

## BACKGROUND

- Parenting a medically complex infant affects the larger family, may increase stress, and may affect parenting style<sup>1</sup>
- Psychology's role in NICU follow up has evolved from primarily developmental testing to a focus on family and infant/early childhood mental health

## OBJECTIVE

Integrate psychology into an interdisciplinary NICU follow up clinic with a focus on infant/early childhood mental health and family needs

- Provide maternal mental health screening
- Screen for social determinants of health (SDoH)

## PROGRAM DEVELOPMENT

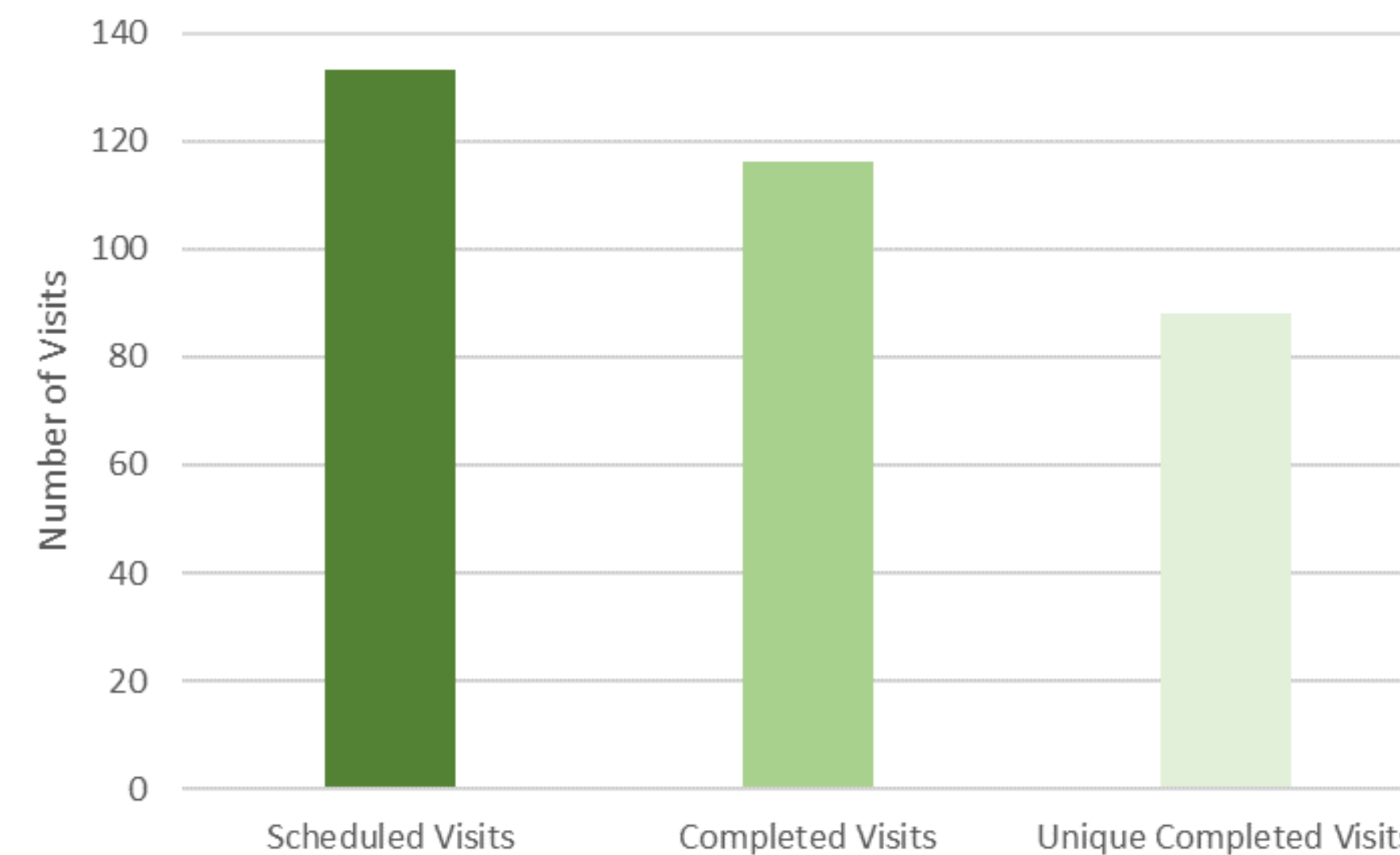
- DREAM clinic interdisciplinary care consisted of nursing, neurology, neonatology, neurosurgery, PM&R, neuropsychology, and psychology<sup>2</sup>
- Patients with serious neurological conditions requiring complex follow up were referred
- Psychology was incorporated at corrected ages- 44 weeks, 6 months, 12 months, and 18 months
  - Utilized Health and Behavior codes for psychology billing
  - Developed an EPIC flowsheet to store maternal mental health screening scores to improve privacy

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## PSYCHOLOGY VISIT DATAPOINTS

- From September 2021 through February 2023:
  - Psychology scheduled 133 visits and completed 116 (87% show rate, Figure 1)
    - In the first year of the program, most visits were new patient visits
    - Most common visit diagnoses were HIE, neonatal seizures, neonatal cerebral infarction, and congenital malformations of brain
    - Psychology saw both previously scheduled and add-on patients for developmental/behavioral concerns, as well as family and parenting support

Figure 1. Psychology DREAM Visits after implementation



- We screened for SDoH
  - 81 visits had documented SDoH screens by the time psychology saw them
  - Findings included financial strain (11.1%), food insecurity (1.23%), and transportation needs (3.7%)
- Maternal mental health screening was completed for 79 visits in the first 18 months of life
  - 22% of screens were positive for depression, anxiety, or both
  - A common parental concern was infant sleep difficulty

## LESSONS LEARNED

- Psychology's role should be streamlined and differentiated from neuropsychology
- Though positive screens for SDoH were relatively rare, increased social work presence would be helpful in addressing SDoH concerns
- Sleep concerns were commonly reported, and early visits were opportunities to provide anticipatory guidance on healthy sleep

## IMPLICATIONS

- Psychology can bring added value to complex NICU follow up clinics by focusing more specifically on infant and early childhood mental health
- Opportunities exist to intervene early in sleep difficulties and parent mental health in this population

## NEXT STEPS

- Develop anticipatory guidance and track sleep and self-soothing
- Develop protocols for psychology visits in the preschool age-ranges (ages 3-5).
- Implement paternal screening

## REFERENCES

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