NPASS at Salus University

In March 2021, Salus University officially became the third chapter of NPASS in the U.S. NPASS was started by three occupational therapy students: Natalie Schaffer, Healey Miller, and Olivia Pereira, along with Dr. Lauren Sponseller during their level II fieldwork experience at the Breastfeeding Resource Center. Our first official meeting was held on March 24th. As an interdisciplinary organization, we have representation throughout every discipline at Salus: Occupational Therapy, Speech-Language Pathology, Audiology, Optometry, and Physician Assistant. As of September 1st, we have 108 members. NPASS has created a wonderful opportunity for students of different disciplines to connect and discuss the importance of perinatal care, women’s health, and family wellness.

August – National Breastfeeding Month

This year’s National Breastfeeding Month’s overarching theme was Every Step of the Way. The focus is on providing support during every step along the feeding journey of an infant.

Week 1: World Breastfeeding Week

This year’s theme is Protect Breastfeeding: A Shared Responsibility – focusing on the link between survival and breastfeeding and the wellbeing of individuals.

Week 2: Indigenous Milk Medicine Week

The theme is Nourishing Our Futures – looking at culture, inclusivity, and healing within the breastfeeding or chestfeeding community. Previously known as Native Breastfeeding Week.

Week 3: Asian American, Native Hawaiian, and Pacific Islander Week

The first ever AANHPI Week – the focus is on Reclaiming Our Tradition and decreasing stigma surrounding breastfeeding within these communities.

Week 4: Black Breastfeeding Week

Theme: The Big Pause: Collective Rest for Collective Power – the 9th BBW focuses support for Black women and the need for rest.
Salus University – September 2021

Salus NPASS Events

Salus Scoop

On September 2nd, NPASS participated in Salus Scoop - Salus University’s activities fair for first-year students. We provided handouts with NPASS’ mission and information on each discipline’s relationship to perinatal care. The theme was Mardi Gras, and we held a raffle for students to guess the number of starbursts in a container. A winner was given all 127 starbursts! The activities fair provided NPASS with their first opportunity to interact with new and current students on campus, as all of our events have been virtual due to COVID-19. Between Orientation and Salus Scoop we welcomed 84 new members to NPASS!

NPASS Secretary – Emily Shangle

Black Maternal Health Week Screening – Death By Delivery

At our June meeting, we had the opportunity to watch “The Naked Truth” Death By Delivery, which focuses on the crisis of black maternal deaths in the United States. This documentary follows Neulfar Hedayat as she interviews individuals across the United States from New York City to the rural areas in Georgia to discuss why Black women are dying at a much higher rate than their white counterparts during childbirth. The documentary also centers around women of the Black Mamas Matter Alliance (BBMA), a Black women-led alliance who advocate and help research for Black maternal health rights. African American women are 4x more likely to die during and after childbirth than their white counterparts, and in New York, Black women are 12x more likely to die from childbirth.

According to the documentary, Black women living in New York’s wealthy areas are 4x more likely to have a near miss compared to white women who live in New York’s poorest areas. College educated Black women are 2x more likely to have a severe complication during childbirth that white women who do not have a high school diploma. These facts only begin to shed a light on the disparities Black women face in healthcare, throughout their pregnancy, and during childbirth. In rural areas of Georgia, quality healthcare is limited and is a critical reproductive justice issue due to potential pregnancy and birth complications, higher mortality rates, concerns of preterm labor, increased stress leading to chronic diseases, and overall decreased quality of life. African Americans also have the highest infant mortality rate of any race or ethnic group in the U.S. As future healthcare practitioners, it is important to push for patient centered, community-informed care to change the outcome of maternal mortality in the U.S. through policy and legislative work to support midwifery in the U.S, especially rural areas, and to provide access to quality healthcare, healthy food options, affordable housing, jobs and transportation (“The Naked Truth” Death by Delivery, 2017)
To learn more about BBMA and get more information on this crisis, please visit their website: https://blackmamasmatter.org/
AOTA Focus

Occupational Therapy Considerations for New Mothers

Salus’ NPASS very own Dr. Lauren Sponseller, PhD, OTD, MS, OTR/L, MEd; Olivia Pereira, MSOT; Natalie Schaffer, MSOT; and Healey Miller, MSOT were recently published in AOTA’s Special Interest Quarterly Practice Connections (2021). They explained the many life changes and occupations impacted during the postpartum period and the importance of treating new mothers holistically through biomechanical and psychosocial approaches.

Changes for women in the postpartum period:
- Roles, habits, routines as a new caregiver
- Work status changes
- Psychological changes: postpartum depression, anxiety
- Musculoskeletal changes: pain in LE, UE, wrists (carpal tunnel)
- Body dissatisfaction

Potential occupations impacted during this time:
- ADLs: personal hygiene and grooming, sexual activity, toileting
- IADLs: care of others, child rearing, mobility, meal preparation, safety and emergency maintenance
- Health management: social and emotional health promotion and maintenance, symptom and condition management
- Rest and sleep
- Leisure
- Work
- Social participation: community, family, and peer group participation, friendship, intimate partner relationships
- Co-occupations: play and breastfeeding

(Sponseller et al., 2021)
September: NICU Awareness Month

Spotlight: NICU Family Support during COVID-19 (Murray & Swanson, 2020)

Visitation restrictions: is it right and how do we support families in the NICU during COVID-19?

COVID-19 has reduced opportunities for family and parental visitation to the NICU in order to prevent the spread of infection. This has been difficult for families and parents, especially considering parents are a crucial part of a healthcare team in the NICU. Some unique ways to provide family support during the pandemic include:

**Technology support:** FaceTime, Skype, Angel Eye, NICView provides parents and family with the opportunity to see their infant and communicate with the healthcare team through a video software. This can also help reduce parent anxiety and stress.

**NICU support groups** can be beneficial to assist parents with discussing their experience, work through coping mechanisms, and share advice and support with others experiencing the same. Some online support groups include March of Dimes, NICU Parent Network, and Hand to Hold.

With reduced visitation in NICU’s, parents require increased **psychosocial support**. This may include properly educating parents on the status of their infant, family- and culture-centered care, simulation training, and increased communication with healthcare staff. Some support from hospital staff might include psychologists and social workers assisting the family, religious and spiritual personnel, hospital administration and ethics committees.

When parents do visit the NICU, time is precious. Some **bonding activities** parents can engage in with their infant include Kangaroo Care, reading to their infant, and exposing their infant to conversational language. These activities can increase well-being for both the infant and parents.
References


