



Perinatal Mental Health Learning Community

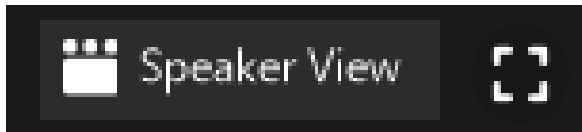
Group Office Hours March 18, 2021 12 – 1 p.m.

Supporting NICU Families

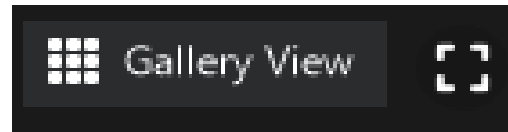
Guest: Sharon Tan, Psy.D.,
Clinical Psychologist, Miller Children's and Women's Hospital



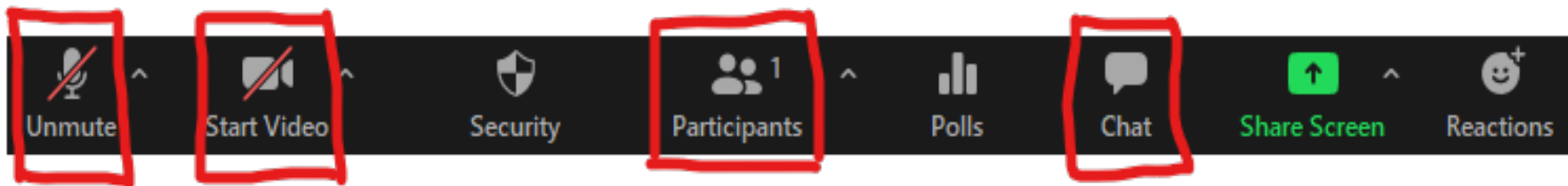
Housekeeping



Vs.



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



- 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.

Our Team



Julia Slininger
Program Manager,
PMH Learning Community
Hospital Quality Institute



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Program Coordinator
PMH Learning Community
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Health NOW



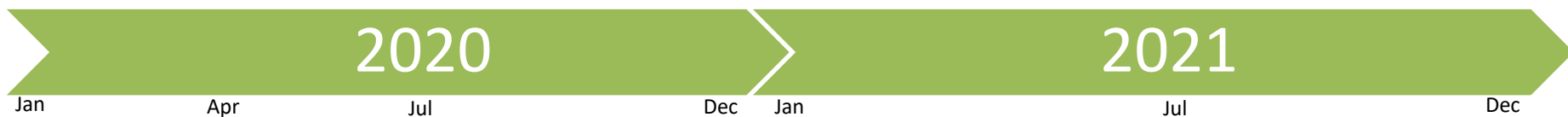
Boris Kalanj
Director of Programs,
Hospital Quality Institute



Schedule of Topics for 2021

Date	Topic
January 21	Perinatal Loss Office Hour
February 18	NICU and PMH Webinar
March 18	NICU and PMH Office Hour
April 15	Birth Trauma and PMH Webinar
May 20	Birth Trauma and PMH Office Hour
June 17	Substance Use Disorders Webinar
July 15	Substance Use Disorders Office Hour
August 19	Child Abuse Reporting and PMH Webinar
September 16	Child Abuse Reporting and PMH Office Hour
October 21	Breastfeeding and PMH Webinar
November 18	Breastfeeding and PMH Office Hour
December 16	Fathers and Partners and PMH Webinar

Timeline – Perinatal Mental Health Learning Community



Education and Technical Assistance (Feb '20 - Dec '21)

- Webinars (2020: Feb, Apr, Jun, Aug, Oct, Dec; 2021: Feb, Apr, Jun, Aug, Oct, Dec)
- 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)

TODAY

Training Tools and Resources (Apr '20 – Dec '21)

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

POSTPONED

Case Studies Developed

Case Studies Available

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

Feb. 2020 – Dec. 2021

<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.

Program at a Glance	Webinars	Group Office Hours	Online Resources for Hospitals	Peer Sharing
1:1 Coaching	Participating Hospitals	Enroll	Contact	FAQs

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!**

AB-3032: Hospitals Maternal Mental Health Act

- 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)

NICU Families Review



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

Case Study 2

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

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

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

- 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



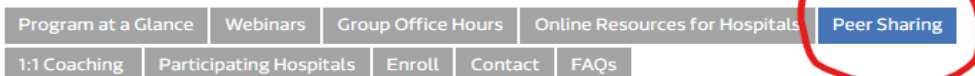
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Peer Sharing

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.

✓ By Content

Community Resources List (Dignity Health, Bakersfield Memorial Hospital)

Community Resources List (Dignity Health, Dominican Hospital, Santa Cruz)

<https://www.hqinstitute.org/post/perinatal-mental-health-learning-community>

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

Coming Up

Webinar: April 15, 12 – 1 p.m.

Topic: ***Birth Trauma and Perinatal Mental Health***

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Webinars

✓ Upcoming Webinars

April 15, 2021 – Birth Trauma and Perinatal Mental Health

- Noon-1 p.m. (PST)
- [Click here to register](#)

Participants will learn about birth trauma and its impact on perinatal mental health, three potential causes of birth trauma for women and birthing people, and two new ways to implement trauma-informed care. Guest speaker will be Walker Ladd, Ph.D., Maternal Mental Health Researcher, Educator and Advocate; and the author of “Transformed by Postpartum Depression: Women’s Stories of Trauma and Growth.”

Group Office Hours: May 20, 12 – 1 p.m.

Meeting Evaluation

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?”