



Topic Expert Group: Follow-up and continuing care

Title

Post-discharge responsive parenting programmes

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Target group

Infants born very preterm or those infants with risk factors (see preamble of TEG Follow-up & continuing care), parents and their families

User group

Healthcare professionals, neonatal units, hospitals, follow-up teams, and health services

Statement of standard

All very preterm infants and their families are offered preventive responsive parenting support after discharge home.

Rationale

The strong influence of early experience and environmental influences on brain architecture makes the first years of life a period of both opportunity and vulnerability for development. (1)

Particularly the consistency of responsive interactions between children and their parents is of pivotal influence, because it affects both the developmental process of the infant's brain, as well as the adult's transition to parenthood. (1,2)

In very preterm parent-infant dyads, difficulties in responsive interactions may easily occur, as more than half have multiple mild developmental problems. The infants may be less responsive and explorative, and have more feeding and sleeping difficulties and/or experience more stress and disorganisation. (3) The problems may be bidirectional, as risk factors like depression or chronic stress are more common in parents of preterm infants and may impede the parental neurobiological and psychological changes that support responsive parenting under normal conditions. (2,4)

Consequently, very preterm infants may need more sensitive/responsive parenting, at a time when the parents themselves are often under additional stress. The first postnatal year offers a window of opportunity, because at this early stage, the brains of both the preterm infant and parent are particularly receptive to interventions that address responsive parenting. (2,5) Therefore, supporting both parents and the parent-child relationship is recommended ('two generation approach') to enhance infant developmental opportunities. (6)

Benefits

Long-term benefits

- Improved motor and cognitive development, behaviour, self-regulation, and wellbeing (7–15)
- Less referral for paramedical support (7–15)



- Improved health, sleeping, eating and early communication between infant and parent (consensus)
- Improved parental wellbeing and parent-child interactions (12,16–20)
- Less parenting stress (19,21,22)

Components of the standard

Component	Grading of evidence	Indicator of meeting the standard
For parents and family		
1. Parents are informed by healthcare professionals about responsive parenting support after discharge. (23–27)	A (High quality) B (High quality)	Patient information sheet
2. Intervention to support the parent-infant relationship starts in hospital and continues in the home environment. (1,2,23–27) (see TEG Infant- & family-centred developmental care)	B (High quality)	Guideline, parent feedback
3. Parents contribute to reports of developmental progress as equal partners with healthcare professionals.	B (Moderate quality)	Clinical records, parent feedback
For healthcare professionals		
4. A guideline on early post-discharge responsive parenting programmes is adhered to by all healthcare professionals.	B (High quality)	Guideline
5. Continuous professional development in a responsive parenting programme, based on evidence or best practice is attended by all responsible healthcare professionals. (7,10,23–27)	A (High quality) B (High quality)	Training documentation
For neonatal unit, hospital, and follow-up team		
6. A guideline on early post-discharge responsive parenting programmes is available and regularly updated.	B (High quality)	Guideline
7. Continuous professional development in a responsive parenting programme, based on	A (High quality) B (High quality)	Training documentation



evidence or best practice is
ensured. (7,10,23–27)

For health service		
8. A national guideline on early post-discharge responsive parenting programmes is available and regularly updated.	B (High quality)	Guideline
9. Appropriate funding for early post-discharge responsive parenting programmes is provided. (23–27)	B (High quality)	Audit report
10. Uptake of early post-discharge responsive parenting programmes is monitored.	B (High quality)	Audit report

Where to go – further development of care

Further development	Grading of evidence
For parents and family	
<ul style="list-style-type: none"> Consider post discharge parenting programmes for other vulnerable groups of children, starting with moderately preterm infants. (23–27) 	B (High quality)
For healthcare professionals	
<ul style="list-style-type: none"> Consider extensions of evidence-based post-discharge intervention programmes at other critical periods in the development of a preterm child. (23–29) 	A (Moderate quality) B (High quality)
For neonatal unit, hospital, and follow-up team	
<ul style="list-style-type: none"> Include a minimum dataset in the follow-up programmes to better assess the impact of post-discharge intervention programmes on development. 	B (Moderate quality)
For health service	
<ul style="list-style-type: none"> Encourage studies that develop more individualised responsive parenting programmes. (30) 	B (Moderate quality)

Getting started

Initial steps
For parents and family
<ul style="list-style-type: none"> Parents are informed by healthcare professionals about anticipatory guidance on the transition to parenthood and are asked about their own wellbeing.
For healthcare professionals
<ul style="list-style-type: none"> Attend training on child development, parenting influences, and responsive parenting interventions.



For neonatal unit, hospital, and follow-up team

- Develop and implement a guideline on follow-up including responsive parenting programmes for parents of very preterm infants.
- Develop information material on positive responsive parenting.
- Assess the availability of post-discharge intervention programmes and create a network between units to support parents.
- Support healthcare professionals to participate in training on child development, parenting influences, and responsive parenting interventions.
- Ensure appropriate healthcare professionals have extra time and knowledge needed to support parents and infants in responsive parenting programmes.

For health service

- Develop and implement a national guideline on follow-up including responsive parenting programmes for parents of very preterm infants.
- Raise awareness about the critical early years for infant development, and the need to give positive support to parents of preterm born children.
- Encourage health systems and stakeholders to invest in training in responsive parenting.

Description

Key features of programmes to support parenting are:

Parents receive inspiring information on the child's behavioral signals and small next developmental steps.

- Pro-active information is known as a strong protective factor. Strengthening parental understanding of environmental influences on early brain development, providing inspiring information on the infant's behavioral signals and taking small next steps may help parents in their mediating task, these may promote appropriate developmental expectations.
- In addition, knowledge of the sensitive periods in brain development enables parents to support their child's age-specific development and needs at any time in order to thrive in an optimal way.

Parents are supported through 'strength-based' intervention suggestions.

- Responsive parenting programmes that have a strength-based approach focus on reinforcing the strengths and resources that already exist in the infant and parent. A positive approach helps parents to respect and enjoy their child's behavioral efforts and skills, and gives the satisfaction to be able to help their child; it may support parental self-efficacy and confidence in themselves and their child.

Parents learn about the transition to parenthood and their own wellbeing.

- Pro-active information about the transition to parenthood and psycho-education during the sensitive period of the neurobiological transition to parenthood may enhance a positive feed-forward loop: parental wellbeing supports parents' sensitivity and responsive interactions, which is reflected in more structural growth and activity in the reward and motivational circuits in



their brain. This appears significant, as these changes are also associated with more sensitive and caring maternal and paternal behaviors.

Source

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