

# Mental Health Assessment and Psychosocial Intervention Are Already Happening for Maternal-Fetal Interventions

**To the Editor:** As licensed clinical social workers with extensive experiences in centers for fetal diagnosis and treatment (CFDTs), we read the letter to the editor by Drs Vangala et al<sup>1</sup> with interest and perplexity. We agree with them that people undergoing evaluation for maternal-fetal surgery (MFS) should be assessed for their ability to feasibly undergo MFS. We also believe patients deserve to have *ongoing* psychosocial assessment, behavioral support interventions, and referrals as they progress from the initial consultation through MFS to birth or demise. We were perplexed because assessment and psychosocial support are already provided by perinatal social workers at some CFDTs, and, when available, their services are well received.<sup>2,3</sup>

“Consistent and compassionate communication with all healthcare professionals (HCPs)”<sup>4(p100320)</sup> is vital for MFS patients.<sup>5</sup> The nurse coordinator and/or perinatal social worker provide critical continuity of care because they are the HCPs with whom patients interact most frequently and who they trust as their advocates.<sup>6</sup> Nearly half of CFDTs have dedicated social workers (full time in the CFDT).<sup>2</sup> These perinatal social workers provide extensive psychosocial assessment (including assessment of social determinants of health, mental health functioning, evaluation of available social supports, and referrals for community resources and psychiatric consultation if indicated) along with ongoing provision of psychosocial support and behavioral counseling.<sup>7</sup> They maintain ongoing relationships with patients to ensure these services throughout the entire pregnancy and postpartum.<sup>8</sup>

We agree that psychiatric assessment may be indicated when “severe, active psychiatric symptoms”

are evident. CFDT patients are at increased risk for anxiety, depression, and posttraumatic stress, regardless of whether they participate in MFS and therefore benefit from social work services integrated within CFDTs.<sup>6,9</sup> Nevertheless, we are perplexed by the recommendation for psychiatric assessment primarily to determine eligibility for MFS. One-time assessment does not entail participating in an ongoing team that constantly reassesses and tailors psychosocial supports and referrals as fetal and maternal conditions and understandings evolve. Social workers competently assess who can feasibly undertake the rigors of MFS (which often entails stopping employment and/or active childcare, moving closer to the delivery hospital, and coping with distress and anxiety). When they, together with the full team, decide that a family is capable of managing MFS, they coordinate the support those families need, including ongoing mental health counseling.<sup>10,11</sup>

In summary, although we believe that more psychosocial support for these families is always welcome, we humbly disagree that one-time psychiatric assessments at the initial MFS consultation will be useful. Instead, we suggest that all CFDTs include a dedicated social worker who can provide ongoing psychosocial assessment, behavioral health support, and “warm hand-off” referrals<sup>8</sup> throughout the pregnant person’s care. Such care contributes to patients’ sense of compassionate continuity of care and can ease patients’ anxiety during stressful care transitions.

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Valerie M. Akerson, MSW, LCSW, PMH-C

Kara L. Hansen, MSW, LCSW, PMH-C

Kassie Merrill Olver, MSW, LICSW, PMH-C

Judith L. M. McCoyd, PhD, LCSW

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**Author Affiliations:** St. Louis Fetal Care Institute, SSM Health Cardinal Glennon Children's Hospital, St. Louis, Missouri (Akerson); Fetal Health Center, Children's Mercy–Kansas City, Kansas City, Missouri (Hansen); Fetal Care and Surgery Center, Boston Children's Hospital, Boston, Massachusetts (Merrill Olver); School of Social Work, Rutgers University, New Brunswick, New Jersey (McCoyd).

**Corresponding Author:** Judith L. M. McCoyd, PhD, LCSW, Rutgers University, School of Social Work, 390 George St,

709, New Brunswick, NJ 08901  
([jmccoyd@ssw.rutgers.edu](mailto:jmccoyd@ssw.rutgers.edu)).

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**ORCID:** Judith McCoyd:  
<https://orcid.org/0000-0001-8105-8690>