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Perinatal Social Work Practice in Health Care Settings

(Adapted from *NASW Standards for Social Work Practice in Health Care Settings*)

Overview

The National Association of Social Workers (NASW) Standards for Social Work Practice in Health Care provides general practice standards for all social workers. These standards do not directly focus on subfields or specialty areas of social work practice. The Perinatal Social Work Practice in Health Care Settings adapts the *NASW Standards for Social Work Practice in Health Care* to perinatal social work practice. An overview of the main practice standards are identified from the *NASW Standards for Social Work Practice in Health Care Settings* and then these practice standards are interpreted through the lens of perinatal social workers and in the context of perinatal settings. The NASW standards are strategically applied in a sequence that depicts the context of perinatal practice.

Perinatal social work is a specialization that focuses on psychosocial issues from pre-pregnancy and through the first year of life (National Association of Perinatal Social

Workers [NAPSW], 2016). Perinatal social workers routinely provide psychosocial services to families related to diagnosis of a medical condition for mother, baby, or both. For perinatal social workers, the *patient* can be infant(s), child, and/or biological mother. The focus of intervention is the patient, infant/child's parents, caregivers, and family]. A perinatal social worker may also provide psychosocial services to families when there is not a medical diagnosis but there is indication of social needs or social support needs. A unique characteristic of perinatal social work is the initial and ongoing focus on the parent-infant-family unit. The perinatal social worker's role includes generalist social work practice, clinical social work practice, and case management.

NAPSW (2016) identifies the following issues addressed by perinatal social workers:

- high-risk, complicated pregnancies
- pregnant-parenting adolescent
- fetal-infant diagnosis
- premature birth
- maternal/paternal mental health
- substance use/dependency
- domestic violence
- sexual assault
- homelessness
- abortions

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- adoptions
- infertility
- surrogacy
- child abuse, neglect, foster care
- developmental and intellectual disabilities (infant, parents)
- grief/loss and bereavement

A family may be dealing with one or a combination of these issues during the course of medical care. Perinatal social workers provide services in a wide range of inpatient and outpatient healthcare settings. The following are the types of settings for perinatal social workers:

- antepartum unit
- emergency departments
- fetal diagnosis and treatment centers
- genetics department
- maternity units
- infertility clinics-centers
- nephrology
- newborn intensive care unit (NICU)
- newborn nurseries
- obstetric-gynecological clinics
- oncology
- palliative care
- pediatric advanced care
- pediatric intensive care units (PICU)
- pediatric offices
- perinatal evaluation centers
- psychiatric/mental health
- specialty outpatient practices (i.e. asthma, special immunology, ophthalmology,)
- surgical
- transplant

The health care setting and biopsychosocial issues being addressed will influence the length of time a perinatal social worker can provide service to families.

CULTURAL & LINGUISTIC COMPETENCE

Standard 4: Cultural & linguistic Competence

Cultural and linguistic competence requires social workers to provide and create access to cultural and linguistically appropriate services (NASW, 2016). A broad definition of diversity is used and includes "race, ethnicity, socioeconomic class, sexual orientation; gender, gender expression, gender identity; religion, age, health, family status; cognitive, physical, psychiatric ability; sensory differences, preferred language, immigration status, degree of acculturation, level of formal education and literacy" (NASW, 2016, p. 23).

Application

It is important that perinatal social workers establish cultural humility by asking, learning, and listening to understand the impact of both diversity and cultural factors for every family. In addition, perinatal social workers must know how both (diversity and culture) will influence a families understanding, response, communication, functioning, well-being, relationships with staff, and ability to cope along a disease course. Furthermore, perinatal social workers need to understand the relationship between diversity and culture and how they influence the presenting medical and social issues for each individual family. Culture and diversity will influence the family's perception of the medical issue, plan of care, discharge needs, and/or end-of-life decisions. Perinatal social workers must also extend the connection between diversity-culture-issue and its implication to the larger family system.

SCREENING & ASSESSMENTS

Standard 5: Screening & Assessments

Screening and assessments of psychosocial issues are the expectation of health care social workers (NASW, 2016).

Application

Assessments-screenings are used by perinatal social workers to help conceptualize the interrelatedness of diversity, culture, disease course, and the larger family system. A biopsychosocial-spiritual assessment is needed at first contact with patient and families. Cultural and linguistic factors are gathered in the assessment-screening and incorporated in the plan of care. A biopsychosocial-spiritual assessment is completed at first contact in an outpatient setting and within the first 24-48 hours after admission in a hospital setting. The perinatal social work assessment is comprehensive and gathers information about the family using multiple information sources. Assessments gather needed biopsychosocialspiritual information for both patient and family through self-report (from patient and family) and medical communication (i.e. medical team, medical record, care rounds).

The assessment and screening process allows perinatal social workers to discover the issue(s) that need to be addressed and strengths within each family. Perinatal social work assessments highlight the areas of need, maintenance, and support for care planning. Furthermore, assessments help perinatal social workers construct a

conceptual map of the family's microsystem, mesosystem, exosystem, and macrosystems. In this way, perinatal social workers can begin to customize person/patient centered care through the screening process.

Assessments allow perinatal social workers to customize the complex care needs of patients and their families and begin to take inventory of challenges, strengths, resources, community supports, diversity and cultural factors in the patient's system. Perinatal social workers, with their knowledge of human development, family dynamics, mental health, system theory and disease course, provide on-going assessments, continuously customize care plans and centers the patient in the plan. After the initial assessment is complete, perinatal social workers need to collaborate with other members in the treatment team in order to begin constructing an interdisciplinary care plan.

CARE PLANNING & INTERVENTION

Standard 6: Care Planning & Intervention

Social workers are expected to implement evidence-informed care plans for patient well-being, patient and family-centered care (NASW, 2016).

Application

Perinatal social workers can identify targeted interventions to implement within care plans by using the biopsychosocial spiritual assessment and interdisciplinary/inter-organizational collaboration meetings. Informed by assessments and interdisciplinary collaboration, perinatal social workers use a wide range of theory-informed interventions and techniques to achieve successful implementation of care plan. Examples of evidence based interventions used in perinatal settings include:

- family-centered care model
- communications models
- trauma-informed care
- strengths perspective
- motivational interviewing
- harm-reduction model
- clinical approach
- generalist approach
- task-centered approach
- brief therapy
- family-resilience framework
- behavior model of health service use
- health belief model
- transtheoretical model

- cognitive behavioral therapy
- mindfulness

As the perinatal social worker's unit of focus includes multiple people and systems (family), they often use a range of evidence-based interventions such as trauma-informed care and family-centered care models. Similarly, there are multiple outcomes in complex care planning therefore perinatal social workers need to have a range of interventions to address different outcome requirements.

In addition to theoretical grounding, topic specific standards guide the practice of perinatal social workers. NAPSW (2016) developed topic specific practice standards for perinatal social workers. The following are topics covered:

- Standards for adolescent pregnancy
- Standards for adoption in a hospital settings
- Standards for perinatal social workers working with patients experiencing postpartum depression
- Standards for social work services in infertility treatment centers offering assisted reproductive technology and the use of donor gametes
- Standards for social workers in the newborn intensive care unit
- Standards for social workers in an obstetrics setting
- Standards for social work in perinatal bereavement
- Standards for surrogacy in the hospital setting
- Standards for field education in perinatal social work

ADVOCACY

Standard 7: Advocacy

Social workers are expected to advocate for the needs and interests of clients and their families with a focus on the marginalized, medically complex and disadvantaged clients (NASW, 2016). Social work standards include advocacy at the system-level related to service access, delivery, cost, and quality (NASW, 2016).

Application

Many of the patients served by perinatal social workers are medically complex. In addition, the families served by perinatal social workers may be marginalized either by cultural and/or linguistic differences and marginalized by health systems that do not actively participate in patient/family centered-care. Due to the fragile and vulnerable

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nature of patients and families, it is necessary for all perinatal social workers to be involved in advocacy activities.

Perinatal social workers need to advocate for leadership roles in healthcare teams to ensure patient/family-centered health outcomes are embedded in operational infrastructures. Perinatal social workers should advocate for diverse workforces in health care settings that reflect the diverse families being served. Perinatal social workers need to advocate for patient-family centered policies inside and outside of healthcare settings. It is also important for perinatal social workers to advocate for all forms of family support options (i.e. services, programs, staff, family, friends, religion) for marginalized populations. Perinatal social workers need to advocate for healthcare policies and procedures that promote full access to services and payer systems. Service and payer systems need to offer affordable and accessible insurance and other service payment options. Perinatal social workers are expected to advocate for social work-specific and interdisciplinary research and practice models to inform delivery of care. Perinatal social workers need to advocate for assessment/screening and interventions that help identify and address the unique needs of each family.

It is equally important for perinatal social workers to discourage policies that do not promote patient/family centered-care and inclusion related to access and quality of healthcare services. Perinatal social workers have ethical standards of conduct that are consistent with social work values and principles (NASW, 2016). Healthcare policies and practices that undermine ethical conduct standards require awareness and advocacy in favor of more ethical policies and practice.

Advocacy is an opportunity to educate the broader society about the unique needs of the perinatal population and the means by which to promote their needs. Advocacy activities include attending grass-roots level meetings, writing letters to state representatives, being involved in social action committees and coalitions. Perinatal social workers can also take part in developing position papers, reports, articles, and research activities to inform policy direction. Perinatal social workers should also educate clients about policy items that impact them directly.

INTERDISCIPLINARY & INTER-ORGANIZATIONAL COLLABORATION

Standard 8: Interdisciplinary & Inter-Organizational Collaboration

Health care social workers are to promote collaboration for quality service delivery (NASW, 2016).

Interpretation

The perinatal social work assessment sets the tone for interdisciplinary/inter-organizational collaboration. The perinatal social worker is expected to share the pertinent assessment outcomes with the medical team in the development of an interdisciplinary, patient-centered care plan. Team meetings, care-coordination rounds, family meetings, bedside rounds, discharge planning rounds, and debriefings are mediums used by interdisciplinary teams to collaborate and share assessment outcomes and develop the plan of care.

In understanding systems, perinatal social workers take a leadership role in planning interdisciplinary collaboration and developing partnerships between service providers and families. Perinatal social workers are expected to take the lead in the collaboration process ensuring that key service providers (i.e. medicine, nursing, pharmacy, occupational/physical therapy, billing) are present, active participation occurs, and the collaboration process is documented in the patient chart. In cases where a fixed-routine for collaboration is not set, perinatal social workers often set the schedule for initial and subsequent care coordination meetings.

Perinatal social workers often influence and communicate with many agencies and organization inside and outside the healthcare setting as part of the treatment plan and care coordination. Examples of agencies that perinatal social workers interact include:

- public assistance
- health insurance
- social security
- outpatient/inpatient mental health
- child welfare
- home visiting-support services
- adoption
- pediatric
- obstetrician-gynecology
- inpatient-outpatient substance use
- housing & utility assistance
- home healthcare

- hospice
- transportation services
- women infant and children (WIC)
- other social services

PRACTICE EVALUATION & QUALITY

Standard 9: Practice Evaluation & Quality

Social workers are expected to formally assess their competency and practice strength but also the supports and services of the health settings (NASW, 2016).

Application

As perinatal social workers address a myriad of social issues related to families combined with the needs of a medically complex patient, it is necessary to regularly evaluate service delivery (i.e. assessments, screenings, interventions, engagement, and termination) and overall outcomes. It is equally important to evaluate the healthcare setting and its ability to adequately meet the needs of patients and families in term of access, quality, service delivery, support options, culture and diversity considerations.

There are many methods that can be used to evaluate service delivery. Perinatal social workers can use research methods (i.e. quantitative, qualitative, mixed method) to provide evidence-based data related to service delivery and outcomes. Perinatal social worker can use surveys, quality improvement techniques or other formal information gathering tools to evaluate the quality of service. Perinatal social workers can engage in individual and group supervision practices. Perinatal social worker can attend professional conferences to evaluate competency and practice amongst colleagues and peers. Perinatal social workers can pursue advanced level license and credentials to reinforce practice and quality standards.

WORKLOAD & SUSTAINABILITY

Standard 11: Workload & Sustainability

Social Workers are expected to advocate for workloads that ensure efficient and high quality service (NASW, 2016).

Application

It can be challenging for perinatal social workers to advocate for appropriate workload in all practice settings. For example, since hospital settings are required to treat on an emergency basis, patients cannot be turned away from emergency health care services. There may also

be a period of time where census is high due to department/hospital closings in a specific area. Also, due to the high medical risk and social issues of the perinatal population, the workflow/census for this population remains uncertain at any given time. Census levels can rise at any given time in a perinatal delivery or emergency-based treatment facility. Due to the factors that contribute to high census, it becomes difficult to prescribe or adhere to direct and specific workload criteria.

For example, the quality of service provided may be impacted due to the amount of patients that need to be seen on a given day. The medical acuity for each patient and/or the amount and degree of social issues related to a particular patient may compromise the quality of service. Perinatal social workers need to know the standards for practice and be self-aware of their competencies and strengths. Although contextual factors make it difficult to prescribe a specific workload, the NAPSW Standards for Social Work Services in the NICU (2007) recommends that there is not more than 20 NICU active beds for each full-time, Masters level social worker. However, each perinatal social worker must understand the patient-issues-system-community interplay for their respective healthcare setting. Furthermore, the perinatal social worker must be aware at what point the workload, at any given time, exceeds his/her ability to provide quality service delivery. Understanding the point at which quality services cannot be delivered based on workload demand varies and is determined by the skill level of each individual perinatal social worker. When perinatal social workers are aware of discrepancies between the quality of service delivery and workload assignments, they need to advocate for workload assignments that do not undermine the quality of care that patients and families receive.

Perinatal social workers providing services in healthcare settings that do not meet appropriate workload assignments are at high risk for burn out. Perinatal social workers cannot effectively provide high level quality services, advocate for patients, or themselves when patient care assignments are not at appropriate staffing levels. Furthermore, perinatal social worker cannot attend to their self-care needs when they are overloaded with patient assignments.

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