Supporting a Preemie Parent by Phone: Best Practices for Mentor Programs

Peer support can be offered to preemie parents by various methods. An option that allows the parent to connect on a personal level is telephone support. Communication voice to voice provides more intimacy, allows for a strong bond to develop and provides a more personal touch than email or online forums allow. These are the best practices outlined by a non-profit organization focused on preemie parent peer mentor support.

Mentors
- Each qualified mentor has been interviewed to determine whether they are a good fit for phone support. They need to be able to communicate their own preemie story comfortably but understand that their conversations as a mentor are not about their own journey.
- Each mentor completes the required program training. Since many telephone support programs operate nationally/internationally, this training is often done online. Mentors have access to the program director by phone, email, text, or Facetime/skype.
- Each mentor is required to log their communication into a database in order to measure program success.
- Mentors must be able to call a parent within 24-48 hours of the connection being made.

Process
- Parents are able to connect with a mentor through the organization's website or by placing a call to the organization directly. Some programs do require intake forms to be completed. These forms include the contact information of the parent, the availability of the parent, and the needs of the parent. A match is made by either the director of the program based on the parent’s needs, or in some cases, the parent can select the mentor they wish to communicate with. This option is available for programs that provide online profiles for mentors on their websites. The form also includes the parents interests and challenges as it pertains to the mentor connection.
- Once the information has been collected, a mentor will be selected from the program’s active and qualified mentor list. A match is made based on the needs of the parent and the experiences of the mentor. They may share a common gestational age of delivery, diagnoses, pregnancy complications, etc. The contact information of the parent is sent directly to the mentor along with the information from the intake form.
- The mentor should connect with this parent within 48 hours of receiving their information. If this is not possible, the parent will be informed of a timeline in which the mentor will reach out. If the timeframe isn’t acceptable to the parent, another mentor will be selected to connect with the parent.
Once the initial connection is made, the mentor and parent continue their correspondence as it best suits the parent. This communication may be frequent or based on need.

Mentors are encouraged to listen effectively to each parent. They can include parts of their journey when applicable and helpful but the goal is to keep the focus on the parent.

Mentors are required to log minimal information into the database (i.e. name of parent, email/phone number of parent, date of conversation, initial or follow up contact). This is done with each phone conversation. Parent’s contact information is kept as well to allow for follow up or program measurement surveys.

If, at anytime, the parent or mentor feel that the match is no longer appropriate, they should contact the program director to re-assign a new match.

General

In most cases, parents and mentors do not meet face to face because connections are not based on location, but on needs of the parent. If a mentor and parent are close in proximity and they wish to meet up in person, that decision is left up to the pair.

Depending on the program, there may be a limit on the number of parents that one mentor feels they have the time to connect with. That is made on a case by case basis and according to the demands of the program.

There are some instances where the parent may be showing signs that they are in need of medically based help. If a parent is showing alarming signs of depression or hinting to thoughts of bodily harm, each mentor is trained in how to respond. Some programs, like Graham’s Foundation, staff a clinical psychologist as a referral source. Other organizations encourage parents to contact their medical professional if warning signs are present. Each mentor is also encouraged to direct parents to the suicide hotline if applicable. A three way conference call can take place with the support of the mentor for the parent.

Programs vary in size and availability. Graham’s Foundation has a team of 26 mentors and that number is very flexible. There should be enough active mentors within a program to meet as many possible needs that a parent may have. For example, a program should have a mentor familiar with the major pregnancy and NICU complications like IUGR, NEC, IVH, Infection, Micro-preemie delivery, Preemie Loss, etc.

Benefits

The benefits of peer to peer phone support are plentiful. Connecting by phone allows for parents to hear each other. It is a much more personal mode of communication as opposed to text or email.

Beyond the documented benefits to parent support as part of a family centered care practice, having the ability to talk with another parent who has experienced a similar situation brings a level of comfort that isn’t easy to match.

Challenges

Availability of both the parent and the mentor can be challenging to line up. It can be much more difficult to find a designated time to connect that meets the scheduling demands of a NICU parent and a mentor parent.

Parents may feel more comfortable with a different form of communication, such as email, text, in person (if possible) or skype/facetime. Upon matching a parent, both parent and mentor can determine which method of communication best fits their current situation and availability.