RECOMMENDATION:

Care Delivery #3

Encourage medical providers who traditionally take care of infants (pediatricians, family medicine physicians, etc.) to participate in a pilot program to evaluate the health outcomes and cost savings associated with educating and screening postpartum moms for health conditions. Explore billing for dyadic services to better address the health needs of moms and babies.

Action Steps

- Conduct a statewide assessment of programs currently providing education and screenings to postpartum mothers. Expand that assessment to evaluate available outcomes data, associated expenditures, and expenditures avoided from adverse outcomes.
- Leverage findings from that assessment to inform the planning and implementation of a pilot program for medical providers traditionally involved in pediatric care to provide postpartum education and health screenings for new mothers during well-child visits. Utilize the patient outcome data to examine cost savings from this program.
- Expand provider awareness of dyadic service delivery models and the existing infrastructure for reimbursement of dyadic service provision. [gg]
- Explore opportunities for enhanced reimbursement mechanisms for more robust service delivery in pediatric settings for new mothers and infants.
- Increase the accessibility of dyadic services.

Context

BEHAVIORAL HEALTH

Untreated postpartum depression exacerbates existing poor health outcomes among mothers and infants, and costs the US more than $14 billion each year.[395] Nationally, it is estimated that one in seven Medicaid beneficiaries experience postpartum depression, and only 10% of mothers who are screened and referred for treatment actually receive care.[396] Many new moms have their first postpartum OB/GYN appointment six weeks after delivery.[397] However, "the American Academy of Pediatrics recommends routine screening for postpartum depression during well-child visits at 1, 2, 4, and 6 months of age."[398] In South Carolina, pediatricians are reimbursed through Medicaid to screen for postpartum depression.[399] It has been reported that three in four mother-infant pairs received more preventative care visits during pediatric settings than adult settings in the

[gg] Although more common to behavioral health, dyadic treatment can also be used for physical health. For example, dyadic treatment has been studied for its impact on weight management and physical activity, as noted in two studies: (1) Kang Sim, D. E., Strong, D. R., Manzano, M. A., Rhee, K. E., & Boutelle, K. N. (2020). Evaluation of dyadic changes of parent-child weight loss patterns during a family-based behavioral treatment for obesity. Pediatric obesity, 15(6), e12622. https://doi.org/10.1111/ijpo.12622 and (2) McCullough, A. K., Duch, H., & Garber, C. E. (2018). Interactive Dyadic Physical Activity and Spatial Proximity Patterns in 2-Year-Olds and Their Parents. Children (Basel, Switzerland), 5(12), 167. https://doi.org/10.3390/children5120167 (Carolan, M. Email to Pack, M. 2025, March 7)

year following delivery.[400] It has been well documented that postpartum depression screening in pediatric/family medicine settings is not only effective but also feasible based on the well-child visit schedule, positioning providers well to identify depressive symptoms early.[401, 402, 403] Despite the efficacy of this approach, a lack of parity in coverage and reimbursement mechanisms between physical and mental health conditions presents a significant barrier.[404]

One private South Carolina insurer noted, "there could well be possible billing issues depending on the code combinations. But we can control these code combinations in terms of editing (meaning that the claims system here can accommodate them). If we determine that it is appropriate for our providers to participate in these programs, we can reimburse them for the service they are providing. We would setup our system(s) to allow the codes to pay separately. This can be done at the code or provider level. The bottom line is that without coding for the changes, payment would not occur. But with proper approvals and work ahead of time we can handle it."[405]

According to Medicaid policy, "via Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits and periodicity schedules, Medicaid currently reimburses Caregiver-Focused Health Risk Assessment (e.g., depression inventory) for the benefit of the patient. This code is limited to a frequency of two times per DOS (date of service). Examples of standardized screening instruments include, but are not limited to, the Edinburgh Maternal Depression Screen and the Safe Environment for Every Kid (SEEK)."[406]

In terms of data, the Alliance for Innovation on Maternal Health has developed a robust resource collection of data-driven maternal safety and quality improvement practice guidelines broadly categorized as "AIM Bundles." Among these bundles are two specific to the behavioral health of pregnant and postpartum women: "Perinatal Mental Health Conditions" and "Care for Pregnant People and Postpartum People with Substance Use Disorder."

SCDHHS is the lead agency working with statewide champions to implement these bundles, with a current focus on the Severe Hypertension in Pregnancy Safety Bundle. SCDHHS has indicated TMaH funding will be used to support AIM implementation statewide.[407] An overview of behavioral-health-specific AIM bundles is available in Figures 1 and 2 in the Appendix.

PHYSICAL HEALTH

More work is needed to ensure that providers typically caring for infants can assess and address physical health problems in the mother.

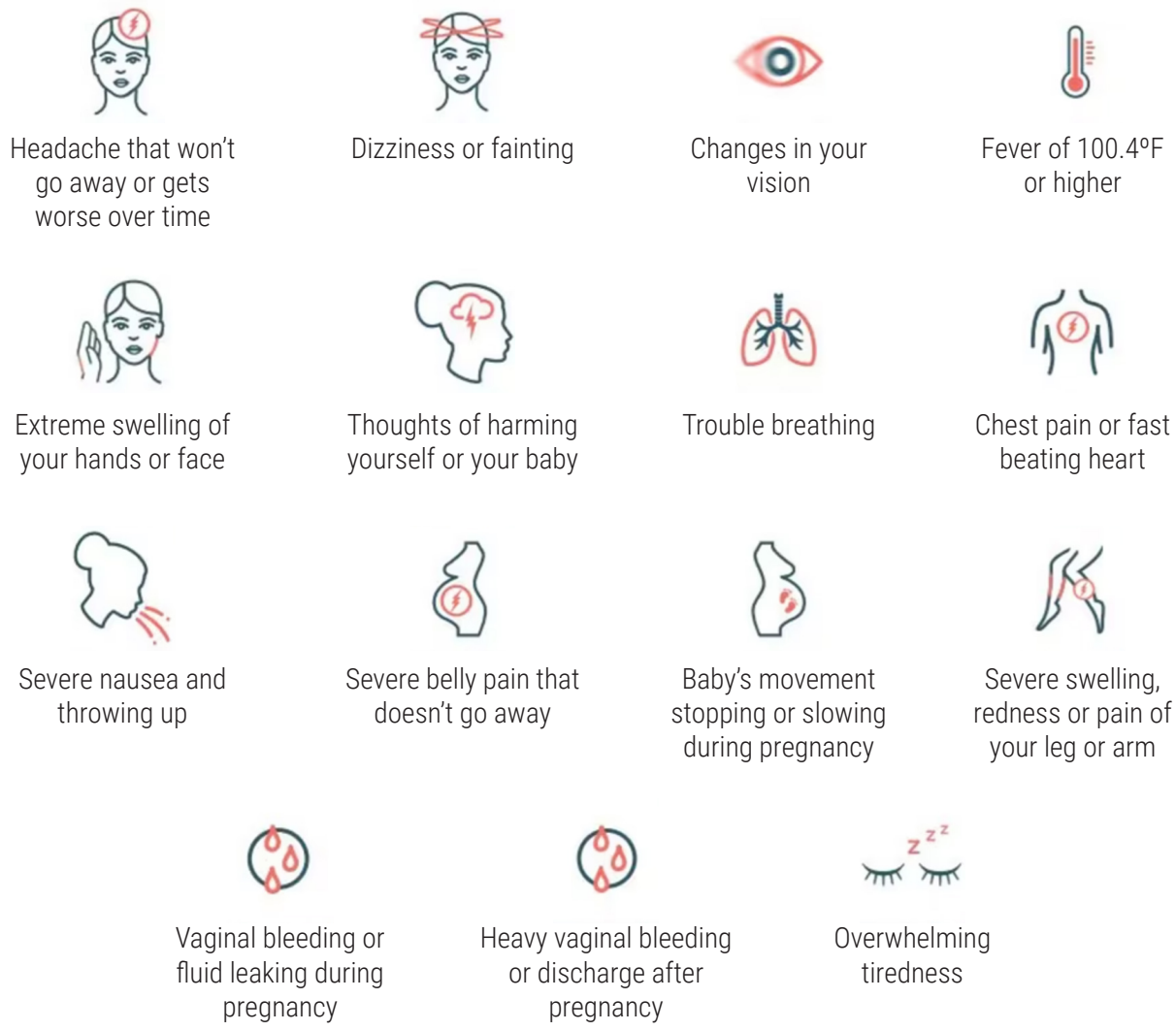
One resource that may be considered for implementation is the HEAR HER Campaign, an initiative launched by the CDC, that shares "potentially life-saving messages about urgent maternal warning signs" and includes resources for health care professionals, moms, and anyone else who supports moms and babies.[408] The primary objectives of this program are to:

- Increase awareness of serious pregnancy-related complications and their warning signs.
- Empower women who are pregnant and postpartum to speak up and raise concerns.
- Encourage support systems to engage in important conversations.
- Provide tools for pregnant and postpartum women and health care professionals to better engage in potentially life-saving conversations.[409]

The urgent maternal warning signs include several symptoms, from dizziness or fainting to overwhelming tiredness, as depicted below.[410]

FIGURE 12

Symptoms that Signal Urgent Maternal Warning Signs



Source: Centers for Disease Control and Prevention. (2024). HEAR HER Campaign. An Overview.

DYADIC TREATMENT

Parent-child dyadic treatment models are promising, evidence-based approaches that can be adapted to meet the unique needs of specific patient populations.[hh] The parent-child dyadic treatment model is foundationally defined as the treatment of a parent and infant together to mitigate adverse health effects in health outcomes.[411] During this treatment, the clinician provides the parent or caregiver with interventions and resources to better respond to their infant's needs and facilitate the development of a "healthy, nurturing parent-child relationship."[412] Specific examples of evidence-based parent-child dyadic treatment models include Child-Parent Psychotherapy (CPP), Parent-Child Interaction Therapy, and Attachment Biobehavioral Catch-Up.[413]

Several randomized controlled trials have examined the effects of CPP on outcomes. These studies have shown significant improvements in "social-emotional and behavioral problems" in young children and the development of secure attachment styles.[414] Despite the efficacy of this treatment approach, cultural beliefs, lack of patient and provider awareness of access, stigma, family hesitancy, and cost serve as pervasive barriers to implementation and uptake.[415]

The Institute for Child Success (ICS) is partnering with The Duke Endowment on a multi-year project to analyze "the outcomes demonstrated in evidence-based programs for different races and ethnicities."[416] The project will include a literature review, "identification of growth targets," and "evaluation of additional evidence-based interventions for child maltreatment and trauma."[417]

While most dyadic treatment models focus on the collaborative treatment of behavioral health conditions, adverse events during the postpartum period are often secondary to preventable causes. These conditions encompass both physical and behavioral health domains and can include hypertensive disorders, depressive disorders, and thromboembolic events.[418] There is some research demonstrating the potential for maternal-infant dyadic treatment approaches to address both physical and behavioral health conditions and reduce health disparities.[419] Additional research, as well as the development of more robust standards for holistic dyadic treatment models, is needed to ensure the delivery of patient-centered, whole-person care.

Timeline

Year 1 Work with community partners, rural stakeholders, and health care providers to conduct a robust landscape analysis of existing programs providing postpartum education and screenings to new mothers in pediatric settings. Enhance monitoring, evaluation, and sharing of data on patient outcomes and cost savings for existing programs across the state. Select promising programs for replication and scalability and identify what programs are needed to close education and service provision gaps.

Year 2 Implement the first pilot program in a rural, underserved community.

Year 5 Finalize the evaluation and community impact assessment of initial pilot expansion program(s).

Years 1-10 Continued monitoring and evaluation of programs, patient outcomes, and community impact.

[hh] According to one private South Carolina insurer, "behavioral health providers are typically reimbursed for dyadic therapies through typical outpatient therapy CPT coding with add on complexity codes, if applicable. Examples of these codes are 90832, 90834, 90837, 90847, and 90840. [They] contract with independently licensed BH counselors, social workers, LMFT, psychologists and psychiatric prescribers (MD/DO, PA and NP)." (Email to Pack, M. 2025, February 7)

Supporting Organizations[ii]

- AfterBirth LLC
- BlueCross BlueShield of South Carolina Foundation
- Diabetes Free SC
- Federally Qualified Health Centers
- Healthy Start
- Institute for Child Success
- Managed Care Organizations
- Medical University of South Carolina
- Neonatal Providers
- Postpartum Support International
- Prisma Health
- University of South Carolina Rural Health Research Center
- Rural Health Family Practices
- Shades of Blue Project
- South Carolina Center for Rural and Primary Healthcare
- South Carolina Chapter of the American Academy of Pediatrics[jj]
- South Carolina Christian Action Council
- South Carolina Community Health Worker Association
- South Carolina Department of Alcohol and Other Drug Abuse Services
- South Carolina Department of Health and Human Services[kk]
- South Carolina Department of Mental Health
- South Carolina Department of Public Health
- South Carolina First Steps
- South Carolina Hospital Association
- South Carolina Infant Mental Health Association
- South Carolina Office of Rural Health/Family Solutions
- South Carolina Primary Health Care Association
- South Carolina Section of the American College of Obstetrics and Gynecology
- South Carolina Telehealth Alliance
- South Carolina Rural Health Association
- University of South Carolina Center for Applied Research and Evaluation
- Medical schools
- Residency programs

NATIONALLY,

*an estimated **1 in 7 Medicaid beneficiaries** experience postpartum depression, and only **10% of mothers** who are screened and referred for treatment actually receive care.*[396]

[ii] A supporting organization is not required to take action to execute the recommendation, but the designation means that if the recommendation is implemented the organization may be able to provide some support, whether advising, participating in the work, or contributing to implementation in another way.

[jj] Can provide the content experts and engage a larger audience of pediatric providers.

[kk] The Quality through Technology and Innovation in Pediatrics (QTIP) program, housed at SCDHHS, can provide lessons learned from their recent QI 4th Trimester workshop.