european standards of care for newborn health

Topic Expert Group: **Follow-up and continuing care**

Parent mental health

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Target group
Infants born very preterm or those infants with risk factors (see preamble of TEG Follow-up & continuing care), parents and their families

User group
Healthcare professionals, neonatal units, hospitals, follow-up teams, and health services

Statement of standard
Targeted screening of parental mental health is undertaken six months after discharge and at two years, during regular follow-up visits for the child.

Rationale
The experience of very preterm birth is stressful for parents. Mothers of high-risk infants (1–3) often suffer role loss (4) and are at increased risk for psychological and parenting stress. (1,5–7) During and after hospitalisation, parents may show symptoms of depression (8), posttraumatic stress disorder (PTSD) (3,6,9–12), or a combination of both. (13–15) There is a lack of information on fathers' distress. (16) The impact of preterm birth on parents is most evident in early childhood (17), particularly during the first six months. (4)

Parental distress may be associated with their infant's illness severity during the neonatal period (1,18), and lack of maternal role fulfillment. (4) Rehospitalisation (4) and concerns about the child's development (19) may be a further source of distress. Parental distress appears to be lessened under conditions of high social support (18,20), a higher level of education/SES, and in the presence of effective coping strategies and a positive developmental outcome for the child. (2) Low social support in combination with developmental difficulties in the child are particular risk factors. (18) Parent mental health is related to infant development and health, mediating child outcome (1,21), and parent mental health indirectly affects child development via parent-child interaction. (19) Post-NICU developmental interventions such as maternal infant transaction programme (MITP) (22,23) and infant behavioural assessment and intervention programme (IBA-IP) (24,25) seem to improve child cognitive development through sensitive parenting and improved parent-child interactions. (26) Post-NICU interventions that pay attention to parent mental health (22,27,28) seem effective in improving parent mental health.

Benefits

Short-term benefits
N/A

Long-term benefits
- Prepares parents for their potential emotional reactions after birth (consensus)

- Early identification and prompt treatment of parent mental health problems (11)
- Improved mental health support for at-risk families (see TEG Follow-up & continuing care) (consensus)
- Improved parenting confidence (22,23)
- Facilitates parents capacity to support their child's development (9,22,23)
- Optimised neurodevelopmental outcomes (24,25,27,28)

Components of the standard

Component	**Grading of evidence**	**Indicator of meeting the standard**
For parents and family		
1. Parents are informed by healthcare professionals about potential emotional reactions to very preterm birth and the importance of assessment during regular follow-up visits in the first six months after discharge. (1–7,10,11,29)	A (High quality) B (High quality)	Clinical records, patient information sheet
2. Parents are supported by early intervention programmes if they are at risk for mental health problems. (27,28) (see TEG Follow-up & continuing care)	A (Moderate quality)	Guideline, parent feedback
For healthcare professionals		
3. A guideline on follow-up including parental mental health assessment is adhered to by all healthcare professionals.	B (High quality)	Guideline
4. Before each regular follow-up visit for the child at six months and at two years after discharge parents are screened for mental health problems, using locally available standardised screening tools such as Edinburg Postnatal Depression Scale (EPDS), Hospital Anxiety and Depression Scale (HADS), or Distress Thermometer for Parents (DT-P). (30)	A (Moderate quality)	Guideline
5. Training on recognition of the clinical signs that are associated with mental health difficulties is attended by all responsible healthcare professionals.	B (High quality)	Training records

6. Parents with identified mental health problems after discharge are referred for locally available specialised mental health support.	B (High quality)	Clinical records
For neonatal unit, hospital, and follow-up team		
7. A guideline on follow-up including parental mental health assessment is available and regularly updated.	B (High quality)	Guideline
8. Training on recognition of the clinical signs that are associated with mental health difficulties is ensured.	B (High quality)	Training documentation
9. A follow-up team (nurse or pediatrician) is available and trained in addressing mental health issues in parents.	B (High quality)	Training documentation
For health service		
10. A national guideline on follow-up including parental mental health assessment is available and regularly updated.	B (High quality)	Guideline

Where to go – further development of care

Further development	**Grading of evidence**
For parents and family	
N/A	
For healthcare professionals	
• Create awareness about the father's mental health.	B (High quality)
• Improve existing support programmes with extra modules for parent mental health specifically in at-risk/socioeconomically deprived populations. (25)	A (Moderate quality) B (Moderate quality)
For neonatal unit, hospital, and follow-up team	
• Establish a continuous chain of psychological support before and after discharge. (17)	A (Moderate quality)
• Facilitate home visits of targeted families, home visits after discharge for families at high medical and social risk. (22,27,28)	A (High quality)
For health service	
• Provide standardised information about parent mental health issues after very preterm birth (written, apps, E-health psychoeducational modules, instruction videos) in all European countries' languages. (9)	A (Moderate quality)
• Generate a greater understanding of the mental health needs of the father. (7,31)	A (High quality)

- Provide access to information about parent mental health in a child record. B (High quality)

Getting started

Initial steps

For parents and family

- Parents are informed by healthcare professionals about potential emotional reactions to very preterm birth.
- Parents are asked by their paediatrician or family doctor at each follow-up visit after discharge how they are feeling.

For healthcare professionals

- Attend training on recognition of the clinical signs that are associated with mental health difficulties.
- Include inquiries about parent mental health and parental support during regular follow-up visits with doctors or nurses.
- Record whether parent mental health difficulties are suspected or detected and need to be monitored or treated.
- Inform the parents' family doctor if mental health screen positive.

For neonatal unit, hospital, and follow-up team

- Make a telephone call in the first weeks after discharge to check parental wellbeing, in the absence of a physical follow-up appointment.
- Develop and implement a unit guideline on follow-up including parental mental health.
- Develop information material about potential emotional reactions to very preterm birth.
- Organise information sharing about the family with follow-up team.
- Support healthcare professionals to participate in training on recognition of the clinical signs that are associated with mental health difficulties.
- Exchange/share information with agreement from parents.

For health service

- Develop and implement a national guideline on follow-up including parental mental health.

Source

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EFCNI, Houtzager BA, van Wassenaer-Leemhuis A et al., European Standards of Care for Newborn Health: Parental mental health. 2018.