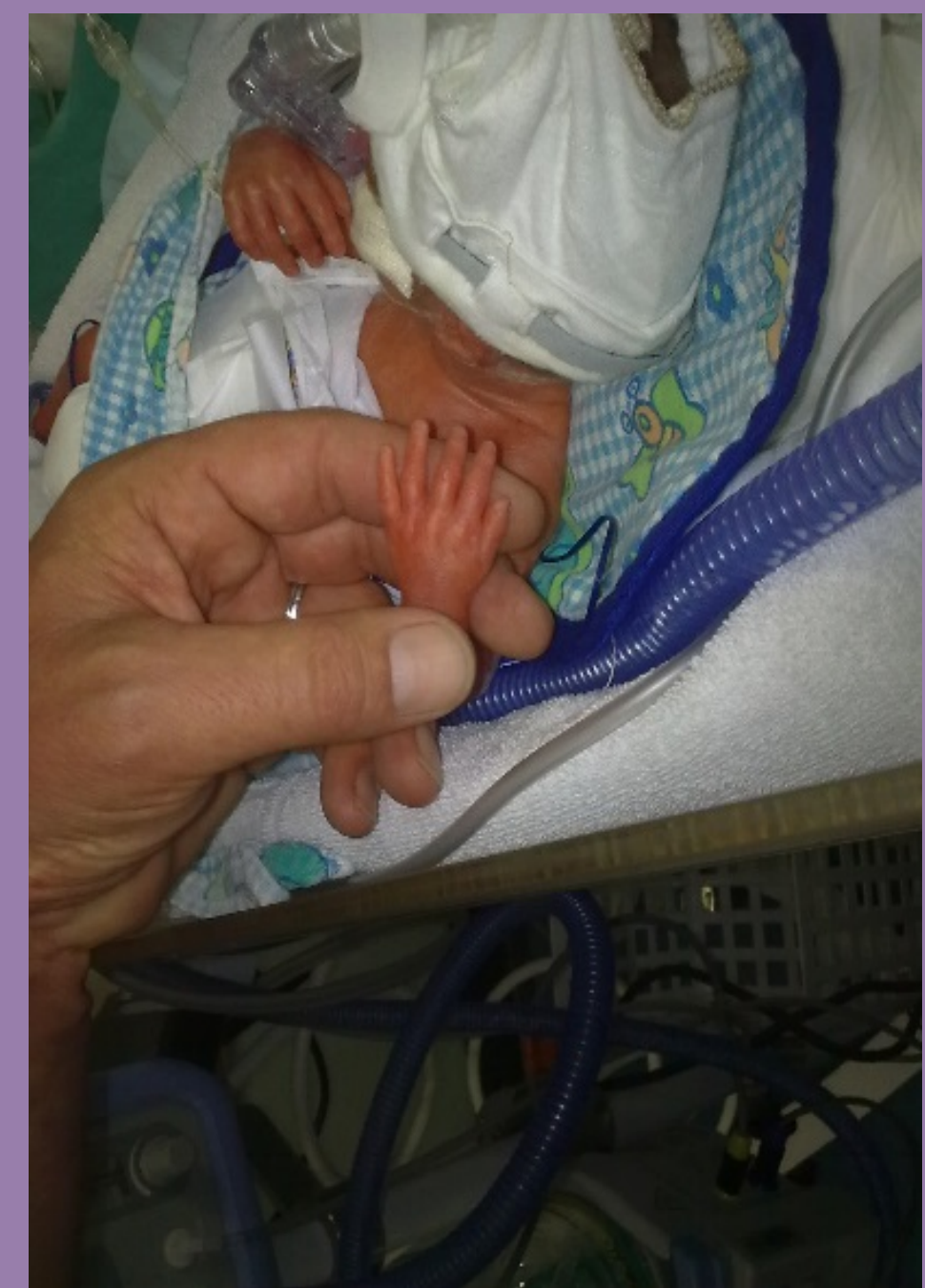


Quality improvement initiative to implement family-integrated care in a NICU

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Introduction

Premature labour often results in admission of the baby in a neonatal intensive care unit (NICU) and as a consequence separation of mother and baby after birth, and the nursing staff taking over the role of the primary caregiver. This might leave to lack of bonding and attachment. Family-integrated care emerged to empower parents to become primary caregivers while their infant is still admitted in the NICU.

Background

Family-integrated care is an approach to provide care for infants in the NICU where parents are encouraged to be active members of the team that take care of the infant in the ward. The parents are taught specific skills about the care of their neonate in a structured manner¹. The involvement of parents benefits the infants and their families. The outcomes of this model of care are associated with decrease in retinopathy of prematurity, necrotizing enterocolitis, medication errors, length of stay in hospital and reduced neonatal morbidity and mortality. Mothers commonly gain comfort, hope and confidence in providing care to their babies, thus improving bonding and the psychological wellbeing of the mother and baby^{2,3}. "Parents provide all except the most advanced medical care for their infants with support from the medical team."⁴

Aim and objectives

The aim of the quality improvement initiative was to integrate parents within NICU into all care given to their infants. The objectives were to empower parents to become primary caregivers; to improve bonding between parents and their baby; and to improve quality of care given to babies by parents in the NICU and after discharge. The target was to touch every single baby and parent in some way with family integrated care during their stay.

Project activities

After permission was obtained from the institution, the concept was introduced to the staff (3 paediatricians, 6 specialised registered nurses, 2 enrolled nurses and 2 careworkers). The Kouzes-Posner Leadership Model⁵ was followed to introduce the following:

- Information given to parents before or after birth, had to start as soon as possible
- Parents must spend as much time as possible with their baby, at least 8 hours per day
- Parents are taught how to care for their baby from least invasive to more complex activities, e.g. 'cupping' (skin-to-skin contact), nappy changes, taking baby's temperature, tube feeding etc.
- Parents are guided and encouraged to observe and report abnormalities
- Parents are taught to document care given on special provided document
- Parents confidence in participating in caregiving is boosted

Results and discussion

Since starting with the project in June 2016 122 infants were admitted to the NICU. Everyone involved in the multidisciplinary team has changed some aspect of how they care for their infants and their families. Involving family members was a difficult process but the nursing staff has evolved and allows the family members to partake in the care of their baby with much more ease. Looking at the documentation during the infants' stay in the NICU one could observe that the family members grew more enthusiastic and gained courage with each day of care done. Feedback included that bonding and attachment were more visible, while there had not been any adverse events.

Improved bonding between parents and baby was the most significant outcome as well as parental confidence to care for their baby in the NICU and after discharge and mothers reported improved success rate with breastfeeding and appreciated the close contact with their baby. The staff's attitude changed to be open and supportive of family-integrated care.

Lessons learned

The Kouzes-Posner Leadership Model provided clear guidance on how to implement the quality improvement initiative. To manage change requires patience, time and commitment.

Conclusion

Family-integrated care can definitely be implemented with success to benefit infants and families.

References:

1. Bracht, M, O'Leary L, Lee, SK & O'Brien, K. 2013. Implementing family-integrated care in the NICU: a parent education and support program. *Advances in Neonatal Care*, 13(2), 115-126.
2. Mount Sinai Hospital, Joseph & Wolf Lebovic Health Complex. Family-integrated care training module. University of Toronto; 2016. Available from: www.mountsinai.on.ca
3. Hei et al. 2016. Is Family Integrated Care in Neonatal Intensive Care Unit feasible and good for preterm infants in china: study protocol for a cluster randomized controlled trial. *Open access*, 17(22)
4. O'Brien et al. 2015. Evaluation of the Family Integrated Care model of neonatal intensive care: a cluster randomized controlled trial in Canada & Australia. *BMC Pediatrics*, 15(210)
5. Kouzes, J.M. & Posner, B.Z. 2012. *The leadership challenge*, 5th edition. USA: John Wiley & Sons, Inc.



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