

FCC TASKFORCE

NEWSLETTER

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Mission Statement

The Family Centered Care (FCC) Task Force aims to educate, create guidelines, and facilitate unit-based interventions related to FCC in the Neonatal Intensive Care Unit.

The Newsletter provides commentary on the latest publications related to FCC work, showcases a dedicated section for family partners to share expert insights, and shines a spotlight on practical unit-based FCC ideas.



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- Article Reviews
- Recommendations of the quarter

EXPERT INSIGHTS

FROM TERM & LATE PRETERM FAMILY PARTNERS



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Sha Sha Chu
NICU Children:
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Being admitted to the NICU can be a life altering event for families, potentially even the worst experience of a lifetime. Late preterm or term admissions to the NICU are traumatic for families because they are often expecting to have a healthy infant, but the infant requires intensive care (like ventilatory support or cooling). Yet for other late preterm and term families who are anticipating a NICU admission, they may start feeling the trauma of the NICU admission even before their child is born.

The behavior and actions of the medical team can shape the NICU experience for better or worse. **Effective communication and empathy** are key factors that have a positive impact on late preterm and term family experiences in the NICU. FCC plays an important role in helping families connect and bond with their infants particularly during the early phase of the admission when they feel they do not have much control over the process. NICUs can improve FCC throughout the hospital course by **being more attuned to the stressors of families** such as partner relationships, parental employment, childcare for NICU siblings and the struggles of non-birthing parents.

NICU teams should also be **more sensitive and offer additional psychosocial support in the time leading up to discharge** when parents may feel apprehensive or anxious about suddenly caring for the infant at home without the structure and resources of the NICU. Importantly, at the time of discharge, parents should receive information for reputable resources related to life after NICU hospitalization, including information on a specific condition (such as Hypoxic-Ischemic Encephalopathy) or more general infant care (such as lactation, support groups, etc). This is especially important because, while NICU teams care for the infant during the hospitalization, the family is the ultimate care provider.

ARTICLE REVIEW

“All these people saved her life, but she needs me too”: Understanding and responding to parental mental health in the NICU

Klawetter, Susanne. et al. *Journal of Perinatology* Nov. 2022, <https://pubmed.ncbi.nlm.nih.gov/35705639/>

This qualitative study presented findings from interviews with NICU parents and staff about NICU parental mental health needs, including obstacles and solutions to meet those needs. The study took place in a Level IV NICU in the Northwestern United States with a 5-state catchment area. Those interviewed included 10 NICU parents and 5 NICU staff. Most parents (8) spoke English as their primary language and 2 spoke Spanish. Staff included a Hospitalist, Nurse Case Manager, Nurse Practitioner, Social Worker, and Health Unit Coordinator.

The first theme observed was that **parental mental health needs change over time**. In the beginning of the NICU stay, parents are becoming familiar with the NICU environment and need concrete information about the roles of different staff members and orientation to the physical NICU space. In the middle phase, parents are familiar with the NICU environment, and transitioning to taking on a more active role in their infant's care. Now, they seek routines, such as calling twice a day for updates to decrease anxiety. In the discharge preparation phase, parents sometimes feel anxiety and depression as they realize they are losing the NICU support and must grow accustomed to new medical personnel.

A second theme was that **positive interactions with staff had positive effects on parental mental health**. For instance, staff who empathized with parents and gained their trust through regular formal and informal interactions decreased parental stress. Non-English-speaking parents were at a disadvantage in developing these positive, buffering relationships with a primarily English-speaking staff.

A third theme was that structural barriers including treating the infant rather than the parent-infant dyad, staff capacity limits, and the unpredictable availability of interpretation services led to parents feeling their mental health needs were not addressed or met. Lastly, a final important theme was that NICUs are in a unique position to address parental mental health needs and services should be offered to meet these needs.

Reviewed by Vargabi Ghei, MD

ARTICLE REVIEW

Neonatal outcomes from a quasi-experimental clinical trial of Family Integrated Care versus Family-Centered Care for preterm infants in U.S. NICUs

Franck, Linda S. et al *BMC Pediatrics*, 22 Nov. 2022, <https://pubmed.ncbi.nlm.nih.gov/36418988/>

In this report, an enhanced version of Family Integrated Care, termed “mobile-enhanced FICare” (mFICare) was studied in comparison to Family-Centered Care (FCC). Three NICUs (2 Level IV and 1 Level III) participated in the trial and 253 parents were enrolled. All provided FCC as their standard care and encouraged 24/7 parental presence. The mFICare intervention provided educational classes for parents 2-5 times a week, an expanded role for parents in direct caregiving and weekday rounds, parent peer mentorship, and a mobile app that provided additional opportunities for education and support.

The enhanced FICare program did not affect length of stay or several outcome measures that were tracked during the study. However, the risk of nosocomial infection was markedly reduced, and weight gain was improved, especially among babies of families who participated in rounds, group classes, and had parent mentors.

Commentary: Family engagement in the care of their newborns can be affected by many factors such as socioeconomic status, distance from the NICU, and availability of family leave, so no program is going to be able to fully integrate all families into the care of their infants, but **programs that use a multi-faceted approach seem more likely to “meet parents where they are at,” rather than those that have a single approach.** The mobile-enhanced FICare program utilized educational classes, parent mentors, and a mobile app to supplement the basic elements of Family-Centered Care; these elements are likely to be beneficial as part of any comprehensive family support program. While a general FCC program is foundational, it should not be considered the full solution to optimize outcomes; as this study shows, additional enhancements can have substantial and even unexpected benefits.

Reviewed by Robert White, MD

ARTICLE REVIEW

Former NICU Families Describe Gaps in Family-Centered Care

Sigurdson, Krista et al. *Qualitative Health Research*, Oct. 2022, <https://pubmed.ncbi.nlm.nih.gov/32713256/>

The main objective of this qualitative study is to understand California NICU families' experience of neonatal care in the context of family centered care. The study tried to focus on the experience of non-white families and those of lower socioeconomic status. Overall, 18 parents were interviewed including 16 mothers and 2 fathers (6 White/5 Hispanic/4 Asian and 3 Black). All parents had infants who were preterm (29-34 weeks) and less than 1500g at birth. One gap identified was related to social work. Specifically, **parents often did not know the scope of a social worker's practice and therefore did not know when to ask for one.** Some parents felt social workers did not empathize with them and were too quick to call Child Protective Services. Another parent-identified gap was **feelings of judgement from staff, especially when parents were not able to be at bedside.** Black fathers were noted to feel particularly uncomfortable in the NICU due to pervasive stereotypes about black men. A third gap was a **lack of interpretation services** for families who had a non-English language of preference. Of note, parents viewed primary nursing as a tool to decrease parental anxiety and improve partnership with families. Overall, this study is valuable because it identified gaps in family centered NICU care which can be used as the starting point for focused areas of improvement.

Reviewed by Vargabi Ghei, MD

Recommendations of the Quarter:

Want to build rapport with families? Try discussing day-to-day events unrelated to infant care to increase trust and improve relationships with family members.

Remember that each time you speak with a family, you have the opportunity to empower them as both caregivers and advocates for their infant.

Want to increase parental satisfaction? It has been shown that when a provider sits during clinical updates satisfaction increases for NICU families!

Feeling overwhelmed about where to begin? Start small. Share your own successes with staff and celebrate when others offer family centered care.

Make it a priority to recruit a few passionate staff and form your FCC committee.