

# SNUGS: Bridging Cultures and Languages Through A Culturally Sensitive Family Support Program

Dr Bindu Mary George, Neonatologist; Arwah Eid, Clinical Nurse Leader; Lyndola Greig, Former Advanced Neonatal Nurse Practitioner; Armida Dela Cruz, Advanced Neonatal Nurse Practitioner; Niva Siminivas, Clinical Nurse Leader; SNUGS Multi-Disciplinary Facilitators; Dr Jauro Kuna Gaji, Senior Neonatologist

Division of Neonatology, Sidra Medicine, Doha, Qatar

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## Introduction

Qatar, located in the Middle East, is home to nearly three million people from over 100 nationalities. Approximately 15% are Qatari citizens; the remainder are expatriates from diverse cultural, linguistic, and socioeconomic backgrounds. Islam is the state religion. Arabic is the official language and English is widely spoken. Cultural values around family, caregiving, and health are deeply rooted in tradition and religious beliefs.

Healthcare in Qatar has undergone rapid transformation in recent years, especially in maternal and child health. Public health care is delivered by Hamad Medical Corporation (HMC) and the Primary Health Care Corporation (PHCC) for about 70% of the population; private healthcare options are also widely available. Approximately 32,000 newborns are delivered across maternity hospitals per year, with 99.5% being institutional births. Preterm birth accounts for about 10% of deliveries. The neonatal mortality rate stands at 4.28 per 1000 live births. Consanguinity remains high at around 54%, contributing to a notable incidence of rare genetic conditions.

Despite high healthcare standards and growing awareness of neonatal developmental care, parent engagement in NICUs across the region remains inconsistent. Many parents rely on hired caregivers such as nannies or private nurses, and there remains a strong cultural expectation that medical professionals should provide all necessary care. Traditional hierarchies in healthcare continue to inadvertently sideline parental involvement. Additionally, many NICUs in the region do not provide 24-hour parental access, and formal staff training in developmental care remains limited.

## The Sidra NICU Context

Sidra Medicine, an academic women's and children's hospital in Qatar, opened a NICU in 2018 which serves as the only tertiary neonatal referral center in the country. The unit receives complex, high-acuity cases, including extremely preterm infants born as early as 23 weeks' gestation and critically ill out-born infants from across Qatar and the Gulf region. The average length of stay is 30 days.

The NICU has 42 single-family rooms spread over two floors and is staffed by a multidisciplinary team of over 200 professionals, including neonatologists, nurses, therapists, social workers, pharmacists, and trainees. The care model is



Figure 1. Cultural celebrations and themed event invite

designed to promote individualized, family-integrated care.

Given its multinational workforce representing over 95 nationalities, Sidra NICU faced early challenges in aligning developmental care practices across cultures, languages, and clinical training backgrounds. Parental involvement was highly variable. Emotional support infrastructure was limited. Additionally, many staff lacked formal developmental care education.

## Embracing Infant and Family Centered Developmental Care (IFCDC)

Over the last seven years, a core multidisciplinary team of physicians, nurses, allied health, health assistants, social workers, lactation consultants, administrative staff, and parent support

professionals worked together within the framework of ‘Family Integrated Care’ (FIC) to bridge gaps in developmental care. Multiple quality initiatives tackled staff knowledge gaps in developmental care, staff-parent cultural-linguistic barriers, organizational challenges of a newly established NICU, and the promotion and practice of evidence-based IFCDC. This work reduced the disparity between the intra-uterine environment and the NICU and optimized the potential for better outcome for patients and families.

The NICU has a 24-hour interpreter service and unrestricted parental access to promote care participation and skin-to-skin contact. Dedicated social workers, palliative care teams, and women’s mental health professionals are engaged to support parental well-being.

In 2022, Sidra NICU officially adopted the IFCDC framework and began implementing the FINE (Family and Infant Neurodevelopmental Education) program. All staff underwent FINE Level 1 training, and a core team completed Level 2 certification. Collaborations were initiated with international NIDCAP Professionals to guide training and mentoring. A number of structural changes were introduced to align with IFCDC principles, including inclusive developmental care rounds.

Family engagement is a cornerstone of IFCDC, yet in this multicultural, high-acuity NICU, consistent implementation remained a challenge. Families needed more than education; they needed emotional connection, peer support, and culturally resonant spaces to explore their experiences.

### The Birth and Growth of SNUGS

In response, the FIC team collectively launched ‘SNUGS’ (Sidra Neonatal Unit Group Support) in 2022. Designed through a quality improvement (QI) approach using Plan-Do-Study-Act (PDSA) cycles, SNUGS emerged as a culturally sensitive, multidisciplinary parent support initiative tailored to Sidra’s unique patient demographics. Rather than a one-size-fits-all support group, SNUGS was envisioned as an evolving platform grounded in IFCDC-aligned principles.

The four foundational pillars of SNUGS are:

1. Cultural Relevance: Respecting diverse family values, caregiving expectations, language needs.
2. Emotional Coping: Providing safe, non-judgmental spaces for parents to express emotions.
3. Peer Connection: Enabling shared learning and mutual support among parents.
4. Family Integration into Care: Strengthening parental involvement as primary caregivers.

Initial sessions were held in clinical spaces, promoted through bilingual flyers and an officially created SNUGS banner, and facilitated by clinical staff. One to four parents attended each of these early sessions and their valuable feedback guided growth and refinement through feedback-driven phases.

**2023:** SNUGS expanded under the guidance of a culturally attuned regional language speaking SNUGS lead facilitator and the core group of committed SNUGS drivers. NICU parents were invited to share their journeys and nursing and Allied health teams were encouraged to co-lead sessions thereby strengthening the staff multidisciplinary team-parent bond and nurse empowerment.

Sessions were moved to a non-clinical tranquil healing garden space with refreshments. Institutional funding was secured for refreshments and materials. Real-time translator support was offered. Active promotion occurred through NICU communication platforms. The hospital’s patient experience team supported logistical planning and promotion. Officially approved parent invite flyers were created to boost visibility. Attendance began to steadily rise.

**2024:** SNUGS became an integral part of NICU. The impact was vividly reflected in the wide array of themed events and informal parent support sessions held across 2023–2024. Themed events were organized around key NICU awareness weeks, such as World Breastfeeding Week, International Kangaroo Care Day, and Pain Awareness Week, highlighting best practices in these domains. Special celebrations, including Mother’s Day, Father’s Day, Ramadan, and World Prematurity Day–November 17th are well celebrated with in-patient and NICU graduate families every year, Figure 1.

The program expanded its inclusivity by welcoming extended family members and siblings into its sessions, fostering a stronger sense of community support. Sessions were maintained in an informal, approachable manner to encourage open dialogue, story and experience sharing, and parental engagement. SNUGS became visible across the hospital. The program was featured in the hospital newsletter, attended by Senior Hospital Leaders, and was also incorporated into IFCDC rounds.

These sessions were supported by a standardized template for staff introductions and every session’s content consistently emphasized parental involvement in caregiving, Figure 2.

Feedback mechanisms were formalized through a suggestion box, free text parent feedback, parent questionnaires, and recording of attendance and tracking of session content. Sessions were tailored based on suggestions, and ongoing feedback helped refine content and delivery.

From its modest beginnings, SNUGS demonstrated progressive growth. By late 2024, bi-monthly sessions regularly attracted 15-20 parents per meeting, and additional extended family members representing a wide range of nationalities, languages, and cultures.

**2025:** The ongoing phase of SNUGS focuses on sustainability, expanding educational content and promoting the use of family-centered tools, such as the NICU Mobile Library on Wheels, the Family-Centered Patient Care Board, and peer mentorship opportunities. Session topics now include recognizing infant cues, preparing for discharge-transition to home, and navigating

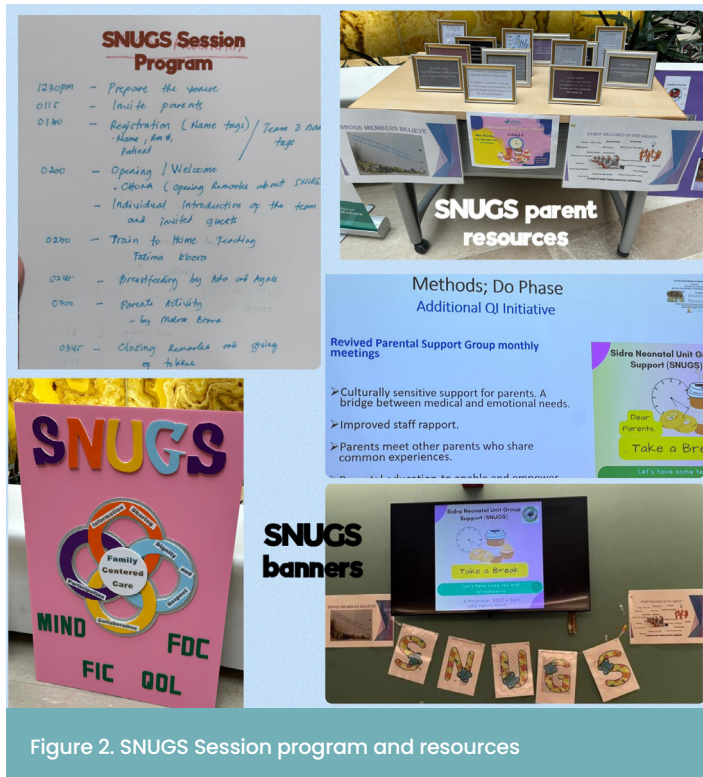


Figure 2. SNUGS Session program and resources

cultural expectations around newborn care. Staff members who actively support SNUGS are acknowledged, helping to cultivate a culture of teamwork, value and partnership.

### Outcomes

Although the initial SNUGS sessions saw low attendance, engagement steadily improved from 2023 onward following the QI interventions. By continuously monitoring our practices, data shows successful implementation of the quality improvements with a gradual increase in parental engagement and in the awareness of the benefits of parental caregiving. Staff-parental feedback and anecdotes from parents, ascertain improved experiences and satisfaction. Scores on post-discharge parental surveys also reflect improved satisfaction and awareness. Feedback from attendees highlighted several positive outcomes:

- Increased confidence in caregiving tasks and parent-infant interaction
- Improved understanding of parents' role in NICU care
- Decreased feelings of isolation and anxiety
- Emotional reassurance and increased peer connection
- Strengthened trust in staff and the NICU team
- High levels of satisfaction and gratitude expressed toward NICU staff indicating they felt more satisfied in their role as caregivers, enabling them to also connect better with NICU parents.

### Lessons Learned

Despite its growing success, the SNUGS journey was not without challenges. High patient acuity and the lack of protected time for staff to organize and facilitate sessions often posed logistical difficulties. Cultural taboos surrounding emotional expression sometimes limited open dialogue, prompting the team to adopt an even more culturally sensitive and respectful approach. Conflicting schedules also affected parent participation; in response, sessions were trialed at various times to better align with parent availability.

SNUGS taught us that cultural humility, and a respectful, flexible, and open-minded approach fosters trust and partnership. Successful strategies included use of linguistically and culturally matched facilitators, non-clinical environments, informal sessions for emotional expression, visible support from leadership and bedside teams, continuous collection of and response to parental feedback, and acknowledgement of the dedication of staff involved.

### Conclusion

In a multicultural high-acuity NICU, SNUGS represents more than a support group; it empowers families to not only cope, but to encourage active participation in their infant's care, an essential aspect of optimizing neurodevelopmental outcomes. As the SNUGS initiative matures, its vision is to ensure every family in the NICU feels seen, heard and supported.

### Future directions

Opportunities for virtual participation are to be explored for families unable to attend in person. There are plans to encourage veteran parents to attend sessions to support peers and to collaborate more closely with local and international parent networks to enable growth. Additional plans include exploring the development of a storytelling and parent education tool web page or App for NICU families.

### Acknowledgements

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