

# MYTHS OF FI-CARE

**Myth:** • Parents will look after tiny babies and take on advanced nursing skills

**Truth:** • Professional accountability and responsibility remains the same

- Nurses help parents learn what is appropriate to do and teach, coach and support them

About FiCare

**Myth:** • Parents will be at the bedside 24/7 and have to sign a contract

**Truth:** • Parents are encouraged to be at the bedside as much as possible

- Nurses encourage parents to be present during rounds, attend parent groups and be present and caring for their baby
- No contracts

**Myth:** • FiCare decreases the need for nurses

**Truth:**

- Early on, the nurse may spend more time teaching the parent
- Close to discharge the parent should be doing most of the care

## Benefits of FiCare

Health benefits to the neonate



Health benefits to families

Benefits to staff

Benefits to the healthcare system

### Importance of involving of families is widely recognised & growing in

momentum: • Bliss: Bliss Baby Charter • Baby Friendly Initiative • Neonatal Care review • NHS Long Term Plan What does the research say the benefits FiCare are? Benefits of FiCare Health benefits to the neonate, Benefits to staff Health benefits to families, Benefits to the healthcare system. FiCare Reduces Parental Anxiety & Stress: • Bliss (2018) 80% of parents mental health suffered (from having a baby in NICU) • 35% worse after neonatal care • 16% PTSD

### FiCare Improves Infant Weight Gain

• O'Brien et al (2018) RCT Day 21 weight gain was significantly higher in FiCare group. Canadian pilot study Weight gain was 9% higher in the FiCare Group (p Levin study - Estonia (1994) Humane Care model found in weight gain in FiCare group significantly higher than standard care.

### FiCare Reduces Parental Anxiety & Stress

• O'Brien et al (2018) FiCare improved mental wellbeing among parents = improved parent-infant bonding. • parents FiCare group had lower mean stress score 2.3 v 2.5 standard care • O'Brien et al (2006) found improved mental health outcomes for parent's involved closely with their infants care whilst in NICU. • Canadian pilot study parent stress was decreased significantly at discharge

### Improved Breast Feeding Rates at Discharge

Leeds (2016) doubled BF at discharge to 60%. • Canadian FiCare pilot study 85% of infants went home on breast milk with the majority being breast fed. • RCT O'Brien et al (2018): 70% FiCare group v 63% Standard care, breast feeding at discharge. • BreastFeeding benefits: improved bonding, immunological benefits, reduced infection and those extend beyond neonatal period & benefit for mother – reduction ovarian cancer, decreased postnatal stress and anxiety etc.

### Less Reported Instances of: Infection, NEC & ROP.

Canadian FiCare pilot study: • Decrease in ROP in the incidence of stage 3 or borderline ROP. • Decreased rate of infection (0 in control → 9.7% normal care) (however not statically significant) • Levin study (1994) Humane Care model: 30% reduction in infection rates. • Increased Breastfeeding rates reduced risk of NEC


### FiCare Benefits To The Healthcare System

• Improved patient/staff satisfaction - Levin study (1994) Humane Care model • Staff had more time to undertake tasks required of registered practitioners – medication administration/ education/training etc. • Reduction in readmission rates: parents better understanding of infant health needs & recognises changes in health quicker → involve community support quicker. • Less conflicts with parents & greater job satisfaction!


### Reduced length of stay

• Leeds (2015) LOS reduced by 9 days • Orthenstrand et al (2010) reduced LOS • O'Brien et al (2006) demonstrated hospital stay was reduced by 3.9 days for infant whose parents were very closely involved in their care. • Levin study (1994) Humane Care model – 20% reduction in LOS. days but again not statistically significant (p=0.78) Canadian FiCare pilot study.


**Long-term neuro-development Organisation** The critical time for organisation of neurons is from 22 weeks to 12 months. Myelinisation Involves development of myelin sheaths around nerve fibres in nervous system Occurs from 30 weeks to 1 year



The infant's environment is defined by relationships Emotional neglect is the absence of relationship-based organising experiences at key times during development Common in situations such as postnatal depression, households with substance abuse or violence, parents who themselves were 'looked after' Or being by yourself in an incubator for 12 weeks?



**We can conclude that:**

1. An infant who is deprived of emotional support and care by a primary provider is at risk of poorer quality brain growth – particularly relating to speech and emotional development
  2. Being in the environment of the Neonatal Unit affects the normal development of the sensory system
  3. Stressful situations, or even fear of a stressful situation, affects the body in a negative way
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**We now need to provide care that:**

1. Benefits the health care system
2. Supports the emotional development of the infant
3. Protects them from environmental stressors as much as possible
4. Comforts them during and after stressful procedures - *Lets have a think about who might be the best at doing that!*

The benefits of FiCare are supported by research Support, protect and comfort FiCare Environment • Welcoming to whoever comes • Supportive of family's needs • Accessible and comfortable • Inclusive rounding policies • Visiting hours? – partnership based instead of rules based • Make the best use of the space you have Parents as Partners • Gradual process incorporating them into bedside care • Gradual process incorporating them into rounds – starts by being there, then introducing their baby, progresses to presenting more details about their baby's condition as they feel comfortable • More time spent early on pays off with parents taking over much of the care Challenges for Staff • Promoting family participation in care when families are facing multiple other issues • Partnering with families who are difficult to partner with • Not giving the message to parents that we are “too busy” for them – even when we are busy – time invested early pays off in the end! • Changing ways or working around ward rounds and nurse handovers to facilitate 24 hour visiting

[PowerPoint Presentation \(neonatalnetwork.co.uk\)](http://neonatalnetwork.co.uk)

FiCare Pillar 1: Staff Education and Support • Providing education and tools for staff to enable them to educate, mentor and support parents in caring for their infant in the NICU • Allowing staff to feel comfortable with the model of care and embrace their role as key facilitators of FiCare • Leads to consistency in parent teaching sessions