



Home Visiting Collaborative Improvement and Innovation Network 2.0: Addressing Maternal Depression

HV CoIIN 2.0 brings together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local implementing agencies (LIAs) to engage in collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building of continuous quality improvement (CQI) capacity.

The Background

Since 2013, the Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc., has implemented collaborative improvement and innovation networks (CoIINs) using the Institute for Healthcare Improvement's [Breakthrough Series](#) (BTS) Collaborative to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. [HV CoIIN 1.0](#) demonstrated that the BTS model can be used in home visiting to improve outcomes and to develop the necessary resources and conditions for subsequent scale efforts. HV CoIIN 2.0, we are using this model to address other challenges that families face, such as maternal depression.

Maternal Depression: The Problem

Maternal depression is an area of top priority for MIECHV due to its prevalence during pregnancy and throughout the first year following birth, when women of child-bearing age are at the highest risk for their first depressive episode. Decades of research document that high levels of depression among mothers have a negative impact on infants, affecting activities such as feeding practices (especially breastfeeding), sleep routines, well child visits, vaccinations, and safety.¹ Infants with depressed mothers also have more difficulty with attachment and emotional regulation.

Between 10 and 12 percent of women in the general population experience depression during pregnancy and postpartum,² and the problem is even more common among high-risk families enrolled in home visiting programs.³ Home visiting programs have a unique opportunity to reach vulnerable families and to incorporate strategies to decrease rates of maternal depression.

In HV CoIIN 1.0, MIECHV awardees and their LIAs tested evidence- and practice-informed changes, which led to (1) improved rates of depression screening and engagement in evidence-based services and (2) decreased depressive symptoms among women accessing services. In HV CoIIN 2.0, we are building on the success of HV CoIIN 1.0 and scaling these improvements with local home visiting agencies across the country.

What Are We Trying to Accomplish?

Through three consecutive cohorts, HV CoIIN 2.0 aims to build a movement and capability for ongoing learning that improves maternal and child health outcomes for families in home visiting by engaging 25 MIECHV awardees and 250 LIAs to scale improvements and meet aims in identified topics by 2022.

In Cohort 1, HV CoIIN 2.0 is working with four MIECHV awardees (Alabama, Louisiana, Rhode Island, and West Virginia) and 48 LIAs to achieve the following SMART aim:

By March 2020, 85% of women who screen positive for depression and access services will report a 25% reduction in symptoms within 12 weeks from first service contact.

How Will We Accomplish the Aim?

HV CoIIN 2.0 staff, faculty, and frontline home visiting teams applied evidence-based research and practice to scale the [Maternal Depression Key Driver Diagram](#), which displays the SMART aim and a shared theory for how that aim will be achieved, including the **primary drivers**—the elements that need to be in place to accomplish the aim—and the evidence-informed interventions and processes to realize those drivers.

“So far [in HV CoIIN 2.0], we have had 19 out of 23 mothers report symptom improvement. We’re so excited about that, and we really attribute a lot of that to HV CoIIN and their Mothers and Babies training . . . It has been a huge asset, especially for those rural areas that do not have mental health resources.”

—HV CoIIN 2.0 participant

There are five primary drivers:

1. Standardized and reliable processes for maternal depression screening and response
2. A competent and skilled workforce to address maternal depression
3. Standardized processes for referral, treatment, and follow-up
4. Active family involvement in maternal depression support
5. A comprehensive data tracking system for maternal depression

HV CoIIN 2.0 supports awardees in meeting collaborative goals by sharing the best available evidence and promising practices for addressing maternal depression and by teaching and applying methods for scale. Through iterative learning cycles (Plan, Do, Study, Act cycles [PDSAs]) and the use of monthly data for monitoring and improvement, LIAs learn how to effectively and efficiently address maternal depression in home visiting. Supports offered through HV CoIIN 2.0 include the following:

- Coaching on consistent delivery of evidence-based interventions and promising practices to improve maternal depression and infant well-being
- A customized data tracking system for maternal depression
- Group and customized teaching and coaching from nationally renowned faculty experts in CQI practices, scale methods, and content areas
- A Family Leadership Coach to help maintain strong partnerships with families
- A suite of easy-to-use online resources, including key driver diagrams and gold-standard PDSA packages and measurement templates, to assist participants in getting started with CQI efforts, maintaining their gains, and engaging in scale efforts
- An easy-to-use and customizable data portal that provides on-demand data and supports virtual PDSA coaching

¹ Carrol Chappman, S. L., & Wu, L.-T. (2013, July). Postpartum Substance Use and Depressive Symptoms: A Review. *Women & Health, 53*(5), 479-503.

² HHS Office of Planning, Research, and Evaluation. (2006). *Depression in the Lives of Early Head Start Families*. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/research_brief_depression.pdf

³ Ammerman, R. T., Putnam, F. W., Bosse, N. R., Teeters, A. R., & Van Ginkel, J. B. (2010, May–June). Maternal depression in home visitation: A systematic review. *Aggression and Violent Behavior, 5*(3), 191–200. Retrieved from <http://www.sciencedirect.com/science/article/pii/S1359178909001372>



Current Progress

Nine months into our work, awardees are making great strides in achieving the outcome and process aims and are continuing to test and scale reliable systems through March 2020.

Improvements to date

- **90%** of women are screened for maternal depression within 3 months of enrollment in home visiting
- **80%** of women are screened for maternal depression within 3 months of giving birth
- **84%** of women with a positive screen for maternal depression, who do not already receive evidence-based services, are offered a referral to evidence-based services
- **67%** of women with a positive screen for maternal depression, who do not already receive evidence-based services, verbally accepted a referral to evidence-based services
- **55%** of women with a positive screen for maternal depression and who verbally accepted a referral had 1+ evidence-based service contacts
- **63%** of women receiving 1+ evidence-based service contacts had a 25% reduction in symptoms
- **87%** of team members reviewed and used CQI data in practice this month to improve maternal depression services and processes

For More Information: <http://hv-coiin.edc.org> or email us at hvcoiin2.0@edc.org to learn more

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