

New Research Finds the Collaborative Care Model is Associated with Reductions in Racial Disparities in Mental Health Care for Pregnant People



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The collaborative care model, an evidence-based health intervention that is often used in primary care, has been shown to improve health outcomes for people with depression. It is a team-based approach where a physician collaborates with other professionals, including mental health practitioners, to proactively manage a patient's mental health.

The collaborative care model is not commonly used in obstetrics despite the fact that mental health conditions are one of the leading contributors to poor pregnancy outcomes.

In a new study to be presented today at the Society for Maternal-Fetal Medicine's (SMFM) annual meeting, The Pregnancy Meeting™, which is being held virtually, researchers will unveil findings that suggest that implementing the collaborative care model during pregnancy not only is associated with improvements in the screening and treatment of depression in pregnancy, but is also associated with reductions in racial disparities in these important steps in mental health care.

Researchers analyzed data from 4,710 pregnant and postpartum people who self-identified as either Black or White. Individuals were divided into two groups (before and after implementation of the collaborative care model) and results were analyzed by race. The primary goal of the research was to evaluate how often pregnant people were screened for depression. When a pregnant person screened positive for depression, the researchers also looked at how often treatment was recommended.

In the first group, researchers examined data from August 2015 to September 2016 before the collaborative care model was implemented. In the second group, researchers looked at data from September 2017 to February 2019 after the collaborative care model was implemented.

The study found that before the collaborative care model was implemented, there were significant disparities between Black and White pregnant people on screening for depression. After collaborative care was implemented, results showed the disparities between the two groups were eliminated. Similarly, for pregnant people who screened positive, implementation of the collaborative care model was associated with elimination of racial disparities in the recommendation for treatment.

"In primary care, the collaborative care model allows mental health care to be seamlessly integrated into physical health care," says one of the study's authors Emily S. Miller, MD, MPH, a

maternal-fetal medicine subspecialist and assistant professor at Northwestern University in Chicago. “In the field obstetrics, however, this model is not often utilized. What’s exciting about our research is that it demonstrates that we can implement a model – collaborative care – that has been used in primary care for years and apply it to the field of obstetrics to not only improve screening and treatment for depression, but also to promote equity.”

The next step, say researchers, is to implement the collaborative care model in obstetrics care across the United States to help improve health outcomes for pregnant people with depression.

The abstract has been published in the January 2022 supplement of the *American Journal of Obstetrics and Gynecology* (AJOG) and can be accessed at no cost on the **AJOG website**. To view the presentation of this abstract or other Pregnancy Meeting™ abstracts and events, visit the **SMFM website** or contact Karen Addis at **karen@addispr.com** or 301-787-2394.

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