

Standards, Competencies and Recommended Best Practices for Infant and Family Centered Developmental Care (IFCDC) in the Intensive Care Unit Poster proposal for the National Perinatal Association Meeting

Joy V. Browne, Ph.D., PCNS, IMH-E (IV) and Carol Jaeger, DNP, RN, NNP-BC for the Gravens Interprofessional Consensus Panel

Background: Evidence for the benefits of developmental care for infants and families has expanded in the past two decades and there is now a strong body of evidence to support its implementation. There is no standardization of the education and application of developmental care by the interprofessionals and the parents that augment the holistic care for babies and families in intensive care nurseries. The interdisciplinary consensus panel, composed of professional leaders and parents, was established to identify and evaluate credible evidence to support the drafting of standards and competencies of infant and family centered developmental care to be practiced consistently and make a positive difference in the outcome of the baby and the family.

Content/Action: The consensus panel has met for five years to develop a model of empirically supported infant and family centered developmental cornerstones, that include systems thinking, individualized care of the baby and family, family integration with the interprofessional team members and practice, environmental protection that diminishes adverse responses from the baby and increases the opportunity for intimate interaction with the parents, neuroprotection of the developing brain of the baby, and recognizes the baby as a competent interactor. The quality of the evidence was evaluated by level, and the strength of the evidence was graded. Six areas of developmental practice were identified to apply the cornerstones to practice, and articulate standards and competencies from which to standardize the practice of all members of the interprofessional collaborative team in the intensive care units. The six areas include systems thinking, positioning and touch for the newborn, sleep and arousal interventions for the newborn, skin-to-skin contact with intimate family members, reducing and managing pain and stress in newborns and families, and the management of

feeding, eating and nutrition delivery of the baby. Professional and parent participants attending three Gravens meetings provided feedback to the consensus committee and an expert panel of interprofessionals also provided recommendations. An overview of this work has been published, and the standards and competencies are available on line.

Lessons learned: Currently there is no available standardization of developmental, family centered care for interprofessional use. The panel of leaders in the field worked collaboratively to examine the literature and produce well documented standards and competencies for practice in intensive care. Further work needs to support the implementation of the standards, competencies and best practices of IFCDC by the interprofessional collaborative health team in the hospital setting.

Implications for practice: The publication of these standards and competencies will be the first available empirically based interprofessional expectations for developmental care. To the extent that they can be readily implemented they will provide a national impact on developmental outcomes for babies and their families. Recommendations for inclusion of families, and transition of the baby and family from the hospital to communities, are infused throughout the document and should provide continuity for service provision from hospital to home.