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## **Interdisciplinary Recommendations for Psychosocial Support of NICU Parents**

**Developed by**

**The Workgroup for Psychosocial Support of NICU Parents**

**(Convened by the National Perinatal Association)**

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### **Recommendations for involving the family in developmental care of the NICU baby**

#### **A. Recommendations for supporting parents' roles as caregivers of their babies in the NICU:**

1. Parents should be incorporated as full participatory, essential, healing partners within the NICU caregiving team. As partners within the medical team, parents should:
  - a. Assume the parental role through provision of hands-on care to their baby including early, frequent and prolonged skin-to-skin contact as is medically appropriate, with coaching, guidance and support from the NICU staff;
  - b. Participate in both medical rounds and nursing shift change reports;
  - c. Honor both HIPPA and safety concerns while in the NICU; and
  - d. Have full access and input to both written and electronic medical records.
2. Parents and family members should be supported to engage in developmentally appropriate care in order to become competent caregivers and advocates for the neuroprotection of their babies. Components of parent support should include guidance on how to:
  - a. Provide comfort and security through consistency of their presence for their baby whenever possible;
  - b. Understand the behavioral communication of their baby so as to best interpret and respond to the baby's needs;
  - c. Create and sustain a healing environment with respect to sensory exposures and experiences;
  - d. Provide supportive positioning and handling for their baby, including supportive oral feeding experiences, skin-to-skin contact (kangaroo care) and infant touch;

- e. Collaborate with NICU staff to minimize their baby’s stress and pain in the developmentally-unexpected environment of the NICU;
- f. Safeguard their baby’s sleep, recognizing the importance of sleep to healing, growth and brain development;
- g. Optimize their baby’s nutrition with breast milk and breastfeeding whenever possible; and
- h. Protect their baby’s skin and its many functions, including its role as a conduit of neurosensory information to the brain.

**B. Recommendations for staff participation in family-centered developmental care:**

1. A culturally appropriate and warm welcome for families should accompany the admission of each NICU baby. Basic introductory resources written in the primary language should be provided and continued throughout their NICU stay. When parents are able to be with their baby, the following should be reviewed with them: hand hygiene practices, staff roles and simple explanations of equipment. However, *before* medical equipment is explained, the focus should be on promoting baby-parent interaction. Emphasis should be placed on the critical importance of the parents’ presence to the short- and long-term outcomes of their babies, and parents should be assured of unlimited, around-the-clock information and access to their baby.
2. Staff should be educated on principles and methods of implementing family-centered developmental care, including the above topics in “supporting parents’ roles” #2.
3. Staff communications with parents and families should be regular, understandable (free of medical jargon), personalized, consistent and carried out in a culturally proficient manner. The quality of staff communication with parents and families, as provided by every member of the care team, is key to ensure success of family-centered developmental care.

**C. Recommendations for NICU policy to support family-centered developmental care:**

1. A policy of unlimited, open access for parents should ensure around-the-clock information and access to their baby, including medical rounds and nursing shift changes. Parents should not be viewed or referred to as “visitors”, but rather part of the care team.
2. Clear policies and procedures should promote the participation of parents’ support system; including the baby’s siblings, grandparents, extended family and parents’ friends, recognizing the importance of their involvement to the family’s well-being.
3. Support to the family should begin whenever maternal or fetal conditions and diagnoses are identified that could lead to a NICU stay. This support should include an antenatal consultation with the NICU healthcare team, including the developmental specialist or neonatal therapists (OT, PT, SLP), as well as an anticipatory lactation consultation.
4. Optimal family support in the NICU should include provision of:
  - a. Tangible resources; such as a family lounge, sleeping rooms, showers, laundry, kitchen, computers, and a family room in which to practice caring for the baby prior to

- discharge. Learning materials about infant development and care practices should be created in understandable language and provided in either written or digital form (in the form of videos or apps), as parents may desire;
- b. Psychosocial support for parents from every professional group providing care in the NICU including the neonatologists, nurse practitioners and nurses, social workers, psychologists, neonatal therapists/developmental specialists (OT, PT, SLP), lactation consultants, hospital chaplains, and the palliative care team;
  - c. Expanded family support inclusive of grandparents and siblings, as well as childcare while parents are caring for their baby in the NICU;
  - d. Peer-to-peer support (see also “Recommendations for peer-to-peer support for NICU parents,” in the comprehensive document\*); and
  - e. Referrals to resources within the community; such as mental health services, smoking cessation resources and services for parents who may have inadequate housing, transportation, food or clothing, as facilitated by the perinatal social worker or other staff members.
5. In the case of a baby’s death, an interdisciplinary palliative care and bereavement team should provide services to support the baby’s parents and extended family (see “Recommendations for palliative and bereavement care in the NICU,” in the comprehensive document\*).
  6. Preparing for the transition from the NICU to home should begin at the time of the baby’s admission (see “NICU discharge planning and beyond: recommendations for parent psychosocial support,” in the comprehensive document\*). Parents should be provided with:
    - a. Anticipatory guidance and education about criteria for discharge;
    - b. Education about Back-to-Sleep and Shaken Baby Syndrome and other issues related to baby’s safety;
    - c. Opportunities to develop competence and self-efficacy in the care practices needed for their baby at home;
    - d. Follow-up resources including referral appointments to appropriate care providers which may include home nursing visits, developmental care specialists (OT, PT, SLP) and breastfeeding support; and
    - e. An assessment of their social support system, their risk for postpartum depression or other emotional distress and the safety of their home environment as needed.
  7. Quality improvement projects on FCDC should become an integral part of the care provided.
  8. Hospital committee structure and NICU policy development should include family advocates as regular members.

\*The comprehensive document is “Interdisciplinary Recommendations for Psychosocial Support of NICU Parents,” available elsewhere on this website ([www.support4NICUparents.org](http://www.support4NICUparents.org)).