Steve: Okay, our next presenter is Kristin Mattocks, who is associate chief of staff for research and education at VA Central Western Massachusetts. I had them look that up. Associate professor at Quantitative Health Sciences at University of Massachusetts Medical School. Her presentation today will be examining patterns of mental health utilization among pregnant and postpartum Veterans.

Kristin Mattocks: Thank you, Steve. So for many of you in the room, this will be a first time that you have heard about pregnant women in the VA. In fact, you may be surprised that there are pregnant women and this will absolutely be the first time that you have heard about babies in the VA and we do actually have babies. So in many ways, this presentation will be interesting, maybe not, whatever. Anyway, so this is the study we will be presenting.

This is Rebecca Baldor and myself. Rebecca, I know that none of us would be able to exist without phenomenal research coordinators and Rebecca Baldor is one of the best out there. So she really coordinates our overall study. Study coordinators are also amazing because they come up with acronyms that by yourself you would never be able to come up with. So Rebecca has named this study Comfort. Every single time I refer to it, I have to say to her what does this stand for again? So she was able to tell me that our study was Center for Maternal and Infant Outcomes Research and Translation. I am not an acronyms person but that’s the name of our study. I want to thank HSR&D for funding this study a couple of years ago.

So this is a big cohort study. Again, let me say that this study would not be possible without the Women’s Practice Based Research Network. I see Susan Frayne is here. Diane Carney is here. This is a wonderful consortium of facilities across the country where we have a site PI at each of those sites who is willing to stand up and say, “Yes, if you want to do a multi-site study, I would be willing to help you out at this particular site.” This is really important for women’s health and the reason for that is that probably many of you know that at any given facility, we don’t have a lot of women Veterans. So if we want to look at a problem, we really need to rely on other facilities to help us look at that problem together.

So I have organized a group of people across the country. I want to say women, but they are not all women. John Zebra is here. We also have Ellen Kroshka in Denver, but this is our group of site PI’s. Many of them are in the room. Lori is here. John is here. There are a number of other folks. So we couldn’t do this study without the help of Susan and Diane without all of these wonderful site PI’s.

Let me just say that when, another little plug for the PBRN, when we picked these sites, the nice thing about having such a broad network of PBRN sites is that it lets you say hey, I really want to make sure to choose large urban sites. I want to make sure to choose smaller sites. Fargo, North Dakota is one of my favorite sites. So you really can have the opportunity to pick sites across the country that will really help you get your research done. So this is our site. This is also a map of the sites in case you were not able to understand exactly where the sites are in the United States, but this is our \_\_\_\_\_ [00:03:31] sites.

So what is this project about? You know maternity care in the VA is a very interesting thing. Because we do have, it’s been included in the benefits package since 1996. The original benefits package did not include any coverage for newborns, but actually very interestingly and this is something that is under revision, possible revision right now, around 2012, there was a policy revision that the VA said we will cover up to seven days of infant care under the VA benefits package for women who are eligible for VA maternity benefits. So actually as a matter of fact now, we actually have babies that the VA covers. We have a cohort of babies that the VA covers which to me is very, very exciting.

There are actually some current—I checked in with Patty Hayes, who is the chief sort of executive of women’s health in the VA. There have been a couple of pieces of legislation out there to extend that benefit from seven days to 14 days. Those actually are happening right now, but they haven’t been voted on. I don’t think they have made it out of committee onto the floor yet. So that could be something you see in the future.

The interesting thing about women Veterans and pregnancy in the VA is for all practical purposes, there is not a single VA facility in this country that provides onsite sort of prenatal obstetrical care. Some of the larger facilities might do a few things, but for the most part, women must leave the VA during pregnancy to get their care. You can imagine that they essentially become lost to us. Our efforts now are making sure that they don’t become lost to us, but we really don’t want to lose track of what happens to those women when they get that care through choice care, through fee care. This is VA paid care. So we are interested in that.

We started to get very interested in this not long after the infant benefit started to come out. We found in a study that we did in 2002 that indeed the number of deliveries in the VA was increasing over the years. So more and more women are coming to the VA who are pregnant and who are choosing to use VHA maternity benefits to have their babies. This was a paper that showed that.

We also sort of early on got very interested in the degree to which those women Veterans had mental health conditions. So this is a paper that we did in 2010 that looked carefully. This is actually the women Veterans’ cohort study. Sally Haskell is here. She was one of the PI’s of that study. So we just wanted to get a sense of the degree of mental health burden among those pregnant Veterans. As you can see here in this data set analysis, there was a pretty significant amount of mental health burden. We thought that there would be people who would say “Oh, that’s all just postpartum depression.” So we really tried to show that these were diagnoses that people had before they actually had their babies. So we knew that there were mental health issues.

So there is now, I am happy to say, a group of researchers around the VA who are really starting to think about these problems related to pregnancy and mental health and various aspects of pregnancy. Speaking in a room just a few doors down is Jonathan Shaw, who has done a good amount of research in this area. One of the reasons I have put his study up is that it really shows that there are—we are not talking about a small number of women here. His recent study looked at all VA paid deliveries between 2000 and 2012 and there 15,998 deliveries. So as far as I am concerned, that is 15,000 pregnancies we need to know about what’s going on and how those women are getting the care they need, but that’s also nearly, it’s probably more than 16,000 babies that are covered by VA insurance. We need to be caring about those babies as well.

Jody Cayton is doing some great work. We just put out a paper. Actually, it came out two days ago. It’s located at program and intervention we designed of VISN1 maternity care coordination program, which is a centralized care coordination program. Geetha Shivakumar is doing some stuff in the Dallas area and Jonathan has done a good amount of work. So this is not new work where there is a body of us who are starting to do this work.

So the goal of our study when we got it funded a number of years ago was to really start to look at maternity care coordination for women Veterans to understand what happens when women get pregnant and they must leave the VA and get care. How do they do that? Do they have trouble doing that? Do they have an easy or difficult time finding a non-VA provider? If they have mental issues, are they able to continue that care? So it’s sort of a big body of research that we are looking at. So our sub-aim particularly for this study is to look specifically at mental health and care coordination, but there are sort of bigger study aims.

So in terms of how we did this, at those 14 VA facilities nationwide, we have a local side coordinator who basically when a woman becomes pregnant, she enters that woman’s contact information into a SharePoint database. Then we send her, those women a letter of invitation to participate in our study. Women who are interested in participation in our study basically do two things with us. They do an interview, actually a survey with us at about 18, 16 to 18 weeks of pregnancy. They do another survey with us when they conclude their pregnancy, so about 12 weeks postpartum. Then we send them a care coordination survey after that. This is interesting. Originally, that survey was going to be a part of the pregnancy, the postpartum survey, but then we realized that women are sort of juggling babies and trying to do these interviews. So we thought we will just put this in the mail and make it easier. So the rest of that is you can look at it there.

So in terms of what we do with those women during both the pregnancy and postpartum survey, we asked a lot of questions, demographic. We get a sense of their medical and mental health history, the challenges they might have experienced getting prenatal care in the community. We ask a lot of questions about that, lots of social support, maternity care coordination. Military sexual trauma we have just recently added questions about intimate partner violence and combat trauma, a lot of stuff with substance abuse, non-VA care. We do a depression screening. Then we started to do some work on infant outcomes which I will show you one slide on.

Okay, so this is not a fancy—don’t everybody get excited about the results. This is at this point still very observational and kind of early in the study, but to date we have enrolled about 381 women, pregnant women into our study who have, those are the women who have consented. At present, we have interviewed during pregnancy about 353 of those women. Of those women, about 212 of them have had babies and have done that postpartum survey. So that’s kind of the group that we have so far.

So who are these women? This is pretty cool. So median age of about 32. I always get tired of seeing the race demographics but we always list white first so I decided I am not going to do that and I am going to list the proportion of women that we have black in the study just about 36 percent. The majority are white, a smaller number Hispanic. These are kind of interesting. About 28 percent have private insurance. This gets important for those delivery of those pregnancy services. About 11 percent have Medicaid and 18 percent Tricare. Now, this is about 80 percent of them have used those VA maternity benefits I talked about. The rest of them are using Medicaid or they are using their private insurance. They are still invited to participate in our study, but the majority of these are using benefits and about 50 percent are part time.

So this is where it gets a little bit interesting. Now, remember to get the VA in the past three years have gone through a lot of change in terms of the choice program. We have all heard about the challenges in terms of getting that. So the first pregnancy isn’t as interesting. The piece that gets a little bit more interesting is the percentage of women who received their prenatal care visit 13 or more weeks of pregnancy and similarly those who said that they received prenatal care later than they would have liked it. When we interviewed those women, we find out that they had a hard time finding a choice provider in the community to provide care. They were sort of bouncing back and forth about trying to find a provider. Sometimes those at that particular facility, what would happen is that they would think they would look for a choice provider, but there were none available in the community. So they would have to use speed care. So there were some problems accessing prenatal care in that group.

This is a huge success as far as I am concerned for our VA. Three or four years ago, we instituted a national VA maternity care coordination program where every single VA has a maternity care coordinator, not full time, but who is there to help women get pregnancy services. Seventy-seven percent of women in our study had used that VA care coordinator on some level to help them with some aspect of their pregnancy, which I think is a show of success about that program.

So what do these women look like? Really high rates of diagnosis of depression, back to your anxiety disorder, PTSD, mood disorder. We asked about these things. We have eating disorders, I think, too. But here is kind of the—the importance about the slide that I want you to look at is there are a good amount of mental health sort of histories here. Here are sort of our presence in terms of when we actually screened them for this is using EPDS. The percent of women with EPDS greater than 15 during pregnancy was about 12 percent, nine percent. So those are pretty common.

A good deal of military sexual trauma history, 51 percent had reported being harassed in the military. A really high number, 30 percent report actually having threat or actual contact in terms of sexual trauma. So these are women who have really had some substantial mental health and military experiences. Here is where it gets interesting. Okay, so remember that about 50 percent of those women had depression or something like that. When you ask them who of you are seeing a mental health provider basically at the time of pregnancy diagnosis, we have about 36 percent of women who say, “Yes, I am seeing a mental health provider.” This is at that 18 week interview. In about 90 percent of those providers are VA providers. So okay, we are good with that. However, when you jump down and you ask those same women the question during the postpartum period, how many of you continue to receive mental health treatment during pregnancy, it drops, right. So only about 20 percent of those women have received mental health care during pregnancy, most of them from a VA provider. I don’t think I have it on the next slide. I’ll get to that in a minute. But my point is that there is a big mental health burden here. I think we are losing some of those people in terms of getting the mental health care they need during pregnancy. So that’s something I am worried about.

If you ask those women why is it that you either didn’t or don’t think that you need mental health treatment during pregnancy, this is really interesting. A good portion of them say, “I don’t think I need it. I think I’m going to be fine during pregnancy.” We all know that pregnancy is a period of time where things might be rocky so you probably should still be getting mental health treatment. Seventeen percent of them thought that their provider wouldn’t need, that they wouldn’t need mental health treatment during pregnancy. Seventeen percent of them completely misunderstood their benefits and thought that the VA wouldn’t allow them to be there during pregnancy. Then another seven percent said, “I thought I had to come back after pregnancy.” So there is this sort of misconception of women really thinking that they are not allowed to be in the VA during pregnancy.

I love this slide. It’s cool because this is the first really demonstration of the babies that we have in the VA. This is great, right. So far we have 212 babies that have been born into this study. These are not unusual statistics. About 12 percent of them are born at less than 37 weeks, so a little bit early. Ten percent of them had a low birth weight, though not too many dangerously low. Some of them required NICU hospitalization at birth. The reason why this is important is remember the VA only pays for seven days of care. So after those seven days of care, essentially those women, those babies are no longer covered by the VA. That wouldn’t be a huge problem except for the fact that we do see that there are roughly nine to ten percent of the women who say that those babies are uninsured at three months following delivery. So that’s a little bit of a concern, but as we continue to grow this cohort, I hope to learn more about the babies and I hope to learn more about the mental health impacts of these women’s conditions on these babies.

So in conclusion, we are finding out some interesting things from this cohort study. I think we are seeing a good amount of mental health issues among the women. We are seeing some lack of coverage I think for women during the pregnancy or during the postpartum period, which we need to pay more attention to. We need to really be thinking about care coordination. I can’t emphasize that enough. We need to understand what happens to women in that transition between the VA and non-VA and understand how we can improve that. I think there are some efforts being made to do that, but I think that many more efforts need to happen. I think that we need to be talking to women about the fact that you really don’t lose your VA benefits during pregnancy. You certainly can continue to see your mental health provider. I think that’s my last slide. So thank you very much.

[Applause]

Steve: Questions?

Unidentified Male: So I guess that there are 320—how many people do you reach out to? What is your response rate and wanting to participate?

Kristin Mattocks: Right so overall in terms of the eligible women that we have had at the 14 sites, there are about 1,000 women who are eligible to participate in the survey and about 350 have been, 375 have consented. So I think that’s not unusual. That’s probably to be expected. Some sites do enroll more women than others.

Unidentified Male: The people who did participate though are completing both questionnaire? It’s just a matter of timing?

Kristin Mattocks: It’s a matter of getting them through their pregnancy. We find a very high retention rate. I think our retention rate is better than 90 percent in terms of the women who we have expected to have had a baby and then have had. Then that postpartum coordination survey also the participation rate is very high. You are incentivized at each of those points.

Steve: Any other questions? Okay, thank you.

[Applause]

[End of audio]