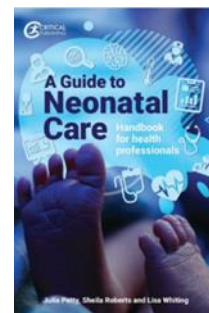


Chapter 12 Principles of family integrated care in the neonatal unit

A Guide to Neonatal Care - Handbook for Health Professionals
Petty J, Whiting L and Roberts S (2024) Critical Publishing



Supplementary information

Parents of sick and/or extremely preterm neonates experience a continuum of regular and repeated stressful and traumatic events, during the perinatal period, during the Neonatal Intensive Care Unit stay, and during transition home (Fowler et al, 2019). The Smallest Things Life After Neonatal Care Report (2021) shares the findings of a survey of more than 500 parents and it includes parents' personal experiences, addressing complex and problematic issues families can face following premature birth. For example, 77% of parents reported that they have experienced anxiety following discharge from neonatal care and 24% of parents were diagnosed with Post Traumatic Stress Disorder following discharge from neonatal care.

Therefore, it is important to care for the family within a supportive and nurturing model and neonatal care culture. Family Integrated Care (FICare) is a model of neonatal care which promotes a culture of partnership between families and staff. This enables parents to become confident, knowledgeable and independent primary caregivers [BAPM, 2021]. The FICare model ensures that neonate and parents can be a family as soon as possible. It aims to create space for necessary care whilst facilitating nurturing and closeness that parents can provide for their baby. FICare builds on the foundations of Family Centred Care (FCC), the core principles of which are defined in the Bliss Baby Charter.

The seven Bliss Baby Charter principles are:

- Social, developmental and emotional needs
- Decision making

- Specialist services and staff
- Benchmarking
- Unit information and support for families
- Feeding
- Discharge

FiCare is an extension of traditional family-centred care progressing from family involvement in care to supporting parents as equal partners in the neonatal MDT care team. Within this, there is a need to recognise interacting influences of gender, ethnicity and cultural norms in supporting parents, for example, fathers, including understanding the role of psychology, consideration of stigma, and knowing families in relation to their cultural context (Hassan et al, 2023).

FiCare principles should continue even in difficult circumstances when the neonate may not be expected to survive and whereby palliative, end-of-life care and / or advanced care planning measures are put in place. Healthcare professionals working in neonatal care have a duty to act in the best interests of the neonate and while usually, the goal of care is to sustain life and restore health, there are situations when the treatments that sustain life are not considered to be in the neonate's best interest (Mancini et al, 2014).

Glossary

Advance care plan: Provides the opportunity to plan future care, support, and medical treatment.

Bliss: A UK charity that supports the families of infants who are receiving neonatal care; in addition, the organisation works with health professionals to provide training to further enhance care delivery. <https://www.bliss.org.uk/>

End-of-life care plan: An individual plan of care for someone who is terminally ill; it includes dietary/fluid requirements, symptom control as well as psycho-social support.

Multi-agency care plan: The coordinated planning of care that draws on the expertise of a range of professionals.

Neonatal: The period of life up to 28 days post-term.

Neonatal unit: Specialises in the care of babies who are born prematurely, have low birth weight or who have a medical diagnosis that requires specific care and management.

Palliative care: Focuses on the relief of symptoms (including pain) that result from a serious illness.

Preterm: Relates to babies who are born alive before 37 weeks gestation.



EXTRA READING – Aside from the links already provided, here are some more resources on inclusive family care in the neonatal setting.....

- Fowler, C., Green, J., Whiting, L., Petty, J., Rossiter, C. & Elliott, D. (2019) **The forgotten mothers of extremely preterm babies: need for increased psychosocial support.** *Journal of Clinical Nursing*. 8(11-12):2124-2134.
 - **Family Integrated Care- A BAPM Framework for Practice**
 - Hassan et al (2023) **Ethnic minority fathers' experiences of the Neonatal Care Unit: barriers to accessing psychological support,** *Journal of Reproductive and Infant Psychology,*
 - Mancini et al (2014) **Practical guidance for the management of palliative care on neonatal units**
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