

### Overview

Services specific to perinatal mental health are sparse in our state, and those that exist are often difficult to access. In 2003, Sinai Hospital of Baltimore launched the Perinatal Depression Outreach Program (PDOP) to improve infant and maternal well-being through the identification and treatment of maternal mental health struggles. The perinatal social worker, physicians, and nurses on the post-partum unit designed protocols to increase awareness and treatment of depression among new mothers, including voluntary screening of new mothers using a validated depression screening instrument that combined the mental health assessment from the *Edinburgh Postnatal Depression Scale* with the social risk factor assessment from the *Postpartum Depression Predictors Inventory*.

With the launch of PDOP, Sinai became the first Maryland hospital to provide post-hospitalization services facilitating access to mental health treatment and social support for mothers at risk for perinatal mood and anxiety disorders (PMAD)s. PDOP remains unique in Maryland in providing free services to high-risk mothers who may otherwise not have access to care. It is the only program of its kind in the Baltimore area.

To reach the most women, and to provide a forum for education, referral, and peer socialization, the social worker continues to offer a group intervention for clients. Group is offered once a week within the hospital, providing support and education to women

adjusting to the post-partum period. Sessions focus on assisting women in gaining an understanding of PMADs, identification of symptoms, discussion of available treatment modalities, and teaching/practice of new coping skills. Group activities encourage self-awareness and discussion regarding symptoms, facilitate social interaction and support among post-partum women, and coach struggling new mothers in their interaction with their babies, particularly when bonding and attachment seem impaired. Other topics include parenting; creating a plan for transition and adjustment to new baby, including taking care of self while attending to newborn; and the importance of accepting support and asking for help.

**A total of 1,394 screening surveys were completed and returned by patients in 2017, with 25 percent of those indicating a need for outreach and/or follow-up.**

### Impact

A total of 1,394 screening surveys were completed and returned by patients in 2017, with 25 percent of those indicating a need for outreach and/or follow-up. Besides screen-

ings at the time of birth, other referrals have been made from sources including hospital medical staff, OBs and pediatricians in the community, and family or friends. During FY17, PDOP had direct contact with more than 450 women, as well as provided 256 women with informational letters and pamphlets for those the program could not reach in person. Other process metrics include:

- 242 mothers were seen for inpatient assessments
- 588 follow-up, outreach, and advocacy contacts were made
- 60 participants attended 40 group sessions

---

## Lessons Learned

---

The primary barrier for the program is the lack of available and accessible behavioral health service providers in the community with an understanding of perinatal mood and anxiety disorders. PDOP receives requests for information or support from across Maryland. Clients travel across multiple counties to attend the weekly PDOP Postpartum Support Group. Perinatal mothers often learn about PDOP through information online about the weekly Support Group; mothers are desperate for information, for guidance in accessing treatment, and to speak with someone who understands what they are going through. Often by the time they call PDOP or attend their first group session, they have been searching for support for quite some time.

## Future Goals

---


Recognizing the ongoing shortage of appropriate providers, PDOP staff actively seeks out ways to connect with area providers, provide specialized training opportunities regarding perinatal mental health, and facilitate/participate in community conversations to raise awareness and improve provider skill level. In addition, staff participate in the Maryland

Task Force to Study Maternal Mental Health. The Task Force submitted recommendations to the Governor in December 2016 regarding needs, policies, and practices related to maternal mental health in Maryland. Staff also facilitated regular meetings of the Baltimore Perinatal Mental Health Professional Study Group, created to connect interested providers and provide a forum for ongoing discussion. Lastly, in an attempt to expand PDOP's referral network, PDOP hosted a free training in June 2016 for local therapists seeking additional expertise on providing appropriate care to women struggling with perinatal mood and anxiety disorder. In August 2018, PDOP will host a two-day Training on Perinatal Mood & Anxiety Disorders, offered on site by Postpartum Support International. The program will also continue education of obstetrical providers.

## CONTACT

### Mae Hinnant

Director, Grants Administration

 410-601-4440

 [mhinnant@lifebridgehealth.org](mailto:mhinnant@lifebridgehealth.org)