

**TENNESSEE PERINATAL CARE SYSTEM**  
**EDUCATIONAL OBJECTIVES IN MEDICINE**  
**FOR PERINATAL SOCIAL WORKERS**

**(Fifth Edition)**



**October 2009**

**Tennessee Department of Health**  
**Women and Children's Health**

**TENNESSEE PERINATAL CARE SYSTEM**

**EDUCATIONAL OBJECTIVES IN MEDICINE  
FOR PERINATAL SOCIAL WORKERS**

**FIFTH EDITION**

**Prepared by the**

**Social Work Staff of the Perinatal Centers**

**And Approved by the  
Commissioner's Perinatal Advisory Committee**

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## 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.

The demands of social work practice in Level III Perinatal Centers require special training beyond the basic knowledge and skills of social work.

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, behavioral, and social factors contributing to high-risk pregnancies.
- 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: The Code of Ethics; Standards for Social Work Services in the Newborn Intensive Care Unit; Standards for Social Work Services in Obstetric

Settings; Standards for Adoptions in a Hospital Setting; Standards for Social Work Services in Infertility Treatment Centers; Standards for Field Education in Perinatal Social Work; and Standards for Social Work in Perinatal Bereavement; Standards for Adolescent Pregnancy.

- K. Knowledge of the Health Information Portability and Accountability Act (HIPAA)
- L. Palliative care guidelines
- M. Laws regarding Child Abuse, Neglect and Drug Exposed Infants
- N. Care of the HIV positive patient

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

## II. 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. Hypertension
    - b. Eclampsia
    - c. Pre-eclampsia, toxemia, and pregnancy-induced hypertension
    - d. Gestational diabetes/diabetes
    - e. Placenta previa
    - f. Abruptio placenta
    - g. Ultrasound
    - h. Amniocentesis/genetic amniocentesis/chorionic villus sampling (CVS)
    - i. Fetal monitoring
    - j. Proteinuria. Sick cell trait/anemia
    - k. Erythroblastosis
    - l. Oxytocin challenge test/non-stress test/fetal auditory stimulation test
    - m. Congenital anomaly
    - n. Fetal lung maturity (FLM)
    - o. L/S ratio
    - p. Intrauterine growth restriction/intrauterine growth retardation **restriction** (IUGR)
    - q. Premature rupture of membranes (PROM)
    - r. Incompetent cervix
    - s. Cerclage
    - t. Periumbilical sampling (PUBS)
    - u. Alpha fetal protein (AFP)
    - v. Preterm labor/prematurity
    - w. Fetal surfactant
    - x. Augmentation
    - y. Biparietal diameter
    - z. Biophysical profile (BPP)
    - aa. Cephalopelvic Disproportion (CPD)

- bb. Cord Prolapse
  - cc. Doppler flow
  - dd. Fetal demise
  - ee. Miscarriage/spontaneous abortion
  - ff. Elective abortion
  - gg. Prostaglandin and/or cytotec induction
  - hh. Laminaria
  - ii. Dilatation and curettage (D&C)
  - jj. Dilatation and evacuation
  - kk. Invitro fertilization
  - ll. Fetal surgery
  - mm. Thromboembolic diseases
  - nn. Hyperemesis
  - oo. Twin/twin transfusion
  - pp. HELLP Syndrome
  - qq. Post maturity (i.e., post dates)
  - rr. Small for gestational age
  - ss. Large for gestational age
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, and temporary accommodations.
13. Discuss the effects and ramifications of sexually transmitted diseases, including HIV/AIDS, as they relate to pregnancy, childbearing and the neonate. This would require that the social worker be able to identify and discuss:
  - a. Risk groups
  - b. Modes of transmission
  - c. Stages of the illness
  - d. Preventive techniques
  - e. Screening tests
  - f. Secondary diagnoses associated with AIDS
  - g. Hospital procedures for mother and baby
  - h. Modes of treatment
  - i. Community resources available to assist patients and families
  - j. Confidentiality issues
  - k. Social and emotional impact
  - l. Ethical issues and considerations.

### III. PERINATAL SUBSTANCE USE AND ABUSE

- A. Rationale: The use and abuse of alcohol and 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.
  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.

#### IV. THE HIGH RISK NEWBORN

- A. Rationale: The function of the social worker in the Newborn Intensive Care Unit (NICU) Level III 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. Cold stress
    - c. Pneumothorax/pneumomediastinum/interstitial emphysema
    - d. Hyaline membrane disease (HMD)/respiratory distress syndrome/respiratory insufficiency of prematurity
    - e. Retained fetal lung fluid
    - f. Meconium/meconium staining /meconium aspiration
    - g. Congenital pneumonia/bronchopulmonary dysplasia
    - h. Cerebral edema
    - i. Seizures
    - j. Intracranial hemorrhage (ICH) /intraventricular hemorrhage (IVH)
    - k. Hydrocephalus
    - l. Rh and ABO incompatibility
    - m. Jaundice/polycythemia/anemia/kernicterus/thrombocytopenia
    - n. Erb's palsy
    - o. Bacterial and viral infections
    - p. Sepsis
    - q. Meningitis
    - r. Necrotizing enterocolitis (NEC)
    - s. Hypoglycemia/hyperglycemia

- t. Congenital heart disease (CHD)
- u. Patent ductus arteriosus (PDA)
- v. Retinopathy of prematurity (ROP)
- w. Gastroschisis, omphalocele, Hirschprung's disease
- x. Birth/perinatal depression
- y. Chromosomal abnormalities
- z. Neonatal abstinence syndrome
- aa. Persistent Fetal Circulation
- bb. Diaphragmatic Hernia
- cc. Gastroesophageal Reflux
- dd. Apnea
- ee. Bradycardia

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

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

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.

## **V.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.

## VI. 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. Bronchopulmonary dysplasia (BPD)
    - b. Cor pulmonale
    - c. Retinopathy of prematurity (ROP)
    - d. Neural tube defects (NTD), including spina bifida
    - e. Hydrocephaly
    - f. Anencephaly
    - g. Microcephaly
    - h. Macrocephaly
    - i. Failure to thrive
    - j. Fetal alcohol syndrome (FAS) and fetal alcohol effect (FAE)
    - k. Congenital heart disease (CHD)
    - l. Hypoplastic left heart syndrome (HLHS)
    - m. Genetic syndromes or diagnoses
    - n. Cerebral palsy (CP)

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

## **VII.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

## VIII. 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. Discuss the social work role in relation to staff's responses to perinatal death.
  - 8. Discuss parental reactions to funeral arrangements/hospital disposition and/or autopsy of their deceased infant.
  - 9. Discuss obstacles within the hospital setting that may impede the grief process.
  - 10. Discuss end of life issues, comfort care, and hospice options as indicated. Collaborate with team and parents on hospice referral.
  - 11. Provide bereavement counseling and other follow-up resources.
  - 12. 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.
  - 13. Identify and list support systems for the mother

## **IX. 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