



Social Work HEALS

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Understanding Child Maltreatment of Infants from the Newborn Intensive Care Unit (NICU): Social Work Practice and Policy Direction

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Introduction

Infants, who are from the Newborn Intensive Care Unit (NICU), are at high risk for child maltreatment. Medical complications and the NICU environment set the tone for poor outcomes if appropriate interventions and support is not available for families. More awareness is needed in order to address their mental health and biopsychosocial support needs. Although all interdisciplinary NICU providers have a role in supporting NICU families, social workers must take the lead in developing practice and policy solutions to prevent this public health issue.

Who are the Infants in the NICU?

There are approximately 4 million births in the U.S. annually. Infants are admitted into the NICU for various medical reasons including: prematurity (born before 37 weeks), birthweight (< 5.5 and over 8 lbs. 13 oz), small for gestational age (SGA) and health problems (i.e. infection, birth defect, genetic conditions, respiratory distress, hypoglycemia, resuscitation). Between 2007 and 2012, there was a 27% increase in the number of children admitted into the NICU. Overall, NICU admissions are increasing for infants. In 2012, there were 77.9 NICU admissions per 1,000 live births. The largest group of infants admitted in the NICU (844 per 1,000) are low birth weight infants who are approximately 3 pounds and smaller. There is an increase in the rate of admission for infants who are term and normal weight with over half of NICU admissions comprising infants who weigh at least 5.5 pounds.

Why is Child Maltreatment a Concern?

Infants admitted into the Newborn Intensive Care Unit are at increased risk for child maltreatment. The U.S. victim rate for child maltreatment is 9.2 per 1,000 children and 75% percent of child maltreatment fatalities are children <3 years of age. In comparison, the child maltreatment rate for infants is 24.2 per 1,000. In a study of 2,463 infants discharged from the NICU 21% (523 discharged infants) received at least 1 child maltreatment report between 2-6 years of age. Also in this study, infants were at the highest risk their first year of life and the first month of life was the highest reporting period (91% of reports). In total, child maltreatment costs the United States \$124 billion annually.

What Type of Caregiver Increase Risk?

Caregivers, particularly mothers, are predominantly responsible in child maltreatment investigations. Over half (54%) of those who abuse & neglect are caregiving women. In terms of neglect, maternal neglect exceeds paternal neglect by 37% to 19% respectively. In addition caregivers who are responsible for fatal neglect are predominantly female and & biologically related to the abused infant.

What are the Biopsychosocial Factors?

The medical condition of the infant and family psychosocial issues pose risks for child maltreatment. Infants, who are premature, have Fetal Alcohol Effects (FAE), developmental delays and/or special needs are at risk for child maltreatment. Infants are more likely to be subjected to child maltreatment when they are born to mothers who are victims of domestic violence, have mental health issues and minimal social supports (i.e. family, resources). There is also a risk for child maltreatment when there is maternal-child attachment disruption.

What Risks does the NICU Pose?

There are unique psychosocial challenges that develop due to a NICU admission and these obstacles can compromise the maternal-child bond. The infant's health problems at admission and through the NICU duration create maternal stress, post-traumatic stress disorder (PTSD), and anxiety. High levels of stress, while in the NICU, disrupt the maternal-child attachment and bonding. Mothers, with infants in the NICU, have higher post-partum depression rates and post-partum depression (PPD) is associated with poor maternal-child attachment outcomes. In addition, the NICU environment (i.e. medical equipment, lack of privacy, medical providers) further disrupts attachment bonds and undermines parental involvement. There are also NICU policies and procedures (i.e. nursing schedules, parent-family visitation) that are not favorable to caregiving and results in poor parenting trajectories that continue post-discharge.

What Practice Direction is Recommended?

Social Workers play a pivotal role in addressing child maltreatment of NICU infants. Social workers are trained to support the biopsychosocial needs of mothers and address their individual NICU psychosocial challenges. The practice implications for social workers include

- Focusing psychosocial interventions on maternal caregivers
- Understanding the psychosocial challenges for each family & how social determinants of health impact optimal caregiving
- Implementing evidence-based interventions to address trauma & mitigate disrupted attachments

NICU policies and procedures can compromise parenting and increase child maltreatment risks. Social workers need to be proactive in addressing policies that do not support caregiving. It is part of the social worker's role to educate and collaborate with interdisciplinary medical providers to improve outcomes for mothers and infants.

What Policies Can Help?

NICU mothers and infants are a subpopulation at high risk for child maltreatment and infant fatality. There is more research needed about this subpopulation, their individual experiences, community-based prevention and support programs. There is also a need for research on the effect of policy outcomes related to this subpopulation. Policies that impact child maltreatment outcomes for this subpopulation include:

- Affordable Care ACT (ACA) provisions that increase overall access to medical and mental health coverage to address the biopsychosocial risk factors that lead to child maltreatment

- Medicaid expansion, through ACA, to support the health needs of those most vulnerable to psychosocial challenges
- Mental health & substance use disorder parity provisions improving access to mental health benefits to help address stress, anxiety, PTSD, and PPD
- Increase the social work workforce, particularly clinical social workers, in the NICU to address biopsychosocial factors & psychosocial challenges

Social workers can find additional practice guidance in the NASW Practice Perspective: [Guidelines for Perinatal Social Work Practice in Health Care Settings, Spring, 2017](#) (http://www.naswdc.org/practice/practice_tools/Perinatal_Social_Work_Practice.asp). More information about Perinatal Social Workers can be found at <https://napsw.memberclicks.net>

With a generous grant from the New York Community Trust’s Robert and Ellen Popper and Lois and Samuel Silberman Funds, the NASW Foundation, in partnership with the Council on Social Work Education, has implemented Social Work Healthcare Education and Leadership Scholars (HEALS). The objective of this grant is to strengthen the delivery of health care services in the United States by advancing the education and training of health care social workers.

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[The National Association of Social Workers \(NASW\)](#), in Washington, DC, is the largest membership organization of professional social workers with 130,000 members. It promotes, develops, and protects the practice of social work and social workers. NASW also seeks to enhance the well-being of individuals, families, and communities through its advocacy. Information at Socialworkers.org

[The National Association of Social Workers Foundation \(NASWF\)](#) is a charitable organization created to enhance the well-being of individuals, families, and communities through the advancement of social work practice. Information at naswfoundation.org

The [Council on Social Work Education \(CSWE\)](#) is a national association of social work education programs and individuals that ensures and enhances the quality of social work education for a professional practice that promotes individual, family, and community well-being and social and economic justice. CSWE pursues this mission in higher education by setting and maintaining national accreditation standards for baccalaureate and master’s degree programs in social work, promoting faculty development, engaging in international collaborations, and advocating for social work education and research.