

NIDCAP Leader Profile

Monique Oude Reimer-van Kilsdonk

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I am Monique Oude Reimer-van Kilsdonk and I live in the Netherlands in a town called Barendrecht. This small place is located 12 km from Rotterdam where I work. Usually, I cycle to work but when it rains, which I really hate, or snows, I take the train and metro and very occasionally the car. Parking in Rotterdam is very expensive, making the car my least favorite option. For almost 30 years I have worked at the Sophia Erasmus MC Sophia Children's Hospital in the Neonatology Department. Previously I was a Neonatal Intensive Care nurse and since 2004 I have worked for NIDCAP as Patient Care Advisor and NIDCAP Trainer. I like to travel, which is an excellent combination with being a NIDCAP Trainer. I like to read and walk, especially on long-distance trails. I used to bake birthday and wedding cakes as a hobby, yet this is a very time-consuming hobby and I no longer have time for it due to my workload. I will pick it up again when I retire. 😊

My NIDCAP Journey

It was sometime in 1998 that I first heard about NIDCAP. The department was conducting a study on developmental care and looking at interventions for prematurely born babies. The research showed that NIDCAP would be the best fit for our department and our patient population. Staff could apply for NIDCAP training. Three people were given the opportunity to do the NIDCAP training. After a lot of thought and discussion which I found daunting, I was accepted much to my delight. Although I have experienced ups and downs in recent years, I have never regretted this choice.

In 2000, I started NIDCAP training under the guidance of NIDCAP Master Trainer Agneta Kleberg. I had no idea what to expect and was anxious that everything had to be done in English. My English was not very good at the time, and I found it challenging! Fortunately, I was able to start with two other colleagues. We were very much in support of each other and we could always turn to our NIDCAP Trainer. Her humanity, but certainly also her extensive knowledge, really helped me to complete the NIDCAP training and she is still a role model to me. After my NIDCAP certification, outside of my hours as a nurse, I was able to perform NIDCAP observations on the unit one day a week.

NIDCAP Trainer Dr. Nikk Conneman joined our department in 2004 which gave us the opportunity to open a NIDCAP Training Center, the Sophia NIDCAP Training Centre, Rotterdam. Soon I was able to spend more hours on NIDCAP observations, implementation, and supporting babies and their parents. After a few years, my workdays changed to one day a week as a neonatology nurse and four days a week for NIDCAP. Because keeping track of the technical aspects of



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such an intensive department requires a lot, I decided at some point to dedicate myself completely to NIDCAP. First my title was NIDCAP Consultant and now this position has changed to 'Advisor Patient Care Development-Oriented Care'.

The work as a NIDCAP professional is much more than doing observations. We also plan care for the babies and guide parents and colleagues. In 2017, I took the step to become a NIDCAP Trainer under the guidance of Dr. Agneta Kleberg and Dr. Joy Browne. I felt privileged to be trained by these two remarkable women, increasing my knowledge and skills through their guidance and feedback. For the APIB part of the training, I collaborated with the professionals in Toulouse, France, and look back on that time with great pleasure. I have been a Senior NIDCAP Trainer now for two years. A step that Dr. Heidelise Als assigned to me just before she died.

My Passion

My passion has fluctuated in recent years. Seeing parents grow their parenthood has always encouraged me to persevere. I think it's fantastic to guide parents in this process, not only to see how they slowly recognize their infant's behavior and how they react to it, but also how empowered they become at times when they feel that caring for their infant is not the very best without developmental care. In recent years, we have started treating younger and younger newborns. Seeing the strengths these newborns can show us, no matter how small, makes me proud. It really touches me to see that hand that still manages to go towards the mouth and that cautious attempt to open an eye.

In recent years, the passion for providing education has been added to my role. It is quite rewarding to see the won-

der on the face of a student when they see and hear why we do NIDCAP and their responsibility for it, fueling their passion to eventually work unconditionally for that infant and that parent. Of course, there have been times in the last 20 years when I've thought 'I'm quitting'. Frustration, overload, misunderstanding, and not feeling heard were all feelings that occasionally I felt, yet there was always something that helped me through. With my colleague, Nikk Conneman, it was possible to regularly evaluate and reflect. I can also contact my NIDCAP colleagues, and vice versa. It helps to know that others also encounter such feelings. After discussion, you can usually get back to it. Occasionally I have chosen to contact my master trainer.

NIDCAP Future

When I look at the Netherlands, I think NIDCAP will slowly expand. We provide a lot of foundational education and I've noticed that interest arises from there. It's slow, but I'm fine with that. We are a small country and besides the fact that it is important we have NIDCAP specialized care providers, I also think it is important that the foundation is good. We are working towards individualized developmentally oriented care becoming a permanent part of the nursing and medical training courses. Globally, I also see promising growth of NIDCAP in Europe, which comes from more foundational education. I personally think the future lies in having foundational developmentally oriented care in both nursing training and in the training for doctors. Which educational program it will be is, I think, less important, so long as it is based on the Synactive Theory of Development by Heidelise Als and perhaps endorsed by the NFI. A team could be put together to really look at the content. From that foundational education, some students could go on to more specialization, like NIDCAP training.

My Success

What is success? I am proud that I have been able to create my own position, and work in an environment where individualized developmental care is included in the vision of the department and generally supported by the management team. I see parents spending more and more time in the department and we still successfully implement in small steps. I am proud of my colleagues who, despite the busy times in the department and staff shortages, continue to do everything they can to spread the word about NIDCAP and guide newborns, parents, and colleagues. I can always count on them when, due to circumstances, I must take a step back. They have taught me that delegating and trusting each other can only improve cooperation. I'm proud of that!

My Advice

The advice I would give someone who is just starting their NIDCAP training is REFLECT! Make sure there is someone in your area that you can turn to. That doesn't always have to be an official meeting, but just being able to talk and reflect can be very helpful – and be patient. There comes a time in your education when you 'see the light' and then really experience why you do it all.

A wish of mine would be to have reflective processing groups worldwide. A small group where you can exchange your experiences with each other occasionally. Groups for master trainers, trainers, professionals, and students. We face the same strengths worldwide, but certainly also the same challenges. Sharing and learning from each other seems to me to be of enormous value.



Mission

The NFI improves the future of all infants in hospitals and their families with individualized, developmental, family-centered, research-based NIDCAP care.

Adopted by the NFI Board, June 29, 2022

Vision

The NFI envisions a global society in which all hospitalized newborns and their families receive care in the evidence-based NIDCAP model. NIDCAP supports development, enhances strengths and minimizes stress for infants, family and staff who care for them. It is individualized and uses a relationship-based, family-integrated approach that yields measurable outcomes.

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