Quality in Action | Journal Club

Implementation of perinatal mental health screening for parents of infants in a level IV neonatal intensive care unit: A quality improvement initiative

July 28, 2026

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About Quality in Action Journal Club

This journal club creates space for multidisciplinary clinicians to engage deeply with the literature, share insights, and propose applications to and future directions for obstetric and gynecologic quality and safety. Each session in the topic-specific series centers a selected article that explores priority areas in obstetric and gynecologic care. Facilitated by Quality in Action's PSO program staff, the Journal Club helps participants translate evidence into action while identifying opportunities for innovation and improvement.

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Journal Club Intentions

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Journal Club Format

Welcome/Introduction

Article Overview

Participant Discussion

Related Resources & Conclusion

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Upcoming Educational Offerings

Join us!!!

Diagnosis and Management of Ectopic Pregnancy in the Emergency Department

August 6, 2026
3:00-4:00pm ET

Assessing Pregnancy of Unknown Location in the Emergency Department

August 20, 2026
3:00-4:00pm ET

Summer Webinar Series

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Today's Guest Lead

Article: **Implementation of perinatal mental health screening for parents of infants in a level IV neonatal intensive care unit: A quality improvement initiative**

Document authors:

- *Sarah A. Swenson, Megan E. Paulsen, Kelsey Carrigan , Rachael Stover-Haney, Delaney Wilton, Brittney Skalland, Andrea L. Lampland, Ellen Diego, Maria Kroupina, Erin A. Osterholm and Ann Downey*

Our Guest :

Sarah Swenson, MD, Dphil, FAAP

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OBJECTIVE OF ARTICLE

- Establish standardized, longitudinal perinatal mental screening for parents of infants hospitalized in a level IV NICU
- Determine whether mental health screening is feasible and acceptable to parents, social workers, and neonatologists
- Compare standardized, longitudinal perinatal mental health screening to informal mental health assessments

IMPORTANCE OF TOPIC

Perinatal Mental Health Concerns

Leading cause of pregnancy-related death

https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html

SIGNIFICANCE

HUFFPOST PERSONAL 07/18/2026 08:10AM EDT

I Almost Died Giving Birth. I Thought My Family Was In The Clear, But I Couldn't Have Been More Wrong.

"The revelation was more than I could process."

By Rachael McMullan

https://www.huffpost.com/entry/birth-trauma-ptsd-grief-alcholism-healing_n_6a4419e1e4b0032dbc137611

"Society celebrated our healthy baby. I was given a clean bill of health at my six-week checkup. [Our baby] went on to receive another seven check-ups within his first year, but **Brad and I were left to figure it out on our own**. I wonder how different our path might have been **if we'd found the help we needed sooner**."

- After the birth of her second child, “Dorman struggled with her son's medical complications, which left her anxious and stressed.”
- When seeking care after she developed suicidal ideation, “They immediately were faced with long waitlists or the prospect that Dorman would be separated from her baby.”

Family of mother who died by suicide calls for better supports for postpartum depression

Jenna Dorman, 42, died in 2024 after struggling with severe postpartum depression

Katie DeRosa · CBC News · Posted: May 08, 2026 9:00 AM CDT | Last Updated: May 8

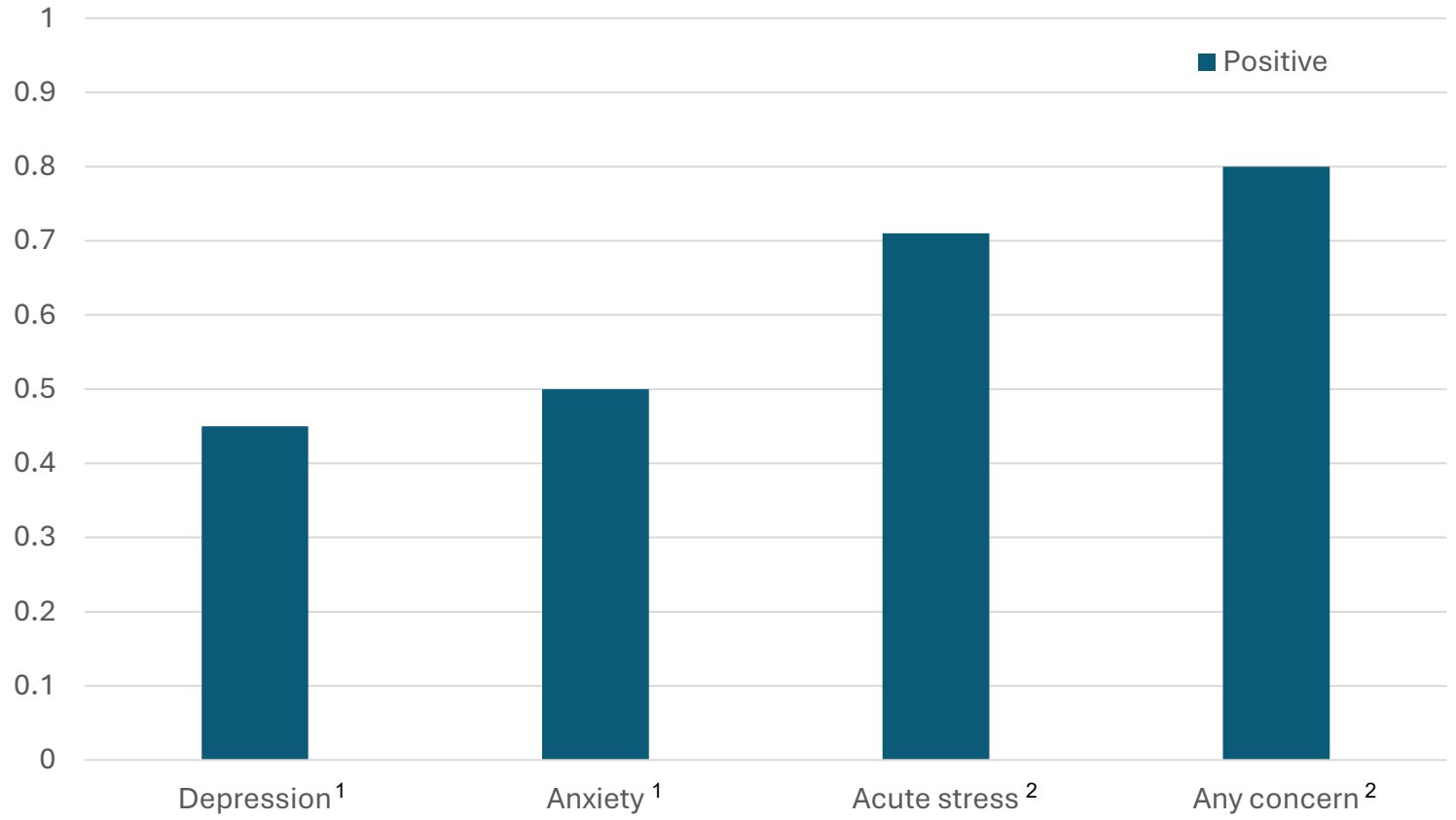
Listen to this article
Estimated 6 minutes

https://www.cbc.ca/news/canada/british-columbia/mother-suicide-better-supports-postpartum-depression-9.7192089

PROBLEM

- Untreated parent mental health disorders are an adverse childhood experience with lasting impact (Earls et al)
- Parents of infants in the NICU are at increased risk for perinatal mental health concerns but miss screening at American Academy of Pediatrics (AAP)-recommended well child check intervals when their infants remain hospitalized
- Mothers and partners have similar risk, but partners are less likely to receive mental health support or NICU support (Pace et al)
- AAP recommends depression screening during NICU stay as part of 2023 neonatal standards of care (Stark et al)

Perinatal Mental Health Concerns in NICU Parents



[1]Pace et al., Evolution of depression and anxiety symptoms in parents of very preterm infants during the newborn period. JAMA Pediatrics (2016).

[2]Shaw et al., Screening for Symptoms of Postpartum Traumatic Stress in a Sample of Mothers with Preterm Infants. Issues in Mental Health Nursing (2014).

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CURRENT SYSTEMS

- CHNC NICUs (Lagoski et al, 2024)
  - Less than half (41%) screen parents for mental health concerns using a validated tool
- NICU medical directors (Bloyd et al, 2022)
  - Less than half (44%) routinely screen parents for mental health concerns
    - Of those who screen, less than half (45%) include fathers
  - Minority (30%) felt they had adequate psychosocial support within their units

KEY DEFINITIONS

Perinatal mental health	Mental health during pregnancy and within 1 year after birth
Standardized screening	Formal assessment using a validated tool
Longitudinal screening	Assessment occurring at established, routine intervals
Informal assessment	Routine interactions with social work team
Partner	Father or another caregiver identified by primary caregiver
Appropriate referral	Recommendation for further mental health evaluation according to screening algorithm
Missed referral	Score met criteria for further evaluation per algorithm but parent was not referred
Active suicidal ideation	Thoughts about death with intention and/or plan to follow through
Passive suicidal ideation	Thoughts about death without intention or plan

STUDY DESIGN

- Multidisciplinary team created driver diagram and determined specific aim, measures, and screening protocols
- Social work team collected baseline data regarding mental health concerns detected through informal assessments (March – September 2022)
- Screening implemented in October 2022 using Edinburgh Postnatal Depression Scale (EPDS) and anxiety subscale (EPDS-3A), introduced and performed by social work team
  - Mother thresholds: EPDS 10, EPDS-3A 4
  - Partner thresholds: EPDS 8, EPDS-3A 4
    - Scores above threshold prompted referral to mental health or primary care providers per screening algorithm
    - Peer mentor/support group referrals were made per social work discretion
  - Parents receiving mental healthcare were not routinely rescreened

SPECIFIC AIM

- Implement standardized, longitudinal mental health screening for parents of infants hospitalized in the NICU at the AAP-recommended intervals of 1, 2, 4, and 6 months and increase screen completion rate from a baseline of 0% to 70% within 6 months.

MEASURES

Outcome

- Percent of parents undergoing depression and anxiety screening

Process

- Percent of parents screening above thresholds (positive screens) concerning for clinical depression and anxiety
- Percent of parents with positive screens who were referred
- Percent of parents declining screening or social work involvement

Swenson et al., 2025, https://doi.org/10.1038/s41372-025-02315-z

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BALANCING MEASURES

	Items on Survey
Parent	Mental health screening for NICU parents positively impacts the health of myself and my baby.
	I found it difficult to complete this questionnaire.
Social Work	Routine screening of parents in the NICU for perinatal mood and anxiety disorders is valuable.
	The workload associated with routine mental health screening for parents in the NICU is manageable.
Neonatologist	Routine screening of parents in the NICU for perinatal mood and anxiety disorders is valuable.
	The workload associated with routine mental health screening for parents in the NICU is manageable.

Swenson et al., 2025.

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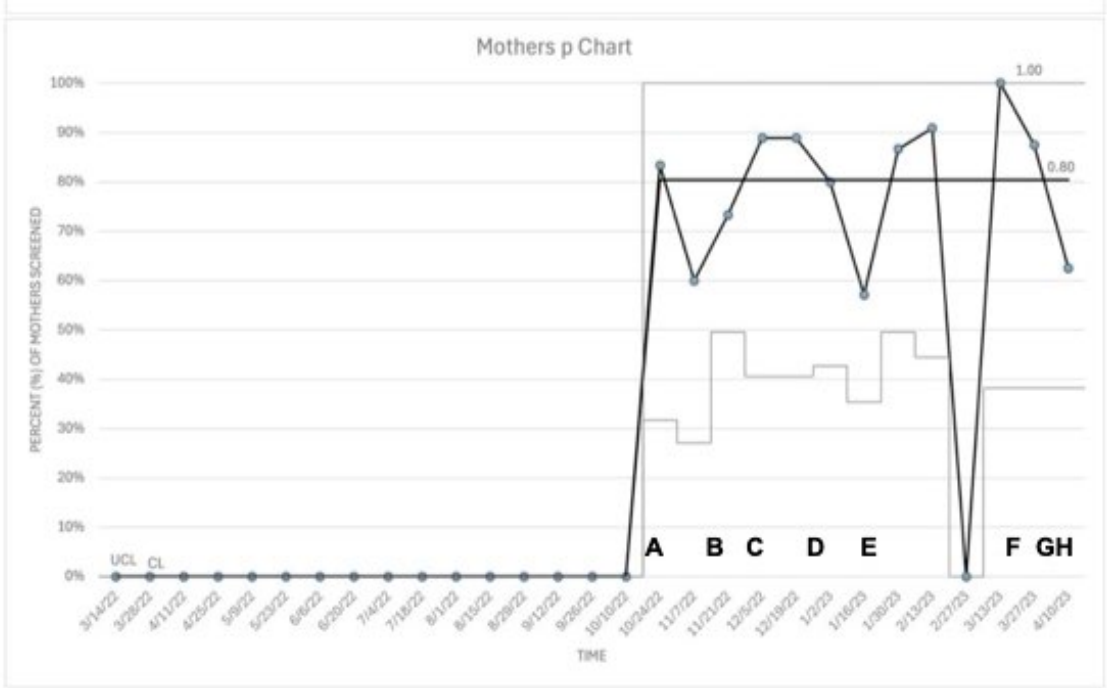
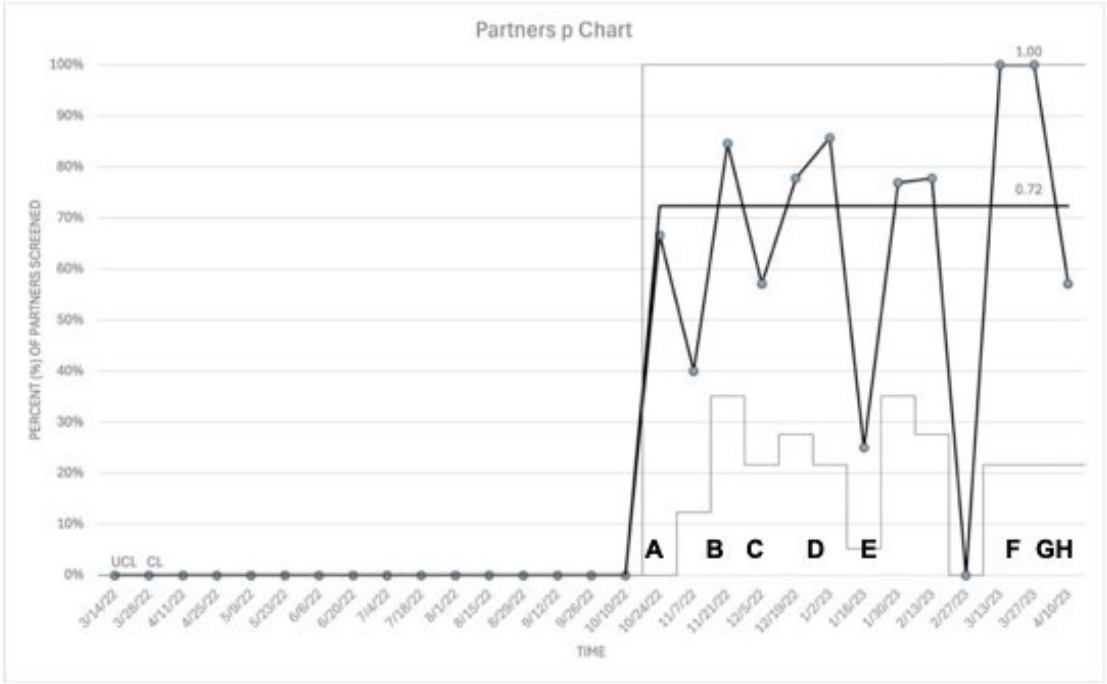
RESULTS

Screen completion by parent type





Swenson et al., 2025.

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PARENT PERCEPTIONS OF SCREENING

140/206 (68%) returned surveys on parent perceptions of screening

- 93% agreed screening was valuable
- 11% agreed screening was difficult

4 parents (2%) explicitly declined screens or social work involvement

- 1 declined screening, citing privacy concerns, lack of time
- 2 declined SW involvement
- 1 returned blank screen

Swenson et al., 2025.

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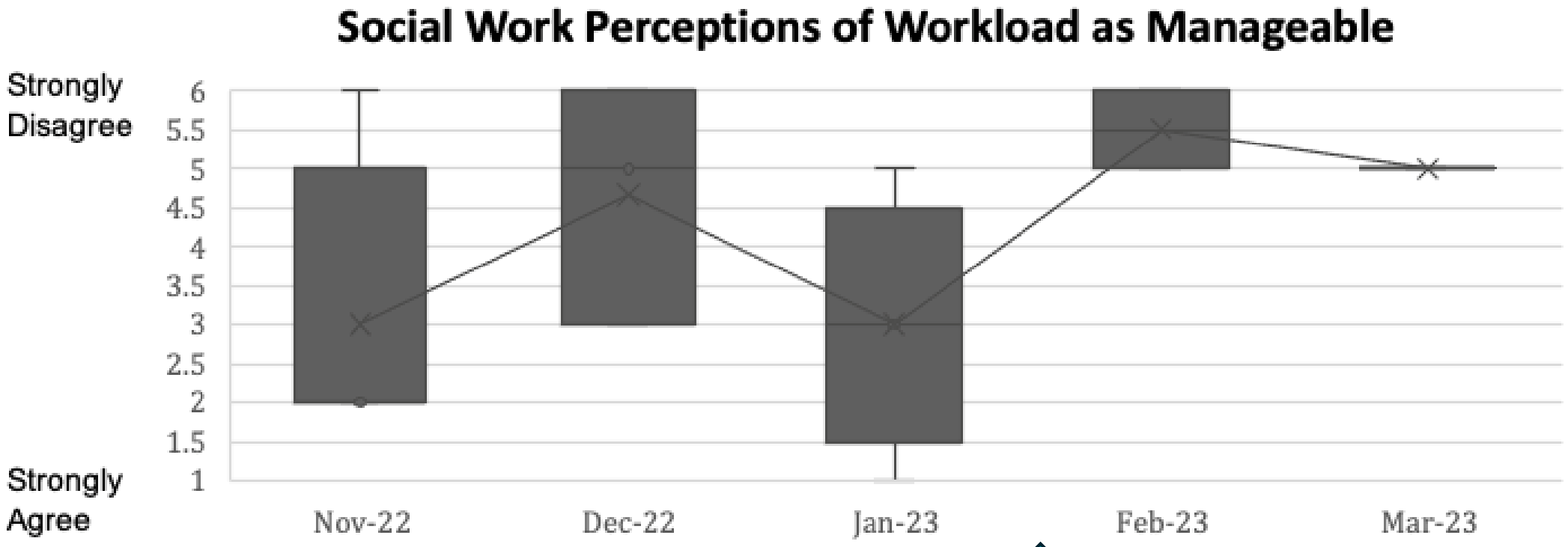

Point after which only 2/5 NICU social workers covering unit

Swenson et al., 2025.

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LESSONS LEARNED

- Majority of concerns detected through informal assessments (73%) were identified within 1st week after birth
- Standardized screening detected more concerns 1 month or more after birth compared to informal screening (60 v. 12)
- Majority of parents with concerns detected (74%) did not have established providers
- Standardized screening detected more parents with suicidal ideation compared to informal screening (0 v. 4%)

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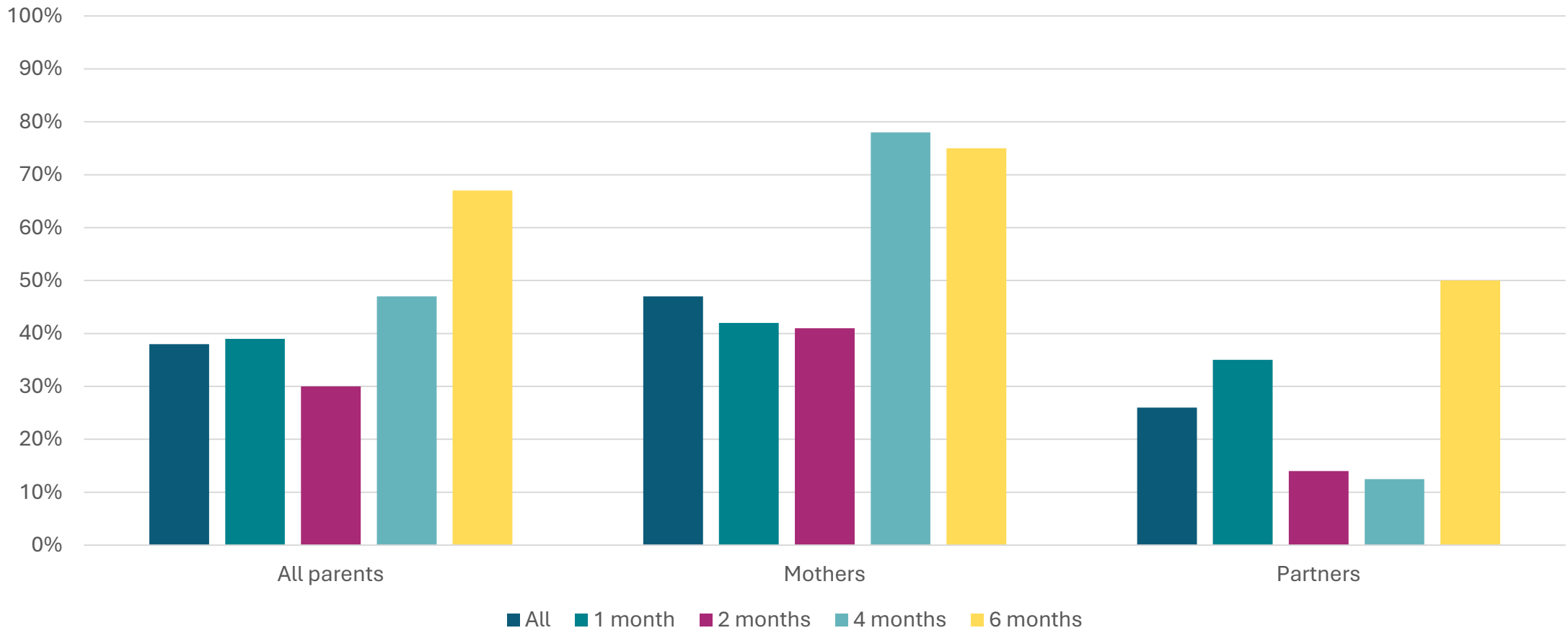
Positive screens by screening interval



Swenson et al., 2025.

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LIMITATIONS OF DATA

- Screening rate was not 100%
- Some parents may not disclose mental health symptoms through screening
- Parents appear in dataset more than once
- Baseline data relied on a social work team
  - May underestimate mental health concerns detected through informal assessments
  - May overestimate concerns detected due to observer bias
- Unable to track concerns detected outside of screening during screening period

LIMITATIONS OF SCREENING PROGRAM

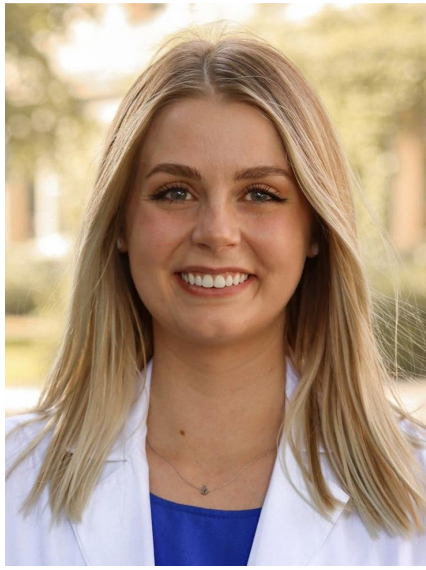
- Did not assess trauma symptoms
- Did not screen post-discharge
- Did not track whether parents received mental healthcare after referral

RELEVANCE

- Parents need ongoing psychosocial support after birth of an infant admitted to the NICU
- Mental health screening in the NICU is feasible and acceptable to parents
- Opportunities exist for greater collaboration across pediatric, adult medicine, and mental health providers to ensure parents receive appropriate psychosocial and medical care during the perinatal period
- Parents may benefit from standardized, long-term follow up with OB/primary care after NICU admission

THANK YOU!

- **NICU families**
- **Family experts:** Stacy Abel, Francie Khalaf, Bridget Davern, Heather Brusegard
- **Social work team members at UMN:** Kate Goerdt, MSW, LGSW, Rachael Stover-Haney, MSW, LICSW, Amy White, DSW, MSW, LICSW, Erin Morphew, MSW, LICSW, Anne Voeller-Witt, MSW, LICSW, Kalley Thurner, MSW, LGSW
- **Mentors:** Ann Downey, MB, BAO, BCh, MS, Megan Paulsen, MD, Erin Osterholm, MD, Maria Kroupina, PhD, Shetal Shah, MD, Ann Anderson Berry, MD, PhD, Lamia Soghier, MD, Susan Hwang, MD, PhD, MPH/MSPH
- **Trainees:** Delaney Wilton, MD, Brittney Skalland, MD, Kelsey Carrigan, MD
- **Others:** Johannah Scheurer, MD, Cathy Bendel, MD, Marla Mills, NP, Arnoldo Curiel, EDD, MPA, Kristina Whitesell, MD, Christy Boraas, MD, MPH, Michael Hynan, PhD, Allison Dempsey, PhD, Sage Saxton, PsyD, Tiffany Willis, PsyD, Angelica Moreyra, PsyD, CHNC PMAD Focus Group



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DISCUSSION TIME

- TAKE A FEW MOMENTS TO COLLECT YOUR THOUGHTS FROM THE ARTICLE AND RECAP – WE WANT TO HEAR FROM YOU!
- STEP UP, STEP BACK – GIVE SPACE TO NEW VOICES TO CONTRIBUTE TO OUR DISCUSSION

GROUP DISCUSSION

- Is the information in this article expected or unexpected? How does it match up with your real-world experience?
- What are some key strengths and limitations that should be considered when thinking about the information in this article?
- What are some unmentioned factors that may also influence the conclusions identified in this article?
- How can we improve practice it relates to the information in this article?
- What additional questions does the article raise?

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Thank You!

Please send any questions to obgynsafety@acog.org

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