RI MomsPRN

Maternal Psychiatry Resource Network

Sustain What Works: RI MomsPRN is a Vital Resource for Maternal Mental Health in Rhode Island

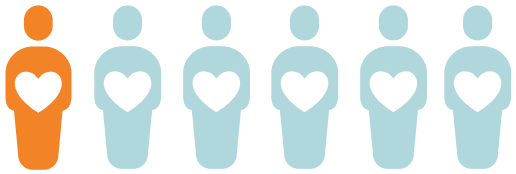
A Critical Issue and Key Facts

Perinatal Mood and Anxiety Disorders (PMADs) are the most common complications in pregnancy and during the year after childbirth. Rates of substance use disorders are also increasing. If left unaddressed, these issues can result in negative impacts such as preterm birth, trouble bonding with infants, and breastfeeding challenges. They are also a leading cause of maternal morbidity and mortality both in Rhode Island and nationally.

Despite the prevalence and adverse impacts of PMADs, these conditions often go undiagnosed and untreated, especially among individuals of color and those living in under-resourced communities. This is due to a lack of specialized mental health professionals, waitlists for care, and other factors. In Rhode Island, Providence, Newport, and Washington counties are designated as mental health shortage areas. Also, too few Rhode Island women impacted by depression during pregnancy obtain care.

Screening for mental health and substance use disorders is essential to identify those needing appropriate treatment and services. Unfortunately, healthcare professionals are burdened with navigating a complex system to connect patients with specialized care, which can hinder timely and effective treatment. RI MomsPRN is a statewide program that helps healthcare professionals address these challenges and increase access to care.

Maternal Depression Prevalence



Nationally and in Rhode Island about **one in six** women report experiencing depression during pregnancy, according to best available data.

In Rhode Island, 45.0% of pregnant women with depression report not receiving any counseling, and 60.4% did not take prescription medication.

Costs of Untreated Perinatal Mood and Anxiety Disorders (PMADs)

US **$2.8 Billion** & **RI** **$9.7 Million**

Nationally, the estimated annual societal cost for untreated PMADs is $2.8 billion. In Rhode Island, the estimated annual societal cost is $9.7 million using methods from national studies.

About RI MomsPRN

RI MomsPRN is a statewide program that supports Rhode Island healthcare professionals in identifying and managing the mental health and substance use needs of pregnant and post-partum patients. Launched in September 2019, this program is modeled after the successful PediPRN program, which supports pediatricians. The Rhode Island Department of Health provides funding and program administration, while the Center for Women's Behavioral Health at Women & Infants Hospital of Rhode Island provides clinical leadership and teleconsultation services. Additionally, the Care Transformation Collaborative of Rhode Island helps healthcare practices improve mental and behavioral health outcomes and achieve program goals by facilitating 15-month-long learning collaborative cohorts focused on quality improvement.

RI MomsPRN Program Goals

1. Increase universal screening by healthcare professionals.
2. Increase and improve access to treatment and support services for those impacted, especially those in rural and underserved areas.
3. Increase timely detection, assessment, treatment, and referral using evidence-based practices and accessible community resources, including affordable local or telehealth services.

Two-levels of health professional supports are offered:

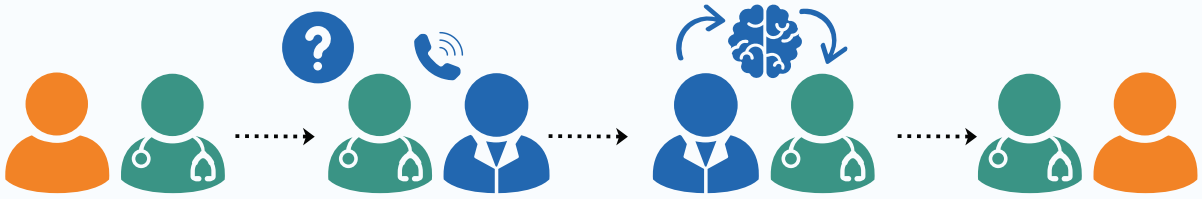
- **Statewide mental health teleconsultation line that includes resource and referral support.**
- **Professional education services that includes intensive practice-level quality improvement supports.**

RI MomsPRN Funding

In 2018, Rhode Island was one of seven states awarded a federal grant for a perinatal access program, enabling the launch of RI MomsPRN. However, federal funding was not renewed in September 2023 due to competition. Only states with large populations, widespread geographies, or vast access issues received federal funding. The Executive Office of Health and Human Services Medicaid program is now providing time-limited fiscal support to the RI MonsPRN program, but a sustainable state-level funding source is urgently needed.

RI MomsPRN Program Increases Access to Mental Health

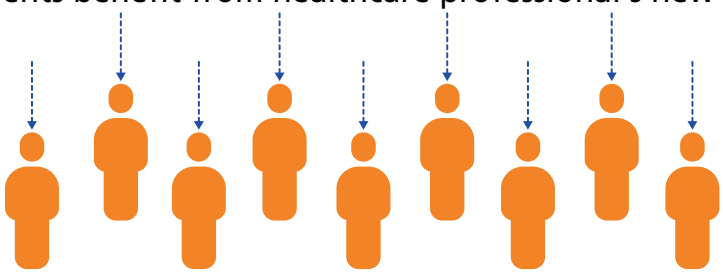
RI MomsPRN teleconsultation service supports healthcare professionals and their patients across Rhode Island, regardless of patients' insurance type, plan, or status. The goal is to empower healthcare professionals to address maternal mental health and substance use concerns by offering initial guidance from psychiatric specialists. Given that there is a shortage of psychiatrists in the state specializing in pregnancy-related care, this service is crucial in providing timely information and referrals for local support services. This intervention leads to improved outcomes, including quicker treatment initiation with familiar and trusted healthcare professionals.



1. Healthcare professional screens pregnant and postpartum patient and/or patient reports mental health symptoms.
2. Concerned healthcare professional calls RI MomsPRN teleconsultation line with non-emergent clinical questions.
3. RI MomsPRN Specialist responds to health professional needs.
   a. Professional receives consultation related to mental health diagnosis, treatment planning, and medication questions.
   b. Professional receives assistance in identifying appropriate resources and referrals.
4. Health professional directly treats and/or connects the patient with needed care.

Long-term Impact

Future patients benefit from healthcare professional's new knowledge



RI MomsPRN Teleconsultation Line Health Professional Impacts

Data from September 2019 - December 2024

3,054 Calls

From **833** Healthcare Professionals

at **276** Practices

Referrals/Services Requested by RI MomsPRN Callers

52.7% Outpatient Treatment

21.1% Evaluation with Perinatal Specialist

16.5% Medication Teleconsultation

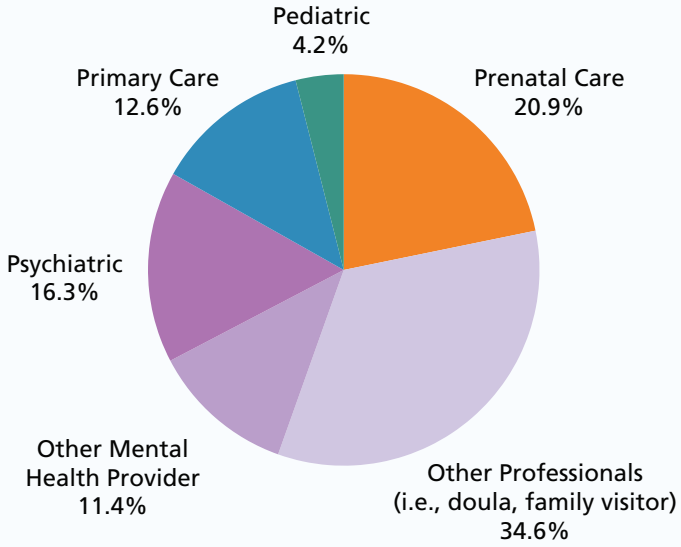
5.0% Care Coordination

2.9% Intensive Treatment*

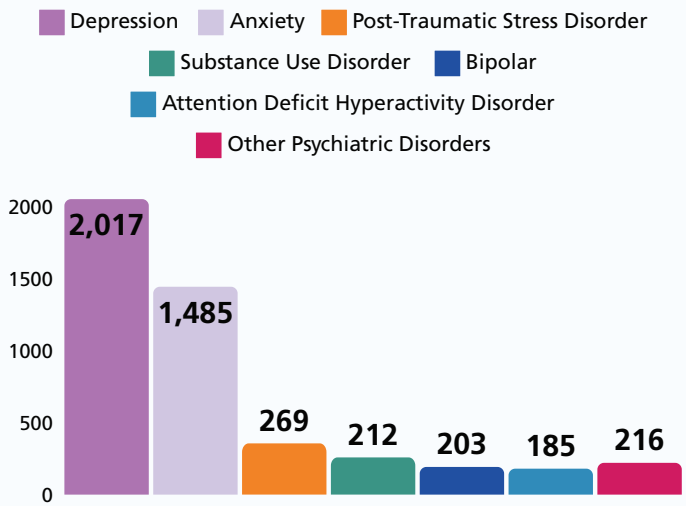
1.8% Substance Use Treatment

*Intensive treatment includes inpatient hospitalization, partial hospitalization, intensive outpatient, and crisis services.

Utilizers of RI MomsPRN by Professional Type



Utilizers of RI MomsPRN by Professional Type



*Other disorders include Complicated Grief, Obsessive-Compulsive Disorder, Psychotic Disorder, Eating Disorder, Personality Disorder, and Autism Spectrum Disorder.

> *"As a small practice with no support staff, it is fantastic to get up-to-the-minute information about where to refer, who is taking patients, etc. Most practices have their own therapists, but if they need one, we refer to the resource specialist. I still think it's the most reliable program that I have worked with in my twenty years of working in primary care."*

RI MomsPRN Teleconsultation Line Patient Impacts

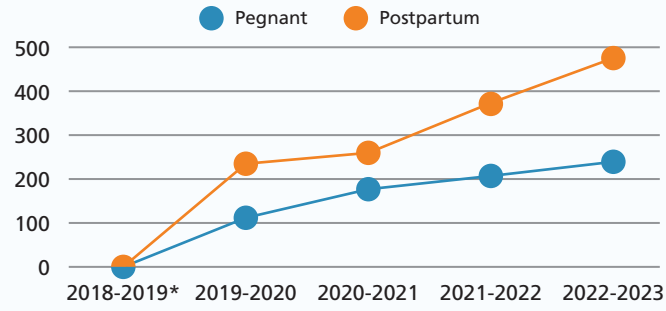
Data from September 2019 - December 2024

2,593
Perinatal Patients Helped

44.9%
Reside in the Four Core Cities*

*The four core cities include Providence, Pawtucket, Central Falls, and Woonsocket.

Patients Served by Federal Fiscal Year



*Grant awarded, services began in 2019-2020.

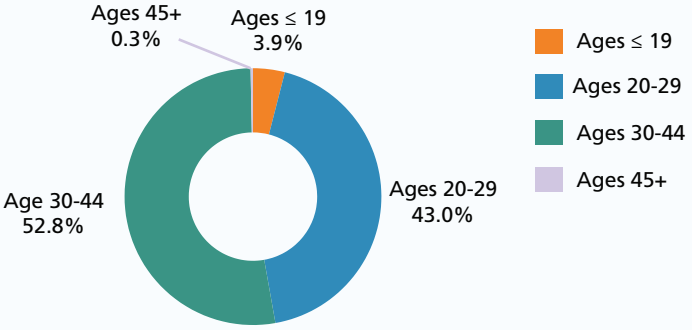
Patients Served by Health Insurance

61.5% Public

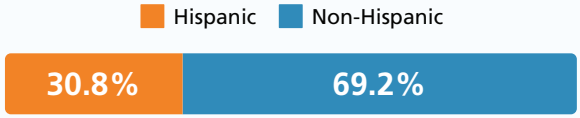
38.1% Commercial

0.4% Uninsured

Patients Served by Age



Patients Served by Ethnicity



Patients Served by Race

64.6%	16.5%	13.6%	2.1%	2.1%	1.2%
Identify as White	Identify as Black or African American	Identify as Multi Race/ Other	Identify as Asian	Identify as American Indian or Alaska Native	Identify as Native Hawaiian or Other Pacific Islander

Social Determinants of Health impact the overall well-being of pregnant and postpartum individuals, including mental health. Determinants, such as access to care, can contribute to health inequities that often affect marginalized groups the most. The RI MomsPRN teleconsultation line addresses these inequities through targeted outreach, as indicated by an apparent higher distribution of pregnant and postpartum Black or African American patients served (16.5%) when compared to their statewide population estimates (9.8%).

How RI MomsPRN Teleconsultation Line Improves Health Outcomes

Mia stops taking antidepressant prescribed by PCP*, unsure of its safety in pregnancy. Mia screens positive for depression at first prenatal visit at 14 weeks.

Without RI MomsPRN*




- OB** uncomfortable prescribing antidepressants, refers to psychiatrist.
- Psychiatrist has 5-month waitlist. Mia discouraged and doesn't go on waitlist.
- Mia's depression worsens. Daily functioning diminishes and Mia misses multiple prenatal appointments.
- One month after birth Mia feels suicidal.
- Mia is admitted to the psychiatric hospital and separated from baby.
- Mia's separation from baby during a critical bonding time puts them both at risk for negative outcomes.

With RI MomsPRN




- OB has received education on perinatal *** mental health and prescribing medication from RI MomsPRN.
- OB consults RI MomsPRN on antidepressant safety and gets a list of vetted perinatal therapists.
- OB prescribes an antidepressant and refers Mia to a perinatal therapist.
- Mia begins taking prescribed medication, starts therapy, and begins to feel better.
- At next prenatal visit, Mia screens negative for depression and reports improved mood and functioning.
- Mia gives birth and adjusts well to the new baby.

*PCP = Primary Care Provider
**OB = Obstetrician
*** Perinatal = Pregnancy and the postpartum period (up to 1 year after delivery)

RI MomsPRN Professional Education Helps Increase Workforce Capacity

Data from September 2019 - September 2024

The RI MomsPRN program also helps healthcare practices across the state implement universal screening for depression, anxiety, and substance use among their pregnant and postpartum patients and develop protocols to respond with appropriate treatment and referral. Through a statewide call for applications, select practices were enrolled in a series of 15-month-long learning collaborative cohorts. Practice staff form quality improvement teams, meet monthly with program experts, attend joint learning sessions, receive tailored training, and complete data-informed improvement plans. They also continue to utilize the RI MomsPRN teleconsultation line for patient-specific guidance and support.

15 Practices

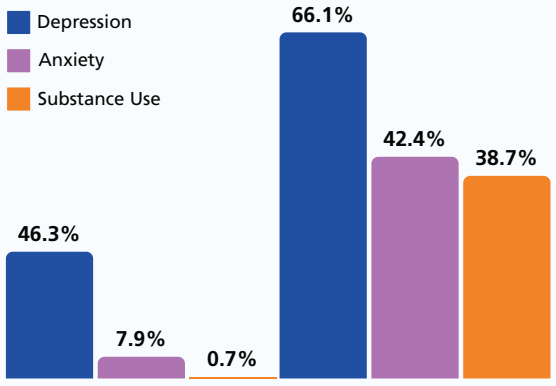
21 Sites

3 Completed Cohorts

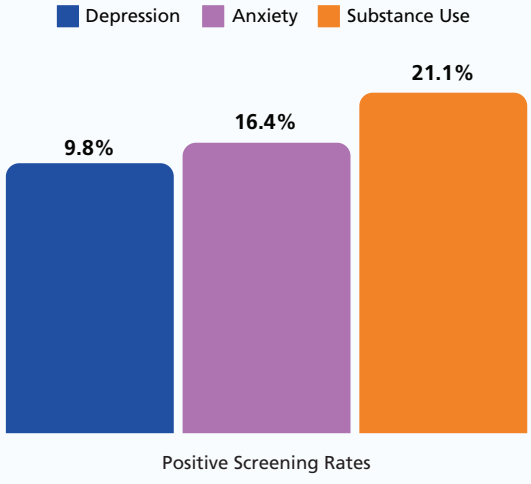
12,431 Pregnant & Postpartum Patients

Screening Rates

Baseline Screening Rates vs. Screening Rates Achieved



Positive Screening Rates



Professional Education Information/Training Sessions Offered

2019

- **5** Learning Collaborative Practice Trainings
- **13** Statewide Professional Education Sessions
- **34** Local Outreach Sessions
- **52** Total Information/Training Sessions Offered

All Time: 2019-2024

- **71** Learning Collaborative Practice Trainings
- **91** Statewide Professional Education Sessions
- **197** Local Outreach Sessions
- **359** Total Information/Training Sessions Offered

> *"The benefit of RI MomsPRN is we've been able to connect our patients before they're in crisis. When they screen positive on the screens, we offer them a referral and are able to get them into services prior to crisis. The program has allowed us to create a workflow that can often pre-empt the bigger or next step from occurring because we're able to connect the patient into care."*

Program Outcomes

- **All practices increased depression screening rates, with three practices reaching over 90%.**
- **Depression, substance use, and anxiety screening rates made substantial gains.**
- **23.4% (2,061) of those screened had a positive result, with all receiving appropriate care or referral support.**

Sustainable Program Funding is Needed for RI MomsRRN

Other states have sustained similar programs through state appropriation or health insurance assessments that support other essential public health initiatives such as newborn screening, early intervention, and vaccines. For RI MomsPRN, funding of $750,000 is far less than the costs of untreated maternal mental health issues, emergency department visits, delayed treatment, or other societal impacts estimated at $9.7 million annually.

With Rhode Island facing a growing mental health crisis, it is crucial to secure funding for the RI MomsPRN program to support healthcare professionals in diagnosing and addressing maternal mental health needs. Without action, RI MomsPRN statewide clinical services and professional education supports will end just as demand for these services is increasing.

To learn more about the RI MomsPRN program, visit
health.ri.gov/PRNprograms

SOURCES

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- Rhode Island Department of Health Office of Primary Care and Rural Health (2022). Mental Health Professional Shortage Areas Analysis.
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Rhode Island Public Health ASSOCIATION