

NEONATOLOGY TODAY

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



Volume 20 / Issue 5 May 2025

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NEONATOLOGY TODAY
 © 2006-2025 by Neonatology Today
 Published monthly. All rights reserved.
 ISSN: 1932-7137 (Online), 1932-7129 (Print)
 All editions of the Journal and associated manuscripts are available on-line:
www.NeonatologyToday.net
www.Twitter.com/NeoToday



Loma Linda Publishing Company
 A Delaware "not for profit" 501(C) 3 Corporation.
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Family Centered Care: Opinion Piece: “I’m Not Your Mom: Empowering Parental Engagement by Using First or Preferred Names”

Morgan Kowalski, Mia Malcolm, Jessi Barnes

“The data shows that many parents prefer being called by their first names over being referred to as ‘mom’ or ‘dad’ by healthcare professionals. (1, 2) Learning and using first and preferred names goes hand-in-hand with core tenets of patient- and family-centered care: respect, dignity, and collaboration. (3)”

“Hi, Mom, how are you today?” “Mom, what do you think?” “Do you have any milk, Mom?” This language is typical between mothers and their children and can also be typical between NICU mothers

and the healthcare professionals caring for their infants. While the intent behind this moniker might be ease of communication, the impact of calling parents ‘mom’ or ‘dad’ is often that they feel they are being placated or dehumanized and that the power dynamics and hierarchy in medicine are being reinforced. The data shows that many parents prefer being called by their first names over being referred to as ‘mom’ or ‘dad’ by healthcare professionals. (1, 2) Learning and using first and preferred names goes hand-in-hand with core tenets of patient- and family-centered care: respect, dignity, and collaboration. (3)

NICU parents are utterly unprepared for their NICU stay (even if they were warned of one during their pregnancy) and are navigating active and acute trauma. They are recovering from childbirth and balancing presence at their baby’s bedside and other responsibilities we may not be aware of, including caring for older children and pets, maintaining their homes, and managing job commitments, among other tasks. They may be navigating social complexities and anxieties stemming from the hierarchical system that exists in healthcare, along with worries around bias and being unheard, which adds a layer of difficulty to the NICU experience. They also learn new terminology, measurement



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systems, and NICU staff names. If a NICU parent can do all this on the heels of a traumatic birth and sleep and food deprivation, cannot their first or preferred name be remembered and used?

“I would argue that you can commit the names of the families you are caring for to memory. You can remember the names of the pediatric residents doing their four-week NICU rotations because they are part of the care team and doctors nonetheless. For many families, the NICU journey is much longer than four weeks, and are we not part of our child’s care team? Regardless, you do not have to remember families’ first or preferred names. You just have to use them.”

“But I can’t be expected to remember the first or preferred names of every family who walks in the door, Morgan.” – I would argue that you *can* commit the names of the families you are caring for to memory. You can remember the names of the pediatric residents doing their four-week NICU rotations because they are part of the care team and doctors nonetheless. For many families, the NICU journey is much longer than four weeks, and are we not part of our child’s care team? Regardless, you do not have to *remember* families’ first or preferred names. You just have to use them. Many hospital systems require parents to wear a name tag. Names can be pinned to the top of EHR or EPIC for easy reference, the parents’ preferred names can be a part of the handoff report given by nursing staff, and names can be posted at the infant’s bedside.

“It is easy to feel intimidated by unfamiliar names. As many of us serve families from around the world, our names may also look unfamiliar to them, yet they learn. Asking parents how they pronounce their name is not offensive or insensitive if asked with a neutral tone and humble inquiry.”

“But I don’t know how to pronounce a parent’s first or preferred name.” – It is easy to feel intimidated by unfamiliar names. As many of us serve families from around the world, our names may also look unfamiliar to them, yet they learn. Asking parents how they pronounce their name is not offensive or insensitive if asked with a neutral tone and humble inquiry. Avoid prefacing a question

about name pronunciation with statements like “Your name looks complicated” or “Your name is very long.” Instead, say, “Hi, I’m Morgan. I’m going to be caring for your family today. What is your name?” The same goes for using the first names of the infants you care for. “How do you prefer I pronounce your baby’s first name?” Repeat the parent’s or baby’s name and ask, “Did I get that right?”. If it helps, note the phonetic spelling in the family’s chart or at the bedside.

When you learn and use my name, it shows you care. It shows you value me as a member of my infant’s care team. It feels like a connection. It feels like an invitation to participate in decision-making. It makes me feel seen. If family-centered care (FCC) is a key factor in improving infant health and family mental health outcomes, (4) using my first or preferred name seems like a free, easy way to embody the core principles of FCC: information-sharing, dignity, respect, collaboration, and participation. FCC ensures caregivers are active, engaged team members throughout their NICU journey, and we always use our team members’ first or preferred names.

“When you learn and use my name, it shows you care. It shows you value me as a member of my infant’s care team. It feels like a connection. It feels like an invitation to participate in decision-making. It makes me feel seen.”

Quick Review - Barriers & Solutions to Using Parents’ First or Preferred Names

Barrier: “I can’t remember my parents’ first or preferred names.”

Solutions:

- Take advantage of the nametags that parents are required to wear by most hospital systems. Some NICUs use NICU parent badges similar to employee badges, allowing parents to walk directly to the NICU without going through the long front desk security line multiple times daily.
- Pin first or preferred names at the top of the patient chart in EHR/EPIC
 - In the demographics section of a patient’s chart, you can update the parents’ preferred name and other relevant information
 - You can create and apply tags or categories with parents’ first or preferred names to a patient’s chart, which will then appear alongside their name and date of birth
 - If your system does not have a field for preferred name, providers can use quotation marks, i.e., Jeffrey “Jeff” Kowalski
- Include first or preferred names in the handoff report

- Post first or preferred names at the infant's bedside for easy reference

Barrier: "I don't know how to pronounce a parent's first or preferred name."

Solution: Ask! This is not an offensive or insensitive question. Asking can sound like, "How do you prefer I pronounce your first/ preferred name?" or "Can you help me learn how to say your name properly?" Then, note the phonetic spelling for easy reference, i.e., Jeff Kowalski/jeff co-wall-ski

Barrier: "I have a large, 100-bed NICU."

Solution: A larger unit should not equate to less personal care. The ask is to try to use the names of families you care for. In the same way, if you use the first or preferred names of other healthcare team members (i.e., nurses, ST, OT, RT, doctors, PCTs, secretaries, etc.), you can use the first or preferred names of parents.

NICU parents must be seen and valued for who they are as individuals and integral members of their baby's care team. Communicating with them using their first or preferred name is an easy, free first step to including them in your family-centered care model.

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Disclosure: This work is supported by an educational grant from Chiesi Inc. USA and a Seed 1 Partnership Award from Stanford Impact Labs.

Generously supported by 

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