Two main medical/birthing hospitals – St Alexius (SAMC) and Alexian Brothers (ABMC)
One psychiatric hospital (ABBHH) – on same campus as SAMC
One rehabilitation hospital
Merging with Adventist Hospital system – will add 4 more birthing hospitals in Illinois
Now we are AMITA Health
Pregnancy and Postpartum Mood & Anxiety Disorder Program History

- Leslie Lowell-Stoutenburg started Program at St. Alexius Medical Center in 1999, soon had Program at both St Alexius and Alexian Brothers (ABMC)
- In 2004, added Spanish-language component and counselor with successful Spanish-language support group
- In 2008, Program was cut and Spanish language component was gone, Program was eliminated from ABMC.
- In 2013, Program returned to ABMC (Total FTE's 1.6)
- Leslie retired in December 2013, Lita became Program Coordinator
- Kara Marriott, Natasha Varela, Brenda Papierniak on staff

Pregnancy & Postpartum Mood & Anxiety Disorder Program

- Prenatal screening: OB’s, Peds, Family Practice
- Outpatient consultations & evaluations at SAMC, ABMC and ABBHH
- On unit assessments, education: in hospital at SAMC, ABMC and ABBHH
- Support Groups at SAMC and ABMC
  - 1 NICU group/month
  - 2 Spanish-language groups/month
  - 2 Moms groups/month; 1 Dad’s group bi-monthly, 1 Couples group bi-monthly
- Collaboration with various community agencies

Behavioral Health Hospital

- 141 inpatient beds
- Eight inpatient units: 3 Geriatric, 1 youth, 1 Eating Disorder and Self-injury, 1 Substance use/detox, 2 adult
- Multiple Partial Hospitalization and Intensive Outpatient Programs on site
- Outpatient Group Practice on campus
- Perinatal IOP, Eberle IOP off-site
- Residential treatment opening in Elk Grove 2017
- Virtual Reality, Trans-Cranial Magnetic Stimulation, Research Center, Autism Spectrum Disorder Center
First Steps

- Identify interested leaders, provide them information
  - July 18, 2014, presented to ABBHH Clinical and Community Planning Advisory Board (see next slides)
- Learn from those who have come before
  - Spoke with Dr. Margaret Howard of Women & Infants Hospital of Rhode Island
  - Met with staff and toured Pine Rest in Grand Rapids, MI
  - Spoke with Jesse Kuendig of Minneapolis Mother-Baby Day Program
  - Met with Aga Grabowski, formerly of Insight in Chicago

Alexian Brothers Parent-baby Day Program
Why?

- This level of care is not available to the mother-baby dyad in Illinois.
- Mothers needing treatment for Perinatal Mood Disorders (PMAD) thus end up receiving too little care (outpatient or less) with poor results, or too high of a level of care (inpatient) that separates mom and baby, may negatively impact breastfeeding, disrupts attachment, and can be traumatic for the woman.
- Great Britain has had successful mother-baby units for over 50 years.
- It’s the right thing to do for families in Illinois and Alexian is the right place to do it.

Facts

- Women are more likely to suffer from mood disorders during pregnancy and postpartum than at any other time in their lives.
- MDD is the most common postpartum complication: including medical and psychiatric.
- About 15% of women experience a perinatal mood disorder.
- Suicide is the second leading cause of postpartum maternal deaths. (Lindahl, et al 2005)
- For 50% of women who have a PMAD, this is their first experience with mental illness.
- PPD adversely impacts the cognitive and emotional functioning of the infant (Murray et al 1996), interferes with maternal-infant interactions (Herrera et al 2003) and predicts future emotional and behavioral problems in school age children (Cogill et al 1986).

How?

- Enlist community support
  - PMAD provider community in Illinois is on board
- Gather stakeholders meeting
- Learn from established programs
- Convene focus group
- Develop business plan
  - Obtain buy-in with payors
- Seek out start-up funding
Thoughts

- Develop dedicated parent-baby space in SAMC/WCH that will then also be used for perinatal education, breastfeeding support groups, etc. (Medicaid patients have access to program)
- Start with IOP program and build interest and support from there.
- Concurrently create a mom-friendlier environment on inpatient MH units (training RNs, breastfeeding support, baby visitation).
- Include all parents, not just mothers, as 10% of Fathers experience a postpartum mood disorder.

Shore up support

- Find external resources that will support Program: therapists, psychiatrists. Ask them to write letters of support.
- Use PSI for support
- Find Mental Health champions among MDs, nurses, staff. Include them in planning, invite to advisory board.
  - (Alexian Brothers Health System current CEO is former Behavioral Health Hospital CEO – supporter of mental health.)

Stakeholder meetings

- Met with Exec Director of Outpatient Services, Patrick McGrath, Kara Marriott and Lita Simanis 7/23/14
- Plan:
  - Develop curriculum to start with specialized group at ABBHH for pregnant and postpartum moms.
  - Identify best time to incorporate new group into current ABBHH program
  - Identify interested staff for future planning
  - Implement community survey to understand level of interest.
### Focus Group:
Survey Monkey sent to area Providers:

- In what type of setting are you seeing patients?
- Do you specialize in treating pregnant/postpartum patients?
- How many patients have you seen in the last 6 months that you would have referred to a Parent & baby IOP/PHP program had one been available?
- What percentage of patients you would refer have no funds, Public Aid, Medicare Insurance?
- Were any of these patients male?
- Would any of these patients have required transportation?
- Did any of these patients have child-care issues for older children?
- Were any of these patients adoptive parents?
- Were any of these patients lesbian, gay or transgender?
- What mental health concerns have you seen in the prenatal or postpartum patients you have seen?
- What particular issues would you want to see covered in an intensive outpatient program?
- Are there programs you are offering that we should know about?
- Would you be interested in being on an advisory board for this program?
- Would you be interested in being a guest speaker for patients/staff?

### Other stakeholder meetings

- 8/12/14 Meeting with Executive Director of Women & Children’s Hospital
- 9/17/14 Proposal presented to Pediatrics and Women’s Services Program
- 11/12/14 Meeting with ABBHH CEO, CFO, Executive Director of Outpatient Services and Executive Director of Women & Children’s Hospital to discuss and initiate Pro Forma for Perinatal IOP
- 3/9/15 Kim McCue and Lita Simanis meet
- 4/21/15 Budget Approval Received
- 5/7/15 1st AMITA Health IOP Advisory Board Meeting
- 6/9/15 1st AMITA Health Perinatal IOP Staff meeting

### Alexian Brothers Foundation

- “Serving the vulnerable. The Alexian Brothers have been doing this for 800 years. And we are still here to serve people who are most in need of help.”
- Because we are a not-for-profit health care provider, the foundation can raise funds that may be targeted to particular needs/programs.
- We included foundation staff on our Advisory Board.
- That staff member obtained 3 large donations from Alexian OB/GYNs to help back the Program.
AMITA Health Perinatal IOP

- Started in August 2015
- Housed at Women & Children’s Hospital, run by Behavioral Health Hospital
- Monday – Thursday 9-12:30
- For Moms-to-be, Moms and Dads up to 2 years postpartum or post-adoption
- 2 L&D nurses help with babies
- Grant-funding allows patients with Medicaid or no funding to attend

AMITA Health Perinatal IOP

Collaboration between ABBHH's Center for Anxiety and Obsessive Compulsive Disorders AND the Perinatal IOP

- Create treatment models using the most effective and evidence-based therapies for anxiety
- Tailoring treatments to the specific anxieties and fears that affect patients in the perinatal period
  - Cognitive Behavioral Therapy
  - Cognitive Restructuring
  - Exposure Response Prevention

Anxiety...

- Protects us from harm
- Improves our performance
- Protects those around us
- Keeps us safe
- Helps us make choices
- Might be overly sensitive
- Interferes with our performance
- Interferes with other’s functioning
- Shuts us from others
- Prevents decisions
Four Basic Fears

Threats to the integrity of:

- Physical Status
- Mental Status
- Social Status
- Spiritual Status

© McGrath, 2004

Common Distortions

- Severity
  - It will be the worst thing in the world and I will die.
- Probability (VS. Possibility)
  - It will definitely happen, no question.
- Efficacy
  - I will not be able to handle it.

© McGrath, 2004

Types of Scary Thoughts Common in the Perinatal Experience

- Excessive Worry
  - “what if...?”
- Rumination
  - “I can’t stop thinking about how bad I feel and that this will last forever.”
- Obsessive Thoughts
  - “I could hurt the baby with...”
- Intrusive Memories
  - flashbacks, memories of previous birth experiences
- Catastrophic Misinterpretations
  - “my heart is racing...I must be dying.”
Postpartum Obsessive Compulsive Disorder Symptoms:

- Intrusive, disabling thoughts of harm
- High degree of anxiety with these thoughts
- Depression may not be present initially
- Hypervigilance in protecting the infant
- Fear of being left alone with the infant

70% of women previously diagnosed with OCD experience a recurrence of symptoms during pregnancy.


DSM-V Criteria for Obsessive Compulsive Disorder

- Either Obsessions or Compulsions or both:
  - Obsessions:
    - The person has recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and unwanted and that cause marked anxiety or distress
    - The person attempts to ignore or suppress such thoughts, impulses, or images or to neutralize them with some other thought or action

DSM-V Criteria for Obsessive Compulsive Disorder

- Compulsions
  - The person has repetitive behaviors (eg, hand washing, ordering, checking) or mental acts (eg, praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession or according to rules that must be applied rigidly
  - The behaviors or mental acts are aimed at preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.
Signs for Getting Some Help

- Rituals are taking up more than an hour a day.
- Other people are used for reassurance and completing rituals.
- You would be embarrassed if others knew what you were doing.
- It amazes you that others do things so quickly.
- You are having thoughts about your baby that disgust you.
- You think that you could be very harmful to your child.

Postpartum OCD – Themes

- Checking on the baby frequently.
- Parent unable to relax, settle mind.
- Feeling that no one else can care for the baby but mom.
- Worry about medications that could help with OCD symptoms affecting baby in utero or through breast milk.
- Many parents afraid to admit intrusive thoughts for fear of repercussions including DCFS involvement.
- Northwestern researchers found that 11 percent of new mothers experience significant OCD symptoms, including fear of injuring the baby and worry about proper hygiene and germs.

CBT Model of Anxiety: OCD Example

<table>
<thead>
<tr>
<th>Fear Stimulus</th>
<th>Intrusive thoughts about harming a child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misinterpretation of threat</td>
<td>“Having these thoughts will make me harm my child”</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Safety Seeking Behavior</td>
<td>Refuses to be near a child without another adult present, avoids sharp objects, asks wife for reassurance, replaces “bad” thoughts with “good” thoughts</td>
</tr>
<tr>
<td>Absence of Corrective Experience</td>
<td>Does not learn that violent thoughts do not equal violent behavior. Maintains the avoidant coping</td>
</tr>
<tr>
<td>Correction of a Potential Anxiety Disorder</td>
<td></td>
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<tr>
<td>-------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Fear Stimulus</strong></td>
<td></td>
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<tr>
<td><strong>Misappraisal of Threat</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td></td>
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<tr>
<td><strong>Adaptive Coping</strong></td>
<td></td>
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<tr>
<td><strong>Next</strong></td>
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<tr>
<td><strong>Presentation of Fear Stimulus</strong></td>
<td></td>
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<tr>
<td><strong>Corrective Experience</strong></td>
<td></td>
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<tr>
<td><strong>Adjustment of Threat Appraisal</strong></td>
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<tr>
<td><strong>Accurate Threat Appraisal</strong></td>
<td></td>
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<tr>
<td><strong>Adaptive Emotional Response</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Adaptive Behavior</strong></td>
<td></td>
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</tbody>
</table>

**Exposure and Response Prevention (ERP)**
- Put a person into the situation that they have feared.
- Assist the person in dealing with the situation instead of escaping from it.
- Assisting the person does not mean giving them reassurance (you can handle it versus you will be fine).

**Safety Seeking Behaviors:**
- Avoidance
- Reassurance
- Distraction

**PET Scans**
- High energy use in the brain of a typical person with OCD
Postpartum Panic Disorder: Symptoms

- Many women have increased symptoms in pregnancy
- Many women cope by isolation
- Symptoms:
  - Extreme fear, sense of impending death and doom
  - Rapid heart rate, palpitations, sweating, shortness of breath, trembling/shaking, abdominal distress
  - Can occur multiple times daily
- Themes:
  - Some women report their first or most severe panic attack during delivery, especially C-section.
  - Anxiety may be increased by bodily changes during pregnancy and postpartum

Postpartum PTSD - Symptoms

- Avoidance of baby
- Difficulty with birthdays, anniversaries
- Nightmares/flashbacks
- Report feeling "unheard" or "alone" in delivery process
- Irritability
- Numbing/dissociation
Risk Factors for Postpartum PTSD

- Emergency cesarean delivery
- High level of obstetric intervention
- Perception of inadequate care during L&D
- Premature or high risk infants
- Psychiatric history
- First pregnancy

Postpartum PTSD - themes

- Vulnerability – loss of dignity, feeling abandoned
- Lack of control – unsupported, not protected by staff, betrayal of trust
- Lack of voice or being heard – feeling invisible
- Can be helpful for women with PTSD hx or abuse hx to develop a birth plan that includes being clearly informed about anything that is happening during Labor & Delivery, and to have clear expectations for Labor & Delivery.

Effects of Untreated Depression & Anxiety on Birth Complications

- Low birth weight (Federenko & Wadhwa 2004)
- Preterm birth (Grigoralis, S. 2013)
- Pre-eclampsia (Kurki et al. 2000)
- Reduced prenatal care and health maintenance (Marcus, SM 2009)
- Greater use of alcohol, cigarettes and illicit substances (LeStrat Y, et al.2011)
- Higher maternal BMI (McPhie et al.2014)
Thoughts, Feelings, Behaviors

- Cannot stop a thought
- Angry at ourselves for having a thought
- Hard to just feel different about something
- Slow and insidious growth of anxiety

- Easiest way to change a thought or feeling is to change your behavior.
- Exposure and Response Prevention is the therapy for Anxiety: Story
  (Catholic Health Association, June 1, 2013)