

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:

Reducing and managing pain and stress in babies and families

- Are parents encouraged and supported to engage and interact as members of the interprofessional collaborative team?
- Do parents have unlimited opportunities to be with their baby?
- Can you confidently describe the “voice”, or behavioral communication, of the baby? How do you teach parents and family members to understand the communication of the baby?
- Do you have written evidence based policies, guidelines, education and training programs, and performance measures to guide the use of pharmacologic and non-pharmacologic measures to manage the baby’s stress, discomfort, and pain?
- How does the team assess, monitor, and evaluate the baby’s stress, discomfort, and pain?
- Are parents permitted to be present during stressful procedures to provide non-pharmacologic support for the baby?
- Are pharmacologic interventions used routinely for babies who are being mechanically ventilated?
- Are non-pharmacologic interventions routinely utilized to supplement the use of pharmacologic therapies?
- Are there sufficient specialty professionals to support the psychiatric, psychological, social, cultural, and spiritual needs of parents, families, and staff?
- Do parents and families have access to peer-to-peer and psychoeducational group support while in the hospital, and following the transition to home?
- Are there routine educational sessions for staff, including: (a) recognizing symptoms of emotional distress in parents and family members, (b) communication skills emphasizing reflective listening and non-judgmental feedback, (c) available resources for family members in distress, and (d) self-care and avoiding burnout?
- How does your team assess and document wellbeing, and the emotional distress of staff, parents, and families?
- Do the ICU mental health professionals have dedicated time to informally communicate with all parents at the bedside on a routine basis?
- What strategies are implemented to assist staff, parents, and families who experience a lack of wellbeing or emotional distress, to cope in a healthy manner?
- Is information about parental well-being and distress communicated with follow-up providers?
- Do you have sufficient resources to support the psychosocial needs of staff, parents and families through hospitalization, and following the transition to home?