



Topic Expert Group: Care procedures

Positioning support and comfort

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Target group

Infants and parents

User group

Healthcare professionals, neonatal units, hospitals, and health services

Statement of standard

All infants receive care that provides the individualised positioning support and comfort.

Rationale

Brain maturation, fetal and neonatal movements and posture contribute to shape joints and bones. For the infant the ergonomic conditions of the womb at the end of the pregnancy, its tightness and the neurologic maturation of the fetus' brain contribute to his flexed midline oriented posture and movements. The midline position is important for brain development and to achieve, in the future, important developmental steps. (1,2)

For the preterm infant these conditions are altered. After birth gravity induces an extended position, which challenges the infant's ability to achieve a flexed midline posture because of muscle weakness. This leads to uncoordinated movements and reduced ability to self-regulate. (1,3)

Therefore, the risk for muscular and skeletal imbalances is high, and attempts to self-regulate can be stressful and energy consuming. These may be minimised through optimal positioning and comfort, particularly during routine procedures and sleep. Supportive covering improves physiologic stability, encourages smooth movements, optimises behavioural organisation (e.g. sleep), and helps the infant move smoothly towards the midline, improving development and saving energy. In addition, this benefits thermoregulation by reducing exposed body surface. (3–6)

The need for postural support will change depending on gestational age, movement maturity, and clinical condition. When the infant had developed enough maturity of their muscle tone and spontaneous smooth movements to maintain a midline posture without support, positioning support should be gradually reduced and then removed. Infants will be gradually prepared to sleep on their back before discharge to prevent Sudden Infant Death Syndrome (SIDS). (7)

Benefits

Short-term benefits

- Improved physiologic and behavioural stability (1,3)
- Supported movement (1,3)
- Improved comfort and self-regulatory behaviour (1,3)
- Reduced stress for parents (1,8,9)



Long-term benefits

- Improved skeletal development and alignment (10)
- Improved physiologic flexion of the body and postural development (10)

Components of the standard

Component	Grading of evidence	Indicator of meeting the standard
For parents and family		
1. Parents are informed about, trained, and engaged by healthcare professionals in individualised positioning support and comfort. (11)	A (Moderate quality) B (High quality)	Patient information sheet, training documentation
2. Parents are informed by healthcare professionals about the safety of the supine position during sleep and reduced risk of Sudden Infant Death Syndrome (SIDS) at home. (7) (see TEG Follow-up & continuing care and TEG Infant- and family-centred developmental care)	A (High quality) B (High quality)	Clinical records, patient information sheet
For healthcare professionals		
3. A unit guideline on positioning, comfort, and prevention of SIDS is adhered to by all healthcare professionals.	B (High quality)	Guideline
4. Training on how to position and use appropriate postural materials and strategies to prevent skeletal and muscular imbalance is attended by all responsible healthcare professionals. (7,10)	A (High quality) B (High quality)	Training documentation
For neonatal unit		
5. A unit guideline for postural principles, positioning changes and comfort, avoiding motor and postural impairment is available and regularly updated. (4,8)	A (Moderate quality) B (High quality)	Guideline
6. Individualised care planning for positioning support and comfort is implemented. (4,8)	A (Moderate quality)	Clinical records
7. Prior to discharge, all postural boundaries are removed, and infants are put to sleep in the supine position, unless otherwise indicated. (7)	A (High quality)	Guideline



For hospital		
8. Training on how to position and use appropriate postural materials and strategies to prevent skeletal and muscular imbalance is ensured.	B (High quality)	Training documentation
9. Sufficient and adequate materials for position, postural and motor support are provided. (10)	A (Moderate quality)	Audit report
10. Specialist expertise in neonatal physiotherapy, occupational therapy and developmental care is available. (11)	A (Moderate quality)	Audit report
For health service		
11. A national guideline for the prevention of SIDS is available and regularly updated. (7)	A (High quality) B (High quality)	Guideline

Where to go – further development of care

Further development	Grading of evidence
For parents and family N/A	
For healthcare professionals	
<ul style="list-style-type: none"> Healthcare professionals develop cross individualised care plans for optimal positioning and comfort with other professionals in multidisciplinary meetings. (1,12) 	A (High quality)
For neonatal unit	
<ul style="list-style-type: none"> Carry out regular audits on the quality of positioning strategies and the motor development. 	B (Moderate quality)
For hospital N/A	
For health service	
<ul style="list-style-type: none"> Support studies addressing the effects of different positioning strategies as well as materials on the development of the infant. 	B (Moderate quality)

Getting started

Initial steps



For parents and family

- Parents are verbally informed about and engaged by healthcare professionals in individualised positioning support and comfort. (10,11)
- Parents are invited to observe the best positions for their infant. (1,3,11)

For healthcare professionals

- Attend training on postural principles and the normal motor and skeletal development of infants.

For neonatal unit

- Develop and implement a unit guideline on positioning, comfort, and prevention of SIDS.
- Develop information material on positioning, comfort, and prevention of SIDS for parents.
- Allow parents to bring their own materials (e.g. own blankets) to help optimal positioning support and comfort, as long as this is in line with the hospital guideline. (11)
- Organise training sessions for healthcare professionals without appropriate training. (see TEG Education & training)

For hospital

- Support healthcare professionals to participate in training on postural principles and the normal motor and skeletal development of infants.

For health service

- Develop and implement a national guideline on positioning, comfort, and prevention of SIDS.

Source

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