

Principle/Introduction

Every obstetric setting should have social work services as an integral part of the health care delivery system. These services must be available to the obstetric patient and her family, as part of the interdisciplinary team which provides perinatal care at the health facility and in the community. The services are aimed at assisting adjustment to pregnancy, maximizing the family's potential for optimal growth and development, and identifying those at risk for psychosocial problems and complications during pregnancy and/or delivery. Services should seek to alleviate the stress which accompanies high risk pregnancy by educating families about the nature of their circumstances, assisting with the grief work following diagnosis of a compromised fetus or fetal death and establishing supportive networks in the community for on-going/follow-up services.

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Standards for Social Work Services in Obstetric Settings

*Every baby, every family...
supported with competent
and compassionate care*

Standards for Social Work Services in Obstetric Settings

Standard 1

The obstetric setting shall maintain a written plan for the provision of specialized social work services. This plan shall be developed by a Master's prepared social worker and it shall include clearly defined responsibilities and functions. The social worker shall have a Master's Degree in Social Work.

Standard 2

Social work services shall be offered to families during prenatal, postpartum and intrapartum periods in recognition of the fact that pregnancy is a life crisis which may severely tax the family's coping skills, pose a life-threatening medical condition for mother and/or result in an infant born at risk for medical and/or social problems. Services such as individual, family or group counseling, crisis intervention or casework should be directed at reducing psychosocial stress and promoting family functioning. Services should respond to the nature of the immediate crisis, the availability of the family's support systems, the role of the father, and the health education needs of the mother, including information concerning pregnancy termination, sterilization, and adoption.

Standard 3

The obstetric social worker shall have the responsibility, and the freedom, to case find. Social work services shall not be dependent upon nor limited to referrals.

Standard 4

The obstetric social worker shall be available to the patient and family to promote maintenance of family equilibrium. Appropriate services from outside agencies shall be sought out and mobilized in conjunction with those provided directly by the social worker.

Standard 5

The obstetric social worker shall act as the family's advocate in procuring benefits and

services which they are entitled. The social worker shall be knowledgeable about and aligned in a working relationship with the auxiliary service-providers.

Standard 6

The obstetric social worker shall facilitate communication between families and medical staff from the obstetric setting, referring medical teams, and newborn intensive care units.

Standard 7

The obstetric social worker shall be sensitive to the need for special provisions which encourage supportive relationships with significant others and promote parent-infant attachment both ante- and post-partally. The social worker shall be committed to flexibility in institutional policies to ensure optimal development of these relationships.

Standard 8

Supportive contact with the family shall be maintained throughout the immediate crisis. Follow-up contact shall ensure continuing access to necessary supports and services, including services pertaining to regular medical care, child care, sex education, family planning and growth of interpersonal relationships.

Standard 9

The obstetric social worker shall document involvement with the family in the medical record. Documentation shall include the social worker's observations, assessments and plans for treatment. Documentation shall be limited to information essential to the overall health plan and shall protect patient confidentiality.

Standard 10

The NICU social worker shall function as an integral part of the health care delivery team. Complete social work services shall include

input regarding decision-making and policy formulation for the obstetric setting.

Standard 11

Adequate budget allocation shall ensure a reasonable social work/patient ratio as well as an environment conducive to therapeutic intervention, and a private place in which individuals and families can respond to the situation and express their concerns.

Standard 12

An accountability mechanism shall be written into the plan for services. This mechanism shall include peer review and evaluate clinical and administrative issues such as program effectiveness and job performance.

Standard 13

Needs assessment and program development for the obstetric setting shall include input from the client population. Individuals currently receiving obstetric care, as well as former patients, shall be encouraged to actively participate with the staff.

Standard 14

Obstetric social work services shall include support and teaching to medical nursing, or auxiliary staff. Efforts shall be directed at helping staff maximize job performance/satisfaction, and to develop a complete view of the patient within the medical/social situation.

Standard 15

The obstetric social worker shall be committed to the pursuit of continuing education and the contribution to the knowledge base of perinatal social work. The social worker shall actively participate with peers in an effort to expand that knowledge base and to ensure quality service to families. The obstetric setting shall support staff development and attend to the stress of the social worker by providing opportunities for and facilitating attendance at workshops, institutes, seminars, and post-graduate courses.