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Top Ten Recommendations to Create Comprehensive Family Support in NICUs

The large number of recommendations proposed by the NPA Workgroup can be distilled into ten essential recommendations to providing comprehensive family support as follows:

- 1- Policies are in place to guide how NICU staff will routinely mentor parents in the developmental care of their babies.
- 2- Parent participation in medical rounds and nursing shift change reports is welcomed and encouraged. Parents are involved as 24/7 members of the care team.
- 3- The NICU has, or is affiliated with, a parent-to-parent peer support program, which is offered to all parents. Best practice includes a paid position for a parent support coordinator.
- 4- NICUs with more than 20 beds have a dedicated master's level social worker *and* a full- or part-time PhD psychologist on staff or available by consultation to provide verbal therapeutic support to parents according to a layered levels of support model as well as to support staff as needed. Larger NICUs should have proportionally more NICU mental health professionals (NMHPs) on staff.
- 5- NICU mental health professionals should strive to meet with all parents/primary caregivers within 1-3 days of admission to establish a working relationship, normalize

emotional distress, and evaluate risk factors for all forms of emotional

distress. Screening of both mothers and fathers should be done within the first week and repeated when practical, especially before discharge and when concerns arise.

- 6- The NICU has policies for palliative and bereavement care, and staff have been educated in how to deliver this care.
- 7- A NICU point person is responsible for coordinating pre-discharge needs of families, including specific educational needs, scheduling of appointments, ordering home supplies and equipment, and communicating with follow-up providers. Planning for transition to outpatient care should begin at admission to ensure appropriate care continues beyond discharge.
- 8- At NICU discharge, every family is connected with some type of follow-up support, whether provided through a phone contact or in-person visit by a community-based public health home visiting program, a NICU nurse, therapist or developmental specialist or a continued relationship with a peer mentor. Post-discharge support should include screening for emotional distress and paraprofessional therapeutic support.
- 9- NICU staff regularly (once a year or more frequently) receive education on the psychosocial needs of parents and how to meet these needs, as well as education on self-care to minimize burnout.
- 10- A pastoral care staff person is embedded in the NICU staff team, to provide both parents and staff with support.

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