# Partnership in Care in NICU

## Sites where Local Guideline applies

This Local Guideline applies to:

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<tbody>
<tr>
<td>1. Adults</td>
<td>No</td>
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<td>2. Children up to 16 years</td>
<td>No</td>
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<td>3. Neonates – less than 29 days</td>
<td>Yes</td>
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## Target audience

All clinical and non-clinical staff in NICU who provide care to neonatal patients and their families.

## Description

This guideline provides information for staff to work with the model for partnership in care.

## National Standard

Standard 2 Partnering with Consumers

## Keywords

Bonding, collaboration, empowerment, family-centred, family-integrated, partnership in care, JHCH, NICU

## Document registration number

JHCH_NICU_06.03

## Replaces existing document?

Yes

## Registration number and dates of superseded documents

JHCH_NICU_06.03 December 2015

## Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:


## Prerequisites (if required)

N/A

## Local Guideline note

This document reflects what is currently regarded as safe and appropriate practice. The guideline section does not replace the need for the application of clinical judgment in respect to each individual patient but the procedure/s require mandatory compliance. If staff believe that the procedure/s should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patient's health record.

## Position responsible for the Local Guideline and authorised by

Pat Marks. General Manager / Director of Nursing CYPFS

## Contact person

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## Contact details

Date authorised: 4th September 2018
This document contains advice on therapeutics: No

## Issue date

6th September 2018

## Review date

6th September 2021
PURPOSE AND RISKS

This local clinical guideline has been developed to support health clinicians to create a partnership in care model for families to ensure that the risks of harm to the child are prevented, identified and managed in collaboration with families.

The risks are:
- Stress for the family
- Communication issues between parents and staff
- Fear associated with lack of confidence for infants care

The risks are minimised by:
- Supporting a collaborative partnership with families
- Enabling empowerment for the parents to care for their infant
- Following the instructions set out in the clinical guideline

Risk Category: Clinical Care & Patient Safety

GLOSSARY

<table>
<thead>
<tr>
<th>Acronym or Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>FCC</td>
<td>Family Centered Care</td>
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<tr>
<td>PIC</td>
<td>Partnership in Care</td>
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OUTCOMES

This guideline was developed to look at the best available evidence surrounding the importance of a partnership in care model established between parents and health care professionals within the Neonatal Intensive Care Unit.

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<tbody>
<tr>
<td>1</td>
<td>Parents of premature and critically ill term infants establish a collaborative partnership in care model with health care professionals</td>
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<tr>
<td>2</td>
<td>Parents feel empowered to care for their infant</td>
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<td>3</td>
<td>Families are supported in taking on an active role in their infant’s health care needs</td>
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<tr>
<td>4</td>
<td>Parents feel less stress and anxiety in the Neonatal Intensive Care Unit and caring for their infant</td>
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<tr>
<td>5</td>
<td>Increased confidence and competence is felt by parents in providing care to their infant</td>
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<td>6</td>
<td>An open communication model is establish that encourages parents to become active</td>
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</table>
A partnership in care model is implemented consistently and effectively within the NICU environment within a multidisciplinary team.

Partnership in Care underpins all health care professionals/parents/infants.  

**Rationale**

**Partnership in Care Philosophy**

**Partnership in care model**

**Core principles of Partnership in Care**
- Active Participation
- Bonding
- Collaboration
- Decision Making
- Empowerment/confidence building
- Flexibility
- Information
- Open Communication
- Respect
- Support
- Strengths

**Role of Nursing Staff**

**Main Themes of Partnership in Care Model**
- Developing a trusting/collaborative partnership between parents/families and health care providers
- Communicating with parents/families
- Parents/families participation in routine care
- Expected outcomes of a collaborative partnership in care model

**References/Bibliography**

**Appendix 1 Cuddle Hearts**
**Appendix 2 Stella Beads**

**Rationale**

Recent advances in the medical care of premature and critically ill term infants have dramatically changed in the Neonatal Intensive Care Unit (NICU). As a result an increased emphasis on improving neonatal developmental outcome interventions and advancements in preterm infant development and behaviours has modified the practices of neonatal nurses.
Providing nursing care in the highly technical environment of the Neonatal Intensive Care Unit is a changing concept from conventional nursing interventions to developmentally, family-centered partnerships in care models². Integration of additional patterns and concepts is important to optimise nursing practice with high risk infants in the NICU and their families².

Current nursing practices in NICU focus on interventions that support the physiologic needs of the infant to improve growth and development. Parental participation is moving from watching nurses care for their infant to a collaborative partnership in care model involving them actively caring for their infant².

A collaborative partnership in care model for premature infants involving clinical decision making and improvements in clinical practice outcomes will result in

1. a reduction of parental anxiety
2. increased confidence and competence in providing care to their infant
3. Improved communication between health care professionals and parents.

Family centered care is a well-researched topic and an established philosophy of care within the Neonatal Intensive Care Units³. The values of family centered care begin between infants and parents before birth and parents have the greatest influence over an infant’s health and well-being throughout the NICU experience³.

**Partnership in care philosophy**

Family centered care has been defined as a “philosophy of care that embraces a partnership between staff and families”.

Families, patients and staff benefit in a family centered care environment and the design and layout of the neonatal intensive care unit is important to consider in the implementation of family centered care.

Important factors are

- Unrestricted parental presence in the NICU
- Parental involvement in infant caregiving,
- Open communication with parents is basic tenets of family centered care”⁴.

Family centered interventions that support developmental care are advocated in NICU, and are considered the gold standard for providing hands on care to infants².

The importance of the collaborative role in family centred care promotes communication and decision making between parents and nurses¹.

A partnership in care model aims to encourage a partnership between parents and health care professionals in order to reduce parental anxiety, encourage an open communication model with parents and assist parents to become confident and competent to care for their infant while they are cared for in NICU and on discharge.

**Partnership in care model**

Family centered care engages parents/ families as equal partners and collaborators of care and decision making for their infant in NICU. It strives to understand the parents/
family’s needs and priorities and to incorporate these perspectives into the infants care plans.

Nurses and health care providers increasingly incorporate family centered care principles across the health continuum. The concept of a collaborative partnership in care model needs to be integrated from admission through to discharge planning. The development of the partnership in care model starts with parental engagement, and develops further to parental participation and ends with a collaborative partnership between parents and nurses.

**Core principles of Partnership in Care**

*A. Active participation*
Parents / families participate as active participants, providing care and decision making regarding their infants health care needs/well-being. Encourage all to use Patient Care Boards as a communication tool.

E.g. present for medical round and Bedside Clinical Handover.

*B. Bonding*
Bonding between parents and their infant should be established once the infant is stabilised to help reduce parental stress and anxiety and help parents feel connected to their infant.

E.g. attending to cares, kangaroo care

*C. Collaboration*
Parents/ families and health care providers work as a collaborative team to provide expertise that can assist the infant’s care needs.

E.g. Sharing of information with parents ie Fact Sheet on Infant Cues

*D. Decision making*
Parents are included in making decision with the health care team in their infant’s health and well-being.

E.g. Meetings with parents and health care workers when treatment and management changes for their infant, parent involvement in Bedside Clinical Handover

*E. Empowerment/ confidence building*
Empowering parents/ families of infants in NICU by encouraging parents to become active collaborators in participating in routine care and decision making and encourage confidence building.

E.g. Being confident enough to speak up when a staff member or family member breaches hand hygiene procedure

*F. Flexibility*
Health care professionals need to be flexible to cultural differences so they can meet the needs and preferences of families/ parents. Refer to CPG “Aboriginal and Torres Strait Islander family support in NICU”. Also flexibility can refer to time commitments and routine
and how much set times can be changed to accommodate unexpected events. Encourage parents/families to use the Patient Care Board to communicate.

**Information**

Parents need up to date and accurate information regarding their infants health care needs so they can participate in active decision making concerning their infants health and well-being.

E.g. Using the patient care boards

**Open communication**

Providing an open communication model will assist parents to make decisions according to their infant’s current health care needs. If families feel respected and welcomed when important conversations are made, eg during ward rounds, then they will feel empowered to share information to help make informed decisions about their infants care.

**Respect**

Nurses and allied health professionals need to respect each parents/ families choices and beliefs regarding their cultural background and caring for their infant

**Support**

Parents/ families need to feel supported by the multidisciplinary team caring for their infant and feel supported and encouraged to become an active collaborator in cares and decision making.

**Strengths**

Parents/ families are the constant in the infant’s life. Providing parents/ families with support as active collaborators and decision makers in their infants care will help them become more confident and competent in caring for their infant in NICU and at discharge.

3,6,7,8,9,10

“**The benefits of early partnership in care include decreased stress and feelings of helplessness, increased parental confidence and skills and knowledge of their infants medical status and care needs, improved infant outcomes and easier transition from hospital to home**”

- A partnership in care model emphasises the role the parents/ families as active collaborators and encourages ongoing participation in their infants care needs and decision making whilst their infant is in the neonatal intensive care unit7.
- A partnership in care model recognises and respects different cultural beliefs and choices of the parents/ families7.
- Parents/ families are given the opportunity and support to be involved in their infants care and to help in the decision making about the healthcare needs and care their infant will be given7.
Role of nursing staff

Nursing staff and other allied health providers within the multidisciplinary team need to be supportive of a collaborative partnership in care model within the Neonatal Intensive Care Unit environment.

- Explain to parents what their role is in NICU.
- Explain to the parents the contents of the Miracle Babies bag that has been handed out by the Baby Buddy volunteers. This contains a lot of important information for families.
- Negotiate with parent’s participation in care on a regular basis. Document in the progress notes and if applicable on the Patient Care Board.
- Support and encourage parents/ families to become collaborative partners
- Assist in teaching methods in infant handling/ caring and recognising infant cues
- Document parent involvement in care regularly \(^{3,6,7,8,9,10}\)

Main themes of a partnership in care model

*Developing a trusting/ collaborative partnership between parents/families and health care providers*

Developing a trusting collaborative partnership between parents and health professionals has been highlighted as one of the most essential components of a partnership in care model.

- Creating a welcoming and open environment
- Recognising each parent/ family and their individual needs, including culturally diverse family needs
- Recognising each parent/ family strengths
- Establish a bonding relationship between the infant and their parents/ family
- Support parents/ families to feel beneficial and responsible for their infant within the clinical setting
- Collaborate with parents when they want to be updated and given information, and how much information they would like retaining to their infants health and well-being
- Collaborate with parents as partners in all aspects if their infants care and decision making \(^{3,6,7,8,9,10}\)

*Communicating with parents/ families*

Recent studies have highlighted that good parent-provider communication plays a fundamental role in the partnership established between health care providers and parents.

- Parents feel empowered when they are given frequent, accurate and thorough information about their infants condition
- Parents feel empowered as decision makers over their infants care needs when they are given opportunities to communicate their decision making
- Always speak in a polite and open manner that respects individual family needs
Partnership in Care in NICU

- Use non-judgmental language and openly share information
- Refer to parents and infants by their name
- Listen and speak to parents openly and listen to what they have to say

**Parents/ families participation in routine care**

Recent literature favours the use of a collaborative partnership in care between parents and nurses as parents become active participants in the care of their infant. Parents should be provided ample opportunity, while their infant is in NICU to develop caregiving skills and understanding of their infant’s medical needs, behaviours and cues. Reis et al. further acknowledges that encouraging and supporting parents with a number of safe choices and cares increased parent’s independence in the care they were able to deliver to their infant and helped reduce stress and anxiety.

- Caregiving activities should be discussed with parents/ families and a collaboration should be decided on what the parents feel comfortable providing cares to their infant
- Parents should be encouraged to participate in an unrestricted access to their infant
- Parents should be encouraged to assist in hygiene and positioning of their infant
- Bathing and weighing
- Bottle feeding or breast feeding their infant
- Kangaroo or conventional cuddles
- Giving vitamins
- Supported in recognising infant behaviors cues

**Expected Outcomes of a collaborative partnership in care model**

- Better bonding between parents/ families and their infant
- Parents/ families feeling empowered within the NICU environment
- Parents/ families feeling less stress and anxiety surrounding their infant
- Parents/ families making active decisions regarding their infants care including participation in implementation of the developmental care plan
- Parents/ families participating in cares from admission to discharge
- Parents/ families feeling more confidence and competence toward caring for their infant in NICU and at discharge and going home
- Earlier discharge dates as parents are more involved throughout their infant’s care throughout their time in NICU

Current research supports a change in nursing and health care professional’s philosophy thereby incorporating a collaborative partnership in care model, as it has been shown to reduce parent’s anxiety and improve better communication between parents and health care providers and further provide parents with confidence and competence at discharge for caring for their infant at home. Further research is needed to provide best practice evidence on the long term effects of parental involvement and whether more confidence in parents results in earlier discharge dates.
In the Nursery / Role of the NICU team

Parents and families are encouraged and supported to actively participate in core decision making and care of their baby at the level they feel most confident and comfortable. Preparation for this can commence anytime from admission at appropriate times for the family and NICU team. For optimal parental participation it is important for the clinical team to be able to assess the readiness of parent’s and families throughout different stages of the NICU journey.

- Parents should be asked if they wish to participate in routine examinations
- Parents should be asked how they feel about invasive procedures and if they wish to be present/not and what their role entails.
- Parents should be provided with the opportunity to participate in decision making whenever possible.
- Parents will be educated on what stages that they will become more active in care or less care depending on the health/sickness of their infant. This can occur anytime following admission.
- Parents are part of the team in the NICU to help with cares, changing nappies, taking temperatures, baby hygiene, skin integrity, assisting with suctioning, changing nasal cannulas, changing Milton buckets, keeping the babies are clean and tidy, removing dirty clothes.
- Parents will be provided with the Miracle Babies Bag on the admission of their baby.
- A diary will be offered to parents, so enable them to document their baby’s journey.
- Parents will be provided the opportunity to participate in education before discharge.
- Patient care boards are at each bedside for parents to use to communicate their needs. The Patient Care Boards will also be updated by staff each shift, and will include input from parents. Care boards should be used by all members of staff
- Multidisciplinary developmental care weekly meetings to develop developmental care plans with follow up with parents.
- Parents will be provided with the opportunity to education on developmental care approach, on how cares might be done to best suit their infant’s needs.
- Healthcare providers should acknowledge that siblings play an integral role in family centered care.
- Parents will be offered ‘Cuddle Hearts’ to use with their baby. (See Appendix 1)
- Parents will be offered to join the ‘Tiny Star Bravery Beads’ program, to create a tangible memento of their baby’s journey through NICU. (See Appendix 2)
- Healthcare providers should establish early discharge planning to help make the transition from NICU to home smoother.
- The sooner education and a partnership begin, the easier the transition to home will be for the entire family\(^5\), \(^11\).
References


Bibliography


Venten, J. Just a Moment Too Soon. What to expect when you have a premature baby. 2013.


Feedback
Any feedback on this document should be sent to the Contact Officer listed on the front page.

Updated by Natalie Butchard NUM2 2018

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Ratified by NICU Operational, Planning & Management 15/08/18

Approval Clinical Quality & Patient Care Committee 28/08/2018
Appendix 1

Cuddle Hearts

The simple act of holding your baby whenever you want is something Mums in JHCH Neonatal Intensive Care Unit (NICU) can’t always do. Soft fabric ‘Cuddle Hearts’, linking mum and baby, fill a gap when the two can’t be together.

The fabric hearts are simply three heart shaped pieces of material (soft cotton or flannelette) sewn together. One fabric heart is given to the mother and placed on her chest to pick up her scent, with the other heart placed close to the baby for the same reason. The third is spare to allow for washing of the hearts. The hearts are then swapped so mother and baby are left with each other’s scented heart.

Swapping the fabric regularly can help to get mothers and babies used to each other’s scent during the difficult days and weeks when they are unable to hold or cuddle each other. The idea can also help to produce the hormones needed to aid breastfeeding.

Cuddle hearts will be laundered by the Family of the infant daily or more frequently if soiled.
The Tiny Star Beads Program

This program was created to offer positive experiences to babies, and their parents, who are admitted to Newborn Care Centres in hospitals throughout NSW and the ACT. During a long hospital stay, babies often go through many painful procedures and this is not only traumatic for the babies, but can also be for their parents.

Children are wonderfully resilient and often, at these times, their courage, and strength, is awe inspiring though dealing with these procedures is never easy for them, or their families. The Tiny Star Beads program at The John Hunter Children's Hospital offers babies little rewards for their medical procedures in the form of unique beads. The beads, when strung together, will help to tell the story of each child’s personal medical journey.

The string of beads will become a very special memento for the children, and their families, in years to come and a symbol of pride and courage for all of the challenges that they went through together.

Babies in both Special Care and Intensive Care nurseries can be registered for this program from one week of age. Please complete a registration form, and return to Natalie Butchard NUM 2. Once registered, start a ‘Record of Procedures and Events’ sheet for the baby. This is then given to the parent, along with a starter string that will include the baby’s name, a Little Star bead, a diagnosis bead and a small cloth bag to store the beads in.

For each procedure or milestone that the baby reaches, this is documented on the record sheet, and signed by nursing staff. Please note that some of the beads are for ‘firsts’, not every time the baby undergoes that procedure, i.e. 1st gastric tube insertion, or 1st kangaroo cuddle, bath etc. The ‘Special Occasion’ bead can be used for events like Easter, Mothers/Father’s Day etc. There will be a separate bead for Christmas. If in doubt, please check with any of the NUM’s.

The parents can then collect their beads from the Baby Buddies on Tuesday’s and Thursday’s. They will present their record form, and receive the corresponding bead.
Staff Preparation

It is mandatory for staff to follow relevant: “Five moments of hand hygiene”, infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: Hand hygiene Acknowledge, Introduce, Duration, Explanation, Thank you or closing comment.

Implementation, monitoring compliance and audit

1. Approved clinical guideline will be uploaded to the PPG and communication of updated ‘Partnership in Care in NICU’ clinical guideline to NICU staff will be via email and message on the HUB.
2. Incident investigations associated with this Guideline and Procedure will include a review of process.
3. The Guideline and Procedure will be amended in line with the recommendations.
4. The person or leadership team who has approved the Guideline and Procedure is responsible for ensuring timely and effective review of the Guideline and Procedure.
5. Evaluation will include a review of the most current evidence as well as a consideration of the experience of Neonatal staff at JHCH in the implementation of the Guideline and Procedure.

Feedback

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