

**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:

Sleep and arousal interventions for the newborn

- Are the environment and the furnishings conducive to optimizing developmentally appropriate sleep for the baby?
- Does the unit have a written guideline to support the value and implementation of individualized developmentally appropriate sleep and arousal management?
- Is there standardized evidence based education to guide the performance of team members, including families, to assess, support, and evaluate individualized age-appropriate quality and quantity of sleep?
- Can you, and the family, confidently describe the “voice”, or behavioral communication, of the baby?
- Is the assessment of the baby’s cyclical rest and activity pattern, and response, documented?
- Are the rest and sleep periods of the baby protected in the plan of care?
- Does the individualized plan of care reflect modifications to optimize sleep and arousal?
- Do the team professionals encourage family presence, engage individualized interaction with their baby, strengthen their confidence to evaluate response, and foster developmentally appropriate behavior modification?
- Is the documentation, individually and population, regularly evaluated for improvement opportunities in education, interaction, and performance?