Perinatal Mental Health Learning Community
Group Office Hours March 18, 2021  12 – 1 p.m.

Supporting NICU Families

Guest: Sharon Tan, Psy.D.,
Clinical Psychologist, Miller Children’s and Women’s Hospital
Housekeeping

• Everyone is automatically muted upon entry. You can unmute yourself when you wish to speak.
• We’d like to see you on video!
• Use “Chat” to make comments or ask questions.

Vs.

• Speaker View: large view of the person currently speaking.
• Gallery View: images of all attendees in smaller individual squares.
Our Team

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Timeline – *Perinatal Mental Health Learning Community*

**2020**

- **Jan**: Education and Technical Assistance
- **Apr**: Education and Technical Assistance
- **Jul**: Education and Technical Assistance
- **Dec**: Education and Technical Assistance

**2021**

- **Jan**: Education and Technical Assistance
- **Apr**: Education and Technical Assistance
- **Jul**: Education and Technical Assistance
- **Dec**: Education and Technical Assistance

**Education and Technical Assistance (Feb ’20 - Dec ’21)**

- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
  - 1:1 Technical Assistance (on demand)
  - In-Person Regional Events (Nov ’20)

**Training Tools and Resources (Apr ’20 – Dec ’21)**

- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

**Case Studies**

- Developed
- Available

**Notes**

- TODAY
- POSTPONED
In-Person Events: Looking for Hosts

- Considering in-person, region-based “capstone” events
- Week of December 6th, 2021.
- 1-day only, 9:30 AM – 3:30 PM.
- Would be driving distance for most.
- Attendance and food covered, travel extra.
- Poll: Do you think you would be interested in attending?
- Looking for host hospitals. 1 in Southern California, 1 in Northern/Central California. 60-90 attendees expected at each meeting. Let Julia know if interested! (jslininger@hqinstitute.org)
Program Website

Perinatal Mental Health Learning Community

https://www.hqinstitute.org/pmh-learning-community

The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.

Participating Hospitals

For a map of all enrolled hospitals, click here.

Enrolled hospitals in alphabetical order:
- Adventist Health and Rideout
- Adventist Health Bakersfield

SEE A MAP OF ALL OUR HOSPITALS!
• It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.

• All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.

• Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.
Focus in February and March: NICU Families

Learning Objectives:

1. Identify two common stressors experienced by families with a child in the NICU.
2. Describe one method for assessing for emotional distress in NICU families.
3. Describe hospital best practices to support mental and physical health of NICU families.
Today’s Agenda

• Recap of February 18 webinar (Gabrielle)

• Presentation of case studies (Dr. Sharon Tan)

• Group discussion and sharing (Julia to moderate)
The NICU Journey

- Guilt, shame and self-blame
- Physical, emotional, cognitive, spiritual and relational strain
- Loss of Control
- High risk for PMADs
  - ASD/PTSD and OCD particularly high
- Attachment disruption
Covid-19 and the NICU

Additional stress due to COVID-19 situation:
✓ Heightened anxiety over germs; preemie lungs more susceptible to sickness
✓ Visitation restrictions; increased social isolation
✓ Mask use – impact of social interactions?
✓ Lack of volunteer supports e.g. cuddlers
✓ Decreased options for soothing and connection
✓ Lack child care options
✓ Increased financial strain
✓ Staff burnt out
✓ Isolation
How Can NICU Staff Help

- Provide Psychoeducation – what to expect
- Establish Communication
- Encourage touch and bonding
- Breastfeeding support
- Redefine “good enough mother”
- Social support
Six Parent Needs for NICU Staff

1. **Accurate info**: Inclusion in care and decision-making: words matter
2. **Vigilance**: Watch over and protect
3. **Contact with infant**: or close to baby
4. **Positive Perception** by NICU staff
5. **Individualized care**: dads, IVF situations, working parents, DCFS parents, breastfeeding
6. **Supportive relationship with nursing**
Guest Speaker: Sharon Tan, Psy.D.

Clinical Psychologist in private practice and at Miller Children’s and Women’s Hospital
Case Study 1

- 22 year old African American mother
- has a history of trauma, and anxiety symptoms exacerbated by traumatic birth history – “I felt like I was going to die”
- Baby born at 24 weeks, brought to the NICU
- Limited social supports
- Mother often appearing to have flat affect
- Had a stillborn (26 week) a year ago
- EPDS score of 10
- Mother has 3 year old at home

Interventions
- Patient identified through OB round as needing follow up for PTSD
- SW, Chaplain and Psychologist coordinate care for community resources for PMADs and post hospitalization follow up by Psychologist
- Risks and concerns for family support conveyed to NICU support team
- Provided some anticipatory guidance regarding being a NICU parent
- Visits to NICU encouraged and facilitated by care team to initiate physical contact with baby before discharge
In the NICU....

- Now 26 weeker (born at 24 weeks), male, African American infant
- Intubated, on iNO, IVH (grade 2 & 4)
- First baby in the NICU
- Mom calls 2-3 times during the week
- Struggling with child care for 3 year old (possible diagnosis of autism pending)
- EPDS score of 8
- Expresses fear of losing baby like before
- Fearful to touch baby on visits; tends to have flat affect

After Discharge....

- Baby discharged home at 46 weeks with gtube and oxygen
- Baby failed to connect to Regional center for Services
- Mother able to bring baby to some follow up appointments: GI, Pulmonary. Missed appts with HRIF, OT, PT
- Mother not sleeping well as she is hyperalert about baby’s breathing and constantly checks to make sure he is breathing
- Tearfully expresses financial stress and struggle to meet needs of 3 year old

Interventions

- NICU SW providing support for child care and supports for a child with special needs
- Continued screening for PMADS, especially anxiety disorders
- Psychoeducation on PMADs and resources for support
- Attempt to secure bond with infant through IFMH support; bedside support by Psychologist to increase awareness of impact of mental health and trauma on interaction with baby
- Primary nurses sought for family
- Discharge RN called a week after discharge to assess for added needs
- Referral for MMH trained therapist and for continued IFMH services (home based?)
- Assist with linkage to Regional Center
- Expand social support system
- Infant massage?
- Parent-infant groups?
Group Discussion
Perinatal Mental Health Learning Community

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To share your materials on the program website, e-mail Julia at jslininger@hqinstitute.org

Peer-to-peer sharing is valuable and highly encouraged. Below are various documents, templates and other materials that member hospitals have generously shared for the benefit of the Learning Community. If you’d like to share materials developed by your organization, please contact Julia Slininger at jslininger@hqinstitute.org.
Coming Up

Webinar: April 15, 12 – 1 p.m.

Topic: Birth Trauma and Perinatal Mental Health

Group Office Hours: May 20, 12 – 1 p.m.
Polling question: “Attending today's Group Office Hours was a good use of my time.”

- Agree
- Disagree
- Unsure

Open Text feedback – type into Chat: “What could we have done better or differently?”