

# Maternal Outreach Mood Services (MOMS):

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## Strategic Planning and Creation

A 10-step process for how the MOMS program came to be:

1. Regional assessment of need: Is there an existing program in place that meets the need?
2. Does your organization have the capacity/structure to build or assist others to build a program?
3. Engagement of the medical staff:
  - a. Medical leadership support for a task force on perinatal mood
  - b. Specific outcomes request: what is the need, what is the community's ability to meet the need, what services need to be.
  - c. Time-limited to report back with recommendations
  - d. Depts. of Obstetrics, Pediatrics, Psychiatry all engaged/approved
4. Task Force formed:
  - a. Community providers (psychiatry, counseling)
  - b. Advocate (former patient with perinatal mood condition)
  - c. Physician and Executive co-chairs
5. Task Force subcommittee reports:
  - a. Survey Subcommittee—survey of regional providers to estimate scope of need
  - b. Treatment Subcommittee: what are the best practices
  - c. Maternity Subcommittee: department estimations, impact, screening, etc.
6. Task Force recommendations presented back to Medical Staff:
  - a. A perinatal mood intensive outpatient program be established
  - b. A perinatal mood resource phone line be established
  - c. Screening/referral system in place for providers (EPDS)
7. Departments approval of Task Force recommendations
8. Business Plan (pro forma) development
9. Approval of executive leadership and Board
10. Engagement of donor community towards start-up costs
11. Support : Perinatal Psychiatrists , Marce Society

## Current MOMS Program

1. Screening and Referral: patients can self-refer or be referred by their MDs.
2. Treatment: MOMS program promotes a healthy lifestyle change. groups to facilitate this process
  - a. IOP model, including DBT and CBT practices.
  - b. IOP meet s for 4 hours x day 4 days a week.

- c. Curriculum focus: Mindfulness, stress management, emotion regulation, relationships/communication group, CBT, symptom management, relapse prevention, weekend planning/self-care
  - d. DAD's support group,
  - e. GRS scale based attachment work, medication management, individual, couples and family therapy
  - f. Discharge Planning.
3. PHP track for moms with more acute symptoms: Patient will be assigned an individual therapist who specializes in PPD, tailored program to address MOM's related issues and a step down plan to our MOM's program. Partners will also join the DAD's group while patient is in PHP.
  4. MOMS After-Care: Free weekly drop in support group for patients that have successfully completed MOM's. These support groups review life skills acquired in the MOM's program and assist in the transition into everyday life.
  5. Community support : No-cost Pregnancy and Resiliency Circle in Los Gatos , support and education to the OB GYN/ pediatric community

## Data

1. Total of 424 patients treated since inception
2. Patients screened in 2015:
  - a. Phone: 229
  - b. In person: 130 (78 of whom were given referrals/resources in community.)
  - c. Patients treated calendar year 2015: 53
3. Average improvement outcome measures for 2015:
  - a. GAF: +15 point improvement (admission average=47; d/c average=62).
  - b. EPDS: +9 point improvement (admission average=18; d/c average=9).
4. Financial viability: Continue to cover costs with an average census of 5 patients per day in specialty IOP program. At PHP level of care, specialty care provided but all part of general PHP.

## Future plans

- 1) Inpatient MOMS
- 2) Center of Excellence for women's mental health