Welcome!

VA NICU Early Intervention Collaborative

An initiative funded by the Virginia board for people with disabilities (VBPD)

Presented by the Virginia Hospital & Healthcare Association

75% of the funding for this project was provided by the Virginia Board for People with Disabilities under the federal Developmental Disabilities and Bill of Rights Act. For more information on the Board, please contact: Virginia Board for People with Disabilities, 1100 Bank Street, 7th Floor, Richmond, VA 23219, (800) 846-4464, or visit the Board’s website at www.vaboard.org
Shifting Our Mindset – The Role of NICU Staff as Trainers and Coaches

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December 11, 2017
Objectives

- Understand the 7 Neuroprotective Core Measures of Caregiving
- Define Family Integrated Care & understand the 10 Principles of Family Centered Developmental Care
- Understand how Family-Centered Developmental Care influences a baby’s outcomes
- Describe the importance of the Parent-Staff Relationship
- Administer the “On Your Way” Worksheets
Neuroprotection: One Brain For Life

What more can we do?
Neuroprotective Interventions:

- Support Optimal Synaptic Neural Connections
- Promote Typical Development
- Prevent Disabilities
7 Neuroprotective Core Measures of Family Centered Developmental Care

- Healing Environment
- Partnering with Parents
- Positioning and Handling
- Safeguarding Sleep
- Minimizing Stress and Pain
- Protecting Skin
- Optimizing Nutrition

(Altmeir, Phillips 2013)
Parental Presence Matters

Short Term Effects *

- **Improved physiologic stability** – decreased sepsis, hypothermia, hypoglycemia, and increased oxygen saturation levels
- **Decreased stress** – lower pain, improved head circumference, improved weight gain

Long Term Effects *

- **Improved attachment and bonding**
- **Optimal brain development**
- **Enhanced physical, cognitive, and psychosocial development**
Kangaroo Care – Long Term Study *

Reduced:
- school absenteeism
- hyperactivity
- aggressiveness
- externalization
- socio-deviant behavior as young adults

KMC Increased:
Larger left caudate nucleus – responsible for learning and memory; communication

Skin to Skin

20 years later
Comprehensive Psychosocial Family Support in the NICU
(National Perinatal Association 2017)
Family Centered Developmental Care *

1. Provide Antenatal counseling when maternal or fetal conditions are identified that could lead to a NICU stay
2. Provide families with a warm and culturally appropriate welcome
3. Treat parents as partners in the NICU caregiving team
Create a Healing Environment

Provide families with support and reassurance that their presence matters
Family Centered Developmental Care Culture

- NICU Staff evolve from being “experts” to Coaches and Mentors and facilitate shared decision making *
- Parents are expected to provide their own input
Parents usually identify nurses as the primary source of information about their baby, making the Nurse’s role critically important – Aagard & Hall 2008
Culture of Communication

- Frequent
- Attentive
- Respectful
- Interdisciplinary
- Culturally effective
- Parent-friendly terminology
4. Teach all NICU staff about FCDC principles

5. Provide Neonatal Therapists (OT, PT, SLP) to mentor parents in neuroprotective developmental care
Interdisciplinary Collaboration
Family Centered Developmental Care *

6. Mentor parents in applying the principles of neuroprotective care and in learning developmentally appropriate caregiving skills.

7. Coach parents in how to recognize and respond to the behavioral signs of stress, relaxation, and the feeding cues of their baby.

8. Give parents written and verbal information about the benefits of skin to skin contact with their baby and facilitate early, frequent and prolonged skin to skin contact throughout the NICU stay.

9. Teach parents swaddled bathing to reduce stress, promote relaxation, and support parent-infant bonding.
Goal:
10. Incrementally, increase parents’ engagement in all caregiving activities consistent with the clinical status of the baby
Stages of Transition of Care from NICU Staff to Parent

**WATCH**
Parent watches staff perform method/technique

**COACH**
Staff teaches and trains parent the method/technique

**MENTOR - Parent does the skill and NICU**
Staff provide advice, encouragement, and supervision

**INDEPENDENCE – Parent does the care and staff provide ongoing support as needed**
Learning Style

- Visual, Auditory, Tactile learner?

- Repetition and practice = Confidence & Competence
Cultural Diversity

- Bias & Judgement are barriers to building a coalition of care

- Respect Family Customs & Beliefs
- Be direct & honest
- Avoid Yes/No questions
- Ask open-ended questions:
  - What do you want to practice today?
  - What are your concerns about going home?
  - I want you to be able to use these skills when you get home in a typical day. What is your usual routine?
Partnering with Parents using Nonverbal Communication
“On Our Way” Family Skill builder Tool

Welcome letter conveys a message: We are a team and your presence matters!
**RECOGNIZING STRESS:** Look at my face, hands, posture, and movement to understand how I am feeling (READING MY CUES):

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td>Relaxed, calm</td>
<td>Frown or worry</td>
</tr>
<tr>
<td>Mouth</td>
<td>“O” shape, relaxed lips</td>
<td>Tight lips, clenched jaw</td>
</tr>
<tr>
<td>Hands</td>
<td>Gently fisted, close to chest/mouth</td>
<td>Clenched fists, splayed fingers, scratching face</td>
</tr>
<tr>
<td>Body</td>
<td>Arms &amp; Legs bent towards the tummy/chest</td>
<td>Arched head/neck, arms &amp; legs stretched out away from the body</td>
</tr>
<tr>
<td>Movement</td>
<td>Random, movement of arms/legs in and out</td>
<td>Jerky, shaky, or rigid movement of arms/legs away from the body</td>
</tr>
<tr>
<td>Eyes</td>
<td>Open or closed</td>
<td>Looking away, squinting</td>
</tr>
<tr>
<td>Actions</td>
<td>Sucking pacifier, sucking hands, quiet/calm stare, sleeping</td>
<td>Excessive yawns, sneezes, hiccups, high pitch cry, whimper</td>
</tr>
</tbody>
</table>
Methods & Techniques

Help me calm by:
• giving me a finger to hold
• swaddling or containing me
• holding me and talking to me softly
• changing my position and/or
• giving me a pacifier

I/We are able to recognize our baby’s cues to understand how he/she feels ____________ (initial/date)
SLEEPING: I love it when you visit, but if I am sleeping when you arrive, please don’t wake me.

When I’m sleeping:
› My brain is working hard to make new cells and new connections
› I can manage stress, relax, and focus on growing

How to help me rest:
› Turn the lights and sounds down
› Offer me a pacifier – sucking is calming for me and helps me self-soothe
› Help me feel contained – nesting or swaddling
› Make sure I am warm

I/We know how to control the lights and sounds around my baby’s bedside _______________ (date/initial)

I/We know how to calm and comfort my baby so he/she can sleep _______________ (date/initial)
Nothing feels better than touching and feeling you! It helps me bond with you, relax, and know you are there to take care of me! Understand that my skin is sensitive so touching me too lightly (tickle or stroking) will bother me. I like gentle pressure better!

Ways to connect through touch:

- Grasp your finger in my palm
- Skin to Skin (Kangaroo care) where I lie against your chest and feel your heart beat, your warmth, your smell! Daddy can do this with me too!
- Before you move or unswaddle me, give me gentle pressure on the top of my head and bottom together for 20-30 sec. so I don’t startle and talk to me quietly. It helps me get ready for our time together!
- Massage (instructed by someone Certified in Neonatal Massage)
If I am in one position for too long my skin, shoulders, and hips hurt! My head might get flat on one side because my skull is soft. If I stretch my arms and legs out, I’m not strong enough to pull them back in. When my arms and legs are close to my body, I am more organized and happy!

**Ways to help me:**
- Keep my arms and legs tucked towards the middle of my body with my hands together on my chest
- Build a nest so I feel contained using rolled blankets, bendy bumpers, or other devices my NICU team can provide

***Devices used in the NICU are not designed for home use.***
- Swaddle me in a blanket or swaddler to help me feel contained
- Turn me onto my tummy or side every few hours so I’m not always on my back! Turn me SLOWLY, keeping my arms and legs tucked if I’m not swaddled.

I/We know how to build a nest so our baby is contained_______________(initial/date)

I/We know how to swaddle our baby with arms and legs tucked towards the tummy and chest_____________________(Initial/date)
Hamza's Eyes and Ears

**LOOKING**
My eyes don’t see very well so trying to focus is hard work and tires me out! The lights in the NICU are very bright and I have to shut my eyes when they are on. As I get older I will learn to find you with my eyes by hearing your voice. When I try to focus, my eyes might cross or I have to look away quickly. This is hard work. Help protect my eyes from the light by:
- Dimming the lights around my crib
- Covering my isolette with a blanket
- Shielding my eyes with your hand if you are holding me

**LISTENING**
I can hear you better than I can see you. I know the sound of your voice from when I was inside you! My hearing is sensitive and loud voices can easily interrupt my sleep. Please:
- Talk to me SOFTLY, hum, or sing
- Read me a story
- Play me SOFT music (such as lullabies and classical music)
- Sometimes I just like background sounds (called WHITE NOISE) like a fan humming; rain falling; a heart beating; a motor running; ocean sounds, etc.
- Avoid answering your phone or talking out loud with others if I am taking a nap.
Cluster Care

The Nurses take care of me by doing a bunch of tasks when I wake up. They will take my temperature and blood pressure, change my diaper, give me medicine, and change my position. This is called Cluster Care. If I can eat, this usually happens around a feeding time. Afterwards, I can rest for a longer period of time without being woken up. I like it when my Mom and Dad participate in my Cluster Care!

I/We are able to:

- Take our baby’s temperature____________________ (initial/date) ____________ (initial/date)
- Change our baby’s diaper_________________ (initial/date) ____________ (initial/date)
- Bath our baby________________ (initial/date) _________________ (initial/date)
Feeding:

If I am too small or too young to eat at first, they will feed me using a tube going through my nose or mouth and down my throat (gavage feeding).

- Hold me and let me suck on a pacifier during my tube feedings so I can begin to bond with you and understand that sucking makes me feel full!
How do you know if I am hungry? When I am ready, I will:

- Wake up and smack my lips
- Suck on my hands or pacifier
- Turn my mouth to the side to search for food (Rooting reflex)

When the Dr. says I can eat, I will need to go slow at first. It is a lot of work to coordinate sucking, swallowing and breathing all at the same time. I will need patience and practice!

I might need:

- A slower flow nipple
- A special bottle
- Fortified breast milk
- A different type of formula
- A therapist to evaluate me and teach you special ways to help me pace myself so I don’t tire out, choke or spit up.
- A Lactation Specialist to work with my Mommy on pumping breastmilk, so if possible, I can learn to breastfeed

I/We know how to feed and burp our baby using:
______________________nipple__________________bottle____________________formula/breastmilk
_______________________ (date/initial)

I/We know how to help our baby eat more easily by:_______________________________
____________________________(initial/date)

Comments:
Parent Rewards

- **Hand to Hold Milestone Bead Program:**
  - $12.50 Short Term Stay – Stork welcome bead + 5 more (first hold, first bath, first diaper change, first bottle, home)
  - $ 19.50 Long term Stay – Stork Welcome Bead + STS beads + potentially 13 more (Pound by Pound, Week by Week, Kangaroo Care, Room Air, First Clothes, Open Crib, Sibling visit, Twins, Holiday, Birthstone, Reunion)
  - Small card accompanies each bead to signify meaning
  - As a Non-Profit, any proceeds go directly to helping NICU families receive care and support.
Early Intervention:
  What is it?
  How does my baby get it?
  When and Where does it happen?
  Referral process
  Contact Information
REFERENCES

* REFERENCES (cont’d)