

Abstracts from the National Perinatal Association's 2023 Conference May 19-21 at Chapel Hill, NC

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The National Perinatal Association (NPA) is an interdisciplinary organization that strives to be a leading voice for perinatal care in the United States. Our diverse membership is comprised of healthcare providers, parents & caregivers, educators, and service providers, all driven by their desire to give voice to and support babies and families at risk across the country.

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NPA 2023–20	The Effects of Pharmacological Interventions in Caring for Neonates with NAS Post Discontinuation of In Utero Opioid Exposure and Its Impact on the Length of Hospital Stay	Introduction: The importance of postpartum follow-up care is widely recognized. Patients whose pregnancies are complicated by fetal anomalies may encounter unique challenges and barriers to obtaining routine postpartum care. We sought to evaluate the characteristics of patients whose pregnancies are complicated by fetal anomalies with respect to postpartum office visit attendance.	
NPA 2023–21	Genetic and Environmental Considerations of Perinatal Substance Use	Methods: Patients whose pregnancies had a prenatally diagnosed congenital anomaly who received comprehensive prenatal care in a multidisciplinary fetal care clinic at University Hospitals Cleveland Medical Center and Rainbow Babies and Children's Hospital from 6/1/2018 to 5/31/22 were identified for retrospective chart review. Patients who attended zero postpartum visits were compared to patients who attended at least one postpartum visit. Data were analyzed using two sample t-tests assuming equal variances or the Fisher exact probability test. P values <0.05 were considered statistically significant.	
NPA 2023–22	A Multi-Tiered Systemic Approach to Helping Families Thrive in the NICU and Beyond	Results: Fifty-seven patients met the inclusion criteria (demographic data summarized in Table 1). Of these patients, 65% attended at least one postpartum follow-up visit. The most common fetal sonographic diagnoses in this cohort were: multiple congenital anomalies (15), abdominal wall defects (8), congenital pulmonary airway malformation (CPAM) (7), congenital heart disease (6), and urinary tract malformations (6). Patients who had at least one postpartum visit differed significantly from those with no postpartum visit by age, number of prenatal visits and antenatal surveillance visits (non-stress tests and ultrasounds), fetal outcomes, and mode of delivery (Table 2).	
NPA 2023–23	Psychological Distress in NICU Providers: A Scoping Review in Progress	Discussion and Conclusions: Following the prenatal diagnosis of a fetal congenital anomaly, obstetric patients who have more prenatal visits, ultrasound visits, and NST visits may have increased rates of postpartum follow-up due to their established relationships with their obstetric providers. Patients in this cohort whose child was not born alive due to pregnancy termination, intrauterine fetal demise (IUID), or spontaneous abortion experience, as well as patients who had vaginal deliveries compared to cesarean deliveries, demonstrated significantly lower rates of follow-up and may benefit from targeted interventions to ensure	
NPA 2023–24	Therapeutic Approaches to Working with Perinatal Loss Clients: A Grounded Theory Study		
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sufficient postnatal care.

Table 1. Study group characteristics.

	N	Percentage
Race		
White	33	58%
Black/African American	20	35%
Other	4	7%
Ethnicity		
Hispanic or Latino or Spanish Origin	5	9%
Not Hispanic or Latino or Spanish Origin	52	91%
Insurance Status		
Public	37	65%
Private	17	30%
Uninsured	2	4%

Table 2. Comparison of characteristics between patients with and without postpartum follow-up.

	Total	Attended Zero Postpartum Follow-Up Visits	Attended at Least One Postpartum Follow-Up Visit	P Value
N	57	20	37	
Median Age at Delivery	28	26.2	29.9	0.04
Average Number of Ultrasound Visits	7.7	6.1	8.5	0.04
Average Number of NST Visits	0.6	0.2	0.9	0.03
Average Number of Prenatal Visits	6.9	5.1	7.9	0.002
Average Number of Prenatal Specialty Consults*	1	0.9	1.3	0.06
Fetal Outcome				
Live Birth	46	13	33	0.04
Termination, Miscarriage or IUFD <20w	11	7	4	
Type of Delivery				
Spontaneous Vaginal	28	12	16	0.006
Cesarean Section	22	3	19	
Termination, Miscarriage or IUFD <20w	7	5	2	

*Neonatology, Palliative/Hospice, Pediatric Surgery, Pediatric Cardiology, Genetics

NPA 2023-2

Abstract Title: Preliminary Validation of a New Family Psychosocial Risk Measure in the Neonatal Intensive Care Unit (NICU): The PAT-NICU/CICU

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Introduction: Research suggests families whose infants are admitted to the Neonatal Intensive Care Unit (NICU) experience elevated distress and may have pre-existing risk factors for maladjustment. This study sought to validate the newly developed Psychosocial Assessment Tool (PAT-NICU/Cardiac Intensive Care Unit CICU), a comprehensive screening measure for family psychosocial risk in the NICU.

Methods: The sample included 171 mothers, who completed the PAT-NICU/CICU and other related measures within two weeks of their infant’s NICU admission to a level 4 unit within a large pediatric hospital. PAT-NICU/CICU scores were compared to repeated measures and a companion risk survey completed by NICU social workers. Test-retest reliability was assessed through repeated measures at 2-month follow-up.

Results: Analyses suggest the PAT-NICU/CICU is effective in classifying psychosocial risk. This is supported by statistically significant correlations between the PAT-NICU/CICU and validated measures, in addition to elevated scores on concurrent measures by risk classification. Internal consistency, test-retest reliability, and acceptability for the PAT-NICU/CICU were satisfactory. Additional analyses are anticipated regarding parental discrepancies and risk trajectories over time.

Discussion: This study demonstrates the validity, reliability, and acceptability of the PAT-NICU/CICU as a psychosocial screening tool to aid identification of families who may benefit from supportive services in a stepped up care fashion during NICU admission. This new measure is a more comprehensive tool that assesses a wide variety of risk factors and stress responses. Prompt screening of NICU parents may facilitate earlier linkage with appropriate levels of appropriate resources and/or intervention. This research is crucial in improving risk assessment and psychosocial care for families of infants in the NICU. We plan to cover implications for practice including how NICUs can access this new measure and incorporate this into their screening processes.

*This study was published online in *J Pediatr Psychol* 2023 Jul 5;48(6):503-511. doi: 10.1093/jpepsy/jsac081.

NPA 2023-3

Abstract Title: Trauma-Informed and Resilience-Promoting Care in Perinatal Settings

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Background: Perinatal medical teams serve a unique role, as caring for a pregnant person entails caring for a newborn and equipping the family to provide a nurturing environment for their infant. Although family-centered care is considered the gold standard, many medical providers face challenges upholding this standard of care. Additionally, medical teams working in high-stress environments face a tremendous number of challenges, including burnout, anxiety, post-traumatic stress, and low job satisfaction (Mealer et al., 2007; Myhren et al, 2013; Poncet et al., 2007). These stressors may hinder care providers' ability to prioritize family involvement, especially when something might be seemingly simpler or more efficient for the providers to do themselves. Further, many medical professionals report not receiving adequate training in psychosocial issues and do not feel properly equipped to recognize and manage these concerns. Nonetheless, families in medical settings often look to their medical staff for guidance and education on how to best support the birth of their child and medical needs they may have.

Content/Action: Integrating therapeutic interventions into the medical environment ensures that all families get at least some level of psychosocial support and reduces barriers to care. It is crucial that medical staff members are provided with the support and education they need to provide family-centered care that is sensitive to the medical trauma that these families face, and ultimately allows both the medical teams and families to provide their infants with optimal care.

In the Spring of 2022, our team implemented family-centered, trauma-informed, and resilience-promoting care trainings for perinatal hospital units, including Labor and Delivery and Neonatal Intensive Care, at UCLA Health. A core theme of our training is shifting from "What's wrong with that family?" to "What might they be going through?" The training is intended to support medical staff in adopting a trauma-sensitive lens and building family strengths with resilience-promoting strategies. This approach strengthens teams' ability to provide effective support for all patients, and ultimately allows both staff and birthing persons and their partners to help their infants thrive in the hospital and beyond.

Lessons Learned: Evaluation of the training demonstrated that medical staff who participated felt positively about the content, with 100% of respondents endorsing that the information was helpful and that they would recommend the training to others. Medical staff saw important knowledge gains in the areas of trauma- and resilience-informed care and 90% of participants indicated that they would make significant change in their response to work-related stress and trauma. In addition, we saw important knowledge gains in the areas of trauma- and resilience-informed care.

Implications for Practice: Increasing trainings focused on family-centered, trauma-informed, and resilience-promoting care can support the wellbeing of medical staff, the experience of families experiencing a hospitalization, and the ability of teams to appropriately respond to challenging and precarious situations in the hospital setting. Given the importance of this topic and the need to train medical staff, the course we delivered has also been translated to an online course format, titled *The Resilient NICU*, which can be found on UCLA's Prevention Center of Excellence (Wellbeing4LA.org). As part of this poster presentation, our team will disseminate information on this accessible course, as well as related tip sheets and handouts we have created that address a range of practices in perinatal settings.

NPA 2023-4

Abstract Title: Maternal-Fetal Surgery in The Dobbs Era: Ethical Principles Inform Clinical Practice to Protect Pregnant Patients

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INTRODUCTION: Prenatal intervention and maternal-fetal surgery (MFS) encompass a specialized set of novel procedures and surgeries aimed to correct or mitigate the progression of specific congenital anomalies. Since the Supreme Court decision in June 2022 in the case of *Dobbs v. Jackson Women's Health Organization*, an increase in restrictions around access to abortion care for many patients has raised pressing ethical questions around the clinical offering and practice of MFS. As some of the premier fetal care centers in the country are within states now restricting or banning abortions, it is important for providers and pregnant patients to understand what is clinically, legally, and ethically permissible and the discrepancies between them. Furthermore, if the field of MFS is to expand in a climate of increasing polarization around reproductive care, providers must understand the factors influencing patient enrollment and research funding for the specialty. Here, we detail the ethical considerations present for MFS patients and providers and offer actionable recommendations for clinical practice.

CONTENT: As with all surgical procedures, MFS carries risks for both the pregnant person and fetus. Potential risks include uterine rupture, placental abruption, miscarriage, preterm birth, and issues with future fertility and subsequent pregnancies from conception to delivery. Because spontaneous abortion is an inherent risk for any pregnant patient undergoing MFS, ethical concerns must be addressed around the state-specific consequences for MFS providers involved in cases where intrauterine fetal demise (IUID) could occur. What role does intent have in procedures with the potential to result in fetal death? In the *Dobbs* era, it could be argued that MFS providers with adverse fetal patient outcomes should be held to the same legal standard as therapeutic abortion care providers since the clinical result may be identical in both situations. The role of intent seems a relevant distinction between procedures with the purpose of pregnancy termination from those intended to ameliorate a certain fetal pathology, even though both procedures may be therapeutic for pregnant patients.

The fact that MFS encompasses multiple procedures and surgeries existing on a continuum of risk with respect to postoperative miscarriage begs the question, what is the threshold for acceptable risk of IUID in a given surgery, and to what extent does the legal context change that threshold? For example, more established minimally invasive fetoscopic procedures carry a lower risk of IUID compared to more novel and experimental fetal cardiac procedures. At what point is the risk of IUID too great for either the patient or provider to pursue MFS in the *Dobbs* era? Does the location of fetal death matter, and what are the implications of that determination? Where procedure-induced miscarriage is inevitable, are there reasons for a physician to wait for fetal death before uterine evacuation?

MFS-candidate patients must consider risks and benefits of any procedure for themselves and their fetuses. Prior to the *Dobbs* decision, MFS patients were informed of at least three potential courses of action: pursue MFS, terminate the pregnancy, or monitor the pregnancy until the postnatal period (expectant manage-

ment). These options have diminished in states with restricted access to abortion where termination of pregnancy is conditioned on the fetus' gestational age. Candidacy requirements for the pregnant person considering MFS are stringent and include physical health requirements (e.g., body-mass index), adequate social support, and psychological evaluation. For patients who are not MFS candidates and live in states with hostile legislation towards abortion care the practical number of options decreases from three to one— expectant management. This contingency may potentially coerce patients to undergo MFS when they should not have to. Absent the option for safe termination, pregnant patients may accept additional risk from a sense of obligation to their fetuses and/or a desire to avoid the consequences of compromised fetal health. This challenges whether the newly established incentive to pursue MFS in the absence of abortion care is the best course of action for these patients. Long-term clinical outcomes data related to MFS procedures are still being characterized, which further complicates the risk-benefit analysis for providers and patients. To mitigate this theoretical risk, we offer ethically informed recommendations for clinical practice to better support patients considering MFS.

PRACTICE APPLICATION: Given new restrictions to abortion access in many states, ethical and legal considerations should inform the clinical care of all pregnant patients, including those who are MFS candidates. A thorough risk-benefit analysis for both patients and providers should be conducted in the proper clinical context. As invasive prenatal procedures are performed, it is important to delineate the risks and potential complications of the procedure for patients and their social support systems as an intentional component of the informed consent process. Given the uncertainties inherent in many complex MFS cases, ethics consults should be encouraged at MFS centers, and because fetal care centers invest significant time and resources on their patients, it seems inadequate for them to claim comprehensive maternal-fetal care if they do not also invest resources in helping patients who elect for termination. To increase the clinical options for pregnant patients, out of state referrals for both fetal care centers and abortion care providers should be offered. As always, MFS as a specialty should continue its multidisciplinary approach to patient care, involving healthcare providers from maternal-fetal medicine, pediatric surgery, obstetric anesthesia, neonatology, social work, and ethics consult services, among others. As reproductive healthcare professionals navigate this new era of abortion constraints they should maintain a specialized pregnant patient-centered approach in the clinical diagnosis, management, and treatment of MFS candidates.

NPA 2023-5

Abstract Title: Development and Evaluation of a Virtual Postpartum Psychosocial Support Program Based Upon Acceptance and Commitment Therapy (ACT)

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Background: Improving psychological adjustment and support among women in the postpartum period has great personal and public health significance, with the potential to improve quality of life and functioning for women, children, and families. Despite growing recognition of this need, availability and accessibility of specialized postpartum treatments remain limited, particularly in the current context of the COVID-19 pandemic and the subsequent lack of in-person treatment options. This project sought to

address this need through the development and evaluation of a postpartum psychosocial support program that is delivered in a virtual format. The purpose of the project was two-fold: (1) to develop a structured treatment manual for an innovative program, based upon principles of Acceptance and Commitment Therapy (ACT), and (2) to assess feasibility, acceptability, and preliminary effectiveness of the program and the virtual delivery format through a pilot study of postpartum women.

Content/Action: The program contained six virtual individual sessions and two surveys before and after participation to evaluate outcomes. The material contained in the six sessions was drawn from evidence-based ACT principles, such as values identification, acceptance, and emotion regulation. Four postpartum women participated in the pilot intervention.

Lessons Learned: The program was acceptable and feasible, with favorable feedback given by participants about the virtual format and content. Preliminary review of the program is underway, so additional lessons learned will be shared in the poster as we continue evaluating feedback and outcomes.

Implications for Practice: This innovative model of care presents a novel intervention (ACT) in a unique format (virtual group), which has significant implications for practice in terms of the delivery of psychological services and the way in which telehealth can be used for group therapy in this population. Additional implications for practice will be discussed as the program review continues.

NPA 2023-6

Abstract Title: Maternal Attitudes, Adjustment, Health Behaviors, and Social Support Among Mothers of Infants in the Neonatal Intensive Care Unit

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Introduction: A growing body of research suggests that an infants' admission to a neonatal intensive care unit (NICU) is associated with adverse maternal mental health outcomes. Maternal attitudes, adjustment to motherhood, social support, and health behaviors may be important modifiable factors that could improve quality of life and well-being among NICU mothers. The current study examined the relationships among maternal attitudes, adjustment to motherhood, health behaviors, social support, and psychological functioning in NICU mothers.

Methods: One hundred twenty-seven women were recruited from NICUs at three hospitals in the Philadelphia area and completed self-report measures while in the NICU. Descriptive analyses were conducted on the main variables, and a series of bivariate correlations and linear regression analyses were used to evaluate the primary study aims.

Results: Descriptive statistics indicated that NICU mothers had diverse attitudes towards motherhood, specifically regarding body image, somatic symptoms, romantic relationships, sex, and their baby. In general, they perceived high levels of social support, which varied based upon psychological and reproductive characteristics. Statistically significant findings revealed that maternal attitudes, adjustment, and perceived social support variables were negatively correlated with anxiety, stress, and depressive symptoms.

Discussion: This study demonstrates that certain maternal variables are related to psychological functioning among NICU mothers, such as maternal attitudes, adjustment, and social support. Determining how to bolster these variables as a protective mechanism for mothers during the stressful NICU experience is an important future direction. This study suggests that developing and implementing unique programs and interventions that target these variables in the NICU setting may benefit mothers, families, and infants.

[*Author Note:* Some of these findings have been previously presented at the Marce Society of North America Conference in 2019]

NPA 2023-7

Abstract Title: Utilizing Virtual Reality Technology as a Stress Inoculation Tool for NICU Caregivers

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Annually, 1-7% of birthing parents delivering at full-term experience postpartum post-traumatic stress disorder (PTSD), while those giving birth to a pre-term or high-risk infant have a higher prevalence of PTSD, ranging from 24 to 44% (Kim, et.al., 2015). The prevalence of postpartum anxiety for full-term parents ranges from 13 to 40% (Field, 2017) but is higher for NICU caregivers, ranging from 24-35%, respectively (Lefkowitz, et.al., 2010). With the number of infants in the NICU increasing from 3.2 to 4.5 patients per 1000 live births between 2006 and 2010 (Kim, et.al., 2015), and the associated prevalence of postpartum PTSD and anxiety in NICU caregivers, there is clearly a critical need to address parent mental health in the NICU setting. Decreasing the experience of stress for caregivers will allow for better mental health outcomes and thereby promote adaptive caregiver-infant interactions to support healthy child development (Hattangadi, et al., 2020; Jones, et.al., 2021).

To address PTSD, virtual reality (VR) has become increasingly more recognized in psychotherapy and psychological research with its ability to control the environment and create more stimulus and responsive protocols (Wilson & Soranzo, 2015). VR integrates real-time computer graphics, body tracking devices, visual displays, and sensory outputs, putting a participant in computer-generated environments that can move in time with a person's head and body motion, giving more possibility for exposure therapy and mindfulness coaching (Rothbaum, 1999). VR with supportive coaching has been shown to work effectively with veterans to decrease PTSD and PTSD symptoms (Rothbaum, 1999).

Using VR scenarios and trained coaches with a four-session Stress Inoculation Training (SIT) protocol, we aim to decrease the prevalence of adverse stress responses in NICU caregivers. The goal of SIT is to teach skills to enhance resistance to stress and prepare individuals to respond to negative stress events (Meichenbaum, D., 1985). There are three phases to the SIT process: conceptualization, inoculation, and application. A meta-analysis of 37 studies showed that SIT was deemed an effective means for reducing state anxiety and enhancing performance under stress (Saunders, T., et.al., 1996).

The purpose of the current study is to provide SIT specifically designed for NICU parents using VR technology. Our study uses a web-secure VR-enabled telemedicine platform (called COUR-

AGE™) to administer VR-supported stress inoculation to NICU caregivers and assess their anxiety and PTSD symptoms using validated self-report measures. We are evaluating whether the delivery of VR-enhanced SIT can result in a demonstrable decrease in stress response and mental health symptoms for NICU parents. An existing library of VR video scenarios (i.e., assets) will be expanded (with input from previous NICU caregivers) and used by coaches to help current NICU caregivers (1) become proficient in relaxation skills and (2) apply these skills in experiential practice in order to reduce the stress response.

We hypothesize that the use of VR-supported coaching and stress inoculation will help decrease postpartum stress symptoms in NICU caregivers. For this study, we are testing the feasibility and efficacy of the COURAGE platform and SIT protocol for NICU caregivers. Overall, we believe that teaching NICU caregivers how to properly assess and manage their stress will help lessen the experience of postpartum PTSD and anxiety symptoms. In future studies, we will examine whether SIT sessions with VR that are personalized to each caregiver will be more effective at decreasing PTSD and anxiety symptoms than non-VR-supported SIT sessions.

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NPA 2023–8

Abstract Title: Initial Validity and Feasibility of a Dyadic Intervention to Facilitate Parent Engagement in NICUs

Authors: Danielle Cooke, Jessalyn Kelleher, Jack Dempsey, & Allison G. Dempsey

Background: Parents of preterm or medically complex infants admitted to the Neonatal Intensive Care Unit (NICU) experience intense disruption in their parenting role, which can adversely impact the parent-infant relationship and engagement (1). Parents report struggling with the loss of control and trauma associated with a NICU stay and can be hesitant to visit their infant (2). Interventions in the NICU that promote parental presence at bedside and care of infants have been shown to improve medical variables such as weight gain and successful breastfeeding (3-5), length of stay (4,6), and decreased mortality (5).

Methods and Approach: This poster will present program evaluation data from a program to improve family engagement, empower and support parents, and promote the health and wellbeing of infants admitted to the 50-bed NICU at one major birthing hospital. The NICU psychology team developed and refined a parent engagement protocol from June 2020 to May 2021 to support clinical care and subsequently implemented and the protocol. This protocol was developed and refined by three psychologists with backgrounds in pediatric psychology, infant mental health, and perinatal mental health. Feedback was solicited and integrated from colleagues working in NICUs across the United States of America, then refined with unit medical and nursing leadership in the NICU.

Next, individual sessions were implemented with families in the NICU to gather initial feedback regarding ease and logistics of implementation as a part of standard care. This initial feasibility was tested from June 2021 to December 2021.

In the final stage, individual sessions were implemented with families in the NICU, and parent feedback was systematically elicited over the first half of 2022. Families completed pre- and post-surveys that provided information regarding whether session goals were met and general feedback on session. We collected data about each parent-reported outcome prior to the activity and approximately one week later and completed paired-sample t-tests to assess for change in parents' responses on the outcome. Due to small sample sizes resulting in insufficient power, trends in data were noted, though results of t-tests are reported.

Activities were administered to all families, regardless of native language using an interpreter and translated materials where appropriate. Each activity was designed to 1) provide parents with a positive parenting activity that was unrelated to medical cares; 2) encourage engagement with the infant at bedside; 3) provide parents with an activity that was appropriate to the infant's developmental stage and sensory needs; and 4) empower parents with recognition of their unique contribution to their infant's health.

Preliminary Results: Data about each parent-reported outcome prior to the activity and approximately one week later and completed paired-sample t-tests to assess for change in parents' responses on the outcome. Due to small sample sizes resulting in

insufficient power, trends in data were noted, though results of t-tests are reported.

Discussion: Data collected were part of program evaluation and cannot be considered generalizable to other settings. Initial evaluation of activities found that parents report good benefit from the activities, specifically noting that they are calming, helpful, and encourage them to interact with and think about their infants in different ways. While early trends do not necessarily suggest that benefits the parent derived benefits are what was originally envisioned and measured by initial program evaluation questions, some trends are promising, including the benefits of the sensory exploration in feeling calm and increasing parental engagement, mindfulness for encouraging calm and shifting attention, setting routines for engaging in parenting activities, and footprint art in encouraging recognition and reading of cues. Generally, parents described these non-medical activities to be helpful in encouraging them to interact with their infant.

Activity	N	Parent-Reported Outcome 1	Parent-Reported Outcome 2
Sensory Exploration	25	Increased feeling that there are things for parent to do while at bedside $t(24) = 2.416, p < 0.05$	Decreased level of distress at bedside $t(24) = 2.416, p < 0.01$
Mindful Parenting	12	Improved ability to intentionally shift attention and focus $t(11) = 1.9325, p = 0.0795$	Improved ability to calm when feeling anxious or worried about baby $t(11) = 1.6357, p = 0.130$
Setting Routines	11	Increased engagement in parenting activities that the parent envisioned $t(16) = 1.5765, p = 0.1345$	Increased perception that the parent can influence aspects of the baby's day $t(17) = 0.4165, p = 0.6823$
Footprint Art	10	Increased ability to read cues $t(9) = 2.0226, p = 0.0738$	Increased comfort with touching baby $t(9) = 0.000, p = 1.00$

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NPA 2023–9

Abstract Title: Providing Respectful Care in Reproductive and Maternity Settings: Innovative Models of Care

Authors: Sarah Copple MSN, RNC-MNN, C-ONQS and Catherine Hill APRN, FNP-BC

Background: Respectful Maternity Care (RMC) is an approach to care that emphasizes the fundamental rights of women, newborns, and families, promoting equitable access to evidence-based care while recognizing unique needs and preferences (Shakibzadeh et al., 2018). Attitudes and behaviors of health care providers are entrenched in cultural norms, and implicit and explicit bias may cause unintended harm during patient interactions (Howell et al., 2018). These factors may lead to harmful consequences and place patients at greater risk for not receiving appropriate attention to address individual concerns or quality of care, specifically in the intrapartum and postpartum periods (Levine & Lowe, 2015; Miller et al., 2016; Saluja & Bryant, 2021).

Content/ Action: People who differ from established normative groups (i.e., identities that are believed to align with the historically shared expectations of acceptable behavior or ideals of western society) face the most significant challenges as they engage with health care systems. (Gordon et al., 2016; Malatzky et al., 2020). Mistreatment, disrespect, and abuse have been highlighted extensively in the maternity care literature and have been linked to poorer childbirth outcomes and experiences (Bohren et al., 2019, 2020). Health care interactions can be both positive and negative; however, within this sphere, several factors can influence the provision of and access to Respectful Maternity Care (RMC), including the level of provider awareness and acceptance of the patient's identities, life experiences and lifestyle, values, and beliefs (de Peralta et al., 2019; Heaman et al., 2015).

The Respectful Maternity Care Framework is a conceptual model to improve maternal health equity. It was created to address diversity, equity, and inclusion for all people across the reproductive care spectrum. The elements of the guideline (awareness, mutual respect, shared decision-making, informed consent, autonomy, dignity, and accountability) and components of the toolkit were created around the framework and include resources and recommendations that support maternal health equity.

Lessons Learned: Respectful maternity care is a basic human right. However, many healthcare professionals have not had appropriate training and resources to promote respect in maternity settings. An understanding of an individual's attitudes and beliefs are needed to identify the barriers that prevent respectful care particularly during labor and birth (Levine & Lowe, 2015), when pregnant and postpartum people are most vulnerable.

Implications for Practice: Utilizing the resources that AWHONN has created for healthcare professionals will help provide education on how to provide respectful care and how to identify disrespectful care and abuse in maternity care settings (AWHONN, 2022). The RMC framework and evidence-based clinical practice guideline consisting of recommendations and rationale statements that focus on the elements of awareness, mutual respect, shared decision making, informed consent, autonomy, dignity, and accountability are essential components to RMC. The "C.A.R.E.P.A.A.T.T.H" includes the steps of confirm commitment, assemble team, relate readiness, educate all, propose policy, adapt culture, assume accountability, tailor data management, test measurements and have a celebration (AWHONN, 2022). Using the stepwise approach allows organizations to assume

readiness to create a culture of respect. Each step builds upon the previous one to help guide change in health care professionals and organizations thereby improving patient, staff, and organizational outcomes and will help ensure respect for every patient, every interaction, every time.

References available upon request

This has been presented at the National Maternal Health Innovation Symposium and will be presented at the Kentucky Perinatal Quality Collaborative, Iowa AWHONN Conference, and Arkansas High Risk Conference.

NPA 2023–10

Abstract Title: A Single Institution Neuroprotection and Developmental Care Quality Improvement Initiative

Authors: R. Elgren PT, DPT; L. Conrath PhD; L. Liszka OTD, OTR/L; K. Athavale MD; M. Cotten MD, MHS

Background: With the evolution of standardized NICU care over the past 10 years, there has been a significant improvement in survival rates among preterm infants born at early gestational ages. However, very preterm infants, infants born <32 weeks gestational age, remain at very high risk for neurodevelopmental challenges, including cerebral palsy, sensory processing difficulties, feeding difficulties, and attention-deficit/hyperactivity disorder. Research has demonstrated that early experiences in the neonatal period impacts synaptogenesis and neuronal myelination, furthermore speaking to the impact of the neonatal intensive unit on early brain development. The Neonatal Integrative Developmental Care model emphasizes close attention to optimization and positivity surrounding experiences in the neonatal intensive care unit (NICU) and has been found to improve both neonatal and neurodevelopmental outcomes. This theoretical model defines seven core neuroprotective measures that provide structure and organization to how a unit may carry-out neuroprotection practically in daily, clinical practice.

In response to the need for developmental care, Altimier and colleagues have identified 7 core measures of neuroprotective developmental care through a rigorous literature review and consultation with relevant stake holders. The 7 core measures include safeguarding sleep, optimizing nutrition, managing stress & pain, protecting skin, positioning & handling, healing environment, and partnering with families. However, presently there are no feasible measures that could be easily integrated into the Duke NICU to assess for these 7 core measures.

Content/Action: The goal was to advance clinical practice in the area of neuroprotection for preterm infants in the form of a quality improvement initiative. First, a review of the current literature related to developmental care practices was completed. Then, a needs assessment was conducted to determine baseline bedside practices through electronic provider and nursing surveys in Redcap, bedside observations, and collection of environmental measures such as noise and light levels consistent with American Academy of Pediatrics recommendations.

Lessons Learned: Through reflection of a single patient case study, we recount various lessons learned regarding the importance of neuroprotection and developmental care from some key stakeholders, including the patient's parents, primary bedside nurse, providers, and neonatal therapists.

Implications for Practice: This QI initiative is designed to protect the preterm brain through a variety of methods developed by stakeholders in the NICU: neonatology, nursing, parents, oc-

cupational therapy, physical therapy, psychiatry, and parents. This approach allowed us to collect the data needed to collaborate with the Vermont Oxford Network's educational and improvement arc, "All Care is Brain Care" 2023 initiative, which supports neuroprotection for preterm infants. A major advantage of QI initiative is that it is preventive and may alter neurobiological systems that support infant regulation and promote neurobehavioral regulation in early childhood. The evidence gathered from this initiative will be published to form as a guide for other NICUs across the country that aim to protect and support the developing brain in the premature infant.

NPA 2023–11

Abstract Title: Engaging a Lived Experience Advisory Group in the Evaluation of a Maternal Telehealth Access Project During the COVID-19 Pandemic

Presenters: Deitre Epps, Lead Evaluator; Maya Jackson, Lived Experience Advisory Group member; Courtnie Carter, Lived Experience Advisory Group

Introduction: The [Maternal Telehealth Access Project](#) (MTAP) aimed to increase access to virtual perinatal services during the COVID-19 pandemic by supporting women at greatest risk of maternal mortality and morbidity, including people who were pregnant and giving birth who are people of color, and people who live in rural and frontier communities. The lead evaluator, RACE for Equity, developed an equitable, results-based evaluation approach incorporating the Results Based Accountability framework and principles of Culturally Responsive Evaluation. These frameworks were applied to understand and to measure how well the MTAP met the needs of intended communities. A critical part of the approach included engaging community members in the Lived Experience Advisory Group (LEAG). The LEAG provided key information and recommendations to the evaluation and program teams to support program improvement and quality, useful, and credible evaluation findings.

Content: The Lived Experience Advisory Group (LEAG) consisted of thirteen mothers, doulas, health aides and advocates from the community who have unique experiences, knowledge and skills. The group provided recommendations and key information to the MTAP evaluation team throughout the evaluation. Engagement of the LEAG was based on the principle that any solution to expand maternal telehealth services must be informed by and responsive to the lived experience of people giving birth. In the context of MTAP, lived experience refers to people with recent experience of pregnancy or perinatal services, their families, and their network of support (doulas, lactation consultants, etc.), **who are most likely to be impacted** by maternal and infant morbidity, mortality, and racial injustice.

Practice Application: The evaluation team prioritized the voices of Black, Indigenous, and people of color, including geographically marginalized or rural community members that **are not normally heard or at the table**. People with lived experience had varied backgrounds and experience with telehealth services.

LEAG members were nominated by MTAP collaborative partners who understood the cultural and historical contexts of the communities which MTAP was trying to reach and provided input and feedback on the LEAG engagement process. An e-nomination flyer that included information about expectations of LEAG members and LEAG compensation was shared with maternal health partners. Seven monthly LEAG meetings were conducted. Due to the COVID-19 pandemic, meetings were held via the virtual Zoom platform from November 2020 until May 2021. The meet-

ings were held for up to 1.5-2 hours and included time for connections and trust-building. LEAG members got to know each other by sharing their birthing experiences and stories, reviewed and provided feedback on the MTAP Monthly Summary Reports, the evaluation questions, data collection, and implementation updates. Their input was valuable in understanding and providing culturally relevant feedback to the evaluation team and program partners. Engaging people with lived experience improves practice and policies.

NPA 2023–12

Abstract Title: Effects of Timing of Birth and Pandemic-Related Experiences on Mother-Infant Bonding During the COVID-19 Pandemic

Authors: Sharon Ettinger¹, Margaret Kyle², Morgan Firestein³, Maha Hussain², Jennifer Barbosa³, Vanessa Babineau¹, Dani Dumitriu^{2,3}, Catherine Monk^{1,3}

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Introduction: Maternal stress and postpartum bonding difficulties were elevated during the first year of the COVID-19 pandemic (Fernandes et al., 2021; Iyengar et al., 2021; Kornfield et al., 2021). The current study aims to examine whether (1) timing of birth (TOB) during the COVID-19 pandemic predicted maternal-reported postpartum bonding difficulties at 4 months postpartum, (2) maternal postpartum stress mediated this effect, and (3) prenatal pandemic-related experiences mediated the effect between TOB and postpartum bonding difficulties.

Methods: $N = 153$ mother-infant dyads who gave birth between May 2020–October 2021 completed prenatal and 4-month postnatal surveys as part of the COVID-19 Mother Baby Outcomes (COMBO) Initiative at Columbia University. The prenatal survey included an adapted version of the COVID-19 Perinatal Experiences (COPE) Survey to assess prenatal pandemic-related experiences. The 4-month survey consisted of the Perceived Stress Scale (PSS) and the Postpartum Bonding Questionnaire (PBQ) to measure maternal stress and maternal-reported bonding difficulties, respectively. Timing of birth (TOB) was coded by birth month and year on a scale from 1-18, with 1 corresponding to the earliest month, May 2020. Maternal age, ethnicity, race, and medical coverage, and baby biological sex were included as covariates.

Results: All statistical analyses were conducted in SPSSv28. In an adjusted ANOVA, TOB significantly positively predicted PBQ at 4 months ($\beta = .20, p = .04$) such that later birth predicted slightly higher bonding difficulty scores. The effect of TOB on postpartum bonding difficulty was significantly mediated by perceived stress at 4 months postpartum, $b = .08, 95\% \text{ BCa CI } [0.01, 0.16]$. No pandemic-related experiences captured by the COPE subscales mediated the relationship between timing of birth and postpartum bonding at 4 months.

Discussion: Women who gave birth later in the pandemic may have been at higher risk for postpartum bonding difficulties and subsequent adverse developmental outcomes for the mother-infant dyad. Although maternal stress emerged as a mediating factor, this effect could not be explained by prenatal pandemic-related experiences. Further research is needed to discern whether birth during the pandemic conferred risk for bonding difficulties

through specific pandemic-related stressors or perhaps a more general effect of pandemic burnout on maternal mental health. These findings support the need for increased mental health support for perinatal women during the residual waves of the COVID-19 pandemic.

NPA 2023–13

Abstract Title: Progress Update from Mother Baby Connections, an Intensive Outpatient Program for Perinatal Women in Philadelphia

Authors: Sharon Ettinger¹, Pamela A. Geller¹, Leah Sodowick¹, Barbara Posmontier², June Horowitz³

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Introduction: Mother Baby Connections (MBC) is an interdisciplinary, intensive outpatient perinatal mental health program that was initiated in December 2015 at Drexel University in Philadelphia, Pennsylvania to treat postpartum women with perinatal mood and anxiety disorders and their infants. Employing a theoretical framework based on the Social Energy Exchange theory for postpartum depression (SEED) (Posmontier & Waite, 2011), MBC integrates a range of therapeutic approaches to optimize maternal functioning and promote biopsychosocial and cultural wellbeing (Geller, Posmontier, Horowitz, Bonacquisti, & Chiarello, 2018). Previously published pilot outcome data has shown improvements in depressive symptoms, maternal functioning, parental stress, perceived stress, emotional regulation, and dyadic adjustment over the course of treatment in the program between December 2016 and August 2018 (Geller et al., 2018). With the onset of the COVID-19 pandemic, MBC has continued to provide treatment for perinatal women via telehealth services. Preliminary findings have shown that the transition from in-person to telehealth sessions increased accessibility and patient attendance, particularly for underserved women (Ma, Posmontier, Horowitz, & Geller, 2022). The purpose of this presentation is to present updated outcome data, inclusive of pandemic years, to further assess the efficacy of MBC in improving the health and wellbeing of mothers with perinatal mood and anxiety disorders and their infants.

Method: Self-report survey data were collected at various timepoints throughout patients' treatment in the program. The current sample represents all patients who received treatment and completed an exit survey at MBC through 2022. Surveys include the Edinburgh Postnatal Depression Scale (EPDS), Barkin Index of Maternal Functioning (BIMF), Parental Stress Scale, Perceived Stress Scale (PSS), Difficulties in Emotion Regulation Scale (DERS), Dyadic Adjustment Scale-Revised (RDAS), and City Birth Trauma Scale (CBITS). Significant changes in reported symptoms compared to baseline surveys will be discussed.

Discussion: Pilot data have provided evidence for improvements in symptoms related to perinatal mood and anxiety disorders in perinatal woman receiving treatment through MBC. This poster will present updated outcome data to include MBC patients from 2018 through 2022. MBC continues to provide comprehensive and effective mental healthcare for perinatal women and their infants.

NPA 2023–14

Abstract Title: DREAM Big: Addressing Early Childhood Mental Health and Social Determinants of Health in a Neurologic Neonatal Follow Up Clinic

Authors: Elizabeth Fischer, Amy Heffelfinger, Jennifer Koop, Katherine Carlton, Lauren Miller, Samuel Adams, Stacy Stibb, Andrew Foy, and Susan Cohen

Background: Neonatal intensive care unit (NICU) hospitalization and discharge of medically complex infants is associated with increased risk for parental depression, anxiety, and trauma. Complex infants and their families are subsequently referred to NICU follow-up clinics for developmental screening and medical referrals. Over the last five years, follow-up clinics have started to incorporate screens for social determinants of health (SDoH) and mental health. Social and psychological risk factors create barriers to consistent follow-up attendance and limit access to optimal medical and psychological care. Clinic attrition may exacerbate known parental stress, distress, and mental health concerns associated with caring for a child with complex medical needs.

Content/Action: We created an interdisciplinary clinic that includes a psychologist to focus on early childhood mental health needs. To address "what matters most" to families we also implemented screening and discussion of SDoH. The Developmentally Ready: Engagement and Achievement of Milestones (DREAM) Clinic provides follow up care for infants with significant neurologic concerns and includes physicians specializing in neonatology, neurology, neurosurgery, neuropsychology, and physical medicine and rehabilitation. Psychology's role in the DREAM clinic focuses on the evaluation and treatment of infant and early childhood behavioral concerns such as sleep, feeding, toileting, and coping with chronic illness. Psychology also provides maternal mental health screenings to mirror the care provided in the NICU. Psychology visits are regularly scheduled at specific timepoints within the first 2 years of life. Descriptive data on number of visits completed and diagnoses will be presented.

Lessons Learned: Program development included 1) management of maternal mental health data while respecting maternal confidentiality, 2) procedures for emergency mental health needs, and 3) billing processes. We encountered process challenges during program implementation such as maintaining balance between the roles of psychology and neuropsychology and optimizing patient referrals and duration of appointments. We identified patient sleep concerns and the role of the father in childcare for the medically complex infant as areas that will require additional program development. SDoH screening revealed a significant gap in resources for high-risk families, necessitating social work involvement in the NICU follow-up clinic.

Implications for Practice: Psychology is a heavily utilized resource in the DREAM clinic with frequent ad hoc patient requests outside of routine visits. This speaks to the importance of providing family support after NICU discharge. Given the frequency of positive SDoH screens, future studies will focus on the relationship between parent mental health, SDoH, and DREAM clinic participation.

NPA 2023–15

Abstract Title: Smooth Way Home

Author: Ashley Flowers, MS, MHW

Contact: Ashley Flowers, Program Manager / Lead, Service for Children with Disabilities, 2850 N. 24th Street, Phoenix, Arizona 85008

The overall purpose of the Smooth Way Home is to improve the social, developmental, and medical outcomes of very fragile infants by enhancing the coordination of care and the quality of services provided to them as they transition from the newborn intensive care unit back to their home and community state-wide. Our Smooth Way Home program provides in-person and virtual home visitation focused on the social-emotion health of the caregivers and infants, developmental guidance, and community resources. Additionally, the Smooth Way Home program offers virtual mental health services to caregivers of fragile infants provided by licensed clinicians focusing on the impact of their time in the NICU. Smooth Way Home works in partnership with community programs that support caregiver with their infant's feeding and VINES; **virtual access to specialized neonatal providers, neonatologists, and nurse practitioners. During the pandemic, the Smooth Way Home services were offered to all areas of the state, including rural and underserved areas of Arizona, as these services were provided 100 percent through telehealth.**

In 2021, the Smooth Way Home team contracted with the Arizona State University department of College of Health Solutions to do short-term research project to determine if the outcome data would be affected by in-person home visitation and mental health services versus the same services provided via telehealth. The intent was to show that the Smooth Way Home services could continue to provide services to rural and underserved families throughout Arizona via telehealth without compromising the quality of services provided. Pre/post measure were used on clients who received only in-person visits and clients who received only telehealth services. Telephonic survey of staff and clients were also gathered during the research period. No statistical difference was detected.

NPA 2023–16

Abstract Title: Maternal Mental Health after Infant Discharge: A Quasi-Experimental Clinical Trial of Family Integrated Care versus Family-Centered Care for Preterm Infants in U.S. NICUs

Authors: Linda S. Franck, RN, PhD¹; Caryl L. Gay, PhD¹; Thomas J. Hoffmann, PhD²; Rebecca M. Kriz, MS¹; Robin Bisgaard, MS³; Diana M. Cormier, DNP⁴; Priscilla Joe, MD⁵; Brittany Lothe, MA⁶; Yao Sun, MD⁷

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Clinical Trial Registration: NCT03418870

Background: Involvement in caregiving and tailored support services may reduce the risk of mental health symptoms for mothers after their preterm infant's Neonatal Intensive Care Unit (NICU) discharge. We aimed to compare Family-Centered Care (FCC) with mobile-enhanced Family-Integrated Care (mFICare) on maternal mental health symptoms.

Method: This quasi-experimental study enrolled preterm infant (≤ 33 weeks)/parent dyads from three NICUs into sequential cohorts: FCC or mFICare. The mFICare intervention and the We3Health™ app to support parent participation were co-developed with parent co-investigators and advisors. We analyzed post-discharge symptoms of perinatal post-traumatic stress disorder

(PTSD) and depression using intention-to-treat and per protocol approaches.

Results: 178 mothers (89 FCC; 89 mFICare) completed measures. We found no main effect of group assignment. We found an interaction between group and stress, indicating reduced PTSD and depression symptoms among mothers with high NICU-related stress who received mFICare compared with mothers who had high stress and received FCC (PTSD: $b = -1.18$, 95% CI: $-2.10, -0.26$; depression: $b = -0.76$, 95% CI: $-1.53, 0.006$). Per protocol analyses of mFICare components suggested that participation in clinical team rounds and/or group classes reduced PTSD and depression symptoms in mothers with higher NICU stress scores compared with those who did not participate in these specific mFICare components.

Conclusion: For mothers with high levels of stress during the NICU stay, the mFICare model of care may be more effective in reducing post-discharge PTSD and depression symptoms than the FCC model.

NPA 2023–17

Abstract Title: NICU Staff Acceptability of Mobile-Enhanced Family Integrated Care for Preterm Infants in U.S. NICUs

Authors: Linda S. Franck, RN, PhD¹; Christine Hodgson, RN, PhD¹; Caryl L. Gay, PhD¹; Thomas J. Hoffmann, PhD²; Rebecca M. Kriz, MS¹; Robin Bisgaard, MS³; Diana M. Cormier, DNP⁴; Priscilla Joe, MD⁵; Brittany Lothe, MA⁶; Yao Sun, MD⁷

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Clinical Trial Registration: NCT03418870

Background: Family-centered care for preterm infants in the Neonatal Intensive Care Unit (NICU) is widely acknowledged as the standard of care yet remains inconsistently implemented in NICUs in the United States. The objective of this study was to evaluate the experiences and degree of acceptance by registered nurses, nurse practitioners, and physicians who used the mobile-enhanced Family Integrated Care (mFICare) program for preterm infants in their NICU.

Methods: The mFICare study was implemented in three diverse California NICUs over four months. The mFICare intervention and the We3Health™ app to support parent participation were co-developed with parent co-investigators and advisors. Upon completion of the study, the NICU staff were invited to complete the mFICare Staff Acceptability Survey with closed- and open-ended questions regarding their experience working with parents who utilized the components of the mFICare program.

Results: Eighty-three percent of 208 respondents were registered nurses, along with attending physicians (12%), fellow physicians (3%), and nurse practitioners (2%). 182 of the respondents cared for an infant/family enrolled in the mFICare program and their data was analyzed. *Staff role change due to mFICare program:* most staff indicated that their role did not change during the intervention (60%) or changed a little (38%). *Parent-led rounds:* most staff

agreed (46%) or strongly agreed (21%) that parent-led rounds improved care planning by the medical team and 74% would recommend implementing parent-led rounds throughout the NICU. *Parent classes*: 68% of staff reported a reduction in the time needed for bedside teaching due to the parent classes. *Parent mentors*: 44% of staff were only somewhat familiar with the parent mentor program, and only 5% were very familiar. *Parent skills checklist*: Most nurses (73%) described the checklist as a helpful tool. *We3health™ App*: Only 29% of staff were somewhat familiar with the app and only 5% were very familiar. *Nurse-family relationship*: 70% of the respondents indicated that mFICare was better at preparing parents for discharge than usual care. *Nurse training on mFICare*: 63% of respondents agreed or strongly agreed that additional support would be necessary to optimize the mFICare model of care. The most frequent qualitative codes that emerged were empowered parents, improved teamwork between staff and parents, program is better for some NICU patients and families than others, takes too much time, technical/logistical issues, and better understanding of parents' concerns. An infrequent but important code was inequitable access to mFICare components (for example a language barrier).

Discussion: Results of this study indicate that implementation of the mFICare program was acceptable to nurses, nurse practitioners and physicians in three NICUs. Areas of growth for the program include organization and technical support for phone calls during parent-led rounds and addressing barriers to access. Strengths of the study include systematic qualitative analysis of open-ended question responses to expand interpretation of the quantitative data. This study provides a deeper understanding of the needs and concerns of staff involved with the mFICare program. With replication, mFICare can be a standard intervention to enhance family-centered care in the NICU.

NPA 2023-18

Abstract Title: Family Integrated Care Interventions May Improve Preterm Outcomes Compared with Family-Centered Care in U.S. NICUs

Authors: Linda S. Franck, RN, PhD¹; Caryl L. Gay, PhD¹; Thomas J. Hoffmann, PhD²; Rebecca M. Kriz, MS¹; Robin Bisgaard, MS³; Diana M. Cormier, DNP⁴; Priscilla Joe, MD⁵; Brittany Lothe, MA⁶; Yao Sun, MD⁷

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Clinical Trial Registration: NCT03418870

Background: Family Integrated Care (FICare) benefits preterm infants compared with Family-Centered Care (FCC), but research is lacking in United States (US) Neonatal Intensive Care Units (NICUs). We compared preterm weight and discharge outcomes between FCC and mobile-enhanced FICare (mFICare).

Methods: This quasi-experimental study enrolled preterm infant (≤33 weeks)/parent dyads from 3 NICUs into sequential cohorts: FCC or mFICare. The mFICare intervention and the We3Health™ app to support parent participation were co-developed with parent

co-investigators and advisors. Primary outcome: 21-day change in weight z-scores; Secondary outcomes: nosocomial infection, bronchopulmonary dysplasia (BPD), retinopathy of prematurity (ROP), and human milk feeding (HMF) at discharge.

Findings: 253 infant/parent dyads participated (141 FCC; 112 mFICare). We found no group differences in weight, ROP, BPD or HMF. The FCC cohort had 3.0-times (95% CI: 1.1, 8.3) higher odds of nosocomial infection than the mFICare cohort. Infants whose parents did not receive parent mentoring or participate in rounds lost more weight relative to age-based norms (group-difference=-0.128, CI: -0.227, -0.030; group-difference=-0.084, CI: -0.154, -0.015, respectively). Infants whose parents did not participate in rounds or group education had 3.1-times (CI: 1.0, 10.4) and 4.5-times (CI: 1.4, 18.5) higher odds of nosocomial infection, respectively.

Conclusions: mFICare may reduce nosocomial infections in US NICUs. Specific program components may increase weight gain and reduce infection risk, warranting further research.

Reference:

1. Franck LS, Gay CL, Hoffmann TJ, Kriz RM, Bisgaard R, Cormier DM, Joe P, Lothe B, Sun Y. Neonatal outcomes from a quasi-experimental clinical trial of Family Integrated Care versus Family-Centered Care for preterm infants in U.S. NICUs. *BMC Pediatr.* 2022 Nov 22;22(1):674. doi: 10.1186/s12887-022-03732-1.

NPA 2023-19

Abstract Title: Leveraging a User-Centered Approach to Develop *MommaConnect*, a Mobile Health Therapy Application for Mothers with Postpartum Depression and Their Infants

Authors: Pamela A. Geller, PhD¹; June Andrews Horowitz, PhD, RN, PMHCNS-BC, FAAN²; Bobbie Posmontier, PhD, CNM, PMHNP-BC, FAAN³; Mona Elgohail, PhD⁴; Tony Ma, MS⁴; Katie Chang, MS⁴; Kayla Alvares, MS, PhD Candidate²

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Background: *MommaConnect*, a mobile health application, aims to reduce postpartum depression symptoms and improve mother-infant interaction. Without treatment, postpartum depression increases the risk for poor mother-infant interaction, reduced infant safety measures, decreased breastfeeding, chronic depression, maternal functional impairment, and suicide. Postpartum depression presents long-term risks to infant neurobehavioral development. Women with postpartum depression often face significant barriers to treatment access, such as stigma, childcare, and transportation. *MommaConnect* aims to provide accessible and effective delivery of tailored treatment. *MommaConnect* integrates two evidenced-based therapies (Interpersonal Psychotherapy and Mother Baby Interaction Therapy) to address postpartum depression and impaired mother-infant interaction. *MommaConnect* is being co-created with mothers and mental health providers to ensure that the design reflects their shared experiences and challenges.

Purpose: This poster presentation will share our formative research, including focus group results and key features of *MommaConnect*.

Methods: We employed a user-centered design approach leveraging focus groups to inform the development and content of

MommaConnect. We collected formative qualitative data through online focus groups from a community advisory board of diverse individuals (10 mothers and 7 clinicians). Participants were shown mock-ups of the app to elicit impressions and try out proposed features. We employed content analysis following verbatim transcription.

Results: Results revealed specific needs, barriers, motivators, and impressions about *MommaConnect*. Overall, participants endorsed the initial design and functionality. Participant recommendations were integrated into the revised design.

Discussion: To be used in collaboration with mental health providers, *MommaConnect* holds promise as an efficient and relevant therapy approach to expand treatment access, increase engagement, improve health outcomes, and ultimately decrease health-care disparities for women experiencing postpartum depression and their infants. The next steps include feasibility and usability testing.

NPA 2023–20

Abstract Title: The Effects of Pharmacological Interventions in Caring for Neonates with NAS Post Discontinuation of In Utero Opioid Exposure and Its Impact on the Length of Hospital Stay

Authors: Imogen F. Gillgrass and Jasmine Graham, PhD

Neonatal abstinence syndrome (NAS), a general clinical term used to describe the impact of discontinued exposure to substances in utero, is among the key public health issues impacting perinatal well-being (Jilani, Davis, Jordan, & Jansson, 2021). This study explores the best practices related to neonatal health by examining the treatment of NAS after birth and how it affects the length of stay in hospitals. Recognizing the broad scope of NAS, this study specifically examines in-utero opioid exposure.

Methods: Despite a national increase in NAS, a limited body of research on the best practices related to neonatal health and length of hospital stay exists. Nevertheless, a growing body of research on the effectiveness of diverse treatment modalities to decrease the severity of NAS are currently under review. Among this treatment, modalities include pharmacological and non-pharmacological interventions. This study was conducted using a systematic review of existing literature to explore best practices related to neonatal health by examining the treatment of Neonatal Abstinence Syndrome after birth and how it affects the length of stay in the hospital.

Results: Findings from the literature suggest pharmacological treatments are an important component of management when supportive and nonpharmacological care, is insufficient. According to Kocherlakota et al. (2019), approximately 60 to 80% of infants with the syndrome do not have a response to nonpharmacologic treatment and require medication. Results indicate that pharmacologic treatment has demonstrated success in relieving moderate-to-severe signs of NAS such as seizures, fever, and weight loss or dehydration, which are crucial to minimize in the early stages of development so that the effects do not last throughout their lifetime.

Oral morphine and methadone are among the most successfully used pharmacological interventions. For example, in a study of 547 newborns with NAS, Hall et al. (2014) found that both oral morphine and methadone resulted in significantly shorter durations of hospitalization and overall length of treatment (417) in comparison to newborns who did not receive pharmacological intervention (130). According to Wiles, Isemann, Ward, Vinks, &

Akinbi (2014), the main objective of pharmacologic treatment is to relieve moderate-to-severe signs of NAS such as seizures, fever, and weight loss or dehydration. Early alleviation of these symptoms is crucial to minimizing the lifetime effect of NAS. Currently, in the United States, oral morphine is the most common treatment, however, it is associated with increased risks of sedation and respiratory depression. Methadone is less commonly used, and due to its longer half-life (25 to 32 hours), it may provide a more consistent blood concentration over time and result in variable dosing in correspondence to newborn patients' needs. Methadone has the ability to delay signs of withdrawal. Neonatal heroin withdrawal symptoms typically begin within 24 hours of birth. Methadone can delay withdrawal symptoms to 72 to 96 hours, with a possibility of delayed manifestation for more than a week.

Discussion: Neonatal Abstinence Syndrome is a significant perinatal public health issue. The findings suggest oral morphine and methadone are effective harm-reduction measures that reduce NAS symptoms in comparison to non-pharmacological methods. Despite the rise in NAS, detection and early pharmacological intervention may lessen the effects of neonatal withdrawal. Further research on this topic will continue to advance perinatal health regarding NAS.

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NPA 2023–21

Abstract Title: Genetic and Environmental Considerations of Perinatal Substance Use

Author: Jasmine Graham, PhD

Introduction: Mental health issues are among the most common morbidities of pregnancy and childbirth and include perinatal substance use disorders and mood disorders such as perinatal anxiety and depression. Perinatal mental health concerns also contribute to maternal mortality. Overdose and suicide are the leading causes of death in the first year postpartum. Biosychosocial demands of pregnancy, childbirth, and mothering may ex-

acerbate maternal mental health issues. Biological factors include genetic predisposition toward addiction or mental illness, physiological changes, and hormonal shifts that occur during the perinatal period. Psychological challenges include prolonged stress and trauma. Social considerations include community, the quality and frequency of prenatal care, perinatal or pre-existing medical issues, and intimate partner violence. In consideration of biology specifically, while genetic heredity can be an important predictor of mental health or substance use, genetics are not the sole determinant to maternal mental health outcomes. Rather, environmental contributions *along with* genetics provide a better indicator of maternal mental health outcomes. This study examined environmental factors believed to contribute to genetic expression of addiction among women within the perinatal period.

Methods: This study utilized qualitative research design and a constant comparative method to collect, code, and categorize data. Through in-depth qualitative semi-structured interviews, five mothers within the perinatal period, who had given birth to a child under one year old at the time of data collection, and had used substances while pregnant, responded to interview questions regarding issues pertinent to mental health history, stress-related coping, pregnancy, and substance use. Among study participants, alcohol, cannabis, and opioids were noted as substance(s) of choice. All study participants identified a genetic predisposition toward and/or personal history of mental illness.

Results: Three major themes emerged from the analysis. The first, *Substance Use to Alleviate Distress*, highlights participants' use of substances to manage a myriad of stressors, such as those related to marital distress; economic stress; and psychological stressors such as feeling overwhelmed, hopelessness, and anxiety. Each study participant noted the use of substances, such as alcohol, cannabis, and opioids as a means to manage relational stress. Interestingly, the influence of economic stressors was acknowledged as substance use trigger only by study participants who acknowledged use of opioids during pregnancy and post-partum. The second theme, *Social Engagement*, highlights the negative impact of social isolation and the positive impact of social engagement on study participants. Specifically, several participants noted positive social engagement with healthy loved ones as a protective factor. Finally, the third theme, *Minimization of Neonatal Health Risk*, highlights the tendency of participants to minimize the negative impact of their substance use on their children. Notably, minimization was noted among participants who engaged in polysubstance use and not participants who acknowledged single substance use.

Discussion: The perinatal period is a time in which women tend to become more motivated to reduce substance use and improve mental health. The findings from this study are consistent with existing research which suggests that the prevalence of continued substance use among women within the perinatal period remains a maternal, neonatal, and public health concern. Findings from this study suggest women with a genetic predisposition, history of use, and/or history of mental illness may be particularly vulnerable to perinatal substance use in comparison to the general population.

NPA 2023–22

Abstract Title: A Multi-Tiered Systemic Approach to Helping Families Thrive in the NICU and Beyond

Authors: Sierra Kuzava, PhD; Agustina Bertone, PhD; Karolina Grotkowski, PhD; Catherine Mogil, PsyD

Background: Neonatal Intensive Care Unit (NICU) providers are

tasked with both caring for the infant and preparing their caregivers to support and nurture their child. To complicate matters, more than 20% of parents with a medically ill child experience depression, anxiety, and/or post-traumatic stress disorder within the infant's first year life (Hynan, Mounts, & Vanderbilt, 2013), which can have negative downstream effects on the child's socioemotional development. To help infants and families thrive and set them up for long-term developmental success, NICUs must offer multi-tiered approaches to equip staff with education about parental mental health and support families using an accessible and flexible approach during this critical period.

Content/Action: We will describe the Family Development Program (FDP), a relationship-based preventive intervention that supports NICU caregivers to approach parenting so it can be joyful, intimate, and child-centered. FDP also provides workforce training to NICU teams to improve outcomes for infants and their families. FDP uses a multi-tiered approach that aligns with the Institute of Medicine's (1994) prevention framework, and includes 1) system-wide education in trauma-informed, resilience-promoting care to equip NICU staff and leadership with tools to promote positive parenting practices right from the start and enhance professional wellbeing of staff members, 2) family and staff consultations to address current challenges, and 3) targeted outpatient therapeutic services to families who are struggling emotionally and are most at-risk for mental health challenges.

Lessons learned: Clinically, our team serves approximately 90 families each year. Most clients experience a decrease in symptom severity from the moderate to severe range into the mild or minimal range across domains. Clients describe that FDP's flexible and tailored services provide essential support and coping education, and identify the continuity in services through discharge as particularly crucial. Over 150 staff members have participated in trainings over the last 4 years. We have also provided numerous consultations to NICU staff regarding patient interactions, posttraumatic stress symptoms, and managing burnout. Training participants described increased confidence, perspective, and communication skills. Many asked for information to be disseminated more widely via handouts or other media.

Implications for practice: NICU families and staff are eager for psychological services and will make full use of them. Families have unique needs and present with differing trauma histories and pre-existing symptoms, which necessitates that providers titrate support. The transition home is a time of vulnerability and change, and many families benefit from family-wide support that extends beyond the NICU stay. Finally, providing training and support to staff ensures that all families will receive some level of service and helps cultivate a family-oriented and trauma-informed NICU environment.

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NPA 2023–23

Abstract Title: Psychological Distress in NICU Providers: A Scoping Review in Progress

Author: Hisham Nsier

Principal Investigator: Pamela Geller, PhD

Introduction: The Neonatal Intensive Care Unit (NICU) is known to be a physically and psychologically stressful work environment. NICU staff are tasked with monitoring acutely ill infants while also providing support to each other and to parents, who are often traumatized by the reality of their infant requiring intensive care. The burden of providing such a range of support contributes to the experience of vicarious trauma and toxic stress by NICU staff. The aim of this scoping review is to explore the state of the current research literature regarding stress responses in NICU medical providers associated with job-related exposures.

Methods: A scoping review was performed by members of the National Network of NICU Psychologists (NNNP) Research Committee using the PRISMA-ScR checklist (Page et. al., 2021) to examine the state of the literature regarding job-related stress responses in NICU medical providers. Five databases were searched: PsychInfo, Ovid, MEDLINE, Embase, and CINAHL. Co-authors were split into pairs and assigned a subset of publications; each dyad assessed eligibility and extracted the data. Publications were deemed relevant if they were written in English, published after 1960, were original research (i.e., not an editorial, review, or short report), and assessed job-related exposures in NICU medical providers (e.g., nurses).

Results: The initial database search returned 1,205 articles after removal of duplicates. All abstracts were screened for relevance and 118 articles were selected for full-text review. Remaining full-text articles were reviewed by co-author dyads and any disagreements about their relevance were consensus coded. If agreement could not be made by the paired co-authors, the manuscript was flagged for full group review. A total of 61 publications were deemed relevant and were categorized based on their methodology (quantitative vs. qualitative) and the psychological constructs measured (i.e., burnout, secondary traumatic stress, moral distress, or stress response/distress). Data on prevalence, associations, and major themes were extracted. If applicable, these data were further categorized based on the specific psychometric(s) used in the publications. Most publications found that NICU medical staff experience significantly distressing job-related exposures. Some publications highlighted personal and systemic risk factors contributing to the experience of psychological distress, while others suggested significant protective factors and opportunities for intervention.

Discussion: Despite the very real relationship between working in the NICU and experiencing negative job-related exposures to stress, the strength and nature of this relationship differs to a considerable degree depending on the samples, the settings being researched, the psychometric(s) being used, and how the psychometrics are scored/interpreted. A wide spectrum of research designs and analytic approaches exist in the extant literature, posing a significant challenge when attempting to compare results across studies, even among those using the same psychometric(s). Nevertheless, it is clear that the lived experience of NICU medical staff is characterized by not only high levels of toxic stress, but by resilience and growth as well. Future research should focus on standardizing the methodological approach used to measure provider psychological distress in the NICU, replicating previous studies in larger and more diverse samples, and assessing the efficacy of existing psychological interventions for this unique population. Additionally, elucidating the systemic factors contributing to job-related psychological distress may provide the opportunity for advocacy and policy recommendations as well as future interven-

tion.

NPA 2023–24

Abstract Title: Therapeutic Approaches to Working with Perinatal Loss Clients: A Grounded Theory Study

Presented by: Heather Olivier, LPC, PMH-C, CCTP, NCC

**Heather is a Ph.D. candidate at the University of New Orleans. The abstract outlines the study currently being conducted. The dissertation study will be defended prior to March 1, 2023.*

Introduction: Perinatal loss (i.e., miscarriage, stillbirth, termination, and infant death) is commonly referred to in the literature as an invisible loss, non-loss, and even medical event. It is an ambiguous loss exhibiting the dialectical contradiction between the physical absence and psychological presence of the baby accompanied by disenfranchised grief, a reaction to a loss that is unacknowledged by society. Despite the likelihood of mental health clinicians working with clients who have experienced perinatal loss, there has yet to be a therapeutic model designed specifically for the unique grief and trauma reactions presented in this population. Existing grief models do not address the traumatic nature of the loss, and oppositely, trauma models do not address the life-long grief symptoms experienced subsequent to perinatal loss. Lack of clinical trainings and cultural norming processes that do not acknowledge the significance of the loss leave clinicians without resources, tools, and interventions to effectively work with this population. Thus, the purpose of the study is to co-construct a therapeutic model to utilize when working with perinatal loss clients.

Methods: Exploring therapeutic approaches employed by mental health clinicians, the proposed grounded theory study will collect three forms of data: (a) intensive interviews, (b) elicited documents (i.e., case studies), and (c) extant documents (i.e., perinatal loss specialty training agendas). The qualitative study will include 8-12 participants certified in perinatal mental health (PMH-C) to ensure participants' clinical experience in working with the perinatal loss population for at least two years. Additionally, the proposed study will investigate the following three elements informing therapeutic approaches applied to this population: (a) cultural perceptions of perinatal loss; (b) how the cultural perceptions impact the therapeutic relationship regarding establishing goals, measuring client change, and determining effectiveness; and (c) identification of barriers within the therapeutic process. The findings of the study will be significant to not only mental health clinicians working with perinatal loss clients and the existing perinatal loss research, but they will also illuminate the nature of the therapeutic process for this population to decrease ambiguity surrounding the loss and enfranchise the griever.

Results and Discussion: The results and discussion will be outlined upon completion of the study.

NPA 2023–25

Abstract Title: Recognizing and Working with Medical Trauma in the Perinatal Period: A Multidisciplinary Approach

Authors: Heather Olivier, LPC, PMH-C, CCTP, NCC and Victoria Rodriguez, LPC, CCTP, NCC

Background: Defined as the period of time from pre-conception through one year after birth, the perinatal period is shown to have a high correlation between physical health issues and Post-Trau-

matic Stress Disorder. Medical trauma can occur after a medical crisis or event such as pregnancy, birth, termination, and loss with people socialized as women. Individuals within marginalized groups are more likely to report symptoms of PTSD related to traumatic medical experiences. Other risk factors, such as poor social supports, pre-existing physical and mental health issues, chronic pain, and low socioeconomic status can also be related to medical trauma. Those who experience a medical crisis are 12% more likely to develop PTSD while those who have stayed in the ICU could be 15% more likely to develop PTSD. Medical trauma experienced in the perinatal period extends beyond the traumatic event(s), appearing in the research as impacting the overall reproductive health of the family system. As such, it is vital to view reproductive health within the frameworks of the family system, cultural system, and societal system.

Content/Action: While the fields of medical trauma and perinatal mental health might be addressed by practitioners in the same setting, there is little research that focuses on the connection of these fields in terms of evidence-based application. This research seeks to connect theories and research from these fields, with an emphasis on addressing barriers to treatment for marginalized groups specific to community needs. As current committee members of the Pregnancy Associated Mortality Review (PAMR) Board for the Louisiana Department of Health, both presenters provide professional insight and recommendations on how to improve access to care and bridge multidisciplinary gaps in reproductive health. Discussed in this presentation will be the collective recommendations of state PAMR boards produced by the CDC in the most current publication of the *State Strategies for Preventing Pregnancy-Related Deaths: A Guide for Moving Maternal Mortality Review Committee Data to Action* released in May 2022.

Lessons Learned: To promote the repetition of positive outcomes and potentially prevent the recurrence of negative outcomes, a review of lessons learned in this research was conducted. First, this meta study explored previous research on risk factors and presentation of medical trauma. Second, this research focused on previous introductory research on perinatal mental health. The research then aimed to address the gaps between this research when reviewing implications for treatment and addressing barriers to treatment for marginalized groups.

Implications for Practice: This research has the following implications for both mental health and medical practitioners working with perinatal populations: (a) aid practitioners in applying evidence-based practices for medical trauma in perinatal populations; (b) aid practitioners in accurately assessing medical trauma for marginalized groups experiencing perinatal mental health issues; and (c) aid policy makers and healthcare advocates in addressing barriers to treatment for medical trauma during the perinatal period in community mental health and medical settings.

NPA 2023–26

Abstract Title: The Need for Parental Support Following Prenatal Genetic Testing

Authors: Denise Marion B. Paed¹; Katelyn Phan¹; Leah B. Sodikow, B.A.¹; Pamela A. Geller, PhD^{1,2}

¹Department of Psychological and Brain Sciences, Drexel University, Philadelphia, PA; ²Department of Obstetrics and Gynecology, Drexel University, Philadelphia, PA

Introduction: As more parents elect to have genetic testing, there is an increasing need to provide parents with resources and support to help them make informed decisions. Prenatal genetic test-

ing has been described as “preference-based health care” (Parens and Applebaum, 2019). Trends have shown that about half of expecting parents chose to undergo testing whether it be noninvasive or invasive (Clark et al., 2022). Parents cite that they would like to be “prepared” as one of the main reasons they choose to have prenatal genetic testing (Michie, 2020). Studies have shown that parents would rather be informed about possible genetic abnormalities than not be informed (van Der Steen et al., 2016).

Content: If parents decide to undergo prenatal genetic testing and the results reveal a possible genetic anomaly, they are now faced with an unanticipated situation. A recent study found that parents who received positive test results indicating the infant may have a genetic anomaly, were more likely to experience greater psychological distress compared to their counterparts who did not receive such results (Talati et al., 2021). Specifically, parents who received a positive test result tended to display higher amounts of distress and anxiety and expressed confusion about their next steps regarding their pregnancies (Talati et al., 2021). One common area of confusion and distress was the parent’s limited knowledge and understanding regarding the genetic condition and its implications (Haider et al., 2022). Furthermore, when parents receive results of prenatal genetic testing that may be false positives (e.g., the results of the test may not be accurate) they may be negatively impacted by increased stress (Clark et al., 2022).

The need for supportive resources for parents following prenatal genetic testing is even more crucial in the time of the overturning of *Roe v. Wade*. For some individuals, the results of prenatal genetic tests are important in their decision-making as to whether they will continue their pregnancy (Chandler et al., 2018). However, the choice to terminate a pregnancy is complicated due to stricter abortion laws in many states. The amount of time that it takes to receive results from testing could exceed the amount of time in which it is still permissible to terminate a pregnancy (Clark et al., 2022). With abortion law changes since the overturning of *Roe v. Wade* decreasing the amount of time a woman can terminate a pregnancy, there is more pressure and psychological distress placed on the parents to make decisions regarding their pregnancies (Clark et al., 2022).

Practical application: Current resources to assist parents following prenatal genetic testing are lacking and the development of such resources could be beneficial for parental mental health and familial quality of life. Preliminary studies have revealed that offering resources, such as counseling from trained medical and mental health professionals to help explain the possible condition of the infant and assist in informed decision-making, alleviated some stress (Bernherdt et al., 2021). However, there is a lack of providers trained to assist parents with informed decision-making. Therefore, training providers who can assist parents could help alleviate stress. This poster will report on the existing literature and practices and discuss recommendations for supporting parents following prenatal genetic testing.

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NPA 2023–27

Abstract Title: Pregnancy Loss and Post-Traumatic Stress Disorder: The Influence of Provider Care Among a Sample of Black Women

Authors: Nicholas Powers¹, Sharon Ettinger², Pamela A. Geller²

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Introduction: Pregnancy loss can be a devastating experience that places individuals at risk for developing post-traumatic stress disorder (PTSD; Kersting & Wagner, 2012). Researchers have noted the risk of miscarriage to be up to 15%, with approximately 23 million miscarriages occurring annually on a global scale (Quenby et al., 2021). Further, the prevalence of pregnancy loss varies by demographic factors, with Black women assigned female at birth (AFAB) being the most susceptible to pregnancy loss in comparison to any other racial group (Taylor et al., 2020). Given that Black women AFAB are twice as likely to endorse perinatal psychological conditions in comparison to White women (Taylor & Gamble, 2017), further research that explores variables that may buffer the development of PTSD after pregnancy loss for these women is warranted.

Quantitative research thus far has also revealed that the quality of care provided by healthcare providers is associated with the likelihood of having a traumatic birth (Reed et al., 2017), while no study to our knowledge has examined how interpersonal as-

pects of care received from medical providers are associated with PTSD symptom severity after pregnancy loss for Black women AFAB specifically. Black cisgender women historically have also endorsed severe mistrust towards the medical system due to structural racism, implicating that providers who do not actively promote quality interpersonal care during perinatal loss may be exacerbating PTSD symptoms (Thomas et al., 2021).

Methods: The current study addresses this gap by examining the association between self-reported interpersonal aspects of care (IAC; Hayes et al., 1998) and PTSD symptom severity (PCL-5; Weathers et al., 2013) among a sample of Black women AFAB (n = 99) following loss. The authors hypothesize that lower IAC scores will significantly predict higher symptom endorsement on the PCL-5. This study will utilize retrospective data collected by the Geller Women's Health Psychology Laboratory at Drexel University. Participants were recruited via social media platforms (e.g., Facebook, Craigslist, Youtube) to prioritize the perinatal experiences of women from diverse backgrounds.

Results: Results will be calculated through conducting a linear regression in SPSS, with IAC scores entered as the predictor variable and PCL-5 scores as the dependent variable.

Discussion: The clinical implications of this study's findings will emphasize the importance of developing interventions that can adequately support an under-researched group who are already at higher risk of experiencing pregnancy loss. Additionally, outside of clinical intervention, the findings will provide further information on the impact of race for medical providers to consider when working with trauma-exposed Black women.

NPA 2023–28

Abstract Title: When Cancer and Pregnancy Collide: The Experiences of Women with Cancer During Pregnancy

Author: Ashley Schmuke, MSN, RNC-OB

Introduction: Pregnancy-associated cancer occurs in approximately one per 1,000 pregnancies. Approximately 25% of those pregnancy-associated cancers are diagnosed during pregnancy. Although rare, the occurrence of cancer during pregnancy (CDP) represents a scientific and philosophical paradox; new life and the threat of death exist simultaneously. While researchers tend to focus on physiological maternal and fetal/neonatal outcomes, the medical gaze does not address individual's experience of CDP. The purpose of this study was to understand the experiences of those diagnosed with CDP, including how individuals take up becoming a mother/parent; how their concerns, priorities, coping skills, relationships, and sense of future are altered by the cancer diagnosis and treatment; and how health care professionals impact their experiences.

Methods: To gain a better understanding of these experiences, a prospective, longitudinal hermeneutic study was conducted using interpretive phenomenology. Interpretive phenomenology is a philosophy and a qualitative method that challenges the Cartesian dichotomies of mind versus body, subject versus object, and person versus world. Grounded in the philosophy of Martin Heidegger, interpretive phenomenology or hermeneutics, focuses on our everyday ways of being-in-the-world to reveal embodied meanings and situated understandings of the person in times of health and illness. After Institutional Review Board approval, ten self-identified women with CDP were recruited from social media support groups and a national registry. Participants were interviewed using semi-structured interview guides twice during pregnancy and once within two months following birth. Thirty interviews were

coded and analyzed using an interpretive/hermeneutic approach. This included the development of interpretive summaries and three interrelated narrative strategies (identification of paradigm cases, exemplars, and thematic analysis).

Results: Women with CDP experienced a unique journey in which pregnancy, mothering, and illness collided. Their embodied understandings of pregnancy and illness took on three distinct patterns: I still can, I no longer can, and I must. They entered the healthcare system as an atypical patient, confronted with competing priorities and disrupted expectations for their pregnancies and early motherhood. Lastly, their personal relationships and relationship with their illness and future were transformed as the women contended with new and foreclosed possibilities.

Discussion: Cancer and pregnancy are not often contemplated in the same sentence. Although rare, the incidence of CDP is only expected to increase given the tendency to delay childbearing and the increasing incidence of cancer with age. Whereas previously, health care professionals may go their entire career without caring for an individual with CDP, now the likelihood of caring for an individual with CDP is increased. The results of this study can be used to aid health care professionals in attending to the inherent difficulty in the emotional paradox of CDP and assist them in recognizing and acknowledging the baby as a person and the woman/individual as a mother/parent. Additionally, health care professionals can bear witness to the highly contextualized suffering and decision-conflict individuals with CDP and their families may face. Understanding the meaning of the experience of CDP beyond the medical gaze allows health care professionals the unique opportunity to meaningfully support women/individuals through their journey with CDP—a crucial step in providing expert caregiving to those confronting cancer and pregnancy.

NPA 2023–29

Abstract Title: Raising Awareness About Perinatal Mental Health Through Film: Reflections from Drexel University NPASS's Documentary Screening Event

Authors: Leah B. Sodowick, B.A.¹; Alison R. Hartman, M.S.¹; Chavis Patterson, PhD²; & Pamela A. Geller, PhD¹

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Introduction and Background: In 2021, Drexel University's chapter of the National Perinatal Association Student Society (NPASS) was established as the first and only chapter of the national society that is based in a psychology department rather than a medical school. Drexel's NPASS chapter functions as part of the Maternal and Child Health Student Organization at Drexel's Dornsife School of Public Health, which has presented valuable opportunities for interdisciplinary student collaboration. In May 2022, Drexel's NPASS chapter collaborated with the Maternal and Child Health Student Organization to host a film screening and discussion event for the documentary film *Year One*, by Erin Bagwell. *Year One* provides a firsthand look at postpartum depression and the motherhood journey. This poster will present details about this film screening event and highlight how film can be a useful tool for raising awareness about perinatal mental health and sparking the rich dialogue that is necessary for generating practice, policy, and research ideas and fostering interdisciplinary collaboration.

Content: Drexel NPASS seeks to further the goals and mission of NPA by providing undergraduate and graduate students interested in perinatal and neonatal care with opportunities for educa-

tion, advocacy, and interdisciplinary collaboration. In line with this aim, Drexel NPASS members planned and successfully executed a film screening and discussion event for the documentary film *Year One*, by Erin Bagwell. Advertising for the event occurred via flyers, email listservs, and word of mouth. The event took place in May 2022 and attendees participated both in person and virtually. The event was free of cost for attendees. Planning and hosting the event was low-cost: funds from the Maternal and Child Health Student Organization were only used to provide pizza and drinks for in-person attendees. After the screening of *Year One*, Dr. Chavis Patterson, the Director of Psychosocial Services at the Children's Hospital of Philadelphia and Associate Professor of Clinical Psychology at the Perelman School of Medicine at the University of Pennsylvania, moderated a lively and important discussion about the documentary, its implications, and important takeaways. Further education on the risk factors for and warning signs of postpartum depression and ways to help those who are struggling was also shared with attendees. The moderated discussion included rich dialogue not only about postpartum experiences and postpartum depression but also about representation, racial and socioeconomic disparities, public health implications, and ideas for efforts and programming to support parents and families who are impacted by perinatal mood and anxiety disorders. This poster will present additional details from the event and describe lessons learned and reflections related to student awareness and education, and interdisciplinary dialogue and collaboration.

Practice Application: We hope to encourage and inspire other students and professionals to consider using film to 1) spread awareness about perinatal mental health, perinatal and neonatal care, and health equity, 2) foster interdisciplinary dialogue that can generate ideas for policy, practice, and research, and 3) empower students to pursue careers dedicated to making a difference in the lives of perinatal individuals and their families. This poster will present suggestions for documentaries and films relevant to perinatal mental health and care and neonatal care that could be used to achieve these aims.

NPA 2023–30

Abstract Title: Postpartum Menstrual Equity: Video Analysis of Vaginal Bleeding Information, Care Planning, and Pads Offered to New Parents During the Childbirth Hospitalization

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Introduction: Vaginal bleeding is a universal component of maternal recovery after childbirth. Although discharge of blood and mucus (lochia) is normal, bleeding too much is a warning sign for postpartum hemorrhage, which is a leading cause of mater-

nal mortality. Despite the prevalence and importance of managing bleeding in the postpartum period, little is known about the information or supplies that birthing individuals are offered through clinical care. Additionally, pads can be a financial burden for individuals and families, and they are not covered through U.S. public programs such as WIC or SNAP.

Methods: The study was reviewed by the UNC Biomedical Institutional Review Board (#19-1900). Between August and December 2020, 15 birthing parents and their companions consented to video and audio recording of themselves, their infants, and health care team members during their postnatal unit stay. Two cameras with microphones were set up in their room, with 'night-shot' capacity. Equipment use was explained through verbal and written instructions in English or Spanish as well through demonstrations for turning off and on the equipment, which was achieved through a single button on an accessible device in the room. Recordings were securely stored and coded by an IRB-approved multidisciplinary team. Coders achieved inter-rater reliability accounting for chance, kappa >0.70, for each code.

Results: Participants were Hispanic white (n=6), non-Hispanic Black (n=5), non-Hispanic white (n=3), and non-Hispanic multi-race (n=1). Six were Spanish-speaking and 8 had cesarean section births. In the last 12 hours of the inpatient stay, two individuals had no communication with their health care team regarding bleeding or menstrual supplies, most had a few exchanges throughout the hours, and ten had information on vaginal care, bleeding amounts, or pads in the hour preceding discharge. Among the Spanish-speaking birthing parents, one had no interpreter for any interaction, one had Spanish spoken to them with and without an interpreter, and the other four had an interpreter each of these interactions (See Figure 1).

Figure 1 The timing, content, and language concordance of vaginal bleeding information, care planning, and supplies offered to new parents during their childbirth hospitalization, as filmed.



(v) = vaginal birth, (c) = cesarean birth, * = Spanish-speaking birthing parent

Discussion: There was variation in the timing, content, and language concordance of menstrual health information and support during postpartum hospitalization. There is opportunity to strengthen clinical practices for maternal safety and to advance respectful, equitable care. Managing postpartum vaginal bleeding is important, yet services are not yet structured to adequately support all postpartum families during inpatient care or to connect

them with community-based resources for menstrual care.

NPA 2023-31

Abstract Title: Cultural Competemility and Professionalism: An Innovative Approach to Enhancing Culturally Sensitive Equitable Perinatal Care

Author: Sister Paula Ude, DSW, LMSW

Background: Help-seeking reduces perinatal mothers' risk of health and mental health complications (PSI, 2022; WHO, 2019). Although many mothers seek perinatal help during and after pregnancy, many are reluctant to return to help-seeking after they deliver their baby, especially to seek postpartum mental health help (Gardner et al., 2013; Park et al., 2017). This unwillingness to seek and return to help is prevalent among immigrant mothers (Blizsta et al., 2010; Gardner et al., 2013; Park et al., 2017). Among other contributing factors to the lack of help-seeking among perinatal mothers, the professional-client interpersonal relationship is highlighted as an overarching emerging theme (Blizsta et al., 2010; Mickelson et al., 2017).

This presenter believes that integrating a model that would dismantle any factors that bridge the effective communication between healthcare professionals and perinatal mothers during the interaction will be valuable. With this, this presenter recommends Cultural Competemility and professionalism. This model was presented at Postpartum Support International 35th Conference on July 16, 2022 and was invited by one of the National Perinatal Association (NPA) staff executives to submit a poster presentation abstract for this upcoming NPA 2023 conference.

Content/Action: Cultural Competemility and professionalism as a concept was an emerging construct from this presenter's qualitative dissertation work, which explored the lived experience of women in the African diaspora in the United States on the knowledge and help-seeking behaviors during perinatal periods. Most study participants shared the need for healthcare providers to integrate culture into practice to encourage help-seeking during and after pregnancy. Promoting equitable care that improves the physical, emotional, and spiritual well-being of mothers and babies requires a "cultural competemility and professionalism" approach that is mother-child-centered. This approach allows health professionals/providers to pervade cultural humility into cultural knowledge and practice. The "cultural competemility and professionalism" model comprises four fundamental concepts: interpersonal relationships, service interpretation, strength, and intervention. Its application prescribes three-step guidelines for providing culturally sensitive perinatal equitable care to mothers and families while engaging them in help-seeking and improving their well-being. These three practical steps or techniques include contextual information, experiential knowledge, and Convergence.

Lessons Learned: Participants listening to this poster presentation will learn the following:

Cultural competemility and professionalism model and how it will help healthcare providers improve and promote culturally sensitive equitable perinatal care.

Step-by-step methods on how to apply cultural competemility and professionalism model to engaging perinatal mothers in help-seeking during and after childbirth.

Implications for Practice: There is a need for healthcare providers or professionals to learn a practical way to provide culturally sensitive equitable care to mothers and their families to improve mother-child well-being holistically.

Disclosures: Disclosures are as indicated in the individual abstracts

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