

# NEONATOLOGY TODAY

Peer Reviewed Research, News and Information in Neonatal and Perinatal Medicine



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11175 Campus Street, Suite #11121  
Loma Linda, CA 92354  
Tel: +1 (302) 313-9984  
[LomaLindaPublishingCompany@gmail.com](mailto:LomaLindaPublishingCompany@gmail.com)

# Family Centered Care July Webinar Summary

Morgan Kowalski

**FCC TASKFORCE**  
Webinar

July 10th, 2025 | 11-12:30pm PT

**Leveraging Human Connection:  
Caring with Intention**

**Mary Coughlin**  
MS, NNP-NCC-E (she/her)  
Trauma Informed Professional™ | Caritas Coach®  
President & Founder, Caring Essentials Collaborative  
NICU Grandparent

**Jessi Barnes**  
MSN, RN, RNC-NIC, NP-BC, C-ELBW (she/her)  
Neonatal Outreach Coordinator, Atlanta Perinatal Region  
Emory University School of Medicine, Dept of Pediatrics  
NICU Clinical Nurse Educator, Grady Memorial Hospital  
NICU Parent

Join us for this interactive session!

- Evaluate current practices and identify opportunities to strengthen family-clinician partnerships and promote clinician self-care
- Identify at least two concrete approaches to enhance relational safety in daily clinical interactions
- Consider how caring with intention shapes clinical practice, one's sense of purpose, and the well-being of babies and families

Join for Free to Register

FCC Taskforce Program Overview

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TASKFORCE**

*“By the end of the session, attendees were able to identify at least two concrete approaches to enhance relational safety in daily clinical interactions and consider how caring with intention shapes clinical practice, their sense of purpose, and the well-being of babies and families.”*

The Family-Centered Care Taskforce held its 21st free educational webinar on July 10, 2025, featuring Mary Coughlin, MS, NNP-NCC-E, and Jessi Barnes, MSN, RN, RNC-NIC, NP-BC, C-ELBW. Mary and Jessi opted for an interactive session, *“Leveraging Human Connection: Caring with Intention,”* to help participants evaluate current practices and identify opportunities to strengthen family-clinician partnerships and promote self-care. By the end of the session, attendees were able to identify at least two concrete approaches to enhance relational safety in daily clinical interactions and consider how caring with intention shapes clinical practice, their sense of purpose, and the well-being of babies and families.

*“Jessi, a neonatal outreach coordinator for the Atlanta Perinatal Region and NICU Clinical Nurse Educator at Grady Memorial Hospital, became a NICU parent a little over three years ago when her daughter, Aurelia, was born at 27 weeks gestation following a home placental abruption. Her 75-day NICU stay was marked by emotional stress, fear, and uncertainty, but also by moments of advocacy and transformation.”*

Jessi, a neonatal outreach coordinator for the Atlanta Perinatal Region and NICU Clinical Nurse Educator at Grady Memorial Hospital, became a NICU parent a little over three years ago when her daughter, Aurelia, was born at 27 weeks gestation following a home placental abruption. Her 75-day NICU stay was marked by emotional stress, fear, and uncertainty but also by moments of advocacy and transformation. She shared the importance of parental voice in care decisions, how trauma-informed developmental care (TIDC) acknowledges the emotional journey of families—not just the clinical one, and how NICU trauma leaves a long-term emotional imprint on the lives of families.

*“Mary is a pioneer in trauma-informed developmental care and President and Founder of Caring Essentials Collaborative, which is best known for its Trauma-Informed Professional (TIP) Certificate Program.”*

Mary is a pioneer in trauma-informed developmental care and President and Founder of Caring Essentials Collaborative, which is best known for its Trauma-Informed Professional (TIP) Certificate Program. Mary became a NICU grandparent a little over two years ago, cementing her calling to this work. She expanded on the foundations of trauma-informed developmental care, which are safety, trust, connection, and equity, and emphasized that both babies and families experience trauma in the NICU.

Together, Mary and Jessi challenged the traditional definition of 'value' in NICU care. Instead of equating value solely with efficiency, cost-savings, and medical metrics, they invited webinar participants to expand their understanding of value to include family experiences, the psychological safety of parents, and the well-being of clinicians. Examples of providing this kind of value to families specifically include: 1) listening to and lifting family voices, 2) ensuring parents are present for procedures, firsts, and milestones when they want to be, and 3) acknowledging a family's NICU trauma rather than minimizing it. The following prompt was offered to guide reflection: *"What would it mean to define value in the NICU based on what families and bedside staff need to feel safe, heard, and supported?"*

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***"Examples of providing this kind of value to families specifically include: 1) listening to and lifting family voices, 2) ensuring parents are present for procedures, firsts, and milestones when they want to be, and 3) acknowledging a family's NICU trauma rather than minimizing it. The following prompt was offered to guide reflection: 'What would it mean to define value in the NICU based on what families and bedside staff need to feel safe, heard, and supported?'"***

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Trauma-informed developmental care benefits NICU staff as well. Burnout and moral distress are often linked to systems that prevent connection with families and require staff to operate in 'survival mode'. TIDC encourages an organizational culture that supports clinician well-being, not just productivity. This might look like respect for boundaries, safe spaces for debriefing, clear communication from leadership, and consistency in practice.

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***"TIDC encourages an organizational culture that supports clinician well-being, not just productivity. This might look like respect for boundaries, safe spaces for debriefing, clear communication from leadership, and consistency in practice."***

---

The session ended with a call to action, urging attendees to reflect on their personal definitions of value in the NICU, explore how policies, workflow, and language can be changed to center trauma-informed principles, involve parents as partners in—not just recipients of—care, and advocate for spaces like Family Partnership Councils.

### **Concrete Approaches to Enhance Relational Safety in Daily Clinical Interactions:**

1. Consistent, Transparent Communication
  - Introduce yourself every time you enter the room, even if you have met the family before.
  - Explain what you are doing *before* you touch the baby or equipment.
  - Offer transparent updates (including uncertainties) while reassuring families that they are not alone.
2. Intentional Presence at the Bedside
  - Slow down during interactions; make eye contact, use calm body language, and pause to ask, *"What questions do you have right now?"*
  - Prioritize parent participation in care, such as diaper changes and skin-to-skin, even if it takes longer.
  - Sit when possible instead of standing over your parents; this signals collaboration rather than power.
3. Collaborative Decision-Making
  - Involve parents in the planning and care of their infant whenever possible.
  - Ask, *"What are your priorities for your baby today?"*
  - Honor family values and cultural practices when creating care plans.
4. Repairing Relationships After Missteps
  - If conflict or miscommunication arises, acknowledge it and seek a resolution. This might look like, *"I realize what I said may have come across as dismissive. That wasn't my intention, and I want to better support you."*
5. Trauma-Informed Language
  - Use phrases like, *"Your baby is working on..."* rather than *"Your baby can't..."*
  - Say, *"We will try again"* instead of *"your baby couldn't do it."*

### **Caring with Intention—Impact on Practice and Well-Being:**

- **For Clinical Practice:** Intentional caring shifts focus from tasks and efficiency to relationships. This human-centered approach strengthens teamwork and reduces errors by fostering open communication.
- **For NICU Staff:** Acting with intention reminds staff of the reasons they do this work. Achieving trust with parents or witnessing a baby's serene calmness during

skin-to-skin care reinforces meaning and resilience.

**Disclosures:** The author has no relevant disclosures.

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- **For Babies and Families:** Relational safety reduces parental stress, enhances bonding with their infant, and promotes positive neurodevelopmental outcomes. Families who feel safe and respected are more confident in caring for their infant, both in the NICU and after discharge.

To view a recording of our July Webinar, [click here](#).

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*Corresponding Author*



Morgan Kowalski  
Program Manager  
Family Partner  
Family Centered Care  
Division of Neonatology  
Department of Pediatrics  
Stanford University  
Palo Alta, CA  
Email: [morgankw@stanford.edu](mailto:morgankw@stanford.edu)

Thank you to our FCC Taskforce Organizational Partners:



# FCC Taskforce Webinar

September 11, 2025

11-12:30pm PT

Screening Now: Standardizing Mental Health Assessments for NICU Parents



**Megan Paulsen**  
MD (she/her)  
Neonatologist &  
NICU Parent,  
Children's Hospital  
Minnesota



**Sarah Swenson**  
MD, DPhil, FAAP (she/her)  
Assistant Professor,  
Division of Neonatology  
University of Nebraska  
Medical Center  
Children's Nebraska

Long-Term Outcomes:  
Preparing Families for Future Health



**Lauren Ingledow**  
(she/her)  
Co-Founder and  
Director,  
Adult Premie  
Advocacy Network  
CIC (APAN)



**Michelle M. Kelly**  
PhD, CRNP, FAANP, FAAN  
(she/her)  
Professor, Villanova  
University, M. Louise  
Fitzpatrick College of  
Nursing  
Pediatric & Neonatal Nurse  
Practitioner

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Program Overview](#)



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# FCC TASKFORCE OFFICE HOURS

Who?

Facilitated by one Healthcare Partner and one Family Partner from our Executive Council and attended by members like you!

What?

An informal meeting where members can bring their unit's specific challenges and barriers around implementing family-centered care practices and brainstorm solutions for overcoming them with their peers.

Where?

Zoom! These sessions are not recorded so folks can feel safe sharing.

When?

11am Pacific Time / 2pm Eastern Standard Time

Why?

Don't reinvent the wheel! Modify what's worked for other units to suit your own.

[Register Here](#)



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Notre Dame, Indiana

Pictured: Baby Kole with his Dad



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