

Family Integrated Developmental Care - Summary Clinical Guideline Derby & Burton

Reference No: NIC PP08 NICU

1. Introduction

Advances in perinatal care have resulted in decreased mortality rates in preterm neonates, however, morbidity rates remain significantly high.

In addition to cerebral palsy, hearing loss, visual impairments and developmental delay, long-term follow-up studies have identified other important neurosensory impairments that may not become evident until preschool or school age such as cognitive and behavioural problems.

Preterm infants are born prior to or during critical periods of brain development. The third trimester of fetal development is a period of rapid brain growth and negative environmental influences such as noise, light, pain, or handling may impact on the developing brain. On our neonatal units, modifications we make in partnership with families to the nursery environment and care practices using the information in this guideline is crucial for later cognitive, social, and emotional development.

Developmental care is an approach using individualised care to maximize neurological development and reduce long-term cognitive and behavioural problems. This can be achieved by involving, including, and educating the family from admission through to discharge, thereby investing in the family's future and improving the hospitalisation experience for the infant and family.

The education and involvement of parents and/or carers is critical to the infant's social, emotional, and physical wellbeing and is a crucial factor in the process of family-integrated developmental care.

2. Aim and Purpose

- For families to have a better experience of neonatal care.
- Improved physiological stability for the infant.
- Confident parenting and attachment
- To encourage postural development for the infant.
- Reduced infant stress and pain.
- Individualised sensory experience,
- Improved feeding/ enhanced nutrition,
- Improved sleep patterns/ protected sleep,
- Decreased respiratory support.
- Decreased incidence of moderate/severe chronic lung disease,



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- Improved short term growth outcomes.
- Enhanced staff satisfaction.
- Decreased length/cost of stay,
- Improved neurodevelopmental outcomes to 24 months of age.

There are several considerations in providing family integrated developmental care. To support babies and their families in the best way possible, we must respond to behavioural cues and empower families to respond to these cues. This will support babies during both routine cares and during procedures.

There are modifications we can make to the environments on the neonatal units to effectively support babies; this includes modifications such as reducing noise and reducing light. These interventions are covered in more detail within the full quideline.