From Stories to Systems: Advancing Perinatal Mental Health and Health Equity through Quality Improvement

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IL PQC
Illinois Perinatal Quality Collaborative

From Stories to Systems:

Advancing Perinatal Mental Health Health and Health Equity Through Through Quality Improvement

Presented by Kay Matthews

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Kay Matthews
Founder-Executive Director
Shades of Blue Project

I would like to Ground the space before we begin.

1. **Begin with Breath** Take a slow, deep breath in and release it. Let that exhale be your signal to arrive fully, intentionally, and without rush.
2. **Be Present** in This Space Put distractions aside. Open your heart and ears to the stories, lessons, and people around you.
3. **Respect the Room and Each Voice** Every person carries wisdom. Let's listen deeply, speak thoughtfully, and make space for one another.
4. **Lead with Compassion and Curiosity** Assume positive intent. It's okay to disagree but let's do so with care, not judgment.
5. **Honor Your Well -Being** If something feels too heavy today, put it down and breathe. Take a moment, step out if needed. Your wellness matters most.

WHO WE ARE

The Shades of Blue Project is dedicated to breaking cultural barriers in maternal mental health by raising awareness and ensuring action is being taken to break the stigma surrounding seeking treatment in the minority community when experiencing complications after childbirth.

Vision

Our goal is to support the women we serve who seek help before pregnancy with education readiness, and during pregnancy so that they are aware of potential issues in the postpartum period and after child-birth with maternal mental health advocacy, treatment and support.

Mission

We are dedicated to helping women of color and birthing persons before, during and after child-birth with community resources, mental health advocacy, treatment and support. Our vision is to change the way women are currently being diagnosed and treated after giving birth and experiencing any adverse maternal mental health outcome. Our vision is that our Acknowledge, Respect, and Support method will be the adaptable change agent for healthcare professional and healthcare systems operations in their engagement with patients

Values

We respect every person and their birth story no matter the outcome, we all have a story and no one experience is the same.

Shades of Blue Project: Empowering Families Through Comprehensive Care

The Shades of Blue Project is dedicated to providing culturally competent and holistic support for perinatal mental health. We empower mothers, birthing individuals, and families, especially those in communities of color and underserved populations, through a multi-faceted approach that addresses the unique challenges they face.

Community Peer Support

Our peer-led support groups offer safe, judgment-free spaces for individuals to share experiences, build community, and find solidarity. We foster an environment where voices are heard, and healing can begin, reducing feelings of isolation.

- Weekly virtual and in-person sessions
- Culturally relevant discussion topics

Mental Health Education

We host workshops and provide accessible resources to increase mental health literacy. Our educational initiatives equip families with coping strategies, self-advocacy tools, and a deeper understanding of perinatal mood and anxiety disorders (PMADs).

- Workshops on PMADs, self-care, and mindfulness
- Informational pamphlets and online resources

Resource Navigation& Referrals

Connecting families to vital mental health professionals, therapists, and community services is a cornerstone of our work. We bridge gaps in care by ensuring individuals find the right support tailored to their needs and cultural backgrounds.

- Assistance with insurance and access barriers
- Direct referrals to vetted clinicians

Our Impact: Breaking Barriers and Building Resilience

Since our inception, the Shades of Blue Project has made a tangible difference in the lives of countless families. We measure our success not just by the numbers, but by the empowered voices and stronger communities we help to build.

- **Over 15,000+ families supported** through direct services and community engagement since 2015.
- **35% increase in mental health screenings** among participants, leading to earlier intervention.
- **90% of participants reported reduced feelings of isolation** and improved coping mechanisms.
- Successfully advocated for policy changes to improve access to perinatal mental health services in underserved areas.

We are committed to continuing our mission, ensuring that every mother, regardless of background, has the support system she deserves to thrive during the perinatal period.

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Why This Conversation Matters

Every Data Point Is a Person Person

Behind every statistic is a real family with hopes, fears, and a unique story. We must never lose sight of the human experience within our systems.

Screening Without Support Support Fails Families

Too many families are screened for perinatal mental health concerns but never receive follow-up care or connection to resources. Screening is only the first step.

Lived Experience Drives Change

We can transform personal stories into system-wide improvements using simple, repeatable quality improvement steps that honor community wisdom.

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Objectives

01

Center Community Storytelling

Use authentic voices from parents and birthing people to reveal where systems fail and where opportunities for healing exist.

02

Apply Quality Improvement Methods Methods

Learn to use structured QI approaches to design solutions that work equitably for all families, especially those most impacted.

03

Build a Complete Care Pathway

Create a practical, reliable pathway from screening through assessment, warm handoff, treatment connection, and ongoing follow-up.

04

Select Meaningful Measures

Identify metrics that matter to families and clinicians alike, then use data to drive continuous improvement and equity.

05

Create Your Action Plan

Leave equipped with a concrete 90-day roadmap to launch new work or accelerate existing perinatal mental health initiatives.

What We Hear From Parents & Birthing People

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> "I was screened for depression at my six-week visit, but no one ever called me back. I didn't know what to do next or where to turn for help."

> "I didn't feel safe saying I was struggling. I was afraid they would judge me or take my baby away if I told the truth about how I was feeling."

> "It took months to find a therapist who accepted my insurance and had availability. By then, I was in crisis and barely holding on."

> "The peer support specialist and my doula made me feel seen and heard. They understood what I was going through because they had been there too."

These voices remind us that system failures have real consequences—and that compassionate, coordinated care can be life-changing.

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Perinatal Mental Health 101

Understanding the Perinatal Perinatal Period

The perinatal period spans from pregnancy through the first 12 months after birth or pregnancy loss. This is a time of profound physical, emotional, and social change that can increase vulnerability to mental health challenges.

Common conditions include perinatal depression, anxiety disorders, obsessive - compulsive disorder (OCD), and post - traumatic stress disorder (PTSD). **Postpartum psychosis** is rare but represents a medical emergency requiring immediate intervention.

Risk and Protective Factors

Mental health risk and resilience exist at multiple levels: individual biology and history, family support systems, community resources and connection, and systemic factors like healthcare access and economic stability.

Treatment works —and early connection to appropriate support prevents crises, improves outcomes, and strengthens families.

The Equity Imperative

Burden Is Not Evenly Shared

Structural racism, implicit bias, poverty, language barriers, transportation challenges, and rural access gaps all create unequal risk and unequal access to care. Black and Indigenous birthing people face significantly higher rates of maternal mortality and morbidity.

Equity Defines Quality

Equity is not an add-on or side project—it is the foundation of how we define quality care. A system that works well "on average" but fails those most impacted is not a high-quality system.

Reliability Must Be Universal

If a care process isn't reliable, safe, and dignified for people facing the greatest barriers, then it isn't truly reliable. We must design and test with those most affected at the center.

From Stories to Systems: A Practical Flow

Listen

Collect authentic stories through community listening sessions, bedside conversations, and parent advisory groups. Create safe spaces for truth-telling.

Synthesize

Map recurring themes to the care journey. Where does harm happen? Where does healing occur? Identify system gaps and bright spots.

Co-Design

Partner with parents and community members to design solutions. Pay them fairly for their expertise and time. Share decision-making power.

Test

Run small, rapid Plan-Do-Study-Act (PDSA) cycles to learn quickly and safely. Start with low-risk tests that generate actionable insights.

Scale

Standardize what works, adapt what needs refinement, and retire what doesn't serve families. Keep listening as you spread successful changes.

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Guiding Principles

Trauma-Informed & Dignity-Affirming

Recognize the impact of trauma on health and healing. Design care environments and interactions that promote safety, choice, collaboration, and empowerment.

Culturally Responsive & Language-Concordant

Provide services that honor cultural beliefs, practices, and preferences. Ensure interpretation and materials are available in families' preferred languages.

No Screening Without Response

Never implement universal screening unless you have a reliable, resourced plan to respond to positive screens with warmth, urgency, and follow-through.

Co-Production With Community

Engage in authentic power-sharing with families and community partners—not tokenism. Compensate parents for their expertise and lived experience.

QI in 60 Seconds: Model for Improvement

Aim

What are we trying to accomplish? Set a clear, measurable, time-bound goal. Example: "95% of eligible patients screened with reliable follow-up within 7 days by March 2025."

Measures

How will we know a change is an improvement? Choose quantitative and qualitative measures that track progress and reveal unintended consequences.

Ideas

What changes can we test? Generate potential solutions from best practices, team creativity, and—most importantly—community wisdom.

PDSA Cycles

Plan → Do → Study → Act. Test changes on a small scale, learn from results, and decide whether to adopt, adapt, or abandon.

The Model for Improvement provides a simple, structured framework that keeps teams focused on learning and action. Small tests reduce risk and build confidence before scaling changes system-wide.

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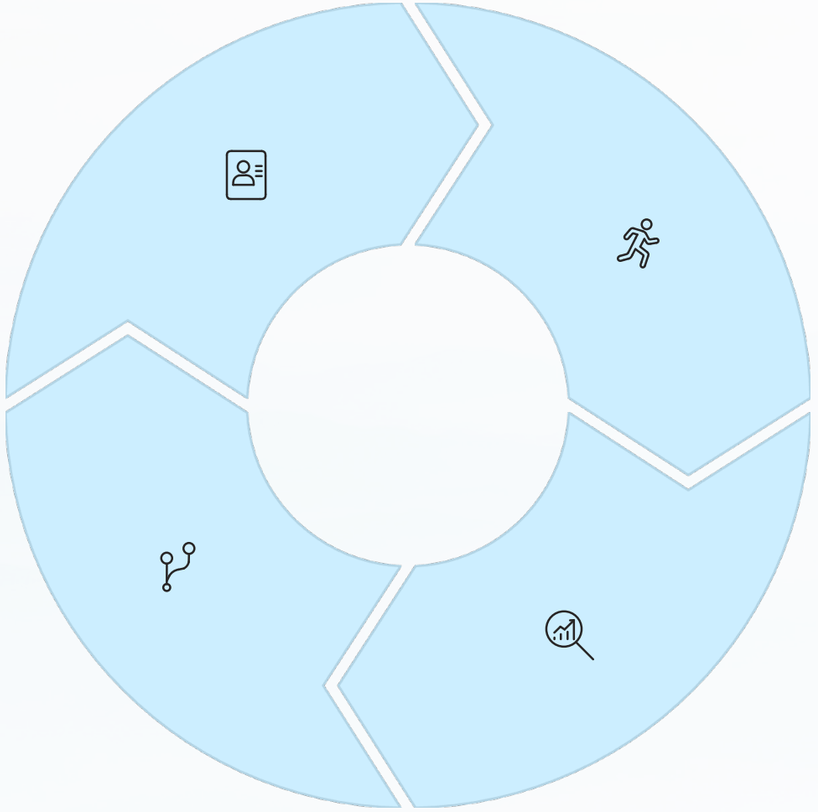
PDSA Example: Close the Loop After a Positive Screen

Plan

For one clinic half -day session, a nurse will call all patients with positive screens within 48 hours using a standardized, empathetic script.

Do

Test the process with the first 5 patients who screen positive. Document the time required, any barriers encountered, and initial patient responses.



Act

Decide next steps: Adopt the script if successful; adapt the timing or approach based on learning; or abandon phone calls in favor of warm handoffs at checkout.

Study

Analyze results: How many patients were successfully contacted? How long did each call take? Were there safety concerns? What feedback did parents share?

This small test generates valuable learning without overwhelming staff or risking patient safety. Each cycle builds knowledge that informs the next improvement.

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Co-Design With Community

✓Recruit Paid Parent Partners

Actively recruit parent advisors who reflect your patient population's diversity. Offer fair compensation that honors their expertise and lived experience.

✓Remove Participation Barriers

Provide childcare, meals, transportation support, and flexible scheduling including evenings and weekends. Make participation truly accessible.

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Co-Design With Community

✓ Share Decision-Making Making Power

Co-decide project aims, select measures together, design solutions collaboratively, and share leadership of improvement work. This is partnership, not consultation.

✓ Build a Story Bank

With informed consent, collect audio and written stories from families. Use this story bank to drive empathy in staff trainings and keep community voices central.

Designing the Care Pathway

Screen → Assess → Respond → Follow-Up

1

Universal Screening Schedule

Implement consistent screening across prenatal visits, inpatient/postpartum care, and pediatric well-child visits through the first year.

2

Brief Risk Assessment

Use a standardized tool to quickly assess safety concerns, current symptoms, sleep patterns, support systems, and mental health history.

3

Clear Roles for Warm Handoff

Define who provides immediate connection to behavioral health or navigation services, with backup coverage for every shift and setting.

4

Closed-Loop Follow-Up

Contact families within 7 days of positive screen, with continued check-ins at 30 and 60 days to ensure connection to care and track progress.

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Screening & Brief Assessment

Use What You Can Deliver On

Common Screening Tools

- **EPDS** (Edinburgh Postnatal Depression Scale): 10 -item validated tool for perinatal depression and anxiety
- **PHQ-9** (Patient Health Questionnaire): 9 -item depression screen with severity scoring
- **GAD-7** (Generalized Anxiety Disorder): 7 -item anxiety screening tool
- **Brief PTSD screens** when trauma history or birth trauma is present

Always Confirm Critical Risk Factors

For every positive screen, assess suicide and homicide risk, sleep quality and quantity, available support systems, past mental health history, and screen for bipolar disorder indicators when depression is present.

Critical Principle

Do not screen without a response plan and warm handoff option ready to go. Screening without follow -through causes harm and erodes trust.

Emergency Pathway

Maternal Mental Health Hotline 833 -TLC-MAMA for immediate maternal mental health support

988 Suicide & Crisis Lifeline for immediate mental health crisis support

Postpartum psychosis is a medical emergency requiring immediate psychiatric evaluation and often hospitalization.

Warm Handoffs & Navigation

In-Person or Same-Day Video Introduction

Introduce the behavioral health clinician, peer support specialist, or care navigator in the exam room or via secure video during the same visit.

Use a Shared Script

Normalize help-seeking with language like "Many new parents experience these feelings" and set clear expectations about next steps and timeline.

Schedule Before They Leave

Book the first therapy or support appointment before the family leaves the building. Confirm insurance coverage, address transportation needs, and troubleshoot barriers.

Follow-Up Within 48 Hours

Send a confirmation text or make a phone call within 2 days. Document any barriers encountered and work immediately to resolve them.

Integrated & Community-Connected Care

Cross-Discipline Collaboration

OB/midwifery, behavioral health, and pediatrics coordinate care and share information with appropriate consent. Regular huddles ensure continuity.

Essential Community Connectors

Peer specialists, doulas, and community health workers serve as trusted bridges between clinical care and lived experience. They reduce isolation and build trust.

Expand Access Through Technology

Tele-mental health reaches rural and underserved communities. Group visits and online peer support circles reduce isolation while increasing efficiency.

Care Compacts With Community Organizations

Formalize partnerships with community-based organizations through memoranda of understanding that ensure referrals result in actual care—not black holes.

Measurement That Matters (and Feels Fair)

Process Measures

Track the steps in your pathway: percentage of eligible patients screened, percentage of positive screens that receive warm handoffs, and percentage with documented follow-up within 7 days.

Outcome Measures

Measure what matters to families: symptom improvement or remission on validated scales, connection to preferred type of support, and birth experience satisfaction ratings.

Balancing Measures

Monitor unintended consequences: staff burnout and workload burden, visit length increases, and missed appointment rates that might signal access problems.

Equity Stratification

Always disaggregate data by race/ethnicity, preferred language, insurance type, and geography. Watch for gaps that widen even as averages improve.

Turning Data Into Action Every Week

Set a Bold, Visible Aim

Write your time -bound goal on a whiteboard in your workspace or feature it prominently on your digital dashboard. Keep it front and center.

15-Minute Weekly Huddles

Review your run chart together → name one barrier preventing progress → agree on one small test to try this week. Keep it focused and action-oriented.

Annotate Charts With PDSA Cycles

Mark your run charts with arrows or notes showing when you tested changes. This creates organizational memory and helps new team members learn quickly.

Celebrate Tiny Wins

Acknowledge incremental progress. Small improvements sustained over time create lasting system change.

Use Thresholds for Escalation

Set triggers (e.g., "If follow-up rate drops below 60%, team leader escalates same day"). Clear rules prevent delays and signal urgency.

Pair Numbers With Stories

Share one challenge story and one success story each week. This keeps the human experience—the "why"—front and center amid the numbers.

Data Equity & Stratification

Collect Demographics With Dignity

Explain *why* you're collecting race, ethnicity, language preference, and zip code: "We ask to ensure our care works equally well for everyone." Allow self-identification with multiple selections and write-in options.

Display Stratified Run Charts

Show separate trend lines for different populations. This reveals who benefits from improvements—and who continues to face barriers.

Co-Interpret Results

Review stratified data alongside parent partners. They often see patterns and root causes that clinicians miss. Co-design targeted PDSA tests to close identified gaps.

Avoid Deficit Framing

Don't blame communities for disparities. Instead, look for **bright spots**—examples where equity was achieved—and scale what worked.

Simple Data Infrastructure
Good Enough to Start

One Screening Field in the EHR

Ensure you have at least one reliably completed screening field in your electronic health record that you can query and pull data from every week.

Lightweight Registry

Create a simple spreadsheet or database tracking positive screens with contact dates, handoff completion, and care initiation outcomes. Start simple; refine over time.

Automated Reminders

Use templated text messages and follow-up note templates to reduce documentation burden and ensure consistency in communication.

One-Page Dashboard

Display 3–5 key measures on a single page, refreshed weekly. Make it visible to the team. Simplicity drives action; complexity creates paralysis.

You don't need perfect data infrastructure to begin improvement work. Start with what you have, learn as you go, and build sophistication over time.

90-Day Roadmap

Start Small, Learn Fast

Set Up (Weeks 1–2)

Form your improvement team and recruit paid parent partners. Choose one pilot clinic site. Set a clear aim statement and select 3–5 initial measures to track.

1

Co-Design (Weeks 2–4)

2

Host a community listening session. Create a journey map showing current patient experience. Draft your screening-to-treatment pathway and test handoff scripts. Finalize the warm handoff role and responsibilities.

Build & Test (Weeks 5–10)

3

Run weekly PDSA cycles testing small changes. Launch your registry to track positive screens. Pilot the 7-day follow-up process. Troubleshoot insurance coverage and transportation barriers as they arise.

Learn & Spread (Weeks 11–13)

4

Review run charts and identify what's working. Refine your pathway based on data and stories. Train a second clinic site using lessons learned. Document your playbook and implementation guide.

Risks & Mitigation Strategies

Risk: Screen Without Follow-Through

Mitigation: Do not implement universal screening until your warm handoff and follow-up workflows are ready, tested, and resourced. Screening without response causes harm.

Risk: Workforce Capacity and Burnout

Mitigation: Start with small-scale micro-tests rather than system-wide rollouts. Leverage peer supporters and doulas to extend capacity. Remove low-value work to create space.

Risk: Data Overload and Slow Feedback

Mitigation: Track only 3–5 measures at a time. Refresh data weekly, not monthly. Use visible run charts that teams can understand at a glance.

Risk: Widening Gaps Despite Average Improvement

Mitigation: Always stratify your data by race, language, and other equity factors. Co-design targeted improvement cycles to close specific gaps. Track gap-closing as a primary outcome.

Sustainability & Scale

Hard-Wire Into Systems

Embed successful changes into EHR templates, standing order sets, staff onboarding processes, and performance expectations. Make the new way the default way.

Join or Form a Quality Collaborative

Connect with other organizations doing similar work. Share your playbook, learn from others' experiences, and contribute to collective learning and advocacy.

Secure Sustainable Financing

Work with payers to establish reimbursement for peer navigation, integrated behavioral health, and care coordination. Build the business case for prevention.

Keep the Story Bank Alive

Continue collecting and sharing community stories in staff trainings, huddles, and leadership meetings. Stories sustain meaning and prevent improvement fatigue.

Resources & Supports

Share These Lifelines With Families

- **National Maternal Mental Health Hotline**

  Call or text **1-833-943-5746** (1-833-TLC-MAMA) for 24/7 support in English and Spanish. Free, confidential help from trained counselors.

- **988 Suicide & Crisis Lifeline**

  Call or text **988** any time, 24/7, to reach trained crisis counselors who can provide immediate support and local resources.

Local and National peer support programs, community health workers, doula collectives, and culturally specific organizations at The Shades of Blue Project **www.shadesofblueproject.org**

Thank You

Let's Turn Stories Into Systems CTA

One Small Test This Week

Choose one PDSA cycle to try in the next 7 days. Start small. Learn fast. Build momentum.

One Story Shared

Bring a parent's voice into your next team huddle. Let lived experience guide your improvement work.

One Barrier Removed

Identify and eliminate one obstacle facing families most impacted by inequity. Make one thing easier this week.

Bridging Care: Hospital Teams & Perinatal Mental Health

Hospital teams are at the forefront of perinatal care, holding a critical opportunity to impact the mental well-being of new and expecting parents. Integrating mental health support proactively into clinical pathways ensures holistic care and can significantly improve outcomes for families.

What I Want Clinicians To Know

Beyond physical health, cultural context profoundly shapes mental health. Ask about emotional well-being without judgment, recognizing that PMADs manifest uniquely across individuals and communities, especially those facing systemic barriers.

Partnering with Community Champions

Organizations like Shades of Blue are vital extensions of care. Establish **clear referral pathways** , invite us for **cultural competency training** , and explore **integrated care models** where community support is a seamless part of the patient journey.

Actionable Steps for Hospital Teams

Culturally Sensitive Resources: Provide informational materials and support groups that reflect the diverse patient population.

Build Community Networks: Actively seek out and formalize partnerships with local mental health and cultural support organizations.

Mandatory PMAD Screening: Implement universal screening for perinatal mood and anxiety disorders at every touchpoint.

Designated Navigators: Appoint a perinatal mental health coordinator to guide patients through available resources.

Post-Discharge Follow-up: Institute mental health check-ins after discharge to ensure continuity of care.


SHADES of BLUE

LET'S STAY CONNECTED

Together, we can create perinatal mental health systems systems that see very person, honor every story, and and support every family.

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15 – Minute Break

9:45a → **10:00a**

Visit an ILPQC Partner Table

Ascension Illinois

FIMR Chicago

PSI Illinois

Chicago Family Doulas

EverThrive IL

Center for Research on Women and Gender - University of Illinois Chicago

IDHS, Bureau of Maternal and Child Health

Doula Lab

Illinois Affiliate ACNM

SIDS of Illinois, Inc.

Quad County Urban League

Family Connects Chicago

Star Legacy Foundation

MOMS Line

March of Dimes

SUMMIT Perinatal Mental Health Trial

Illinois DocAssist

ILPQC

Mammha

Connect, Collaborate, & Compile Team Resources

But wait there's more... Get up and BINGO!

- **Find your Bingo Card:** Located near the back of your **Conference Booklet**
- **Complete it:** Engage, learn and share during lunch and breaks to fill out your **Raffle Entry Card**
- **Show It:** Show your completed card to the **Registration Table** for an **extra raffle entry**

💻 ***Note:*** *All raffle entries are* ***digital***

GET UP & binGO!

ILPQC 13th Annual Conference

Visit an ILPQC Partner Table.	Write out a 30-60-90 QI plan for 2026 in the notes section.	Hit the ILPQC photo booth and strike a pose!
Took a photo of a slide to share with at your next QI team meeting.	Share one strategy to bring your next team meeting.	Discuss your 2026 QI goals with another hospital team.
Attend the poster session and note a new idea to adopt on your unit.	Take a team photo and send it to info@ilpqc.org.	Share how your team engages patient/ parent partners in QI work.

Show your completed bingo card at the registration table for an extra entry into the raffle.