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Title

Building trust: the first step in addressing the maternal mental health crisis of Washington State.

Priority 1 (Research Category)

Participatory research

Presenters

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Abstract

Maternal mortality is higher in the US than in other high-income countries. In Washington State (WA), the leading cause of pregnancy-related deaths in 2017-2020 were behavioral health conditions (32%), specifically accidental opioid overdose and suicide. Eighty percent of these deaths identified in the WA Maternal Mortality Review Panel (MMRP) Report 2023 were preventable. Gaps in clinical skills and quality care such as the gap in recognizing and responding to obstetric emergencies contributed to the findings. The WA Maternal Mental Health Access (MAMHA), MMRP Extension for Community Healthcare Outcomes (ECHO), and Across Washington programs are practice change learning initiatives for primary care providers in rural and historically underserved areas. These efforts sought to address maternal mortality disparities and raise awareness of MMRP's work. MaMHA in 2021-2022 used Continuous Quality Improvement procedures to support implementation of evidence-based screening and treatment practices in participating clinics, while MMRP ECHO provided monthly 10 virtual Continuing Medical Education sessions to improve care for perinatal patients. Across Washington in 2023 held local in-person events for community input. A community partner group was created to help with interpretation of results and troubleshooting next steps. A prospective observational evaluation study approach was taken. The evaluation consisted of both quantitative and qualitative data collection in the form of survey responses and individual interviews from key stakeholders and health worker participants. Outcome measures included the number of diverse attendees, number of community partners, and the proportion of participants from outside King County. For the MaMHA, 41 sites were contacted, and 26 individuals attended one or more sessions. Only 5 sites applied for learning collaborative, with limited representation of populations initially identified. In contrast, 381 participants attended the ECHO sessions, 68% were from outside King County. Also, 174 participants engaged in the Across Washington events with 75% of them coming from outside King County. Over this period, the interventions evolved through a community partnered process involving diverse communities. Fostering trust is needed for the changes envisioned. Community partnered methodologies greatly increased our engagement and outreach to clinical and community-based providers.