Forging Perinatal Mental Health Support in an Early Pediatric Healthcare System

Erin M. Sadler, PsyD, PMH-C, Anna Koozmin, MSW, LGSW, Caroline Van Buskirk, BA, Sasha Zients, BA, Carol Chace, MSW, LICSW, LCSW-C, Lamia Soghier, MD FAAP, CHSE, Lenore Jarvis, MD, MEd, Ololade Okito, MD FAAP, Sofia Perazzo, MD, Michael Lee, BA



OVERVIEW

Children's National Hospital is a free-standing pediatric hospital in Washington, DC that serves families across DC, MD, and VA. The PMAD Team identifies postpartum caregivers experiencing perinatal mental health disorders in the Emergency Department and NICU by conducting universal screening, providing intervention and support, and referring to community-based resources.

Ro

Emergency Department (Level I Trauma Center)

Neonatal Intensive Care Unit (Level IV)

Family Services Associates

Provide Universal Education

Communitybased Resources

Brief Counseling

Crisis Intervention

Social Workers

Referral To Mental Health Support

Therapeutic Intervention

Perinatal

Psychologist

INNOVATIVE FEATURES OF PROGRAM



Opt-out screening for all newborn (<7 months) caregivers

Administer

EPDS



Integrated screening as standard of care in the ED & NICU



PMAD Team on-site 8:30am-11:30pm



Electronic & Remote



Screening measures in 36 languages (19 validated)



Universal education for birthing & non-birthing caregivers



Personalized prevention tools & coping strategies



Virtual peer support



Warm handoffs to network of community providers for services & wraparound care



iPad-Loaner Program to assist with technology barriers



In-house psychologist offering therapy at NICU bedside & virtually



Post-discharge followup & care coordination

LESSONS LEARNED

- Established formal PMAD team.
- Increased staff awareness of PMADs and team services.
- Employed direct feedback from caregivers and medical staff.
- Instituted remote screening and virtual treatment options to reach and serve caregivers unable to be at bedside.
- Identified sustainable methods to engage non-birthing and non-native English-speaking caregivers through screening and specific educational materials.

IMPLICATIONS FOR PRACTICE

- Continue to prioritize perinatal services as a standard of care in pediatric settings.
- Integrate feedback from the Parent Advisory Committee.
- Expand staff education and identify PMAD Champions to serve as liaisons between the PMAD Team and the Champion's respective specialty groups (e.g., nursing, child life, nutrition).
- Further grow our robust community-based resource network.
- Locate and offer services, in-house and outpatient, in languages other than English.
- Expand remote outreach capacity to include text, email, and the hospital website alternatives for communication.
- Identify a HIPAA-compliant texting platform.
- Evaluate iPad loaner program to ensure families with socioeconomic barriers have access to telehealth therapy.

IMMEDIATE INTERVENTION (Suicidality)

- Risk assessment and C-SSRS administration
- Warm handoff to community crisis team for emergency psychiatric support

TREATMENT (Positive Screen)

- Facilitate warm hand-off to perinatal mental health resources and providers
- NICU Psychology Support (virtual & at bedside)

SUPPORT (Low Screen, At-Risk)

- Brainstorm and identify effective coping strategies
- Enhance social support: support groups, focused psychoeducation, team follow up

AWARENESS (Negative Screen)

 Universal education about risk, symptoms, and incidence of PMADs

PERCENTAGE OF CAREGIVERS SCREENED/APPROACHED IN NICU & ED

