



NPASS and Neonatal Therapy: Bridging the Gap for Students in the NICU

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Objectives:

1. Understand the role of neonatal therapists in the NICU
2. Learn how to support various family dynamics in the healthcare system
3. Understand the unique goals and structure of NPASS
4. Demonstrate a clear understanding of how to start an NPASS chapter

What is Neonatal Therapy?

- ❑ “...the art and science of integrating typical development of the infant and family into the environment of the NICU.” (NANT, 2014)
- ❑ Requires advanced knowledge of the diagnoses and interventions pertinent to the NICU setting
- ❑ Promote optimal long-term developmental outcomes

Neonatal Therapists:

- Promote safety and practice in a safe manner
- Unique members of the team
- Practice and advocate for age appropriate care
- Respect cultural diversity and promote family centered care
- Promote a healing, neuroprotective environment

Who is a part of the team?



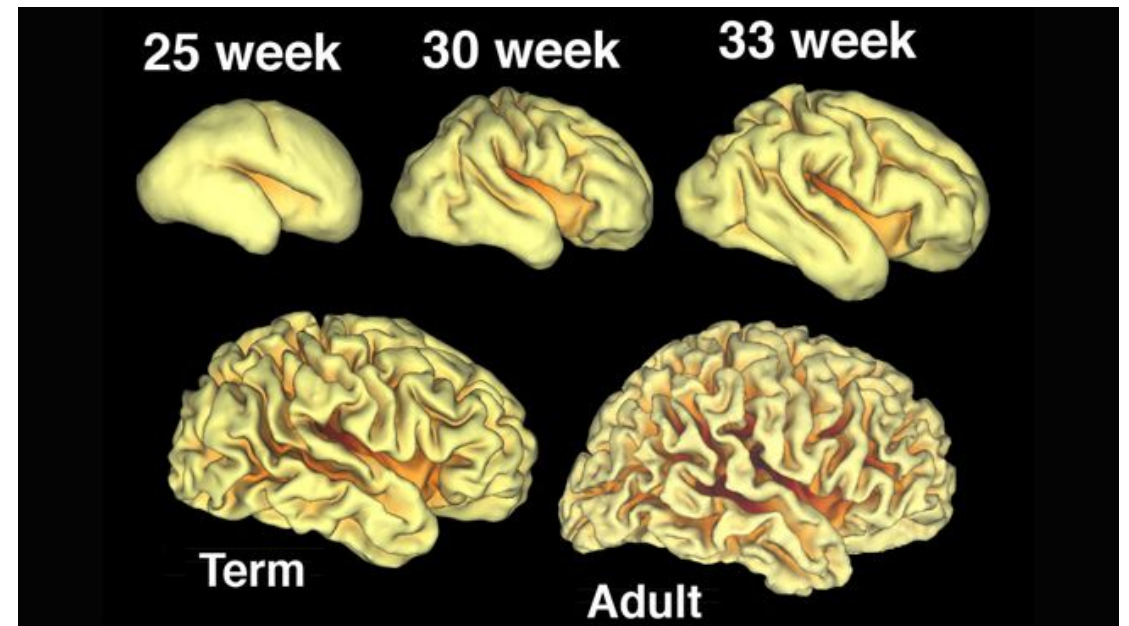
www.neonataltherapists.com

Neonatal Therapy Scope of Practice

- Established by the National Association for Neonatal Therapists (NANT)
- All three disciplines share common ground when providing services in the Neonatal Intensive Care Unit (NICU)

Addresses the following systems:

- Neurobehavioral
- Neuromotor
- Neuroendocrine
- Musculoskeletal
- Psychosocial
- Sensory





Risk-adjusted/neuroprotective care services in the NICU: the elemental role of the neonatal therapist (OT, PT, SLP)

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Abstract

Infants admitted to neonatal intensive care units (NICU) require carefully designed risk-adjusted management encompassing a broad spectrum of neonatal subgroups. Key components of an optimal neuroprotective healing NICU environment are presented to support consistent quality of care delivery across NICU settings and levels of care. This article presents a perspective on the role of neonatal therapists—occupational therapists, physical therapists, and speech–language pathologists—in the provision of elemental risk-adjusted neuroprotective care services. In alignment with professional organization competency recommendations from these disciplines, a broad overview of neonatal therapy services is described. Recognizing the staffing budget as one of the more difficult challenges hospital department leaders face, the authors present a formula-based approach to address staff allocations for neonatal therapists working in NICU settings. The article has been reviewed and endorsed by the National Association of Neonatal Therapists, National Association of Neonatal Nurses, and the National Perinatal Association.

Speech-Language Pathology in the NICU

Identification

Assessment:
Clinical &
instrumental

Treatment

Collaboration

Education:
Family & staff

Discharge
planning

Occupational Therapy in the NICU

Identification

Assessment

Training

Collaboration

Education
& Advocacy

Discharge
Planning

Collaboration in the NICU

Multidisciplinary approach:

- Interdisciplinary rounds
- Weekly Rehab huddle
- Program Development
- Personal support
- Nurse manager support



Pros:

- Consistency
- Communication
- Family-Centered Care
- Completion of initiatives

Barriers:

- Culture of the unit
- Past experiences
- Personal goals
- Professional insecurities

Collaboration in the NICU: *Family-Centered Care & Health Disparities*

Family-Centered Care: approach of planning, delivery and evaluation of healthcare based on partnership between healthcare professionals and families of patients

Ways to promote:

- Introduction of team
- Individualized treatment
- Parent appointments
- Community outreach/support
- Family meetings regarding development
- Consistency in communication
- across all professionals

Obstacles:

- Social
- Financial
- Transportation
- Family support
- Child care
- Maternal/paternal leave
- Day shift therapy



Our Goal in the NICU: Accessibility & Fairness for All

Observations:

- Parental guilt
- Staff judgement
- Inconsistency in bedside communication (day shift vs. night shift)
- Interruptions in breast feeding and limited advocacy for Kangaroo care
- Decreased bonding due to lack of education, fear, etc.
- Less involvement in interdisciplinary rounds from parents

Potential Solutions:

- Inquiring about parent work schedule
- Focusing on individualized strategies to address barriers
- Taking the blame off parents for work, decreased bonding, etc.
- Focusing on ways to bond
- Celebrating every milestone

Obstacles:

Work obligations
&
Parental
responsibilities

Journey from School to Field

Occupational Therapy program:

- 4 years undergraduate
- 2.5 years graduate
- Peds courses, without specialty track for neonatal education
- Fieldworks I and II
- Very rare FW opportunities in the NICU
- Opportunities for specialization once licensed



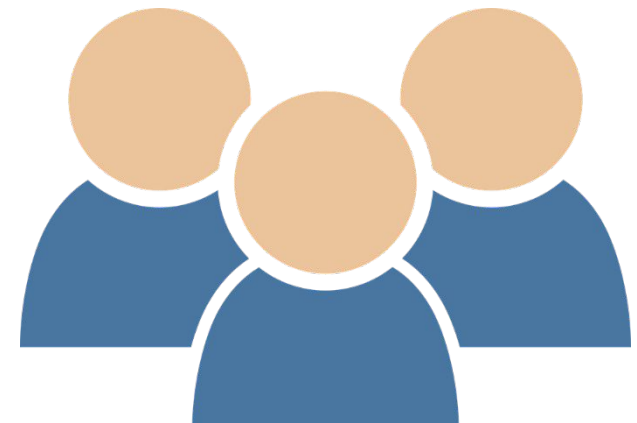
Speech-Language Pathology program:

- 4 years undergrad
- 2 years graduate
 - School-based
 - Medical-based
- Generalized education
- No specialty courses
- Clinical Fellowship
 - generalized (peds vs. adults)
- Specialization once licensed

Clinical Fellowship in Speech-Language Pathology

- ❑ Mentored professional experience of a minimum of 1260 hours and a minimum of 36 weeks of full-time experience
- ❑ **Purpose:** “...to integrate and apply the knowledge from academic education and clinical training, evaluate strengths and identify limitations, develop and refine clinical skills consistent with the Scope of Practice in Speech-Language Pathology, and advance the Clinical Fellow from needing constant supervision to begin an independent practitioner.” (ASHA, 2020)

How does one get involved in the NICU?



NPASS (National Perinatal Association Student Society)

What is NPASS?

NPASS is NPA's student organization. NPASS is designed to bring together students from various disciplines to learn about interdisciplinary and integrated care as students. This diverse group of students are provided with leadership from NPA and specifically from Jessica Restivo, MS, OTR/L to further their knowledge of this specialty area of practice. Founded by Cody Miller Pyke, JD, LLM, MSB at Baylor College of Medicine in 2016 after

NPASS Mission Statement:

“The mission of the National Perinatal Association Student Society (NPASS) shall be to further the goals and mission of the National Perinatal Association, our parent organization. By bringing together a diverse and interdisciplinary membership of students, NPASS seeks to positively impact perinatal care in the United States through advocacy, education, scholarship, and service.”

Goals

- To bring together people from all disciplines who are interested in perinatal care to listen and learn from one another.
- To support and advocate for pregnant women, infants, their families, and their healthcare providers across the country.
- To create educational opportunities for and promote the best evidence-based practices in perinatal care.

Why & How to Start an NPASS Chapter?

What students gain from NPA:

- Membership in a nationally-recognized organization
- Opportunities for research and presentation/publication
- Networking/Professional Development
- Connections and resources

Current Chapters:

- Baylor College of Medicine
- SUNY Downstate Health Sciences University
- Salus University
- Drexel University



GET INVOLVED

Email [Jessica Restivo, MS, OTR/L](mailto:jrestivo@nationalperinatal.org) Director of Outreach

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Rehabilitative Medicine in the Neonatal Intensive Care Unit

Benefits:

- Developmental outcomes (25-50% of infants <28 weeks GA)
 - Offset cranial deformities
 - Offset Pediatric Feeding Disorders (~50% of NICU graduates, regardless of GA)
 - Promote “typical” development
- Holistic approach
 - Treat infant and caregiver
 - Acknowledge the impact of the environment (physical + social) on the person (infant +family)



Culture of the NICU:

- Volume driven to Infant driven
- Medical to Family Centered

GOAL:
Individualized Care
that is
developmentally
appropriate

www.pampers.com
Pados et al., 2021
Altimier, L., & Phillips, R. (2016)

 **NewYork-Presbyterian**
Brooklyn Methodist Hospital

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