NCCU CLINICAL GUIDELINES
SECTION: 18

FAMILY AND DEVELOPMENTAL CARE

Section: 18 Family and developmental care
Parenting in the neonatal unit environment
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Neonatology Clinical Guidelines
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PARENTING IN THE NEONATAL UNIT ENVIRONMENT

The quality and nature of parent-infant relationships influence the infant's development, identity and the formation of subsequent attachments. Parents separated from their infants through admission face several challenges in developing relationships with their infant as they deal with obstacles presented by their infant's condition, the environment of the neonatal nursery and disruptions to their own processes in preparing for their parenting role.

Those working with infants' and their families hold a privileged position, exerting influence and guiding parents' earliest interactions with their infant; they have a responsibility to keep informed of the factors influencing the parenting role and to utilise evidence based interventions to promote its development. The delivery of care and support to infants and families should foster the development of these significant relationships, particularly for families at risk including parents of preterm and sick infants, infants with congenital abnormalities, and families with limited socioeconomic resources.

ADMISSIONS

- When one or both parents are present on their infant's admission to the NCCU, staff caring for the infant should acknowledge their presence, introduce themselves, and when the situation allows, provide a simple explanation of infant's current condition and care, the visiting guidelines, and availability of parent facilities.
- If both parents are unable to visit the NCCU within the first few hours of admission, the medical/nursing staff caring for the infant should consider telephoning the parent/s to provide verbal information regarding the infant's condition and care.
- A photograph of the infant should be provided to the parents - provision of an infant photograph has been demonstrated to have a significant positive effect on maternal-infant bonding.
- Determine the mother's chosen method of infant feeding and document this in progress notes and on the neonatal history sheet.
- Determine whether the infant has been named, and whenever possible, call the infant by his/her given name to reinforce their identity.
- Encourage and assist parents to touch their infant (in a manner that is appropriate to the infant's gestation and condition) in the hours and days following admission - such contact has been shown to impact significantly on later maternal-infant interaction.

PARENTAL INVOLVEMENT IN INFANT CARE

Parents should be encouraged to become familiar with and participate in infant's care as appropriate to the infant's condition and the parents' readiness to contribute to care. In the first few days after admission, some parents may be fearful for the outcome for their infant and avoid contact and interaction. All parents need support and encouragement during this time of crisis.

Discuss developmentally appropriate interaction, explaining the infant's capacity to tolerate and respond to different types of stimuli. The paediatric physiotherapist will be involved as appropriate to assist parents in identifying their infant's positive and negative responses to interaction such as

positive behavioral responses or less tolerant behaviors' such as colour changes and deterioration in vital signs.

The degree of parent-infant contact will be guided by the infant's medical condition, tolerance of handling and parental readiness to participate in parent-infant contact.

Medically Unstable Infants: e.g. Muscle-relaxed / inotropes / first 24 hours post major surgery. Parents may be guided in providing gentle, non-stimulating touch such as placing a hand on the infant's head or over a limb, or by placing a finger in the palm of the infant's hand. If gentle touch is tolerated, parents may be instructed in providing mouth care, and may assist with hygiene needs such as nappy changing. Medically unstable infants should not be moved for parent-infant holding without consent of the consultant neonatologist.

Infants Receiving Assisted Ventilation (Mechanical Ventilation, CPAP)
Guide parents in providing care and developmentally appropriate interaction such as assisting with hygiene needs, calming the restless infant through appropriate touch, talking, singing and providing periods of eye contact with the infant. Daily cuddles of these infants are encouraged.

Medically Stable Infants Nursed in Incubators / Radiant Warmers / Cots
Promote active participation in infant care and facilitate parent - infant interaction by providing opportunities for provision of care and interaction, providing constructive feedback and support and promoting parental independence in providing care. Practical methods of achieving this may include:

- Liaise with parents to schedule the infant's cares and feeds for times when they are available to participate
- Encourage parental responsibility for infant bathing and/or selection of clothing
- Liaise with parents to schedule time for holding and cuddling their infant
- Teach parents of suitable infants to perform IGT feeds (teaching package available in the nurseries).
- For infants that do not require continuous monitoring and/or infusions, consult medical staff to determine whether infants may spend time away from neonatal nursery with their parents (e.g. parent lounge / room, day leave) and liaise with parents to schedule time for this.

CUDDLING / HOLDING THE INFANT SKINTOSKIN_KANGAROOCARE.PDF

- If the infant is stable enough to tolerate routine weighing, the infant may be held by the parent on a daily basis (regardless of whether the infant is nursed in an incubator, radiant warmer or open cot). Unless the infant shows signs of intolerance of such handling, cuddles should be of at least 20 mins duration to allow time for the infant to adjust to their new position and for the parent to relax and interact with their infant. The time that infants' are out for cuddles must take into consideration the number of infants out for cuddles at the same time, staff meal breaks and other procedures taking place within the nursery.
- Infants receiving mechanical ventilation should have their chest auscultated prior to being moved for parent-infant holding to ensure that ETT suction is not required. These infants should also have their chest auscultated on returning to the incubator/cot.
- For infants receiving assisted ventilation, two nurses, (one of which is to be deemed competent in coordinating ventilated weighs) should be involved in the transfer of the infant from their bed to their parent's arms.
- Infants receiving assisted ventilation should have a staff member readily available throughout their cuddle to provide assistance should complications arise e.g. Adverse responses, disconnected ventilator tubing, blocked / dislodged ETT.

PARENTAL INVOLVEMENT IN INFANT FEEDING

The infant's first feed is a significant event for many parents. Mothers that choose to breastfeed their infant should be provided with the support and encouragement required to establish lactation and breastfeeding. Breast pumps, breast milk storage facilities, and instructions on expressing, breast milk storage and establishment of breastfeeding should be readily available to mothers.

Mothers should be consulted for consent for formula milk and/or pacifiers/dummies to be used. Their decision should be adhered to and documented clearly in the observation chart and progress notes. Feeding schedules may be adjusted to accommodate times that are convenient. Instruction in formula preparation and sterilisation of feeding equipment should be offered to all parents that choose to artificially feed their infants beyond discharge. Parents need to have selected formula to be used at home prior to instruction.

PARENTAL INVOLVEMENT IN DECISION MAKING

As a result of admission to a NICU, parents may have feelings of helplessness and be unsure of their role. Even though health professionals are directing the care of the infant, parents can assist in decision-making regarding some aspects of their infant's care. This role expanding as the infant's condition stabilises and the family nears discharge from the neonatal unit.

The Neonatal Team play a pivotal role in supporting the parents and involving them in decision-making. The following practical strategies are useful in promoting parental participation in decision making:

- Regularly provide information regarding the infant's medical problems, care and treatment in simple language so parents can understand their infant's condition.
- Provide anticipatory guidance throughout the infant's period of hospitalisation so that parents can prepare for and contribute to the likely progression of events in their infant's care eg. Discuss the need for interventions and treatments ahead of time - provide option of being present, giving of permission for non-urgent treatments such as top-up blood transfusions.
- Facilitate participation in decisions regarding timing of care and feeds.

FURTHER READING

- Kenner C, McGrath JM, eds. Developmental Care of Newborns and Infants: A Guide for Health Professionals. St. Louis, MO: Mosby; 2010.
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- Smith VC; Steelfisher GK; Salhi C; Shen LY. Coping With the Neonatal Intensive Care Unit Experience. Parents' Strategies and Views of Staff Support. The Journal of perinatal & neonatal nursing. Volume 26(4), 2012 p.343–352
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