



Comprehensive Screenings Linked to Provider Referrals: Mental Health

Comprehensive screenings are paired with referrals to providers, meaningful connections to resources, and continuous follow-up for postpartum women experiencing mental health, substance use, and smoking cessation needs.

Benefits:

- People who receive PPD screening show improved outcomes compared to patients who receive no screening. The potential effectiveness is related to the availability of systems to ensure adequate follow-up for women who screen positive.
- Women with elevated PPD screening scores that received care in primary care practices that are equipped with the education and tools for PPD screening diagnosis, initiation of therapy, and follow-up were more likely to receive a diagnosis and therapy.

“My first pregnancy was a little hard because I was so young and I did suffer from postpartum depression after...I really didn't know how to handle it.”

– BLACK WOMAN,
SOUTHEAST

Definition:

Comprehensive screenings involve thorough assessments that identify a range of health concerns. These screenings are followed by referrals to appropriate health care providers and resources, ensuring postpartum women receive the necessary care and support for timely and effective management of these conditions.

Mental Health:

Systematic screenings for postpartum depression (PPD) and other mental health conditions, in tandem with comprehensive treatment plans, support the mental, behavioral, and physical health of women. Screening processes often integrate psychological assessments with follow-up care, community support, and pharmacotherapy.

Current Landscape and Guidance:

Overview

- There are a range of maternal mental health screening tools.
- Nearly 60% of women with postpartum depressive symptoms do not receive a clinical diagnosis and 50% of those who receive a diagnosis do not receive any treatment. Referrals to appropriate providers and resources are crucial to bridging this gap.
- Only 25% of positively screened postpartum women receive mental health treatment.
- Medicaid screening rates for maternal depression were 17% during postpartum and private insurance screening rates were 11%.
- The U.S. Food and Drug Administration (FDA) approved the first oral medication to treat PPD in adults in 2023.

Guidance

- The American College of Obstetricians and Gynecologists recommends women be screened for mental health conditions at the initial prenatal visit, later in pregnancy, and at postpartum visits.
- The U.S. Preventive Services Task Force (USPSTF) recommends i) screening for depression in the adult population, including pregnant and postpartum persons; ii) screening for anxiety disorders in adults, including pregnant and postpartum persons; and iii) that clinicians provide or refer pregnant and postpartum persons at increased risk of perinatal depression to counseling interventions, all of which receive a “B” grade coverage.

Coverage

- As of 2021, at least 40 state Medicaid programs cover PPD screening and at least 40 state Medicaid programs cover PPD treatment.
- The Affordable Care Act requires Marketplace plans to cover mental health and substance use disorder services as essential health benefits, but benefits are not standardized across states so access varies.
- The Affordable Care Act requires most private health plans to cover preventive services that USPSTF rates an “A” or “B”, including depression and anxiety screening and providing or referring for counseling interventions, without cost-sharing.

RETURN ON INVESTMENT:

- Untreated perinatal mood and anxiety disorders (PMAD), including PPD, cost more than \$17,000 per mother over six years and \$32,000 for every mother-child pair not treated. PMADs are estimated to cost \$14.2 billion from pregnancy through five years postpartum for births in 2017.
- Among employed women, those with PPD incurred 90% higher health services expenditures than those without PPD.



BRIGHT SPOTS:

I was a first-time mom so I didn't know all this stuff. I kept hearing about postpartum depression. I knew of it – you can go through all these emotions after the pregnancy, but I didn't know what it really was.

– BLACK WOMAN, SOUTHEAST

As of March 2023, 11 states require maternal depression screening during well-child visits, 27 states recommend it, and 8 states allow it.

Eight states mandate screening for maternal mental health through legislation, including New Jersey, West Virginia, California, Florida, Oklahoma, Illinois, Louisiana, and Arkansas.

Pomelo Care, a 24/7 virtual medical practice using a care team model, achieved a 65% PMAD screening rate among pregnant women, seven times the average Medicaid rate of 9%.

California, which received the highest grade (B+) in the Policy Center for Maternal Mental Health's 2024 Maternal Mental Health State Report Card, requires obstetricians to screen for depression and anxiety screenings regardless of insurance coverage.

Pennsylvania's Maternity Care Bundled Payment has staffing requirements where maternity care teams must include an individual, such as a doula, CHW, social worker, or peer recovery specialist, to address behavioral health, substance use disorder, and social determinants. The model also includes HEDIS metrics supporting behavioral health, such as PPD Screening and Follow-up.

I wasn't told much. [My health care providers] just had me take the assessment and that was that. The survey mentioned that if I was feeling a way to seek help. Other than that, [I] didn't receive much else. No one called and checked on me or anything. The assessment was very black-and-white...what if I am feeling in between?...After that, I kind of just stopped asking questions. Only relying on a survey to determine your needs felt odd to me and [an] un-human-like approach.

– BLACK WOMAN, NORTH CAROLINA



Comprehensive Screenings Linked to Provider Referrals: SUD

Comprehensive screenings are paired with referrals to providers, meaningful connections to resources, and continuous follow-up for postpartum women experiencing mental health, substance use, and smoking cessation needs.

Benefits:

- SUD treatment for pregnant and parenting women was associated with improvements in substance use, mental health, parenting attitudes, and risky behaviors, with longer treatment stays associated with more positive outcomes. In particular, the proportion of women at risk for minimal depression dropped significantly from intake to the final follow-up visit.
- Pharmacotherapy, when taken as prescribed, are safe and effective during pregnancy and reduce risk of recurrence and limit illicit substance-related effects in the developing fetus.
- The use of medication for opioid use disorder in combination with prenatal care is associated with reduced risk of obstetric complications and positive outcomes for the baby, including increased birth weight and gestational age at delivery.

Definition:

Comprehensive screenings involve thorough assessments that identify a range of health concerns. These screenings are followed by referrals to appropriate health care providers and resources, ensuring postpartum women receive the necessary care and support for timely and effective management of these conditions.

Substance Use Disorder (SUD) services encompass a range of treatments and support systems for postpartum women experiencing challenges related to substance use, including medication-assisted treatment, behavioral therapy, counseling, and other comprehensive care tailored to the unique and heightened risks of postpartum recovery. Most pregnancy-related deaths due to mental health conditions, including SUD-related overdose, occur in the late postpartum (43-365 days).

Current Landscape and Guidance:

Overview

- It is common for women to engage in SUD treatment during pregnancy but *discontinue it in the postpartum period, leaving them at heightened risk of postpartum morbidity and mortality. SUD treatment is proven to improve both maternal and infant outcomes and decrease overdose risks; however, many women face barriers in accessing consistent SUD treatment support during the postpartum period.*

Less than 13% of pregnant and 10% of parenting women that need SUD treatment receive it.

Guidance

The American College of Obstetricians and Gynecologists supports access to medically-assisted treatment; adequate postpartum psychosocial support services including SUD treatment and relapse prevention programs; safe prescribing practices; and an increased focus on curbing alcohol and tobacco during pregnancy.

Coverage

- As of 2021, at least 36 state Medicaid programs offer SUD benefits beyond the required MAT benefit (mandated by the SUPPORT Act). At least 27 offer all or most of the American Society of Addiction Medicine-defined levels of care.
- The Affordable Care Act requires all Marketplace and Medicaid plans to cover mental health and SUD services as essential health benefits.

RETURN ON INVESTMENT:

- One study of pregnant women in SUD treatment found an average net savings of \$4,644 per mother/infant pair for NICU costs.
- One study found that weekly drug abuse support group participants who were pregnant had short-term medical costs nearly \$1,000 lower for maternal costs and over \$1,500 lower for infant/neonatal costs compared to non-participants.
- Generally, employers spend an average \$8,817 annually for each employee with untreated SUD. On the other hand, an employee who recovers from SUD saves employers over \$8,500 on average. Employees in recovery miss 13.7 fewer days per year compared to employees with untreated SUD, and 3.6 less days than an average employee – helping employers avoid \$8,175 in turnover, replacement, and health care costs.

The doctor in the pregnant women's program I was in focused on my strengths and tried to build me up rather than tear me down. At first, I was like taken aback because...I wasn't expecting to encounter kindness and supportiveness...

– LOUISIANA PERINATALQUALITY-COLLABORATIVE⁶

BRIGHT SPOTS:



An increasing number of programs are using doulas to support SUD during the postpartum period.

Colorado's Special Connections program, a joint effort between Colorado Department of Health Care Policy and Financing and Office of Behavioral Health, provides gender-responsive treatment to pregnant and postpartum Medicaid-eligible women with SUD.

Special Connections provides a comprehensive range of SUD treatment, including residential treatment, case management, individual counseling, group counseling, and more. The program allows the state to provide continuity of care from pregnant to postpartum.

Pennsylvania's Maternity Care Bundled Payment has staffing requirements where maternity care teams must include an individual, such as a doula, community health worker, social worker, or peer recovery specialist, to address behavioral health, substance use disorder, and SDOH.

⁶ Louisiana Department of Health, "Pregnant and Powerful. A Message For Mothers On the Road to Recovery," YouTube video, 8:26. April 25, 2024, https://www.youtube.com/watch?v=crE1MC0aq_g.



Comprehensive Screenings Linked to Provider Referrals: Smoking Cessation

Comprehensive screenings are paired with referrals to providers, meaningful connections to resources, and continuous follow-up for postpartum women experiencing mental health, substance use, and smoking cessation needs.

Benefits:

- Quitting smoking during and after pregnancy greatly reduces the risk of complications, leading to a healthier pregnancy, improved infant outcomes, and a lower chance of sudden infant death syndrome (SIDS) and childhood respiratory infections.
- Prepartum and postpartum smoking cessation interventions delayed, but did not prevent, postpartum relapse. Relapse prevention interventions increased in duration and potency may prevent postpartum relapse.
- Incorporating smoking cessation into a nurse home-visiting program improved the rate of persistent postpartum smoke-free status for women who quit smoking during pregnancy.

Definition:

Comprehensive screenings involve thorough assessments that identify a range of health concerns. These screenings are followed by referrals to appropriate health care providers and resources, ensuring postpartum women receive the necessary care and support for timely and effective management of these conditions.

Smoking cessation services are interventions aimed to establish behaviors of smoking abstinence and associated harm-reduction practices through counseling, educational resources, and pharmacotherapy. Smoking cessation is a critical action directly linked to improved health outcomes for women and their infants, reducing the risk of preterm delivery, issues with fetal growth and development, and other pregnancy complications. Postpartum smoking is associated with breastfeeding challenges.

Current Landscape and Guidance:

Overview

- Postpartum smoking relapse or exposure to secondhand smoke is common. Approximately one-half of women who quit smoking during pregnancy resume the behavior within 6 months postpartum, and relapse rates are as high as 80% one year post-delivery.
- Among women with a health care visit during the associated time period, 73.7% reported a health care provider asked about smoking at a health care visit before pregnancy, 93.7% at any prenatal visit, and 57.3% at a postpartum visit.^t

Guidance

- The American College of Obstetricians and Gynecologists recommends clinicians screen pregnant and postpartum women for tobacco or nicotine use, advise tobacco cessation, and provide individualized care by offering psychosocial, behavioral, and pharmacotherapy interventions.
- The U.S. Preventive Services Task Force (USPSTF) recommends clinicians screen pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation, giving it an “A” grade.

Medicaid

Medicaid is required to cover individual, group, and phone counseling and all FDA-approved smoking cessation medications for pregnant women until the end of the mandatory 60-day postpartum period, without cost-sharing. However, states may choose not to cover tobacco cessation benefit during the extended postpartum period past the mandatory 60-day postpartum period.

Private Health Plans

The Affordable Care Act requires most private health plans to cover preventive services that USPSTF rates an “A” or “B”, including tobacco cessation treatment, without cost-sharing.

RETURN ON INVESTMENT:

- For every \$1 invested in smoking cessation for pregnant women, \$3 is saved in downstream health-related costs.
- Smoking cessation can save an estimated \$881 per pregnant smoker from decreased neonatal care expenditures.
- Generally, smoking cessation increases productivity; employees who smoke cost self-insured employers an additional \$5,816 annually on average, including absenteeism, smoking breaks, health care costs, and pension benefits.



BRIGHT SPOTS:

I knew I had to quit. I was just figuring out what to do, where to go, should I quit with patches? Should I quit with gum?...I was at my WIC appointment and the lady suggested the Baby & Me Tobacco Free, and so I was like, 'Alright, we'll give it a shot.'

– CO PUBLIC RADIO NEWS⁷

California Medicaid added dyadic services effective January 1, 2023, covering integrated physical and behavioral health screenings and services for the family, not just the child.

Washington State Department of Health partnered with 2Morrow, Inc., a digital health company, to launch a module of its smoking and tobacco cessation smartphone app specifically for pregnant women. These services will include screenings, assessments, evaluations, and case management services, in addition to integrated behavioral health services, tobacco cessation counseling, and alcohol and/or drug use screening, brief interventions and referral to treatment.

⁷Claire Cleveland, "Women Who Stop Smoking While Pregnant Not Only Benefit Their Babies, They Save Colorado Millions. This State Program Helps Them Quit," Colorado Public Radio News, December 6, 2019, <https://www.cpr.org/2019/12/06/women-who-stop-smoking-while-pregnant-not-only-benefit-their-babies-they-save-colorado-millions-this-state-program-helps-them-quit/>.