





WHO Collaborating Center for Maternal and Child Health Trieste Italy







Translating research into policy initiatives in the WHO European Region

Family Integrated Care in NICU

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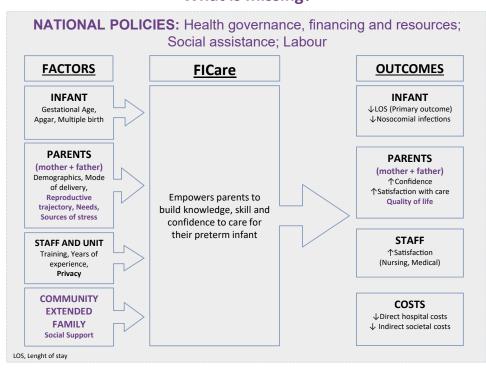






1. What?

Evidence about Family Integrated Care (FICare): What is missing?



To translate evidence on parental needs and QoL into national FICare guidelines is needed:

Extending parental leave for both parents covering the period of hospitalization Macro-level Access to financial assistance (for parking expenses; for both parents staying overnight near the NICU: for all recommended vaccines) Access to a public human milk bank Providing social support: extended family, psychologists and social workers, and peers Providing gender-sensitive strategies to enhance parental QoL Meso-level Developing long-term follow-up programs assisting families beyond the NICU Reinforcing **privacy** in the NICU ward Help with bureaucracy Developing interventions focused on improving QoL involving non-Micro-level professional care such as parental associations · Incorporating individual accommodation mechanisms in measurement and counselling

2. When & Where?



July 2013 - June 2014

During hospitalisation15 to 22 days after childbirth

7 NICUs of the Northern Health Region of Portugal











- Complex socio-technical environments: unknown smells and lights, noisy life support/monitoring equipment, lack of privacy, constant surveillance.
- Difficulties in establishing parental roles, physical separation from the child, structured and controlled opportunities for interaction, limited involvement in infant's care, and fear/uncertainty about infant's survival and health/development.

November 2013 - November 2014

After discharge ≈4 months after childbirth

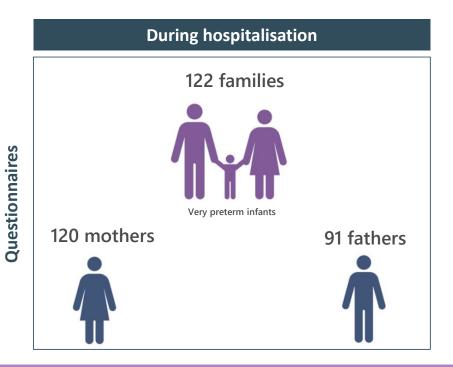
Portuguese Law: 4 months of parental leave with full pay salary after a childbirth

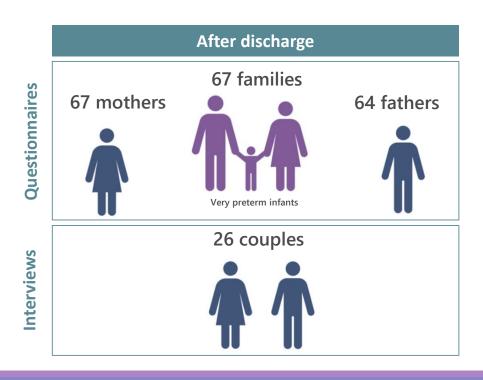


- At this time, portuguese law did not include the infant's hospitalization period in the parental leave.
- During hospitalization only one parent could ask for a subsidy corresponding to 65% of the salary.

3. Who?

Observational and longitudinal mixed methods study: key actors/stakeholders





4. How?

Methods of involvement

Questionnaires

- Sociodemographic characteristics
- Gynaecological and obstetric history
- NICU Family Needs
- Parental Stress in NICU
- Perceived Social Support
- Infant's length of NICU stay and diagnosis of health problems
- Parental QoL
- Anxiety and depressive symptoms
- Parenting stress

Semi-structured interviews

- Dealing with uncertainty and doubts
- Decisions concerning parental care, treatment options and information sources
- Understandings of medical facts, of technologies and of prognosis
- Views of life and living with handicaps
- Information and communication needs

Clinical Records

- Pregnancy, birth and neonatal characteristics

Consensual guidelines on FICare based on empiricallybased recommendations responsive to parents' needs

Processes, activities and tools enacted:

(capital letters = most useful)

- Open dialogue about research results through WORKSHOPS
- HOSPITAL MEETINGS with the NICU's staff
- Publications in diverse scientific areas
- Media coverage

Directed to and involving HETEROGENEOUS STAKEHOLDERS:

- Key actors: neonatologists, nurses, parents and extended family
- External stakeholders: Policy makers

5. Why?

Policy Initiative: Implementation of FICare in NICU

Success factors	Conceptual	 Challenge available models of care Add parental QoL, stress and anxiety beyond infant-related outcomes 	Constrains	Social and political issues	InsufficientNon-flexible
	Methodological	 Combine quantitative and qualitative methods: a comprehensive approach Include both mothers and fathers of very preterm infants 		Organizational barriers	Lack of comTime, humanLack of guperspectives
	Practical	Proposal of integrated policiesHelp to design parents-friendly medical practices		Family dynamics	Lack of socialFinancial commWork commSingle parerDependent
	Science & Society	 Broad media coverage (call for changing the regulation of parental leave was highlighted) Engaging the community 			

nt financial assistance ole work schedules mmunication and negotiation skills an and material resources guidelines including the parental es and needs cial support constraints nmitments enthood nt individuals demanding care

Lesson learned: Guidelines on FICare need to be aligned with parents' views and needs in order to be effective











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