



IMPROVING FAMILY CENTRED CARING in the Neonatal Intensive Care Unit

▶ BACKGROUND

Neonatal intensive care units tend to contribute to lack of bonding and attachment, which are crucial for short term outcomes such as reduced stress levels, and long term outcomes such as growth and development. Family centred caring in a neonatal intensive care unit has the potential to enhance bonding and attachment, and therefore positive outcomes for prematurely born infants and their families.

The nature of the neonatal intensive care unit of the tertiary institution though make the implementation of a family centred caring approach often difficult and complicated. Some of the influencing factors are serious illness of the prematurely born infant or the mother, delayed contact between the infant and parents (often more than 72 hours), overcrowding, staff shortage, high-tech environment, and primary focus on physical needs of the infants.

▶ PURPOSE

The purpose of this project was therefore to improve family centred caring through a quality improvement initiative for early and continuing communication between infants and their parents, keeping parents informed about their child's condition, and involving parents in basic care activities.

▶ METHODOLOGY

A survey was conducted using questionnaires for parents and nursing staff to obtain baseline data of the perceived care in a particular neonatal intensive care unit. A quality improvement initiative was then developed through a nominal group technique with the healthcare providers. The initiative was implemented and the survey on perceived care was repeated one year later to be compared with the baseline data.

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▶ RESULTS

The priorities of the quality improvement initiative was to establish contact between the parents and infants as soon as possible, to enhance communication between staff and parents, to introduce early breastfeeding practices, and to increase involvement in caring activities.

The following table indicates the perceived level of care on a scale from 1 (absent) to 5 (maximum), as perceived by the parents, as well as the nursing staff:

Aspect of nursing staff's care		Parents (before) (n=31)	Parents (after)	Staff (before) (n=49)	Staff (after)
1	Professional and competent	4.16	4.28	3.91	4.34
2	Friendly and caring	4.23	4.18	4.2	4.47
3	Spend time with baby	3.68	3.68	3.47	4.19
4	Understand baby and family	3.97	4.09	3.73	4.25
5	Explain procedures, equipment and policies	3.9	4.14	3.76	3.81
6	Honest regarding condition and progress	4.26	4.41	4.37	4.19
7	Keeping family informed	4.26	4.18	4.14	4.44
8	Involve family in decision making	4.06	4.18	4.2	3.97
9	Involve family in basic care activities	4.13	4.64	4.27	4.53
10	Provide pain management	3.74	4.09	4.47	4.06
11	Contain baby flexed	3.74	4.32	4.22	4.38
12	Ensure skin-to-skin contact	4.68	4.68	3.98	4.72
13	Optimize activities and environment	3.35	4.41	3.49	4.09
14	Refer as needed	4.35	4.45	4.43	4.47
15	Put needs of baby first	3.45	4.05	3.78	4.44
Average		4.0	4.25	4.03	4.29

There has been a positive shift for both parents and staff, as well as for the leader of the project, for whom it has been an amazing growing journey.



▶ CONCLUSION & RECOMMENDATIONS

Positive changes were demonstrated in the neonatal intensive care unit with introduction of a quality improvement initiative to improve family centred caring. The initial contact time between the infant and his/her parents reduces from more than 72 hours after birth to less than 12 hours in most cases. Early breastfeeding becomes common practice and communication between the staff and parents improved. Involvement of parents in basic caring activities increased, but still needs improvement. It has been observed that bonding and attachment are improving. Family centred caring is recommended for implementation in the neonatal intensive care unit.

