



Family Integrated Care in Neonatal Intensive Care Unit

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Introduction:

Waddington et al., (2021) defined Family-integrated care (FiCare) as a collaborative model of the neonatal unit. It targets to address the adverse effects of neonatal care unit surroundings by involving parents as equal partners supporting parent-infant closeness, and minimising separation. Similarly, Bradford-Duarte and Gbinigie., (2020) Highlighted that FiCare is a notion based on parents actively participating as partners in their baby's care.

Background:

O'Brien et al., (2013) mention that infants are physically, emotionally, and psychologically separated from their parents in the neonatal intensive care unit. Several programs have been developed to encourage parent involvement in infant care, such as skin-to-skin, kangaroo care and Family Integrated care. However, It has been noted that parents continue to be relegated to a supportive role. The Neonatal Intensive Care (NICU) staff and professionals provided most of the infant's care. FiCare was developed and aimed for parents to be integrated fully into their infant's care and empower parents to be equal partners in the care of their infant.

Benefits of FiCare

Bradford-Duarte and Gbinigie., (2020) emphasise that FiCare have various benefits, including reduced infection rates, length of stay, improved weight gain, and enhanced parent satisfaction and confidence. Moreover, Craig et al., (2015) state that the family's involvement in their infant's care can have long-lasting positive impacts on babies' cognitive, psychological and physical development in the Intensive Care Unit and early discharge from the unit.

Challenges

Cockfort., (2012) states that one of the challenges for implanting FiCare in neonatal intensive care units includes the impact of staff shortage. Additionally, Banerjee et al.,(2018), highlighted that the infrastructure, environmental layout and management surrounding neonatal care might make it challenging to develop and implement FiCare. The strict entry and visiting policy could result in parents' distress and anxiety. Similarly, many NICU units were restricted access due to the Covid-19 pandemic, which limited parents' involvement in their infant's care.

Conflicts and Recommendations involving FiCare.

Cockfort ., (2012) highlighted that One identified conflict within the neonatal unit is that parents highlighted a lack of early explanation for the general care of their infant and cares has a set of time which indicated that opportunities were taken away from parents. However, the nurses noted an additional workload, impacting their ability to support and establish therapeutic relationships with families. (Cockfort., 2012)

Recommendations for the practice

Patel et al., (2018) highlighted that parents' education is primary to FiCare and to empower parents with knowledge and skills to be primary carers and should be encouraged to spend time with their babies. Similarly Craig et al., (2015) state that parents should be incorporated fully into their infant's care through the provision of hands-on care of the infant, including frequent and early skin-to-skin contact. Parents should participate in ward rounds and have access to written medical records. Moreover, using technology to update parents about their infant's care when they are not present in the unit (Bradford-Duarte and Gbinigie., 2020).

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