

**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
January 2020**

Some things to consider when implementing performance competency-based IFCDC practice in your intensive care unit (ICU) by an interprofessional collaborative team:

Skin-to-skin contact with intimate family members

- Are there evidence based policy, guideline, education and training, and competencies to standardize the performance of skin-to-skin contact for the team, parents and family members? Are the parents and families included in the learning process and practice? Is the education and performance demonstration mandatory?
- Is the practice of skin-to-skin contact individualized to the baby and family?
- Are the parents, and family members, physically and psychologically comfortable during skin-to-skin contact? How do you know?
- Can you, and the family, confidently describe the “voice”, or behavioral communication, of the baby’s readiness, stability, engagement, response; and monitoring data, through the process of skin-to-skin contact?
- Do the parents, and family members, interact with the baby to calm, soothe, and connect?
- Are improvements continuously implemented based on credible evidence, data, and evaluation?
- Does the team provide anticipatory guidance, safety measures, and support, for continuing contact with the baby transitioning to home, and home care?