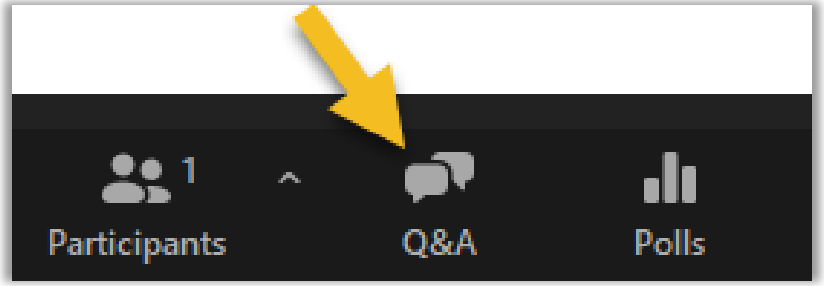
Supported Mothers, Thriving Children: Connecting Maternal Health and Child Wellbeing

April 24, 2025

Housekeeping

- This webinar is being recorded
- Please share questions anytime



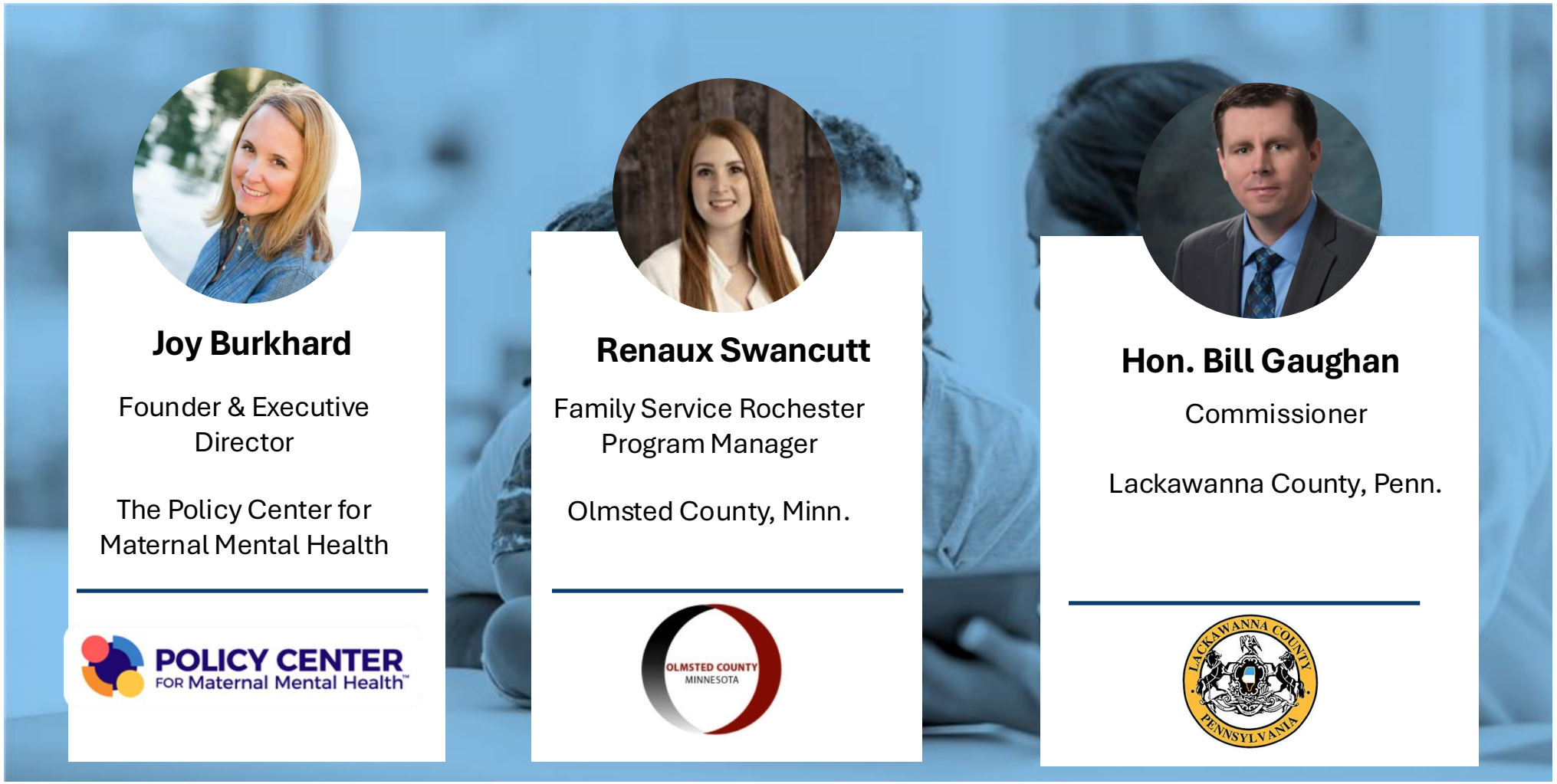
- For any tech trouble, please chat NACo staff via Zoom or email Cameron at cleonard@naco.org.

Agenda

- Welcome
- Maternal Mental Health: A Backgrounder for Counties
- Family Advocacy in Recovery and Restoration (FARR), Olmsted County
- Family First Community Pathways, Lackawanna County
- Q&A
- Closing

- 2024 survey of county officials on their role and authority in maternal care systems
- Highlights findings alongside focus group and interview responses
- Resource to guide development of comprehensive, accessible and equitable local maternal health care systems.

Speakers



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Founder & Executive Director

The Policy Center for Maternal Mental Health

Renaux Swancutt

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Olmsted County, Minn.

Hon. Bill Gaughan

Commissioner

Lackawanna County, Penn.

Joy Burkhard,
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Maternal Mental Health
A Backgrounder for Counties

NACo Webinar April 24, 2025

Joy Burkhard, MBA
Executive Director
The Policy Center for Maternal Mental Health

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Fast Facts

Mental health conditions, including deaths to suicide and overdose/poisoning related to substance use disorder, account for 23% of pregnancy-related deaths, according to the Centers for Disease Control and Prevention.

Untreated MMH Disorders cost $32,000 per mother and child over 6 years

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Maternal Mental Health -the 20s

- 20% of the perinatal population will suffer from an MMH disorder like maternal depression
- Less than 20% are screened for MMH disorders
- Less than 20% receive treatment
- Roughly 20% of maternal deaths are due to suicide


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FACT SHEET

Maternal Mental Health

Prevalence & Range of Disorders

A Leading Cause of Preventable Maternal Death

Detection and Treatment

Why It Matters

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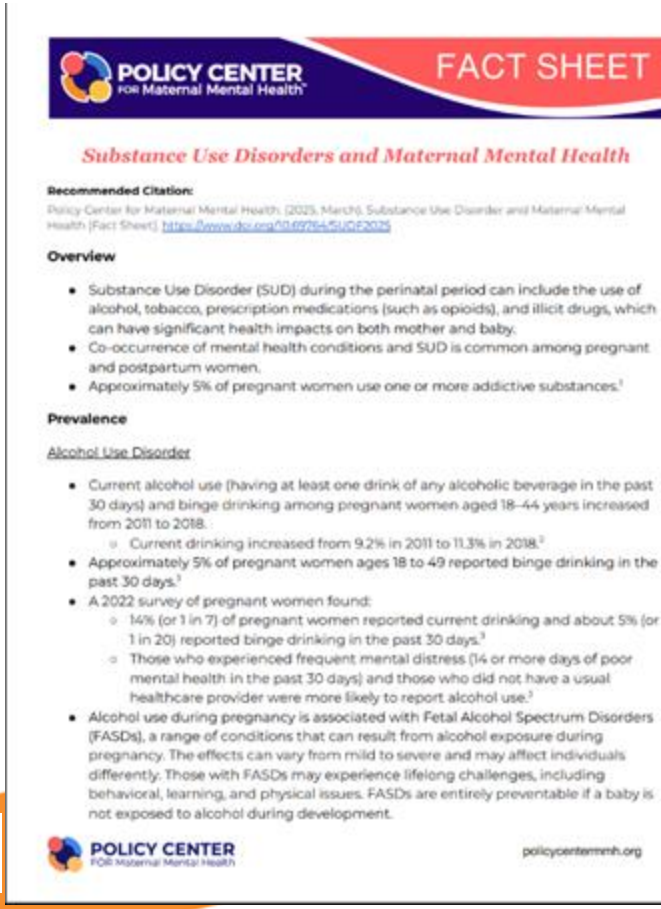
Maternal Substance Use

- 14% of pregnant women report drinking alcohol
  - Alcohol during pregnancy is associated with Fetal Alcohol Syndrome (FAS) which can cause infants life-long physical and mental challenges
- 5% of pregnant women report illicit drug use
  - From 2010-2017, the number of women with opioid-related diagnoses at delivery increased by 131%
  - 18% of pregnant women who use marijuana met criteria for abuse/dependance
- SU is tied to preterm birth, stillbirth, maternal mortality, and neonatal abstinence syndrome



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FACT SHEET

Substance Use Disorders and Maternal Mental Health

Recommended Citation:

Policy Center for Maternal Mental Health. (2025, March). Substance Use Disorder and Maternal Mental Health [Fact Sheet]. https://www.doi.org/10.69764/SUDF2025

Overview

- Substance Use Disorder (SUD) during the perinatal period can include the use of alcohol, tobacco, prescription medications (such as opioids), and illicit drugs, which can have significant health impacts on both mother and baby.
- Co-occurrence of mental health conditions and SUD is common among pregnant and postpartum women.
- Approximately 5% of pregnant women use one or more addictive substances.[1]

Prevalence

Alcohol Use Disorder

- Current alcohol use (having at least one drink of any alcoholic beverage in the past 30 days) and binge drinking among pregnant women aged 18–44 years increased from 2011 to 2018.
  - Current drinking increased from 9.2% in 2011 to 11.3% in 2018.[2]
- Approximately 5% of pregnant women ages 18 to 49 reported binge drinking in the past 30 days.[3]
- A 2022 survey of pregnant women found:
  - 14% (or 1 in 7) of pregnant women reported current drinking and about 5% (or 1 in 20) reported binge drinking in the past 30 days.[3]
  - Those who experienced frequent mental distress (14 or more days of poor mental health in the past 30 days) and those who did not have a usual healthcare provider were more likely to report alcohol use.[3]
- Alcohol use during pregnancy is associated with Fetal Alcohol Spectrum Disorders (FASDs), a range of conditions that can result from alcohol exposure during pregnancy. The effects can vary from mild to severe and may affect individuals differently. Those with FASDs may experience lifelong challenges, including behavioral, learning, and physical issues. FASDs are entirely preventable if a baby is not exposed to alcohol during development.

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MMH: In Women Did you know?

Can cause

- Increase risk of Preterm/Low Birth Weight Babies (x4)
- Increase risk of Preeclampsia
- Increase her risk of substance abuse & smoking
- Increase her risk of ER visits
- Interfere with her relationship stability
- Impact a mom and partner's ability to work (+presenteeism) and/or return to work from disability
- Increase potential for abortion or adoption
- Impact her long-term well-being and sense of worthiness
- Increase her risk of suicide
- Increase risk of neglecting her children

Meet Maureen

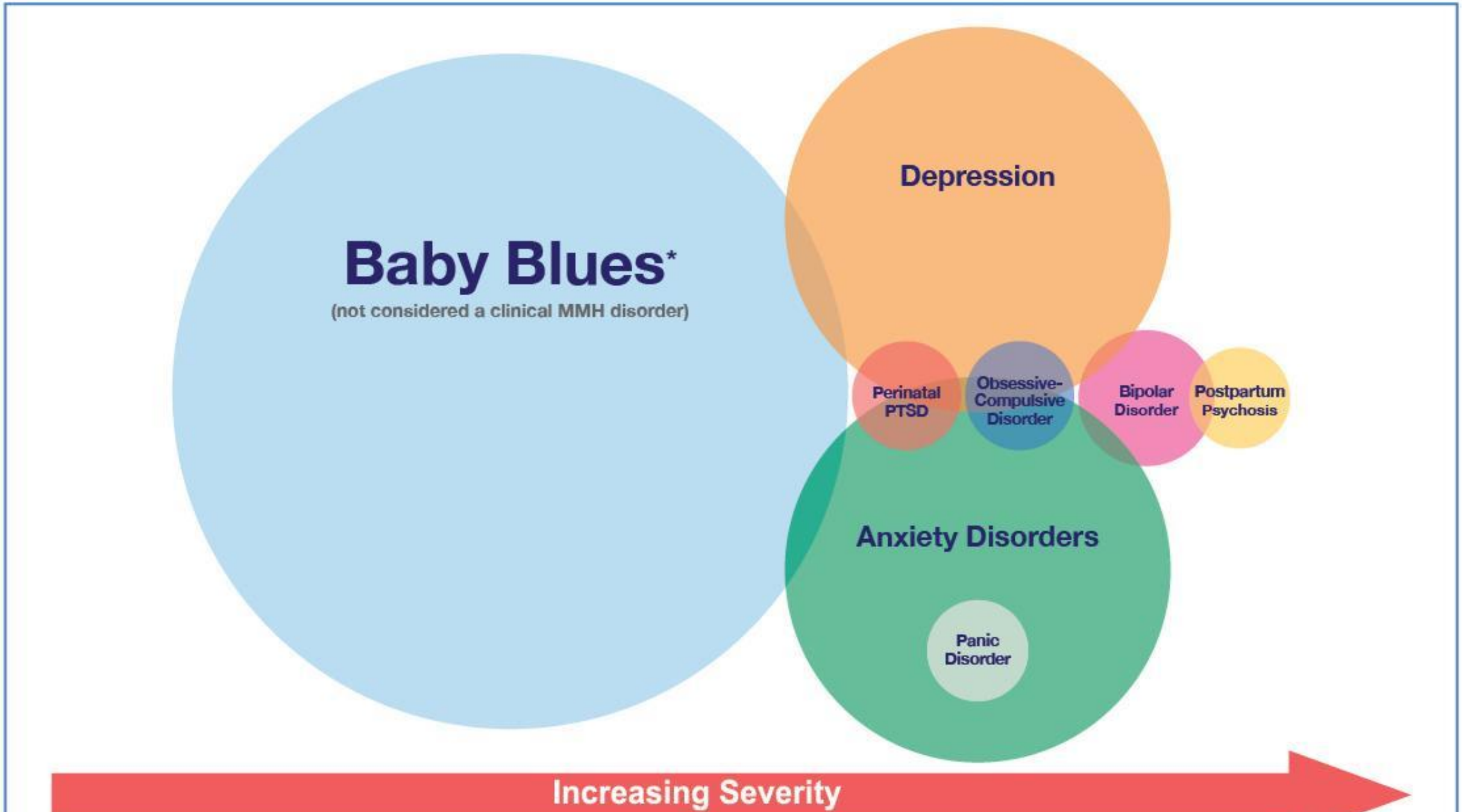
“One day I was looking up at a tree in my backyard and felt so bad I could imagine myself hanging from it. The next day I learned I was pregnant…

Desperate for help, I saw providers in Monterey, Gilroy, San Jose, Los Angeles and Dover Delaware. I interacted with Kaiser, Catholic Charities and Community Health Clinics. I called Stanford and a medical school in Chicago.

My OB referred me to a psychiatrist, who sent me back to my OB. I was told to white-knuckle it and call 911 if I was going to kill myself.

After talking to 27 providers, at 6 months pregnant, I finally found #28 and 29 an LCSW and nurse practitioner who prescribed me medication who had both received specialized training.”

Figure 2. Severity and Prevalence of MMH Disorders[1,3,24-28]



Meet Jessica

“African Americans often feel we are being judged by outsiders, particularly people in authority like doctors. A doctor can’t know us unless they talk to us about life, and express a genuine interest. If they are just paper pushing, asking required questions it will never happen.

I didn’t ask for help from any health care professionals. I got through my depression on my own, by listening to music.”

Mother of 7

MMH Disorders

Risk Factors

- A history of prior psychiatric disorders increases a woman's risk of developing a maternal mental health disorder.[8]
- Those living in poverty suffer postpartum depression (PPD) at double the rates of those who don't live in poverty.[9]

- With a greater number of women unable to terminate unplanned pregnancies, rates of depression and anxiety are expected to rise significantly.

Disparities

- People of color have an increased risk for maternal mental health disorders, like depression:
  - Up to 30% of American Indians & Alaskan Natives suffer from PPD[10]
  - Up to 40% of Black and Latina moms suffer from PPD, twice the rate of their White counterparts[11]
- Latina and Black women are 57% and 41%, respectively, less likely to start treatment for maternal depression than White women.[12]
- Gen Z is more than twice as likely as Boomers to suffer from a mental health disorder.[13]

Meet Raul

“We lost Kelly too soon. We didn’t know she was at risk. If only we had known we could have prepared. The breastfeeding pressure was relentless, she wanted to be a good mom. She needed sleep.
I knew she wasn’t doing well. I tried to find ECT but it wasn’t available in any of the hospitals I called. Now it’s just me and our baby.”

MMH Evidence-Based Treatment

- Psychotherapy, such as cognitive behavioral therapy (CBT) (6 sessions)
- Medication, including PPD specific Zulresso (Zurzuvae)
- Meditation
- Omega 3s, Folic Acid & Vitamin D3
- Yoga and/or other exercise
- Improve Sleep
- Exercise
- Peer/social support (formal or informal)
- Hospital inpatient/outpatient MMH programs (PHPs/IOPs)

SUD Evidence-Based Treatment

- Psychotherapy, such as cognitive behavioral therapy (CBT) (6 sessions)
- Medication to reduce cravings
- Meditation
- Yoga and/or other exercise
- Improve Sleep
- Exercise
- Peer/social support (formal or informal)
- Residential Pregnant and Postpartum Women (PPW) programs and Perinatal PHPs/IOPs

Detection

- Screening is the process used to detect mental health disorders. It consists of a questionnaire used to understand if/what symptoms exist.
- Though awareness and federal efforts have been increasing, less than 20% of women are screened for MMH disorders.[14]

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ISSUE BRIEF

Universal Screening for Maternal Mental Health Disorders

Introduction

Maternal mental health (MMH) disorders, like postpartum depression, are the most common complication of pregnancy and childbirth, affecting on average, 1 in 5 mothers.[1] Rates are higher among those facing economic challenges and among certain racial groups. For example, rates of maternal depression are more than doubled for Black than White mothers.[2] When left untreated, these disorders can cause devastating consequences for the mother, the baby, family, and society. Many people, including health care providers, are not familiar with the signs and symptoms of these disorders, to easily recognize an MMH disorder. With the incidence of MMH disorders on the rise, it is even more critical that these disorders are detected and treated.[3] The use of research-validated screening tools (questionnaires) to identify those who may be suffering, are now universally recommended. However, because of several complicating factors, screening has not been universally implemented.[4]

What is Universal Screening?

'Universal screening' is the systematic administration of an assessment. In the case of maternal mental health screening, universal screening involves the healthcare system implementing standardized protocols and systems to screen all who are pregnant or in the postpartum period.

Why Screen?

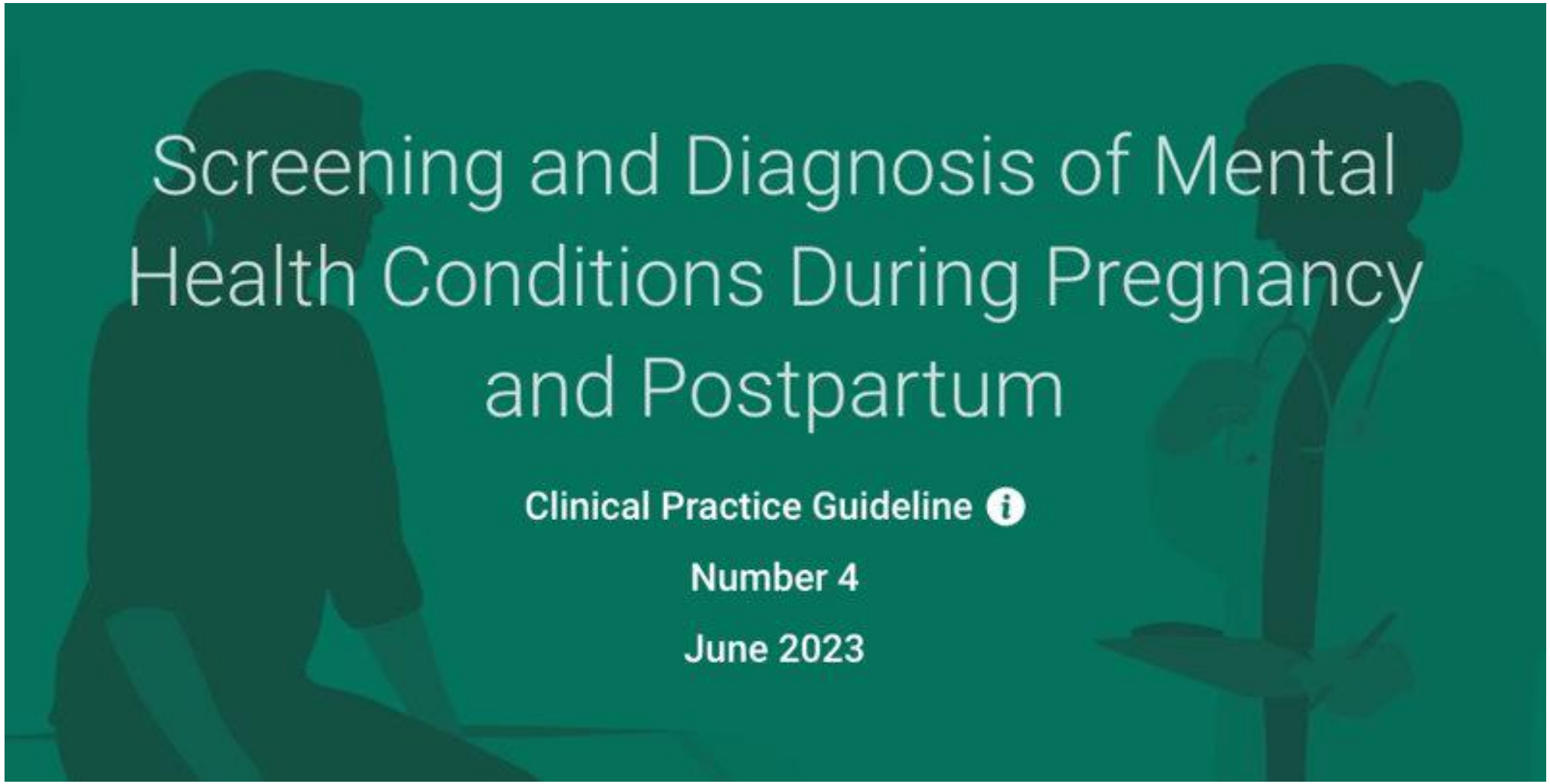
Screening can increase the identification of those who are at risk for MMH disorders and those who are currently suffering. Screening is the first step to identifying a problem so mothers can receive treatment and care to reduce adverse maternal and infant outcomes.[5]

Additionally, screening provides an opportunity for health care providers to:

- indicate that these disorders are common and treatable
- inform mothers of the signs and symptoms
- identify those at risk
- share that these disorders are often preventable with the right support
- note that early detection is important for the health of the mother and baby

Universal Screening for Maternal Mental Health Disorders 1

ACOG's MMH Clinical Practice Guidelines



ACOG's SUD Guidelines

- Ob/Gyns should routinely screen for substance use disorder by way of validated questionnaires or conversations with patients. Routine laboratory testing of biologic samples is not required.
- Purpose is for timely and effective care, rather than stigmatization or punishment.
- Routine means applied equally to all people, regardless of age, sex, race, ethnicity, or socioeconomic status.
- OBGYNs should familiarize themselves with referral pathways for treatment.

Alliance for Innovation on Maternal Health

A HRSA quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

Obtain individual/family mental health history at intake & Screen for:

- **Depression and anxiety at the initial prenatal visit, later in pregnancy, and at postpartum visits**
- Bipolar disorder before initiating pharma.
- Structural and social drivers of health that may impact clinical recommendations or treatment plans and provide linkage to resources.
- Activate an immediate suicide risk assessment/response protocol as indicated for suicidal ideation, significant risk of harm to self/others, or psychosis.

Alliance for Innovation on Maternal Health

A HRSA quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

- Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and hospital staff at birth
- Screen each pregnant and postpartum person for medical and behavioral health needs and provide linkage to community services and resources.
- Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources.

Barriers to MMH Care - Moms

Women and Families may not speak up, here's why:

-Confused as to what's happening, her ob doesn't address MMH

-General Stigma of Mental Health and Substance Abuse

-Don't want to appear ungrateful

-Fear that baby will be taken away*

-General Distrust of Medical Community*

**particularly low income or Black/Brown moms*

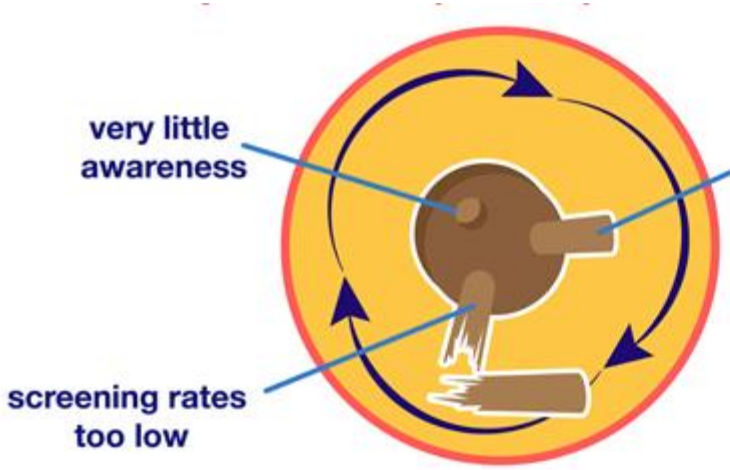
-Don't understand risks to baby's health

When moms finally do speak up, often help isn't available.

Barriers to MMH Care - OBs

Survey of OB/Gyns:
Those who don't screen indicate:
Don't feel qualified/No interest

Not enough time to screen/manage



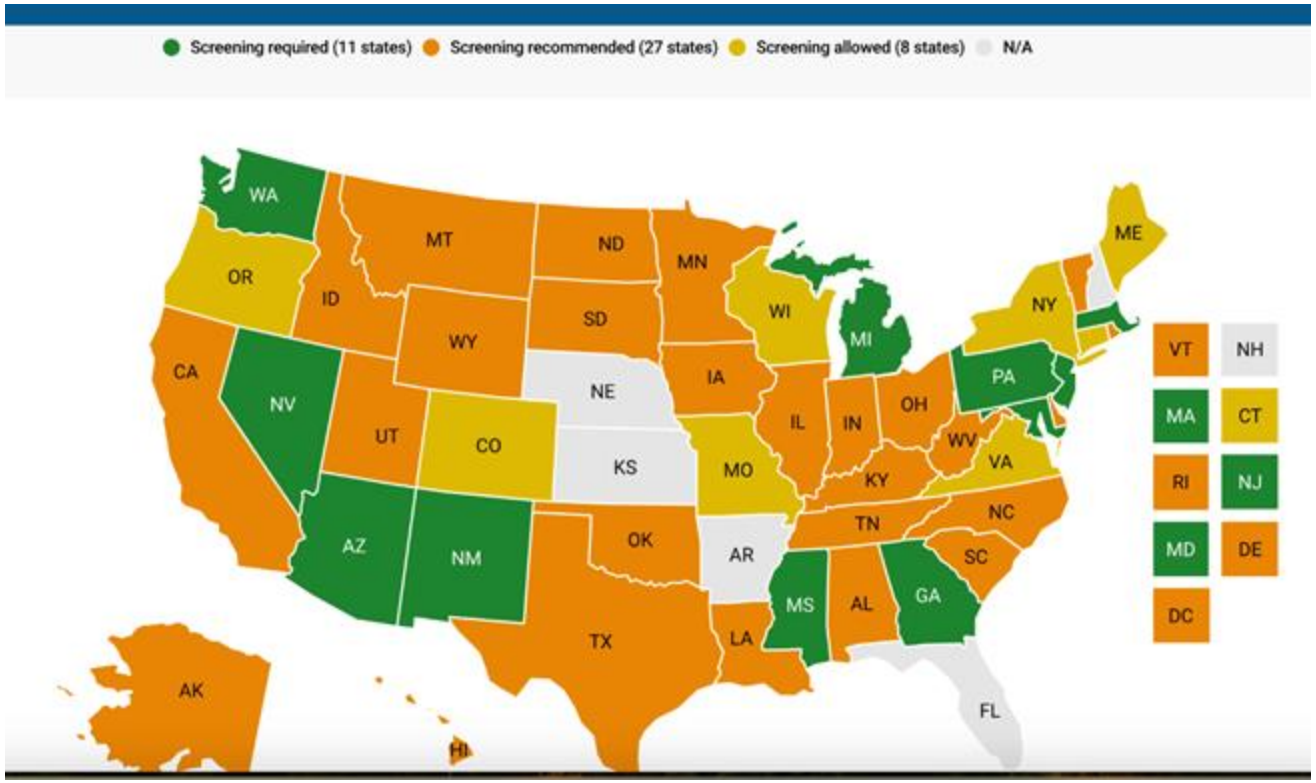
Don't know where to refer*
(Psychiatrist shortages, MMH specialists shortages, shortages of those in-network, and lack of credentials to identify MMH specialists)

No financial incentive**
Pediatricians raise similar concerns and that mom isn't their patient.

**Shortage of psychiatrists and trained MMH therapists,*
***Aetna study: paying for PCP depression screening outside of standard office visit rate didn't increase screening rates.*

Screening & Reimbursement

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY



Medicaid Agencies Requiring Screening in Contracts
https://nashp.org/state-tracker/maternal-depression-screening/

Maternal Mental Health Taskforce

In May 2024, Federal Maternal Mental Health Task Force released a report to Congress and the first

Now is the Time for Maternal Mental Health!

Learn More: www.PolicyCenterMMH.org

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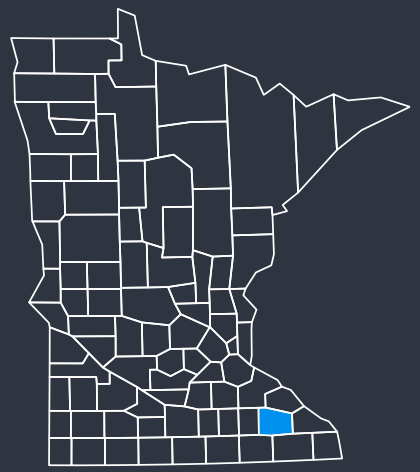


Renaux Swancutt, LGSW
Family Service Rochester Program Manager
Olmsted County, Minnesota

Family Advocacy in Recovery and Restoration (FARR)

Life can be challenging, but together, we can go FARR

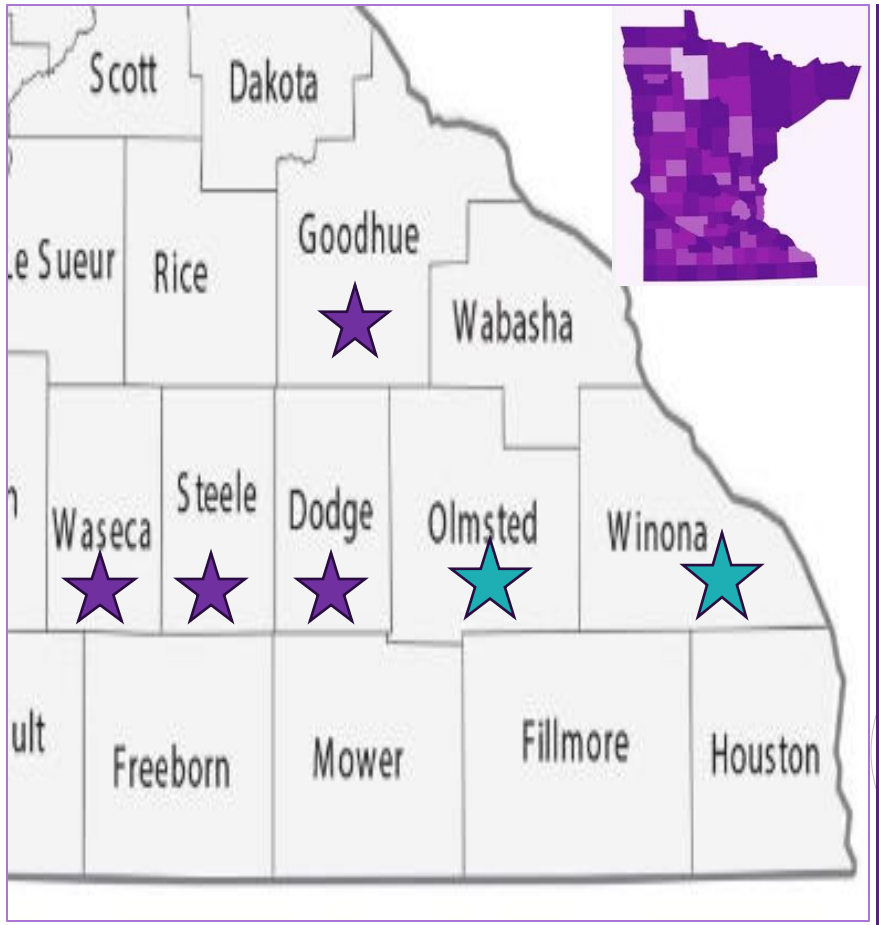
FSR is a non-profit organization serving southeast MN. Areas of service include mental health services, child welfare, and senior independence

Renaux Swancutt, MSW, LGSW
Program Manager

Family Advocacy in Recovery and Restoration (FARR)

Provides recovery support for women who are pregnant and/or parenting. Services are culturally appropriate, gender-specific, and comprehensive. FARR currently operates in Olmsted, Winona, Dodge, Steele, Waseca and Goodhue counties.

FARR



Proof Alliance Grant

Dodge, Steele & Waseca (2022)
Goodhue (2023)

Dodge, Steele, Waseca & Goodhue County FARR is funded through a grant from PR%F (Proof) Alliance, an organization charged with outreach and prevention efforts to decrease the impacts of Fetal Alcohol Syndrome Disorders (FASD). FARR works in collaboration with PR%F to decrease the number of babies born exposed to substance use in-utero.

DHS Grant

Olmsted & Winona (2020)

The Women's Recovery Services grant helps women in treatment remain alcohol and drug free, get and keep a job, stay out of the criminal justice system, have stable housing, get physical and mental health services for themselves and their children, and deliver babies who test negative for substances at birth.

FARR Provides

One-on-One Case Management

FARR Social Workers (7) meet with clients regularly to assist with person-centered goals related to:

- Sobriety
- Mental health
- Parenting skills
- Child development
- Employment and education
- Financial Wellbeing
- Resource navigation
- And More

Weekly Peer Sober Support Groups

- Childcare, a meal, and transportation assistance are provided

Sober Social Events

- Once a month Social Workers will facilitate or host a social event
- Provides a chance for mothers to get together without children to build peer connection

Optional Drug Screens

- Social Workers can provide UA's to support the client's recovery

Coordination with Service Providers

- Social Workers coordinate and work with family's other service providers with a team approach.

FARR PARTICIPANT OUTCOMES (JUNE 1ST, 2023 – MAY 31ST, 2024)

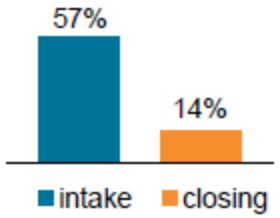
Women served by FARR

Women served	**Children** of women served	**Babies born** this year	Women who **exited program**	Average length of **participation**	Average **staff contact time** per woman
50	89	4	27	12 months	98 hours

Change in substance use

Four times more women were using substances at intake (57%) than at closing (14%); this is a significant decrease from intake.

Substance use from intake to closing (n=21)



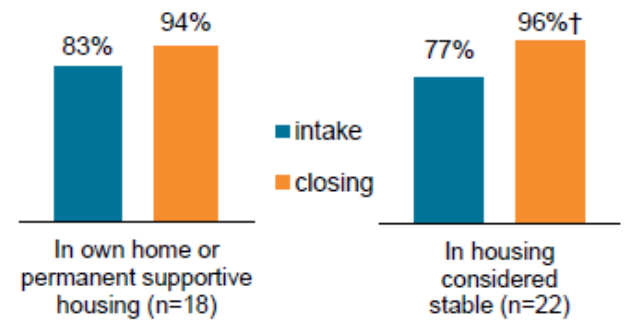
Note. Differences between intake and closing are significant at **p < .01.

Over half of women who exited FARR (59%) had decreased their substance use by the end of the program, including 14 women who were not using any substances at all (see Table C1 in the appendix).

Change in living situation

Overall, women's housing situations improved. By closing, 94% of women were in their own home or permanent supportive housing, although this was not a statistically significant increase from intake. More women were also in housing considered stable; this increase was approaching statistical significance.

Living situation from intake to closing



Note. Differences between intake and closing are approaching significance at †p < .10.

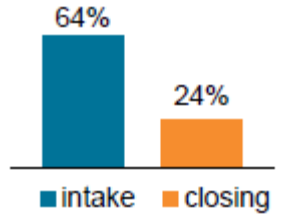
Mental and physical health

At closing, 74% of women were receiving mental health services or were connected to a specific clinic or therapist if services were needed. As noted earlier, 94% of women had a mental health diagnosis at intake.

Change in involvement with child protection

Significantly fewer women were involved with child protection at closing (24%) compared to intake (64%).

Involvement in child protection from intake to closing (n=25)



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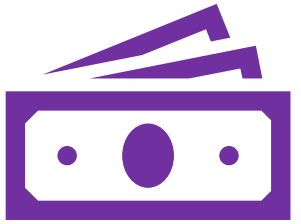
Replication Considerations

Prevention

County and Community Based Organization Partnerships



Funding

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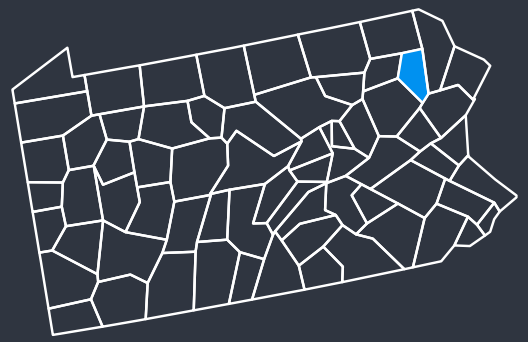


Hon. Bill Gaughan
Commissioner
Lackawanna County, Pennsylvania

LACKAWANNA COUNTY

Supported Mothers, Thriving Children

Connecting Maternal Health and Child Wellbeing

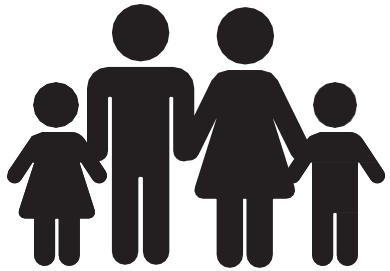
pennsylvania
DEPARTMENT OF HUMAN SERVICES

Pennsylvania Secretary of Health and Human Services Valerie A. Arkoosh, MD, MPH, prioritizes health care.

FAMILY FIRST COMMUNITY PATHWAYS

Lackawanna County Department of Human Services

SUPPORTED MOTHERS, THRIVING CHILDREN



Family First Services Prevention Act

PA Prevention Plan

Role of Navigators in Lackawanna County

Linkage to Prevention Services

Maternal Family Health Services

Healthy MOMS

Plans of Safe Care

FAMILY FIRST
COMMUNITY
PATHWAYS
Lackawanna County Department of Human Services

Current funding for Community Pathways

Director Kerry Browning, LSW

Lackawanna County Department of Health and Human Services

Office of Youth and Family Services

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Lackawanna County

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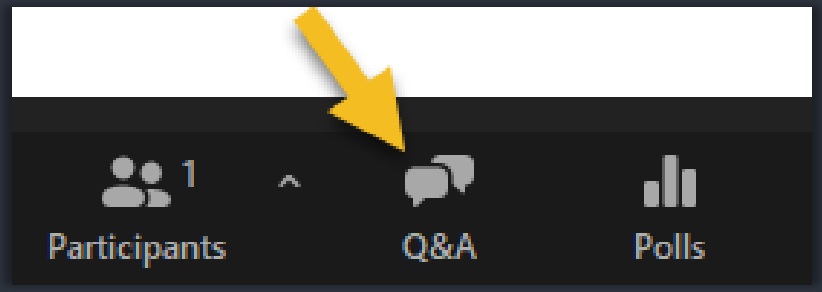
Questions? | Feedback



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Your input matters!

Please take 2 – 3 minutes to share your thoughts with us

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Thank You!

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