

# NEONATOLOGY TODAY

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



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# NEWSLETTER

The **first** international, multicenter, collaborative initiative solely dedicated to **quality improvement in Family-Centered Care.**

## In This Issue

- March '24 Poll Results
- March '24 Webinar Review
- Quarterly Recommendations
- Small Group Office Hours
- Update from Taskforce Founder
- FCC Taskforce Information



Subscribe to our mailing list for access to free educational webinars and resources for implementing FCC!

## Practical Reasons for Providing Intentional Care by Jessi Barnes, MSN, RN, RNC-NIC, NPD-BC, C-ELBW

Centering the experience of the baby as a person with relationships and inherent worth is a core objective for those who advocate for family-centered care. But what about your colleagues who may not share this belief as fervently as you do? Here are two practical reasons for providing intentional care to aid your discussions:

- When the baby's needs are prioritized, they are more at ease and conserve bodily resources. Incorporating a family member in your routine care offers a familiar face, voice, and touch for the infant. Familiarity breeds comfort, allowing infants to more efficiently utilize their resources so as to not drain their oxygen or glucose reserves. Making the baby's comfort a priority leads to less lability in oxygen saturation which leads to less oxygen titrations by the clinician – literally reducing your workload!
- When the infant's family feels involved and heard, they are more likely to partner with the care team. Frankly, if the family hadn't experienced this trauma, we wouldn't have jobs. We owe it to them to partner with them in every way in exchange for the privilege to care for their child. Neonatology is a young subspecialty, and we are learning from our patients and families each day. Fostering collaborative relationships helps us care for the babies of today and tomorrow.



# MARCH POLL RESULTS

**You helped us understand how your unit includes Family Partners in charting and meetings with families!**

We asked if Family Partners (i.e. former NICU parents who are paid or unpaid and who are assisting in current activities on the unit) are able to use electronic medical records (EMR) to document updates on the current NICU families they are supporting and in meetings attended with families and healthcare providers, social workers, etc.

**26.7% said Yes to Family Partners using EMR, 73.3% said No**

## What are Family Partners documenting?

*“Who they talked with and follow up needed”*

*“We chart notes when we do supportive check-ins, care conferences, education, etc. We chart discharge planning tasks as appropriate”*

*“Family interactions, referrals/connection to social work, other support-related information”*

*“Parents on staff chart communication with families (in person, over the phone, in writing), that included support or education. This includes types of support offered and any significant information that was shared (e.g. relevant family circumstances, discussions about feelings or values) and what the staff member did (e.g. validated feelings, encouraged asking questions with medical staff, invited to support events, etc.). Volunteer parents do not have access to EMR.”*

*“Parent contact, number of minutes in room, support given (invited to scrapbooking or NICU dinner, shared benefits of Kangaroo Care, reading, oral care, etc.).”*

## How is that data being used or measured?

*“Team awareness.”*

*“The data is used solely by our parent-to-parent support program.”*

*“We use it to demonstrate the value of the family support role, how it differs from social work, and how many touch points and supports we offer families during a NICU stay.”*

*“Anyone with EMR can read what is charted, and social workers have indicated they read detailed charting done by Family Partners.”*

*“Number of minutes [spent with families]”*

*“Currently not used or measured in any meaningful way, although we do have the ability to aggregate the number of patients seen using an intervention tracker in the chart as a metric.”*

*Thank you!*

Thank you to those who responded to our March Poll! **To view all of the helpful answers we received, click [here](#).**

# APRIL POLL

We want to hear from our Family Partners as we address the following questions for our [April Poll](#): How would you have felt about using an app to track your milk production? How would you have felt about linking this app to Electronic Health Record? For the complete questionnaire, click [here](#).

## WEBINAR REVIEW

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**“Improving Skin-to-Skin and Family-Centered Care in a Community Level 3 NICU” with Tamara Beldsoe, MS, NNP, APRN-BC, C-ONQS, Vargabi Ghei, MD, MSHS, and Pamela Torreblanca, RN, CNC**

Tamara, Vargabi, and Pamela discussed how their Level III NICU at HCA Northwest Medical Center improved their time to initiation of skin-to-skin care and their staff’s perception of FCC. In 2022, their NICU joined the Florida Perinatal Quality Collaborative’s (FPQC) PAIRED initiative, the primary goal being to decrease the time to the first episode of skin-to-skin care by a baseline of 20%. The unit also aimed to make care in their unit more family-centered and formed an interdisciplinary team of three nurses, three neonatologists, a hospital leader, data champion, and respiratory therapist. Read more about their incredible work in the March 2024 FCC Column of Neonatology Today at no cost [here](#).

**“Family Integrated Care: From Pilot to Practice in a Busy Level 3 NICU” with Emily Whitesel, MD, Molly Fraust-Wylie, and Kathleen Tolland, DNP, RN**

Emily, Molly, and Kathy shared how they piloted a Family Integrated Care (FICare) program in their special care nursery between 2019 and 2020. The foundation of the program was that families should be seen as equal partners in care. Research suggests FICARE decreases caregiver stress, improves communication with the medical team, decreases length of stay, and improves weight gain and breastfeeding at discharge.

They received funding to build the pilot program to measure how a FICARE model compared with more a more traditional model of care, where parents are less involved. They included paid family partners, and created a toolkit for caregivers and also focused on staff education. There were different tiers of care the caregivers could participate in, ranging from participating in rounds to placing NG tubes and starting NG feeds. Overall, at the end of the pilot they saw positive trends in the FICARE group – caregivers were more technically and emotionally prepared to go home and breastfeeding more at discharge.

In more recent years, the program has grown from a pilot to be the standard of care in their large 63-bed academic NICU. An educational program about FICARE has been the cornerstone of this growth. The program has comprehensive modules that carefully outline the role of the caregivers and how it differs from the role of the nurses. Overall, the staff has responded positively to the education and standardization of FICARE. Emily, Molly and Kathy continue to work on FICARE implementation and plan to measure family satisfaction and discharge readiness as their main outcome measures.

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# QUARTERLY RECOMMENDATIONS

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During our April Office Hours session, we heard from **Mary Coughlin, MS, NCC-E, President & Founder of Caring Essentials Collaborative, LLC** on what it means to be trauma-informed, how to acknowledge the impact of trauma on a person's health and well-being, and ways to prevent re-traumatization. Equity-centered trauma-informed care (EC-TIC) is a framework that focuses on equity as the center point of trauma-informed care.

Often, when we think about trauma in the NICU, we center these thoughts on the birthing parent. We know about the stresses of childbirth and postpartum depression, and are hyper-focused on the well-being of mothers in our units, but how are we providing trauma-informed care for dads and non-birthing partners? **Here are some recommendations for discussions to have with your team around closing trauma-informed care gaps to include all parents:**

- How are we making space for the emotional well-being of dads and non-birthing partners? i.e. acknowledging their vulnerability, fear, sadness, and anger
- How are we caring for the mental health of dads and non-birthing partners?
- How are we empowering dads and non-birthing partners as parents in the NICU? e.g. engaging them in kangaroo care, bathing & dressing baby, discharge planning, feeding, etc.
- Are we acknowledging Father's Day in ways that are equitable to Mother's Day celebrations?

**Other areas of discussion:**

- Do we have dads and non-birthing partners serving as Family Partners?
- Do we have peer-to-peer support and/or support group opportunities for dads and non-birthing partners?

**Resources for Dads:**

- [The NICU Dad](#) (Resource Guide, Podcast, Support Group)
- [NICU Daddies Support Group](#) (Facebook)
- [A dad's role in the NICU](#) by March of Dimes

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## FCC TASKFORCE OFFICE HOURS

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To support our Small Groups, the FCC Taskforce holds monthly Office Hours to discuss challenges around implementing FCC practices and provide strategies for overcoming them. Office Hours are facilitated by healthcare professionals and Family Partners and include a variety of topics. If interested, please use the QR code below to register and receive calendar and Zoom invites!



Sign up for our next Office Hours session **Thursday, May 23rd at 9am PT** to discuss communication and information-sharing as pillars of NICU care with Daphna Barbeau, MD and Lelis Bauzá Vernon.





# THANK YOU FOR READING!

## FCC Taskforce

### Co-Chairs

Malathi Balasundaram, MD  
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### Program Manager

Morgan Kowalski

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## Mission Statement

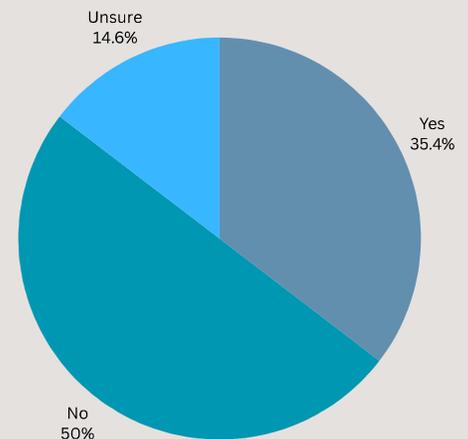
We exist to equip and support NICUs as they seek to begin or strengthen Family-Centered Care in their units.

### Why We Exist

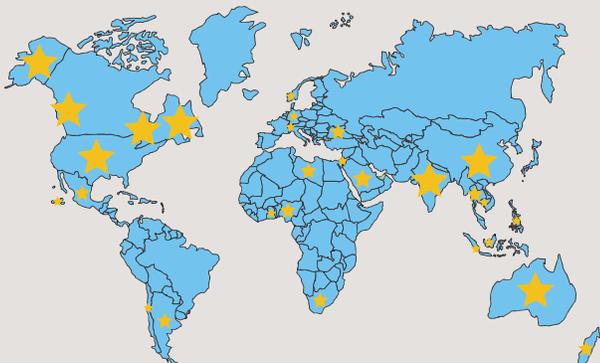
65% of 48 responders said they don't have FCC committee in their unit.

To address the challenges that exist in implementing FCC practices, we offer free educational webinars with engaging, live Q&A sessions and use a small-group QI collaborative model. **Our key strength is equal partnership between health care professionals and family partners.**

Does your institution currently have an FCC Committee?



900+ members and growing!



## Organizational Partners



Free Resources: [www.fcctaskforce.org](http://www.fcctaskforce.org)

Follow Us on Twitter: [@FCCTaskforce](https://twitter.com/FCCTaskforce)

Subscribe to Our YouTube Channel: [FCC Taskforce](https://www.youtube.com/channel/UC...)

Contact Us: [familycenteredcaretaskforce@gmail.com](mailto:familycenteredcaretaskforce@gmail.com)



FAMILY-CENTERED CARE  
**TASKFORCE**

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# Vaccines and Preventive Monoclonal Antibodies

WHAT'S THE DIFFERENCE?

## The Importance of Immunization

Vaccines and preventive monoclonal antibodies are two different types of immunization. While they function differently, they both serve the same purpose: protecting people from serious illnesses and diseases.

Different Technology,  
Same Protective Value



<https://www.who.int/news-room/feature-stories/detail/how-do-vaccines-work#:~:text=Vaccines%20contain%20weakened%20or%20inactive,rather%20than%20the%20antigen%20itself.>  
[https://static1.squarespace.com/static/5523cf7e4b0fe011e668e67/62445af0d0134140f95413f6/1648648910485/NCIH\\_Monoclonal+Antibodies+Inclusion+in+the+VFC+Program\\_Position+Paper\\_Mar+2022.pdf](https://static1.squarespace.com/static/5523cf7e4b0fe011e668e67/62445af0d0134140f95413f6/1648648910485/NCIH_Monoclonal+Antibodies+Inclusion+in+the+VFC+Program_Position+Paper_Mar+2022.pdf)

