

# Antepartum Wellness Program Current State & Proposal

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## Needs:

We envision a program that seeks to address the needs of admitted, antepartum patients by creating a program that provides the following evidence-based elements:

- Group and personal Activities, including:
  - Yoga/mindfulness classes
  - Exercise (including garden walks)
  - Crafts
  - Hospital room decorating
- Group therapy sessions acknowledging the psychosocial hardships associated with long-term hospitalizations, high-risk pregnancies, and NICU stays
- Educational resources and support with specific focus on integrating information received from providersemet

## Current state:

Current stakeholders in the antepartum patient experience include the Clinical Care Coordinator, Gifts of Art, Child and Family Life, and Music Therapy. The VVWH Unit Host was formerly an integral part of this process but has been an unfortunate loss in the workforce reduction due to COVID. As of September 28, 2020, three Unit Hosts were rehired as a result of a generous donor for a two-year donation.

### Clinical Care Coordinator:

The Clinical Care Coordinator role is broad and pivotal to the success of the unit. She self-describes her role as “filling in the potential gaps” and she provides services to meet educational and emotional needs. Including:

#### Education

- Antepartum specific information including:
  - March of Dimes “Coping with Being in the Hospital while Pregnant” pamphlet
  - Antepartum lactation consultation
- General pregnancy information and education including:
  - “Your Childbirth Experience” - a booklet provided to new patients at MM (also given to patients transferring their care to MM)
- Third trimester education (the same the patient would receive if she were not admitted)
  - Car seat safety
  - Maternity leave

- Kick counting
- Birth control
- Breastfeeding/pumping (donor milk if needed)
- Vaccinations - Tdap, influenza, (including for family members)
- Safe sleep for baby
- Preoperative education including information on:
  - C-sections (sheet from the hospital clearing house)
  - Hysterectomies
  - Surgical site infection prevention
- NICU guidance and tours (now being done virtually)
- Fall prevention education
- Education on risks of hospitalization
  - Sleep concerns
  - VTE

#### Emotional Support

- In the past the Unit host would check on them a few times a week, offer activities, and even do an art project with them in the waiting area at the end of the hall.
- This is non-structured and depends on the unit census.

However, given that she is only one person there are potential shortcomings if she is on vacation. Currently there is no procedure in place for covering her role while she is out and instead she will front-load her work before she leaves and pick up the slack when she returns. She also notes that many of our patients make requests for physical services such as hair cuts or manicures which she cannot provide.

#### Unit Host

The Unit Host role is also broad and pivotal to the emotional well-being of our antepartum patients. She is the human touch who can connect with patients beyond their medical diagnosis alone and self-describes as the “link between our patients and the outside world.” Services provided by the unit host include:

- Connecting the patient to other necessary/beneficial services depending on the individual's need including social work, NICU, Gifts of Art volunteers, and Therapaws therapy dogs.
- Helped to connect patients with other antepartum patients who wanted to connect and form support groups (affectionately named “Pregnancy Camps”).
- Connected patients with things to occupy their time including crafts and books.
- Would help decorate the unit for holidays and special occasions.
- Helped to throw baby showers for antepartum moms who otherwise would have missed their baby showers.

- Created pregnancy calendars for patients rooms that would help count down and celebrate pregnancy milestones.
- Provided “jack-of-all trade” help to patients when issues or challenges arise and wouldn’t rest until she had a solution to provide.

Unfortunately given the COVID-19 furlows, Unit Hosts were a position that was lost as a result of the pandemic. Some units throughout C.S. Mott Children’s Hospital have been able to rehire their Unit Hosts due to generous donations. As of October 2020, Unit Hosts have not returned to Von Voigtlander Women’s Hospital.

#### Gifts of Art:

The Clinical Care Coordinator sends patient names to Gifts of Art every week. They typically visit each patient on Wednesday afternoons with art kits. Twice per month, they offer art-making group sessions (the VVH9 unit has contributed funds to this experience). These volunteers are trained in art but are not therapists. For patients who are unable to come to the group session, a separate art-maker visits patients one on one. Activities included in this program include jewelry making, homemade cards, journals, and making baby blankets.

As of March 2020, our group sessions are on hold, due to practicing social distancing.

#### **Potential solutions:**

We sought to understand the organization and workflow of Child and Family Life as they run a successful program for our pediatric patients upon which the antepartum program could be modeled.

Through our conversations with Child and Family Life, we discovered that they are already active in some adult spaces including the CVC (patient’s having aortic surgery) and procedural support (coping through pain, etc.). There broadly seem to be four options for implementing a dedicated antepartum program at VVWH: Child and Family Life Fellowship, Music Therapist Fellowship, Music Therapy Graduate Practicum Program, or Fully-/Partially- Dedicated Music Therapist.

There are distinct benefits to utilizing either Certified Child and Family Life Specialists or Board-Certified Music Therapists as they are trained clinicians. This means they are uniquely qualified to interact with patients and their families in ways that a volunteer or untrained staff member may be unprepared for. A MTBC or CCLS can perform weekly or biweekly assessments of patients and triage their needs accordingly. Some patients may need a level of interaction that is appropriate for a volunteer and they can be triaged as such, but those patients who require more trained interactions will be identified early in the program and treated appropriately.

1. Child and Family Life Fellowship (from conversation with Lindsay)

The Child and Family Life Fellowship is the department's go-to strategy for entering a new clinical space. It consists of hiring a newly graduated Certified Child Life Specialist (CCLS) to work in a unit where Child and Family Life are already established. Then from this same unit, a seasoned CCLS will be transitioned to the pilot unit. The cost of this fellowship is typically \$50K for one year pilot study which includes salary, benefits, and education stipend. Typically the new unit is expected to cover half the cost of the fellowship.

This is an established process for expanding Child and Family Life to a new unit in the hospital. From discussions with Child Life Leadership, the proposed scope of practice for the Antepartum Wellness Program may even be the right size for the new graduate themselves and would not require relocating a seasoned Child Life Specialist to the Women's Unit. Specific thought should be given into ensuring sustainability of the program beyond this one-year fellowship program.

## 2. Music Therapy Fellowship

This fellowship would mirror the same structure as the Child and Family Life Fellowship, detailed above, but would be led by a Board-Certified Music Therapist rather than a Certified Child Life Specialist. Both Music Therapy and Child and Family Life have the same goal when interacting with a patient, but they take slightly different approaches. The cost would be similar as well (typically \$50K).

## 3. Music Therapy Graduate Practicum Programing partnership with Western Michigan University

This would be a 14 week pilot program in which a Board-Certified Music Therapist dedicated to VVWH for 10hrs/week for 14 weeks. During this time they would implement groups, individual sessions, and staff support. The student would also collect data to continue proving the need for music therapy services in VVWH specifically for our antepartum patients.

There were plans to implement this program in September 2020 but unfortunately given the restrictions during COVID on visiting students, it had to be postponed. We are hopeful the University will reopen to visiting students in the Winter 2021 semester. Meredith Irvine, MHA, MT-BC, NICU MT (current board-certified music therapist and music therapy manager) plans to be the advisor to this student and will act as the on-site supervisor.

See the "VVWH MT Proposal" document at this M+Box link for more information  
<https://umich.app.box.com/s/pgul21cpgy18se6o01c61qq185zpa22n>

## 4. Music Therapist Program

A dedicated board certified music therapist could also be hired to serve and meet the needs of the antepartum patients. This could either be a full-time board-certified Music Therapist or a part-time music therapist, with cost break down as follows:

Time dedicated to VVWH	Cost	Total Cost	Benefit
Full-time (40 hours/week M-F)	\$39,500 - \$42,000 plus 36% benefit	\$53,720 - \$57,120	MT-BC can begin initiatives of programming and clinical integration immediately, target patient satisfaction scores through data collection.
0.8-time (32 hours/week M-F)	\$31,600 34,100 plus 36% benefit	\$41,000- 46,000	MT-BC can begin initiatives of programming and clinical integration immediately, target patient satisfaction scores through data collection.  <i>Note: Services not provided on days not funded unless additional funding coverage is secured.</i>
0.6-time (24 hours/week M-F)	\$23,700-26,2 00 plus 36% benefit	\$30,000- 35,000	MT-BC can begin initiatives of programming and clinical integration immediately, target patient satisfaction scores through data collection.  <i>Note: Services not provided on days not funded unless additional funding coverage is secured.</i>

\*Built in coverage benefits for planned and unplanned time off (same regardless of dedicated time to VVWH) estimated \$3,500 per year

#### Physical Support

(e.g., massages, hair stylists, pedicures)

Pre-COVID, Andrea Rentz (ahanley@med.umich.edu) was working with Douglas J. Aveda salon Ann Arbor to create a pop-up spa event for Hematology/Oncology caregivers at Mott. Important pieces of her work included coordinating with security, allocating a space to hold the event, ensuring proper infection control, and coordinating with staff on the 7th floor to provide a flow for caregiver participation. She also noted that it is essential to have a clinical point person

who understands the needs and limitations of the population being served and can facilitate the interaction.

Laundry is another highly-requested service for our antepartum patients. Currently there are no laundry facilities in Von Voigtlander Women's Hospital on the 9th floor, however there are laundry facilities on Mott Hospital NICU on the 8th floor. Discussions with NICU leadership have been very positive and work is in progress to leverage the existing partnership that occurs between the antepartum patients and the NICU to extend to cover laundry services as well. Currently, certain antepartum patients anticipated to deliver a preterm infant meet with the NICU team for education and a tour of the facility. Given that a significant portion of antepartum patients become NICU parents, creating a partnership allowing access for antepartum patients to NICU laundry facilities seems a good solution for all involved parties.

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