, RN Iowa HHS & Co-Chair of IMQCC Subcommittee
Stephanie Trusty, RN, BSN, Iowa HHS

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THE TRENDING DATA

Key contributors researched and assessed the primary considerations specifically impacting perinatal mental health. Those factors included:

1

Anxiety & Depression

Anxiety is excessive worry on most days about many things that last for at least six months.¹ Depression is feeling sad or hopeless and having little interest in doing things once enjoyed with a duration of at least two weeks.² This complex set of emotional and functional challenges which are very different, but often occur together. Symptoms fluctuate, vary for everyone and can range from mild to incredibly difficult with only brief periods of relief.

2

Substance Use Disorders (SUD)

A SUD is a chronic disease resulting from substance use (drugs or alcohol).³ SUDs are characterized by clinically significant impairments in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms. SUDs range from mild to severe and from temporary to chronic.

3

Impact of COVID-19

The global COVID-19 pandemic resulted in the disruption of medical services and cultural norms for pregnant mothers. The isolation during pregnancy and delivery as well as post-partum has resulted in traumatic stress and continues to have lingering, long-term impacts.

4

Mental Health Workforce

Iowa's mental health workforce is facing unprecedented challenges. Aging workforce, practitioner capacity, insurance coverage limitations, and accessibility (urban vs. rural) are all contributing factors.

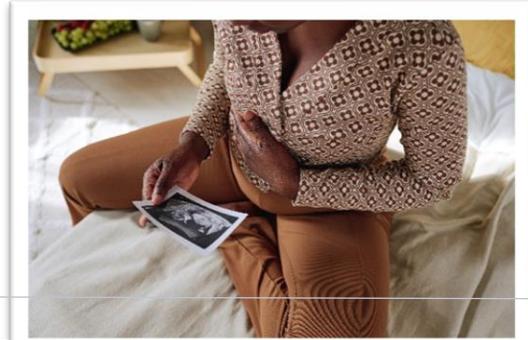
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Health Equity

The attainment of the highest possible level of health for all people.

PERINATAL MENTAL HEALTH THE PROCESS

The 2021 Maternal Health Strategic Plan provided insight into significant gaps of understanding perinatal mental health and how to successfully provide resources and support to those in need. This process set out to address that challenge by capturing relevant trends, research and perspective to inform modern strategies to bring more attention to this critical issue.



Research & Analysis

Completed comprehensive research to assess critical factors impacting perinatal mental health. Trends were considered, data was collected and aggregated, as available, for both statewide and national comparison.



Focus Group Discussions

Convened multiple discussions with Focus Groups to capture broad perspective:

- Medicine and Allied Health Professionals
- Family and Community Support
- Law Enforcement and DHS
- Addiction Medicine and Mental Health Therapists
- Individuals with Lived Experience



Alignment of Resources

To support the findings, Project Leaders organized resources to help mothers, practitioners, family members, and others access information to better support their loved ones.

There were three primary findings the data and discussions emphasized: Elevating the Conversation, the Impact of COVID 19 and Iowa's Maternal Mental Health Workforce.

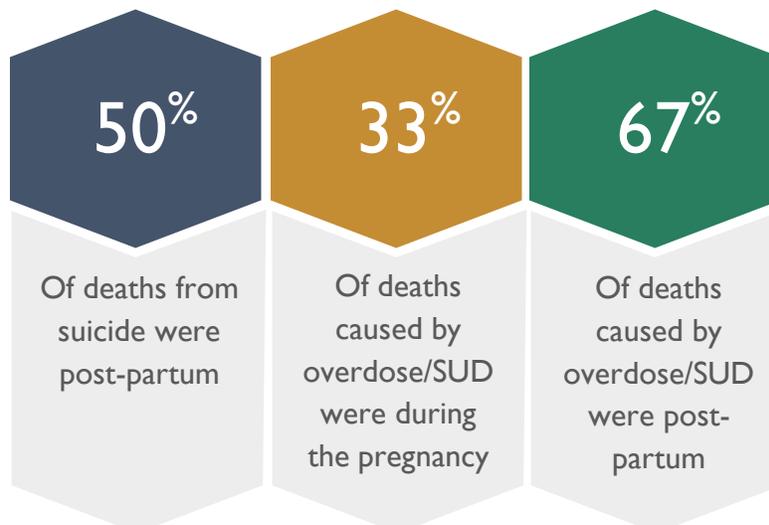
ELEVATING THE CONVERSATION

The topic of mental health is difficult for people to discuss. Whether it is referencing one's own experience or feelings, or even a condition being experienced by a loved one, the negative stigma toward mental health continues to influence where, when and how people access treatment.

What the Data Shows

- Statewide (Iowa) about **1 in 4** mothers who were diagnosed with depression received counseling for depression during their pregnancy (26%).⁴
- Many women with untreated maternal mental health conditions also struggle with **substance use disorder**.⁵
- In Iowa in 2020, **23.9%** of women of childbearing age (18-44 years) reported binge drinking in the past month, compared to **18%** overall in the U.S. ⁶
- During State Fiscal Year 2021 of those women admitted to substance use disorder treatment, **55.8%** who reported they were pregnant at the time of admission listed Meth as their primary drug of choice and **20.5%** reported IV drug use. Marijuana was next at **21.1%**.⁷
- Researchers in Texas found that untreated mood and anxiety disorders among pregnant women and new moms cost about **\$14.2 billion** in the US for births in 2017 when following the mom and child pair for **5 years** after birth.⁸
- For every **1,000** pregnancies . . . the rates for postpartum depression for Iowans came in at **110** versus **94.6** nationally. ⁹

In Iowa, suicide and overdose were among the top causes of pregnancy-associated deaths (deaths to women during pregnancy or up to one year following the end of pregnancy) according to the Iowa Maternal Mortality Review Committee reports that occurred between 2015-2019¹⁰:



THE DISCUSSION VALIDATED

- The topic of perinatal mental health encompasses so much, it is at times overwhelming for providers, patients and family members. It seems having **an entry point** for perinatal mental health conversations is very difficult to find.
- Lack of access to services is a significant problem. There are several issues contributing to this:
 - Patient trust of providers
 - Geography
 - Limited numbers of providers available in certain areas, especially in rural Iowa
 - Lack of ability to get to available providers
 - Availability/capacity of providers
 - Particularly timely access when needed, there are often waiting lists
 - Diversity of providers
 - Insurance coverage limitations
 - Eligibility changes 60 days postpartum, many women lose insurance at a vulnerable time
 - Limits on length and number of days allowed if an inpatient hospital stay is needed.
 - Medicaid’s “Global payment method” for maternal health is seen by providers as a barrier to providing health screening for depression, anxiety and substance use disorders. While screening, referral and follow-up care is encouraged, there is no option for additional fees for these services for counseling. Health care providers may view this as uncompensated care.
 - Lack of support to access providers
 - Transportation
 - Day Care
 - Lack of awareness of resources
 - Some providers may not be aware of local resources for referral to treatment
 - Resources need to be culturally appropriate, and easy to understand
 - Lack of treatment models in Iowa that allow mothers to receive inpatient treatment while staying with and bonding with their infant. The perception is that mental health is still a passive condition (that it isn’t a critical issue or can be treated with minimal effort.)
 - Lack of recognition by providers and patients of anxiety/depression beyond the “baby blues.” Some providers just offer medication as treatment without discussion of counseling as an option or pairing counseling and medication for relief.
 - Lack of integrated physical, mental health and addiction treatment for pregnant women. Offering mental health services at the same location as prenatal care for example.
- There is a stigma associated with receiving treatment for mental health and/or substance use disorders. This prevents some women from getting treatment.
- The state of Iowa lacks coordinated data systems and/or data sharing to collect relevant data to inform collaborative resources and effective approaches to perinatal mental health care.

- Fear of losing parental rights and removal of dependent children prevents some women from seeking and receiving treatment for mental health or substance use disorders.



As part of the research for the Perinatal Strategic Plan, several focus groups were convened to discuss the primary themes. Below are quotes shared by participants as they reacted to the data points.

A

“I didn’t want to die, but I didn’t think anyone in Iowa could help me.”

An Iowa Mom

B

“If people don’t feel they matter, they won’t treat themselves well.”

An Iowa Provider

C

“I worked as a postpartum nurse for 10 years. I was so unaware of mental health needs and racial disparity. We need to do more to educate birthing hospital staff.”

An Iowa Nurse

D

“... it just felt like no one cared. No one was taking me seriously. From the very beginning, it felt like every system in place was failing me.”

An Iowa Mom

COMMON THEMES

There is an incredible desire to elevate the topic of perinatal mental health, break down the complexity and help people understand what is available to them, how to access resources and improve systems in Iowa.



When it comes to perinatal mental health, communities, providers and families need to be better equipped to assess how this issue may impact their loved ones and provide the right support. “You don’t see this coming.”



No one is immune and anyone at any time could have a loved one impacted by perinatal mental health challenges. We all must pay attention to those around us and reset our alerts for concern as opposed to relying on out-of-date, historical norms.



IMPACT OF COVID-19

COVID-19 took the world by surprise and the immediate concerns for long-term impact have been focused on assessing physical health implications. Unfortunately, as time passes, the cultural shifts and new generational norms caused by the isolation during the pandemic is just beginning to be realized.

What the Data Shows

- Health experts are just beginning to assess the impact of the pandemic on pregnant women and their family. **Further research is needed.**
- The **lingering impact of family trauma is still unmeasurable:** (a few examples are noted below which were shared during the focus groups discussions, however, this list is not inclusive.)
 - Parents managing virtual academic environments, school closures.
 - Parents navigating daycare closures.
 - Grieving for loss of family members and friends.
 - Job loss and related uncertainty.
 - Missed milestones, memories and shared celebrations.
- There is a need to integrate screening for **anxiety and depression** to provide support and treatment to pregnant women.
 - Poor social support and social isolation are well-documented risks for developing Maternal Anxiety and Depression in general times without the threat of a pandemic.¹¹
 - Stressful life events including relationship, emotional, and financial stress are all associated with the risk for developing postpartum depression symptoms.¹²
 - Unemployment and financial loss have affected women and immigrants the most¹³, which is concerning, as these groups are at increased risk of developing Perinatal Mood and Anxiety Disorders (PAMD).



THE DISCUSSION VALIDATED

- Long-term assessment of pandemic isolation during birth experiences still unknown:
 - Cultural experiences were disrupted:
 - Support was not able to be present in the delivery room.
 - Family was not able to visit at the hospital.
 - People were not able to hold/see the baby.
 - Lack of skill development for mothers due to inability to access services and resources.
 - General patient disengagement with resources and services.
 - Increased levels of anxiety and depression without a traditional support system
- Emotional distress created a new kind of trauma:
 - Due to supply shortages:
 - There was added pressure for success of breastfeeding due to formula shortages.
 - Post-pregnancy supply shortages of specific needs (tampons, food, etc.)
 - The potential for COVID exposure turned simple outings into stressful events.
 - Pregnant women were often asked to participate in COVID research.
- Virtual appointments did increase follow-ups as it made it easier for families to attend if access to internet/equipment was available.
 - However, providers are still navigating feeling fully effective in the online environment.
- All of the factors noted above posed mental health challenges for women during pregnancy and early motherhood.
 - The impact has affected women differently.
- Perinatal mental health services had gaps before the pandemic, and those gaps have been exacerbated because of the pandemic.
- Concern for the health of infants and babies in this environment has increased stress and anxiety.
- Services supporting women and families were impacted significantly due to workforce burnout and accessibility.
- During this time period, many parents experienced loss of joy, missed family gatherings for celebration, and the opportunity to engage in cultural and religious ceremonies due to pandemic restrictions.

COMMON THEMES

There is likely generational impact on cultural norms because of pandemic isolation on the birthing experience. Parents that had their first child during the pandemic years of 2019 – 2021 are now having their second child post-pandemic. Many of these women were traumatized by their births during the pandemic and could benefit from trauma-informed care as part of their post-pandemic birthing experiences.

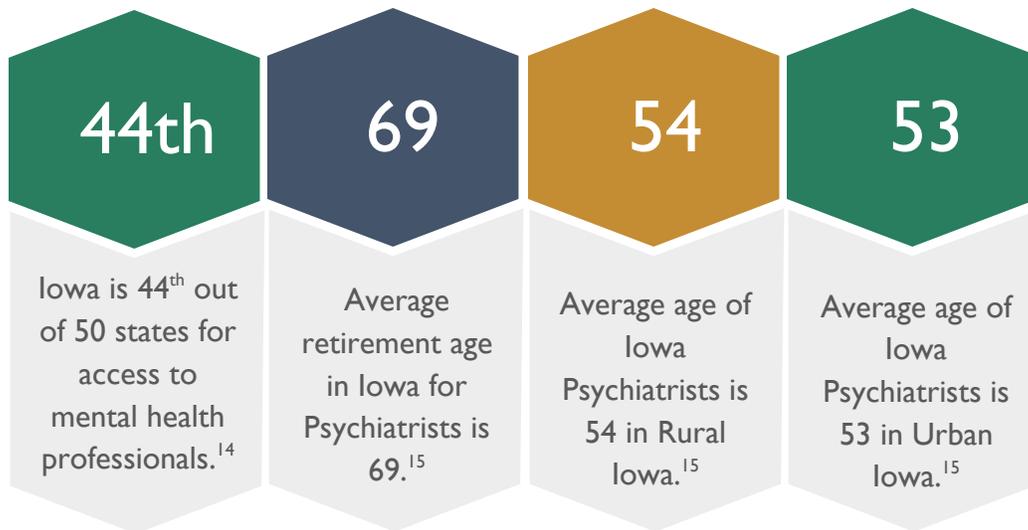


The pandemic has changed the way people interact with each other, particularly now the increased reliance on virtual resources. This has complicated an already difficult task of building relationships with providers where trust (due to cultural differences, sensitivities or other) may be an issue and unfortunately made it easy to overlook discussion needed on complicated subject matters. It may also impact their beliefs about science and their willingness to accept medical advice, vaccines and taking medication or other recommended treatments.

This issue is impacting both practitioners and patients alike.

IOWA'S MATERNAL MENTAL HEALTH WORKFORCE

Iowa's maternal mental health workforce cannot adequately meet the needs, diversity, demand and expectations of Iowa's current population. Without appropriate capacity, it can be assumed that increases in negative occurrences of untreated mental health will increase.



THE DISCUSSION VALIDATED

- Many patients seek mental health support from their primary care provider due to lack of accessibility, wait lists, or availability of specialists. Without access to the proper resources to support specific needs, the provider may prescribe an unnecessary/inappropriate medication or may not be as familiar with warning signs needing immediate care.
- Comprehensive data about provider demographics is unavailable and does not include statistics representative of allied health professionals such as, ARNP's, PA's, LMHC, LISW, LMFT, and psychologists.
- There is a great concern if perinatal mental health issues go untreated, it will have long-term implications not only for the parent but also for the children. Untreated mental health in mothers has shown a higher risk for children with special needs (learning difficulties, physical disability, or emotional and behavioral difficulties).
- Vulnerable populations (racial and ethnic minorities, socioeconomically disadvantaged populations, underserved rural populations, sexual and gender minorities) struggle to find providers who compassionately understand and care for their medical challenges and histories.
- With such limited resources, provider policies have become so restrictive they prevent adequate scheduling. This restricts the allowance of sufficient time for patients who have many barriers to be appropriately diagnosed and treated.

COMMON THEMES

While Iowa generally suffers of a lack of number of mental health care professionals to serve the population in need, there are broader issues that complicate this issue further. Attention needs to be given to incorporating maternal mental health training as a core component of all mental health professional programs to build capacity and appropriate treatment ability.



Programs and networks (for example mental health and OBGYNs) would benefit from increasing their levels of collaboration to create programs that could serve the parent in need, while not taking them away from their child. (Treatment facilities that could accommodate families, or collaborative treatment plans.)



Iowa's diverse population is profoundly underrepresented in the mental health workforce. Our workforce does not mirror our population. As a state, effort must be placed into incentivizing doctors to stay in Iowa, study in Iowa, support more efforts for effective telehealth, and think more creatively to ensure all Iowans have access to a provider that best meets and appreciates their needs.



HERE IS HOW YOU CAN HELP ELEVATE THE CONVERSATION

Below are resources PROVIDERS & HEALTHCARE PROFESSIONALS can access and suggestions for improving the conversation about perinatal mental health in Iowa.

- Provide universal screening for postpartum depression and other maternal mental health and substance use disorders.
 - Utilize evidence-based screening tools Alcohol Use Disorders Identification Test (AUDIT) Drug Abuse Screening Tool (DAST), 5 P's, 4 P's, Patient Health Questionnaire (PHQ-2/9) , Generalized Anxiety Disorder (GAD 3 or 7), Edinburgh Postnatal/Pregnancy Depression Scale Depression Scale, etc.
 - Edinburgh Postnatal Depression Scale (EPDS) is available in multiple languages at the following link: <https://www.healthtranslations.vic.gov.au/resources/edinburgh-postnatal-depression-scale-epds>
 - Utilize Screening recommendations from various professional provider associations and in conjunction with the Healthcare Data and Information Set (HEDIS) to screen during pregnancy, at least once in the first trimester, in the postpartum period (at 6-week obstetric postpartum visit and once throughout the first-year post birth, and re-screen women with a positive, 30 days post positive screening.
- Provide education to women about the risks, signs, and symptoms of mental health and substance use disorders Normalize screening and use person-centered language. Utilize non-stigmatizing language. Provide education through the screening process and acknowledge and validate her potential fears, barriers, and concerns. Discuss all options for treatment.
- Become educated on clinical risk factors that may be associated with the development of perinatal depression. Resources include the U.S. Preventive Services Task Force recommendations for maternal screening or the Maternal Depression Risk Assessment checklist.
- Consider racial and cultural equity in screening. Consider using screening tools that detect potential depression and anxiety in culturally and racially diverse populations such as:
 - Perceived Pre-Natal Maternal Stress Scale (PPNMSS)
 - Tilburg Pregnancy Distress Scale (TPDS)
 - Brief Pregnancy Experience Scale (PES)
- Coordinate care, after appropriate releases are signed, with medical providers, substance use and mental health providers, and other partners involved in the mom and children's treatment. Become familiar with, and know, your community providers. The more you know about them, the more comfortable you will be to provide referrals and assist the woman in being knowledgeable and comfortable in making an informed choice for care.
- Provide written information and handouts to women. Educate women that these disorders are common, treatable and that early detection is important for the health of the mother.
- Provide education to partners on maternal mental health and substance use disorders and assist them in understanding the community resources.
- Provide warm referrals between care transitions.

- Assist in coordinating treatment, with psychiatric consultation, to support treatment planning. Specifically, if there is a need for psychotropic medication, medication-assisted treatment, or assistance with advanced treatment planning.
- Connect with other moms and/or start a mom’s group in your community
- Connect with the Iowa Chapter of Post Partum Support International for information and support at 1-800-944-4773 or <https://psichapters.com/ia/>
- Iowa Resource for Mental Health Professionals by County at: <https://www.beyondtheblues.info/Docs/Perinatal%20Depression%20Referral%202022%20update.pdf>
- Provide referrals to treatment services; if screening indicates risk and/or clinical judgment dictates.
 - Find, understand and utilize community-based resources such as Yourlifelowa.org as a place to find treatment resources for mental health, substance use disorders, suicide, etc. Find at: <https://yourlifeiowa.org/>
 - Find local support groups, and trained professionals, within the community, to connect moms, dads, and families. Utilize Recovery Iowa website at: <https://recovery-iowa.org/>
 - Utilize Iowa Opioid Help website, if opioids are involved at: <https://opioidhelp.iowa.gov/>
- Utilize Postpartum International helpline, which provides a consultation service at: 1-800-944-4773
- To reach the National Suicide Prevention Lifeline 24-hour, toll-free, confidential suicidal, crises or emotional distress dial **988**. It will route callers to call, text or chat.



HERE IS HOW YOU CAN HELP REDUCE THE PERINATAL IMPACT OF COVID-19

Below are resources PROVIDERS can access and suggestions for supporting mothers and families overcoming issues related to pregnancy, parenting, perinatal mental health and COVID-19.

- Educate women on perinatal mood disorders. Provide resources and offer to assist in providing warm referrals to health providers/specialists/etc.
- Educate women about how the pandemic exacerbated risk factors for maternal mental health. Some of these are affected by poverty, cultural and racial factors, extreme stress, limited social support, loneliness, fear of infection, harmful alcohol and drug use, suicidal thoughts, physical distancing, ability to work, and seek support from loved ones.
- Provide screening, assessment, treatment and follow-up care for maternal mental health disorders.
- Recommend Involvement in community support groups or mom's groups. Assist women in thinking through and building natural resources.
- Encourage physical activity such as walking, meditation, yoga, etc.; to reduce anxiety and depression.
- Encourage women to improve or maintain mental health during stressful times; specifically in stressful periods and/or when access to diagnosis and treatment is more challenging.
- Encourage women to access care, in person or through telehealth, if applicable and available. Educate, if needed, on how to use platforms. Assist in finding telehealth venues if no access to this technology.
- Recommend health providers to become proficient in telehealth platforms, community resources, community partners, understanding of perinatal mood disorders. Ensure women have access to digital technology and get the support they need. Understand the impact on quality of services, patient satisfaction and their mental health needs.
- Acknowledgement of, and validation of, how the pandemic has impacted the women's current experience and feelings.
- Provide referrals to health partners, as applicable. Address the disparity in maternal mental health. Develop, support and refer to specific programs for people of color.



HERE IS HOW YOU CAN HELP IOWA'S MATERNAL MENTAL HEALTH WORKFORCE

Below are resources PROVIDERS & HEALTHCARE PROFESSIONALS can access and suggestions for expanding the perinatal mental health workforce in Iowa.

- Raise public awareness of Perinatal Mental Health, including the importance of prevention, recognition, and treatment, and how to seek help and support for mothers and families.
- Support and provide cross-system collaboration and training to increase the competency of the workforce. Offer regular professional development opportunities.
- Provide education and resources to local medical partners and providers regarding specialist care and community resources. Develop psychiatric consultation services. Assist with referrals.
- Suicide prevention requires early screening, assessment, monitoring, and intervention of all patients during the perinatal period regardless of emotional affect and appearance.
- Provide education about medication-assisted treatment to medical providers who do not have the competency. Link and collaborate with MAT specialists in Iowa. Become knowledgeable about where MAT services exist. Offer lunch and learn or other professional learning opportunities.
- Collaborate with local mental health and substance use disorder partners to understand services offered and how to make referrals. Review the need for the co-location of specialized service providers. Partner to strengthen the workforce.
- Provide Perinatal Mental Health training for mental health and health care professionals like education on screening, referral, treatment, and support services for mothers and families.
- Develop an Iowa Perinatal Psychiatry Access Program to increase the number of psychiatric providers to care for women with perinatal mood disorders in Iowa. These model programs provide education, consultation, and resource and referral to increase the capacity of frontline obstetrical and mental health care providers to address common perinatal mental health mood disorders, thereby leveraging scarce psychiatric resources and increasing access to timely and evidence-based care.

HERE IS HOW YOU CAN HELP ELEVATE THE CONVERSATION

Below are resources PUBLIC HEALTH/COMMUNITY PROFESSIONALS can access and suggestions for improving the conversation about perinatal mental health in Iowa.

- Provide written information and handouts to women. Educate women that these disorders are common, treatable and that early detection is important for the health of the mother.
- Provide warm referrals between care transitions.
- Connect with other moms and/or start a mom's group in your community.
- Implement media campaigns or public service announcements regarding services in the community, anti-stigma, and other educational briefs.
- Connect with the Iowa Chapter of Post Partum Support International for information and support at: **1-800-944-4773** or <https://psichapters.com/ia/>
- Provide referrals to treatment services; if screening indicates risk and/or clinical judgment dictates.
 - Find, understand and utilize community-based resources such as Yourlifelowa.org as a place to find treatment resources for mental health, substance use disorders, suicide, etc. Find at: <https://yourlifeiowa.org/>
 - Find local support groups, and trained professionals, within the community, to connect moms, dads, and families. Utilize Recovery Iowa website at: <https://recovery-iowa.org/>
 - Utilize Iowa Opioid Help website, if opioids are involved at: <https://opioidhelp.iowa.gov/>
- Utilize Postpartum International helpline, which provides a consultation service at: **1-800-944-4773**
- Iowa Resource for Mental Health Professionals by County at: <https://www.beyondtheblues.info/Docs/Perinatal%20Depression%20Referral%202022%20update.pdf>
- To reach the National Suicide Prevention Lifeline 24-hour, toll-free, confidential suicidal, crises or emotional distress dial **988**. It will route callers to call, text or chat.
- Promote the National Maternal Mental Health Hotline: **1-833-9-HELP4MOMS (1-833-943-5746)**. This hotline provides 24/7, free, confidential support before, during and after pregnancy. Information is available in English and Spanish.



HERE IS HOW YOU CAN HELP REDUCE THE PERINATAL IMPACT OF COVID-19

Below are resources PUBLIC HEALTH/COMMUNITY PROFESSIONALS can access and suggestions for supporting mothers and families overcoming issues related to pregnancy, parenting, perinatal mental health and COVID-19.

- Educate women about how the pandemic exacerbated risk factors for maternal mental health. Some of these are affected by poverty, cultural and racial factors, extreme stress, limited social support, loneliness, fear of infection, harmful alcohol and drug use, suicidal thoughts, physical distancing, ability to work, and seeking support from loved ones.
- Encourage self-reporting and normalize and validate concerns. Encourage women to speak to health partners about what they are feeling, to tell someone they trust, and to seek treatment.
- Recommend Involvement in community support groups or mom's groups. Assist women in thinking through and building natural resources.
- Encourage physical activity such as walking, meditation, yoga, etc.; to reduce anxiety and depression.
- Encourage women to improve or maintain mental health during stressful times; specifically in stressful periods and/or when access to diagnosis and treatment is more challenging.
- Encourage women to access care, in person or through telehealth, if applicable and available. Educate, if needed, on how to use platforms. Assist in finding telehealth venues if no access to this technology.
- Acknowledgement of, and validation of, how the pandemic has impacted the women's current experience and feelings.
- Provide referrals to health partners, as applicable. Address the disparity in maternal mental health. Develop, support and refer to specific programs for people of color.
- Understand and obtain the data associated with maternal mental health. Review uptakes of services, data from the maternal mortality and morbidity committee. Monitor across equity groups for prevalence, experience and outcomes.

HERE IS HOW YOU CAN HELP IOWA'S MATERNAL MENTAL HEALTH WORKFORCE

Below are resources PUBLIC HEALTH/COMMUNITY PROFESSIONALS can access and suggestions for expanding the perinatal mental health workforce in Iowa.

- Raise public awareness of Perinatal Mental Health, including the importance of prevention, recognition, and treatment, and how to seek help and support for mothers and families.
- Support and provide cross-system collaboration and training to increase the competency of the workforce. Offer regular professional development opportunities.
- Utilize community supports to further provide support to women and families.
- Develop local or agency support or didactic groups. Outreach to community members who can provide knowledge, support and services to people from diverse backgrounds.
- Provide education and resources to local medical partners and providers regarding specialist care and community resources. Develop psychiatric consultation services. Assist with referrals.
- The state of Iowa would benefit from adding incentives and scholarship programs to expand student recruitment and retention post-competition.
- Suicide prevention requires early screening, assessment, monitoring, and intervention of all patients during the perinatal period regardless of emotional affect and appearance.
- Provide education about medication-assisted treatment to medical providers who do not have the competency. Link and collaborate with MAT specialists in Iowa. Become knowledgeable about where MAT services exist. Offer lunch and learn or other professional learning opportunities.
- Collaborate with local mental health and substance use disorder partners to understand services offered and how to make referrals. Review the need for the co-location of specialized service providers. Partner to strengthen the workforce.
- Provide Perinatal Mental Health training for mental health and health care professionals like education on screening, referral, treatment, and support services for mothers and families.
- Iowa could collaborate with neighboring states to create reciprocal agreements and dual licensure allowing healthcare professionals the ability to work across state boundaries.
- Develop an Iowa Perinatal Psychiatry Access Program to increase the number of psychiatric providers to care for women with perinatal mood disorders in Iowa. These model programs provide education, consultation, and resource and referral to increase the capacity of frontline obstetrical and mental health care providers to address common perinatal mental health mood disorders, thereby leveraging scarce psychiatric resources and increasing access to timely and evidence-based care.

HERE IS HOW YOU CAN HELP ELEVATE THE CONVERSATION

Below are resources PATIENTS & FAMILIES can access and suggestions for improving the conversation about perinatal mental health in Iowa.

- Connect with other moms and/or start a mom's group in your community.
- Connect with the Iowa Chapter of Post Partum Support International for information and support at: [1-800-944-4773](tel:1-800-944-4773) or <https://psichapters.com/ia/>
- Utilize Postpartum International helpline, which provides a consultation service at: [1-800-944-4773](tel:1-800-944-4773)
- To reach the National Suicide Prevention Lifeline 24-hour, toll-free, confidential suicidal, crises or emotional distress dial **988**. It will route callers to call, text or chat.
- Iowa Resource for Mental Health Professionals by County at: <https://www.beyondtheblues.info/Docs/Perinatal%20Depression%20Referral%202022%20update.pdf>
- Promote the National Maternal Mental Health Hotline: [1-833-9-HELP4MOMS](tel:1-833-9-HELP4MOMS) ([1-833-943-5746](tel:1-833-943-5746).) This hotline provides 24/7, free, confidential support before, during and after pregnancy. Information is available in English and Spanish.

REDUCE THE PERINATAL IMPACT OF COVID-19

Below are resources PATIENTS & FAMILIES can access and suggestions for supporting mothers and families in overcoming issues related to pregnancy, parenting, perinatal mental health and COVID-19.

- Encourage self-reporting and normalize and validate concerns. Encourage women to speak to health partners about what they are feeling, to tell someone they trust, and to seek treatment.

IOWA'S MATERNAL MENTAL HEALTH WORKFORCE

Below are resources PATIENTS & FAMILIES can access and suggestions for expanding the perinatal mental health workforce in Iowa.

- Raise public awareness of Perinatal Mental Health, including the importance of prevention, recognition, and treatment, and how to seek help and support for mothers and families.

HERE IS HOW YOU CAN HELP IOWA'S MATERNAL MENTAL HEALTH WORKFORCE

Below are resources Legislators can access and suggestions for expanding the perinatal mental health workforce in Iowa.

- The state of Iowa would benefit from adding incentives and scholarship programs to expand student recruitment and retention post-competition.
- Develop an Iowa Perinatal Psychiatry Access Program to increase the number of psychiatric providers to care for women with perinatal mood disorders in Iowa. These model programs provide education, consultation, and resource and referral to increase the capacity of frontline obstetrical and mental health care providers to address common perinatal mental health mood disorders, thereby leveraging scarce psychiatric resources and increasing access to timely and evidence-based care.

HERE IS HOW YOU CAN HELP IOWA'S MATERNAL MENTAL HEALTH WORKFORCE

Below are resources Medicaid/Private Insurance Companies can access and suggestions for expanding the perinatal mental health workforce in Iowa.

- Ensure maternal mental healthcare services are a priority for insurance carriers and providers are fairly compensated for providing this care.
- Develop an Iowa Perinatal Psychiatry Access Program to increase the number of psychiatric providers to care for women with perinatal mood disorders in Iowa. These model programs provide education, consultation, and resource and referral to increase the capacity of frontline obstetrical and mental health care providers to address common perinatal mental health mood disorders, thereby leveraging scarce psychiatric resources and increasing access to timely and evidence-based care.

APPENDIX AND REFERENCES

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 Community Access Division
Family Health Bureau
Lucas State Office Building
321 East 12th St
Des Moines, IA 50329



Phone: 1-800-383-3826
Fax: 515-725-1760



<https://hhs.iowa.gov/family-health/maternal-health>