



Topic Expert Group: Infant- and family-centred developmental care

Family support services

Westrup B, Kuhn P, Daly M, Guerra P, Bertocelli N, Damhuis G, Lilliesköld S, Slinning K, Warren I

Target group

Infants, parents, and families

User group

Healthcare professionals, neonatal units, hospitals, and health services

Statement of standard

The family receives care in an environment where their socioeconomic, mental health, and spiritual needs are supported.

Rationale

Neonatal care should include comprehensive family support services, including staff trained in family-centred care, facilities for family life (e.g., sibling area, laundry, meals), psychosocial support, links to pastoral services for spiritual support, peer-to-peer support (e.g. from parent associations), and facilities that allow for mother's medical care to be coupled with that of their infants to avoid separation. (1)

There are compelling reasons for a family supportive environment. Multiple studies report mental health problems in mothers and fathers. (2–10) Research shows benefits of psychosocial support programmes on the well-being of NICU parents (11–13) and siblings (14), during the antepartum period, through the NICU stay and into the post-NICU period.

General principles of infant- and family-centred developmental care include respect for diversity regarding racial, ethnic, spiritual, educational, geographic and socioeconomic backgrounds, cultural and linguistic traditions, and care preferences. (15,16) Improving communication may increase the involvement of minority populations in family-centred care. (17)

The NICU environment can be traumatic for siblings (18) as well as parents. Barriers to the presence of siblings are common (19) but sibling support programmes have been reported to promote family well-being and infant-sibling attachment, and to decrease sibling anxiety. (20)

There is a range of self-assessment and external review programmes (21–24), available to assess the family support aspects in neonatal care. Units should use a relevant tool to assess and benchmark their status. Parents can also assess parental perception of care delivered using similar tools. (25)

Benefits

Short-term benefits

- Reduced length of hospital stay (12,26,27)
- Improved neurodevelopmental outcomes at discharge (28)
- Enhanced maternal attachment behaviour in the postpartum period (29,30)
- Improved pleasure in interaction with the infant (30)



- Improved parental learning to recognise and adequately respond to infants' behavioural and social signals (31–33)
- Facilitated process of becoming a parent during NICU stay (10,12,34)
- Enhanced parental confidence and reduced parental stress (35)

Long-term benefits

- Improved neurodevelopmental outcomes (36–41)
- Improved emotional well-being of infants at home (42)
- Improved cognitive development at ten years of life (29)
- Better child physiologic stability at ten years of life (29)
- Higher quality of parent-infant interaction (29,43)
- Improved emotional well-being of parents at home (10,42)
- Reduced maternal depression and/or anxiety (12,29)

Components of the standard

Component	Grading of evidence	Indicator of meeting the standard
For parents and family		
1. Parents and families are informed by healthcare professionals about family support services available. (1,13,44)	A (Moderate quality) B (High quality)	Patient information sheet
For healthcare professionals		
2. Unit guidelines on family support services are adhered to by all healthcare professionals. (1,13,44)	A (Moderate quality) B (High quality)	Guideline
3. Healthcare professionals are informed about family support services.	B (High quality)	Training documentation
For neonatal unit		
4. Unit guidelines are available and regularly updated to cover: <ul style="list-style-type: none"> • Socio-economic support by social worker (1,13,44) • Psychological support and referrals to mental health specialists (1,13,44) • Arrangements for pastoral/spiritual support (1,13,44) • Postpartum care for mothers with admitted infants (1,13,44) • Family daily activities (e.g. sibling area, laundry) (1,13,44) • Regular psycho-social grand rounds (1,13,44) • Parent associations available for support 	A (Moderate quality) B (High quality)	Guideline



5. Annual self-assessment regarding infant- and family-centred developmental care, with regular assessment of parent experiences and satisfaction is undertaken. (21–25)	A (Moderate quality) B (High quality)	Audit report
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For hospital

6. Hospital guidelines are established and regularly updated on the topics named in component 4.	A (Moderate quality) B (High quality)	Guideline
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For health service

7. National guidelines are available and regularly updated on the provision of socioeconomic, psychological, pastoral, and parent associations' support. (1,13,44)	A (Moderate quality) B (High quality)	Guideline
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Where to go – further development of care

Further development	Grading of evidence
For parents and family N/A	
For healthcare professionals N/A	
For neonatal unit	
<ul style="list-style-type: none"> • Provide mental health screening. • Offer a physical bed space for mothers in need of medical care in the NICU. (1) • Conduct NIDCAP Nursery Assessment and Certification. (22) 	B (Moderate quality) A (Moderate quality) B (Moderate quality) A (Moderate quality) B (Moderate quality)
For hospital N/A	
For health service	
<ul style="list-style-type: none"> • Develop structures to facilitate couplet care. (1,13,44) 	A (Moderate quality) B (High quality)

Getting started

Initial steps

For parents and family

- Parents and families are verbally informed by healthcare professionals about services offered by social workers and psychologists, and postpartum care for mothers with admitted infants, peer-to-peer support and of facilities for family daily activities.
- Parents are encouraged by healthcare professionals to use peer-to-peer support by parent associations.



For healthcare professionals

- Attend training on family support services.

For neonatal unit

- Develop and implement a unit guideline to cover the provision of:
 - Socio-economic support by social worker (1,13,44)
 - Psychological support and referrals to mental health specialists (1,13,44)
 - Arrangements for pastoral/spiritual support (1,13,44)
 - Postpartum care for mothers with admitted infants (1,13,44)
 - Family daily activities (e.g. sibling area, laundry) (1,13,44)
 - Regular psycho-social grand rounds (1,13,44)
 - Parent associations available for support
- Develop information material on family support services for parents.

For hospital

- Support healthcare professional to participate in training on family support services.
- Support provision of social work, psychology, pastoral/spiritual, and parent association input into neonatal care.

For health service

- Develop and implement a national guideline on the provision of socioeconomic, psychological, pastoral, and parent associations' support. (1,13,44)
- Authorise for parent associations support.

Source

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Lifecycle

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