

# Parental Mental Health and Infant NICU Admission

**Parental mental health in the NICU is a critical, yet often under-addressed, aspect of neonatal care.**



## **Parents experience high psychological stress during hospitalization and post-discharge**

- Mothers of preemies are 40% more likely to experience postpartum depression.
- Up to 41% of NICU parents can have PTSD for as long as 14 months following discharge.
- 60% of NICU fathers experience significant distress within one week of admission.



## **Parental mental health impacts infant development, bonding and long-term outcomes**

- Parental mental health conditions are a leading cause of maternal mortality.
- Depression, anxiety, and PTSD weaken attachment and reduce infant interaction.
- Increases use of urgent and emergency care and child hospitalization rates.
- Results in adverse emotional, behavioral and cognitive outcomes in children.



## **Implementing standardized screening at the right times is critical**

- A variety of standardized screening tools for depression, anxiety, and trauma are available (e.g. EPDS, GAD-7, PPQ=II, PAT-NICU, and many others).
- Screening is recommended during routine pediatric visits, within 2 weeks of NICU admission, prior to discharge, and after an acute clinical change.
- Screening can be done across multi-disciplinary teams, but it is important to be able to screen during “off hours”, evening and weekends.



## **Evidence-based interventions**

- Access to hospital-based psychology team
- Involve social work and case management
- Post-discharge parental peer-support
- “Wellness Rounds”
- Staff education on mental health
- Inclusive policies and protocols

**Optum**

Resource for  
NICU family  
support:

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