



## **GOOD PRACTICE POINTS: FAMILY INTEGRATED CARE**

### **Introduction**

Family integrated care (FIC) is a new model of neonatal care which supports parents to be primary caregivers, as partners with the clinical team (Patel et al 2017). This concept is in keeping with the recommendations from the Poppy report (2009) and the Bliss Charter (2015).

Network cot side visits, carried out over the past 7 years, have identified that parents are not involved in their baby's care as much as they would like to be. Furthermore, consultation with the Network Parent Advisory Board members has identified that the parents are strongly in favour of network wide guidance which promotes the introduction of FIC and ensures consistency in each of the Network units.

FIC should therefore be encouraged with all parents and families throughout the neonatal stay to ensure that when discharged parents are confident and competent to care for their babies at home.

Evidence demonstrates that families who are involved in their baby's care on the neonatal unit have improved confidence and skills on discharge and are better bonded with and attached to their babies (O'Brien et al (2013)).

### **Scope of Practice**

In order to ensure consistency for all parents and families across the neonatal network, these good practice points have been produced for use in all the neonatal units across the East Midlands Neonatal ODN.

Care of all babies must be undertaken in accordance to local Trust guidelines.

### **Good Practice Points**

- All parents must be informed that there is an open access policy in all network units for the parents. When discussing access to the unit with parents the term 'visiting' must be avoided at all times.
- Parents should be given the Network FIC leaflet on admission or within 48-72 hours, and the opportunity provided to discuss how they will be supported to care for their baby.
- Parents should not be asked to leave the cot side during the ward rounds. This will ensure parental involvement in all care discussions and will aid to promote bonding, breast feeding and kangaroo care.
- Parents must be informed of the times of ward rounds and encouraged to participate with the medical staff asking their views about their baby's progress using Network 'Aide memoir' (see Appendix 1).

- All staff should promote parental involvement with the baby's care at all times.
- Information leaflets regarding various care interventions should be provided and the parents given ample opportunities to ask any questions.
- Parents should be shown how to undertake care interventions at the earliest opportunity.
- Teaching packages should be completed and parents signed off as competent to undertake each element of care.
- Parents should not be left to carry out any care unsupervised until they feel comfortable to do so.
- All teaching must be documented in the Parent passport in order to ensure consistency in the event of a transfer.
- Important 'firsts' (see Appendix 2) should be carried out when the parents are present.
- Kangaroo care must be encouraged as soon as the baby is stable enough (see Network [Kangaroo or Skin-to-Skin Care](#) guideline).
- 'All about me' sheets should be completed in collaboration with the parents.

### **Auditable Standards**

- 100% of babies should have an up to date passport which is completed prior to discharge.
- 100% of parents should have been involved in the ward round should they have wished to be.
- 100% of parents should have completed teaching packages for each element of care that they have been signed off for.
- 100% of parents will be present for important 'firsts' if they wish to be.

## **References**

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