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MotherWoman: Community-based Perinatal Support Model

Location: Massachusetts
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Category: **Promising Practice**

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED
#7: Percent of 19-35 month olds who have received full schedule of age appropriate immunizations against: Measles, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B. **#11: Percent of mothers who breastfeed their infants at 6 months of age** **15: Percentage of women who smoke during the last 3 months of pregnancy**

BACKGROUND

Postpartum depression (PPD) is the leading complication of childbirth, affecting 10 – 20% of all mothers and 40% of mothers living in poverty. Research suggests that even when screening and referral protocols exist – less than 25% of all women receive treatment, and even then only 6% sustain treatment. Maternal depression can have a lasting negative impact on the behavioral, cognitive, and social-emotional functioning of children. Depression during pregnancy has been linked to poor birth outcomes, such as low birth weight, pre-term delivery and obstetric complications. Postpartum depression is also correlated with a mother's inability to attend to health issues for her infant, such as decreased breastfeeding, missed well-child pediatric visits and inattentiveness to safety protocols for infants, such as car restraints and Sudden Infant Death Syndrome prevention sleeping recommendations. There is general consensus that even when there is screening and referral, unless there is "community-readiness", a community will not effectively ensures that women receive necessary care and treatment.

The MotherWoman® Community-based Perinatal Support Model™ (CPSM) fills in the gap and provides the necessary infrastructure through creation of a comprehensive safety net for mothers at risk for/or experiencing perinatal depression.

PROGRAM OBJECTIVES

The goal of the CPSM is to support community capacity by expanding resources, increasing provider competence and promoting mothers' inherent resilience at all points of provider contact- from the first prenatal visit through the one-year well-child check. The CPSM aims to address barriers to care to achieve optimal mental health outcomes for mothers and families, through multi-sector collaboration in the areas of education, training, resource development, triage/referral protocols and screening.

TARGET POPULATION SERVED

Implementation of the CPSM began the summer of 2014. The population served was participating MA communities that produced more than 21,000 births annually and including- Cod & Islands, Greater Lynn, Greater New Bedford, South Shore, Springfield and Worcester. Several of the communities had high rates of the following:

- Teen births (4 of the 6 communities)
- Minority populations (3 of the 6 communities)
- Low birth weight (3 of the 6 communities)
- Poverty (5 of the 6 communities) compared to the state average.

All of these factors are correlated with an increased risk for perinatal depression.

PROGRAM ACTIVITIES

Primary activities and resources provided through the CPSM include:

1. **CPSM Community Training** - three-hour community training which includes a perinatal mental health conversation, introduction to the CPSM and community readiness assessment.

2. **Community Readiness Report and Perinatal Community Change Road Map** – assess the state of community readiness of the community and proposes a community action plan.

3. **Community-based Perinatal Support Model© Tool-Kit**- assists in delivering the CPSM to community and sustaining change. Toolkit includes: coalition building, resource & referral process and template, media & marketing, goals, objectives and mission statement development, educational resources for mothers, triage process, screening tools, provider packets, etc.

4. **Leadership Team Training** – one day training to further define and develop the Perinatal Community Change Road Map.

5. **MotherWoman Group Facilitator Training and Mother Woman Group Toolkit** – training and implementation tools for successful perinatal mental health support groups.

6. **Technical Support and Continuing Education Webinars** -- provided through monthly one-hour phone calls with leadership teams. Continuing Education Webinars are available to the entire community.

7. **Evaluation of outcomes** – Community readiness assessment to review Community Readiness change and next steps to inform the Action Plan and identify accomplishments.

PROGRAM OUTCOMES/EVALUATION DATA

Development of the CPSM has advanced over the last several years to establish the best framework to improve a community's ability to ensure that all partners are prepared to address perinatal depression. The model was implemented in four communities, including Franklin County, where they received great success from program components. For example, prior to implementation of CPSM no resources for mothers experiencing perinatal depression were available. Within 18 months of implementation, Franklin County saw significant change across systems of care.

Over 90% of mothers were engaged in education, screening and referral as needed. Eight perinatal depression professional trainings were provided permitting over 200 providers to receive more specialized training on the issue. Additionally, universal screening was implemented in OB, pediatrics, social services, and inpatient care. The county developed resource and referral mechanisms, crisis protocols and triage protocols. Mental health and hospital policies were also systemized across practices.

Due to this success, the MA Department of Mental Health and Massachusetts Child Psychiatry Access Project (MCPAP) for Moms provided funding to expand implementation of the CPSM in six additional communities across the state. As a result of this expansion, all communities have participated in community readiness assessments, developed leadership teams and coalitions, developed strategic goals for improving perinatal depression and methods to accomplish them, increased public education and professional training and developed community resources including implementation of support groups.

In June 2014 a one-year independent process evaluation study was completed, in which the consultant team reviewed the CPSM intervention design in four communities through focus groups, interviews and document review. The goals of this evaluation included:

- Understanding the strengths, weaknesses, opportunities and recommendations for the model
- Determining the relationship between the community coalitions and the CPSM
- Analyzing what leadership looks like in a CPSM coalition
- Reviewing the influence of community contexts (social, geographical, organizational, environmental, political, legal, and cultural) on strategic plans, service delivery and outcomes within the CPSM framework
- Determining how MotherWoman defines success of CPSM implementation.

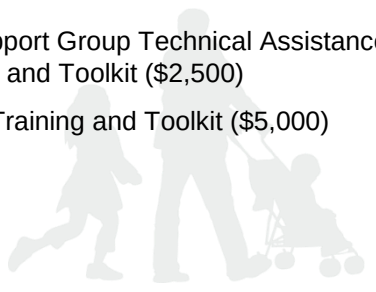
The evaluation also outlined elements of the CPSM that were nationally replicable.

PROGRAM COST

Implementation of the CPSM costs $65,000 per community. Calculated costs include time, financial considerations, resources allocated, and tools developed for implementation.

Costs can be broken down by:

- Community Readiness Assessment and Strategic Action Plan Initially and 1 Year Follow Up ($15,000)
- Ten Session Technical Assistance with Webinar and Toolkit ($15,000)
- MotherWoman Perinatal Group Facilitator Training ($15,000)
- MotherWoman Support Group Curriculum Training ($10,000)
- MotherWoman Support Group Technical Assistance Call and, Webinars and Toolkit ($2,500)
- Leadership Team Training and Toolkit ($5,000)



- MotherWoman Support Group Continuing Education Webinars ($2,500)

ASSETS & CHALLENGES

Assets

In spring 2014, MotherWoman partnered with the Public Health Graduate Capstone Program at Northeastern University on the Community-Readiness Assessment Process. This assessment is performed initially and then annually thereafter. The assessment offers an opportunity to determine the progression, successes and barriers a community has experienced over the past year as well as refine the Perinatal Community Change Road Map. The Community Readiness research and scoring processes includes nine levels of readiness: no awareness, denial/resistance, vague awareness, preplanning, preparation, initiation, stabilization, confirmation/expansion, and high level of community ownership.

Community leaders participated in an in-depth focus group discussing the six dimensions of community readiness- community efforts to address the issue, community knowledge of the issue, leadership surrounding the issue, knowledge of efforts being implemented to address the issue, community climate and resources related to the issue- and scored each community.

The results of the assessment concluded- three communities in the preplanning phase, two communities in the preparation phase and one community in the initiation phase. The six communities will be reassessed at the end of the grant cycle to determine level of community change after implementing the CPSM.

Support from organizational and political entities has given the CPSM an opportunity to address perinatal mental health at the systems level:

1. Legislative policies in states across the country - MA legislative policies created an opportunity for our program to expand.

2. Medical associations are beginning to take a bolder stance and are active in MA: American Congress of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), and American Academy of Pediatrics (AAP).

3. Insurance companies and Medicaid are beginning to pay for universal screenings. Also, Medicaid will begin to reimburse for screening in MA.

Challenges

Greatest challenges while implementing CPSM included leadership buy-in, multi-sector collaboration, time commitment and the need for monetary support.

Overcoming Challenges/Lessons Learned

One critical way to overcome challenges was to ensure that every community received a Perinatal Mental Health Strategic Action plan tailored to fit the needs of their community. The Community Readiness Assessment completed prior to implementation guided next steps for a community to address perinatal mental health and resources provided to them through the CPSM. This process ensured that each community was set up most efficiently to address the barriers specific to their own needs.

Challenges will always exist when financial support is low and trying to get multiple community partners at the table but the CPSM aims to support communities to overcome barriers to care for perinatal mental health on every level.

FUTURE STEPS

Contingent on the continued availability of funding through MA Department of Mental Health, there will be a second phase of CPSM implementation in which additional communities will be asked to participate in this model and an outcome evaluation is anticipated.

Next steps for the CPSM include demonstrating the model as evidence-based and completing an outcome evaluation. The best methods for an outcome evaluation are being considered. Suggestions from the process evaluation include demonstrating change in environments, policy and systems that impact perinatal depression.

COLLABORATIONS

The CPSM is a partnership between the informed model, leadership provided through the CPSM and the on-the-ground leaders who understand the home community best.

All providers having contact with the mother and baby from the first prenatal visit to the one year well child visit are invited to participate, including medical providers, mental health clinicians, social services and mothers with lived experience. Greatest success comes when all key community leaders participate in implementing the CPSM.

The *Introduction to the CPSM* training includes a one hour community focus group. All interested community partners, including mothers with lived experience, participate in a community discussion to identify strengths, challenges and goals. The focus group is recorded, transcribed and analyzed to create a community readiness summary which identifies the stage of readiness of the community to

implement change. The summary can then be used as a guide to create strategic next steps to reach the collective goals of the community.

Feedback from communities provides an opportunity to create community specific plans to best support those implementing the CPSM. Community tailored support and tools also enhance sustainability of the model in each community by giving them the resources specific to their needs. The collaborative approach and opportunity for regular feedback from communities strengthens model components.

PEER REVIEW & REPLICATION

A key element of the CPSM is implementation of a MotherWoman Support Group. MotherWoman Support Groups and Facilitator Trainings have been implemented in communities throughout Western Massachusetts. Additionally, MotherWoman has advised communities in Connecticut and Florida.

This program has been well-represented at several conferences, some of which are listed below:

- CPSM process evaluation presented at the 2014 American Public Health Association Conference
- "The Community-based Perinatal Support Model: Addressing Postpartum Depression Through a Multi-Disciplinary Approach in Diverse Communities" presented at the American Public Health Association conference poster session November, 2014
- "Promoting Maternal & Infant Mental Health: The Community-based Perinatal Support Model for Mothers" presentation at AMCHP conference in 2012
- Addressing Perinatal Depression: Development and Implementation of a Statewide Consultation and Care Coordination Program presentation in 2015

RESOURCES PROVIDED

Additional information and resources on CPSM can be located on the MotherWoman website- http://www.motherwoman.org/.

Key words:

Postpartum Depression, Perinatal Emotional Complications, Community-based, Community Readiness, MotherWoman, Collaboration, Multi-sector, Perinatal Mental Health Community Resources, Perinatal Mood Disorders, Mother-Infant Dyad, Perinatal Mental Health

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