

# Implementing Trauma-Informed Care Initiatives in a Level IV NICU

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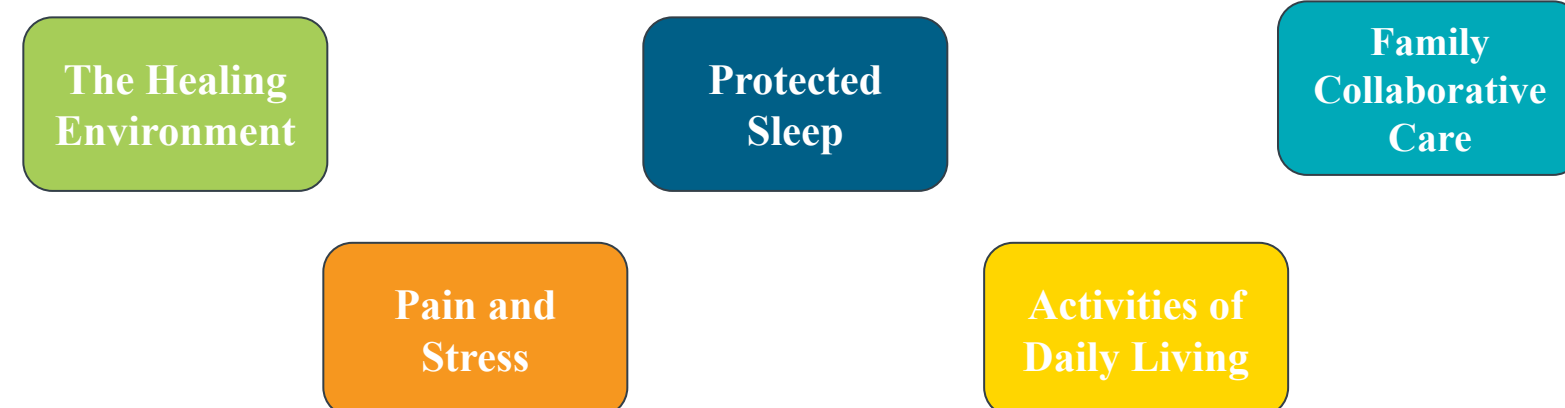
## Introduction:

The Neonatal Intensive Care Unit (NICU) environment can contribute to toxic stress and trauma which can impair the proper development of brain circuitry in infants and have long-term impacts on their overall functioning throughout their lifetime.<sup>1</sup> Furthermore, NICU graduates develop attachment disorders, such as disorganized attachment, at rates approximately six times higher at 36 months of age<sup>2</sup>. NICU parents experience greater rates of depression, anxiety and trauma symptoms than parents who did not experience a NICU stay. Staff in NICUs also experience competing demands and priorities, vicarious trauma, and moral distress. Therefore, trauma-informed practices that prevent or buffer the profound, long-term impacts of trauma are crucial components of promoting the overall well-being of infants, their families and NICU staff.

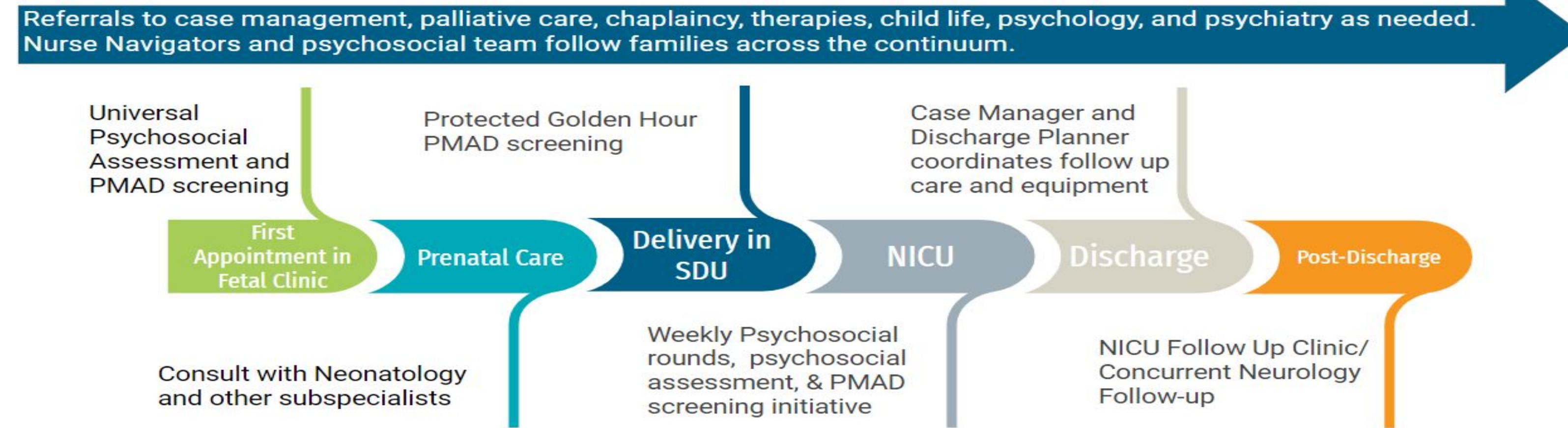
## Purpose: Trauma-Informed Care:

NICU-Specific Trauma-Informed Care (TIC) operationalizes the core measures for age-appropriate care developed by the Universe of Developmental Care (UDC) to “meet the developmentally sensitive and critical needs of the hospitalized infant and aims to restore health through healing relationships and integrative care.”<sup>3</sup> Dell Children’s Medical Center (DCMC) Level IV NICU serves some of the most critically ill infants in the state of Texas. The DCMC NICU has implemented several initiatives with the goal to improve Family Centered, Trauma-Informed, and developmentally appropriate care. In the Fall 2023, the NICU invited expert speaker, Mary Coughlin, MS, NNP, RNC-E, to provide a staff-wide TIC training and conduct an assessment of strengths and areas for improvement. This poster outlines our model of care as well as initiatives integrated before and after TIC training.

### Core Measure for Age-Appropriate Care



## Model of Care:



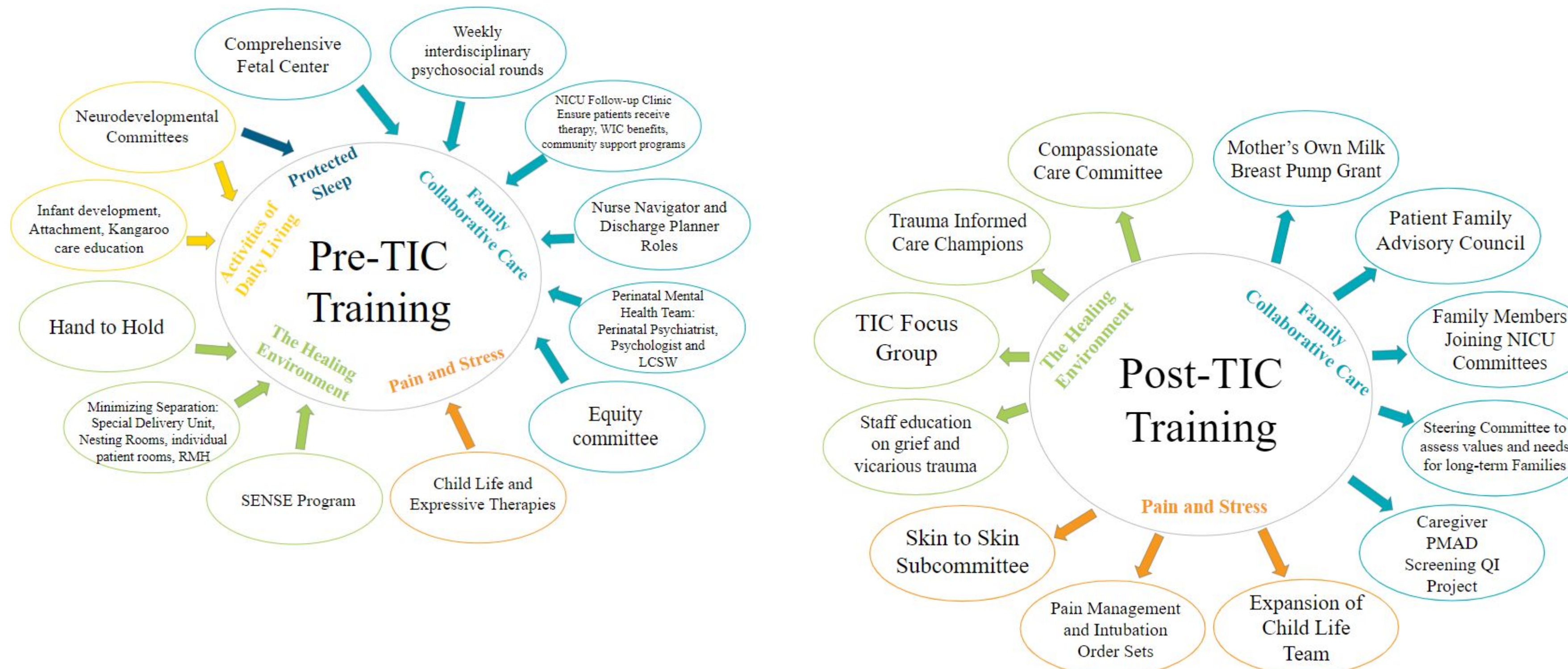
## Conclusion:

- Trauma-Informed Care in the NICU requires a multi-tiered, interdisciplinary, on-going approach: Staff-wide education, policy amendments, mentorship, on-going practice, and support with shifts in culture and policy.
- Administrative buy-in is essential to success: Physician champions and managers to help apply for grants to expand psychosocial team support and fund/promote initiatives.
- Adequate staffing of all disciplines is a crucial component of preventing burnout and providing quality care.
- Blending classroom style learning with bedside modeling and teaching may help to integrate the theoretical with the practical.

## Future Steps:

- Interventions for staff burnout and moral distress (compassionate care committee).
- Implement universal screening of PMADS of NICU parents.
- QI project to better understand how we are meeting the needs of families of different backgrounds and those who do not speak English.
- Skin-to-skin champions to support bedside learning and reduce barriers, in order for parents to have more timely skin-to-skin time with their infants.
- Continue Trauma-Informed Care Focus group and promote TIC champions to support shifting culture.

## Initiatives Before and After TIC Training:



## References:

1. Middlebrooks, J. S., & Audage, N. C. (2008). The Effects of Childhood Stress on Health across the Lifespan. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
2. Pennestri M.H., Gaudreau H., Bouvette-Turcot A.A., Moss E., Lecompte V., Atkinson L., Lydon J., Steiner M., Meaney M.J., Mavan Research Team. Attachment disorganization among children in neonatal intensive care unit: Preliminary results. Early Hum. Dev. 2015
3. Trauma-Informed Care in the NICU: Evidence-Based Guidelines for Neonatal Clinicians Mary E. Coughlin, MS, NNP RNC-E. 2016. Springer Publishing Company.