



**Ellen Story Commission on Postpartum Depression
Quarterly Meeting - April 13, 2022**

MEETING MINUTES

Commissioners present: Rep. Jim O'Day (co-chair), Sen. Joan Lovely (co-chair), Rep. Mindy Domb, Rep. Liz Miranda, Elizabeth Kazinskas on behalf of Rep. Kim Ferguson, Alana Westwater on behalf of Sen. Becca Rausch, Victoria Mori on behalf of Sen. Bruce Tarr, Timoria Saba, Jessie Colbert, Nneka Hall, Leena Mittal, Rebecca Butler, Karin Downs, Margarita O'Neill-Arana, Amy Kershaw Lauren Almeida, Kerry LaBounty, Karen Garber, Lisa Scarfo, Julie Johnston, Jayne Singer, Michael Yogman, Nadja Lopez Reilly, Jill Fieleke

Commissioners absent: Rep. Carole Fiola, Sen. Ann Gobi, Sen. John Keenan, Lee Cohen, Divya Kumar, Josh Sparrow, Liz Murphy, Tiffany Moore Simas

Others present: Rep. Jamie Belsito, Mark Friedman, Tiffany York, Marissa Bartoletta, Margi Coggins, Johanna Wakelin, other members of the public

I. Welcome and Introductions

Coordinator Ashley Healy welcomed commissioners and guests. Commissioners introduced themselves and the organizations they represent. Ms. Healy announced that the meeting was being conducted pursuant to Open Meeting Law and Joint Rule 29A, and that the meeting was being recorded and livestreamed through the legislature's website.

The Commission voted unanimously to approve the minutes from the 1/4/22 supplemental meeting.

The Commission voted unanimously to approve the minutes from the 1/12/22 quarterly meeting.

The Commission voted unanimously to approve the minutes from the 1/26/22 supplemental meeting.

II. Legislative update

Ms. Healy provided updates on a number of maternal health-related bills.

H.2371/S.1474 An Act relative to conducting fetal and infant mortality review was reported favorably out of Joint Committee on Public Health and sent to Health Care Financing committee, with the reporting date extended to 6/1/22.

H.2285 An Act relative to postpartum depression screening - Committee on Health Care Financing recommended it ought to pass and referred it to House Ways and Means.

H.4640 An Act Relative to out-of-hospital birth access and safety was reported out favorably with a new draft by the Joint Committee on Public Health and referred to the Health Care Financing committee.

H.2372/S.1475 An Act relative to medicaid coverage for doula services was reported favorably out of the Committee on Health Care Financing and referred to the House Ways and Means Committee.

S.673 An Act ensuring access to full spectrum pregnancy care was heard in the Committee on Financial Services, and now has been sent to study.

H.1297/S.2583 An Act relative to expanding equitable access to maternal postpartum care was engrossed in the Senate, proceeded to the House for its first reading, and was then referred to House Ways and Means.

H.3881 An Act to increase access to nurse-midwifery services was reported out favorably out of the Joint Committee on Financial Services and referred to the Health Care Financing committee, and has been extended to 6/1/22.

Commissioner Nneka Hall and Rep. Jamie Belsito addressed the Commission relative to H.4557 An Act relative to paid pregnancy loss leave, which Rep. Belsito and Co-Chair Sen. Joan Lovely have introduced into the Massachusetts legislature.

Commissioner Rep. Liz Miranda commented that pregnancy and infant loss is a subject that came up often in listening sessions before the Racial Inequities in Maternal Health commission. Additionally, a birthing justice omnibus bill should include this

bill, and should combine the mental health and physical health components of maternal health.

Commissioner Dr. Leena Mittal asked in the chat for clarification on what the purpose is of having these bills filed in Massachusetts when they are also filed federally. Rep. Belsito responded that we do not know if federal bills will go through, and also that this bill specifically speaks to workers' protections at the state level. Co-chair Sen. Lovely gave the example of how federal unpaid family leave exists but in Massachusetts we provide paid family leave.

III. Presentation: PPD Screening in Fathers

The Commissioners heard a presentation by Commissioner Dr. Michael Yogman and retired pediatrician Dr. Mark Friedman concerning administering postpartum depression screening to fathers at infants' well visits.

Dr. Friedman described how parental depression impacts the entire family, how fathers are more likely to suffer from postpartum depression when their child's mother also is depressed, and how in fathers, postpartum depression can cause fathers to stay at work longer, use alcohol and drugs, or become violent, and increase the likelihood of the parents separating. Dr. Friedman explained that parental depression therefore constitutes an Adverse Childhood Experience, and over time can lessen a child's chance of success and create antisocial behavioral problems.

Dr. Friedman discussed screening tools, including the Edinburgh screener, Gottman screener, and the idea that has been floated of merging the two, to get the best screening tool for fathers.

Dr. Friedman discussed an idea he has written about called the Four Month Family Visit, where both parents would be screened during an infant well visit with the pediatrician. According to Dr. Friedman, the timing of this visit would coincide with the peak likelihood of identifying fathers with postpartum depression, as well as help identify mothers who may have been missed during earlier screenings. Ideally, the visit would last about twice as long as a typical infant well visit so that both parents would have a chance to talk, and the pediatrician's reimbursement would be twice the typical charge for a well baby visit.

Dr. Friedman emphasized that a good referral system needs to be set up for fathers that screen positive for postpartum depression.

Commissioner Yogman stated that mental health issues in fathers are underdiagnosed and undertreated, in part because of stereotyping and the fact that the expression of depression is different in men than women. Commissioner Yogman suggested that the focus should be on the supportive aspects of safe, stable, nurturing relationships and relational health, which promote resilience in families and babies. He expressed that a healthy father can mitigate the adverse effects of maternal depression on an infant, whereas when a father also is depressed, it places the whole family in “double jeopardy.”

Following the presentation, commissioners engaged in discussion.

Commissioner Mittal pointed out problems in making distinctions around class, as well as with the concept of the heteronormative, two-parent household as the ideal recipe for resilience.

Commissioner Rep. Miranda described how the Racial Inequities in Maternal Health commission had heard testimony from fathers about what it felt like to deal with pregnancy loss, infant loss, and low birth weight babies, and how this testimony had contributed to that commission’s recommendation that a task force be formed to specifically address issues faced by partners of birthing people.

Ms. Healy asked the presenters what would be the best way to get pediatricians trained to appropriately screen all kinds of families. Commissioner Yogman responded that the Edinburgh scale is the way to go and stated that screening without successful interventions does not necessarily solve the problem. Dr. Friedman responded that the Edinburgh scale is good enough and that even if a better screening tool is being developed, that should not further delay implementation of screening and intervention for fathers.

Commissioner Yogman asked Commissioner Mittal for suggestions for how to provide the kind of support that families need. Commissioner Mittal responded that family-centered care means caring for the entire family unit rather than focusing on specific roles relative to procreation, and emphasized that trauma (including partners’ trauma from witnessing a birthing person’s experience) should be considered.

Co-Chair Rep. Jim O’Day asked whether pediatricians are really trained to detect these issues in parents and caregivers, particularly

when engaging with different kinds of families. Commissioner Yogman responded that the pandemic has moved from a mental health crisis to a mental health emergency, and that as a result pediatricians will have to pay a lot more attention to mental health and stress, as well as trauma, in parents. He also commented that screening is not diagnosis, so while pediatricians are not being asked to be amateur psychiatrists, they do need resources to refer out.

Commissioner Dr. Julie Johnston commented in the chat that the issue is current dearth of behavioral health resources once issues are identified. Commissioner Yogman responded that this is a crisis that needs to be fixed immediately and that if insurers do not step up then we may need to consider a law like California's where payers will be fined if subscribers are not matched with a provider within ten days.

Commissioner Hall commented on the need for additional supports to give families the proper beginning, which could result in seeing fewer cases of postpartum depression. Commissioner Hall pointed out the deficit of mental health clinicians and that there are other types of supports (such as newborn care specialists, postpartum doulas, and support groups), and asked how we are getting these resources to the people that need them most.

Co-Chair Rep. O'Day stated that there are capacity issues in every area at the moment, that the legislature recognizes the real dearth of services that exist at the moment, and that the issue appears to be a lack of bodies in the workforce.

Commissioner Yogman commented that people with behavioral and mental health credentials do not accept insurance because the payment they receive from insurance is pitiful, and that this needs to be addressed. Additionally, Commissioner Yogman stated that peer supports and people with lived experience are an untapped workforce source, and that we must offer tuition assistance and loan forgiveness if we want to attract a diverse workforce so that people can go through necessary training without unconscionable debt.

Commissioner Johnston discussed a primary care investment bill (S.770) and how investing in primary care can also mean investing in mental health care and postpartum care. Commissioner Johnston also remarked on her practice of automatically scheduling patients suffering from depression for a follow up visit because she knows there are such long waits for mental health care in the community.

In the chat, Commissioner Rep. Mindy Domb commented that the House budget includes loan forgiveness/loan reimbursement for mental health counselors and specific steps to achieve a diverse workforce.

In the chat, Commissioner Margarita O'Neill-Arana stated that to diversify the workforce, scholarships for students in mental health fields as well as reimbursement for services are needed. She also pointed out the people in the field who have a passion for the work are leaving because they cannot afford to do the work and also pay student loans.

IV. Announcement regarding State Policy Series Mind the Gap initiative

Commissioner Jessie Colbert and Tiffany York of PSI-MA announced to the Commission that Mass. PPD Fund was approached to participate in an initiative with Mind the Gap, which is a national project to systematically look at areas where perinatal mental health care can be improved. Commissioner Colbert explained that the State Policy series involves the Reilly Group helping participating organizations to organize meetings that bring various groups to the table to come up with a discrete agenda for an issue the groups would like to work on together.

Commissioner Colbert explained that this fall, the Mass. PPD fund will be putting together a coalition to come up with priorities to push forward, but it is still in the works. Commissioner Colbert invited commissioners to participate, both as a commission and also as members of the many groups represented within the Commission.

Ms. York reiterated that this initiative will allow Massachusetts to engage in specific solutionizing and advocacy work.

Commissioner Colbert indicated that she will share more dates and information with the Commission as efforts come together, and invited commissioners to email her directly on priority issues (e.g. workforce shortages and diversification, as discussed earlier in the meeting) and to be involved in the coalition effort being built to move things forward in the legislature.

V. Other Announcements

Ms. Healy announced that the program for Perinatal Mental Health

Awareness Day on May 17th is being finalized and will be shared with commissioners along with graphics to be shared with networks to promote the event and get people to register.

Commissioner Hall announced in chat that May 1st is International Bereaved Mothers Day.