


INFANT AND FAMILY CENTERED
DEVELOPMENTAL CARE:
EVIDENCE FOR PRACTICE



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On behalf of the IFCDC Consensus
Committee

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DISCLOSURE

Presenter does not have financial, or non-financial, relationships with any industry that is relevant to this topic.

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INFANT AND FAMILY CENTERED
DEVELOPMENTAL
CARE CONSENSUS
PANEL

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- Madge Buus-Frank DNP – U.S., Quality Improvement
- Geert Lingier RN Ghent, Belgium

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REPRESENTATIVE PROFESSIONAL ORGANIZATIONS

- American Academy of Pediatrics (AAP)
- American Occupational Therapy Association (AOTA)
- American Physical Therapy Association (APTA)
- American Speech-Language-Hearing Association (ASHA)
- Association of University Centers on Disabilities (AUCD)
- Canadian Paediatric Society
- Council of International Neonatal Nurses (COINN)
- European Foundation for the Care of Newborn Infants (EFCNI)
- Gravens Center, University of South Florida (USF)
- National Association of Perinatal Social Workers (NAPSW)
- National Association of Neonatal Nurses (NANN) and Practitioners (NANNP)
- National Perinatal Association (NPA)
- Newborn Individualized Developmental Care and Assessment Program (NIDCAP) Federation International
- Parent-to-Parent
- Vermont Oxford Network (VON)
- Psychology
- Academic Psychology

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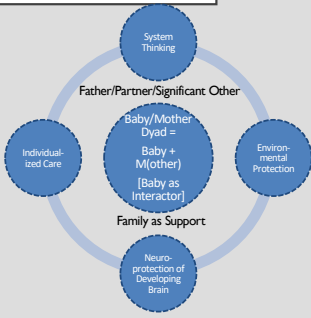
INFANT AND FAMILY CENTERED DEVELOPMENTAL CARE

- Infant centered
- Family centered
- Growth & development
- Holistic care
- System oriented
- Interprofessional
- Collaborative
- ALL of the ABOVE

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IFCDC PRINCIPLES – CONCEPT MODEL

- Individualized care
- Family involvement
- Environmental protection
- Neuroprotection of developing brain
- Infant mental health
- Baby as a competent communicator & interactor
- Systems' thinking in complex adaptive system



Consensus Committee on Infant Family Centered Developmental Care. Gravens Conference Workshop: Recommended Standards, Competencies and Best Practices for Infant and Family Centered Care in the Intensive Care Unit. 2017.

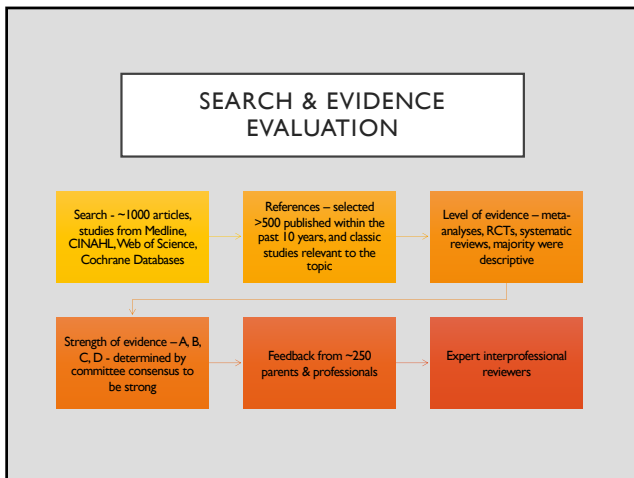
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IFCDC
SUBTOPIC
AREAS

Systems thinking in complex adaptive systems

Reducing and managing pain & stress in newborns and families

Positioning and touch for the newborn

Sleep and arousal interventions for the newborn

Skin to skin contact with intimate family members

Management of feeding, eating and nutrition delivery

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EXAMPLES OF
STANDARDS AND
COMPETENCIES

Reducing and managing pain & stress in newborns and families

Standard 1, Families: The interprofessional team shall document increased parental/caregiver well-being and decreased emotional distress (WB/D) during the intensive care hospital (ICU) stay. Distress levels of baby's siblings and extended family should also be considered.

*Competency 1.3:*WB/D shall be evaluated within 72 hours of admission and 48 hours before discharge (as well as other times indicated by clinical judgment).

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EXAMPLES OF
STANDARDS AND
COMPETENCIES

Reducing and managing pain & stress in newborns and families

Standard 2, Babies: The interprofessional team shall develop practices that prioritize multiple methods to optimize baby outcomes by minimizing impact of stressful and painful stimuli.

Competency 2.11: Families should be included in the development of protocols for assessment and management of neonatal pain/stress, and these protocols shall be readily available.

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EXAMPLES OF
STANDARDS AND
COMPETENCIES

Skin to skin contact with intimate family members

Standard 1: Parents shall be encouraged and supported in early, frequent, and prolonged skin-to-skin contact (SSC) with their babies.

Competency 1.7: Parents shall be supported to recognize their baby's behavioral communications of stress and relaxation.

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EXAMPLES OF STANDARDS AND COMPETENCIES

Standard 1: Feeding experiences in the intensive care unit (ICU) shall be behavior-based and baby-led. Baby-led principles are similar whether applied to enteral, breast, or bottle feeding experience.




Competency 1.3: Consistency of feeding practices among staff who feed an infant shall be promoted,

Management of feeding, eating and nutrition delivery

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IMPLEMENTING STRATEGIES FOR AN EVIDENCE-BASED COMPETENCY MODEL FOR INTERPROFESSIONAL CARE

PROCESS

- 
Development and publication of standards, competencies and best practices
- 
Establishment of outreach and education through published materials
- 
Implementation forums

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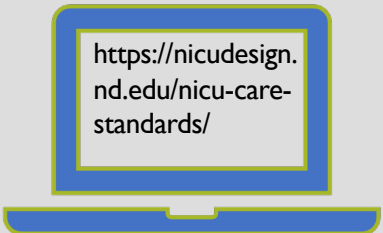
PUBLICATION AND REFERENCE

Website
<https://nicudesign.nd.edu/nicu-care-standards/>

Journal of Perinatology supplement
 Browne JV and the Consensus Committee on Infant Family Centered Developmental Care. Executive Summary: Standards, Competencies and Best Practices for Infant and Family Centered Care in the Intensive Care Unit. In Press; *Journal of Perinatology*, 2020.

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WEBSITE ACCESS:
 STANDARDS
 COMPETENCIES
 RATIONALE/
 APPLICATION
 EVIDENCE
 LINKS TO
 ARTICLES



<https://nicudesign.nd.edu/nicu-care-standards/>

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REGULAR COLUMN IN NEONATOLOGY TODAY WHICH REACHES OVER 15000 ICU PROFESSIONALS

NEONATOLOGYTODAY.ORG



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IMPLEMENTATION WHITE PAPER AND ONGOING FORUMS

- 2022 Feeding, Eating and Nutrition Delivery
- 2023 Systems implementation
- 2023 Baby and Family Stress and Pain

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GAPS AND NEXT STEPS

There is a need for more research, study, and evidence-based improvement dissemination.

Sharing of implementation practices, improvement PDSA (Plan, Do, Study, Act) work, and metrics with the committee.

Monitor the standardization of IFCDC practice in ICUs from unit-to-unit.

Review, revise and add new evidence.

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The Gravens Conference
on the Environment of Care for High Risk Newborns

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