Partnering with the NICU Parent Leader

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Aim

A Newborn Intensive Care Unit (NICU) Parent Leader collaborates globally with clinical leaders, health system organizations, governments and industry to advocate for credible healthcare quality improvement. NICU Parent Leaders are deeply aware of the perspectives of patients and families from their own experiences to improve healthcare quality, safety and patient experience. By modeling empathetic listening, discernment & interpretation of patient and parent stories and strengths-based communication, NICU Parent Leaders build consensus through multistakeholder representation.

Methods - Theory & Praxis Research

NICU Parent Leaders collaborate with organizations, communities and global societies in the following ways:

1. **Research Partnerships:** Ensure research aligns with the needs of those most impacted, integrates patient and partner perspectives in decisions, and includes diverse community partners to reflect marginalized viewpoints.
2. **Quality Improvement:** Enhances patient-centered care by systematically improving effectiveness, efficiency, safety, equity, and timeliness of healthcare services through data-driven evaluation and refinement of practices.
3. **Organizational Development:** Supports leadership development, process improvement, change management, employee engagement, and strategic planning to foster efficiency, adaptability, and sustained growth.
4. **Readiness Assessments:** Evaluates organizational preparedness for implementing changes, assessing infrastructure, staff skills, organizational culture, regulatory compliance, and impacts on patients and the community.
5. **Community Building:** Uses administrative and community organizing skills to enhance healthcare organizations' ability to engage patients and families by emphasizing trust, inclusivity, and meaningful contribution from diverse and underrepresented voices.
6. **Health Equity:** Promotes health equity by ensuring fair access to resources, eliminating disparities based on socioeconomic status, race, or ethnicity, and addressing social determinants of health to achieve optimal well-being for all.
7. **Event Planning, Conferences & Summits:** Hosts a spectrum of engagement events, including councils, panels, collaboratives, and workshops. These platforms facilitate collaboration among patients, family caregivers, and healthcare professionals, encouraging diverse perspectives to drive healthcare improvement.
8. **Board of Director Leadership:** Oversees governance, finances, executive leadership, risk management, and stakeholder relations to ensure effective and ethical operation of the organization.
9. **Educates Health Communities:** Delivers health education, assess community needs, provide resource referrals, advocate for health equity, and evaluate program effectiveness to enhance community health outcomes.

Theoretical Process Development (Results/Findings in Process)

Dr. Heidelise Als was a pioneering figure in the establishment of NIDCAP, introducing groundbreaking insights that revolutionized our understanding of infant development. Central to her contributions was The Synactive Theory of Infant Development, emphasizing the crucial role of a robust theoretical framework in clinical effectiveness. Dr. Als unraveled the sensory, cognitive, and social capacities of infants, highlighting their continuous interaction with the environment.

In a parallel manner, NICU parents navigate an unfamiliar environment with heightened vigilance, tasked with acquiring new skills. Dr. Als designed the Model of the NIDCAP Nursery to foster an environment of highly attuned care, supported by a community that envelops families, parents, and infants within the hospital setting.

Conclusion

This abstract proposes leveraging the Model of the NIDCAP Nursery in collaboration with NICU Parent Leaders to enhance healthcare quality, safety, and patient experience. As NICU Parent Leaders undergo personal and professional growth, including interdisciplinary collaboration and leadership skills development, they bring valuable insights and dedication to the organizational development of NICUs.

Relevance to NIDCAP

Effective NICU Parent Leaders have the transformative potential to apply the principles of the Model of the NIDCAP Nursery across multiple facets of the healthcare ecosystem. Through empathetic listening, discernment, and strengths-

based communication rooted in patient and parent narratives, they collaborate to enhance the well-being of infants, families, healthcare professionals, and hospital communities alike. By nurturing a reciprocal care approach, NICU Parent Leaders contribute to the restoration and improvement of healthcare systems that once supported them during their own critical journeys.

Investigating the Effect of Held Position During Kangaroo Care on Physiological Parameters of Premature Infants: A Randomised Controlled Trial

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Background

Kangaroo mother care (KMC) is an integral part of neonatal care, with its benefits to babies and families well documented. The position in which the parent holds her baby in KC, is mostly determined by maternal preference in the newborn intensive care unit (NICU). This study aimed to assess whether there is any differences to the babies cerebral oxygen levels, based on the two usual maternal positioning practiced in NICU at Cork University Maternity Hospital (CUMH) (30° or 60° incline position) and if either maternal position is more optimal for performing KMC.

Methods

Single centre cross-over randomised controlled trial in a tertiary newborn intensive care unit. Infants with a minimum corrected gestational age of 28 weeks and minimum 600 grams were included. Participants were randomly assigned to commence KMC, with their mother laying at either a 30° or 60° angle. The primary outcome measure was the median cerebral near-infrared spectroscopy (NIRS) values between the two positional angles. Near-Infrared Spectroscopy (NIRS) oxygen saturation monitoring was chosen as it provides non-invasive, real time, continuous, tissue specific measurements of cerebral oxygen saturation. NIRS monitoring can detect cerebral hypoxia, even when other monitors do not show signs of clinical deterioration.[1] Secondary outcomes were median infant peripheral saturations, median infant heart rates and numbers of significant bradycardia or desaturation episodes during KMC intervention. The results were analysed using the non-parametric Wilcoxon signed rank test.

Results

Twenty participants were included in the final analysis: median gestational age (GA) at birth was 28^{+1} weeks (range: 23^{+2} to 32^{+6} weeks) and median birth weight was 0.985kg (range: 0.620kg to 2kg). There were no statistically significant differences (p = 0.810) between the median NIRS values at 30° (median rSO2 = 67.5, IQR = 58.3 – 73.8) and 60° (median rSO2 = 68, IQR = 60.5 – 76). There were no statistically significant difference in the median peripheral saturations (p = 1), or median heart rates (p = 0.662) between infants held skin-to-skin at 30° or 60° positions.

Conclusion

Results indicate that maternal positioning at a 30° or 60° incline did not have a significant impact on cerebral oxygenation values in very preterm infants furthermore either position was associated with the infant's clinical stability. Evidence robustly supports implementation of KMC to improve outcomes for the infant and families.

Relevance for NIDCAP

As NIDCAP Professionals, when supporting the families in our care with KMC we have to ensure our recommendations are researched based and supporting the best possible outcomes for the infant.

Reference:

1. Vesoulis ZA, Sharp DP, Lalos N, Swofford DP, Chock VY. Cerebral Near-Infrared Spectroscopy Use in Neonates: Current Perspectives. *Research and Reports in Neonatology*. 2024;14:85-95. https://doi.org/10.2147/RRN.S408536