

# FCC TASKFORCE SPOTLIGHT



## MISTI STALEY

Founder & CEO, [FreeArm](#)  
NICU, PICU, & Bereaved Parent of Freeman



Meet Misti! She serves as an Executive Council Family Partner for the Family-Centered Care Taskforce.

### How were you personally activated to advocate for and support NICU families?

My son Freeman was born with complex heart and lung conditions and spent nine months in the NICU and PICU. During that time, we experienced firsthand how physically and emotionally demanding tube feeding and prolonged hospitalization can be for families. We watched nurses creatively “rig” gravity syringe feeds for feeding and venting: syringes tied above his crib, taped in place, even held up with rubber bands, because there was no standardized way to safely hold them. When we were discharged home, we and many other families were left to figure it out ourselves. We tried to rig syringes for gravity feeds and fit IV poles into our car, carrying them up and down stairs for pump feeds. It became clear that families were expected to manage complex nutrition without practical tools designed for real life. After losing Freeman at 10 months old, I felt called to improve the experience for other families, especially around enteral nutrition and the transition from hospital to home. What began as a solution for my own child became a mission to standardize tube feeding in the hospital, at home, and on the go.

### How does your organization/company/hospital support NICU families?

The FreeArm supports standardized gravity syringe feeds and venting in the hospital, and gravity syringe feeds and pump feeds at home and on-the-go. By holding syringes for venting and feeds, the FreeArm helps reduce spills, improve patient safety, and improve feeding tolerance with feed rate control. The FreeArm also aids in nutritional compliance after discharge, helping families feel more confident while supporting clinical consistency across the continuum of care.

**Healthcare partners are...** integral to a family’s story, with the ability to foster trust, preserve dignity, and instill confidence during life’s most uncertain moments.

**NICU & bereaved parents are...** resilient beyond measure, even when they should never have had to be.

### What are the greatest needs of families in maternal-infant health you observe through your work?

Families need consistent education, practical tools, and trauma-informed support that extends beyond discharge. The transition home can feel isolating and overwhelming, and when families are equipped with standardized processes and are treated as essential members of the care team, outcomes improve, clinically and emotionally.

### What insight or advice do you have for healthcare professionals who want to implement/strengthen FCC practices in their hospital?

Invite families to the table early and often, not just for feedback, but for partnership. True FCC means designing policies, workflows, and quality improvement initiatives with families, not just for them. Small operational changes can dramatically reduce stress and improve long-term confidence for caregivers. I have been a member of the PICU Family Advisory Board of the hospital where Freeman was hospitalized for 9 years. FCC is not only important in the NICU, but in all units of the hospital.

### What is your greatest wish in terms of the positive impact the FCC Taskforce members can make together in maternal-infant health?

My hope is that we continue shifting healthcare culture toward true collaboration, where family voice is not symbolic, but structural. When we prioritize equity, consistency, and dignity in care, we change not just experiences, but outcomes.

### Anything else you want our community to know?

Family-centered care is not a “soft” initiative, it improves compliance, reduces complications, supports smoother transitions home, and ultimately saves healthcare systems resources. When we design with families in mind, everyone benefits.



FAMILY-CENTERED CARE  
**TASKFORCE**