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
Putting it together

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 2000) and predicts future emotional and behavioral problems in school age children (Coghill et al 1996).

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-friendly 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

- Day to day operations
  - Budgeting
  - Payor-mix
  - Clinical staffings
  - JCAHO accreditation
    - Infection control
    - Safety
    - Emergency Preparedness
    - Environment & Equipment safety
  - Accommodating babies in the milieu
  - Working with hospital’s intake departments and referral sources

AMITA Health Perinatal IOP

- Budgeting
  - FTEs
  - Staff to patient ratio including baby

- Having very little example of how to budget for program
AMITA Health Perinatal IOP

- Payor-Mix
  - Insurance funded
  - Grant funded
    - Perinatal IOP grant monies provided by generous OBs from AMITA Healthcare

- Current Program Numbers as of June 15, 2016

AMITA Health Perinatal IOP

- Clinical Staffings
  - Each Wednesday after Program (1-2pm)
  - Attended by multi-disciplinary team
  - Review each patient
    - Discuss progress (current Tx plan, any adjustments)
    - Discuss current meds trials and sx/s
    - Discuss aftercare planning/Discharge process
    - Referrals (best fit)
    - Discuss family sessions
    - Discuss exposures/daily challenges
    - Discuss step-ups/step-downs or cross-tracking
      - Adult PHP, Anxiety, CD, ED, SIRS
  - Sign staffings
  - Any housekeeping issues

AMITA Health Perinatal IOP

- Meeting Hospital Accreditation Standards
  - ABBHH
  - Women & Children’s Hospital
  - Policy
    - General
    - Specific to IOP
    - Inclusion of babies in the milieu
**Infection Control**
- Cold & Flu Season
- Babies in the Milieu
  - Newborns, premature infants and NICU babies
- Vaccines
- Cleaning equipment, toys and supplies daily
- Diapering
- Feeding

**Safety**
- Behavioral Health Program Safety Policies
- Banding of mothers and babies daily
- Safety huddles
- Domestic violence situations
- Environment and equipment safety

**Environment & Equipment Safety**
- Ordering DCFS approved equipment
  - Meeting state standards
- Supplies that withstand daily sanitation
- Breast milk exclusive refrigerator
  - Policies for storage
  - Cleaning and maintenance of fridge
**AMITA Health Perinatal IOP**

- Emergency Preparedness
  - Working with Hospital Emergency Preparedness Team
    - Aware of location of program with the inclusion of babies
  - Staff training for emergency in program area
  - Collaboration with security team
  - Banding of mothers and babies

**AMITA Health Perinatal IOP**

- Working with hospital intake departments and referral sources
  - ACCESS
  - Call Center
  - Pregnancy & Postpartum Mood and Anxiety Disorder Program
  - ABBHI
  - Emergency Departments
  - Obstetricians
  - Pediatricians
  - Outside providers
  - MOMS hotline

**AMITA Perinatal IOP**

- 4 Week Comprehensive Curriculum
AMITA Perinatal IOP

- Process of Developing the 4 week Curriculum
  - CBT
  - Mindfulness
  - Circle of Security™ (Mother/Infant Secure Attachment Intervention)
  - Bringing Baby Home™ (Helping parents transition to parenthood)
  - Anxiety Groups
  - Expressive Therapy Groups
  - Spirituality Groups
  - Medication Management Groups
  - Health & Nutrition Groups
  - Infant Massage
  - Child-Life Skills/Developmental Psycho-education
  - Sleep hygiene/sleep training

AMITA Health Perinatal IOP

- CBT
  - Week 1: Emotional Pattern Mapping
  - Week 2: Cognitive Distortions
  - Week 3: Stages of Change
  - Week 4: Emotional Regulation

AMITA Health Perinatal IOP

- Mindfulness
  - Interwoven throughout all curriculum
    - Goals group
    - Circle of Security
    - Bringing Baby Home
    - Expressive Therapy
    - Spirituality
    - Health & Nutrition
    - Medication Management
Bringing Baby Home™ Curriculum
- Increasing Partner Communication
- Understanding new Dynamic at Home
- Marital adjustment with a new baby
- Teaching skills needed to encourage healthy, supportive family relationships
- Teaching skills to decreasing postpartum depression, relationship conflict, and hostility

Circle of Security™
The Circle of Security is a relationship-based early intervention program designed to enhance attachment security between parents and children.

Anxiety Groups
- Developing an Anxiety Hierarchy
- 2 groups/week led by Anxiety Therapist
- Exposure Response Prevention Therapy
  - Exposures throughout the program day encouraged by Tx & RNs
  - Develop daily/weekly challenges to expose moms to high anxiety situations
  - Anxiety challenges on therapeutic days off
- Skills and Psycho-education groups reinforce anxiety curriculum
- Strong CBT based curriculum supports the ERP therapy modality
**Expressive Therapy**
- 2xs/week
- Right after anxiety group
- Primarily 3 modalities of ET
  - Movement/dance
  - Art
  - Music
- Works well with the weekly curriculum
- Incorporates mindfulness techniques
- Draws attention to sx, thoughts, feelings, somatic concerns in everyday life

**Spirituality Group**
- Using a relationship-based, patient care approach that focuses on identifying strengths and resources for building resilience and hope for mothers, mother-baby dyads and the family system.
- With the goal of providing comprehensive treatment and a mission of promoting the physical, mental, spiritual and social health and well-being of all individuals we treat, spirituality curriculum is developed to support the understanding that spirituality is a potentially important component of every patient’s physical wellbeing and mental health.
- Special consideration has been given when developing and implementing spiritual groups in a therapeutic setting that includes pregnant women, mother/baby dyads and mothers that have experienced trauma and loss.

**Health & Nutrition Groups**
- Moms
  - Poor intake choices when depressed & anxious
  - Changes in appetite due to sx
  - Supporting pregnancy and lactation through healthy choices
  - Skills to increase likelihood of snacking healthy and making quick, healthy meals
- Babies/Toddlers
  - Information on making informed choices about babies food firsts (solids, finger food, liquids after milk)
AMITA Health Perinatal IOP

- **Sleep Hygiene**
  - Insufficient sleep is associated with impaired attention, memory, increased mood swings, depression, anxiety, etc.
  - Sleep evaluations tailored to pregnant and new mothers
  - Consultation and Education
  - Medication management

- **Sleep Training**
  - Educating parents on healthy, developmentally appropriate milestones in infant and newborn sleeping patterns
  - Providing an environment for parents to discuss popular sleep training methods and educating about baby's emotional, physiological and neurological growth needs that promote secure attachment

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AMITA Health Perinatal IOP

- **Child-Life/Developmental Skills Groups (1/month)**
  - Reviewing developmental milestones
  - Improves parenting efficacy and competency
  - Improves parent/child interaction
  - Increase effective play/interaction between parent/child

- **Infant Massage Demonstration (1/month)**
  - Opportunity for intimate mother/baby interaction
  - Increase mother/baby attachment

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AMITA Health Perinatal IOP

- **Interdisciplinary Collaboration**
  - MD
  - Psychologists
  - Therapists
    - Expressive
    - Anxiety Specialists
    - Program curriculum therapist
  - Perinatal Social Workers
  - Dieticians
  - RNs
  - Lactation Consultant
  - Chaplain
  - Child Life Specialist
  - Infant Massage Specialist
RN role in the IOP
- 2 Program Nurses
- Laura Spencer and Shannon Brown
  - Both L & D nurses
  - Perinatal Bereavement
  - Lactation
  - Development
  - Birth Trauma
  - PMAD

The role of RN in the IOP
- Initial Health Screen
  - In first 24 hours of admit
    - Screening for hx of sexual, physical or birth trauma
    - Screening for hx of medical co-morbidities, hormonal, endocrine issues
  - UDS-initial and random testing
- Medication Management
  - Weekly medication notes for MD
  - Sx increase/decrease and side effects
- Assisting in Mother-baby interaction
- Sleep Training/hygiene information for Mom and Baby
- Rectifying medication changes in chart
- Creating birth plans/liaison to Mom’s OB team

Need for Pharmacology Management
- Mom’s meet weekly with Dr. Xiaohong Yu (Program Medical Director)
  - Psychiatrist specializing in women’s health and sleep issues
  - Nurses provide MD with weekly medication notes
  - Contact with outside providers
- Weekly Medication Management Groups
  - Checking for medication conflicts (old scripts, proper dosage, etc.)
- Case Management Daily
- Ability to check in with MD outside of weekly meeting
AMITA Health Perinatal IOP

Statistics on patients treated in first 10 months of IOP

- Numbers at a glance
  - Growth month by month
  - Average daily census
  - Demographics

AMITA Health Perinatal IOP

Plans for the future

- Fiscal year 2017
- PHP Level of Care
- Increase presence and involvement with new department within Women & Children’s Hospital
  - NICU
  - Antepartum
  - High Risk Pediatrics
  - Specialty Pediatrics
    - Endocrinology
    - Gastroenterology
    - Diabetes