

Family Planning Only survey summary

The purpose of this Doctor of Nursing Practice (DNP) project is to determine how and when mental health screenings are conducted in Washington's family planning settings serving Family Planning Only (FPO) clients. Although FPO isn't comprehensive Apple Health (Medicaid) coverage, the purpose of the coverage is tangential – a public health benefit for those who otherwise wouldn't have health care coverage.

The information from this project will be utilized to strengthen current practice and better support communities who are eligible for FPO, an 1115 waiver program managed by the Health Care Authority (HCA). Most of the client base is between the ages of 15-44 years, proactively seeking family planning services, and ineligible for Apple Health due to higher income or seeking confidential coverage. The goal of the FPO program is to help patients take control of their sexual health, make informed health care decisions, and facilitate access to their contraceptive method of choice. The waiver's purpose allows us to explore how the policy can best meet Washingtonian's needs.

Mental health disorders (e.g., depression, anxiety) disproportionately affect people with childbearing capabilities during their reproductive years (15-44 years of age). Per the Centers for Disease Control and Prevention, 1 in 10 people have a mental health diagnosis, which can increase the risk of contracting a sexually transmitted infection, interfere with the motivation or ability to prevent unintended pregnancy, and increases the risk of perinatal mood disorders.^{1,2} Behavioral health diagnoses have also been linked to sexual behaviors that place people at higher risk for sexually transmitted infections, impaired planning capacities, non-adherence to contraception methods, and increased risk of unintended pregnancy with subsequent perinatal mood disorders (PMD) like depression, anxiety, and anxiety-related disorders.^{2,3}

The [2023 Washington State Maternal Mortality Review](#) panel and report determined that behavioral health conditions, including mental health and substance use, comprised the leading causes of pregnancy-related deaths. The review also elevated significant racial and ethnic inequities. Maternal mortality rates were 2.5 to 3 times higher for non-Hispanic Black people and 8.5 times higher for non-Hispanic American Indian and Alaska Native people. Inequities exist for morbidity as well. Black women and other women of color are at a higher risk for depression, anxiety, and anxiety-related disorders because of structural racism, which can impact the quality of care and increase risks for pregnancy-related medical complications, trauma, mental health conditions, chronic stress, and chronic disease. This population is often underrepresented in the data despite the knowledge of this disproportionate burden.⁴ In terms of solutions, the review highlighted that increasing screenings, knowledge, access, treatment options, and reimbursement could have prevented 80%+ of pregnancy-related deaths.

People of reproductive age often report that their family planning provider is their only healthcare provider, making depression, anxiety, and anxiety-related disorder screening imperative at preconception visits.³ The FPO program aims to 1) improve access to family planning and family planning-related services, 2) reduce unintended pregnancies, and 3) promote healthy intervals between pregnancies and birth. The FPO program provides health care coverage for many who would otherwise not have it and has the potential to be meaningfully leveraged to aid providers ability to support improved preconception and perinatal outcomes for our community.

[View the provider survey](#) for mental health screenings in sexual and reproductive health visits.

We acknowledge that supporting a client's well-being and mental health is not without its complexities. Thank you for being partners in public health and supporting best outcomes for those who are capable of pregnancy.

Citations

1. Centers for Disease Control and Prevention. Reproductive Health. Depression Among Women. Updated May 22, 2023. Accessed October 7, 2023.
<https://www.cdc.gov/reproductivehealth/depression/index.htm>
2. Schonewille NN, Rijkers N, Berenschot A, Lijmer JG, van den Heuvel OA, Broekman BFP. Psychiatric vulnerability and the risk for unintended pregnancies, a systematic review and meta-analysis. *BMC Pregnancy Childbirth*. 2022;22(1):153. Published 2022 Feb 25. Doi:10.1186/s12884-022-04452-1
3. Centers for disease control and prevention. Providing quality family planning services: recommendations of CDC and the U.S. Office of Population Affairs. April 25, 2014. Accessed October 7, 2023.
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w#Tab2
4. Washington State Department of Health. Washington State Maternal Mortality Review Panel: Maternal Deaths 2017-2020. Last updated February 2023. Accessed October 7, 2023.
<https://doh.wa.gov/sites/default/files/2023-02/141-070-MaternalMortalityReviewPanelReport-2023.pdf?uid=64515dc593595>

For supplemental research purposes, below is a list of additional evidence used in the full report:

- Kee MZL, Ponmudi S, Phua DY, et al. Preconception origins of perinatal maternal mental health. *Arch Womens Ment Health*. 2021;24(4):605-618. Doi:10.1007/s00737-020-01096-y
- The American College of Obstetricians and Gynecologists. Summary of Perinatal Mental Health Conditions. Last updated 2019. Accessed October 7, 2023.
<https://www.acog.org/programs/perinatal-mental-health/summary-of-perinatal-mental-health-conditions>
- Hipwell AE, Tung I, Krafty RT, et al. A lifespan perspective on depression in the postpartum period in a racially and socioeconomically diverse sample of young mothers. *Psychol Med*. 2023;53(10):4415-4423. Doi:10.1017/S0033291722001210
- Rinne GR, Davis EP, Mahrer NE, et al. Maternal depressive symptom trajectories from preconception through postpartum: Associations with offspring developmental outcomes in early childhood. *J Affect Disord*. 2022;309:105-114. Doi:10.1016/j.jad.2022.04.116

- Spry EA, Moreno-Betancur M, Middleton M, et al. Preventing postnatal depression: a causal mediation analysis of a 20-year preconception cohort. *Philos Trans R Soc Lond B Biol Sci.* 2021;376(1827):20200028. Doi:10.1098/rstb.2020.0028
- Kiely M, El-Mohandes AA, Gantz MG, Chowdhury D, Thornberry JS, El-Khorazaty MN. Understanding the association of biomedical, psychosocial and behavioral risks with adverse pregnancy outcomes among African-Americans in Washington, DC. *Matern Child Health J.* 2011;15 Suppl 1(Suppl 1):S85-S95. Doi:10.1007/s10995-011-0856-z
- Björkstедt SM, Koponen H, Kautiainen H, et al. Preconception Mental Health, Socioeconomic Status, and Pregnancy Outcomes in Primiparous Women. *Front Public Health.* 2022;10:880339. Published 2022 Jul 13. Doi:10.3389/fpubh.2022.880339