NHPQC Newsletter Retained Que



November 2024

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Partner Highlights >>> **OwlHive Health**

OwlHive Health is a Perinatal Mental Health (PMH) education and consulting company dedicated to supporting PMH treatment efforts through inclusive and equitable practices. We strive to improve outcomes by comprehensively addressing barriers to PMH care: stigma and education, identification, navigating the healthcare system, and the lack of perinatally trained clinical providers. Most services are available in person and virtually:

Parent classes: PMH classes for expecting and new parents and their support systems.

Community and professional development workshops: PMH 101 sessions for community members and partners, tailored to audience needs. **Continuing education:** A variety of CE-awarding classes for most professionals in the MH and Women's MCH space. Topics range from beginner to advanced.

Consulting services: For implementation of PMH care and protocols within professional or community settings.

Visit: OwlHiveHealth.com

Contact: Paige Beauchemin, RN, PMH-C for more information:

Paige@OwlHiveHealth, 603-296-5489

*The NHPQC sees itself as facilitating resource sharing throughout the state. However, resources shared in this column are not endorsed by Dartmouth Health.



Announcing the 2nd Annual NHPQC **Summit and NHPQC Webinars**

We will be holding our **Second Annual NHPQC Summit at the Grappone** Center in Concord NH all day on May 1! Registration information will become available at a later date. At the summit, sessions will provide content and opportunities to explore best practices for Coalition building and sustainability. Similar to last year, regional breakout groups will create opportunities for collaboration and discussion on your local challenges and solutions to building your coalition. We hope that everyone who intends to participate regularly in their local coalition can attend the Summit event.

To support coalition building, we are holding two **NHPQC Community Conversations: Thursday** November 7th from 12-1pm and Thursday February 6th 12-1pm. These will lead up to the conversations we will have at the Summit, and will leave 20-30 minutes for Q&A/community discussion about challenges and successes you have had in building your coalition.

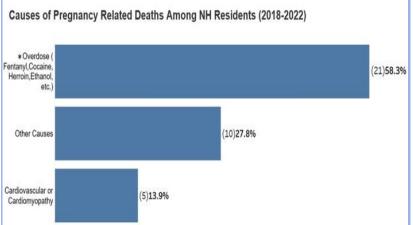
These community conversations will be beneficial, whether or not your local coalition is currently up and running. After the Summit, we will continue these Community Conversations in the form of a regular NHPQC webinar series where we will cover a variety of topics to help your community make the most of your Coalitions.

Please register for Nov 7th here and February 6th here.

For questions please contact: Stephanie.e.Langlois@hitchcock. org.

NH Maternal Mortality Causes





The chart above illustrates the causes of pregnancy-related deaths among New Hampshire (NH) residents from 2018 to 2022. Overdose, particularly from substances such as fentanyl, cocaine, heroin, and ethanol, accounts for the majority of these deaths, representing 58.3% (21 cases). Cardiovascular conditions, including cardiomyopathy, contributed to 13.9% (5 cases). "Other causes" account for 27.8% (10 cases) and include amniotic fluid embolism, suicide by hanging, neck wounds, gunshot wounds, and hemorrhage. Data excludes false positives and out-of-state residents.

It is also noted that most overdose deaths in New Hampshire occurred postpartum, between 43 days and 1 year. The data suggest that increased access to medication-assisted treatment (MAT) and mental health services during the postpartum period could help reduce maternal mortality. Aspects of our AIM work and other PQC priority initiatives focus on improving communication, collaboration and engagement throught the postpartum year.

Data was collected from the NH Vital Records and Maternal Mortality Review Committee, highlighting the importance of ongoing maternal health monitoring.

AIM Help Office Hours with Rebecca Casey, MSN, APRN



Rebecca Casey MSN, APRN, is a psychiatric NP at DHMC's obstetrics and gynecology department specializing in perinatal mental health. Becca is offering weekly virtual (Webex link) open office hours on Mondays from 12:45-1:45pm related to AIM implementation work. You can bring specific case management questions (no PHI), challenges, or come hear what other AIM sites are encountering. Becca is also able to hold tailored, no-cost lunch and learn, education, and discussion sessions for your team. Some example topics include postpartum depression, psychosis, and medication management. Please contact Maddie Bridge at Madalynne.M.Bridge@hitchcock.org to schedule a tailored learning session for your team.

Upcoming Maternal Health Educational Opportunities>>>

- **November 5**th **1:30-2:30pm:** Compassionate Conversations: Maternal Mental Health. <u>Register</u>
- **November 6**th **12-1pm:** Obsessive Compulsive Disorder in the Perinatal Period: Pain of Mind is Worse than Pain of Body <u>Register.</u>
- **November** 7th **12-1pm:** NHPQC Community Conversations: Coalition Building <u>Register</u>
- **November 14**th **12-1pm:** A multidisciplinary team approach to more effective discharge planning. Register
- **November 21 1-2pm:** The Role of Hospitals in Optimizing Postpartum Mental Health Support Register.

Visit the NHPQC website at:

https://www.nnepqin.org/home/new-hampshire-perinatal-quality-collaborative-nhpqc/

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