

Mohawk Valley Health System Behavioral Health Department: Maternal Child Health

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Rijalda Gracanin, LMSW

- Bachelors of Science in Psychology from Utica College
- Master of Social Work from Walden University
- Four years experience in outpatient mental health at a Article 31 Clinic
- Started in September 2018 with the Behavioral Health Department at Mohawk Valley Health System in Maternal Child Health

“I have no conflict of interests or financial disclosures.”



Objectives

- Role of LMSW/LCSW in Maternal Child Health
- Integrated Behavioral Health in OB Clinics
- Centering Program
- Behavioral Health on Inpatient Unit



Role of LMSW/LCSW in Maternal Child Health

The LMSW/LCSW will:

- Provide supports and services to the patient and their family members in the designated OB Clinics and hospital inpatient Maternity Unit
- Attempt to engage with every patient in Clinics and on Maternity Unit to complete psychosocial assessments and implement screening tools
- Consult with the Provider (Inpatient and Outpatient) on cases that require further attention to determine safe discharge for the patient and infant
- Educate the patient and family members on perinatal mental health disorders and treatment options
- Implement screenings to assess mental health symptoms
- Provide psychotherapy/supportive counseling to patients and family members
- Implement interventions to develop action plan for patients
- Educate/connect the patient or family members about/with available external supports in the community
- Connect the patient and family members with community mental health providers.

Integrated Behavioral Health in OB Clinics

- Engagement with all mother's, at least once in pregnancy, at OB initial visit or Subsequent visit
 - Complete Psychosocial Assessment with initiating PMAD screenings and substance abuse screenings
(i.e., PHQ-9, GAD-7, DAST-10, AUDIT, Edinburgh Postnatal Depression, etc.)
- Provide supportive counseling/therapy
- Intervene in crisis situations
- Complete referrals to community resources or outpatient mental health providers
- Complete postpartum evaluations/screenings and supports
- Patient Activation Measure (PAM) Screening

Assessment in OB Clinics

- Demographics
- Pregnancy History
 - Number of pregnancies
 - Live children
 - Custody
 - Birthing Trauma
- Income and financial stability
 - Ability to replenish items in home
 - Connection with external community supports
- Assess Child Protective Service Involvement
- Discuss social and emotional support network (incorporating strength based perspective)
- Mental Health History and Treatment
 - Assess history of mental health diagnosis, symptoms and treatment
 - Provide screening tool using PHQ-9 and GAD-7 to assess symptoms
 - Assess psychiatric admission history
 - Assess suicidal/homicidal history or current ideations, plan or intent to harm
 - Assess trauma history
 - Assess family history
 - Discuss need for referral
- Substance Abuse/Use History and Treatment
 - Provide DAST-10 and AUDIT screening tools to assess current or history of use
 - Assess treatment history
 - Assess need for referral to external inpatient/outpatient provider for treatment
 - Assess family history

Interventions in OB Clinics

- Provide psychotherapy to patients during the prenatal period and up to six weeks postpartum, ensuring transfer of care, if needed
- Intervene in crisis situations to complete safety planning or admission to inpatient unit
- Educate on crisis services (i.e., MCAT, 911, suicide hotlines, use of local ED)
- Educate on Perinatal Mood and Anxiety Disorders and treatment options
- Refer to community mental health treatment provider
- Refer to external community support services (i.e., Healthy Families, Nascentia Health, Neighborhood Center, Case Management service.)
- Evaluate Postpartum Patients in order to determine with provider need for medication management and connect the patient with local mental health services

OB Care Center: Centering Prenatal Program

- An interactive group setting for pregnant women to share their experiences and learn from each other
- Prenatal care in a group setting that includes individual health check ups in which each participant meets with their OB provider and then participate in group activities with women who have similar due dates.
- Statistics:
 - 96 percent of women surveyed prefer to receive their prenatal care in a Centering Group
 - 33 percent of women who participate in Centering are less likely to have a preterm baby
 - There is a higher rate of women who participate in breastfeeding their child
- LMSW/LCSW will participate in Centering Program during fourth session to provide education about perinatal mental health and resources

Behavioral Health on Inpatient Floor: Labor and Delivery and Postpartum

- On admission to inpatient unit, each patient is screened by the Registered Nurse using the Edinburgh Postnatal Depression Scale

LMSW/LCSW will:

- Round on each patient on the postpartum unit and complete psychosocial assessments
- Consult with OB providers and Registered Nurses to determine need of continued supportive counseling or mental health evaluation on inpatient floor. Orders are put in Electronic Medical Record for consultations that need further attention
- Work with OB providers, Registered Nurses and external community providers to determine safe discharge for mother and child
- Ensure that Patients are educated and referred to mental health providers or community programs

Rounding Assessment on Inpatient Floor

- Assess family Dynamics (number of children, father of baby involvement, marital status, living arrangement)
- Assess ability to replenish items and identify provisions in the home
- Discuss social and emotional supports
- Assess and discuss bonding with child and attachment to child
- Discuss Child Protective Service Involvement or history of
- Assess mental health history
- Assess history of PMAD diagnosis
- Educate on PMAD signs, symptoms and treatment options
- Current mental health symptoms/mother's emotional state postpartum
 - If needed, use screening tools.
- Educate on safe sleep practices
- Obtain Pediatrician Information (If the patient has not established her child, LMSW/LCSW will assist.)
- Assess current use of community services and educate on available community services
- Discuss Mother's use of Primary Care Services and complete referral, if needed

(LMSW/LCSW can use mental health or substance abuse screenings on inpatient unit as needed)

Orders for Consulting LMSW/LCSW

- Mental Health Evaluation
 - The patient is showing signs and symptoms that suggest they may have a mental illness that may or is impacting their functioning (i.e. there is a question as to whether or not patient is able to go home with baby, needs inpatient psychiatric stabilization or recommendation for consulting with psychiatrist for medication management.)
 - Pt has suicidal/homicidal ideations, plan or intent to harm.
 - Pt is acutely psychotic
 - History of postpartum depression/anxiety
- Supportive Counseling
 - Child Protective Service Involvement
 - Substance use
 - Young teen mother
 - Fetal Demise
 - Baby in Special Care Nursery
 - Birthing trauma or history of trauma
 - Domestic Violence
 - Adoption
 - Family distress (i.e. supports for family members after fetal demise; family needs a supports in coping with incident that occurred during birth – example, mother admitted to ICU)

To Be Continued.....

- Continue to implement PMAD education and tools within the behavioral health maternal child health program
- Develop a postpartum support group
- Develop a bereavement support group



Questions...?

