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MCH Innovations Database Practice Summary & Implementation Guidance

Perinatal Continuum of Care

The Perinatal Continuum of Care tool illustrates the myriad services that new and expectant families frequently encounter and describe opportunities to address perinatal mental health across these service sectors, highlights opportunities for providers from across sectors to support mental health and wellbeing for parents, caregivers, babies and families during pregnancy and early parenting and demonstrates that we all have a role to play in helping families find the supports they need to thrive.



		
Location	Topic Area	Setting
Colorado	Mental Health/Substance Use	Community
		
Population Focus	NPM	Date Added
Perinatal/Infant Health	NPM 1: Well-Woman Visit, NPM 2: Low-Risk Cesarean Delivery	October 2020

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Section 1: Practice Summary

PRACTICE DESCRIPTION

The Perinatal Continuum of Care tool was developed to illustrate the myriad services that new and expectant families frequently encounter and describe opportunities to address perinatal mental health across these service sectors. The Perinatal Continuum of Care highlights opportunities for providers from across sectors to support mental health and wellbeing for parents, caregivers, babies and families during pregnancy and early parenting. It demonstrates that we all have a role to play in helping families find the supports they need to thrive. Every service and support highlighted in the continuum of care represents a critical component of perinatal mental health and wellbeing.

“Perinatal” refers to the time during pregnancy and early parenting. It is a critical time for promoting mental health and wellness of families in our community. Perinatal depression and anxiety are the most common complications of pregnancy, and can be detrimental to the mother, child and family. Supporting and prioritizing the mental health of pregnant and postpartum people is vital to the wellbeing of women, children and families. Parental mental health is known to impact the life course of infants from pregnancy and beyond.

The Perinatal Mental Health Action Network (PAN) is a network of metro-Denver partners with passion for perinatal mental health. PAN is convened by the Maternal and Child Health Programs within Denver Public Health and Tri-County Health Department. The two health departments convened PAN to promote a regional approach to addressing perinatal mental health. Partners include health care systems, community mental health, local public health agencies, healthcare providers, mental health providers, policy advocates, and people with lived experience. Through a series of meetings and surveys, participants agreed they wanted to focus on understanding and expanding the perinatal mental health continuum of care.

We engaged PAN participants in thinking about the continuum of care in a way that led us to think broadly about mental health and wellbeing. After many iterations, we landed on a conceptualization of the [perinatal continuum of care](#) that illustrates the “wheel of support” available for families. With the person at the center, the tool illustrates the importance of social connections, informal supports and self-care. Mental health and other critical intervention services, including substance use and interpersonal violence, are included. While there is an urgent need for these services, the continuum of care also demonstrates that perinatal mental health is dependent on so much more. Parent and community support, basic needs, and whole-person focused health services are also necessary.

The Perinatal Continuum of Care includes a description of each service and support contained within the wheel of support. These descriptions highlight the relevance of the service to perinatal mental health, give examples of how professionals in this service area can promote perinatal mental health, and link to relevant resources. The continuum also includes cross cutting strategies that are applicable across sectors, including awareness and education, policy and advocacy, and integration of behavioral



health. These are strategies that can be used within or across service sectors to promote perinatal mental health. In addition to supporting service delivery, the tool can be used to assess opportunities and gaps within the service system, allowing communities to improve their service landscape by understanding where they may need to build the capacity to support perinatal mental health.

CORE COMPONENTS & PRACTICE ACTIVITIES

The core components of the Perinatal Continuum of Care practice include convening cross-sector partners with an interest in perinatal mental health, facilitating systems thinking to improve understanding of the complex forces that shape perinatal mental health, and identifying opportunities to influence those forces through clinical, policy, and system-level strategies.

The Perinatal Continuum of Care highlights opportunities for providers across sectors to support mental health and wellbeing for parents, caregivers, babies and families during pregnancy and early parenting. It encourages providers to recognize and embrace their role in supporting perinatal mental health and highlights available resources so that providers can help families connect with the supports they need to be resilient and thriving.

While supporting resource navigation is a goal of the Perinatal Continuum of Care, it was never our intention to create (or re-create) a comprehensive resource guide. Rather, we focused on illustrating the various services and supports families are likely to encounter and describing opportunities to address perinatal mental health across these services. The continuum also promotes cross cutting strategies that are applicable across sectors, including awareness and education, policy and advocacy, and integration of behavioral health. These are strategies that can be used within or across service sectors to promote perinatal mental health.

At the provider-client level, the perinatal continuum of care calls on providers across sectors to be an advocate for perinatal mental health and provides specific examples of actions they can take, including raising awareness, providing education, and connecting families to resources. As public health providers, we have the opportunity to build capacity to support these changes in health care and other service systems.

At the system level, the tool provides a framework for leveraging opportunities to promote perinatal mental health within and across sectors. It opens us up to thinking about new, innovative public health strategies, such as building infrastructure to promote social connections, that public health can employ to support perinatal mental health.



Core Components & Practice Activities

Core Component	Activities	Operational Details
Engage stakeholders	Convening of cross-sector partners, including people with lived experience	Recruit partners, conduct meetings and surveys, facilitate prioritization of projects, collect, and implement feedback
Framework development	Mapping points of influence across the perinatal period and across service sectors, identifying services and supports in each sector	Using systems mapping strategies and elements of human-centered design, the Perinatal Continuum of Care tool was developed and includes a description of each service and support contained within the wheel of support. We include descriptions that highlight the relevance of the service to perinatal mental health, give examples of how professionals in this service area can promote perinatal mental health, and link to relevant resources.
Education/activation	Educate and encourage providers from a variety of service areas to recognize and embrace their role in supporting perinatal mental health and highlight available resources so that providers can help families connect with the supports they need	Developed a toolkit, trained network members and recruited champions to disseminate the tool among partners

HEALTH EQUITY

PAN serves as the Programs and Services workgroup of [Colorado's Maternal Mental Health Collaborative & Framework](#). One of the goals of the MMH Collaborative & Framework is a Comprehensive, Inclusive, and Responsive Continuum of Care. This goal will be realized when communities, providers, employers, insurers, families and other key stakeholders establish an effective, coordinated and culturally responsive continuum of care accessible to all Coloradans.

The development of the Perinatal Continuum of Care was anchored in our commitment to achieving systemic equity through inclusive practices and communication. For example, we utilized the [Gender](#)



[Inclusive Language Guide](#), which is a living document that was developed for the Colorado Maternal Mental Health Collaborative and Framework as a resource to support aligned efforts for a more equitable and inclusive approach to perinatal mental health.

The Perinatal Continuum of Care improves health equity by expanding our thinking about where and how perinatal mental health is addressed. Recognizing that historically marginalized communities may have less trust in the health and mental health care systems, the Perinatal Continuum of Care demonstrates the myriad ways that professionals from a variety of service sectors, some of which may be more trusted, can support perinatal mental health. This holistic approach increases equity by diversifying mechanisms and opportunities for families to access mental health support. When a variety of service sectors are comfortable addressing mental health through awareness, education, and referral, we create more pathways to the services families need. This increases the likelihood that the support offered feels relevant to the family and may improve uptake of more formal services when needed because the education and referral comes from a provider that families trust. When we build the capacity of a broader workforce to be comfortable addressing perinatal mental health, this diversifies options for families, and ultimately results in more families connecting with the care they need.

EVIDENCE OF EFFECTIVENESS

While this practice has not been formally evaluated yet, one indicator of success is the uptake and utilization of a tool by stakeholders. In a March 2020 survey of PAN members, over 50% of PAN members (N=29) had shared the Perinatal Continuum of Care with colleagues and over 80% were enthusiastic about a plan to create sector champions to continue to promote the tool.

Section 2: Implementation Guidance

STAKEHOLDER EMPOWERMENT & COLLABORATION

PAN is convened by the Maternal and Child Health Programs within Denver Public Health and Tri-County Health Department. Partners include more than 30 active individuals from health care systems, community mental health centers, local public health agencies, healthcare providers, mental health providers, policy advocates, and people with lived experience. PAN is aligned with the [Maternal Mental Health Framework for Colorado](#). PAN implements the Programs and Services strategy area and focuses on the goal to create a comprehensive, inclusive, and responsive continuum of care.



The process to develop the Perinatal Continuum of Care was driven by our stakeholders through their participation in PAN. Through a series of meetings and surveys, we engaged PAN members to develop priorities, and they chose to focus efforts on developing a continuum of care. In the development stage, PAN members engaged in activities that helped us identify the key components of the continuum of care, including the importance at conceptualizing the family at the center of the work, the sectors to include, the resources to highlight, and the messages about the roles that providers across sectors play in supporting perinatal mental health. Throughout the iterative process, PAN members made decisions about how the Perinatal Continuum of Care looked and what information was included. The result is a product that has been embraced by stakeholders because of their involvement in creating it.

Convening partners to understand or create their local continuum of care is a valuable exercise in systematically addressing perinatal mental health. Within PAN, our mutual understanding of the factors that influence mental health increased. Partners have embraced the opportunity to share this information with colleagues, with over 50% of our membership sharing it in the past year.

REPLICATION

This practice has not yet been replicated.

INTERNAL CAPACITY

The Perinatal Continuum of Care was a product developed by the Perinatal Mental Health Action Network (PAN). Both the coordination and facilitation of PAN and the development of the Perinatal Continuum of Care tool were supported by Maternal and Child Health Program Coordinators at two local health departments as a part of their work as Local Public Health Agencies under the Title V Block Grant. In addition, this work was supported by a statewide effort known as the [Maternal Mental Health Framework and Collaborative](#), which provided backbone support. The support was primarily provided by one facilitator whose role included helping with meeting planning and facilitation, incorporation of human-centered design concepts, and data collection from members. In total, these three personnel dedicated about 20-40% of their FTE to this project, with time dedication varying greatly week-to-week. None of the personnel had their time fully dedicated to the development and implementation of this practice. Skills necessary to implement this practice include a knowledge base of perinatal mental health concepts, issues, and resources; facilitation skills and the ability to foster collaboration across sectors; systems thinking and the understanding of intersectionality; and communication including listening, reflecting, summarizing, and distilling complex information.

As mentioned, this work was supported under the infrastructure of two local public health agency's Title V programs, as well as a statewide Maternal Mental Health Framework and Collaborative, a privately funded, state-supported initiative designed to promote alignment across maternal mental health initiatives in Colorado. Having this infrastructure assured that the practice aligned with the



state-identified goal to have a “comprehensive, inclusive, and responsive continuum of care.” This infrastructure also provided backbone support, which included meeting facilitation, which allowed the two Maternal and Child Health Program Coordinators, who both had the content expertise needed, to participate in meetings that led to the development of the Perinatal Continuum of Care.

We did not have internal capacity to design the Perinatal Continuum of Care and utilized contract graphic designers to support that aspect of the initiative. In replicating this practice, we do not think local public health agencies would need to re-create the design of the Perinatal Continuum of Care. Instead, the Perinatal Continuum of Care can be utilized to assess opportunities and gaps within the service system to improve service landscape, prioritize opportunities to increase awareness of existing services, and build capacity where needed.

PRACTICE TIMELINE

Phase: Planning/Pre-Implementation		
Activity Description	Time Needed	Responsible Party
Securing facilitation and meeting support resources from backbone agency (Maternal Mental Health Framework and Collaborative)	Spring 2018 10 hours	N/A.
Convening stakeholder group (PAN), establishing identity, purpose, and priorities	June-Oct 2018 20 hours	N/A.

Phase: Implementation		
Activity Description	Time Needed	Responsible Party
Developing the Perinatal Continuum of Care tool/framework	Nov 2018-June 2019 40 hours	N/A.



Contract with graphic design	Mar-June 2019 10 hours	N/A.
Alignment with backbone agency and incorporating into website	June-Aug 2019 10 hours	N/A.
Promoting Perinatal Continuum of Care tool/framework to stakeholders within and outside of PAN	Sept 2019-June 2020 40 hours	N/A.

Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Developing Dissemination Toolkit to support stakeholders in promoting the Perinatal Continuum of Care	Sept 2019-June 2020 20 hours	N/A.
Promoting the Perinatal Continuum of Care with new stakeholder as a framework for assessing gaps and opportunities within communities	June 2020-present 40 hours	N/A.

PRACTICE COST

Many of the costs expended were used to develop the Perinatal Continuum of Care map and online tool and were one-time costs. We anticipate that others interested in adapting the tool for their community or population of service will be able to modify the tool with minimal expense.



Budget

Activity/Item	Brief Description	Quantity	Total
Meetings (Perinatal Action Network members - full group)	Perinatal Action Network convened quarterly. Food and beverages provided for approx. 30 members x 6 meetings	N/A.	\$500
Meetings (Perinatal Action Network - small workgroups)	Workgroups convened periodically. Food and beverages provided for approx. 8 members x 6 meetings	N/A.	\$250
Graphic design and website development	Expand the perinatal continuum of care map into an interactive online tool for partners	N/A.	\$5,000
Printing	Print color copies for distribution	N/A.	\$250
Total Amount:			\$6,000

LESSONS LEARNED

In developing the Perinatal Continuum of Care, we learned that there is interest and compassion for perinatal mental health from a diverse and multi-disciplinary network of partners. We also learned that there is value in going through a process with partners to better understand the complex forces that shape perinatal mental health. In our experience, the process led to a collective understanding that emerged among our partners that “we all have a role to play in helping families find the supports they need to thrive.” This collective understanding is foundational to transforming our perinatal system of support and has become our tagline for explaining and promoting the Perinatal Continuum of Care tool.

The strength of this practice was the development of a framework for articulating the complex forces that shape perinatal mental health and identifying opportunities to influence those forces through clinical, policy, and system-level strategies. Convening partners to understand the continuum of care developed our mutual understanding of the factors that influence mental health increased and was a strength of this work. Another asset that proved invaluable was employing an empathy exercise,



which called on participants to role-play responses and reactions that various professionals who work with perinatal families may have when faced with mental health challenges. Through this exercise, we found common themes, including compassion, overwhelm, and often a sense of helplessness, that resonated across professional groups. We returned to these themes often in this practice and they guided the development of the Perinatal Continuum of Care tool.

Many of our challenges in this work are those that are common to collaborative initiatives, including listening to and incorporating the voices of the many stakeholders involved. We addressed these challenges in a variety of ways. We provided opportunities for participants to give input via surveys as well as in-person meetings and we formed small working groups to synthesize high level feedback from stakeholders and incorporate it into our final tool. Another challenge we've faced is in supporting stakeholders to share the Perinatal Continuum of Care tool with others. To address this challenge, we developed a Dissemination Toolkit (see Appendix) and introduced Individual Action Planning into meetings to encourage and support members to develop at least one feasible action step they could take in their work to promote the use of the Perinatal Continuum of Care.

NEXT STEPS

We are expanding on the core components of this practice, outlined above, to disseminate the Perinatal Continuum of Care and encourage its use to improve perinatal mental health through clinical, policy and systems level change. As local public health agencies, we are well-positioned to promote collaboration across sectors and foster intentional systemic alignment to support perinatal mental health.

For example, the tool has been adopted by the [Colorado Partnership for Thriving Families](#) (CPTF) to be used by communities to assess their system of support for expecting and expanding families and create a plan to move toward a universally-available, voluntary, and culturally responsive system of supports. CPTF is a state-local collaborative that has come together to prevent child maltreatment, specifically in the 0-1 age range, by positively and proactively supporting strong and healthy family formation. CPTF identified the Perinatal Continuum of Care as a framework to consistently assess and build capacity across the sectors that represent "early touchpoints" for expectant and expanding families in partner counties. The adoption of the tool within the Family Support sector illustrates that this framework resonates across systems that support families. An evaluation plan is currently being developed to better measure the capacity building efforts for "early touchpoints" in communities across Colorado. We are currently supporting CPTF in using the Perinatal Continuum of Care in this way and look forward to sharing the results.

RESOURCES PROVIDED

- [Perinatal Continuum of Care Online Tool](#)



- [Perinatal de Atención Continua](#)
- [Perinatal Action Network Video](#)
- [Perinatal Continuum of Care Dissemination Toolkit](#)
- [Perinatal Continuum of Care Development Summary](#)

APPENDIX

- N/A.

