

11AM-12:30pm PT



# FCC Taskforce

## May 14th Webinar

### STIGMATIZING LANGUAGE: CHANGING THE NARRATIVE



**Veronica Barcelona, PhD, MSN, RN, FAAN (she/her)**  
Assistant Professor,  
Columbia University  
School of Nursing



**Jessi Barnes, MSN, RN, RNC-NIC, NPD-BC, C-ELBW, C-TIP (she/her)**  
Clinical Nurse Educator  
NICU Parent



**Rose Horton, MSM, RNC-OB, NEA-BC, FAAN (she/her)**  
Founder & CEO,  
Not On My Watch  
Consulting Partners



**Adrienne McIntyre, DNP, RNC-NIC (she/her)**  
System Executive Director, Women &  
Children's Clinical Institute at Providence  
Community Advisory Board Member,  
California Maternal Quality Care  
Collaborative



**Cheniqua Morales, BSN, RNC-MNN, C-EFM, C-ONQS (she/her)**  
Perinatal Patient Safety Nurse,  
New York Presbyterian Brooklyn  
Methodist Hospital  
Co-Chair, AWHONN NYC Chapter



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# International Kangaroo Care Day: May 15th



# This Webinar is Dedicated to Aurelia



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# 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



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NURTURE IN THE PURSUIT  
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# FCC Taskforce Leadership Team



**Malathi Balasundaram, MD**

**Founder & Executive Director**

*Clinical Professor,  
Stanford School of Medicine  
Neonatal Intensivist & 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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# Executive Council of Family Partners



Fabiana Bacchini



Lelis Bauzá Vernon, SQIL



Latoya Blueford



Sahra Cahoon



Jennifer Canvasser, MSW



Tracy Pella, MA, EdS, LMHP



Marybeth Fry, M.Ed.



Yamille Jackson, PhD,  
PE, PMP



Erika Goyer



Mia Malcolm, BS, CDFT



Erika Mendence



Lenette Serlo



Misti Staley



Katrina Moline



Kimberly Novod, MPH



Betsy Pilon



Alex Zavala

# Executive Council of Healthcare Partners



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



Anisha Bhatia Attawala,  
MD, FAAP



Cameron N. Boyd, MD



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



Mary Coughlin, MS,  
NNP, NCC-E



Jessica Daigle, MD



Colby Day, MD



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



Henry Lee, MD



Ramya Kumar, MS.CCC-SLP,  
BCSS, CNT, IBCLC, NTMTC, SBSC



Lily Lou, MD, FAAP



Alon Metrikin-Gold



Angelica Moreyra, PsyD



Andrea C Morris, DNP,  
RNC-NIC, CCRN-K, CNS



Nicole Nyberg, MSN,  
APRN, NNP-BC



Amanda Yeaton-  
Massey, MD, FACOG

# Welcome!



**Alon Metrikin-Gold**

*CEO and Co-Founder,*  
Skincubator Neocare Inc.



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Nishan Degnarain, MPA



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Molly Fraust-Wylie



Elizabeth Simonton, JD

# Advisory Council of Healthcare Partners



Jessica Fry, MD



Luann Jones, DNP,  
APRN, NNP-BC, NE-BC



Kerri Machut, MD



Dharshi Sivakumar, MD



Vincent Smith, MD, MPH



Bob White, MD

# Board of Directors



Robert Cicco, MD



Mitchell Goldstein, MD



Ashley Howell, MBA  
*NICU Parent*



Jadene Wong, 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 **3,400** members
- **49/50** U.S. States & Puerto Rico
- **9/10** Canadian Provinces
- **80** Countries!!!



# Monthly Poll

## May POLL

Help us support NICUs strengthening  
skin-to-skin care practices in their units.



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# FCC COMMUNITY EXCHANGE

## OPEN FORUM

MAY 21, 11AM PT/2PM EST

**CREATING AN ENVIRONMENT BEST FOR BABIES &  
FAMILIES: OPTIMIZING SKIN-TO-SKIN (KANGAROO) CARE  
IN THE NICU FACILITATED BY:**



**Yamile C. Jackson, PhD, PE, PMP**  
*Founder, Nurtured by Design  
Founder,  
Kangaroo Care Awareness Day  
(May 15th)  
NICU Parent*



**Marsha Campbell-Yeo, RN,  
MN, NNP-BC, PhD, FAAN**  
*Neonatal Nurse Practitioner &  
Professor, School of Nursing,  
Faculty of Health, IWK Health  
Scientific Lead, MOMLINC Lab*



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# A Multicenter, Collaborative Initiative Dedicated to Quality Improvement in NICU Family-Centered Care



JOIN THE TASKFORCE!



## Our Network

3018

Members Worldwide

79

Countries

49

United States

9

Canadian Provinces

Thank You



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# The 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.



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

### 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

Equity means providing individuals and families with **what they need** to achieve optimal outcomes—not necessarily providing the same resources or support to everyone. Equality assumes sameness; equity recognizes difference.

Just as precision medicine tailors treatments to each patient's biological needs, family-centered care must respond to each family's social, cultural, and emotional needs. True fairness emerges not from identical treatment, but from intentional and individualized support. By identifying and addressing systemic inequities, we can begin to level the playing field for all NICU families. Each family's journey is unique, and our care must reflect that truth.

Ultimately, family-centered care is rooted in centering the individual needs of each family and providing culturally conscious, concordant care that allows families to achieve the best possible outcomes for their infants.

Figure 1 on Page 2 uses a street-crossing analogy to illustrate the difference between equality and equity. In the NICU, this same concept applies to many care practices, such as safe sleep, that are often taught and discussed in a strict binary way (i.e., right or wrong). This approach of either/or framing takes away our ability to see the fullness of a family's experience—their abilities, capabilities, beliefs, cultural practices, fears, community/familial norms—rendering equity impossible.



We encourage you to read and share this information with your team and explore how your unit can mitigate harm for marginalized families.



# Presence Study Toolkit Release: 7 DAYS!



Recognizing  
parents as essential  
partners in care,  
strengthening their  
role at the bedside,  
and prioritizing both  
infant outcomes and  
family well-being

## Presence Study Toolkit

Support for adopting a true  
family-centered approach

- NICU teams • Healthcare organizations
- Educators • Family support networks

Generously Supported By:



Toolkit developed collaboratively by family and healthcare partners from the Family-Centered Care Taskforce, the MOM+LINC Lab, and the Canadian Premature Babies Foundation's Presence Study team



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at University of Notre Dame  
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Pictured: Baby Kole with his Dad



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**Registration Ends  
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