Principle/Introduction

Every NICU should have social work services as an integral part of the health care delivery system. These services must be available to the infants and their families, as well as to the NICU staff and to professionals who will come into contact with the families around ongoing/follow-up services. The services are aimed at alleviating the stress of hospitalization, maximizing the potential for optimal growth and development, and maintaining gains made via an effective network of services.

Approved by the Board of Directors, National Association of Perinatal Social Workers, and April 13-16, 1983.

Prepared by the Standards Committee of the National Association of Perinatal Social Workers.

© 1988 National Association of Perinatal Social Workers

Gratitude is expressed to Roberta Siegel, ACSW (Denver, CO), Janet Simone, MSW (Salt Lake City, UT), & Brenda Sumrall, ACSW (Jackson, MS) for their thoughtful deliberations in preparing these standards.

Revised April 2007
Standards for Social Work Services in the Newborn Intensive Care Unit (NICU)

Standard 1
Every NICU shall maintain a written plan for the provision of specialized social work services. This plan shall be developed by a qualified (MSW) social worker and it shall include clearly defined responsibilities and functions. The social worker to provide service shall have a Master's Degree in Social Work. The NICU shall assure that staffing meets recommended levels of not more than 20 NICU active beds for each FTEMSW.

Standard 2
Each family with an infant in the NICU shall be offered social work services, in recognition of the fact that the hospitalization/early separation creates a high risk for child neglect/abuse, failure to thrive, and other chronic problems. Preventive efforts shall include attention to the teaching of parenting skills.

Standard 3
The NICU social worker shall have the responsibility, and the freedom, to case find. Social work participation shall not be dependent upon nor limited to referrals.

Standard 4
Direct service to families shall include information-sharing aimed at the family’s adaptation to the unique stresses of the NICU environment. The NICU social worker shall facilitate communication between families and medical staffs of the obstetrics unit/referral hospital and the NICU.

Standard 5
The NICU social worker shall act as the family’s advocate, in procuring benefits and services which they are entitled to receive. The social worker shall take responsibility for being knowledgeable about and aligned in a working relationship with the auxiliary service providers.

Standard 6
The NICU social worker shall be available to the family around maintenance of the total family equilibrium, in recognition of the far-reaching disequilibrium created by intensive care hospitalization. Appropriate services from outside agencies shall be sought out and mobilized, in conjunction with those provided directly by the social worker.

Standard 7
The NICU social worker shall be sensitive to the need for special provisions around parental-infant bonding. The social worker shall be committed to flexibility in unit policy, to ensure maximum parental involvement with the infants.

Standard 8
Supportive contact with the family shall be maintained throughout the hospitalization and beyond. Follow-up contact shall ensure continuing access to necessary supports and services.

Standard 9
The NICU social worker shall document involvement with the family in the medical record. Documentation shall include the social worker’s observations and plans for treatment. Documentation shall be limited to information essential to the overall health care plan.

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 around decision-making and policy formulation or the NICU.

Standard 11
Adequate budget allocation shall ensure a reasonable social work/patient ratio as well as an environment conducive to therapeutic intervention; the NICU social worker must be able to provide a private place in which families can respond to their situations and express their concerns.

Standard 12
There shall be an accountability mechanism, in terms of clinical and administrative issues, written into the plan for provision of service. It shall include procedures for evaluating job performance, as well as program effectiveness.

Standard 13
Needs assessment and program development for the NICU shall include input from the client population. Families currently experiencing hospitalization, as well as families of former NICU patients, shall be encouraged to actively participate with the staff.

Standard 14
NICU social work services shall include support and teaching to the NICU staff. Efforts shall be directed at maximizing job performance/satisfaction, and minimizing burnout/turnover.

Standard 15
The NICU 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 NICU shall support staff development and attend to the stress on the NICU social worker by providing opportunities for and facilitating attendance at workshops, institutes, seminars, and post-graduate courses.