

The HARI *Perspective*

Rhode Island Impact: U.S. Preventative Task Force Recommendations



In 2016, the Hospital Association of Rhode Island completed the state's triennial community health needs assessment. Three priority health areas were identified in the report – chronic disease, behavioral health, and maternal and child health.

Perinatal depression, which is the occurrence of a depressive disorder during pregnancy or following childbirth, affects as many as one in seven women and is one of the most common complications of pregnancy and the postpartum period. If not treated, the depressive disorder can result in negative short and long-term effects on both the woman and child. Negative long-term and short-term effects on the child can include premature birth and/or low birth weight. According to the 2016 Community Health Needs Assessment, the percentage of Rhode Island infants born prematurely and/or with low birth weight is lower than the national average. Specifically, racial and ethnic disparities with African

Americans and Indian/Alaska Native mothers are among the highest reported to have low birth weights and preterm births.

Fortunately, pregnancy provides physicians with the ultimate “window of opportunity” to identify any physical and/or mental health issues. During pregnancy, several studies have indicated that women are more receptive to improving their overall health before the birth of their baby.

Last fall, the Rhode Island Department of Health (RIDOH) was awarded a five year, \$650,000 per year grant in partnership with the Center for Women's Behavioral Health at Women & Infants Hospital. The aim of the federal grant, which was awarded by the Health Resources and Services Administration (HRSA), is to establish a program that will assist healthcare providers in screening and treating all pregnant and postpartum women at risk for behavioral health conditions.

The annual funds will expand the work of an existing treatment program at Women & Infant's Hospital Center for Women's Behavioral Health. Margaret M. Howard, PhD, is division director of the Center for Women's Behavioral Health and founder of the Day Hospital, the nation's first mother-baby perinatal psychiatric partial hospital program.

The new statewide screening and referral program, which is anticipated by Dr. Howard to be launched by July 2019, will allow behavioral health professionals to educate all providers who deliver care to pregnant and postpartum women and their infants, on screening and detecting depression, anxiety, and substance use disorders. A dedicated provider phone line will be established and monitored by a resource and referral specialist who will provide consultation, treatment referral options, and schedule prescribing consultation with perinatal psychiatrists. According to Dr. Howard, her hope for the program is to eliminate the shame, stigma, silence and suffering that so many women with peripartum disorders deal with.

In February 2019, the U.S. Preventive Services Task Force [recommended](#) that clinicians provide or refer pregnant and postpartum women who are at increased risk for perinatal depression to counseling interventions. The Task Force found that cognitive behavioral therapy and interpersonal therapy were effective interventions to prevent perinatal depression in pregnant and postpartum women who are at increased risk, such as those with a history or symptoms of depression or certain socioeconomic risk factors. The panel assigned a "B" grade to the recommendation, meaning all copays and deductibles for the interventions would be waived under the Affordable Care Act.

The U.S. Preventive Services Task Force makes recommendations about the effectiveness of specific preventative care services for patients without obvious related signs or symptoms. It bases its recommendations on the evidence of both the benefits and harms of the service and an assessment of the balance. The Task Force does not consider the costs of providing a service in this assessment.