



3-minute case study: Lessons from newborns

By Erin Graham | January 29, 2018

What innovations drive success in healthcare? Here's a tactic from a leading community hospital.

The problem

In her years as a pediatrician, childhood mental health expert Claudia Gold, M.D., got to know children in her rural Western Massachusetts town from the day they were born – and was struck by the costly, complex long-term impact of early difficulties in the infant-parent relationship.

Now a pioneer in the field of infant-parent mental health, she views early bonding as a sine qua non for children's future ability to regulate their emotions. Any number of factors, she says, like maternal depression or having a traumatic birth, can prevent a mother from responding to her baby's cues. And that has the potential to send the baby's emotional development off track, with repercussions cascading into childhood and

adolescence. A growing body of research also associates poor health outcomes, from asthma to heart disease, with early relationship disruption.

"Day in, day out, I saw toddlers with behavioral-management issues that I could trace back to their first three months of development," says Gold. "I thought, we can't just medicate all these kids – we need to prevent this from happening."

The solution

In 2017, Gold developed a grant-sponsored training to certify 35 local providers who work with parents of newborns in their community in the Newborn Behavioral Observations (NBO) system. Maternity nurses from Fairview Hospital, pediatricians, visiting nurses, early intervention specialists, mental health practitioners, lactation specialists, and home visiting and existing parent support structures came together for the two-day program.

The NBO is a verified clinical intervention that measures 18 neurobehaviors in about 10 minutes, and demonstrates newborns' capacity for communication in the first three months of life. This structured set of observations enables both the clinician and parent to observe a newborn's individual competencies. The exercise to support parents' first interactions with their baby not only fosters healthy development, but is associated with reduced symptoms of postpartum depression and increased paternal involvement.

As a cost-effective population health intervention, the Fairview project adapted the NBO model for use for all new parents – not just those clearly at risk. "Parents often struggle in ways you aren't aware of," says Gold. A universal approach avoided making families feel stigmatized and judged, which would counter the program's goal of empowering parents.

The outcome

While Gold's research continues to track parental stress before and after a baby's birth, the project produced an immediate result: An uptick in the number of referrals clinicians trained in NBO made to home-visit services for families at risk.

Another early indicator of success comes from the maternity nurses who participated in the training. They report no longer feeling helpless when they see families struggling to attach to their newborns and have to send them home "on a wing and a prayer." Instead, they perform an NBO intervention.

The intervention will be implemented by maternity nurses with all of the approximately 150 families who deliver at Fairview Hospital each year.

Erin Graham is a frequent contributor to athenaInsight.

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