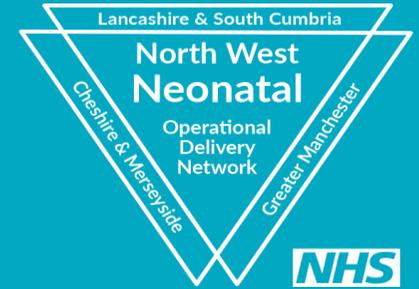


NORTH WEST NEONATAL OPERATIONAL DELIVERY NETWORK



Family Integrated Care An Overview

Working together to provide the highest standard of care for babies and families

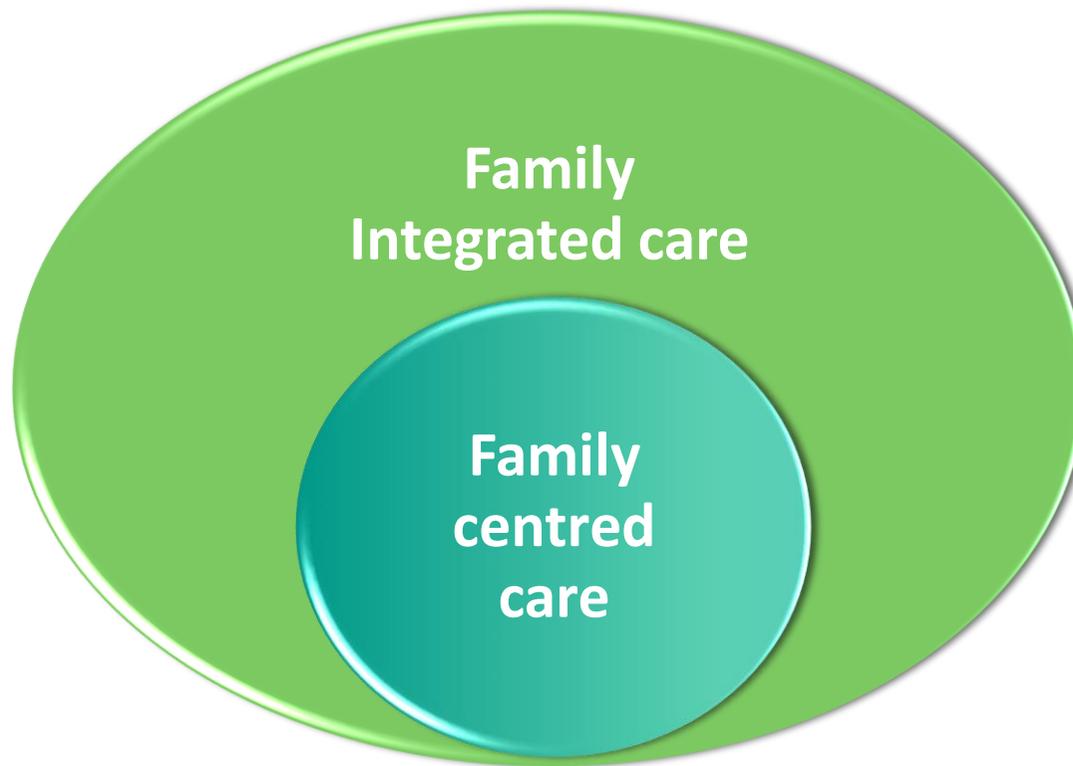


“Family integrated care is a model that supports and educates parents and carers to become integral participants in their baby’s care from the time of admission to the neonatal unit in partnership with the neonatal team”

NWNODN FiCare Special Interest Group Aug 2017

Family Integrated Care (FiCare)

- 2013 by Dr Shoo Lee built upon work in Estonia
- Builds upon the principles of Family Centred Care (FCC)



What is FiCare?

- A change in pattern of care in the neonatal unit
- Parents are an integral part of the care team and are partners with the nursing and medical teams
- Parents are supported and educated by all neonatal staff members
- Parents assume most of the routine care for their baby
- Parents gain confidence knowledge and control
- The philosophy focuses around 4 Pillars:

4 Pillars of FiCare

Staff Education
& Support

Parent
Education

NICU
Environment

Psychosocial
Support /
Veteran Parents

FiCare Pillar 1:

Staff Education and Support

- Providing education and tools for staff to enable them to educate, mentor and support parents in caring for their infant in the NICU
- Allowing staff to feel comfortable with the model of care and embrace their role as key facilitators of FiCare
- Leads to consistency in parent teaching sessions



FiCare Pillar 2: Parent Education

- Providing parents with the knowledge, skills, and confidence required to care for their infants in the NICU setting
- Enabling parents to be part of the health care team by offering small group education and the opportunity to participate in medical rounds, while being supported by individual bedside learning



FiCare Pillar 3: NICU Environment

- Ensuring that unit policies and procedures are supportive of the model
- Creating a physical and social environment that is conducive to the implementation of FiCare



FiCare Pillar 4: Psychosocial Support

- Providing adequate psychosocial support for families to enable their participation in FiCare
- Creating and supporting opportunities for peer-to-peer support



Myths About FiCare

Myth:

- Parents will look after tiny babies and take on advanced nursing skills

Truth:

- Professional accountability and responsibility remains the same
- Nurses help parents learn what is appropriate to do and teach, coach and support them

Myths About FiCare

Myth:

- Parents will be at the bedside 24/7 and have to sign a contract

Truth:

- Parents are encouraged to be at the bedside as much as possible
- Nurses encourage parents to be present during rounds, attend parent group and be present for their baby
- No contracts

Myths About FiCare

Myth:

- FiCare decreases the need for nurses

Truth:

- Nursing patient ratios remain the same
- Early on, the nurse may spend more time teaching the parent
- Close to discharge the parent should be doing most of the care

Literature Review Examining the Benefits of FiCare

Benefits of FiCare

- Importance of involving of families is widely recognised & growing in momentum:
 - Bliss: Bliss Baby Charter
 - Baby Friendly Initiative
 - NWNODN PAG
 - Neonatal Care review
 - NHS Long Term Plan

What does the research say the benefits FiCare are?

Benefits of FiCare

**Health
benefits to the
neonate**



**Health
benefits to
families**

**Benefits to
staff**

**Benefits to the
healthcare
system**

FiCare Reduces Parental Anxiety & Stress:

- Bliss (2018) 80% of parents mental health suffered
- 35% worse after neonatal care
- 16% PTSD



FiCare Reduces Parental Anxiety & Stress:

- O'Brien *et al* (2018) FiCare improved mental well being among parents = improved parent-infant bonding.
- D21 parents FiCare group lower mean stress score 2.3 v 2.5 standard care $p=0.0045$
- O'Brien *et al* (2006) found improved mental health outcomes for parent's involved closely with their infants care whilst in NICU.
- Canadian pilot study parent stress was decreased significantly at discharge $p=<0.05$ (Parental Stress Survey)
- *Parental psychological well being influences parent child interactions and can impact on social, behavioural and cognitive development short & long term.*

FiCare Improves Infant Weight Gain

- O'Brien *et al* (2018) RCT D21 weight gain was significantly higher in FiCare group ($p=0.0001$)
- Average daily weight gain higher in FiCare group: $p=0.016$
- Canadian pilot study Weight gain was 9% higher in the FiCare Group ($p<0.05$)
- Levin study - Estonia (1994) Humane Care model found in weight gain in FiCare group significantly higher than standard care.

Improved Breast Feeding Rates at Discharge

- NW need to improve BF at discharge:
 - 47% compared National average 58% (2017/18 Badger data)
- Leeds (2016) doubled BF at discharge to 60%.
- Canadian FiCare pilot study 85% of infants went home on breast milk with the majority being breast fed.
- RCT O'Brien et al (2018): 70% FiCare group v 63% Standard care $p=0.016$ breast feeding at discharge.
- **BF benefits:** improved bonding, immunological benefits, reduced infection and those extend beyond neonatal period & benefit for mother – reduction ovarian cancer, decreased postnatal stress and anxiety etc.

Less Reported Instances of: Infection, NEC & ROP

- Canadian FiCare pilot study:
 - Decrease in ROP ($p < 0.05$) in the incidence of stage 3 or borderline ROP.
 - Decreased rate of infection (0 in control \rightarrow 9.7% normal care) however not statically significant $p = 0.057$.
- Levin study (1994) Humane Care model: 30% reduction in infection rates.
- Increased BF rates reduced risk of NEC.

FiCare Benefits To The Healthcare System

- **Reduced length of stay (LOS):**
- Leeds (2015) LOS reduced by 9 days
- Orthenstrand et al (2010) reduced LOS
- O'Brien *et al* (2006) demonstrated hospital stay was reduced by 3.9 days for infant whose parents were very closely involved in their care.
- Levin study (1994) Humane Care model – 20% reduction in LOS.
- **Incident reports:** 0.84 v 1.15 per 1000 patient days but again not statistically significant ($p=0.78$) Canadian FiCare pilot study.

FiCare Benefits To The Healthcare System

- **Improved patient/staff satisfaction** - Levin study (1994) Humane Care model
- Staff had more time to undertake tasks required of registered practitioners – medication administration/ education/training etc.
- **Reduction in readmission rates:** parents better understanding of infant health needs & recognises changes in health quicker → involve community support quicker.
- **Less conflicts with parents & greater job satisfaction!**

Long-term neuro-development

Organisation

The critical time for organisation of neurons is from 22 weeks to 12 months

Myelinization

Involves development of myelin sheaths around nerve fibres in nervous system

Occurs from 30 weeks to 1 year

Does the environment matter?

During brain growth there is a constant sorting and juggling of nerve cells and connections. Those that make a match with their environment thrive, and the others wither.

Impoverished environments appear to have the opposite effect of rich and varied surroundings. They suppress brain development.

Bownds, M. D. (1999)

The Biology of the Mind.

Bethseda: Fitzgerald Science Press

The infant's environment is defined by relationships

Emotional neglect is the absence of relationship-based organising experiences at key times during development

Common in situations such as postnatal depression, households with substance abuse or violence, parents who themselves were 'looked after'

Or being by yourself in an incubator for 12 weeks?



We can conclude that:

1. An infant who is deprived of emotional support and care by a primary provider is at risk of poorer quality brain growth – particularly relating to speech and emotional development
2. Being in the environment of the Neonatal Unit affects the normal development of the sensory system
3. Stressful situations, or even fear of a stressful situation, affects the body in a negative way

Good, better, best

We now need to provide care that:

1. Benefits the health care system
2. Supports the emotional development of the infant
3. Protects them from environmental stressors as much as possible
4. Comforts them during and after stressful procedures

Support, protect and comfort

Lets have a think about who might be the best at doing that!



The benefits of FiCare are supported by research



FiCare Environment

- Welcoming to whoever comes
- Supportive of family's needs
- Accessible and comfortable
- Inclusive rounding policies
- Visiting hours? – partnership based instead of rules based
- Make the best use of the space you have

Parents as Partners

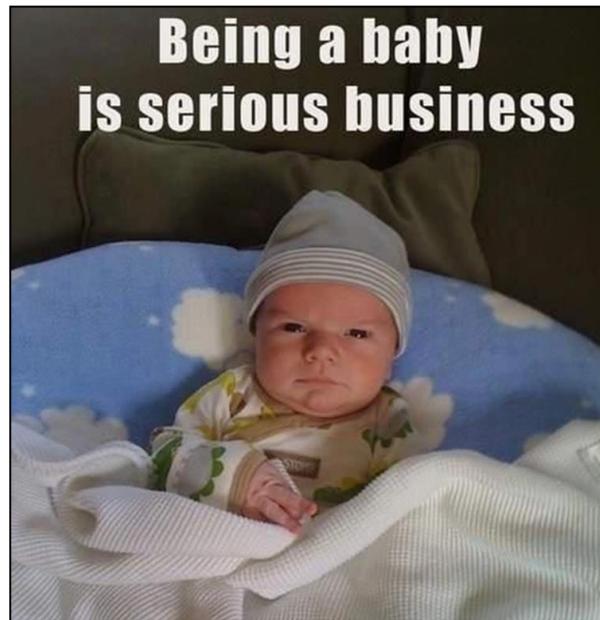
- Gradual process incorporating them into bedside care
- Gradual process incorporating them into rounds – starts by being there, then introducing their baby, progresses to presenting more details about their baby's condition as they feel comfortable
- More time spent early on pays off with parents taking over much of the care

Challenges for Staff

- Promoting family participation in care when families are facing multiple other issues
- Partnering with families who are difficult to partner with
- Not giving the message to parents that we are “too busy” for them – even when we are busy – time invested early pays off in the end!
- Changing ways or working around ward rounds and nurse handovers to facilitate 24 hour visiting

NWNODN Definition FiCare

“Family integrated care is a model that supports and educates parents and carers to become integral participants in their baby's care from the time of admission to the neonatal unit in partnership with the neonatal team”



NWNODN Accreditation

Essential Elements

Miscellaneous:

- Use of NWNODN Passport
- Parents taking part in Ward rounds

Cares:

- Carrying out basic hygiene care on your baby
- Swaddled bathing
- Changing your baby's linen
- Dressing your baby
- Monitoring of your baby
- Weighing your baby
- Taking baby out of incubator

Essential Elements cont.

Developmental Care:

- Neonatal environment
- Understanding your baby's cues
- Skin-to skin
- Managing your baby's pain and discomfort
- Positive touch
- Positioning your baby
- Principles of developmental care
- Awareness of 'safe sleeping' in preparation for going home

Feeding:

- Benefits of breast milk and hand expression
- Expression using breast pump and storage of breast milk
- Hand expression of breast milk
- Assessing readiness to feed and Infant led feeding
- Tube feeding and use of dummy
- Position at / latching onto breast
- Guide to bottle feeding:
- How to prepare infant formula and sterilise feeding equipment