

IMPLEMENTATION OF FAMILY-CENTERED DEVELOPMENTAL CARE IN THE NICU: WHAT ARE THE OBSTACLES TO PARENTAL PARTICIPATION?

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Background and aim

Parental participation during the NICU stay is essential for the neurodevelopment of preterm infants. However, parenting in the NICU is challenging. The aim of this study was to characterize parental participation and identify predictors of parental presence and holding in the NICU.

Method

Modèle

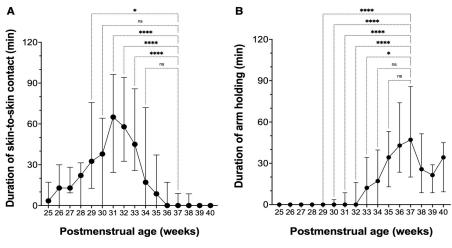
- Retrospective single-center study from August 2018 to July 2019. Sixty-five infants born before 37 weeks' gestation were included.
- Exclusion criteria: death during the NICU stay, transfer to another unit within 24h of life, transfer to another hospital
- Data collected: demographics, perinatal data, parental visits, and parental holding

Discussion

In this study, striking differences were identified between mothers and fathers. Predictors of poorer maternal participation were lower incomes, siblings and neonatal comorbidites. Besides, hospital environment, the lack of consideration by the medical staff or the fear of disturbing a fragile infant could be other factors influencing parental participation. Despite the importance of early skinto-skin contact at extremely low gestational age, lower duration of holding was seen in this cohort for infants born before 28 weeks' gestation.

Results

Evolution of skin-to-skin contact (A) and arm holding (B) during the NICU stay



Predictors of maternal participation

| Variable | P value | |
|------------------------|---------|--|
| Neonatal comorbidities | 0.0008 | |
| Siblings | 0.0002 | |
| Incomes | 0.0002 | |
| Invasive ventilation | 0.29 | |
| Gestational age | 0.6 | |

Low income, siblings and neonatal comorbidities are correlated with lower parental participation

Parental participation during the NICU stay

| Variable | Total | Mother (n = 58) | Father (n = 54) | P value |
|--|-------------|-----------------|-----------------|---------|
| Parental visits per week, median (P25–P75) | 5 (4–6) | 6 (6–7) | 3 (2–4) | <0.0001 |
| Duration of arm holding per day (minutes), median (P25–P75) | 30 (20–45) | 27 (18–40) | 4 (0-8) | <0.0001 |
| Duration of skin-to-skin per day (minutes), median (P25–P75) | 30 (20–52) | 29 (19–41) | 1 (0–5) | <0.0001 |
| Duration of total holding (minutes), median (P25–P75) | 66 (41–102) | 43 (20–70) | 2 (0–10) | <0.0001 |

Conclusion

Socio-demographic and medical factors contribute, at least in part, to parental presence and holding of preterm infants in the NICU. This study also highlights the importance of including fathers, supporting families with siblings, and encouraging skin-to-skin contact until the end of the NICU stay.

- Kymre IG. NICU nurses' ambivalent attitudes in skin-to-skin care practice. Int J Qual Stud Health Well-being. 2014;9:23297,
- Carbasse A, Kracher S, Hausser M, Langlet C, Escande B, Donato L, et al. Safety and effectiveness of skin-to-skin contact in the NICU to support neurodevelopment in vulnerable preterm infants. J Perinat Neonatal Nurs. 2013;27:255-262
- Samra NM, Taweel AE, Cadwell K. Effect of intermittent kangaroo mother care on weight gain of low birth weight neonates with delayed weight gain. J Perinat Educ. 2013;22:194-200.

 Reynolds LC, Duncan MM, Smith GC, Mathur A, Neil J, Inder T, et al. Parental presence and holding in the neonatal intensive care unit and associations with early neurobehavior. J Perinatol. 2013;33:636-641
- Pineda R. Bender J. Hall B. Shabosky L. Annecca A. Smith J. Parent participation in the neonatal intensive care unit: Predictors and relationships to neurobehavior and developmental outcomes. Early Hum Dev. 2018:117:33