

How Can Healthcare Professionals Influence the Political Agenda to Improve Newborn Care? Translation Into Practice

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DOI: 10.14434/do.v16i1.35782

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How did infant and family-centered developmental care ‘come to life’ on the political agenda?

An overview of key events that led to a structural approach to supporting developmental care in Belgium.



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working at the FPS, highlighted the importance of qualitative developmental care in neonatology to the policy makers. As a result, in 2013 a developmental care coordination team was formed in parallel with the breastfeeding coaching team. Over and above helping teams evaluate developmental care practices in their neonatal units, the goal was to establish and ensure quality care for preterm born babies by additionally incentivizing training in NIDCAP and FINE.

After financially supporting the French speaking Brussels NIDCAP Training Center, the FPS chose to subsidize the designation of a Flemish counterpart. The UZ Leuven NIDCAP Training Center was officially opened on the 7th of May this year. The Belgian Prime Minister, Alexander De Croo,

and the Minister of Social Affairs and Public Health, Frank Vandenbroucke, were invited to give an introductory welcome speech at the symposium. In preparation of this visit, both Ministers gained detailed information on both projects and were enlightened about the latest evidence on breastfeeding and developmental care. Additional projects unfortunately put on hold, during the corona pandemic, such as the establishment of a donor human milk bank, were brought back to the table to ensure the continued commitment to the overall goal: improving the development for preterm born babies.

Future

With 30 maternity wards certified with a BFHI-label (out of the 93 established maternity wards in Belgium), and 16 (out of 19) Belgian NICUs involved in a NIDCAP-process, the FPS is continually working on strategies to anchor breastfeeding and developmental care projects into a solid national care program for mothers and their newborn babies. One such strategy involves the endorsement of revised qualification standards for maternity and neonatology wards, requiring obligatory staff training in breastfeeding and developmental care.

How it all started

Today the Belgian Federal Public Service (FPS) supports neonatal units and their medical staff (both nursing and medical), to be trained in breastfeeding and developmental care programs such as NIDCAP and Family and Infant Neurodevelopmental Education (FINE). The ultimate goal is to provide (preterm) newborn babies with the best possible start in life. This investment strategy did not however develop overnight. Following the WHO and UNICEF’s global recommendations, the FPS started to subsidize breastfeeding education programs after a law was passed in 1999 to establish a federal breastfeeding committee. To this day the breastfeeding coordination core group is entrusted with the task to promote, protect and support breastfeeding. Its members, with a medical and nursing background, are approved by royal decree. Apart from providing advice regarding breastfeeding policy measures, another of the members’ tasks is to monitor the Baby Friendly Hospital Initiative (BFHI) in hospitals. For the latter function two BFHI-coordinators were assigned in 2005.

How the project expanded with developmental care

In 2012, neonatologists Prof. Dominique Haumont of the Brussels NIDCAP Training Center and Dr. Anne Clercx

Reflection

An important facilitator of bringing developmental care to the spotlight, was the publication of a report in March this year of the Belgian Health Care Knowledge Center (KCE)* on infant- and family-centred developmental care (IFCDC) for preterm newborns. In the comprehensive report, the authors suggested recommendations for the implementation of IFCDC-principles to the FPS, the Minister and hospital boards. A group of experts (neonatologists and specialized nursing staff in neonatology) underlined the importance of these proposals. This collaboration between experts from the working field together with evidence from the literature, convinced policy makers of the necessity to establish a course of action and to continue the support of developmental care in neonatal settings.

The opening ceremony of the NIDCAP Training Center in

UZ Leuven, was the perfect opportunity to invite our Ministers to the NICU to meet the parents of our vulnerable babies as well as the nursing staff personally, and to discuss why IFCDC is so important to sustain. The combination of the scientific report on IFCDC and the opening of the Training Center created momentum for current policy makers to finalize decisions that will result in the consolidation of both projects. We hope this will build a strong foundation on which to build, and to enhance chances for a better future of preterm born babies in Belgium.

References

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This document is available on the website of the Belgian Health Care Knowledge Centre. <https://kce.fgov.be/en>

Psycho-Neonatology: Working with Parents, Preterm Infants, and Staff. The Outcome of Former Preterm Infants 20 Years Later

DOI: 10.14434/DO.V16I1.35783

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Although neonatology is a technologically sophisticated medical field, its insights are too frequently slighted by parents, medical staff, and psychosocial support personnel. Even today, neonatology lacks any kind of psychological specialisation, which has, for example, been a core component of paediatric oncology for many years. Developing new modes of sensitive, individualized, attachment-based nursing, helping parents to bond with their baby born very preterm, implementing kangarooing for mothers AND fathers, and 24/7 visiting hours should lead to a specialisation on psychological and trauma-related issues. Furthermore, the medical and nursing staff should receive regular supervision as part of psychohygiene in order to foster sensitivity for the infants' and parents' needs, and to facilitate an attachment-based friendly atmosphere in the NICU. All



Karl Heinz Brisch

this should focus on fostering secure infant-parent attachment development, despite the difficulties resulting from preterm delivery, complex newborn intensive care, and familial complications.

Our Ulm study, which started about 20 years ago,¹ was one of the first intervention studies, in which we focused on enhancing the development of attachment security in the preterm infant by supporting the parents through individual support, parent groups, and support during the transition from hospital to home. One aim was to mitigate previous unresolved issues of loss and trauma, as many parents had already experienced a stillbirth before they had to cope with a preterm delivery. We found that if the trauma of a previous loss has not

been resolved, preterm birth triggers several trauma-related symptoms like avoidance of the baby, overanxiety, inability to