Infant Family Centered Developmental Care (IFCDC)
Considerations for Implementation

Authors: Consensus Committee on Recommended Standards, Competencies and Best Practices for Infant and Family Centered Developmental Care in the Intensive Care Unit
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Some things to consider when implementing performance competency-based IFCDC practice in your intensive care unit (ICU) by an interprofessional collaborative team:

Positioning and touch for the newborn

- Is there standardized education to guide the performance of team members, including families, to support the musculoskeletal, physiologic, and behavioral stability of the baby?
- Does the unit have a written evidence based guideline to support the value and implementation of individualized developmentally appropriate position and touch management?
- Is positioning therapeutic and individualized to the baby given the care situation, and support (equipment) modalities?
- Is body positioning used as an appropriate intervention for cranial shaping, prevention of torticollis and skull deformity, gastrointestinal symptoms, and safe sleep?
- Is the assessment and intervention of positioning consistently documented?
- Can you confidently describe the “voice”, or behavioral communication, of the baby?
- Is the assessment and plan for touch individualized to the baby—frequency, duration, for comfort, physiologic regulation, and quiet sleep?
- Is the documentation of positioning and touch evaluated by the team, and changed consistent with the needs of the baby?
- Does the family demonstrate confidence in managing the baby’s positioning during daily life activity?