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Title: Risk for Mental Health Symptoms Among Caregivers of High-Risk Term Infants.

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Background: Preterm infants have a greater risk of death and both short-term and long-term disability compared to healthy term infants. Other than preterm infants, a significant proportion of admissions to the Neonatal Intensive Care Unit (NICU) comprise term infants with hypoxic-ischemic encephalopathy, sepsis, respiratory failure, and other conditions requiring intensive medical intervention. Caregiver exposure to the NICU environment impacts mental health in the immediate neonatal period and beyond. Very few studies have examined the risk of such exposure on the mental health of a caregiver of a term "sick" infant.

Objective/Aims: 1. Determine if caregivers of High-Risk Infants (HRI) born at term (≥ 37 weeks' gestation) are at equivalent risk of mental health symptoms compared to caregivers of HRI born premature. 2. Explore the relevant risk factors for worse caregiver mental health symptoms.

Design/Methods: We will complete a prospective cohort study of caregivers of term (≥ 37 weeks) HRI admitted to the NICU at CHLA. Caregivers of preterm (< 37 weeks) HRI will serve as a control group. Participants will be recruited from the HRI Follow-Up Clinic at CHLA.

Inclusion criteria: caregivers of infants who (1) met California Children's Services (CCS) medical eligibility criteria for NICU care (2) term HRIs followed at the HRIF clinic and (3) Spanish or English speaking. Participants will be excluded if there is a history of a complex cardiac lesion, chromosomal or congenital brain abnormality. Study participants will be recruited at the first developmental visit at 6 months of age corrected for prematurity. Participants will complete the Edinburgh Postnatal Depression Scale (EPDS) and the Perinatal Posttraumatic Stress Disorder Questionnaire (PPQ). A comprehensive family history will also be obtained to identify potential covariates such as intensity of intervention, caregiver mental health history, and ethnicity. Univariate and multivariate regression models will compare the relative symptom severity between the term and preterm groups and identify additional relevant risk factors associated with poor mental health symptoms.

Implications: It is expected that regardless of gestational age, exposure to the NICU environment increases the risk for mental health symptoms such as Postpartum Depression (PPD) and PTSD. This study may highlight the relevant risk factors of severity of mental symptoms. Ultimately we hope to further substantiate the need for routine mental health screening in caregivers within the NICU and primary care setting.
