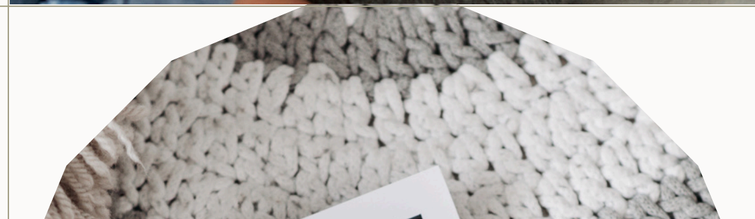
Integrating Behavioral Health Into Maternity Care: Why Siloed Care Fails Mothers

MODELS, EVIDENCE, AND ACTIONABLE STEPS FOR EVERY SETTING



PRESENTED BY LAUREN HAYS, MSN, APRN, PMHNP

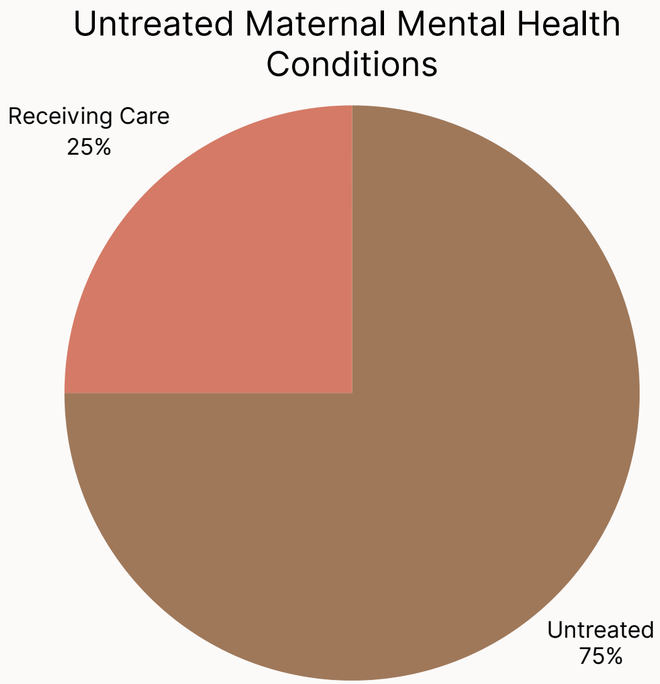
WHAT WILL

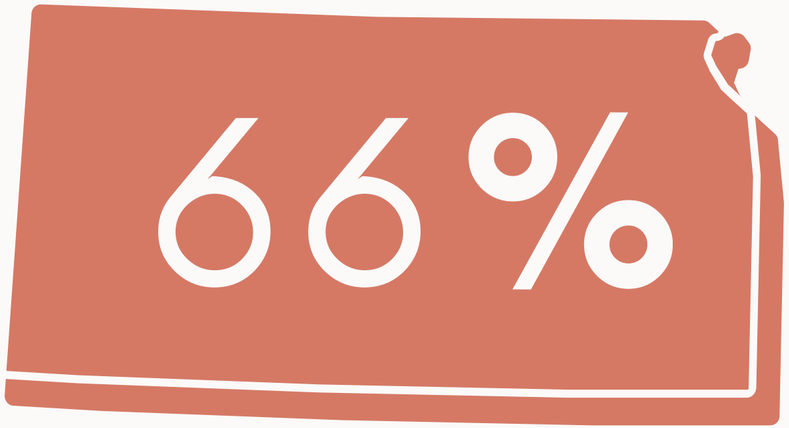
WE COVER?

- Why siloed maternity and behavioral health care leaves mothers at risk
- How maternal mental health conditions show up in non-BH settings (and often get missed)
- Universal screening: tools, timing, and how to make it stick
- Identifying gaps and mapping closed-loop workflows to catch moms before they fall through
- Levels of integration: from awareness and screening to full collaborative care models
- Real-world barriers (time, workforce, reimbursement) and practical solutions
- Ouma's model: embedding telepsychiatry and maternal health support into everyday care
- Resources, guidelines, and immediate steps you can take to strengthen your safety net

Maternity care is often the only safety net mothers have—yet 75% of mental health conditions go untreated, and most moms never see a behavioral health provider. With crises peaking after 6 weeks postpartum, too many fall through the cracks unless behavioral health is integrated into standard other facets of maternal care.

Why This Matters Now





OF KANSAS COUNTIES ARE DESIGNATED AS MENTAL HEALTH PROFESSIONAL SHORTAGE AREAS
(KANSAS CONNECTING COMMUNITIES)

- In Kansas, pregnancy-associated mortality ratio rose from 49.5 → 69.1 per 100,000 (2016-22)
- Nearly 70% of deaths occur postpartum, most between 43 days-1 year
- 77% preventable, with mental health contributing to ~25% (leading cause)

Identifying the Gap: Leveraging Non-Behavioral health Touchpoints for Maternal Mental Health

OB & non-BH touchpoints are **common**

- **99%** of U.S. births attended by a health professional
- **80%+** begin prenatal care in 1st trimester
- **60–90%** attend the 6-week postpartum visit
- **6+** pediatric visits in baby's first year
- Other encounters: case workers, lactation consultants, various specialists

Behavioral health touchpoints are **rare**

- Behavioral health often siloed from maternity care
- **<20%** of women with PMADs receive treatment
- Only **5–15%** ever see a behavioral health specialist in perinatal period
- **80%**+ U.S. counties lack perinatal-trained BH providers

MEDICAL VS BEHAVIORAL HEALTH TOUCHPOINTS IN PREGNANCY

STANDARD PREGNANCY CARE

- 12-14 visits for low-risk pregnancies;
- Blood pressure, CBC, blood type, Rh
- HIV, syphilis, hepatitis B, rubella & varicella immunity
- Urinalysis/urine culture
- Screening for diabetes
- Genetic screening (aneuploidy, carrier testing)
- Anatomy ultrasound (~18-22 weeks)
- Maternal serum AFP or quad screen
- Repeat hemoglobin/hematocrit
- Glucose challenge test → further 3-hr GTT if abnormal
- Group B strep swab (35-37 weeks)

DIABETES IN PREGNANCY

- 15-20 visits throughout pregnancy
- Nutrition counseling + diabetes education visit.
- Weekly or biweekly glucose log review (often nurse calls or portal check-ins).
- Fetal growth ultrasounds every 4 weeks starting at diagnosis.
- Non-stress tests or biophysical profiles 1-2x weekly starting at ~32-34 weeks.
- Frequent OB/MFM follow-ups (often every 1-2 weeks late in pregnancy).
- → Result: Women with diabetes in pregnancy may have 15-20+ touchpoints across pregnancy.
- In addition to the standard care list

BEHAVIORAL HEALTH IN PREGNANCY

- Recommended: EPDS/PHQ-9 + GAD-7 multiple times
- Reality: often only 1 screen, no structured follow-up

- **Yet, mental health is the leading cause of maternal death**

We treat diabetes like a high-risk condition. Why not maternal mental health?

THE HUMAN STORIES

How Maternal Behavioral Health Gets Missed

ANNA

GI Specialist

A new mom comes in with weeks of stomach upset and nausea. Workup is negative. She is convinced she has stomach cancer, despite various doctors and testing proving otherwise. The anxiety is debilitating.

Missed: Behavioral Health

ISABELLE

Lactation

She's tearful, pumping every two hours through the night, ashamed she can't make enough milk. She fears she is already failing. The sleep deprivation is contributing to depression symptoms.

Missed: Behavioral Health

TARA

Primary Care

She tells her primary care physician she's exhausted and has daily headaches. Labs are normal. But she hasn't slept in weeks, lying awake with racing thoughts.

Missed: Behavioral Health

LINDSEY

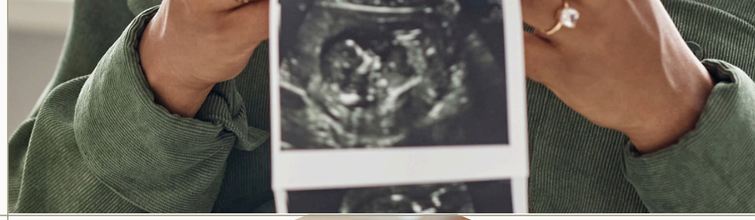
Pediatrician

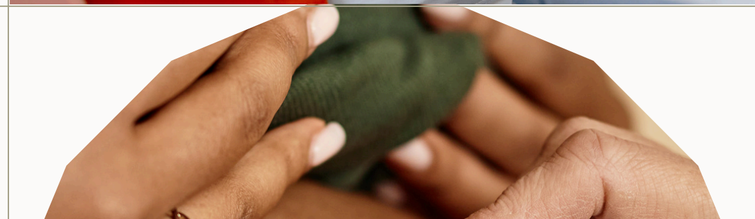
In the pediatric office, mom breaks down while the baby is thriving. She feels overwhelmed, scared she's not a good mother, and convinced something is terribly wrong with her baby.

Missed: Behavioral Health

YOU CANNOT HAVE PHYSICAL HEALTH WITHOUT MENTAL HEALTH

WHERE DO WE GO FROM HERE?





Evidence & Guidelines

ACOG
The American College of Obstetricians and Gynecologists

- Screen all women at least once during pregnancy and postpartum for depression & anxiety with validated tools (EPDS, PHQ-9, GAD-7).
- Systems must be in place for assessment, referral, treatment, and monitoring.
- Screen for bipolar disorder (MDQ) prior to starting antidepressants.

U.S. Preventive Services TASK FORCE

- Recommends screening all adults (including pregnant & postpartum women) for depression.
- Recommends counseling interventions (CBT, IPT) for women at increased risk of perinatal depression (Grade B recommendation).

AIM

Perinatal Mental Health Conditions Patient Safety Bundle (2021):

- Readiness: Education & resources for staff.
- Recognition/Prevention: Universal screening with validated tools.
- Response: Evidence-based treatment & referral pathways.
- Reporting/Learning: Track cases & outcomes.
- Respectful Care: Equity, non-stigmatizing approach.

KANSAS MATERNAL & CHILD HEALTH

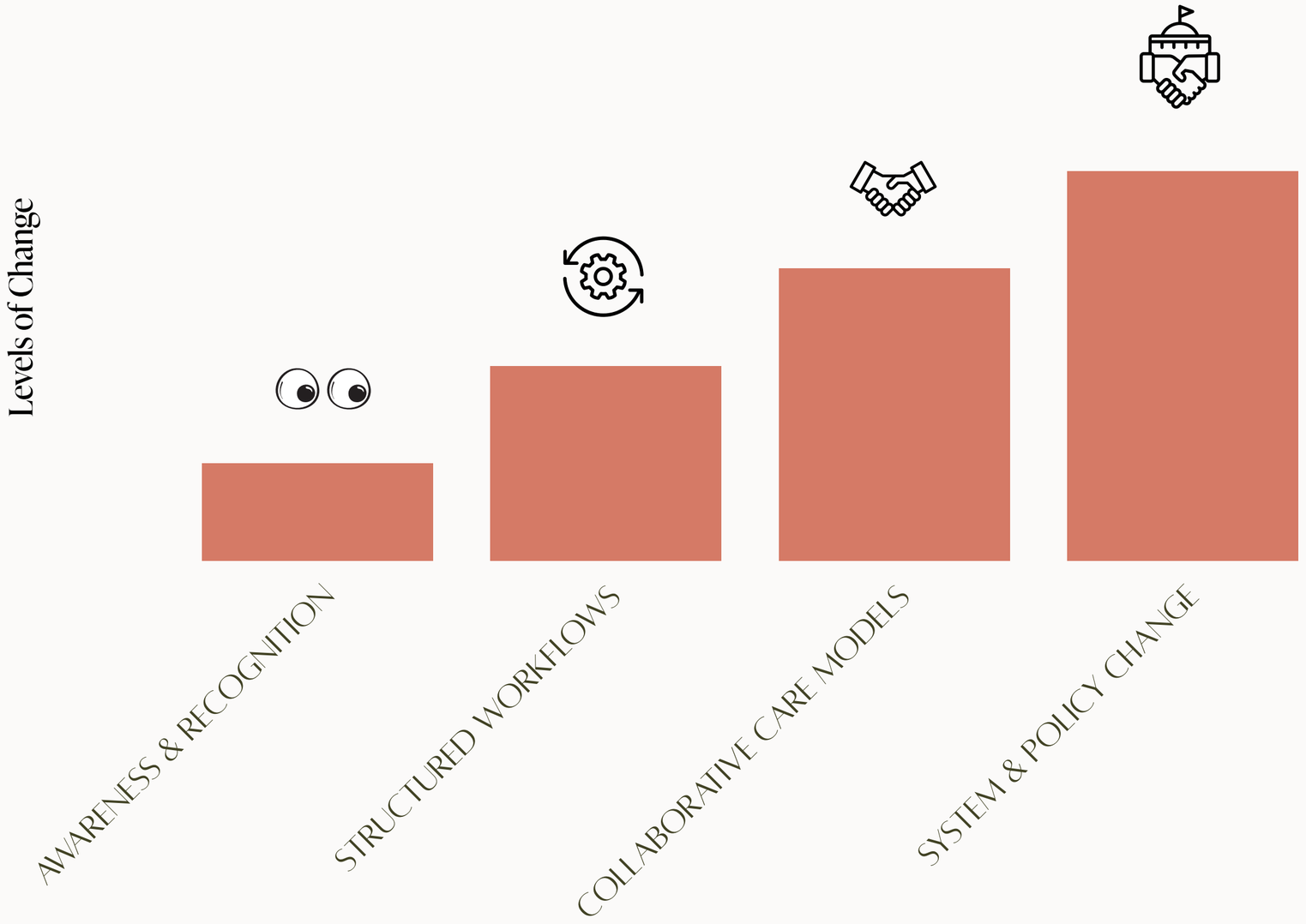
- Kansas-specific psychiatric access program, Kansas Connecting Communities
- Focused Mission Screening, Assessment, Referral
- Training + toolkits
- Psychiatric Consultation Line
- Resource & Referral support

Current practices?

- Discussion.
- What are you seeing when you encounter these patients?
- If screening occurs and is positive, what are gaps in care or barriers you're facing?

"The journey of a thousand miles begins with a single step."
— Lao Tzu

Not every clinic or provider can launch full CoCM tomorrow. That's okay. This ladder shows that every setting can do something, from screening to full collaborative models.



Tiers of Implementation

LEVELS OF SUPPORT

Level 1

- Train staff
- Screen with EPDS/PHQ-9, GAD-7
- Normalize conversations and break the stigma
- Share PSI hotline & crisis resources such as 988

Level 2

- Protocol: positive → follow-up
- Registry/Excel tracking
- Repeat screens
- Bill 96127 for brief behavioral assessments

Level 3

- Collaborative care models: Team: OB/PCP + Care Manager + Psychiatric Consultant
- Registry-driven, stepped care
- Codes: 99492-99494, G2214
- General BHI (99484) as entry

Level 4

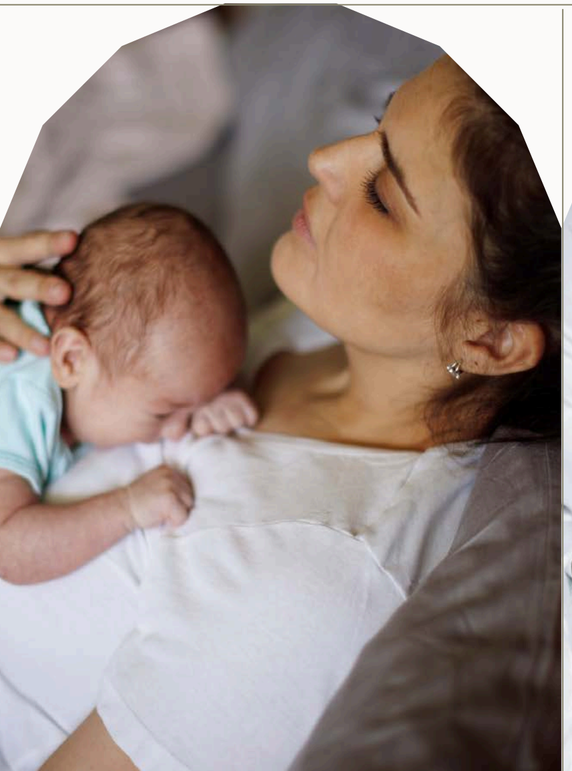
- Adopt AIM
- Contract with psychiatry programs to leverage virtual psychiatry solutions embedded into your native workflow

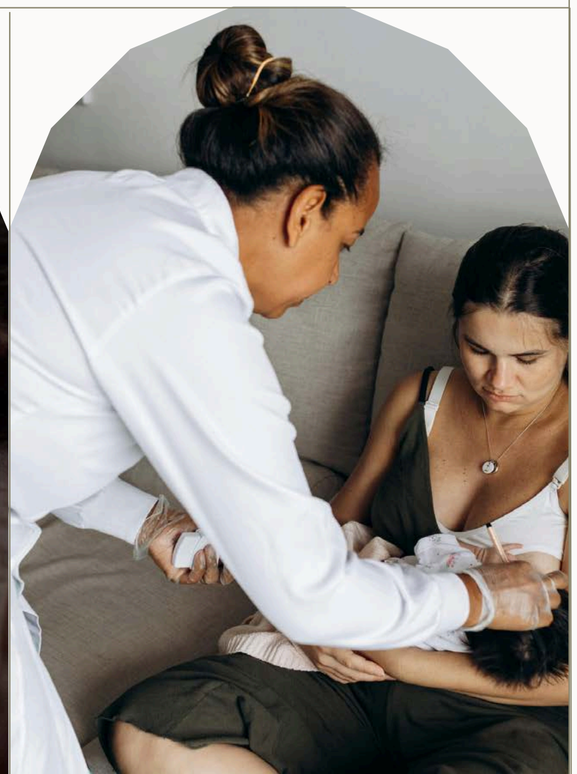
BARRIERS & SOLUTIONS

PROBLEM	SOLUTION
TIME	DELEGATE
REIMBURSEMENT	CODES
WORKFORCE	TELEPSYCHIATRY

CLINIC

RESOURCES





NATIONAL

ACOG Guidelines
AIM Bundle
AIMS CoCM Resources
Lifeline for Moms
PSI Hotline
PSI Support Groups

ouma integrated Behavioral Health via Telemedicine

KANSAS SPECIFIC

Kansas Connecting Communities
PSI Directory
PSU Kansas Chapter

SCAN TO DOWNLOAD
PROVIDER RESOURCE SHEET

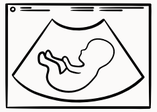
MEET

ouma

The maternity telehealth partner of choice for providers, patients, and health plans nationwide

BEHAVIORAL HEALTH

- **Leading cause of maternal death = mental health**
- **Psychiatric NPs**
- **Perinatal expertise (PMADs, SUD, crisis care)**
- **Integrated into OB/PCP native workflows**
- **Flexible half-day coverage & Medicaid partnerships**



MATERNAL-FETAL MEDICINE

- Virtual consults with board-certified MFMs
- High-risk pregnancy management
- Ultrasound guidance & treatment plans
- Support in underserved areas

LACTATION SUPPORT

- IBCLC consults via telehealth
- Low supply, latch challenges, pumping plans
- Addressing guilt, shame, and emotional health
- Integrated with BH when needed

MIDWIFERY SUPPORT

- Diabetes management in pregnancy
- Hypertension support
- Nutrition & lifestyle counseling
- Half-day specialist contracts available

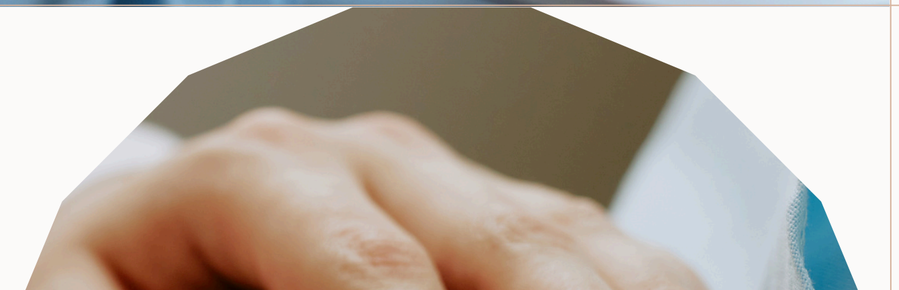
Contact Lauren@OumaHealth.com or visit OumaHealth.com to learn more about how you can partner with us to fill gaps in maternity care.

CALL TO

ACTION

Where are you today?

What’s one step you can take today to help fill the holes in the safety net for maternal mental health?



CLOSING

“Mental health is maternal health. In Kansas, nearly 70% of maternal deaths happen postpartum, and most are preventable. Whether you’re a clinician, administrator, or case manager, you are part of the safety net. Every step we take — from screening to policy — saves lives.”

Lauren Hays
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OumaHealth.com

References

GUIDELINES & BUNDLES

ACOG COMMITTEE OPINION NO. 757 (2018): SCREENING FOR PERINATAL DEPRESSION

USPSTF (2019): PERINATAL DEPRESSION PREVENTIVE INTERVENTIONS

AIM (2021): PERINATAL MENTAL HEALTH CONDITIONS SAFETY BUNDLE

COLLABORATIVE CARE

APA & CMS: COCM AND BHI FAQS

UNIVERSITY OF WASHINGTON AIMS CENTER: COLLABORATIVE CARE MODEL RESOURCES

SUPPORT & ACCESS PROGRAMS

LIFELINE FOR MOMS (UMASS CHAN)

POSTPARTUM SUPPORT INTERNATIONAL (PSI)

NATIONAL MATERNAL MENTAL HEALTH HOTLINE: 1-833-TLC-MAMA

DATA SOURCES

CDC MATERNAL MORTALITY REVIEW COMMITTEE (MMRC)

HRSA & MMHLA: MATERNAL MENTAL HEALTH PROVIDER SHORTAGE DATA

KANSAS RESOURCES & DATA

KANSAS CONNECTING COMMUNITIES (KCC)

KDHE PERINATAL MENTAL HEALTH RESOURCES

PSI KANSAS CHAPTER (PSI-KS)

LMSWS + TELEHEALTH IN 19 COUNTIES

- 🔗 MCHB.HRSA.GOV

KCC TRAINING & EDUCATION

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