**Recommended Standards , Competencies and Best Practices for Infant and Family Developmental Care in Intensive Care**

**Proposal of New or Revised Standards**

**Submitted by** – **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Standard Section**: Check as appropriate – one section per form

|  |  |
| --- | --- |
| * Systems Thinking | * Skin-to-skin Contact |
| * Positioning & Touch | * Pain & Stress - Baby |
| * Sleep & Arousal | * Pain & Stress - Family |
| * Feeding, Eating & Nutritional Delivery | * Infant Mental Health |

**Current Standard &/or Competency Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**: Please underline your suggested additions and ~~strikethrough~~ your deletions. Rationale text accompanies the main text. The rationale is intended to clarify the intent of requirements in the main text.

**Existing Standard and Competencies**: (Type or Copy and Paste below without revisions. Leave blank if submitting a new standard and competencies of the standard.)

**Proposed change or new standard and competencies**: (If existing, repeat existing text with proposed strikethroughs as deletions and underlined as additions. If entirely new standard, add here.)

**Rationale for change**: (Please state the outcome that you are trying to achieve with this proposal. Include the evidence that supports the proposal.)

**Principles of Infant and Family Centered Developmental Care (IFCDC) that apply to the new standard/competencies:**

|  |  |  |
| --- | --- | --- |
| **IFCDC Principle** | **Yes** | **No** |
| Systems thinking in complex adaptive system |  |  |
| Individualized care |  |  |
| Family involvement |  |  |
| Environmental protection |  |  |
| Neuroprotection of the developing brain |  |  |
| Infant mental health |  |  |
| Baby as a competent communicator & interactor |  |  |

**\*Systems Integration Matrix**:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Benefit | Baby | | Parent | | Family | | Staff | |
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| Safety |  |  |  |  |  |  |  |  |
| Wellbeing |  |  |  |  |  |  |  |  |
| Clinical quality of care |  |  |  |  |  |  |  |  |
| Comfort experience |  |  |  |  |  |  |  |  |
| Operational efficiency |  |  |  |  |  |  |  |  |
| Sustainability |  |  |  |  |  |  |  |  |

\*Legend of Systems integration – The standards, competencies, and practices reflect:

Safety – evidence-based care, security, protection, and shelter.

Wellbeing – physical and mental health, comfort, and welfare.

Clinical Quality of Care – current credible evidence with positive outcome.

Comfort experience – environment and culture maintain calm and supportive caregiving.

Operational efficiency – system competence, effectiveness, productivity, proficiency, and adeptness.

Sustainability – withstand challenges and endure over time.