

NIDCAP: Always a Journey

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Aim

To describe the collaboration between the Vall d'Hebron-Dr Trueta NIDCAP Training Center and the Catalan Health System (ICS) and how an expert advisory program was created to facilitate training across its six hospitals to improve outcomes for newborns and their families.

Methods and Results

YEAR 2016 – Start of collaboration.

The PADEICS–NIDCAP expert group was created. PADEICS is an expert advisory program promoted jointly with the healthcare medical director of the six hospitals of the ICS group (Catalan Institute of Health) within the public health system, that care for over 270 very low birth weight babies every year in Catalonia.

The group consists of representatives of the administration, medical and nursing leaders of the units, NIDCAP professionals, other professionals promoting Developmental Care and family representatives from the “SomPrematurs” association. The main objective was to implement a newborn care model guided by NIDCAP. This is organized through quarterly meetings, leadership teams in each unit and the setting of annual objectives. During the 2016–2017 period, two very important actions were carried out:

1. A working day between families and professionals. During this meeting, nine areas of work are agreed upon, which focus on both training and the application of the model.
2. NIDCAP Introductory 12-hour course, of theoretical and practical presentations and workshops. It is accredited in the Catalan health system. A total of 380 professionals from the six hospitals participated.

2018–2023 – NIDCAP Professional Training

- Certified NIDCAP professionals in all six hospitals.
- Intermediate training, with an in-person course of 25 hours conducted in small groups. The pace is slow, the turnover of professionals matches our training capacity.

- Incorporating FINE 2 into our training portfolio multiplies our training capacity.

2023 – Start of the family inclusion program.

The INclusion of FAMilies in Neonatology (INFA-Neo) program started in Girona, focusing on integrating families and providing individualized developmental care for high-risk babies, with a full-time NIDCAP nurse (Montse Reixach) and a part-time neonatologist (Angela Gregoraci).

2024 – More commitments from the administration.

- Commitment for 80% of professionals who work directly with babies and families to complete the FINE 2 training, in all care shifts.
- Commitment to have a full-time NIDCAP Professional position in all hospitals, responsible for training programs and implementing the care model.

Challenges

- The difficulty of administrators to authorize expenses that are not equipment or pharmacological treatments.
- The group does not include other hospitals that are not in the ICS group.
- The frequent turnover of healthcare professionals.

Strengths

- The participation in the PADEICS program and the commitment of the medical and nursing managers of the units, which are part of the PADEICS–NIDCAP group.
- Having a training model (NIDCAP, FINE) and implementation model (e.g. INFA-Neo)
- Collaboration with families and their associations (the president of SomPrematurs is part of the group).
- The collaboration with other NIDCAP Training Centers such as “Sant Joan de Déu” and “12 de Octubre”.
- The unconditional support of our Senior NIDCAP Master Trainer, Graciela Basso and the NFI.

Conclusion / Relevance to NIDCAP

Collaboration with the administration is the way to consolidate the model in all ICS hospitals. Together with the Sant Joan de Deu group of hospitals, we provide care for over 70% of very premature babies in the Catalan health system. Our goal is to improve communication with the administration to establish NIDCAP as a standardized model across all units in Catalonia, and hopefully Spain.

Collaboration with the administration facilitates conducting research studies on the implementation of the model. This collaboration also supports initiatives aimed at improving training skills. We believe that sharing our experience with other regions of the state can serve as an example and an encouragement to promote similar programs.

NIDCAP Implementation in Neonatal Units and Breast Milk Feeding at Discharge: the EIPAGE-2 Cohort Study

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The impact of neurodevelopmental observations of preterm infants such as those offered in the NIDCAP program is still debated. By supporting oral feeding development, NIDCAP observations could enhance breast milk feeding at discharge of very preterm infants.

Aim

To describe breast milk feeding at discharge among very preterm infants according to the level of NIDCAP implementation in neonatal units.

Materials and Methods

Using the French national population-based EIPAGE-2 cohort, implementation of NIDCAP in each of 11 NIDCAP neonatal units was defined as the proportion of very preterm infants (< 32 weeks' gestation) who had at least one NIDCAP observation during hospitalization. Breast milk feeding at discharge -partial, breast/bottle exclusive, and breast only exclusive- was evaluated after adjustment on maternal and neonatal characteristics, and unit policies to support lactating mothers.

Results

Among 569 very preterm infants included, 14% (78/569) had at least one observation during hospitalization. Implementation was defined as low in nine units and high in two units, with 7% (extremes: 0-13%) and 86% (75 and 100%) of infants

having at least one observation, respectively. Breast milk feeding at discharge was reported in 55% of infants. In neonatal units with low NIDCAP implementation vs high, we observed 25%/6% of partial breast milk feeding at discharge, 16%/24% of breast/bottle exclusive, and 14%/28% of breast only exclusive. High NIDCAP implementation was associated with higher proportions of exclusive - only breast- breast milk feeding at discharge: adjusted odds ratio 4.72 (95% CI 2.79-7.99).

Conclusion/Relevance for NIDCAP

The level of NIDCAP implementation was associated with higher rates of breast milk feeding at discharge exclusively at breast. Investment of professionals and families in very preterm infants' observation could be an effective strategy to support exclusive breast milk feeding at discharge in this vulnerable population.