

History

The Consensus Committee on Infant and Family Centered Developmental Care (IFCDC) evolved from the long-running annual Gravens Conference, "The Environment of Care for the High Risk Newborn and Their Family". In 2014, prompted by accumulating evidence of family centered and neurodevelopmental care to support the outcome of the baby in the NICU, the interprofessional committee published the *Report of the First Consensus Conference on Standards, Competencies and Best Practices for Infant and Family Centered Care in the Intensive Care Unit*, in February 2020, <https://nicudesign.nd.edu/nicu-care-standards/>.

Gaps in Practice

- Inconsistent developmental practice.
- Lack of standardization of practice among disciplines.
- Disciplines function in silos.
- Variation of care & communication to/with parents/family.
- 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.

Standards, Competencies & Best Practices

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*

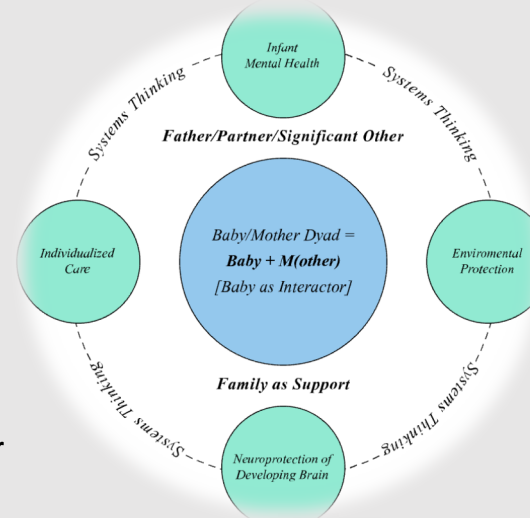
IFCDC Principles & Concept Model –

- **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



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

Consensus Committee on Infant & Family Centered Developmental Care. Report of the First Consensus Conference on Standards, Competencies and Best Practices for Infant and Family Centered Care in the Intensive Care Unit; February 2020. <https://nicudesign.nd.edu/nicu-care-standards/>

Kenner C & McGrath JM (Eds.). NANN's Developmental care of newborns and infants: A guide for health professionals (3rd ed.). Wolters Kluwers, 2022. ISBN-13: 978-1975148393