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A Multidisciplinary Approach to Parental Maternal Mental Health in Neonatal Intensive Care Unit: A Theoretical Project

Courtney Grassham

University of New Mexico, Department of Pediatrics, Division of Neonatology

Presbyterian Hospital Pediatric Medical Group

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Title: A Multidisciplinary Approach to Parental Mental Health in the Neonatal Intensive Care Unit: A Theoretical Project



Author: Courtney Grassham, RN, MSN, NNP-BC (Neonatal Nurse Practitioner with Pediatric Medical Group at Presbyterian Hospital), post master's PMHNP student

Background

Perinatal Mood and Anxiety Disorders affect 1 in 5 women. These disorders include anxiety, depression, obsessive compulsive disorders, bipolar disorder, PTSD exacerbations and other mood disorders (Paul et al 2022). The incidence of perinatal depression has been reported as high as 45% of parents who have children in the NICU (Jarvis 2021). There is also a documented increase in anxiety and PTSD that lasts long after the infant is discharged from the NICU. Children who have been in the NICU are also more likely to develop and present with mental illness in the early childhood period. The American Academy of Pediatrics, American College of Obstetrics and Gynecology, and the American Academy of Family Physicians have released multiple statements stating that the addressing of parental mental health and screening for PMADs should be done across the care continuum including at well child visits. This is complicated in the NICU where families may stay for as long as six months before they are seen at a "routine well child check." The National Network of NICU Psychologists, a division of the National Perinatal Association, affirms that psychology services should be integrated into every NICU in the United States.

Questions Driving Project

What are the long-term effects of unrecognized/untreated perinatal mood and anxiety disorders on the family as a unit and the infant?

What is the standard of care to evaluate for PMAD and PTSD in the peripartum population?

What steps can be done to increase awareness and comfort for all clinicians in talking about PMADs and PTSD in the NICU?

Is there benefit to increasing dialogue about mental health across the care continuum?

Utilization in Vulnerable Populations

The NICU often provides regionalized care of sick neonates, which often means that care is provided at a center hours from where the parents live. This is true in New Mexico where there are only 4 level 3 NICU's in the state (3 in Albuquerque and 1 in Las Cruces). New Mexico also has a shortage of behavioral health care providers that results in lengthy waiting lists for behavioral health care although this has improved with the utilization of telehealth. The use of mental health screening and education in the NICU could be a family's initial introduction to the importance and long term impacts of mental health on the family.

Application to Interdisciplinary Care

The NICU is staffed by neonatologists, nurse practitioners, registered nurses, respiratory therapists, lactation nurses, speech language pathologists, physical therapists, occupational therapists, social workers, and case managers. Parents may not be able to visit when social work is present. Due to the critical nature of having a child in the NICU, families will often interact with multiple members of the team. If a family member discloses a concern for a perinatal mood and anxiety disorder, it would be ideal to have someone on the unit who is able to provide general reassurance and access to resources in the moment as opposed to having to wait for a mental health referral. The disclosure could happen to anyone in the medical team, and any delay in assessment/diagnosis could contribute to worsening mental health. A major reported reason for reluctance to talk about/screen for mental health issues in the NICU is lack of knowledge, decreased availability of mental health providers, concern for "making situation worse". In contrast, those affected by perinatal mood and anxiety disorders often report a sense of relief after just talking about their feelings/symptoms.

Key Methods & Results

One of the unit NNPs has already presented an educational module to nurses and neonatologists after having two behavioral health emergencies in the NICU. These were favorably received and recording of the program is available on MS Teams to review for new staff. There was an interim development of a "Family Wellness" team that has since been delayed due to staffing shortages. This team had worked on training and scripts for staff to feel comfortable passing out basic resources and reference materials. The team had also been working on education of stress relief techniques including mindfulness and journaling. The SLP and OT on the unit already participate in a lot of individual education with the families on care of baby and handling of stress.

Next Steps in Project Development/Application

Presentation of the proposed education initiative to multidisciplinary team including respiratory therapists, speech language pathologists, occupational therapists, physical therapists.

Further development of a multidisciplinary team for "Family Wellness" including training and simulation of how to talk about and address mental health concerns in the NICU.

Normalize the discussion and evaluation of mental health – via prominent display of symptoms, resources, and evaluation scales.

Develop a protocol for routine screening of mental health in the NICU including steps for positive screens.