

NEW ROLES for Mental Health Professionals Before, During, and After Severe Maternal Events

PROTOCOL FOR PATIENT, FAMILY, AND STAFF SUPPORT

Due to the intense nature of severe maternal events (e.g. postpartum hemorrhage, VTE, severe hypertension, etc.) and the ensuing emotional reactions of patients, their families, and even providers, it is imperative that we look to integrated teams that include mental health professionals to help manage the psychological impacts of this type of medical trauma. While mental health services have sometimes been viewed as an afterthought when considering the acute needs of women during such events, given the steady rise in maternal morbidity and increasing awareness of the benefits of integrated care, it seems timely to consider new roles for mental health professionals within this treatment context.

The following outlines roles and tasks for mental health professionals (e.g.: Clinical Mental Health Counselors, Clinical Social Workers, and Clinical/Counseling Psychologists) before, during, and after a severe maternal event.

During Pregnancy

At OB/GYN office:

- In the last trimester (or sooner, if necessary), OB/GYN screens for pregnancy risk factors for severe maternal event
- OB/GYN or other clinician administers the *Medical Mental Health Screening* to assess mental health risk factors that can complicate patient coping and recovery
- If pregnancy risk factors AND mental health risk factors are present, OB/GYN should refer patient to a mental health provider prior to childbirth

With a mental health provider:

- Review the *Medical Mental Health Screening*
- Provide resources for stress-management and anxiety reduction that are customized to pregnancy risk factors and mental health risk factors
- Explain process of integrated teaming to patients, including mental health provider's role during and after childbirth
- For high risk patients, provide coaching to learn stress-management skills (e.g., Mindfulness-Based Stress Reduction) and create a stress-management plan to use during the birthing experience and plan for follow-up mental health care

**During
a Severe
Maternal
Event**

During the event, a mental health professional will serve on the interprofessional treatment team and will:

- Provide ongoing assessment of mental health status of patient
- Administer the *Experience of Medical Trauma Scale (EMTS)* and coordinate a plan for resolving factors contributing to patient distress
- Provide emotional support for patient and family
- Coach patient in stress management techniques
- Be a skilled communicator; take emotional “temperature” in the room and convey accurate assessment of psychological state to nurses for charting
- Be a witness to events, which can help during debriefing
- Call a huddle with providers to update on mental status and discuss necessary steps to ensure emotional safety (see TeamSTEPPS® resources for interprofessional teaming resources; <http://teamstepps.ahrq.gov/>)

**Follow-Up
Care**

When patient is stabilized:

- Assess mental health status and screen for traumatic stress response (use screening tools: Breslau PTSD Scale, Impact of Events Scale)
- Provide emotional support for patient, family
- Schedule meeting with patient/family/providers for debrief prior to discharge
- Consult with providers to ensure that follow-up mental health care is suggested

At discharge:

- Provide resources to patient and family to educate about the psychological effects of severe maternal events (including, “Understanding the Emotional Effects of Your Childbirth Experience” tool)
- Connect patient/family with aftercare, as needed
- Schedule post-discharge follow-up meeting with patient, as needed
- Conduct assessment/follow-up with providers to screen for vicarious traumatization, if necessary

NOTE: This protocol requires the collaboration among members of an effective interprofessional team. It requires that hospitals have a staff of mental health professionals trained to meet the unique needs of women experiencing birth trauma. Training for OB/GYNs, nursing staff, and mental health professionals in a team-based communication curriculum like TeamSTEPPS® is strongly suggested to enhance patient safety and provide the best possible care. Integrated care throughout a woman’s pregnancy, especially if she is high risk, can help the patient and family by ensuring that both physical and mental health needs are being addressed. Mental health professionals who could be cross-trained to perform such tasks include Clinical Mental Health Counselors, Clinical Social Workers (Master’s level), and Psychologists (PhD or PsyD). Training in crisis management and interprofessional teaming are a suggested requirement for mental health professionals. For hospitals that do not have adequate mental health professional staff, consider contracting with mental health professionals from the community and/or contacting nearby universities with graduate training programs in Clinical Mental Health Counseling, Clinical Social Work, and Professional Psychology.

For more information about integrating mental health professionals into treatment teams for managing the psychological impacts of severe maternal events, contact:

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