VitAL Improving Wellness in Alabama

MATERNAL BEHAVIORAL HEALTH

Interested in additional training or information for your agency? Inquire here:

PROMOTING POSITIVE HEALTH OUTCOMES for Alabama's moms & babies

n collaboration with the University of Alabama, Alabama Department of Mental Health, and the Alabama Department of Public Health, Every Step focuses on reducing maternal and infant mortality rates in Alabama by providing education, training, and implementation support for maternal health providers and agencies throughout the state. Every Step works with your organization to customize services to individualized organizational needs.

In this folder, you will find information regarding VitAL's Every Step Program, including opportunities for training and SBIRT implementation in addition to ready-to-distribute printables for your agency or organization. These printables are intended for use within your agency and fall into one of three categories:

Provider Education:
These are intended to provide education and reference for service providers. These include documents such as the *Maternal Behavioral Health* and *We Screen Everyone*.

Patient Engagement Tools:
These are intended to be used by providers in conversation with patients in order to build greater understanding of subjects related to behavioral health. These include documents such as *Substance Use in the Perinatal Period* and *A Pregnant Persons Guide to Opioids*.

Patient Handouts:
Patient Handouts can be posted in common areas of an agency or office and even given to patients for educational purposes. These include documents such as *Behavioral Health and Breastfeeding* and the *Fetal Alcohol Syndrome Disorders* handout.

PROMOTING POSITIVE HEALTH OUTCOMES

for Alabama's moms & babies

In collaboration with the University of Alabama, Alabama Department of Mental Health, and the Alabama Department of Public Health, *Every Step* seeks to provide professional training and events to support wellness across maternal mental health, substance use, and infant populations. *Every* Step relies on research, engagement, and education for the best possible outcomes for Alabama's families

HARM REDUCTION

In 2020, there were 7.9 infant deaths per 1.000 births in Alabama. *Every Step* focuses on screening, education and awareness to reduce harm and improve outcomes to mothers and babies.

SBIRT

Every Step uses SBIRT—*Screening, Brief Intervention and Referral to Treatment*—a model that offers universal screening to identify and intervene with individuals who have at-risk substance use and/or behavioral health symptoms.

EDUCATION

Every Step offers training for providers in order to support agencies and organizations in their work of promoting positive health outcomes for moms and babies in Alabama.

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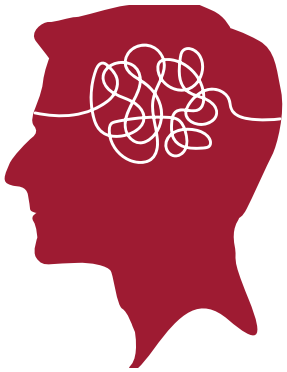
PERINATAL
BEHAVIORAL HEALTH

COMMON TERMS



BEHAVIORAL HEALTH

Refers to mental health and substance use disorders, including: life stressors and crises, and stress-related physical symptoms. It can refer to the prevention, diagnosis, and treatment of those conditions.

SUBSTANCE USE DISORDER

A chronic condition that decrease one's ability to control their use of substances, leading to the use/misuse of alcohol, prescribed medications, or illicit substances. SUDs can create significant impairments and challenges in daily life.

ADDICTION

A treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People experiencing addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

PERINATAL ADVOCACY

On an individual (1:1) basis, perinatal advocacy for physicians and professionals includes listening to and understanding the needs of the patient and taking the necessary steps to make sure the patient has the opportunity to obtain the services they need and desire to recover and thrive. For patients and their support community, perinatal advocacy means the patient, their support network, and/or their fellow community members are empowered to be actively involved and informed about their healthcare decision making. This decision making will occur in collaboration with their clinical provider and other support professionals on their healthcare team.

PRECONCEPTION PERIOD

Broadly defined as the time-period in one's life prior to their first pregnancy. This concept can be broken down into four specific domains:

BIOLOGICAL PERSPECTIVE: The days and weeks before embryo development.

PUBLIC HEALTH PERSPECTIVE: Months or years prior to specific plans to conceive.

LIFE COURSE PERSPECTIVE: Preventative healthcare for a healthy life, beginning as early as possible, irrespective of the desire to conceive and/or be sexually active.

INDIVIDUAL PERSPECTIVE: Weeks to months before pregnancy, with the intention to conceive.

POSTPARTUM PERIOD

The period of time immediately after birth up to one year following childbirth.

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BEHAVIORAL HEALTH & BREASTFEEDING

Breastmilk is the best source of nutrition for most babies—but it also has benefits for mom!

Breastfeeding can come with its challenges, but in new mothers, breastfeeding has been shown to be linked to:

- increased bonding between the parent and the baby,
- lower rates of postpartum depression and anxiety related disorders,
- greater confidence in one's ability to parent and care for their baby,
- a clearer mind and ability to regulate emotions for both mom and baby,
- increased satisfaction in parenting, and
- increased hormone regulation postpartum.

REDUCED STRESS

INCREASED ATTACHMENT

LOWER RISK OF POSTPARTUM DEPRESSION

Worried about breastfeeding?

Have questions?

Need support?

Find a local, Board-Certified Lactation Consultant here:

Reach out to your OB/GYN, Doula or Women, Infants and Children (WIC) Breastfeeding Support Group.

Learn more at www.vitalalabama.com

MATERNAL BEHAVIORAL HEALTH

MOMS & BABIES ARE THE FOUNDATION OF A HEALTHY SOCIETY.

Untreated maternal mental health can impact the mother and baby's health before and after birth. Untreated mental health is associated with higher rates of preterm labor, poor nutrition for mom and baby, and an increased risk of substance misuse and mental illness.

UNTREATED MENTAL HEALTH

can have a profound impact on individuals & the community:

- **Poor...**
  - health outcomes
  - prenatal health outcomes
  - nutrition for baby and mom
- **Increased...**
  - risk of substance use
  - rates of preterm labor
  - healthcare costs
- **Decreased...**
  - baby bonding
  - baby care
  - secure attachments
- **Barriers due to...**
  - stigma
  - fear

PROVIDERS CAN HELP BY...

- Using universal screening with validated tools: SBIRT, PHQ9, C-SSRS
- Making timely referrals to treatment via warm hand-off
- Increasing practice knowledge regarding maternal mental health, substance use, and treatment
- Utilizing care coordination across services
- Encouraging self-care, sleep and steps to get support
- Stressing the importance of sleep, asking for help and delegating burdens

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PERINATAL MOOD & ANXIETY DISORDERS

What are Perinatal Mood and Anxiety Disorders (PMADs)?

PMADs are a group of symptoms that can affect birthing individuals during pregnancy and the postpartum period. PMADs cause emotional and physical problems that make it hard to enjoy life and function well.

Mood disorders, such as PMADs depression, includes symptoms of sadness, loss of pleasure, difficulty concentrating and changes in energy.

A**nxiety disorders** include symptoms such as worrying too much, panic attacks, irritability and obsessions.

According to ACOG, PMADs are one of the most common complications during pregnancy and the postpartum time. Screening for mood and emotional well-being with validated instruments during pregnancy and postpartum time is not only recommended, but is best practice for patients.

Women with history of depression, bi-polar, OCD, or anxiety, and those with suicidal thoughts or ideation should be monitored closely during the perinatal period. Those with a family history of perinatal mood disorders are at greater risk for PMADs.

Maternal health is an important aspect for the development of any community. Quality maternal health supports equity and the reduction of poverty. The survival and well-being of mothers is not only a right, but also central to solving broader, economic, and social challenges.

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MORE THAN JUST BABY BLUES

Perinatal Mood and Anxiety Disorders (PMADs) happen in the first year, postpartum.

According to The American College of Obstetrics and Gynecology (ACOG), PMADs are one of the most common complications during pregnancy and the postpartum time. Screening for mood and emotional well-being with during pregnancy and then following up with a comprehensive screening during the postpartum time is both recommended and needed. PMADs include symptoms of depression, anxiety, OCD, and/or postpartum psychosis.

DEPRESSION

Depression may present as feelings of sadness, worthless, loss of interest in becoming a mother, and sleep problems. The combination of life changes, physical changes, mental health history, and the increase in demands such as those on time and sleep can increase the chance for depression postpartum.

OBSESSIVE COMPULSIVE DISORDER (OCD)

OCD can include intrusive or repetitive thoughts, compulsions, and fear of being alone with the baby. Postpartum hormone changes increase the risk for OCD as they can cause a drop in serotonin levels. This in combination with life changes may yield OCD symptoms.

POSTPARTUM PSYCHOSIS

Postpartum psychosis is rare but a medical emergency. Symptoms may include delusions, hallucinations, paranoia, mood swings, or hyperactivity. Risk increases with a history of bipolar disorder, depression, anxiety, OCD, suicidal thoughts, or family history of perinatal mood disorders.

ANXIETY

May present as feeling irritable, excessive worry, ruminating thoughts, panic attacks, trouble sleeping, and even extreme fears of harming the new baby. Postpartum anxiety is shares some symptoms with postpartum depression; but it is important to accurately identify symptoms for treatment.

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FETAL ALCOHOL SPECTRUM DISORDERS (FASDS)

FASDs are 100% preventable when pregnant women abstain from alcohol.

FASDs are conditions a person may have if their mother drank alcohol during pregnancy.

It is critical for pregnant persons to know that alcohol the mother drinks is passed to the baby.

There is no cure for FASDs, though the child's outcomes are typically much higher id the disorder is identified before the age of six.

FASDs can cause:

- Low body weight
- Small head size
- Sleep and sucking problems as a baby
- Hyperactive behavior
- Learning disabilities
- Problems with speech and language
- Problems with organs including the heart and kidneys

Early intervention is Key!

- Diagnosing FASDs before six years of age
- Loving and stable home setting during the child's school years
- Involvement in special education and social services

If you suspect that your baby has an FASD, contact your doctor, today!

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INTIMATE PARTNER/ DOMESTIC VIOLENCE & PREGNANCY

Exposure to domestic violence can affect a baby in the womb and for a lifetime to come.

Increased stress can impact the baby's brain development.

Often the violence does not stop after the birth and can affect a mother's mental and physical health and well-being.

Abuse and domestic violence can be experienced in a variety of ways. If you are being impacted by domestic violence, remember you are not alone. Domestic violence can happen to anyone, and it is not your fault.

Signs someone may be in an abusive relationship:

- There is a power imbalance.
- One partner...
  - Uses hurtful words frequently.
  - Blames & shames.
  - Is jealous.
  - Prevents the other from accessing other people, even through their phone.
  - Makes threats of physical harm.
- There is physical violence.
- Threats are made with weapons.
- One partner is forced to do things they do not want to do, including intimacy.
- There is a pattern or cycle of tension building that leads to the abusive event, followed by a honeymoon phase as if nothing happened.

If you or someone you know is experiencing intimate partner or domestic violence, please call the **Alabama Coalition Against Domestic Violence Crisis Hotline: 1-800-650-6522** or visit: **www.acadv.org**

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WE SCREEN EVERYONE

All patients deserve quality maternal healthcare services. This begins with you!

All individuals who are or may become pregnant should be screened for at-risk substance use behaviors and mental illness across all phases of maternal healthcare.

PRECONCEPTION

Screening for substance use disorders is beneficial here: just over one in three pregnancies are unplanned. Screening is also beneficial to overall wellness.

PRENATAL

Screening for substance use disorders, substance use, and mental illness are commonly integrated into general prenatal screenings.

INTRAPARTUM

Special considerations for pregnant persons who are or have been substance involved should be paid to pain management considerations and integrated into birth plans.

POSTPARTUM

In this stage—where remission is highest—it is most important that patients continue to receive high-level, quality care that includes substance and mental health screenings.

Setting the scene for quality care involves...

- **The consistent use of universal screeners for substance use and mental illness.** In 2024, screeners such as SBIRT were reportedly used in less than 20% of all prenatal visits.
- **Care that is situated within trauma-informed organizations** who promote the use of person-centered treatment.
- **Patients who are informed of their rights,** including the right to refuse treatment.
- **Organizations where care is informed by social determinants of health** including housing, socio-economic status, education levels, and resource access.
- **Providers who both know the prevalence of trauma and its impact** across groups, ages, genders, families, and communities.

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MATERNAL
BEHAVIORAL HEALTH

OVER **20%** of women will be diagnosed with a mental illness each year.

Co-occurring disorder (any mental illness + substance use disorder) rates are highest between the ages of 26-49.

ROUTINE, CONSISTENT SCREENING FOR SUBSTANCE USE AND MENTAL HEALTH ISSUES HAPPEN IN FEWER THAN ONE-FIFTH OF ALL PRENATAL VISITS.

LESS THAN
ONE in FIVE
women were screened for perinatal depression in 2024.

JUST SHY OF
1 OUT OF 7
adult women will report postpartum depression symptoms.

8.5% **OF WORKING MOMS REPORTED THEIR MENTAL HEALTH AS FAIR TO POOR.**

National Maternal Mental Health Hotline:
1-833-9-HELP4MOMS

VitALalabama.com

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MATERNAL
BEHAVIORAL HEALTH

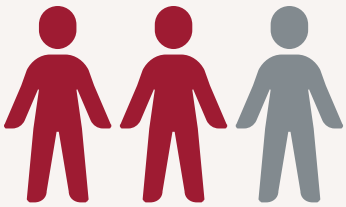
MORE THAN **75%** of women report burnout, compared to 58% of men.

In 2021, less than twenty percent of pregnant & postpartum individuals received mental health screening during routine visits.

IN PREGNANCY, THE EARLIER THE IDENTIFICATION, THE BETTER THE OUTCOMES ARE LIKELY TO BE FOR MOM AND BABY.

SBIRT

consistently provides an evidence-based pathway for early identification, referral, and treatment — increasing outcomes for mom & baby.



OVER **TWO-THIRDS** **of all mental health leave was taken by women in 2023.**

20.4

OF TEEN MOMS WERE DIAGNOSED WITH POSTPARTUM DEPRESSION, COMPARED TO 13.3% OF ALL MOMS.

National Maternal Mental Health Hotline:
1-833-9-HELP4MOMS

VitALalabama.com

A PREGNANT PERSONS GUIDE TO OPIOIDS:

POSTPARTUM MANAGEMENT

WHAT ARE OPIOID PAIN MEDICATIONS?

Opioids [OH-pee-oidz] are pain medications available only by prescription. They are sometimes prescribed after surgery or childbirth to treat mild to moderate pain. Your prescription may have brand names such as Percocet or Tylenol #3. It may also include generic names such as oxycodone or hydrocodone. Opioids may affect your sleep and alert patterns and may make you drowsy. In the event you become too tired, alternate care for the baby may be needed.

WHY DO I NEED OPIOID PAIN MEDICATION?

Controlling your pain after a procedure is important. Pain medications provide comfort and aid in healing and postpartum recovery. Your doctor may prescribe opioid pain medication if you are experiencing pain related to a cesarean section or childbirth.

CAN I BREASTFEED SAFELY?

Some opioids pass into breastmilk and may pose a risk to the infant. Opioid pain medications have been shown to be safe when:

- You take only the amount as needed to control your pain
- You take them only for as long as prescribed. This is usually a short time—3 to 5 days
- You wait to breastfeed 1-2 hours after taking the prescription

Breastfeeding is considered safe while using opioid medications as prescribed by your doctor, but it depends on the opioid you take. Some opioids can cause life-threatening problems for your baby. Make sure the doctor who prescribes you the opioid knows you are breastfeeding and take the medicine exactly as your doctor tells you to. If possible, utilize over the counter medications such as Ibuprofen for pain management and the prescribed opioid for breakthrough pain as needed. Always consult with your doctor before taking any prescription or over the counter medication.

As with many medications, alcohol and/or other substances can pass into breast milk and may affect your baby. If you notice any change in your baby's behavior, contact your child's health care provider or go to the nearest emergency room.

WATCH YOUR BABY FOR ANY OF THE FOLLOWING CHANGES:

- Your baby is much sleepier than normal or is difficult to wake for feedings
- Your baby's breastfeeding patterns change, or your baby can't suck as well as usual
- Your baby is constipated or is fussier than usual
- Your baby develops a rash or has trouble breathing

PROPER STORAGE AND DISPOSAL OF MEDICATIONS

- Choose a safe place to store medications
- Lock the safety cap on bottles
- Remind guests to keep medications put away
- Safely dispose of medications that are no longer needed

DO YOU OR A FAMILY MEMBER HAVE A HISTORY OF DEPENDENCE?

Speaking to your doctor about concerns of misuse can be uncomfortable and sometimes scary; however, it is ideal to talk to your doctor early on about any concerns you may have or if you are at risk of substance misuse. Opioids can be addictive and may have side effects.

PAY ATTENTION TO THESE SIGNS:

- If you find yourself using the medications other than how they were intended or prescribed.
- If the medication makes you lethargic, unable to wake.
- If you have difficulty breathing, your breathing is slow, and/or slowed heart rate, as these can lead to death.

MISUSE OF OPIOID MEDICATION CAN INCREASE YOUR RISK OF OVERDOSE.

It is a good idea for anyone taking an opioid to have Naloxone available. Naloxone is a medicine that can be used to temporarily reverse an overdose caused by opioid drugs. When given during an overdose, naloxone blocks the effects of opioids in the brain which helps the person to start breathing again.

It is important to encourage your family and significant others to learn how to use naloxone.

If you have naloxone, tell family and significant others where you keep it.

Naloxone works rapidly and will not harm the person receiving it.

"A strengthened warning to mothers that breastfeeding is not recommended when taking codeine or tramadol medicines due to the risk of serious adverse reactions in breastfed infants. These can include excess sleepiness, difficulty breastfeeding, or serious breathing problems that could result in death." - FDA.gov

To get FREE naloxone visit:
vitalalabama.com/free-naloxone-and-fentanyl-test-strips/

ALABAMA HOSPITAL ASSOCIATION

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ALABAMA DEPARTMENT OF PUBLIC HEALTH EST. 1875

Source:https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-restricts-use-prescription-codeine-pain-and-cough-medicines-and. The content presented is for informational purposes only. It is not a substitute for professional medical advice and should not be used to diagnose or treat a health problem or disease.