The Revised Model of Care for Neonatal Services in Ireland

The following is a summary of the position paper produced by psychologists from the Psychological Society of Ireland (PSI) Special Interest Group in Perinatal and Infant Mental Health (SIGPIMH), the PSI Special Interest Group in Paediatric Psychology (SIGPeP), and the Irish Association for Infant Mental Health (I-AIMH) for consideration in the Revised Model of Care for Neonatal Services in Ireland. For the full position paper please click here.

Psychology and Infant Mental Health

Brain science demonstrates compelling evidence that early relationships matter, and early social and emotional development lays the foundational building blocks for a lifetime trajectory of wellbeing and mental health.

Infant mental health is the developing capacity of a child from zero to three years to experience, regulate and express emotions; form close and secure relationships; and explore the environment and learn, all in the context of the caregiving environment that includes family, community, and cultural expectations (Zero to Three, 2023).

High-risk infants beginning their lives in the Neonatal Intensive Care Unit (NICU) are often predisposed to a range of short and long term behavioural, social, and emotional developmental challenges that may accompany them into adulthood (Browne, 2021). The specific nature of these challenges can manifest in a range of regulatory difficulties such as pronounced medical and autonomic instability, eating/feeding/growth delays, disorganised sleep/wake cycles, poor social availability and/or pronounced irritability (Browne and Talmi, 2012). The additional separation of parents from their infant in the NICU, combined with parental mental health issues such as depression, post-traumatic stress disorder (PTSD) and anxiety, can adversely affect the parent-infant relationship resulting in adverse outcomes for the infant's social and emotional development and behavioural and cognitive functioning (Craig et al., 2015).

Psychologists in neonatal services provide evidence-based psychological and infant mental health clinical assessments and interventions to infants, caregivers, and staff along with research and evaluation. Optimal family support mitigates the potential adverse impact from the NICU

experience and in turn will safeguard future attachment relationships (Craig et al., 2015) and infant mental health.

UK Staffing Standards (2022) recommends a neonatal psychology service is led by 0.4 Whole Time Equivalent (WTE) Principal Specialist Psychologist and 1.0 WTE Senior Psychologist Grade for 20 cots on a neonatal unit. It recommends 0.6 WTE Principal Specialist Psychologist and 1.2 WTE Senior Psychologist Grade for 20 cots for a neonatal unit that provides surgery/high deprivation/specific challenges/high stress, etc.

Neurodevelopmental Assessment and Follow-up

Evidence from research and clinical practice recommends repeated neurodevelopmental assessment and follow-up for many cohorts of infants. Existing neurodevelopmental assessment and follow-up has been provided for some infants born at extremely low birth weight (<1500g) and/or born preterm, and infants with hypoxic-ischemic encephalopathy (HIE) treated with therapeutic hypothermia. Further neurodevelopmental follow-up is also recommended for infants with early diagnoses of neurological, metabolic, neuromuscular conditions and infants born with other medically complex diagnoses. Psychologists are well placed to assess and formulate differential assessments of mental health, attachment, and the impact of early adversity to explain the role that wider variables can have on the neuropsychological profile of an infant. The heterogeneity of neurodevelopmental outcomes for neonatology patients is an important consideration for all healthcare professionals in supporting parents in their journey through neonatology services.

Best practice neurodevelopmental follow-up is completed with a multidisciplinary team (MDT) of health and social care professionals, including neuropsychology/psychology, using standardised objective psychometrics to complete wider assessments of clinical need (i.e., exploring neurodevelopmental difficulties and diagnoses). Consultation between neonatology, the paediatric hospital and community services to maximise resources and provide further neurodevelopmental assessment and intervention is recommended. Assessment and intervention of the cognitive, social, and emotional development of an infant into childhood is recommended within a paediatric hospital service or a community service with the MDT and a consultant paediatrician.

Staffing for neurodevelopmental assessment and follow-up is in addition to the requirement for psychology in the NICU.

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