

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:

Management of feeding, eating, and nutrition delivery

- Do you provide education on behaviors and physiologic parameters of the baby that indicates age-appropriate feeding readiness, engagement, and the need to stop? Are staff, parents and families included?
- Is the desire of the m/other central to the feeding plan designed by the team? Is this consistently reflected in the documentation?
- Do you provide continuing education and evidence based interventions that are safe and individualized to the baby and the feeding technique used—enteral, breast, or bottle?
- Are team members/staff regularly evaluated on the performance competencies of individualized feeding? Is variability in the skill of feeding minimized? Is discomfort or distress recognized and managed? Does the baby exhibit a comfortable and enjoyable response? Is nutritional/growth outcome monitored?
- Is suctioning and oral care performed so that stress to the baby is minimized? Is human milk considered for oral care?
- Are there sufficient team/staff professionals to guide and support caregivers, parents, and family members as needed during feeding?
- Is breastfeeding by the mother encouraged and supported? Is early breastfeeding, or feeding with breastmilk, promoted? How is this monitored and the information disseminated?
- Does the feeding management plan demonstrate a feeding and nutrition continuum from in-hospital care through the transition to home, and home care? Are parents and family members informed of feeding and nutrition resources available to them when at home?