



Healthy Moms Raising Healthy Babies

**Behavioral Health Challenges and Community Solutions for
Texas Moms During the First Year After Childbirth**

June 25, 2019

We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

Our Focus Areas:

- Maternal and Child Health
- Mental Wellbeing
- Child Safety and Protection
- Early Childhood
- Youth Justice

Adriana Kohler

Senior Health Policy Associate
akohler@txchildren.org

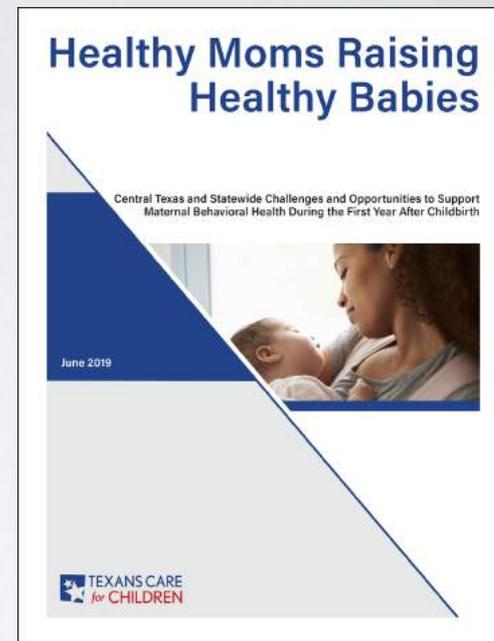
Today's Agenda

- **Presentation of Findings and Action Steps**
- **Panel Discussion**
- **Discussion/Q&A**

About Texans Care for Children's Report

Our Goals

- Understand behavioral health needs of new mothers in the year after childbirth
- Highlight barriers
- Explore practices & programs that work
- Identify action steps and opportunities to better support new mothers
- Focus on Central Texas - Travis, Hays, Bastrop, Williamson, & Caldwell counties



What Did We Do?

- Analyzed publicly-available data and data through public information requests
- Researched maternal health efforts nationwide, in other states, and in Texas
- Gathered information through interviews and listening sessions
 - Mothers, OB/GYNs, pediatricians, mental health providers, care managers, substance use treatment providers, doulas, postpartum support group leaders, community health workers
- Created advisory group of local experts to help inform the research

Research made possible through generous support of the St. David's Foundation



Key Takeaways

- Behavioral health challenges – such as maternal depression and untreated substance use disorders – affect many new mothers during the year after childbirth
- Maternal mortality is the tip of the iceberg. Pregnancy complications and behavioral health challenges undermine moms and their babies' health
- With effective community supports, parents can manage behavioral health challenges, stay healthy, and help their kids thrive
- Central Texas must confront many of the serious maternal health challenges that the state is facing

Key Takeaways

- Central Texas must address particular challenges that the region's Black women and other women of color face
- Health disparities are affected by policies and structural factors – both past and present – including structural racism and implicit biases
- There are steps that communities, health systems, and policymakers can take:
 - Maximize existing programs by improving access to health care
 - Increase capacity at behavioral health providers
 - Support practice changes that integrate medical and behavioral health
 - Promote efforts that target disparities and inequities

The Postpartum Year

- Health risks do not end when a mom leaves the delivery room
- Pregnancy complications may crop up unexpectedly – weeks or months after birth of a baby
- Stressors and physical changes in a woman's body can lead to or exacerbate mental health or substance use challenges



Why Do We Care?

Maternal depression is one of the most common complications of pregnancy

- 1 in 7 women
- Women in low income households, teen moms, and women with histories of depression face higher rates of maternal depression

If untreated, maternal depression can harm a mom and her baby's health and development

- Child safety; bonding/attachment; language and cognitive development

Why Do We Care?

- Huge societal costs of not treating maternal depression -- \$14.2 billion in 2017
 - Costs include lower productivity, absenteeism, higher health care costs because of worse maternal and child health
 - Untreated maternal depression has average cost of \$32,000 per mother-child pair
 - Cost is more than five times that of other pregnancy conditions, such as hemorrhage and gestational diabetes

Substance use disorders are chronic illnesses affecting 1 in 10 Texans

- Women are psychologically more susceptible to the toxic effects of substance use and more likely to use prescription drugs for non-medical purposes
- Women less likely to seek treatment services despite having better treatment outcomes than men
- Women with substance use disorder are far more likely to relapse in the postpartum period than during pregnancy – highlighting need for access to treatment in postpartum year

Substance use disorders have harmful effects on moms, a child's health, and communities

- Drug overdose is #1 cause of maternal death in Texas up to one year postpartum (2012-2015)
 - Most of these deaths occurred more than 60 days after childbirth
- Prenatal substance exposure increases health risks to moms and babies
 - Increases risk of miscarriage, complications, preterm birth, health issues for baby, developmental disabilities
- Parental substance use is a contributing factor in two-third (68%) of child removals in Texas

A healthcare professional in a white coat is examining a baby lying on a table. The professional is holding the baby's hand. The baby is wearing a diaper. The background shows a desk with various items.

Texas Health Programs and Services

Health Coverage Options Are Limited for Low-Income Texas Women

- **Medicaid for Pregnant Women** – Coverage during pregnancy and about 60 days postpartum for women with incomes up to 203% of Federal Poverty Level (FPL)
- **CHIP Perinatal Program** – For pregnant women with income up to 207% FPL who are ineligible for Medicaid and do not have other insurance
- **Healthy Texas Women and Family Planning Program** – Important preventive care and family planning for women before and after pregnancy. Limited scope program, not specialty care for women with complex needs

Range of Mental Health and Substance Use Providers Offer Services in Central Texas

Local Mental Health Authorities (LMHAs)	Substance Use Treatment Providers	Outreach, Screening, Assessment, Referral Centers (OSARs)	Pregnant and Postpartum Intervention (PPI)
<ul style="list-style-type: none">• Mental health counseling• Case management• Mental health rehab & crisis care• Ex: Integral Care, Bluebonnet, Hill Country MHDD	<ul style="list-style-type: none">• Outpatient or residential care• Detox• Medication assisted treatment• Some offer female-specialized• Women and Children centers	<ul style="list-style-type: none">• Staff trained to screen and assess for level of SUD treatment a person needs• Central TX OSAR is Bluebonnet Trails	<ul style="list-style-type: none">• Outreach, screening referrals, and intervention services for pregnant women and new moms at risk of SUD• Counseling, home visits

Maternal mortality and pregnancy complications are a critical challenge in Texas

Texas Maternal Mortality and Morbidity Task Force found:

- Nearly 400 Texas mothers died while pregnant or up to one year postpartum (2012 – 2015)
- Black mothers bear the greatest risk of maternal death or serious pregnancy complications compared to other Texas mothers
- Low-income women of any race faced higher risk of maternal death
- 80% of maternal deaths in 2012 had chance of preventability

Behavioral health challenges led to many maternal deaths in Texas

- Drug overdose was leading cause of maternal death up to one year postpartum (2012-2015)
 - Opioids detected in 58% of cases
 - Combination of drugs involved in 66% cases
- Suicide was 5th leading cause of maternal death – vast majority between 60 days and 1 year postpartum
- Drug overdoses and suicides show an urgent need for behavioral health services during and after pregnancy

Confirmed Maternal Deaths by Timing and Cause of Death, 2012 – 2015

Cause of Death	While Pregnant	0-7 Days Post-partum	8-42 Days Post-partum	43-60 Days Post-partum	61+ Days Post-partum	Total
Amniotic Embolism	1	9	0	0	0	10
Cardiac Event	2	12	9	5	27	55
Cerebrovascular Event	0	8	9	1	9	27
Drug Overdose	0	3	7	5	49	64
Hemorrhage	3	12	2	0	3	20
Homicide	2	1	5	2	32	42
Hypertension/Eclampsia	0	7	4	0	7	18
Infection/Sepsis	1	3	14	3	11	32
Pulmonary Embolism	2	3	4	2	2	13
Substance Use Sequelae (e.g., liver cirrhosis)	0	0	2	0	3	5
Suicide	0	1	2	2	28	33
Other	5	5	6	3	44	63
Total	16	64	64	23	215	382

Source: Texas Dept. of State Health Services, Maternal Mortality Task Force (Sept 2018)



How Does Central Texas Fare?

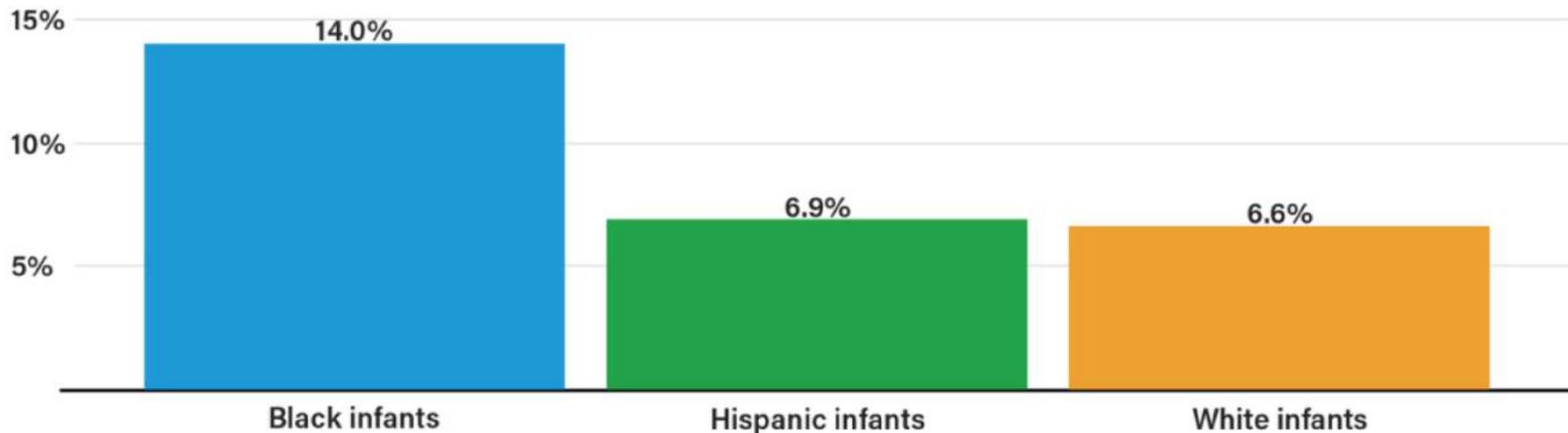
- Central Texas (Region 7) has the fourth highest maternal death rate in the state (4th out of 8 regions)
- Drug overdose relatively less common cause of maternal death compared to other regions
- Other pregnancy health measures in Central Texas are concerning:
 - Highest rates of women who reported drinking during the last 3 months of pregnancy
 - High prevalence of smoking during pregnancy compared to state

Central Texas must address particular challenges affecting Black women and women of color

- Central Texas has the state's worst maternal death rate among Black women one year postpartum (61.6 per 100,000 live births; 2012 – 2015)
- Black women in Central Texas were much more likely to report maternal depression symptoms compared to White and Hispanic women
 - (16.7% of Black women v. 10.1% White v. 9.8% Hispanic)

CENTRAL TEXAS HAS SIGNIFICANTLY WORSE BIRTH OUTCOMES FOR BLACK INFANTS COMPARED TO OTHER INFANTS

Percentage of infants born with low birth weight in Central Texas in 2015*



* Central Texas refers to the 30 counties in Texas Health and Human Services Region 7

Source: Texas Department of State Health Services (DSHS) (n.d.). Regional Analysis of Maternal and Infant Health in Texas, Public Health Region 7, p. 49.

Policies and structural factors contribute to racial disparities and maternal health outcomes

- Implicit biases in our health care system affects quality of health care, decisions, and how health programs are carried out
- Physical toll of chronic stress – including stress related to structural racism – can cause health risks to mother and baby
- Discrimination, both past and present, affects social determinants of health – food scarcity, housing





Action Steps Communities Can Take to
Ensure More Mothers and Babies are
Healthy

(1) Increase access to health care before and after pregnancy

- Policy step: Implement first recommendation of Texas Task Force to extend Medicaid coverage for new mothers from 60 days to one year postpartum

What we heard:

- Difficult to find behavioral health provider to refer new mothers, especially if she is without insurance
- Fragmented programs and funding hurt ability to manage a woman's health across her life

One in four women of childbearing age is uninsured in Texas, the worst rate in the nation.

(2) Increase capacity at behavioral health providers

What We Heard:

- Shortage of mental health professionals, especially with expertise on maternal depression
- Waitlists and limited treatment availability near where a mother lives
- Low HHSC payment rates and Medicaid rates for substance use treatment – especially residential care – drives capacity challenges

“We might go through 4 or 5 different providers before finding a counselor that can take them...this is discouraging and heartbreaking for the family.”

- postpartum doula

(2) Increase capacity at behavioral health providers

State and regional data confirms local observations

- Only 5.8% of Texas adults with substance use disorder are able to receive treatment and recovery services at community substance use provider
- Over 13,000 Texans on waitlist. Over 100 Texas mothers on waitlist in 2017 for spot at Women and Children residential treatment center (waiting average of 18 days)
- Number of Central Texans on waitlist for substance use treatment doubled between 2010 and 2017.

(2) Increase capacity at behavioral health providers

Action steps:

- **Increase investments** in behavioral health providers, including specialized female services
- **Promote trainings** for mental health professionals specific to maternal depression in order to build expertise to serve new moms
- **Leverage peer supports** and recovery coaches

(3) Promote practices that integrate medical and behavioral health

What We Heard:

- Co-location of medical and behavioral health services for new mothers is effective – but rarely implemented
- Having behavioral health specialists on site helps with referrals
- Some health practices use community health workers as part of well-child care. CHW can help with maternal depression screening and referral to social supports
- Peer supports and recovery coaches are well-respected, but underutilized in primary care settings

(3) Promote practices that integrate medical and behavioral health

Action Steps:

- Support steps to **place peer supports and/or recovery coaches** in settings where moms already go (e.g., pediatric, well-woman care)
- **Increase investments** in on-site behavioral health specialists or community health workers
- **Partner with local OSAR** to help with screenings and assessments for substance use challenges

(4) Promote efforts that target disparities

What We Heard:

- Doulas and other labor and postpartum supports are beneficial for new mothers, especially women of color
- Limited funding and availability of trained doulas and postpartum supports
- Fear of Child Protective Services prevents some mothers in Central Texas from seeking postpartum care they need
- Some professionals screen for substance use based on certain biases or assumptions

(4) Promote efforts that target disparities

Action Steps:

- Support & increase investments in **local Central Texas doula programs as well as community health workers/*promotoras*** in hospitals, health practices, and in the community
- **Use local experts to train more health professionals** on best practices for substance use screening and conversations about substance use

(4) Promote efforts that target disparities

Action Steps:

- **Further disseminate state guidance and best practices for reporting to CPS** when parental substance use is involved
- **Promote implementation of TexasAIM maternal health bundle, “Reduction of Peripartum Racial/Ethnic Disparities”** – designed to help health systems understand impact of implicit bias
- **Support trainings** for clinicians and non-clinicians to increase understanding of health disparities and implicit bias that impact decision-making

Panel Discussion



- Elaine Cavazos – President of Pregnancy and Postpartum Health Alliance of Texas
- Laura Sovine - Executive Director of Austin Recovery
- Darline Turner – Executive Director of Healing Hands Community Doulas Project

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Please Reach Out With Any Input

ADRIANA KOHLER

Senior Health Policy Associate

akohler@txchildren.org

STEPHANIE RUBIN

CEO

srubin@txchildren.org