FCC Taskforce WEBINAR

JANUARY 8, 2026 11AM - 12:30PM PT

Breaking Down Professional Silos to Improve Infant-Parent Outcomes in Neonatal Care

Christy Gliniak, PhD, OTR/L, CNT, CPXP, NTMTC (she/her)
Communications Manager, National Association of Neonatal Therapists (NANT)
Associate Professor, Fielding Graduate University

Sue Ludwig, OTR/L, CNT (she/her)
President & Founder, National Association of Neonatal Therapists (NANT)

The Power of "How Are You?": Strengthening Support for Fathers and Non-Birthing Parents in the NICU

Cameron Boyd (he/him)
Attending Neonatologist, Cook Children's Medical Center

Michael Swain (he/him)
Family Partner, Lurie Children's Hospital Family Partnership Council
NICU Parent of Sam, Will, and Luke

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smallTalk® NICU Egg™ System

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This Webinar is Dedicated to Will, Sam, Kate, and Luke

Webinar Etiquette

Thank you for helping us make FCC Taskforce Webinars a safe & brave space for all!
By participating, you are agreeing to the following guidelines:

1. Please mute your microphone when you aren't speaking
2. Please turn off your camera if multitasking
3. All questions & comments spoken and written in the chat should be respectful, non-discriminatory, and non-judgmental

Topics discussed may illicit strong emotions and feelings. Please reach out to us if you need support.

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All-In Meeting

- → Break down the hierarchy
- → Integrate patient-families
- → Prioritize funds to support patient-families
- → Intentionally elevate the voices of women, diverse groups, and individuals with rare or unique experiences
- → Make it relevant and personal
- → Provide support to disabled individuals during in-person meetings
- → Invest in building relationships
- → Support and include breastfeeding mothers/parents
- → Demonstrate the impact, progress, and opportunities
- → Capitalize on the expertise in the room
- → Remain receptive and responsive to constructive criticism

ALL-IN MEETING

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Connecting Babies and Families in the NICU

Developed by a neonatologist with support from the National Institutes of Health, **The smallTalk® NICU Egg™ System helps families stay connected with their babies during NICU stays**. Families make recordings for their babies that are played by the care team when they can't be there. Recordings are automatically played at a NICU-safe volume and duration.

smallTalk

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New Organizational Partnerships

The Butterfly Project

CHNC

Children's Hospitals Neonatal Consortium

nichQ

National Institute for Children's Health Quality

Organizational Partners

Non-Profit Status!!!

The Family-Centered Care Taskforce has received non-profit, 501(c)3 status!

Thank you to Mitch Goldstein for helping us secure grant funding through his nonprofit, Loma Linda Publishing over the last three years.

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FCC Taskforce Leadership Team

Malathi Balasundaram, MD

Founder & Executive Director

Clinical Professor,
Stanford School of Medicine
Attending Neonatologist & FCC Committee Chair,
El Camino Health, CA

Morgan Kowalski

Director of Operations

Family Liaison,
American Academy of Pediatrics
Committee on Hospital Care
NICU Parent

Keira Sorrells

Director of Impact & Strategy

Founder & Executive Director,
NICU Parent Network
Trauma-Informed Professional
NICU Parent

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New!

Quality Improvement Committee

Co-Chairs

Colby Day, MD
Associated Professor of Pediatrics,
Division of Neonatology,
University of Florida Jacksonville

Lelis Bauzá Vernon, S.Q.I.L.
State Family Leader, Florida PQC
Editorial Board, AAP Publications
Clinical Advisor, AAP, SoNPM
Faculty Family, Vermont Oxford Network

- **Integrating FCC into quality improvement**
- **Support opportunities for small group quality improvement work**

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Executive Council of Family Partners

Fabiana Bacchini

Lelis Bauzá Vernon

Latoya Blueford

Sahra Cahoon

Jennifer Canvasser

Nishan Degnarain, MPA

Amy Finn

Molly Fraust-Wylie

Marybeth Fry

Yamille Jackson, PhD

Erika Goyer

Mia Malcolm

Erika Mendence

Katrina Moline

Kimberly Novod

Betsy Pilon

Elizabeth Simonton

Alex Zavala

Executive Council of Healthcare Partners

Daphna Barbeau, MD

Jessi Barnes, MSN, RN,
RNC-NIC, NPD-BC, C-ELBW

Cameron N. Boyd, MD

Marsha Campbell-Yeo,
RN, BN, NNP-BC, PhD, FAAN

Robert Cicco, MD

Mary Coughlin,
MS, NNP, NCC-E

Jessica Daigle, MD

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Jessica Fry, MD

Christy Gliniak,
PhD, OTR/L, CNT, CPXP, NTMTC

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Luann Jones,
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Lily Lou, MD, FAAP

Kerri Machut, MD

Angelica Moreyra, PsyD

Nicole Nyberg,
MSN, APRN, NNP-BC

Dharshi Sivakumar, MD

Vincent Smith, MD, MPH

Bob White, MD

Emily Whitesel, MD

Family-Centered Care Around the Globe!

The FCC Taskforce began in February 2022 with just 50 members.

Over the last three years, our membership has increased to:

- more than **3,000** members
- **49/50** U.S. States & Puerto Rico
- **9/10** Canadian Provinces
- **79** Countries!!!

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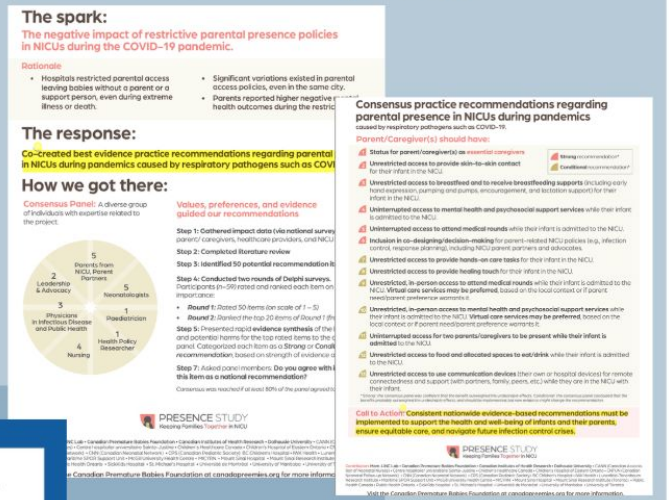
Advocacy Committee

Co-Chairs

Kerri Machut, MD
Attending Neonatologist,
Lurie Children's Hospital
Associate Professor
Feinberg School of Medicine at Northwestern University

Nicole Nyberg, MSN, APRN, NNP-BC
Neonatal Nurse Practitioner,
Cone Health
Founder,
Empowering NICU Parents &
Empowering NICU Parents Podcast

Presence Study Toolkit



The spark:
The negative impact of restrictive parental presence policies in NICUs during the COVID-19 pandemic.

Rationale
- Hospitals restricted parental access leaving babies without a parent or a support person, even during extreme illness or death.
- Significant variations existed in parental access policies, even in the same city.
- Parents reported higher negative [illegible] health outcomes during the restric[illegible]

The response:
Co-created best evidence practice recommendations regarding parental [illegible] in NICUs during pandemics caused by respiratory pathogens such as COV[illegible]

How we got there:
Consensus Panel: A diverse group of individuals with expertise related to the project.

Values, preferences, and evidence guided our recommendations

Step 1: Gathered impact data (via national survey [illegible] parent/ caregivers, healthcare providers, and NICU [illegible]
Step 2: Completed literature review
Step 3: Identified 50 potential recommendation [illegible]
Step 4: Conducted two rounds of Delphi surveys. Participants (n=39) rated and ranked each item on [illegible] importance:
- *Round 1:* Rated 50 items (on scale of 1 – 5)
- *Round 2:* Ranked the top 20 items of Round 1 (fo[illegible]

Step 5: Presented rapid evidence synthesis of the [illegible] and potential harms for the top rated items to the [illegible] panel. Categorized each item as a Strong or Conditi[illegible] recommendation, based on strength of evidence a[illegible]
Step 7: Asked panel members: Do you agree with [illegible] this item as a national recommendation?
Consensus was reached if at least 80% of the panel agreed [illegible]

PRESENCE STUDY
Keeping Families Together in NICU

Consensus practice recommendations regarding parental presence in NICUs during pandemics
caused by respiratory pathogens such as COVID-19.

Parent/Caregiver(s) should have:
- Status for parent/caregiver(s) as essential caregivers
- Unrestricted access to provide skin-to-skin contact for their infant in the NICU.
- Unrestricted access to breastfeed and to receive breastfeeding supports (including early hand expression, pumping and pumps, encouragement, and lactation support) for their infant in the NICU.
- Uninterrupted access to mental health and psychosocial support services while their infant is admitted to the NICU.
- Uninterrupted access to attend medical rounds while their infant is admitted to the NICU.
- Inclusion in co-designing/decision-making for parent-related NICU policies (e.g., infection control, response planning), including NICU parent partners and advocates.
- Unrestricted access to provide hands-on care tasks for their infant in the NICU.
- Unrestricted access to provide healing touch for their infant in the NICU.
- Unrestricted, in-person access to attend medical rounds while their infant is admitted to the NICU. Virtual care services may be preferred, based on this local context or if parent need/parent preference warrants it.
- Unrestricted, in-person access to mental health and psychosocial support services while their infant is admitted to the NICU. Virtual care services may be preferred, based on the local context or if parent need/parent preference warrants it.
- Uninterrupted access for two parents/caregivers to be present while their infant is admitted to the NICU.
- Unrestricted access to food and allocated spaces to eat/drink while their infant is admitted to the NICU.
- Unrestricted access to use communication devices (their own or hospital devices) for remote connectedness and support (with partners, family, peers, etc.) while they are in the NICU with their infant.

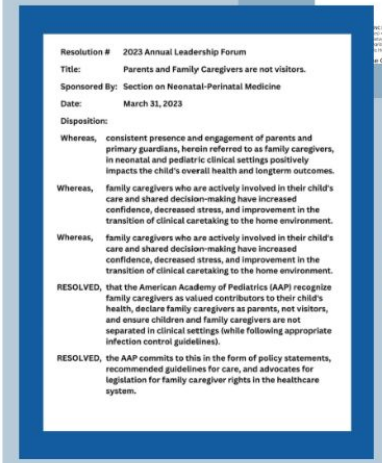
Strong recommendation*
Conditional recommendation*

*Strong: the consensus panel was confident that the benefit outweighs the underlying effects. Conditional: the consensus panel concluded that the benefit probably outweighs the underlying effects, and implementation risk was analyzed, might change the recommendation.

Call to Action: Consistent nationwide evidence-based recommendations must be implemented to support the health and well-being of infants and their parents, ensure equitable care, and navigate future infection control crises.

PRESENCE STUDY
Keeping Families Together in NICU

Visit the Canadian Premature Babies Foundation at canadianpreemies.org for more information.



Resolution #	2023 Annual Leadership Forum
Title:	Parents and Family Caregivers are not visitors.
Sponsored By:	Section on Neonatal-Perinatal Medicine
Date:	March 31, 2023
Disposition:	

Whereas, consistent presence and engagement of parents and primary guardians, herein referred to as family caregivers, in neonatal and pediatric clinical settings positively impacts the child's overall health and longterm outcomes.

Whereas, family caregivers who are actively involved in their child's care and shared decision-making have increased confidence, decreased stress, and improvement in the transition of clinical caretaking to the home environment.

Whereas, family caregivers who are actively involved in their child's care and shared decision-making have increased confidence, decreased stress, and improvement in the transition of clinical caretaking to the home environment.

RESOLVED, that the American Academy of Pediatrics (AAP) recognize family caregivers as valued contributors to their child's health, declare family caregivers as parents, not visitors, and ensure children and family caregivers are not separated in clinical settings (while following appropriate infection control guidelines).

RESOLVED, the AAP commits to this in the form of policy statements, recommended guidelines for care, and advocates for legislation for family caregiver rights in the healthcare system.

Submitted a resolution to the AAP Leadership Conference titled **"Parents and Family Caregivers are Integral Members of the Patient Care Team"** (#36) supported by the Section on Neonatal-Perinatal Medicine (SoNPM).

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Equity, Diversity, Inclusion, Belonging, and Justice Committee

Co-Chairs

Jessi Barnes, MSN, RN, RNC-NIC, NPD-BC, C-ELBW
Neonatal Outreach Coordinator,
Atlanta Perinatal Region
NICU Clinical Nurse Educator
Grady Memorial Hospital

Mia Malcolm, BS, CDFT
Community Outreach & Programs Care Manager,
Ollie Hinkle Heart Foundation
Senior Research Coordinator,
Washington University School of Medicine
Clinical *Research Coordinator,*
Stanford University School of Medicine

EDIBJ Position Paper

Family-Centered Care Taskforce
Equity, Diversity, Inclusion, Belonging, and Justice Position Paper

FAMILY-CENTERED CARE TASKFORCE

Position Statement

The Family-Centered Care (FCC) Taskforce affirms and advocates for the principles of **equity, diversity, inclusion, belonging, and justice (EDIBJ)** as foundational to high-quality, compassionate, and just neonatal care. We believe that every family in the neonatal intensive care unit (NICU) deserves care that honors their identity, recognizes their individual needs, and promotes trust, healing, and resilience.

Background

Having an infant in the NICU is universally traumatic, exhausting, and emotionally taxing. However, for families that have been intentionally and historically marginalized, this experience is often compounded by systemic inequities (i.e. racism, classism, misogyny, etc.), bias, and cultural disconnects. When families do not see themselves represented among the medical team caring for their baby, it can create mistrust, fear, and a sense of alienation - emotions that hinder the foundation of family-centered care.

Disparities based on race, gender identity, language, family composition, socioeconomic status, and other dimensions of identity can lead to additional harm. Families who feel unseen, unvalued, and/or misunderstood often experience isolation, defensiveness, and exhaustion. At this critical moment in time - when identities are being denied, families are being divided, and inclusion is under threat - the neonatal community must rise to protect our most vulnerable patients and their families.

The FCC Taskforce therefore reaffirms its unwavering commitment to equity, diversity, inclusion, belonging, and justice in all aspects of NICU care, culture, and education.

Equity

duals and families with **what they need** to achieve optimal
roviding the same resources or support to everyone. Equality
ecognizes difference.

ilors treatments to each patient's biological needs, family-centered
mily's social, cultural, and emotional needs. True fairness emerges
out from intentional and individualized support.

systemic inequities, we can begin to level the playing field for all
ourney is unique, and our care must reflect that truth.

Silent Signals Toolkit

"Silent Signals in the NICU: Ensuring Nonverbal Communication is Family-Centered" Educational Toolkit
Project Timeline: January 2026 – December 2026

Project Description:
Parents of infants in the Neonatal Intensive Care Unit (NICU) face profound emotional and practical challenges, including stress, fear, and uncertainty about their infant's health and their own role in the care process. In such a vulnerable state, every interaction and message from the care environment carries heightened weight. **Silent signals—such as posted signage, institutional policies, bedside visuals, and even the arrangement of the physical environment—often shapes a family's first impression of care and indicates their place within the NICU**. While these tools are designed to inform, organize, and support clinical workflows, **they can unintentionally undermine family-centered care** (FCC) when they emphasize restrictions, highlight barriers, or implicitly discourage parental engagement.

To address this, we are developing a comprehensive, evidence-informed educational toolkit that will set best practices for silent signals in the NICU to ensure all nonverbal communication is family-centered. Authored by 12 members from our Executive Council of multidisciplinary healthcare professionals and family partners (former NICU parents) diverse in their lived experiences and backgrounds, this project will encompass multiple domains:

1) Signage and visual cues that can either welcome and empower families, or discourage their presence and participation at the bedside
2) Auditory cues such as alarms and overhead announcements that affect the emotional tone of the unit
3) Policies that either promote or inadvertently hinder family partnership
4) Physical NICU environment and its accessibility, including tailored provisions for families with non-English language preferences and for parents with disabilities
5) Design and content of the NICU webpage as a gateway to family engagement
6) Staff behaviors and body language in everyday interactions

By creating a unified framework that addresses these diverse but interconnected elements, **we will provide NICUs with actionable strategies to create an environment where every message—spoken or unspoken—reinforces partnership, inclusion, and family-centered care.**

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Marketing & Communications Committee

Co-Chairs

Daphna Barbeau, MD
Attending Neonatologist,
Director, Neurodevelopment & Palliative Care,
HCA University Hospital
Director,
High Risk Infant Follow Up Clinic

Alex Zavala, Family Partner
Founder,
The NICU Dad &
The NICU Dad Podcast
PFAC Chair,
Dell Ascencion NICU Network
Family Leader,
Vermont Oxford Network

YouTube

LinkedIn

Bluesky

Facebook

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How You Can Help:

- **Follow us!** Even if you're not active on social media, giving The FCC Taskforce a follow boosts engagement and drives traffic to our profiles!
- **Tag us!** Tagging us makes it faster and easier to share and repost your content.

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Newsletter Committee

Vol. 09 Pg. 1 — FCC TASKFORCE — 10/2024

NEWSLETTER

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

In This Issue

- September '24 Poll Results
- September '24 Webinar Review
- Trauma-Informed Care Corner
- NICU FCC Measures Survey
- Upcoming Office Hours
- FCC Taskforce Information

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Subscribe to our mailing list and visit our website to learn more about our advocacy efforts, read testimonials from our members, watch webinar recordings, and access free resources on all things Family-Centered Care.

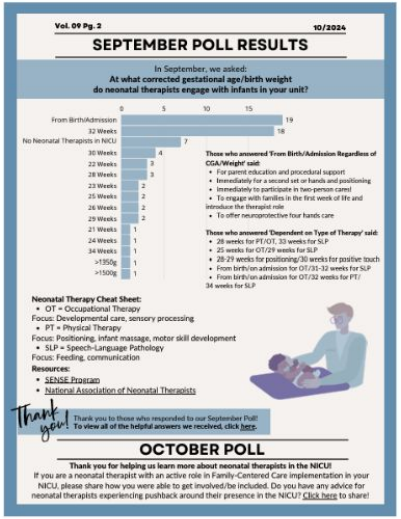
Part Two:
'Aria's Journey: Connecting Through Our Shared Humanity' by Jessi Barnes, MSN, RN, RNC-NIC, NPD-BC, C-ELBW

Content Warning: The following is an artistic interpretation of what being a premature baby could be like. If you've experienced a preterm birth, please take care when reading.

"This is different than where I was before. It's still too bright and very loud. Apparently, we're in the NICU. It's a special place for people like me who need extra help after we're born. I really miss Mom. She said she will come be with me as soon as she can. Dad is around here somewhere. I heard him ask how big I was. I'm small for my age, whatever that means. I'd like to think I'm on my own growth curve! I've learned that there are a lot of people in the NICU here to help me. I'm not sure what most of them do, but they all keep talking around me. I wish there was a way to turn down the volume. This thing on my face is so tight that it hurts a little bit. Ahh, that person fixed it. Thank you, kind stranger! Now I can open my eyes a little bit. There's Dad! He looks scared. I'm okay, Dad! I'm doing my best. This being a person thing is much harder than I expected. Breathing and beating my heart at the same time is exhausting. Where's a placenta when you need one, right? He says he has to leave for them to get me settled. I don't know why he can't stay. He can help me go to sleep like he usually does. These people might know a lot about babies like me, but they're passing up a real opportunity here sending my Dad away. Ouch! Someone's pulling my arms and legs straight and I can't move them. It's for something called 'lines,' but it really feels unnecessary. I sure hope this is all over soon. I miss my parents. They have to miss me, too."

Join us as we continue to follow baby Aria and her family's experiences in the NICU. It is easy to get wrapped up in the tasks & technology in the NICU, and **we as healthcare providers must remember to center the personhood of the infant and their family. Staying connected with our shared humanity helps us make lifesaving decisions from a place of empathy and connectedness.**

If you missed Part One (Aria's birth) in Volume II, catch up here!



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SEPTEMBER POLL RESULTS

In September, we asked:
At what corrected gestational age/birth weight do neonatal therapists engage with infants in your unit?

From Birth/Admission	19
32 Weeks	18
No Neonatal Therapists in NICU	7
30 Weeks	4
22 Weeks	3
28 Weeks	3
23 Weeks	2
25 Weeks	2
26 Weeks	2
29 Weeks	2
21 Weeks	1
24 Weeks	1
34 Weeks	1
>1350g	1
>1500g	1

Those who answered 'From Birth/Admission Regardless of CGA/Weight' said:
- For parent education and procedural support
- Immediately for a second set or hands and positioning
- Immediately to participate in two-person care!
- To engage with families in the first week of life and introduce the therapist role
- To offer neuroprotective four hands care

Those who answered 'Dependent on Type of Therapy' said:
- 28 weeks for PT/OT, 33 weeks for SLP
- 25 weeks for OT/29 weeks for SLP
- 28-29 weeks for positioning/30 weeks for positive touch
- From birth/on admission for OT/31-32 weeks for SLP
- From birth/on admission for OT/32 weeks for PT/ 34 weeks for SLP

Neonatal Therapy Cheat Sheet:
- OT = Occupational Therapy

Focus: Developmental care, sensory processing
- PT = Physical Therapy

Focus: Positioning, infant massage, motor skill development
- SLP = Speech-Language Pathology

Focus: Feeding, communication

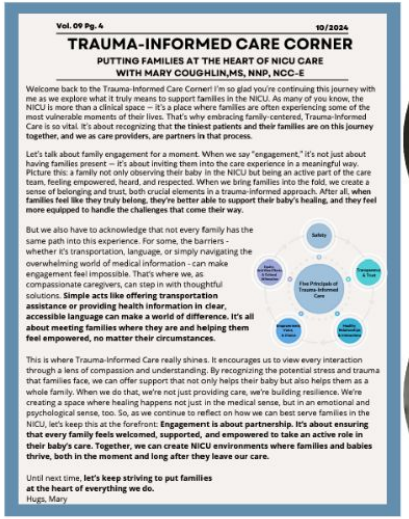
Resources:
- SENSE Program
- National Association of Neonatal Therapists

Thank you!

Thank you to those who responded to our September Poll! To view all of the helpful answers we received, click here.

OCTOBER POLL

Thank you for helping us learn more about neonatal therapists in the NICU!
If you are a neonatal therapist with an active role in Family-Centered Care implementation in your NICU, please share how you were able to get involved/be included. Do you have any advice for neonatal therapists experiencing pushback around their presence in the NICU? Click here to share!



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TRAUMA-INFORMED CARE CORNER

PUTTING FAMILIES AT THE HEART OF NICU CARE WITH MARY COUGHLIN,MS, NNP, NCC-E

Welcome back to the Trauma-Informed Care Corner! I'm so glad you're continuing this journey with me as we explore what it truly means to support families in the NICU. As many of you know, the NICU is more than a clinical space — it's a place where families are often experiencing some of the most vulnerable moments of their lives. That's why embracing family-centered, Trauma-Informed Care is so vital. It's about recognizing that **the tiniest patients and their families are on this journey together, and we as care providers, are partners in that process.**

Let's talk about family engagement for a moment. When we say "engagement," it's not just about having families present — it's about inviting them into the care experience in a meaningful way. Picture this: a family not only observing their baby in the NICU but being an active part of the care team, feeling empowered, heard, and respected. When we bring families into the fold, we create a sense of belonging and trust, both crucial elements in a trauma-informed approach. After all, **when families feel like they truly belong, they're better able to support their baby's healing, and they feel more equipped to handle the challenges that come their way.**

But we also have to acknowledge that not every family has the same path into this experience. For some, the barriers - whether it's transportation, language, or simply navigating the overwhelming world of medical information - can make engagement feel impossible. That's where we, as compassionate caregivers, can step in with thoughtful solutions. **Simple acts like offering transportation assistance or providing health information in clear, accessible language can make a world of difference. It's all about meeting families where they are and helping them feel empowered, no matter their circumstances.**

Five Principals of Trauma-Informed Care: Safety; Trustworthiness & Transparency; Peer Support; Collaboration & Mutuality; Empowerment, Voice & Choice; Cultural, Historical & Gender Issues

This is where Trauma-Informed Care really shines. It encourages us to view every interaction through a lens of compassion and understanding. By recognizing the potential stress and trauma that families face, we can offer support that not only helps their baby but also helps them as a whole family. When we do that, we're not just providing care, we're building resilience. We're creating a space where healing happens not just in the medical sense, but in an emotional and psychological sense, too. So, as we continue to reflect on how we can best serve families in the NICU, let's keep this at the forefront: **Engagement is about partnership. It's about ensuring that every family feels welcomed, supported, and empowered to take an active role in their baby's care. Together, we can create NICU environments where families and babies thrive, both in the moment and long after they leave our care.**

Until next time, **let's keep striving to put families at the heart of everything we do.**
Hugs, Mary

Co-Chairs

Bob Cicco, MD
Retired Neonatologist,
Pittsburgh, PA
Former Associate Director,
West Penn Hospital NICU

Morgan Kowalski, Family Partner
Director of Operations,
Family-Centered Care Taskforce
Quality Improvement Family Partner,
Golisano Children's Hospital NICU
University of Rochester Medical Center

Scan the QR code to check out past publications!

Fun Fact:

Units who print and post our newsletter in their staff spaces report higher success achieving buy-in around FCC practices!

Heard from Members:

"WOW. I have never seen anything like this before…what a beautiful and innovative way to communicate to NICU teams in a way that so humanizes the work!!! This is incredible!"

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Monthly Poll

Our January Poll is centered around supporting units working toward **implementing holding during cooling for infants with HIE.**

Respond Here:

All poll responses can be found here!

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2026 ~~Office Hours~~ FCC Community Exchange

Every 3rd Thursday at 11am PT/2pm EST

Open Forum

- January 15th
- March 19th
- May 21st
- July 16th
- September 17th
- November 19th

A casual opportunity to share your unit's specific barriers to implementing FCC practices and brainstorm solutions for overcoming them with your peers and FCC Taskforce leadership.

Mini-Presentations

- February 19th
- April 16th
- June 25th
- August 20th
- October 15th
- December 14th

Learn from members who have successfully implemented an area of FCC during a short presentation followed by question and answer.

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Database of Webinar Recordings & Topics

FCC Taskforce Webinar Database

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A	B	C
7/14/2022	"Why it is Essential to Provide FCC in the NICU; Expert Insights from Family Partners",Meegan Snyder, Nicholas Hall, Mike Hynan, MD, Kimberly Novod, Michelle Wrench, RN, CCRN, & Jennifer Canvasser, MSW; "How to Provide FCC in the NICU?", Unit Examples, Malathi Balasundaram, MD & Dharshi Sivakumar, MD from El Camino Health and Jessica Fry, MD & Kerri Machut, MD from Lurie Children's Hospital	https://youtu.be/vl3OVBO-8L8
9/15/2022	"How to Build and Strengthen Your Family Advisory/Partnership Council in the NICU", Marybeth Fry, M.Ed, Molly Faust-Wylie, & Jennifer Johnson	https://youtu.be/RHS7s2Eds9Y
10/13/2022	"Providing Support to Non-Birthing NICU Parnters", Chavis Patterson, PhD; "Late Preterm, Term Baby Family Partner Panel", Amanda Yeaton-Massey, MD, Sha Sha Chu, Theresa Urbina, D.O, Michelle Wrench, RN, CCRN, Vishal Kapadia, D.O, & Betsy Pilon	https://youtu.be/0F5CkBSv5-M
11/10/2022	"The Need for More Mental Health Professionals in the NICU", Mike Hynan, MD, Necole McRae; "Local Parental Support", Dharshi Sivakumar, MD, Michelle Wrench; "National Parental Support", Meegan Snyder, Keira Sorrells	https://youtu.be/AMNPQJKsewQ
1/12/2023	"Infant and Family-Centered Developmental Care: Evidence for Practice", Joy Browne, PhD, PCNS, IMH-E (IV); "Using Evidence to Guide Parents in Optimizing the Early NICU Environment", Bobbi Pineda, PhD OTR/L, CNT; "Variation in Family-Centered Care Metrics Across CA", Jochen Profit, MD, MPH	https://youtu.be/HwuqZbi9UTM
3/16/2023	"How to Provide Better Home Transition for NICU Parents", Vincent Smith, MD, MPH & Kristy Love; "Using Technology to Help Home Transition", Malathi Balasundaram, MD	https://youtu.be/4UWI_IOOAGs
5/11/2023	"Family Engagement and QI", Meg Parker, MD, MPH & Molly Faust-Wylie; "Family Engagement Examples at the National Level", Marybeth Fry M.Ed & Lelis Vernon S.Q.I.L	https://youtu.be/sTSvuxPVeUg
7/20/2023	"The I-Rainbow: A flexible, evidence-based care path for providing developmental care in the NICU", Melissa Scala, MSPT, Eilish Byne, MD; "Social Media: A Tool for Connecting with Families", Daphna Barbeau, MD; "How Mammha is Closing Gaps in Maternal Mental Health Care in NICUs", Maureen Fura, MPA	https://youtu.be/DefXnPKuyuQ

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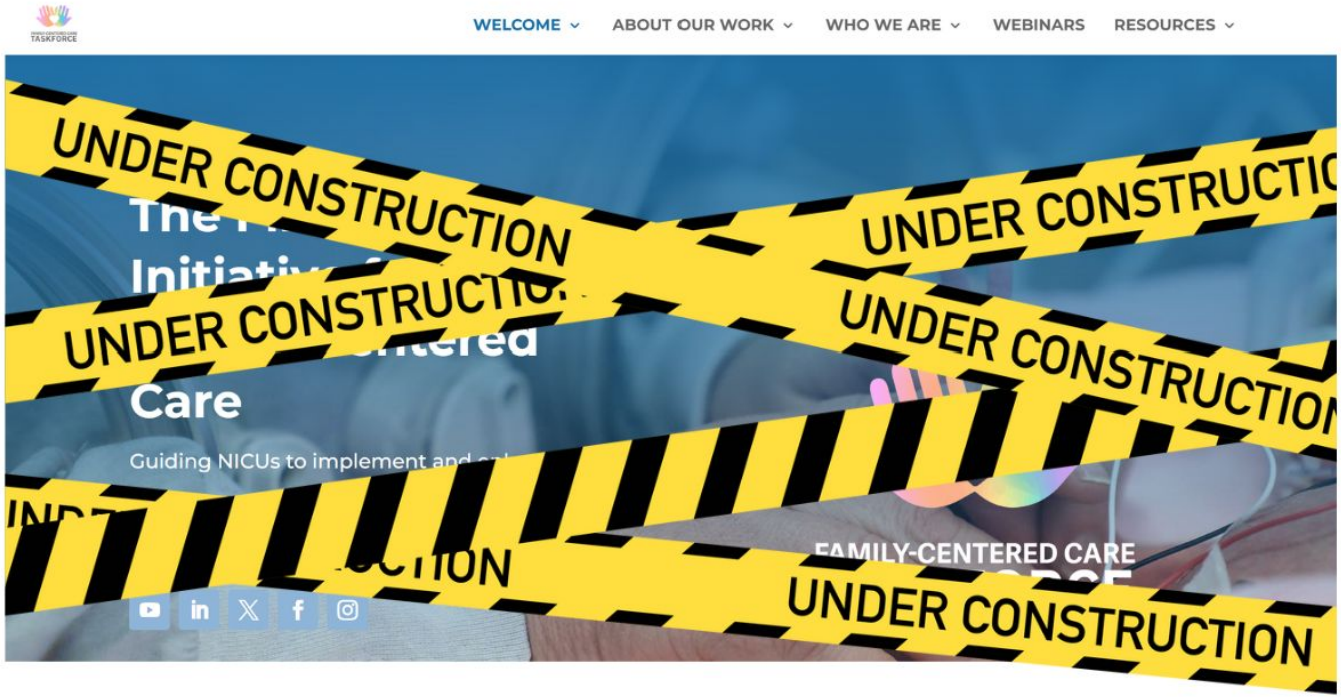

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GFCNI's BronQ Family Study

BronQ Family: Assessing the Long-Term Impact of Bronchopulmonary Dysplasia (BPD) on Affected Families' Health-Related Quality of Life

BronQ Family is an international research project studying how **Bronchopulmonary Dysplasia (BPD),** also known as chronic lung disease of prematurity, **affects children and their families' quality of life over time.**

To do so, we are inviting **parents or caregivers of children born preterm** (before 37 weeks of pregnancy) of both groups

- **who have experienced BPD**, and
- **without BPD**

to take part in an online questionnaire on families' quality of life.

We want to learn more about the challenges families face when a child is born preterm, and which experiences are specifically linked to BPD. Even if your child wasn't diagnosed with BPD but had breathing difficulties, needed oxygen, or required ventilation after birth, your experience is highly valuable for this research.

Participate in the **BronQ Family** study!

We're looking for **families of children born preterm** – whether your child has chronic lung conditions or not.

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on the Environment of Care for High Risk Newborns

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Pictured: Baby Kole with his Dad

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