

Practice of Developmental Care During Multilayered Crisis Situation: Lessons Learned from Lebanon

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Background about the Lebanese crisis

Developmental care (DC) was established in 2013 at the Level III NICU of the American University of Beirut Medical Center in Lebanon through the Developmental Care and Early Intervention Program (DCEIP) led by a NIDCAP certified team of neonatologist and NICU nurses. For the past three years, the provision of DC has been markedly affected by the worst economic and financial crisis amid the COVID-19 pandemic followed by the massive Beirut blast "Beirutshima". This multilayered crisis is endangering the well-being of Lebanese citizens including NICU babies, their parents, and their care providers. Admitted infants are unable to receive standard care due to a shortage of certain medications and medical supplies and increasing healthcare costs. Parents are struggling to pay for transportation to visit and to pay for hospital bills. Healthcare providers are working with minimum staffing due to the migration of healthcare workforces.

Aims

To describe the practice of developmental care during the Lebanese multidimensional crisis including the COVID-19 pandemic at a tertiary healthcare center.

Findings

Amid this crisis, the DCEIP team drafted policies to standardize DC practice. Weekly DC observation rounds were maintained, a standardized DC note was embedded in the electronic health record (EHR) and recommendations for DC were shared with nurses and families. Infant positioning was monitored daily using the infant position assessment tool (IPAT) score on all patients. Infants' positions were supported by "ZAKY hands" that were generously donated by the Nurtured by Design following the Beirut blast. The team engaged NICU nurses in quality improvement projects and task forces addressing components of DC such as having a daily "quiet time" for at least one hour daily in each NICU pod. Mothers and fathers were actively supported in their skin-to-skin practice at each opportunity.

To sustain the provision of DC in the unit, the DCEIP team worked on building the capacity of the remaining NICU staff by offering refresher educational sessions and tips on DC. They also organized educational sessions for NICU parents that shifted from in-person to online format for those unable to reach the hospital whether because of COVID restrictions or high fuel prices. The parents were satisfied with the indi-

vidualized sessions which were tailored to fit their needs. A web-based interactive course was developed for the continuous education of nurses and doctors. They liked the content and the pace of the course which was given online and according to their schedule. The DCEIP team was invited to participate in national online webinars focused on developmental care. All the aforementioned interventions were done at no additional cost. The multilayered Lebanese crisis taught us how to adapt and customize individualized interventions for infants, families, and staff without resources.

The future plans for the unit NIDCAP certification and training of a NIDCAP trainer to establish a training center had to be halted because of financial constraints.

Relevance to NIDCAP

How to adapt in a low resource and crisis setting.

Conclusion

Developmental care becomes even more relevant during a crisis. It tackles all aspects of nurturing care in a humanitarian setting.

(references continued from p. 8)

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