TENNESSEE PERINATAL CARE SYSTEM

EDUCATIONAL OBJECTIVES IN MEDICINE FOR PERINATAL SOCIAL WORKERS

Sixth Edition

2014

Tennessee Department of Health
Family Health and Wellness

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SIXTH EDITION

Prepared by the

Social Work Staff of the Perinatal Centers

And Approved by the
Perinatal Advisory Committee

2014

Web Address
http://health.state.tn.us/MCH
(click on Perinatal Regionalization Program, scroll down to Publications)

TENNESSEE PERINATAL CARE SYSTEM

Tennessee Code Annotated 68-1-802 (passed in 1974) directed the Department of Health to develop a plan to establish a program for the diagnosis and treatment of certain life-threatening conditions in the perinatal period. The program was to develop a regionalized system of care, including highly specialized personnel, equipment, and techniques to decrease the high infant mortality rate and life-long disabilities in surviving newborns.

From this beginning, Tennessee created the infrastructure for a perinatal regionalization system with five Regional Perinatal Centers across the state. These Centers provide perinatal care for high risk pregnant women and newborns if no other appropriate facility is available to manage significant high risk conditions. All Centers provide the following to health care providers and hospitals within their geographic region:

- 24-hour consultation and referral for facilities and for health care providers within the respective perinatal region
- Professional education for staff of hospitals and for other health care providers within the region
- Maternal and neonatal transport
- Site visits
- Post-neonatal follow-up

The Regional Perinatal Centers provide a statewide system of high-risk maternal and infant care. Research indicates that ensuring that high-risk pregnant women and newborns receive risk-appropriate care can reduce maternal and infant morbidity and mortality.

Indirectly, the system impacts all mothers and babies in Tennessee by assuring that health care providers are educated on high risk perinatal care and have a system of consultation available to them. In FY 2013, Tennessee's Regional Perinatal Centers provided direct care for 4,976 high-risk neonates and 15,728 high-risk maternal patients.

Since the 1970s, the Perinatal Advisory Committee, established by statue as an expert advisory group to the Department of Health, has been responsible for the development and revision of manuals related to perinatal care in Tennessee. Using the national guidelines from the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, work groups of health care providers from across the state have been responsible for review and revision of four manuals:

- *Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities*
- *Guidelines for Transportation*
- *Educational Objectives for Nurses Levels I, II, III, IV and Transport Nurses*
- *Educational Objectives in Medicine for Perinatal Social Workers*

***Educational Objectives in Medicine for Perinatal Social Workers*, Tennessee Perinatal Care System**

The sixth edition of the *Educational Objectives in Medicine for Perinatal Social Workers* was developed by a work group of experts in perinatal social work from across the state, and approved by the Perinatal Advisory Committee. These educational objectives were originally published by the Department of Public Health in 1982. The unique medical and psychological problems of the high-risk mother and infant require specialized expertise among all disciplines in the perinatal setting, including the social worker.

Technical advances have compounded the psychosocial and emotional stressors that are intrinsic to the high-risk mother and her family. The perinatal social worker must be up-to-date in the knowledge and skills of current perinatal treatment, practices, and terminology to address these needs.

The overall purpose of developing educational objectives for perinatal social workers is perhaps best described in the Preface written by Sheldon B. Korones, M.D., Subcommittee on Regionalization, Care Levels, Staffing, Facilities and Professional Education, Perinatal Advisory Committee, for the first edition published in May 1982. It is included on the next page.

EDUCATIONAL OBJECTIVES IN MEDICINE FOR PERINATAL SOCIAL WORKERS

Preface

The regional centers of the Tennessee Perinatal Care System have conducted hundreds of courses for nurses, physicians, and social workers in a constant effort to promote optimal care for high risk pregnant women and newborn infants. From the time of its inception, this statewide perinatal program has maintained these courses in order to impart contemporary ideas and methodology to professional perinatal personnel throughout the state because the quality of care is largely dependent upon the education of those who render it.

These EDUCATIONAL OBJECTIVES IN MEDICINE FOR PERINATAL SOCIAL WORKERS were compiled by a task force of social workers in the regional perinatal centers. The Subcommittee on Regionalization, Care Levels, Staffing, Facilities and Professional Education requested that the task force of social workers compile objectives in medical education that have been found essential for the effective function of social workers in a perinatal setting. The contribution of social work to total perinatal care is to a large extent dependent on a capacity to relate biologic disorders to their psychosocial effects on parents. A working knowledge of these perinatal disorders is thus indispensable if effective emotional support is to be provided to the families who are affected by them.

The material contained in these educational objectives should be taught to social workers who provide service to perinatal patients. Courses of appropriate duration should be conducted by physicians and/or nurses. The psychosocial topics are best taught by experienced perinatal social workers. The subjects included in the objectives should provide the basis for a practical approach for instructors. It should also provide an indication of the medical information that a perinatal social worker should acquire.

S. B. Korones

Sheldon B. Korones, M.D., Chairman
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TABLE OF CONTENTS

EDUCATIONAL OBJECTIVES IN MEDICINE
FOR PERINATAL SOCIAL WORKERS

INTRODUCTION

The unique medical and psychosocial problems of the high-risk mother and infant require a rapidly expanding technology and specialized expertise among all disciplines in the perinatal setting. Technical advances have compounded the psychosocial and emotional stressors that are intrinsic to the high-risk mother and her family. Thus, the social worker must acquire special knowledge in order to assist these families. Social workers should be up-to-date in the knowledge of current treatment and terminology pertinent to the coverage area.

EDUCATION: A Perinatal Social Worker is a person who holds a Master's Degree from a graduate School of Social Work accredited by the Council on Social Work education with national and /or state Social Work Certification and/or Licensure; or a person who holds a Bachelor's Degree from an undergraduate School of Social Work accredited by the Council on Social Work education and has served at least two years as a social worker, one year of which was in an Obstetric or Newborn Intensive Care Program and has established a consultative and/or supervisory relationship with a Master's prepared social worker. The demands of social work practice in a specialized Perinatal facility Level III and Level IV) requires specialized knowledge and skills.

Areas of essential knowledge include:

A. Prenatal care and nutritional requirements during pregnancy.

B. Course of pregnancy, including high risk factors, complications, fetal demise and the grief process.

C. Care of newborns, including high-risk infants.

D. Continuation of care of mother and infant through the first year of life.

E. .Knowledge of medical setting, environment, and familial factors affecting parent-child relationships.

F. Appropriate and maladaptive responses to situations occurring in the Level III Perinatal Centers.

G. Ethical considerations related to newly developing technology and treatment options in high-risk obstetric and newborn care.

H. Cultural, religious, behavioral, and social factors contributing to normal and high-risk pregnancy, birth, and parenting.

I. Knowledge of family dynamics, including awareness of alternate family structures such as single-parent, blended, extended, etc.

J. Knowledge of the following publications of the National Association of Perinatal Social Workers (web address: www.napsw.org):

- The Code of Ethics
- Standards for Adolescent Pregnancy
- Standards for Adoptions in a Hospital Setting
- Standards for Field Education in Perinatal Social Work
- Standards for Perinatal Social Workers Working with Patients Experiencing Post Partum Depression
- Standards for Social Work Services in Infertility Treatment Centers Offering Assisted Reproductive Technologies and the Use of Donor Gametes
- Standards for Social Work Services in the Newborn Intensive Care Unit
- Standards for Social Work Services in Obstetric Settings
- Standards for Social Work Servicesgin Perinatal Bereavement
- Standards for Surrogacy in the Hospital Setting

K. Knowledge of the Health Information Portability and Accountability Act (HIPAA)

L. Palliative care guidelines

M. Legal issues, including:

- Child protective services
- Domestic violence
- Drug exposed Infants
- Fetal demise
- Newborn screening
- Administration of eye drops
- Paternity
- Surrogacy
- Other issues affecting patient care

N. Care of the HIV positive patient

O. Effects of substance abuse (including alcohol and tobacco): domestic violence, child abuse/neglect, and mental illness and the impact on fetal/child development and family functioning

P. The grief process related to all aspects of loss, including fetal demise and maternal death

Areas of essential clinical skills include:

A. Assessment and evaluation of the mother's adaptation to the pregnancy, including high-risk pregnancy.

B. Assessment and evaluation of the mother's family and/or significant others in relation to the mother's pregnancy.

C. Interpretation and clarification of physiological, psychosocial, nutritional, and medical issues during the course of pregnancy and postpartum care.

D. Assessment of the emotional and mental health of the parents, including any history or symptoms of mental disorders or mental health treatment.

E. Interpretation and clarification of physiological, psychosocial, nutritional and medical issues due to the birth of the high-risk infant.

F. Assessment of the family network regarding the understanding of, and adaptation to, the high-risk infant's condition.

G. Evaluation of the parental relationship with the infant to encourage attachment and healthy interaction.

H. Supportive services to families, including crisis intervention, therapeutic counseling, patient advocacy in the health care system and special resource identification/utilization.

I. EDUCATION

A. Rationale: The perinatal social worker has specialized knowledge and skills that address the psychosocial needs of the high-risk infant and family. The psychosocial content of the regional perinatal outreach education program should be taught by an experienced perinatal social worker.

B. Objectives: The perinatal social worker will teach courses to perinatal staff in the Regional Perinatal Centers and associated outlying hospitals.

C. Behavioral Objectives: Upon completion of this unit, the social worker will:

1. Demonstrate a thorough knowledge of Sections I - IX in the *Educational Objectives in Medicine for Perinatal Social Workers.*
2. Establish specific learning objectives for each educational course.
3. Provide books, articles, films, community resources, support groups, websites or other resources related to the psychosocial aspects of perinatal care

II. THE UNCOMPLICATED PREGNANCY

A. Rationale: From a psychosocial point of view, pregnancy has been defined as a developmental task. There are obvious physiological changes taking place which are accompanied by psychological adjustments. A basic understanding of these adjustments and the stresses that affect pregnancy is essential for assessment of the maternal response and that of her family as well.

B. Objectives: The social worker will be able to describe the physical and psychological states of pregnancy, evaluate the familial stresses that have significant impact on pregnancy, and identify unusual or abnormal reactions to pregnancy.

C. Behavioral Objectives: Upon completion of this unit, the social worker will be able to:

1. Define the following terms and effectively explain their meaning to parents:

    a. Amniotic fluid/amniotic sac
    b. Anemia
    c. Bed rest
    d. Braxton-Hicks contractions
    e. Cervix
    f. Cesarean section
    g. Epidural/spinal block
    h. Episiotomy
    i. Fetus
    j. Fundal height
    k. Gestational age/prematurity
    l. Gestational diabetes
    m. Gravida
    n. Para
    o. Placenta
    p. Rh immune globulin
    q. Trimester
    r. Umbilical cord
    s. Urinalysis
    t. Uterus

2. Outline the physiological changes in the mother and the fetus during each trimester of pregnancy.

3. Describe the three stages of psychological and emotional adjustment to pregnancy experienced by both the mother and the father.

4. List unusual pressures or stresses in family circumstances which may affect mother's perception of the infant and her ability to relate to the infant.

5. List changes in role and lifestyle as a result of pregnancy.

6. List symptoms of a maladjustment to pregnancy.

7. Describe typical behaviors indicating planning and preparation for the coming infant.

8. Describe nutritional needs during pregnancy.

9. List available birth control methods and discuss the advantages and disadvantages of each.

10. Describe the procedures for obtaining a bilateral tubal ligation.

11. List community resources available to the pregnant woman.

12. Describe the physiological and emotional changes experienced by the postpartum mother.

13. Describe the types of labor/delivery and the anesthetics in current use.

III. THE HIGH RISK PREGNANCY

A. Rationale: Advancements in technology have made it possible to monitor, maintain, and diagnose high-risk pregnancies and fetal anomalies. High-risk pregnancies contribute additional anxieties to the already existing stresses of pregnancy. Included are anxieties related to the potential threat to the health or life of both the mother and the fetus. In addition to medical treatment, consideration must be given to psychosocial factors that enable parents to adapt to the high-risk pregnancy.

B. Objectives: The perinatal social worker must recognize the emotional impact of the complicated pregnancy and provide services to the parents.

C. Behavioral Objectives: Upon completion of this unit, the social worker will be able to:

1. Define the following terms and explain their meaning to parents:

a. Abruptio placenta
b. Alpha fetal protein (AFP)
c. Amniocentesis/genetic amniocentesis/chorionic villus sampling (CVS)
d. Augmentation
e. Biophysical profile (BPP)
f. Biparietal diameter
g. Cephalopelvic Disproportion (CPD)
h. Cerclage
i. Congenital anomaly
j. Cord prolapse
k. Dilatation and curettage (D&C)
l. Dilatation and evacuation
m. Disseminated Intravascular Coagulation (DIC)
n. Doppler flow
o. Eclampsia
p. Elective abortion
q. Erythroblastosis
r. Fetal demise
s. Fetal lung maturity (FLM)
t. Fetal monitoring
u. Fetal surfactant
v. Fetal surgery
w. Gestational diabetes/diabetes
x. HELLP Syndrome
y. Hyperemesis
z. Hypertension
aa. Incompetent cervix
bb. Intrauterine growth restriction/intrauterine growth restriction (IUGR)
cc. Invitro fertilization
dd. L/S ratio
ee. Laminaria
ff. Large for gestational age
gg. Miscarriage/spontaneous abortion

hh. Neonatal Abstinence Syndrome NAS)
ii. Oxytocin challenge test/non-stress test/fetal auditory stimulation test
jj. Periumbilical sampling (PUBS)
kk. Placenta previa
ll. Post maturity (i.e., post dates)
mm. Postpartum hemorrhage
nn. Pre-eclampsia and pregnancy-induced hypertension
oo. Premature rupture of membranes (PROM)
pp. Preterm labor/prematurity
qq. Prostaglandin and/or cytotec induction
rr. Proteinuria
ss. Sickle cell trait/anemia
tt. Small for gestational age
uu. Thromboembolic diseases
vv. Twin/twin transfusion
ww. Ultrasound

2. Define in lay terms the evaluative medical procedures used in the management of the pregnancy.

3. Identify environmental factors that contribute to high-risk pregnancy, including domestic violence, maternal substance abuse, homelessness, and mental health challenges.

4. List the special needs of the mother and family during extended antepartum and postpartum hospitalizations.

5. Discuss the effect of high-risk pregnancy on the parents' self-perceptions.

6. Define the elements of anticipatory grief and their purpose.

7. Discuss adolescent development in relation to teenage pregnancy.

8. List community resources available to all high-risk pregnant women, including those at risk medically, socially, and environmentally.

9. Describe the physiological and emotional changes experienced by the high-risk postpartum mother. such as Post Partum Depression

10. Describe the effect of a Cesarean section on the mother's body image and self-perception.

11. Describe the course of a complicated labor/delivery and anesthetics currently in use.

12. List the special needs of families who live long distances from Regional Perinatal Centers; transportation, temporary accommodations; and other community resources.

13. Discuss the effects and ramifications of sexually transmitted diseases, including HIV/AIDS and hepatitis C, as they relate to pregnancy, childbearing

and the neonate. This would require that the social worker be able to identify and discuss:

a. Community resources available to assist patients and families
b. Confidentiality issues
c. Ethical issues and considerations.
d. Hospital procedures for mother and baby
e. Modes of transmission
f. Modes of treatment
g. Preventive techniques
h. Risk groups
i. Screening tests
j. Secondary diagnoses associated with AIDS
k. Social and emotional impact
l. Stages of the illness

IV. PERINATAL SUBSTANCE USE AND ABUSE

A. Rationale: The use and abuse of alcohol, prescription drugs obtained by prescription, prescription drugs ibtained without a prescription, and illicit drugs permeates all levels of our society. The resulting psychological and physiological addiction has an impact on all aspects of life with particular significance during pregnancy. The perinatal social worker needs to understand the implications of substance abuse on the pregnant woman, the fetus, and the infant.

B. Objectives: The social worker will approach the problem of substance abuse from a biopsychosocial model. The social worker will provide information about the implications of substance use during pregnancy and be familiar with symptoms of withdrawal. Referrals will be made to appropriate resources for comprehensive intervention.

C. Behavioral Objectives: Upon completion of this unit, the social worker will be able to:

1. Identify chemical dependency resulting from substance abuse as a primary, chronic and progressive disease.

2. Identify behaviors resulting from the disease process that may inhibit intervention.

3. Identify commonly abused drugs and the consequences of their use to adults and infants and the potential developmental effects on the newborn.

4. Identify family dynamics and enabling patterns related to substance abuse.

5. Describe various treatment programs including the 12-Step program approach to recovery.

6. List available community drug and alcohol treatment resources for pregnant women, new mothers, and significant others and have knowledge of referral procedures.

7. Identify family situations which will place the infant in imminent danger of abuse or neglect and have knowledge of referral procedures to the State Child Protective Services agency.

8. List methods for comforting drug-exposed infants and coping methods for caregivers.

9. Identify and list family and community support systems for the high-risk mother and infant.

V. THE HIGH RISK NEWBORN

A. Rationale: The function of the social worker in the Newborn Intensive Care Unit (NICU) Level III, Level IV, or Regional Perinatal Center is to provide short term counseling and advocacy for parents, and act as liaison between parents and medical staff. Knowledge of the medical conditions and treatment of the newborn is essential in fulfilling this role.

B. Objectives: The social worker will interpret and reinforce medical information given to the parents by the medical staff. The social worker will assess the family's understanding of the infant's condition and identify the psychosocial factors that may interfere with parental adaptation to the infant's hospital care.

C. Behavioral Objectives: Upon completion of this unit, the social worker will be able to:

1. Define gestational age in relation to the high-risk infant.

2. Identify physical characteristics of preterm infants at varying gestational ages.

3. Define the terms SGA, AGA, and LGA, and relate them to immediate medical/psychosocial expectations.

4. Define the following terms and explain their meaning to parents:

   a. Apgar/Dubowitz/Ballard scores
   b. Apnea
   c. Bacterial and viral infections
   d. Birth/perinatal depression
   e. Bradycardia
   f. Cerebral edema
   g. Chromosomal abnormalities
   h. Cold stress
   i. Congenital heart disease (CHD)
   j. Congenital pneumonia / bronchopulmonary dysplasia / chronic lung disease
   k. Diaphragmatic Hernia
   l. Erb's palsy
   m. Gastroesophageal Reflux
   n. Gastroschisis, omphalocele, Hirschprung's disease
   o. Hydrocephalus
   p. Hypoglycemia/hyperglycemia
   q. Hypoxic Ischemic Encephalopathy (HIE)
   r. Intracranial hemorrhage (ICH) / intraventricular hemorrhage (IVH) / chronic lung disease
   s. Jaundice/polycythemia/anemia/kernicterus/thrombocytopenia
   t. Meconium/meconium staining /meconium aspiration
   u. Meningitis
   v. Necrotizing enterocolitis (NEC)
   w. Neonatal abstinence syndrome

x. Patent ductus arteriosus (PDA)
y. Persistent Fetal Circulation
z. Pneumothorax/pneumomediastinum/interstitial emphysema
aa. Respiratory distress / respiratory distress syndrome syndrome/ respiratory insufficiency of prematurity
bb. Retained fetal lung fluid
cc. Retinopathy of prematurity (ROP)
dd. Rh and ABO incompatibility
ee. Seizures
ff. Sepsis
gg. Twin-to-twin transfusion

5. (Behavioral Objectives Continued) Explain the function of the following:

a. Auditory Brainstem Response (ABR)
b. Computerized axial tomography (CAT) scan
c. Gastrostomy/Nissen fundoplication
d. Head cooling protocol
e. Hematocrit/hemoglobin
f. High frequency ventilation/ Oscillator/Nitric Oxide
g. Intravenous fluid/Total parenteral nutrition (TPN)
h. Laser surgery
i. Magnetic resonance imaging (MRI)
j. Medications commonly prescribed in the NICU
k. Nasogastric/orogastric feedings
l. Otoacoutstic emission (OAE)
m. Phototherapy/exchange transfusion
n. Respirator/ventilator/nasal CPAP (continuous positive airway pressure)/vapotherm
o. Ultrasound imagery
p. Ventricular-peritoneal shunt (VP shunt)

6. List and interpret developmental, medical and nutritional milestones that are associated with care in the NICU.

7. Define the role of the social worker as an integral part of the multidisciplinary team.

8. List community resources available to the family of the high-risk infant.

VI. THE PARENT-INFANT RELATIONSHIP (BONDING AND ATTACHMENT)

A. Rationale: Assessment of the parent-infant relationship is an important social work function. High-risk infants are at increased risk of abuse and neglect. The parent-infant relationship can be adversely affected by the need for specialized care at birth.

B. Objectives: An important function of the perinatal social worker is to assess the emotional health of the parents and the impact of the NICU experience. The social worker will enhance coping responses and support the development of positive relationships.

C. Behavioral Objectives: Upon completion of this unit, the social worker will be able to:

1. Describe the common parental reactions to the birth of an infant.

2. Identify observable attachment behaviors of parents.

3. List family dynamics that may impact the parent/infant relationship.

4. Identify and educate staff about the principles of family-centered care to promote parent-infant bonding.

5. List age appropriate bonding behaviors of siblings.

6. Identify advantages and provide resources to accommodate breastfeeding of the high-risk infant.

7. Define what is meant by an attitude of "optimistic realism" in working with parents of medically high-risk infants.

8. Identify the stages of grief and discuss the effect of past losses on the ability of the parents to relate to the infant.

9. Describe the impact of the neonate's illness on the parental relationship.

10. Identify sibling responses to neonatal illness and death and describe methods to promote coping.

11. Identify and list family and community support systems.

12. List indicators for referral to Child Protective Services or other agencies.

VII. THE PHYSICALLY/DEVELOPMENTALLY CHALLENGED INFANT

A. Rationale: An infant with medical and/or developmental conditions is an ongoing challenge to the family. The child may be at increased risk of abuse and neglect. The social worker must have an understanding of interventions that promote coping and minimize risk to the infant.

B. Objectives: The social worker will facilitate positive interaction between the family and infant in this high-risk situation.

C. Behavioral Objectives: Upon completion of this unit, the social worker will be able to:

1. Describe frequently observed family reactions to the birth of a physically or developmentally challenged infant.

2. Describe theories of parent-infant attachment as they relate to the physically or developmentally challenged infant.

3. Characterize the grief process encountered in the perinatal setting.

4. Describe the characteristics of chronic sorrow.

5. Identify developmental milestones and potential crisis stages for families with physically or developmentally challenged infants.

6. Compile a list of resources for families with physically or developmentally challenged children.

7. Define the following terms:

   a. Anencephaly
   b. Bronchopulmonary dysplasia (BPD) / chronic lung disease
   c. Cerebral palsy (CP)
   d. Congenital heart disease (CHD)
   e. Cor pulmonale
   f. Failure to thrive
   g. Fetal alcohol syndrome (FAS) and fetal alcohol effect (FAE)
   h. Genetic syndromes or diagnoses
   i. Hydrocephaly
   j. Hypoplastic left heart syndrome (HLHS)
   k. Hypoxic Ischemic Encephalopathy (HIE)
   l. Macrocephaly
   m. Microcephaly
   n. Neonatal Abstinence Syndrome (NAS)
   o. Neural tube defects (NTD), including spina bifida
   p. Retinopathy of prematurity (ROP)

8. Identify ethical issues in the perinatal setting that require collaboration with the multidisciplinary team. Consult with the ethicist when appropriate.

9. Explore the belief and value system of the family and support their participation in ethical decision-making

VIII. FOLLOW-UP OF THE HIGH RISK INFANT

A. Rationale: Transition from the hospital to home can be anxiety-provoking for the parents/family. The social worker is available for support, advice, and referral to appropriate resources.

B. Objectives: The social worker will assess the family's ability to cope with a high-risk infant at home, recognize appropriate development in the infant, and make referrals to community resources.

C. Behavioral Objectives: Upon completion of this unit, the social worker will be able to:

1. Discuss parental preparation for infant discharge and collaborate with the multidisciplinary team.

2. Outline and adjust developmental expectations during the first year of life.

3. Discuss the collaborative role of the social worker in providing continuity of care that will address the medical and psychosocial needs of the infant.

4. Identify reasons for non-adherence to medical recommendations.

5. List available community follow-up resources.

6. List family support systems available to the high-risk mother and infant

IX. PALLIATIVE CARE AND DEATH OF AN INFANT

A. Rationale: A family-centered, culturally appropriate approach that addresses the physical, psychological, social, emotional, and spiritual needs of the family will facilitate their grief resolution.

B. Objectives: The social worker will actively participate in the implementation of a plan that encourages expression of the family's grief. The social worker will educate the family about grief responses.

C. Behavioral Objectives: Upon completion of this unit, the social worker will be able to:

1. Define the psychological purposes of grieving.

2. List the stages of the grief process.

3. Discuss the uniqueness of a perinatal death in contrast to other deaths.

4. Encourage the expression of grief by the family.

5. List typical physical and psychological responses of the family to perinatal death.

6. List signs of pathological grief in a family following perinatal death.

7. Identify and evaluate parental/family relationships, including awareness of alternative and non-traditional family structures and to encourage support systems.

8. Provide parental/family guidance regarding informing of the infant's death and provide supportive resources to the family and siblings

9. Discuss the social work role in relation to staff's responses to perinatal death.

10. Discuss parental reactions to funeral arrangements/hospital disposition and/or autopsy of their deceased infant.

11. Discuss obstacles within the hospital setting that may impede the grief process.

12. Discuss end of life issues, comfort care, and hospice options as indicated. Collaborate with team and parents on hospice referral.

13. Provide bereavement counseling and other follow-up resources.

14. Provide sibling grief resources.

15. Discuss the ethical issues regarding end of life including Do Not Resuscitate (DNR) or withdrawal of support. Particular attention will be given to family input, family coping responses, and the impact of these decisions on staff.

16. Identify and list support systems for the parent(s), grandparents, or caretakers.