Developmental care is a “philosophy of caregiving that recognizes, prioritizes, and responds in individualized ways to each infant’s physiological and behavioral cues with every interaction in order to minimize stressors and to support optimal whole-baby development in the artificial extrauterine environment of the NICU.” - Raylene Phillips, MD (2020), IFCDC Panelist

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

IFCDC Evidence-based Practice 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

Gaps in Practice
- Inconsistent developmental practice.
- Lack of standardization of practice among disciplines.
- Disciplines function in silos.
- Parents not considered integral to health team.
- Parents often confused, frustrated, depressed & alone.
- Lack of continuity from unit-to-unit & hospital to home.
- Lack of community resources to support baby, parents, family at home.

Benefits
- Parent presence and cultural inclusivity.
- Shared decision-making.
- Musculoskeletal, physiologic & behavioral stability of baby.
- Baby experiences intimate human touch & synchronization with parent.
- CNS plasticity & neuronal circuitry of baby’s brain.
- Baby’s regulation of sleep & wake states, & arousal from sleep to wake.
- Parent/family wellbeing.
- Non-pharmacologic measures to reduce baby’s pain/stress.
- Skin-to-skin contact shows brain- & neuro-development, physiologic stability, feeding tolerance, growth, & reduced mortality & sepsis.
- Behavior-based and baby led feeding/eating.
- M/other competence as primary feeder.

References