




The Meadowlark Initiative

HEALTHY PREGNANCIES
& SECURE FAMILIES

INTEGRATING PRENATAL CARE AND BEHAVIORAL HEALTH TO
IMPROVE MATERNAL AND NEONATAL OUTCOMES

Goals:

- ❖ Provide the right care at the right time for patients and their families
 - ❖ Improve maternal and family outcomes
 - ❖ Reduce newborn drug exposure, neonatal abstinence syndrome (NAS) and perinatal complications
 - ❖ Keep families together and children out of foster care
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Structure of Care



Screening for Depression, Anxiety and Substance Use

*done at initial appointment, 20 weeks, 36 weeks, 2 and 6 weeks postpartum

PHQ-9

- Screens for symptoms of depression such as:
 - Little interest or pleasure in doing things
 - Trouble sleeping
 - Having little energy
 - Feeling bad about yourself
 - Trouble concentrating
 - Thoughts you would be better off dead or hurting yourself in some way
- Audit C+2
 - Assesses amount of alcohol, marijuana and illegal or prescription drugs (used for recreational purposes) used in the previous 3 month period

GAD-7

- Screens for symptoms of anxiety such as:
 - Feeling nervous, anxious or on edge
 - Not being able to stop or control worrying
 - Trouble relaxing
 - Worrying too much about difficult things
 - Becoming easily annoyed or irritated
 - Feeling like something awful might happen

A score of 10 or higher on the PHQ-9 and GAD-7 and any score above 0 on the Audit C+2 warrants further discussion

We also monitor these scores over time to see if treatment is working or if we need to initiate treatment

Screening, Brief Intervention, and Referral to Treatment

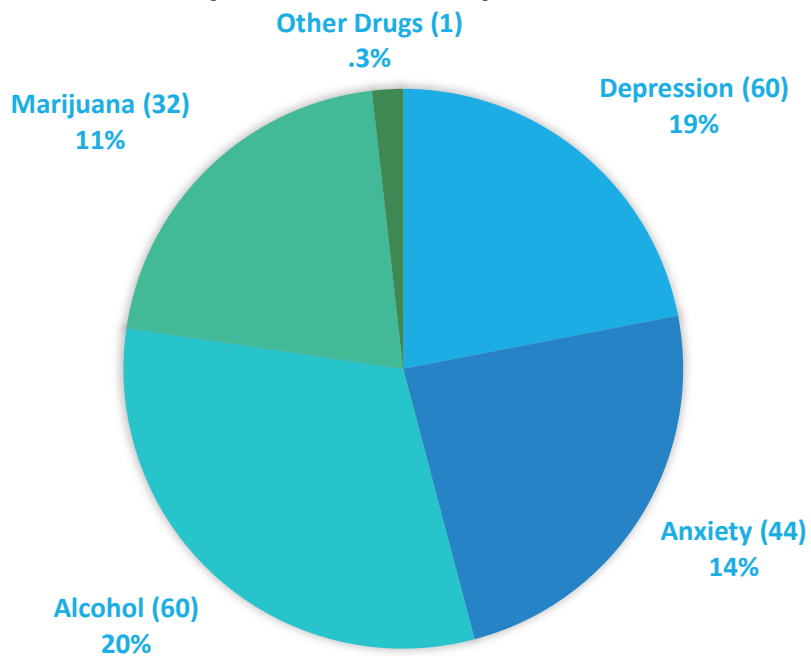
When a patient screens positive for on the screening tool or reports any social needs through the SDOH screening process, we use this process to determine next steps.

- Brief Intervention – discussion about current mood status or use to determine why the patient is experiencing this and if they want to pursue treatment or change current treatment
- Referral to Treatment – make referrals as necessary to help patient improve symptoms or use and/or social needs
 - Treatment can be medication, counseling, substance use treatment and/or community referrals

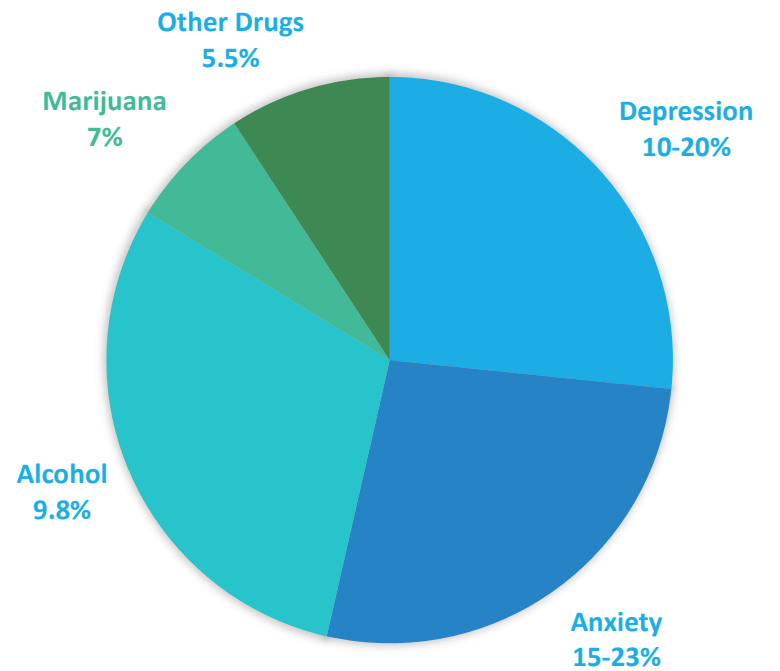
Family Plan of Safe Care (FPOSC)

- ❖ Guide for Child and Family Services and the Meadowlark Initiative care teams
- ❖ Care coordinator works with the mother and chosen support people to identify key supports, strengths and potential needs then creates a plan for how to address those needs
- ❖ Can help inform CSFD process and allow the mother to have a voice about how the baby is cared for in the event that she is not able to care for her baby for a period of time

KALISPELL SCREENING RESULTS (310 PATIENTS)



NATIONAL DATA



Statistics from 7/1/2023-9/30/2023 – includes MFM and Midwives patients

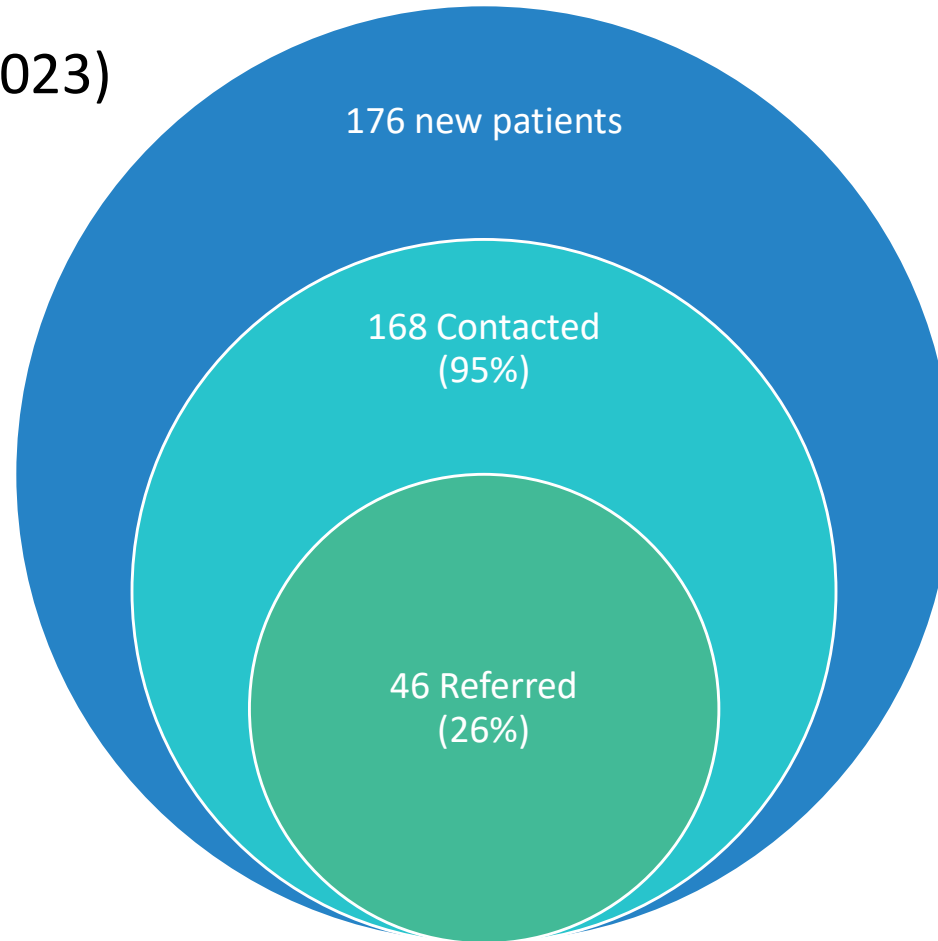
Screening for Social Determinants of Health (SDOH)

- “Conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.”

-World Health Organization

- We screen at every initial appointment either through an in-person interview or a screening form
- We ask questions about housing and utilities, transportation, food access, medical coverage and access to medications, employment, child care, parenting support, social support and personal/baby supplies

SDOH Screening (7/1/2023 – 9/30/2023)



Maternal Outcomes

BASELINE (10/1/2020 – 12/31/2020)

114 TOTAL BIRTHS

- Adequate Prenatal Care = 81.6%*
- Postpartum visit = 34%**
- Pre-term birth = 10.5%
- C-section = 20.1%
- Placental Abruption = 3.5%
- Postpartum Hemorrhage = 10.5%
- Hypertension = 21.9%

NOW (7/1/2023 – 9/30/2023)

140 TOTAL BIRTHS

- Adequate Prenatal Care = 79.3%*
- Postpartum visit = 85.7%*
- Pre-term birth = 22.1%
- C-section = 27.1%
- Placental Abruption = 1.4%
- Postpartum Hemorrhage = 12.1%
- Hypertension = 17.9%

Baby Outcomes

BASELINE (10/1/2020 – 12/31/2020)

114 TOTAL BIRTHS

- Premature (<37 weeks) = 18.4%
- Extremely Premature (<28 weeks) = 2.6%
- Low Birth Weight (3.3–5.5 lbs.) = 3.5%
- Extremely Low Birth Weight (<3.3 lbs.) = 4.3%
- Small for gestational age = 2.6%
- Intrauterine Growth Restriction = 0%
- Respiratory Distress = 22.8%
- Fetal Demise = .8%

NOW (7/1/2023 – 9/30/2023)

140 TOTAL BIRTHS

- Premature (<37 weeks) = 21.4%
- Extremely Premature (<28 weeks) = .7%
- Low Birth Weight (3.3–5.5 lbs.) = 10%
- Extremely Low Birth Weight (<3.3 lbs.) = 4.2%
- Small for gestational age = 6.4%
- Intrauterine Growth Restriction = 12.1%
- Respiratory Distress = 17.1%
- Fetal Demise = 0%

Drug Specific Data

BASELINE (10/1/2020 – 12/31/2020)

114 TOTAL BIRTHS

- Babies tested for drug exposure = 25 (21.9%)
- Babies tested positive = 10 (8.7%) (40% of population tested)
- Dx of Neonatal Abstinence Syndrome = 2 (1.7%) (20% of population that tested positive)

NOW (7/1/2021 – 9/30/2021)

140 TOTAL BIRTHS

- Babies tested for drug exposure = (36) 25.7%
- Babies tested positive = 6 (4.2%) (16.7% of population tested)
- Dx of Neonatal Abstinence Syndrome = 1 (.7%) (2.7% of population that tested positive)

For more information:

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<https://mthcf.org/the-meadowlark-initiative/>