

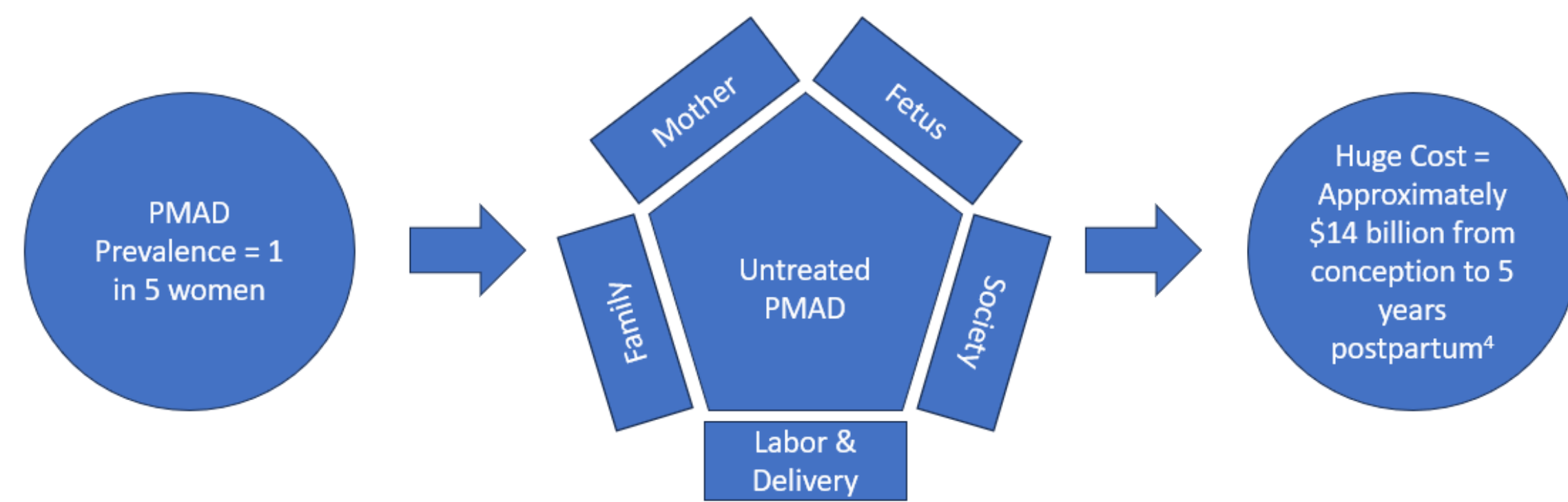
# MOMs (Mental Health for Ohio Moms) - A survey-based study to assess physician and perinatal women's perspectives on perinatal mental health care availability and accessibility across the state of Ohio.

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## Background

Perinatal mood and anxiety disorders (PMADs) are common among mothers in the United States, with rates reaching 20% or higher within the first 3 months following delivery<sup>1</sup>. If left untreated, these can lead to significant negative consequences for both the mother and the baby, ranging from preterm birth to childhood behavioral disorders<sup>2,3</sup>. Unfortunately, many patients are not screened for PMADs and remain undiagnosed throughout the perinatal period. Research on the barriers faced by both clinicians and patients that contribute to this problem is currently limited. This study aims to fill this gap in the state of Ohio.

Figure 1



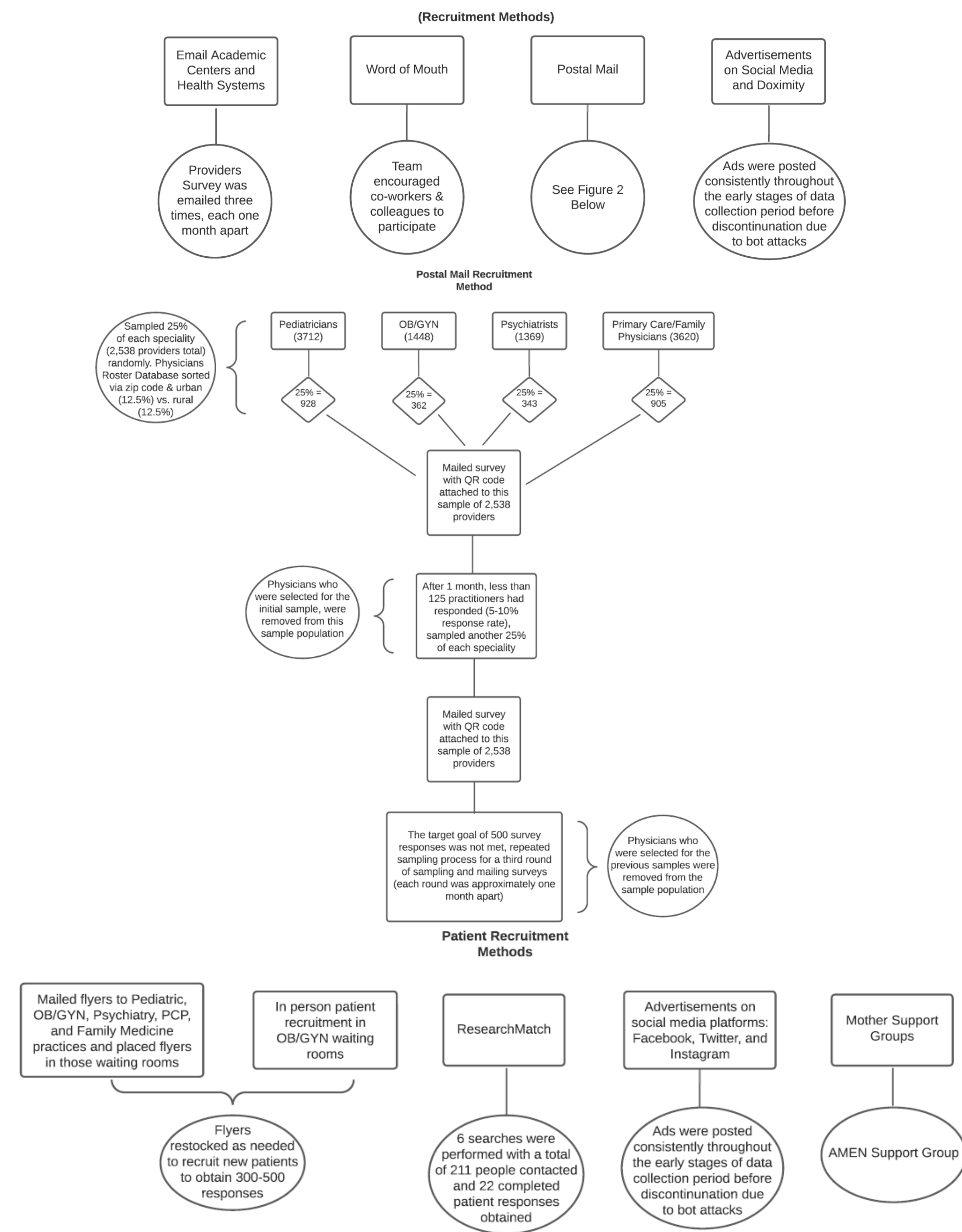
## Objectives

The purpose of this study is to assess the perspectives on the availability and accessibility of perinatal mental health care to pregnant and postpartum mothers across Ohio. To do so, we assessed the following:

1. Providers' knowledge and care practices related to PMADs
2. Peripartum mothers' knowledge of PMADs and barriers faced in receiving care

## Methods

This cross-sectional survey study employed two arms. The first arm surveyed providers in Ohio, Obstetrics and Gynecology (Ob/Gyn), Primary Care/Family Medicine (PCP), Pediatrics (Peds), and Psychiatry (Psych) ) to assess provider's screening and referral practices, attitudes, and knowledge related to PMADs. Providers were contacted through electronic and postal mail. The second arm surveyed Ohio mothers in OB waiting rooms who are pregnant or postpartum on their awareness of PMADs and the barriers they face when seeking perinatal mental health care.



## Results

Physician Survey Results							
Question	Response	Total Sample (N=256)	OB/GYN (n=52)	Psych (n=36)	PCP (n=73)	Peds (n=95)	p-value = Chi Square test
What is the most common complication of pregnancy?	Postpartum Depression	67%	44%	64%	70%	79%	0.006
How often do you encounter patients with perinatal mood and anxiety disorders?	Frequently (Every Week)	31%	77%	11%	11%	26%	<0.0001
During your training did you receive any formal education in evaluation and treatment of PMAD?	< 4 hours and no formal education	75%	64%	55%	67%	93%	<0.0001
In your current practice, when do you screen a pregnant or postpartum woman for PMAD?	Do not screen for PMAD	17%	4%	11%	12%	30%	<0.0001
What is your preferred screening tool for PMAD?	Clinical Interview	60%	49%	97%	59%	53%	<0.0001
	EPDS	48%	85%	25%	27%	53%	<0.0001
Which of the following do you view as barriers to screening for PMAD's?	Lack of Time	56%	56%	39%	71%	52%	0.0077
	Limited Availability of referral services	44%	50%	22%	44%	50%	0.0258
How accurately does the following statement describe your comfort level? Statement: I am comfortable prescribing psychiatric medications to pregnant and breastfeeding women.	Lack of Staff	28%	35%	8%	33%	28%	0.031
	Slightly Agree to Strongly Agree	59%	80%	86%	79%	19%	<0.0001
What would you advise a patient on prescription psychiatric medications, if and when she is planning pregnancy/discovers pregnancy?	Defer to mental Health Specialist	18%	8%	3%	7%	37%	<0.0001
Once you have identified PMAD, what are your next steps?	Refer To mental Health Specialist	63%	92%	11%	60%	68%	<0.0001
Which of the following psychiatric medications do you feel comfortable prescribing/continuing for a pregnant woman?	Antidepressants	69%	94%	89%	92%	31%	<0.0001
	Lack of Availability of Perinatal Psychiatrists	66%	81%	72%	78%	46%	<0.0001
What are the barriers you face in connecting your PMAD patients to mental health care?	Long wait for Appointments	80%	88%	67%	89%	73%	0.0044
	Easier access to appointments with psychiatrist / advanced practice providers	77%	94%	44%	82%	75%	<0.0001
How accurately does the following statement describe your interest? Statement: I am interested in furthering my education to provide better care to PMAD patients.	Slightly Agree to Strongly Agree	89%	90%	94%	86%	90%	0.0268

Patient Survey Results	
Question	Response
What is the most common complication of pregnancy?	Hemorrhage (2.2%), Miscarriage (28%), Pre-eclampsia (13%), Postpartum Depression (53%), Other (4%)
How common is depression and anxiety in pregnancy and the first year after delivery?	1 in 5 women (73%), 1 in 30 women (21%), 1 in 100 women (4%), 1 in 250 women (1%)
Untreated depression and anxiety during pregnancy and after delivery can have a significant negative impact on pregnancy, delivery, health of mother and baby.	Slightly agree (4%), Moderately agree (11%), Strongly agree (79%), Disagree (6%)
Have you ever struggled with depression or anxiety during pregnancy and/or after delivery?	Yes (66%); No (34%)
Have you ever struggled with postpartum psychosis (paranoia/ false beliefs, or hallucinations after delivery)?	Yes (7%); No (93%)
Were you asked about/given a questionnaire about depression or anxiety during pregnancy or after delivery?	Yes (67%); No (22%); Do not remember (10%)
Did you receive any education regarding symptoms of depression or anxiety during pregnancy or after delivery?	Yes (61%); No (31%); Do not remember (7%)
Were you ever offered help for depression or anxiety during pregnancy or after delivery?	Yes (51%); No (28%); Did not need such help (21%)
If you struggled with depression/anxiety during pregnancy or after delivery (in any previous pregnancy), who treated your depression or anxiety during pregnancy or after delivery?	OB (33%); Primary care doctor (13%); Psychiatrist (13%); Therapist (12%); Faith-based service (3%); Other (27%)
Were you referred to a mental health specialist during or after your pregnancy (current, recent or any previous pregnancy)?	Yes (19%); No (50%); Did not need mental health care (30%)
If you sought mental health care while pregnant or after delivery, what barriers did you face in seeking or establishing mental health care?	N/A (58%); Too depressed/too busy (30%); Could not get an appointment (22%); High cost (17%); Worried that they would put me on medicine (16%); Concerned about child protective services (12%); Did not know I had depression (11%); Did not realize being depressed was affecting my baby's health (11%); Did not know resources (11%); Stigma (11%); Preferred mental health provider from my own culture (7%); No childcare (5%); No family support (4%); My doctor could not guide (3%); No transportation (3%); Denied mental health appointment because of pregnancy (1%)
Which of the following would have helped you get/ sustain mental health care during pregnancy or after delivery (in current or any previous pregnancy)?	N/A (53%); Affordability (34%); Accessibility (33%); Co-located mental health at obstetric clinic (33%); family PMAD education (31%); resources (27%); Education about PMAD (24%); Option of video visits (24%); Childcare availability at clinic (20%); Home visits (17%); If a staff member helped set up appointment (14%); Peer support (13%); Social support (13%); Therapy option (10%); Reminders for appointments (6%); Availability of mental health provider from my race/culture (3%)
Have you ever been prescribed medications for depression, anxiety, or other mental health conditions?	Yes (47%); No (53%)
How did you address antidepressant/mental health medications when you became pregnant?	N/A (56%); I discontinued them myself (55%); My doctor asked me to stop the medications (11%); My doctor told me to continue the medications (38%); I continued the medications myself (11%)
I am comfortable taking antidepressants/anti-anxiety/mental health medications during pregnancy or breastfeeding, if needed, to maintain good mental health.	Slightly agree (20%), Moderately agree (20%), Strongly agree (26%), Disagree (34%)
During pregnancy and/or while breastfeeding, did you receive any education on pregnancy and/or breastfeeding safety of the mental health medications that you were taking?	Yes (27%); No (16%); I was not on/have not been on mental health medications during pregnancy or while breastfeeding (57%)
If you have ever struggled with depression or anxiety in pregnancy or after delivery, in what ways did it affect you or your family?	Affected relationships (65%); N/A (48%); Impaired ability to work (34%); Affected bonding with newborn (31%); Impacted my physical health and pregnancy (29%); Affected childcare ability (18%); Stop breastfeeding early (17%); Had thoughts of harming myself or my baby (13%); False beliefs and/or hallucinations (6%); Use drugs/alcohol (4%); Mental health hospitalization (1%)
Would it have helped you to be educated about symptoms of depression and anxiety during pregnancy and after delivery and impact of untreated symptoms?	Yes (78%); No (22%)
If you had received education about symptoms of depression and anxiety during pregnancy and after delivery and impact of untreated symptoms, how would it have changed your behavior (with regards to mental health care)?	N/A (40%); Sought mental health help during pregnancy and after delivery (40%); Sought mental health help earlier (38%); No change (29%); Stayed on my mental health medications (12%)

## Discussion

### Patient Survey Results-

- Our sample, mostly from an urban tertiary care academic center, was highly educated.
- **High prevalence of perinatal depression (66%) and postpartum psychosis (7%).**
- **Good community awareness** (96% heard of postpartum depression (PPD), 53% know that it is the most common complication of pregnancy, 93% agree that it is important to get help for PMADs.)
- **Somewhat lower screening and education rates** (67% were screened for PMAD, 61% received PMAD education.)
- **Despite above, 66% of those on psychiatric medications, discontinued when pregnant.**
- **90% mothers endorse that education would have positively impacted help seeking/maintaining behavior.**
- **Those who received PMAD education were more likely to answer PMAD awareness question correctly.**
- **Women with no social support were more likely to endorse PMADs.**

### Physician Survey Results-

- **Awareness / Knowledge** – Overall, 67% identified PPD as the most common complication of pregnancy with only 44% of OBs doing so.
- 75% reported < 4 hours of PMAD education

### PMAD Screening-

- OBs most likely to screen for PMAD, Pediatricians least likely.
- Most providers tend to screen all pregnant / postpartum women.
- Top screening barriers – Lack of time, Lack of referral sources, and Lack of staff

### PMAD Management-

- Upon PMAD identification, 63% of providers refer to mental health, 59% strengthen supports, 54% prescribe psychotropics.
- 59% agree that they are comfortable prescribing psychiatric medications to pregnant and breastfeeding mothers, the most preferred medication class being antidepressants.
- 59% would base their decision to continue / discontinue psychotropics on literature review for pregnant women and 69% for lactating mothers.
- Top barriers for mental health referral – Long wait time for appointments & Lack of experts
- Intervention that would best support frontline providers in PMAD management – easier access to mental health for patients.
- 90% interested in further training in PMADs
- 35% admit they feel less confident handling PMADs.

## Conclusions-

- Frontline providers across Ohio have little training in PMADs and many feel uncomfortable caring for these patients.
- They face significant barriers connecting these patients to expert mental health care.
- Many endorse having bad outcomes in PMAD patients including suicide and infanticide.
- Peripartum patients in our sample had a very high prevalence of these disorders, only 2/3 endorsed being screened for and receiving education about PMADs.
- PMADs negatively impacted relationships, ability to work, bonding with newborn, pregnancy health for our patients.
- Top barriers to PMAD care included – severe depression, lack of time, non-availability of appointments, high cost.
- Ohio mothers want affordable & accessible perinatal mental health care and education for themselves and their families.

## Future Directions -

- There is a need for further PMAD education for both patients and frontline providers across the State of Ohio to improve access to perinatal mental health care.

## Acknowledgements

\*Please note that 'mothers' here refers to birthing people of all genders.

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