DAWN IN YAKIMA

A Pilot Project Treating Women for Perinatal Mood Disorders

There has been increasing attention in medical literature as well as in the lay press regarding recognition of perinatal depression and anxiety in women. In a very recent committee opinion, ACOG acknowledged this growing problem and estimated that up to 10% of women suffer with depression or anxiety during or after pregnancy, and it is frequently not recognized and more frequently not treated. While screening for postpartum depression has been a standard of care among providers of obstetric services, screening during pregnancy has not been as widespread. In the recent committee opinion, ACOG acknowledged that it was important to also screen during pregnancy for mood disorders. The U.S. Preventative Services task force has also very recently recommended screening during pregnancy as well as postpartum. Both organizations, while recognizing the importance of screening, point out that screening by itself is insufficient to improve clinical outcomes and must be coupled with appropriate follow-up and treatment when indicated. This has been the biggest challenge, as resources are frequently not available to affect appropriate treatment. This is true nationally and certainly in Yakima.

DAWN (Depression Attention for Women Now) is a program which originated at the University of Washington as a study involving the OB/GYN and the psychiatry departments. The program involved screening for perinatal mood disorders at two academic urban obstetrics and gynecology clinics, and enrolling eligible patients in a collaborative care model. This model involved placing patients under the care of trained care managers who had received specific and intense training that included problem-solving treatment and evidence-based psychotherapy. The collaborative care model included team management, tracking systems to evaluate treatment responses, and weekly case reviews with a perinatal psychiatrist. The results of their study were published in Obstetrics and Gynecology in June, 2014, and demonstrated that this collaborative care model could be adapted to women’s health settings and improve depression and functional outcomes.

Generations OB/GYN was approached by the University of Washington to see if a similar collaborative care model could work in a more rural setting. Using both the PHQ-9 and the Edinburgh postpartum depression screening tools, we started screening patients in October. Those eligible patients were then referred to three case managers, all of whom had experience in the mental health field. These case managers received three days of training at the University of Washington in late September, learning problem-solving treatment strategies designed to attenuate depressive symptoms by assisting patients in the development of skills to alleviate life events, stresses, or problems. They phone conference weekly with the University of Washington perinatal psychiatrist and with the primary care clinician. Patients who need medication are appropriately identified and ongoing medication management is reviewed on a weekly basis with the psychiatrist and with the patient’s clinician. The care managers meet with the patients frequently to assess clinical response and satisfaction with depression care.

Screening for and management of perinatal mood disorders is the topic for our February Grand Rounds on February 26. Dr. Susan Reed, professor OB/GYN at University of Washington, and one of the developers of DAWN, will be presenting, followed by a panel discussion and engagement session with community leaders in mental health. Our hope is that this small pilot study in Yakima will demonstrate the same success found with DAWN in Seattle. By working with local organizations, including Maternal and Child Health Services, the Department of Psychiatry at YVMH, Yakima Valley Farmworkers Clinic, Central Washington Comprehensive Mental Health, Central Washington Family Medicine and others, we will make DAWN in Yakima a sustainable resource and improve the care of our perinatal patients.

Roger Rowles, MD
Perinatal Director
Yakima Valley Memorial Hospital

1 ACOG Committee Opinion #630, May, 2015
Obstetrics and Gynecology, Vol. 123, #6, June, 2014
Smooth Transitions is a quality improvement initiative of the Washington State Perinatal Collaborative, designed by an MD and Licensed Midwife workgroup to enhance the safety of planned Out of Hospital Birth transfers to the Hospital Level of Care. The goal of the project is to, “promote the efficiency of transfers, improve communication between midwives and hospital-based providers, decrease liability, and ultimately enhance patient safety and satisfaction in these specific situations”. The Smooth Transitions program provides tools, education, and recommendations on how to start the project for a hospital or region. It provides great education on the scope of practice for Licensed Midwives in Washington State along with data and statistics of Out of Hospital deliveries and transfers into the hospital setting. Yakima Valley Memorial Hospital has coordinated with Licensed Midwives/Certified Nurse Midwives from Tri-Cities, Goldendale, Ellensburg, Prosser and Moses Lake; the Labor and Delivery departments from Prosser, Sunnyside, Toppenish, Ellensburg and Moses Lake; and local physicians to implement policies and procedures for transport of planned Out of Hospital Births to the Hospital Level of Care in our region.

The group started meetings in July 2015, and finalized the process in December for maternal transports. Through good collaboration from all members of the group, using customizable tools from the Smooth Transitions project, we now have developed transfer protocols and guidelines for both midwives and hospital staff that are the same regardless of the hospital in which the delivery occurs. Education to staff on the program has started here at Memorial and the roll out of the toolkit went live January 1st. The midwives have been provided with a direct phone number to the L & D departments, instructions on who to ask for, where to bring or meet the patient, and detailed information about their role in the transfer until the patient enters the hospital and care is turned over to a physician. The L & D departments have a designated packet for Smooth Transitions, including a detailed report questionnaire, guidelines for where to meet the patient, and the steps for notifying Patient Access/Registration and Security. The midwife will provide the prenatal record for the patient, which will become a part of the patient’s chart. The patient will be provided with a release of health information document before they are discharged, so that the midwife can receive information about the delivery and continue postpartum follow up care. The goal of Smooth Transitions is to get the patient to the hospital sooner and with fewer hindrances if the condition is urgent. As always, the patient and/or midwife is instructed to call 911 in any type of emergent or code situation.

The Smooth Transitions process only applies to Licensed Midwife or Certified Nurse Midwife planned deliveries. Unintended home deliveries, or those assisted by a Lay Midwife will continue to be directed through the current practice at each facility. The Smooth Transitions group will continue to meet to fine-tune current process as well as look further into newborn only transfers. We are confident this collaborative will continue to strengthen relationships between midwives, providers, and staff as well as benefit the health of our community. The process for transport of newborn babies without their mothers will begin in February. For more information on the original project, go to www.washingtonmidwives.org click on the “for Healthcare Professionals” tab and select Smooth Transitions Project. For information about the regional project, email Vivian Loudon at vivianlouden@yvmh.org.
Folic Acid: B Aware

The Washington State Department of Health has added new educational material about Folic Acid supplementation on their website. The PDF can be downloaded and printed to hand out to patients or be placed in prenatal packets. The new educational materials emphasize the importance of supplementation during all phases of life, especially before pregnancy, and gives the daily recommended allowance for each age group.

Also, as of October 1, 2015, Apple Health now covers prescription and over the counter prenatal vitamins for all women of reproductive potential. All women of childbearing age should begin supplementation. The WSHA Safe Deliveries Roadmap Prepregnancy Bundle, measure eleven for Folic Acid, recommends:

- For women who intend to or could get pregnant in the next year: recommend or confirm folic acid supplementation at appropriate dose from dietary supplements and/or fortified foods in addition to the folate present in a varied diet.
- Counsel on the importance of folic acid in the diet and eating folate-rich foods.

Continued supplementation throughout pregnancy is also recommended. To view and download the PDF, visit http://here.doh.wa.gov/materials/folic-acid-b-aware.

Tdap

The CDC and Washington State Vaccine Advisory Committee (VAC) recommendations for Tdap administration in Pregnant Women are as follows:

- A single dose of Tdap should be administered during each pregnancy, preferably during the third trimester (between 27 and 36 weeks gestation).
- For women who previously have not received Tdap, if Tdap is not administered during pregnancy, administer Tdap immediately postpartum.
- Only administer a postpartum dose of Tdap once, not after each pregnancy. Tdap should still be administered during any subsequent pregnancy.

Because maternal antipertussis antibodies are short-lived, vaccination in one pregnancy will not provide high levels of antibodies to protect newborns during subsequent pregnancies. It takes two weeks to mount a maximal immune response to the vaccine, so vaccination during pregnancy is preferred to postpartum vaccination. Family members who will be caring for babies should also be vaccinated prior to delivery.
Upcoming 2016 OB Grand Rounds Summary Schedule:

Feb. 26th:  
Collaborative Care for Depression in OB GYN Clinics-Findings from the DAWN Study presented by Susan Reed, MD, MPH

Mar. 25th:  
2016 Fertility Evaluation and Management: An Opportunity for Precision Medicine presented by Genevieve Neal-Perry, MD, PhD

April 22nd:  
Isoimmunization in Pregnancy presented by Edith Cheng, MD, MS and Monica Pagano, MD

May 27th:  
Perinatal Viral Infections presented by Jane Hitti, MD, MPH

Roger Rowles, MD, Perinatal Director
Beth Engelhardt, MD, Neonatal Director
Chris Schrantz, BSN, RN, Director, Maternal Health Services
Mary Hart, MSN, RN, Perinatal/Pediatric Service Line Director
Aimee Borley, BSN, RNC, Clinical Manager, Family Birthplace

Vivian Loudon, BSN, RNC, IBCLC, Coordinator, CWPRN
Susie Ball, MS, LCGC, Genetic Counselor
Terah Hansen, MS, LCGC, Genetic Counselor
Jessalynn Jones, BSN, RN, Clinical Manager, PEDS/NICU
Brenna Hayes, MS, CGC Genetic Counselor