

Quality in Action | Journal Club

A Perinatal Psychiatry Access Program to Address Rural and Medically Underserved Populations Using Telemedicine

April 28, 2026



Advancing ob-gyn care for all.

Disclaimer

- The opinions expressed in this presentation do not reflect the official position of the Agency for Healthcare Research and Quality (AHRQ).
- This information is not being offered as legal or medical advice.
- Seek competent legal counsel for specific guidance.
- The planning committee and presenters of this presentation have no relevant conflicts of interest to disclose.

Before We Get Started



This webinar will be recorded



If you need help during the call, please chat an ACOG staff member



Submit your questions throughout this session using the Q&A box



Any questions following this webinar can be sent to obgynsafety@acog.org

Continuing Education Credits

We are excited to offer continuing education credit to attendees of this live session.

To receive your certificate:

- 1. Attend at least 45 minutes of the live activity**
- 2. Complete the evaluation following this activity**

Certificates will be sent via email in 2 weeks

*This activity is approved by the Continuing Education Approval Program of the National Association of Nurse Practitioners in Women's Health for 1 continuing education contact hour, including 0 hours of pharmacology content. **NPWH Activity Number 26-10.***

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Who are we?

Quality
in **Action**

AN ACOG
FOUNDATION
PATIENT SAFETY
ORGANIZATION

About Quality in Action Journal Club



This journal club creates space for multidisciplinary clinicians to engage deeply with the literature, share insights, and propose applications to and future directions for obstetric and gynecologic quality and safety. Each session in the topic-specific series centers a selected article that explores priority areas in obstetric and gynecologic care. Facilitated by Quality in Action’s PSO program staff, the Journal Club helps participants translate evidence into action while identifying opportunities for innovation and improvement.

For more information about Quality in Action and related services visit:

obgynsafety.org

Journal Club Intentions



**Foster a Safe
Learning
Environment**



**Encourage Open
Sharing of Ideas**



**Practice
Interdisciplinary
Communication
and Collaboration**



**Continuously
Improve**



Journal Club Format



Welcome/Introduction



Article Overview



Participant Discussion



Related Resources & Conclusion

Journal Club (CE)

Addressing Perinatal Mood and Anxiety disorders in Obstetric Settings: Results of a Cluster Randomized Controlled Trial of Two Approaches

May 29th, 2026
11:00am-12:00pm ET

A Mother's Day Conversation on Black Maternal Health Equity

May 11th, 2026
11:30am – 1:00pm ET

From Trial to Practice: The Current Impact of the ARRIVE Trial

June 17th, 2026
1:00-1:45pm ET

The ARRIVE Trial: Evidence, Outcomes, and Counseling for the 39-Week Conversation

June 24th, 2026
2:00-3:15pm ET



Join us!!!

Today's Guest Lead

Article:

A perinatal psychiatry access program to address rural and medically underserved populations using telemedicine

Courtney King, Marie A. Hayes, Lizmarie Maldonado, Elizabeth Monter, Rubin Aujla, Erin Phlegar, Claire Smith, Liz Parker, Kerry Blome, Amanda Sandford, Edie Douglas, and Constance Guille

**Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina**

Our Guest :

Marie Hayes, PhD

Assistant Professor & Clinical Psychologist



OBJECTIVE OF ARTICLE

- Understand barriers to accessing mental healthcare for perinatal populations residing in rural or medically underserved areas
- Explore ways to integrate telehealth into care to increase access to screening and brief interventions for mental health and substance use disorders during perinatal period
- Consider adaptations to the MCPAP for Moms model to tailor a perinatal access program to your areas needs

IMPORTANCE OF TOPIC

- SC has the 8th highest rate of maternal mortality in the country (26.5 per 100,000 live births vs. 17.4 per 100,000 live births nationally).
- Over one-third (33.7%) of the SC population lives in a rural area compared to 19.3% nationally.
- High rates of poverty in SC result in unaddressed SDoH needs and SC's long history of racism and discrimination has created significant structural determinants of health that disproportionately impact Black birthing people
- Creative and innovative solutions are needed to address the maternal health crisis across the nation, and in South Carolina

KEY DEFINITIONS

- Perinatal Psychiatry Access Program: (1) resource and referral support with (2) psychiatric consultation for obstetrics clinicians (physicians, midwives, and nurse practitioners), and (3) provider training regarding the screening, treatment, and ongoing management of maternal behavioral health conditions.
 - 20 states with state-wide access programs
- Moms IMPACTT: **I**mproving **A**ccess to Perinatal Mental Health and Substance Use Disorder **C**are Through **T**elehealth and **T**ele-mentoring
- MCPAP for Moms: Massachusetts Child Psychiatry Access Project for Moms

STUDY DESIGN

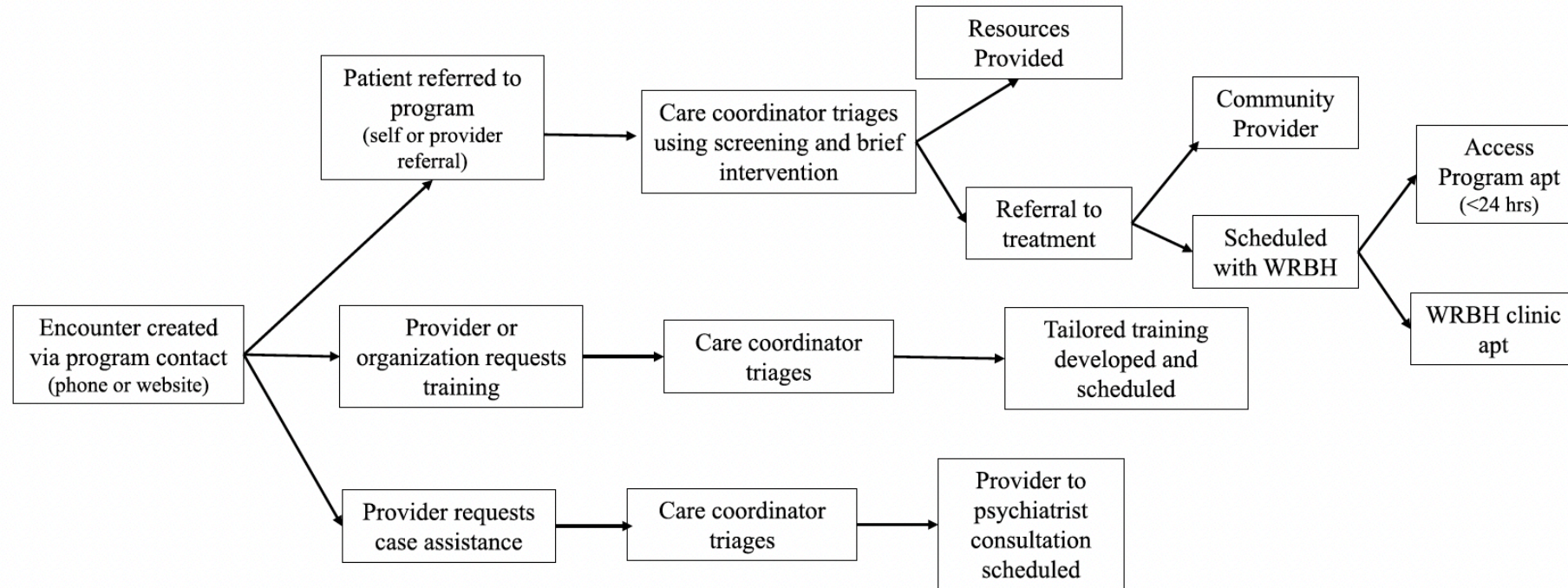


Fig. 1 Visual flow of Moms IMPACTT

KEY FINDINGS

- From May 2, 2022, through April 30, 2023, there were 938 encounters, with 903 (96%) resulting in teleconsultation with a care coordinator or telehealth appointment with a program psychiatrist
 - **As of April, 2026: over 5,500 total encounters**
- Treatment was provided to 881 patients.
 - 548 self-referred or patient initiated
 - 333 provider referred
- The IMPACTT team completed 10 provider trainings, serving a total of 443 frontline healthcare providers
 - **As of March, 2026: 61 trainings completed with over 2,500 frontline providers**

KEY FINDING: Referral Sources

Table 1 Encounters according to services provided, provider type and provider affiliation from May 2, 2022 to April 30, 2023

	Total Number of Encounters N (%)	Provider Referral N (%)	Consult Request N (%)
Provider Affiliation			
Addiction Medicine	10 (2.8)	9 (2.7)	1 (4.5)
Community Health Worker	23 (6.5)	22 (6.6)	1 (4.5)
Emergency Medicine	2 (0.6)	2 (0.6)	0 (0)
Family Medicine	2 (0.6)	2 (0.6)	0 (0)
Mental Health	32 (9.0)	28 (8.4)	4 (18.2)
Multiple Affiliations	62 (17.5)	58 (17.4)	4 (18.2)
Obstetrics	182 (51.3)	173 (52)	9 (40.9)
Pediatrics	16 (4.5)	13 (3.9)	3 (13.6)
Other	26 (7.3)	26 (7.8)	0 (0)
Total	355	333	22
Provider Type			
Advanced Practice Registered Nurse (APRN, CNM)	56 (15.8)	49 (14.7)	5 (22.7)
Community Health Worker	1 (0.3)	0 (0.0)	1 (4.5)
Physician (MD, DO)	71 (20)	63 (18.9)	8 (36.3)
Physician Assistant (PA)	5 (1.4)	5 (1.5)	0 (0)
Psychiatrist (MD, DO)	5 (1.4)	5 (1.5)	2 (9.1)
Registered Nurse (RN, LPN or equivalent)	138 (38.9)	137 (41.1)	1 (4.5)
Social Worker (MSW)	53 (14.9)	52 (15.6)	1 (4.5)
Therapist (LPC, LISW)	3 (0.8)	0 (0)	3 (13.6)
Other	23 (6.48)	22 (6.6)	1 (4.5)
Total	355	333	22

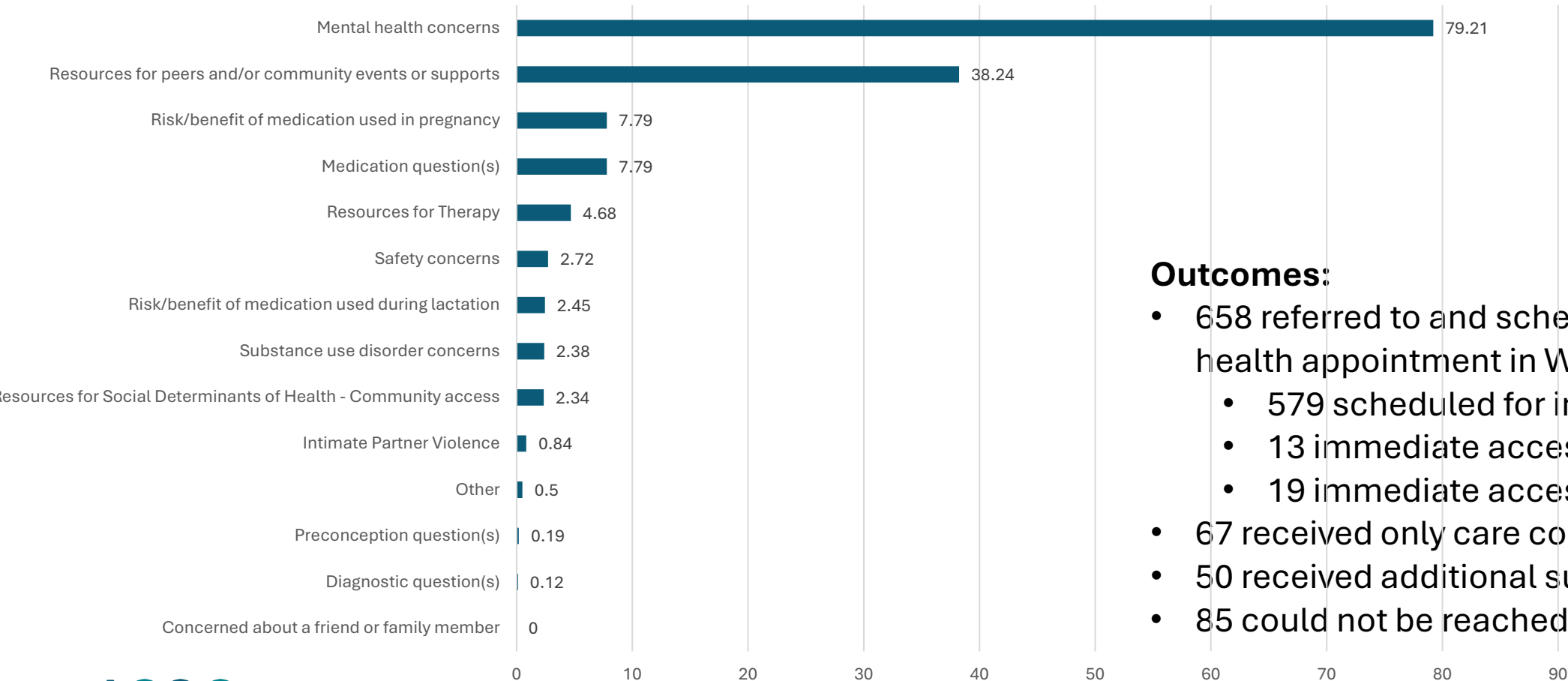
KEY FINDING: Patient Characteristics

Table 2 Patient characteristics. Demographic information collected from patients contacting the psychiatry access program from May 2, 2022 to April 30, 2023

Patient Characteristics (n = 881)	N(%)
Patient Status	
Pregnant	279 (42.2)
Postpartum (living child)	345 (52.4)
Post-adoption	2 (0.3)
Perinatal loss	26 (3.95)
Preconception	6 (0.9)
Lactation Status	
Yes	116 (33.6)
No	151 (43.8)
Unknown/Missing	78 (22.6)
Race	
American Indian/Native American	2 (0.3)
Asian/Asian American	3 (0.45)
Black/African American	172 (26.1)
White/Caucasian	359 (54.6)
Other/Multi-Race	30 (4.6)
Ethnicity	
Hispanic or Latinx	41 (6.2)
Non-Hispanic or Latinx	521 (79.2)
Unknown	96 (14.6)
Resides in Rural County	
Yes	256 (38.9)
No	402 (61.1)
Resides in Medically Underserved Area	
Yes	590 (89.7)
No	68 (10.3)
Insurance Coverage	
Medicaid	341 (51.8)
Private	307 (46.7)
Uninsured	10 (1.5)

KEY FINDING: Reasons for & Outcome of Referral

% Reason for Contacting Moms IMPACTT through 2024

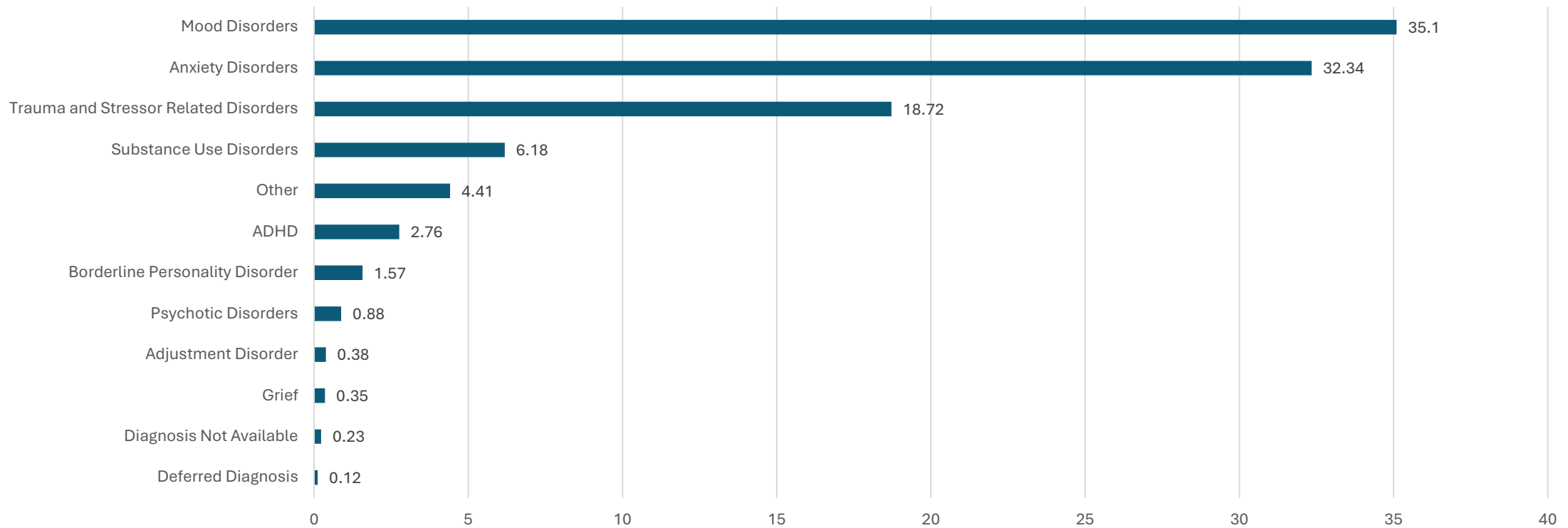


Outcomes:

- 658 referred to and scheduled for mental health appointment in WRBH
 - 579 scheduled for intake
 - 13 immediate access for SUD
 - 19 immediate access for SMI
- 67 received only care coordination services
- 50 received additional supports (SDoH needs)
- 85 could not be reached by care coordinators

Key Findings: Concerns discussed at intake

% Diagnosis Discussed



LIMITATIONS

- Funding and long-term sustainability
- Only 8.7% of population estimated to have perinatal mental health or SUD in SC served
- Replicability: easier when there is a referral clinic to absorb cases

APPLICATIONS TO (Y)OUR WORK

- Partnerships with the community are essential to success:
 - Trainings
 - Referral opportunities
 - SDoH Needs
 - Access to vulnerable populations
- Adoption of telehealth reimbursement for mental health services also critical
- Is your state one with an access program? Do you know how to optimize this resource?

DISCUSSION TIME

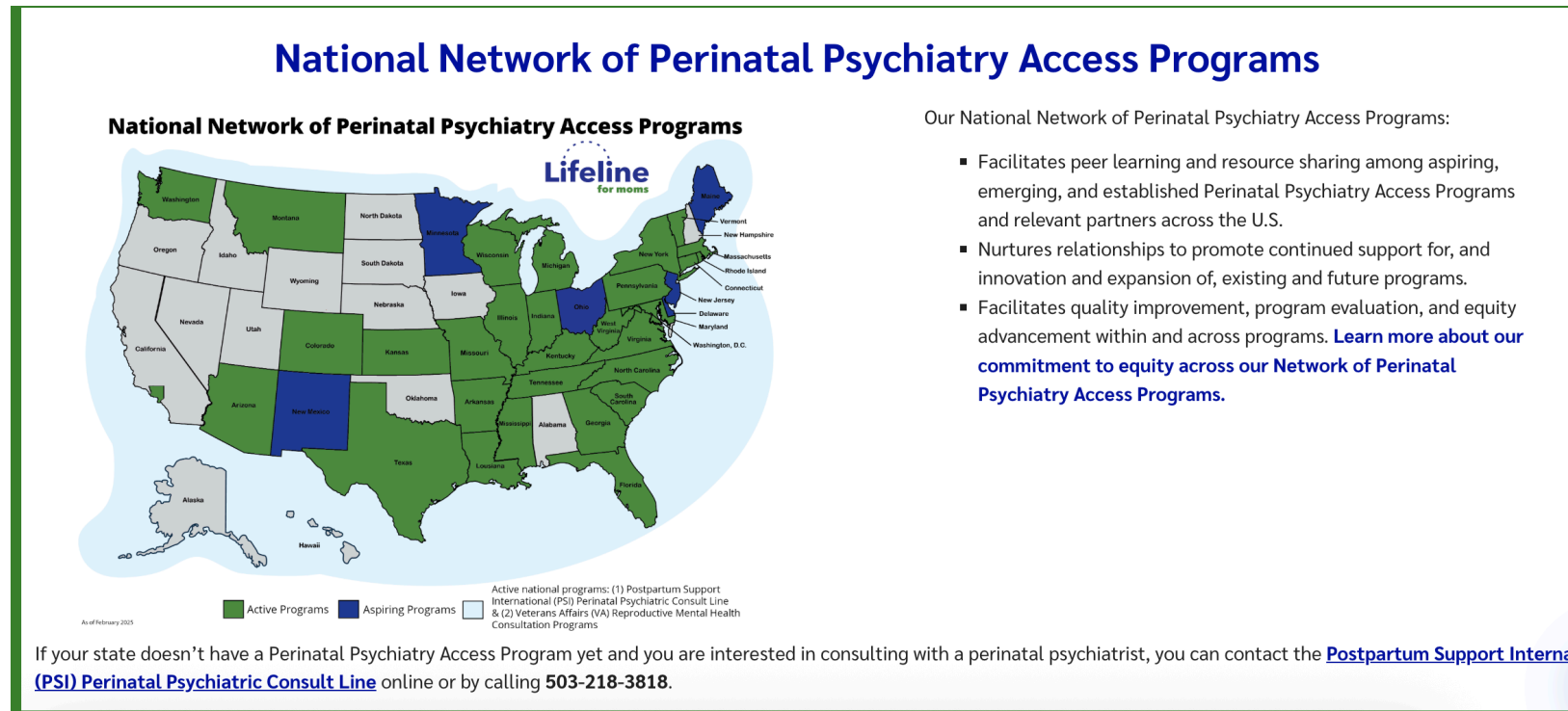
- **TAKE A FEW MOMENTS TO COLLECT YOUR THOUGHTS FROM THE ARTICLE AND RECAP – WE WANT TO HEAR FROM YOU!**
- **STEP UP, STEP BACK – GIVE SPACE TO NEW VOICES TO CONTRIBUTE TO OUR DISCUSSION**

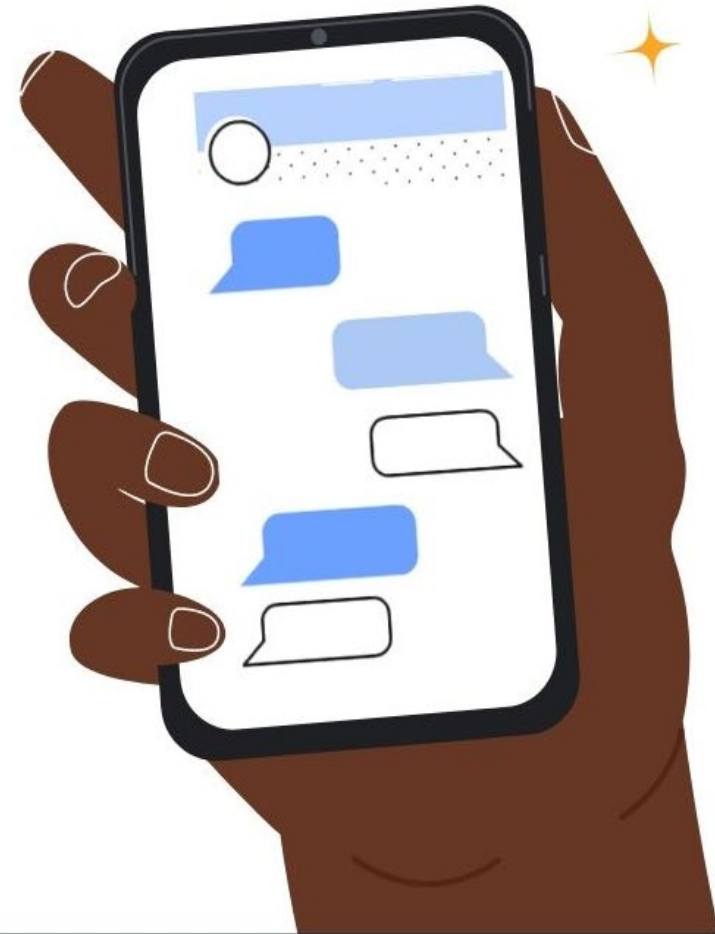
GROUP DISCUSSION

- Is the information in this article expected or unexpected? How does it match up with your real-world experience?
- What are some key strengths and limitations that should be considered when thinking about the information in this article?
- What are some unmentioned factors that may also influence the conclusions identified in this article?
- How can we improve practice it relates to the information in this article?
- What additional questions does the article raise?

ADDITIONAL RESOURCES

- <https://www.mcpapformoms.org/>
- <https://www.umassmed.edu/lifeline4moms/Access-Programs/>





- 24/7, Free, Confidential Hotline for Pregnant and New Moms in English and Spanish

- The National Maternal Mental Health Hotline can help. Call or text:

1-833-TLC-MAMA
(1-833-852-6262)

**For Support, Understanding, and Resources,
CALL OR TEXT 1-833-9-HELP4MOMS**

NATIONAL MATERNAL MENTAL HEALTH HOTLINE

Who will answer my call or text?

- Health care provider (e.g., nurse or doctor)
- Mental health clinician (e.g., MSW, LISW, LPC)
- Doula or childbirth educator
- Peer support specialist

What can I expect the counselor to provide?

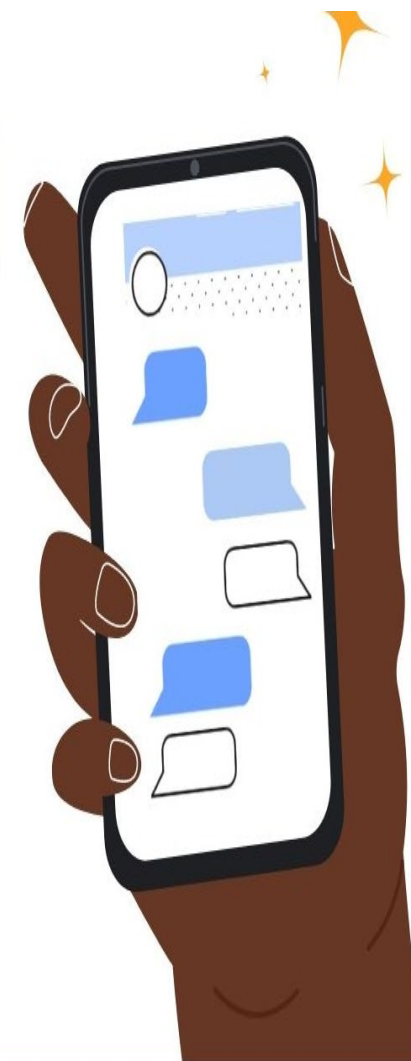
- Support you in real-time
- Give information and resources
- Refer you to local or telehealth providers if you need further care

Are counselors trained?

Yes. They're trained to understand and respect your culture and any difficulties you've experienced.

What languages do the counselors speak?

They speak English and Spanish. Interpreters available



For Support, Understanding, and Resources,

1-833-TLC-MAMA

(1-833-852-6262)

Postpartum Support international



- Patient and Family Facing Resources
 - Education
 - Directory of providers trained in Maternal Mental Health Treatment
 - Search by zip code
 - Reproductive Psychiatrist Consultation Line
 - Virtual Support Groups
 - 50 Specialty Support Groups



YOU ARE NOT ALONE, YOU
ARE NOT TO BLAME & IT
WILL GET BETTER

Thank You!



Please send any questions to obgynsafety@acog.org



Advancing ob-gyn care for all.