

## Introduction

- Mood and anxiety disorders, including bipolar disorder (BD), affect 20% of perinatal individuals. This period carries a high risk of new onset or exacerbation of BD.
- Recommendations suggest obstetric clinicians screen for BD during the perinatal period, especially prior to initiating pharmacotherapy, yet this is often challenging.
- Perinatal Psychiatry Access Programs (Access Programs) have emerged across the country to help obstetric professionals meet the needs of perinatal individuals with mental health conditions.
- In this study, we elicited obstetric professional perspectives on barriers and facilitators to managing BD in perinatal patients, and how Access Programs may help or hinder these processes.

## Methods

We conducted three focus groups with obstetric professionals with and without exposure to the nation's first Access Program, the Massachusetts Child Psychiatry Access Program (MCPAP) for Moms. MCPAP for Moms uses training, psychiatric consultations, and provision of resources and referrals to help MA obstetric professionals meet the psychiatric needs of their patients. Focus groups discussed experiences in addressing BD with or without the help of an Access Program, as well as barriers, facilitators, and solutions to caring for perinatal individuals with BD. Qualitative data were coded and analyzed by two independent coders; emergent themes were examined across exposure groups.

Characteristic	All participants (n = 31)	No exposure (n = 7)	MCPAP for Moms exposure (n = 24)
Female gender	27 (87%)	6 (86%)	21 (88%)
Non-White Race	5 (16%)	2 (29%)	3 (13%)
Hispanic/Latino/Latina ethnicity	1 (3%)	0	1 (4%)
Professional Role			
Physician	14 (45%)	7 (100%)	7 (29%)
Non-physician	17 (55%)	0	17 (71%)
Years of experience (#, SD)	11.6 (10.5)	17.4 (15.6)	9.7 (7.9)
Professional setting			
Academic Medical Center or affiliation	18 (58%)	6 (71%)	13 (54%)
Health system without academic affiliation	13 (42%)	2 (29%)	11 (46%)
Screen for bipolar disorder	19 (63%)	2 (29%)	17 (74%)

**Table 1 - Demographic characteristics of focus groups providers**

## References

- ACOG Committee Opinion No. 757: Screening for Perinatal Depression. *Obstet Gynecol.* 2018;132(5):e208-e212.
- Byatt N, Carter D, Deligiannidis KM, et al. Position Statement on Screening and Treatment of Mood and Anxiety Disorders During Pregnancy and Postpartum. American Psychiatric Association. 2018.
- Viguera AC, Whitfield T, Baldessarini RJ, et al. Risk of recurrence in women with bipolar disorder during pregnancy: prospective study of mood stabilizer discontinuation. *Am J Psychiatry.* 2007;164(12):1817-1824.

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## Results

**Figure 1 – Focus group themes on role of the obstetric professional in identification and treatment of BD**

**“I do [think managing BD is part of our role]...I mean, in conjunction with psychiatry and other support services...it’s a multidisciplinary treatment, right? You need therapists, social workers, psychiatrists, OBs...we could all work together.”**

- Provider exposed to MCPAP for Moms

**Theme:** Participants with adequate support see addressing perinatal BD as an important and valuable part of their role as obstetric professionals.

**“Having the support of MCPAP [for Moms] to guide you through [assessment], that’s not our specialty, and to be able to talk on the phone with the specific symptoms of the patient is very helpful.”**

- Provider exposed to MCPAP for Moms

**Theme:** Patient assessment is one of the most challenging parts in addressing BD in perinatal patients for all obstetric clinicians, regardless of exposure level.

**“I’m a lot less scared to prescribe medications than I was probably four years ago because I see the...benefit outweighs the risks obviously, so, I won’t start somebody on a bipolar medication if I think they’re bipolar. But if they’ve been on it and I call and I talk to Dr. XX or Dr. YY and we [talk through] the case and they think it’s appropriate, then I will happily prescribe it.”**

- Provider exposed to MCPAP for Moms

**Theme:** With appropriate support, clinician participants can be comfortable in treating patients with medications for BD.

**Figure 2 – Focus group themes on systemic factors that contribute to barriers and facilitators to address BD in the obstetric setting**

**“And I’ve certainly been to enough lectures now where the topic is untreated depression, untreated anxiety causes, here’s all the bad things that could happen, so it used to be no medications is best and we’re going to take people off of their antidepressants. And it’s certainly not...I feel like we have a different mentality about that.”**

- Provider exposed to MCPAP for Moms

**Theme:** Formal education about BD in perinatal patients is lacking. Exposure to continuing education can help.

**“I would tell the residents that pregnancy’s the only condition in medicine that you get to freely discriminate against. So all these doctors just drop the ball and run when they see a pregnant patient. I’m talking about from the first pregnancy test...like, including your dentist.”**

- Provider exposed to MCPAP for Moms

**Theme:** Coordination of care with outside psychiatric professionals remains a challenge for all participants, regardless of exposure.

**“And for many, there’s many barriers [to mental healthcare]. Patients not able to call. The therapists not having availability. I mean, it’s just there’s a paucity of services in this area, so I think a lot of these women just kind of struggle or...they’re just sub-optimally controlled. And we try our best, but it’s hard when we feel like we don’t have a ton of resources.”**

- Provider exposed to MCPAP for Moms

**Theme:** Participants noted that there is an extreme paucity of mental health clinicians nationwide, and that barriers to care abound. Access Programs and collaboration with other professionals that have specialized mental health training can help to fill some of these gaps.

**Figure 3 – Focus group recommendations for integrating the treatment of BD into the obstetric setting**

**Obstetric professional comfort and competency in managing perinatal BD may be increased with educational efforts and easily accessible resources.**

**Incorporation of the management of BD in the obstetric setting may be further facilitated by recommending efficient ways to integrate practices into existing workflows.**

**Employment of integrated care models and other innovative care delivery methods for patients and babies.**

## Results

Theme	All participants	No exposure	MCPAP for Moms exposure
Formal education about bipolar disorder in perinatal patients is lacking. Exposure to continuing education can help	9.0%	8.7%	9.3%
Clinician participants can be comfortable in treating patients with medications for bipolar disorder with the appropriate support	19.4%	14.4%	24.7%
All participants noted that there is an extreme paucity of mental health clinicians nationwide, and that barriers to care abound. Access Programs and collaboration with other professionals that have specialized mental health training can help to fill some of these gaps	13.4%	15.4%	11.3%
Clinician comfort and competency in managing perinatal BD may be increased with educational efforts and easily accessible resources	16.9%	20.2%	13.4%
Incorporation of the management of BD in the obstetric setting may be further facilitated by recommending efficient ways to integrate practices into existing workflows	6.5%	8.7%	4.1%

**Figure 4 - Associations with themes by exposure status, based on the number of times the themes were coded**

## Discussion/Implications

- Barriers to receiving adequate mental health care abound for perinatal individuals with BD, resulting in many being under- or inappropriately treated.
- Given this, obstetric professionals are increasingly being asked to take a leading role in caring for these patients.
- Though many barriers exist, Perinatal Psychiatry Access Programs, such as MCPAP for Moms, may help to increase obstetric professionals’ ability, comfort, and effectiveness in caring for their patients with BD.
- Perinatal Psychiatry Access Programs may be a useful tool to facilitate obstetric professionals in bridging gaps in mental health care for perinatal patients with BD.