

# **The Community-Based Perinatal Support Model: The Franklin County Perinatal Support Coalition**

*Liz Friedman MFA [liz@motherwoman.org](mailto:liz@motherwoman.org)  
Linda Jablonski RNC, MSN [Linda.Jablonski@baystatehealth.org](mailto:Linda.Jablonski@baystatehealth.org)*

## **Introduction**

In September of 2006, there were no specialized or coordinated resources for women suffering with postpartum depression in western Massachusetts. Nor was there a broad understanding of postpartum depression (PPD) as a public health issue. In 2007, the first Western MA Perinatal Support Coalition was convened to help keep women with PPD from falling through the cracks in the medical and mental health systems. Today the Community-Based Perinatal Support Model (CPSM) reaches across all four counties in Western MA - Berkshire, Franklin, Hampden and Hampshire Counties.. The CPSM is a strategic series of interventions implemented by the Perinatal Support Coalitions which are comprised of hospitals, government agencies, community-based coalitions, major mental health organizations, local and regional foundations, businesses, social service agencies, advocacy groups and medical, mental health, perinatal and complementary care practices and clinics. The coalition member organizations are implementing policies internally that streamline and expedite care for mothers at risk for or experiencing postpartum depression (PPD) in individual practices, clinics, organizations and health centers. They also collaborate on the intra-agency level to ensure rapid identification and treatment across systems.

## **Our Call to Action**

**Postpartum Depression** (PPD) is the leading complication of childbirth, affecting 10 – 20% of all mothers and 40 – 60% of low-income mothers.<sup>1,3</sup> Poverty is the most significant risk factor for depression, regardless of other risk factors, and PPD disproportionately impacts low-income mothers, regardless of race.<sup>1,3</sup>

## **Impact on Children**

Maternal depression can have a lasting negative impact on the behavioral, cognitive, and social-emotional development of children.<sup>2,6</sup> Depression during pregnancy has been linked to poor birth outcomes, such as low birth weight, pre-term delivery and obstetric complications.<sup>1,2</sup>

PPD 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, such as car restraints and Sudden Infant Death Syndrome prevention sleeping recommendations.<sup>1</sup>

## **Universal Screening**

The use of formal screening instruments is critical in identifying mothers at risk for or experiencing PPD. Fewer than 50% of physicians can accurately identify a woman with PPD if relying on observation or informal questions alone to assess symptoms. In a 2005 study only 18% of family physicians reported using a screening instrument specifically designed to detect PPD.<sup>7</sup>

### Screening to Treatment

Universal screening has been the primary pathway to treatment for PPD, having been legislated in several states as well as recommended by national medical associations. **Research shows that universal screening is effective in identifying women who are experiencing PPD, but NOT effective in impacting the number of women who actually receive treatment and care.**<sup>4,5</sup> While there are treatments which are evidence-based for PPD, mothers do not access them in numbers equal to the rates of women who are experiencing PPD.<sup>5,7</sup> By implementing interventions systematically throughout a community and across systems of care, we can address the barriers to care and treatment thus enabling universal screening policies to connect women with evidence-based care and treatment.

### Community-Based Perinatal Support Model (CPSM) Objective

**To achieve optimal mental health outcomes for mothers and families by implementing a strategic system of interventions throughout a community and across systems of care (cross-sector and multi-disciplinary) that address barriers to care at the individual, provider, system and policy levels.**

### CPSM Methodology

Through the sequencing of strategic interventions (see diagram below) the CPSM follows a structured approach to addressing the critical public health crisis of PPD. The CPSM is implemented by the Perinatal Support Coalition's Leadership Team which systematically follows the CPSM Stages of Development to promote public will to address the issue and awareness, encourage provider commitment and understanding, and shift the responsibility for addressing PPD off individual providers and/or women and instead on the public health system, where it rightfully belongs.

## **CPSM Interventions**



## **CPSM Stages of Development**

### *Engagement*

1. Understand the community
  - a. Research demographics: birth rates, poverty rates, single mothers, teen mothers, # of mothers at risk for PPD, etc.
2. Build the case
  - a. Reframe the issue of PPD as a public health imperative
  - b. Define and link PPD-related health issues from multiple perspectives in order to unify different perspectives (domestic violence, school readiness, developmental delay and mental health outcomes of children, child abuse, low infant birth weight and mortality, etc.)
3. Develop and partner with pre-existing Leadership Teams: coalitions, task forces, commissions
  - a. Identify stakeholders and community partners
  - b. Ensure representation across disciplines: OB/Gyn/Midwifery, Pediatric, Hospital, Mental Health, Social Services, Public Assistance, Advocacy Organizations

### *Action*

1. Perform assessments of community needs and organizations' practices/policies
  - a. Define baseline: existing protocols, policies and practice
2. Develop community goals within the framework of the CPSM Interventions
3. Design and implement action plans

### *Refinement*

1. Evaluate process
2. Evaluate outcomes: development of policies, protocols and practice implementation
3. Identify next steps

## **FRANKLIN COUNTY: a case study**

In September 2009, organizations across Franklin County formed the Franklin County Perinatal Support Coalition with the goal of addressing the public health challenges of perinatal emotional complications by creating a comprehensive screening and referral program PPD.

## **Our Community – Franklin County**

- Population 71,372
- Birth rate: 500 births per year
- Poverty level: 50 % Medicaid population
- Ethnicity & race: 91% White, 5% Hispanic
- Teen birth rate: 7 %
- Single mothers: 50%
- Education: 8% < 12th grade
- Estimated % of PPD: 10 – 25% = 50 – 125
- Impact of poverty on % of PPD: 50% up to 250

(DPH Public Statistics from birth data)

**Our Members:**

The coalition includes representatives from the community hospital including staff nurses, nurse managers and social workers, medical providers including Obstetricians, Midwifery, Pediatric; all mental health organizations, early intervention, Healthy Families, WIC, DCF, businesses, advocacy organizations, domestic violence organizations and mother-advocates.

**Accomplishments: 2009 – 2013**

*Our Community was transformed in three years*

	Franklin County in 2009	Franklin County in 2013
Coalition Development: leadership team, backbone organizations, champions	Some isolated individuals thinking about these issues.	Thriving coalition representing over 13 key organizations, practices and the county hospital. Motivated, effective leadership team with dedicated, paid time, commitment to address coalition activities and with the ability to implement policies in home organizations.
Public Education	NONE	Media presence, material development, distribution of materials at hospital, family center, mental health centers, medical offices.
Professional Training	NONE	8 trainings for over 200 providers including crisis, mental health, OB/GYN, nurses, psychiatry, pediatric, family practice
Community Resources and Support Groups	NONE	Support group for mothers with PPD, Mother to Mother Support Program, Resource and Referral Guide, Co-location of mental health services
Referral and Triage Protocols	NO	Site-specific triage protocols, Development of pathways within practices for screening and referral
PPD Screening and Policy	NONE	100% Universal screening at prenatal visits 100 % Universal screening at postpartum hospital 90+% Universal screening at pediatric visits during 1 <sup>st</sup> year of a child’s life, Comprehensive continuity of care between OB, hospital, pediatric and mental health

- **Women are screened with a validated screening tool twice in pregnancy and through the first year postpartum by OB's, CNM's, RN's and pediatricians.**
- **Providers report greater confidence in screening, counseling, referring and treating women.**
- **Women report greater ease in accessing referrals and resources, reduced stigma and shame about seeking help for PEC, and greater confidence in pursuing the care and treatment that works best for them.**

## **Next Steps**

1. Process Evaluation: Will be completed in December 2013.
2. Program Evaluation: Will be conducted in 2014-15.
3. Replication: Development of the manual is underway and will be completed in 2014.
4. Application for initial evidence-based practice status from Association of Maternal and Child Health Programs (AMCHP): Underway and will be completed in 2013.
5. Franklin County Coalition is currently applying the same model of intervention to address other perinatal public health issues such as Intimate Partner Violence and Substance Abuse.

## **References**

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- 3 Gavin, N.I., et al., Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol*, 2005. 106(5 Pt1) 1071-83.
- 4 Gjerdingen, D. & Yawn, B. Postpartum depression screening; Importance, methods, barriers and recommendations for practice. *Journal of American Board of Family Medicine*, 2007. 3(20) 280-88.
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# FRANKLIN COUNTY RESOURCE & REFERRAL GUIDE

## Help for the emotional experience of pregnancy and the postpartum period

*Many women have lots of feelings during pregnancy and the year after a baby is born. Being a mother is a hard job. Having support and help can make things go better. All mothers and new families deserve lots of help. You do too! Call Crisis Services (see below) or visit the emergency room if you are in an urgent situation. It's a good time to call Crisis Services if you are afraid to be alone or are concerned about your safety or the safety of your child(ren).*

The following care providers specialize in postpartum care. This is not an exhaustive list of providers nor an endorsement of any particular provider. When seeking support we recommend that you consult your primary care physician, obstetrician/midwife and/or pediatrician.

### SUPPORT GROUPS

*Motherhood can be surprising in many ways. Come meet other mothers and talk about being a mom. Most groups do not meet during public school vacations and on snow days. For the most up-to-date information, visit [motherwoman.org](http://motherwoman.org). MWTF = MotherWoman Trained Facilitators*

#### Circle of Moms: We Are All In This Together

For mothers of infants to feel heard and supported. Free childcare, snacks, transportation support. Fridays 10am-12pm at the Community Action Family Center, 90 Federal Street, Greenfield. Contact Mareike at (413) 774-1000 ext. 2048 [mmuszynski@csoinc.org](mailto:mmuszynski@csoinc.org) or Healthy Families at (413) 475-1566 MWTF.

#### MotherWoman Postpartum Group: This Is Harder Than I Thought

For women experiencing a challenging postpartum time. Expectant mothers welcome. Tuesdays, 10:15am-12:15am. Vernon Street Building, Vernon St, Northampton. Free childcare, snacks. Contact Annette Cycon at (413) 253-8990. [www.motherwoman.org](http://www.motherwoman.org) MWTF.

#### Mothers of Color Awareness Initiative (MOCAl)

MOCAl's Women's Circle  
Contact Bessie Jones at (413) 570-0374 or [mocacigroup@gmail.com](mailto:mocacigroup@gmail.com)  
[www.mocai.org](http://www.mocai.org) MWTF.

#### MotherWoman Group: Getting Real About Motherhood

Community, diversity, self-discovery. Share laughter and tears. Expectant mothers welcome. Wednesdays, 9:45-11:15am, Amherst Family Center. Free childcare. Contact Annette Cycon at (413) 253-8990.  
[www.motherwoman.org](http://www.motherwoman.org) MWTF.

#### Breastfeeding Support Group

Wednesdays, 11am-12pm at Franklin Medical Center, Greenfield. (413) 773-8557

#### Partners' Support Group

For the non-birthing partner to explore issues relating to parenting. Facilitated by experienced parents/partners. 4th Monday 7:00-9:00pm, Cooley Dickinson Center for Midwifery Care, Northampton. Contact Kate Bohne (413) 687-5817 [Katherine\\_Bohne@cooley-dickinson.org](mailto:Katherine_Bohne@cooley-dickinson.org)

#### Empty Arms Support Group

For parents grieving infant and pregnancy loss. 4th Wednesday at 7pm, Conference Room D, Cooley Dickinson Hospital. Contact Carol McMurrich (413) 529-1610 [carolmcmurrich@comcast.net](mailto:carolmcmurrich@comcast.net) MWTF

### ONLINE SUPPORT

*There are many resources online for mothers. This is a wonderful way to get support when you can't leave the house, in the middle of the night, or for those of us who would rather have online contact.*

#### Postpartum Support International

[www.postpartum.net](http://www.postpartum.net)  
Information for mothers, family and professionals. There is a PSI weekly Phone Chat with an expert.

#### Postpartum Progress [postpartumprogress.typepad.com](http://postpartumprogress.typepad.com)

The most widely-read blog in the United States on postpartum depression, postpartum OCD, antepartum depression, postpartum PTSD and postpartum psychosis.

#### Online PPD Support Group [www.ppdsupportpage.com](http://www.ppdsupportpage.com)

PPD Support Group plus forums on different topics, information and resources.

### AT HOME SUPPORT

*In the days and months after a baby is born, all mothers need help and support. It's okay to ask for help from family, friends and your community. It's okay to ask for more help.*

#### Green River Doula Network

[www.greenriverdoulas.org](http://www.greenriverdoulas.org)  
A postpartum doula provides services and support in the home to help facilitate a warm and nurturing experience for the entire family.

#### It Takes a Village [itavillage.info](http://itavillage.info)

The Village is a free-of-charge community service that matches families with a volunteer who visits the family home to provide support on a weekly basis.

### PHONE SUPPORT

*Call someone when you need support at home. The people at these numbers can listen to you on the phone, as well as refer you to other resources.*

#### PPDMoms Hotline (800) PPD MOMS or (800) 773-6667

Available support 24 hours a day, 7 days a week. For moms and their loved ones. Support, information and referrals.

#### Parental Stress Line (800) 632-8188

A statewide warmline that is available 24 hours a day, 7 days a week; staffed by trained volunteer counselors who are sympathetic and non-judgmental.

#### Postpartum Support International of Massachusetts Warmline (866) 472-1897

Confidential information, support and listings of local resources. Leave a message and a volunteer will get back to you within 24 hours.

### CRISIS SERVICES

*Call if you are in crisis and need immediate support and assistance. It's a good time to call Crisis Services if you have not slept in over 48 hours, are afraid to be alone or are concerned about your safety or the safety of your child(ren).*

*Crisis Services offers 24 hour psychiatric assessment. They accept all insurances and uninsured patients. Crisis evaluations take place in your home or in the community.*

#### Franklin County Crisis Services

Franklin County: (413) 774-5411, (800) 562-0112  
MotherWoman trained staff available.

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## SOCIAL OPPORTUNITIES

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*Take care of yourself by connecting with other people. Get out of the house several times a week. Go to a group and meet new people.*

### Franklin County Family Network/Family Center & Community Action

Playgroups, literacy programs, parenting education. For services contact Program Coordinator Francia Wisneski, M.Ed, 90 Federal Street, Greenfield. (413) 475-1553 [www.communityaction.us](http://www.communityaction.us)

### Parenting Resource Directory

[www.parentingdirectory.org](http://www.parentingdirectory.org)

An extensive community resource guide for families; online and at libraries and other locations. Information on Family Centers, Housing, Medical and Food assistance, and social activities.

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## RESOURCES FOR YOUNG MOTHERS

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*Being a young mother can be challenging and stressful. There are resources available for you.*

### Franklin Healthy Families at Community Action

A home visiting program for first time parents under the age of 21. Contact Community Action: (413) 774-2318

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## SELECTED LITERATURE

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*For Mothers and others who care*

### A Daughter's Touch: A Journey of a Mother Trying to Come to Terms with Postpartum Depression

by Sylvia Lasalandra

### Down Came the Rain: My Journey Through Postpartum Depression

by Brooke Shields

### The Mother-to-Mother Postpartum Depression Support Book

by Sandra Poulin

### Pregnant on Prozac

Shoshana Bennett, Ph.D  
Safety regarding medication and alternative treatments in pregnancy for depression, anxiety, bipolar disorder and other mood issues are thoroughly discussed.

### This Isn't What I Expected: Overcoming Postpartum Depression

by Karen Kleiman & Valerie Raskin

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## COUNSELING AND THERAPY

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*How do I know if I need therapy? Being a mother is a tough job. It's OK to ask for help. Ask questions and share your concerns.*

### Clinical & Support Options Outpatient Mental Health Clinic

Greenfield: Contact Clinical Director Amy Olson, LMHC for referral to MotherWoman trained counselors at (413) 774-1000

### Community Health Center of Franklin County

Mother/baby dyad services. Contact: Meme English Turners Falls: (413) 772-3784

### ServiceNet Outpatient Mental Health Clinic

Contact Christina Neiman Greenfield: (413) 772-2935

### Fran Fassler, LICSW

Valley Medical Group, Greenfield: (413) 773-3310

### NELCWIT (New England Learning Center for Women in Transition)

Free and Confidential services for victims and survivors of domestic and sexual violence. For Services in Greenfield & Orange call (413) 772-0806 or (888) 249-0806.

### Laura Morrisette, LMHC

MA Licensed Psychotherapist  
Compassionate Holistic Counseling  
MotherWoman Trained Counselor  
Speaks khmer, Outreach Available  
Greenfield and Amherst: (413) 772-6900

### Sara Steingiser, PhD

Montague Psychological Associates, Montague: (413) 774-2981

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## AREA MEDICATION PRESCRIBERS

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*How do I know if I need medication or if it's the right thing for me? Share your experience and history. Ask questions and share your concerns.*

### Clinical & Support Options Outpatient Mental Health Clinic

Greenfield: Clinical Director Amy Olson, LMHC at (413) 774-1000

**Michelle Kaskey, APRN, BC**  
Northampton: (413) 586-3319

**Leslie Fishbein, MD**  
Berkshire Medical Center  
Pittsfield: (413) 447-2216

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## ALTERNATIVE THERAPY

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*Many types of therapies can be supportive and helpful during this period. The following people specialize in women's care*

### Megan Bathory-Peeler

**CMT, CST, CMRP, SEP, PBAT**  
Craniosacral & Attachment Therapy  
Greenfield: (413) 772-0078  
[dancinghands@verizon.net](mailto:dancinghands@verizon.net)

### Kristen Bernard RN, CT

Midwife & Craniosacral work  
Cradle: (413) 341-5282

### Sam's Gentle Hands

Perinatal Massage  
Greenfield: (413) 774-7365

### Linda Romano (C/L) MT, BSW

Holistic Practitioner. Massage and Holistic Services. Leyden: (413) 624-3334

### Janet Masucci

Integrated Acupressure  
Professional Gill: (413) 863-8694 or  
[www.JMheartwell.com](http://www.JMheartwell.com)

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## SELECTED LITERATURE FOR PARTNERS

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*How do I help my loved one get through this difficult time? How do I get through it too? Learn more, ask questions and contact any of the resources above. While these books are geared towards fathers, they would be appropriate for all parenting partners and family members.*

### She's Had a Baby and Now I'm Having a Meltdown: What Every New Father Needs to Know About Marriage, Sex & Diapers

by James Douglas Barron

### Postpartum Husband: Practical Solutions for Living with Postpartum Depression

by Karen Kleinman, MSW

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## WHAT TO ASK WHEN YOU CALL

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*For most providers, you will leave a message. If you don't get a response within 24 hours, call back or try another provider. For urgent care, see "Crisis Services" on page one.*

- Do you accept my insurance? (private, MassHealth, Commonwealth Care)
- What special experience or training do you have in postpartum emotional issues?
- Do you speak my language? (e.g. Spanish)
- Are you available in emergencies?
- What are your hours? Your address? Parking? Bus stop?
- How soon can I get an appointment?
- Are you able to prescribe medication if needed?

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FRANKLIN COUNTY POSTPARTUM SUPPORT COALITION

MELINDA WILLIAMS, C/O CLINICAL SUPPORT OPTIONS, 1 ARCH PL., GREENFIELD MA 01301 (413)774-1000 x2065 MWILLIAMS@CSOINC.ORG

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# FRANKLIN COUNTY PERINATAL SUPPORT COALITION



## *Coalition partners include:*

Baystate Franklin Medical Center  
Clinical and Support Options, Inc.  
Pioneer Women's Health  
MotherWoman  
Community Action!  
Center for Human Development  
Greenfield Pediatrics  
NELCWIT  
It Takes a Village  
Green River Doula Network  
ServiceNet  
Community Health Center  
Valley Medical Group

## *Western Massachusetts Perinatal Support Coalitions*

Franklin County Coalition is part of the Western MA Perinatal Support Coalition Network. These regional coalitions each implement the Community-Based Perinatal Support Model (CPSM) in partnership with MotherWoman. The goal of the CPSM is to address the public health challenges of perinatal emotional complications like postpartum depression and anxiety through coordinated efforts across multi-disciplinary approaches to care. Through a sequencing of the following interventions - public education, professional training, resource and triage protocols, support groups and universal screening - the CPSM allows communities to meet the challenge of addressing the critical public health crisis of perinatal mood disorders. Each coalition does this through coordinated community-wide protocols and interventions. The MA PPD Commission, which is a governor-appointed commission mandated in the Postpartum Depression Law of 2010, is investigating this model further and is interested in replicating it state-wide. For more information contact [liz@motherwoman.org](mailto:liz@motherwoman.org).

## **Mission**

We are a community based multi-disciplinary coalition who joined together in November, 2009 to create a comprehensive safety net for all mothers during the perinatal time, in order to support optimal perinatal emotional health. ☺

**Postpartum Depression (PPD) is the leading complication of childbirth** impacting 10–20% of mothers (Gaynes B.N., Kessler R.C., Robins L., Burke K.C.) and 40–60% of low income mothers (Kahn R.S., Siefert K.). Risk factors for PPD include prior mental illness, trauma, infant or mother's illness, and lack of social and family support. (Isaacs, M.) Poverty is the most powerful indicator of depression regardless of other risk factors and PPD disproportionately impacts low-income mothers regardless of class and race. (Isaacs M., Belle D., Hobfoll S.E., Richardson P.)

## **6 goals set and accomplished over the last 2 years:**

1. Established a local weekly free support group run by MotherWoman trained facilitators; free childcare provided
2. Developed a Resource and Referral Guide
3. Developed and implemented a comprehensive screening program to include prenatal through the first year postpartum.
4. Developed triage protocols
5. Offered ongoing professional training for all providers in Franklin County
6. Established same day access and urgent psychiatry appointments for women with perinatal emotional complications at CSO's Outpatient Clinic

## **Training Provided**

Over 200 professionals have attended trainings provided or hosted by the coalition, including trainings on the Edinburgh PPD Screening Tool, a three hour overview of postpartum emotional complications, and Dr. Deligiannidis' initial training in October, 2011: "Antidepressant Pharmacotherapy during Pregnancy and Postpartum." All staff at CSO's Crisis Services attended a two-part, on-site training by MotherWoman.

**PPD impacts the entire community; therefore the most effective, comprehensive approach should be to involve the entire community in the solution.**

The Franklin County Perinatal Support Coalition meets on the fourth Thursday of each month, from 9–10:30AM, at The Birthplace at Baystate Franklin Medical Center. For more information, please contact Linda Jablosnki, RN MSN, Assistant Nurse Manager, at 773-2001

*The Franklin County Postpartum Support Coalition presents*

# Circle of Mothers: We Are All in This Together

A MOTHERWOMAN GROUP

FRIDAYS, 10:00AM–12:00PM

COMMUNITY ACTION FAMILY CENTER; 90 FEDERAL STREET, GREENFIELD



For more information:

**413-774-1000**

Mareike Muszynski, extension 2048,  
Clinical and Support Options

**413-475-1566**

Healthy Families

## A free, safe, confidential drop-in support group for mothers of infants and toddlers

- ◆ Feel heard, valued, understood, nurtured & energized.
- ◆ Discuss managing the stress & adjustment to motherhood on all levels: physical, emotional & relational.
- ◆ A welcoming place for women with baby blues, postpartum stress, anxiety & depression.
- ◆ Come to a group based on honesty, mutual respect, non-judgment & acceptance.
- ◆ Learn strategies for balancing baby-care with self-care & coping with the day-to-day challenges of mothering.
- ◆ Facilitated by trained MotherWoman facilitators who are mothers and bring warmth, skill & experience to this work.
- ◆ Infants stay with mothers; childcare available for children up to age 4.

**NEAR BUS ROUTE · FREE SNACKS · FREE CHILDCARE  
CALL FOR TRANSPORTATION SUPPORT**

**THIS PROGRAM IS FUNDED BY CLINICAL AND SUPPORT OPTIONS, BAYSTATE FRANKLIN MEDICAL CENTER, AND COMMUNITY ACTION, WITH THE SUPPORT OF THE FRANKLIN COUNTY PREGNANCY & POSTPARTUM SUPPORT COALITION.**