

"How does Single Family Room NICU design impact on preterm infants and their parents"?

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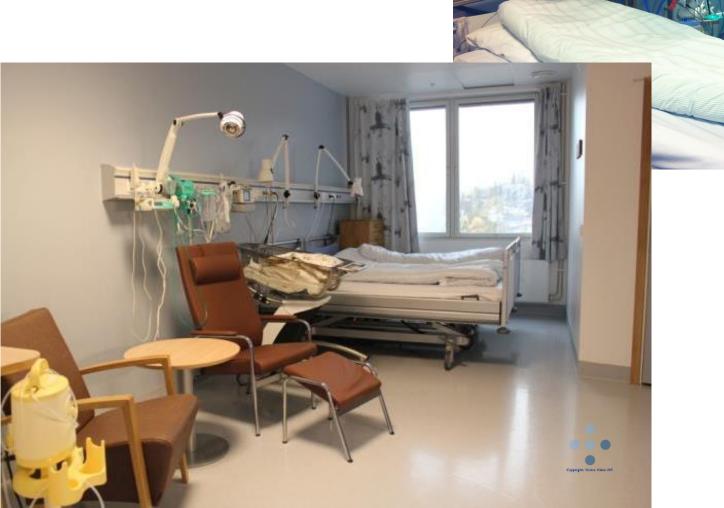
To compare

very preterm infants
cared for in
single family room
or a traditional open bay

and their parents during and after hospitalization



Single family room (SFR) unit



Open bay unit (OB) unit



Previous research SFR vs OB

Overall positive outcome • Bilde av pasient for

- Infants
- Parents
- Staff

Some conflicting results







The International Closeness Survey



Australian Critical Care

journal homepage: www.elsevier.com/locate/auco



Research paper

Parent and nurse perceptions on the quality of family-centred care in



11 European NICUs Separation and Closeness Experiences in Neonatal Environment (SCENE) research group,

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ARTICLE INFORMATION

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Background: Family-centred care (FCC) is a state-of-the-art practice in peopatal intensive care units (NICL) based on its shown benefits on the well-being of both infants and parents. However, there is no systematic knowledge about how FCC is implemented in different European contexts

Objectives: To describe parents' presence and the quality of FCC from the perspectives of mothers, fathers and nurses in 11 European NICUs.

Methods: A prospective survey was conducted in Finland, Sweden, Norway. Estonia. Snain and Italy. The perceived quality of FCC was measured using 8 text-message questions sent to the parents' mobile phones, one question each day, during the infant's hospital stay. Nurses answered corresponding questions through a Web questionnaire during a 3-month period. The responses were rated on a 7-point Likert scale, Parents who were not present in the unit during the day used a "0" response Results: A total of 262 families of preterm infants born before 35 gestational weeks participated in the

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REGULAR ARTICLE

Parents' presence and parent-infant closeness in 11 neonatal intensive care units in six European countries vary between and within the countries

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Family-centred care, Kangaroo care, Preterm infants, Single-family room parent-infant closeness, Skin-to-skin care

ABSTRACT

Aim: Little is known about the amount of physical parent-infant closeness in neonatal intensive care units (NICUs), and this study explored that issue in six European countries.

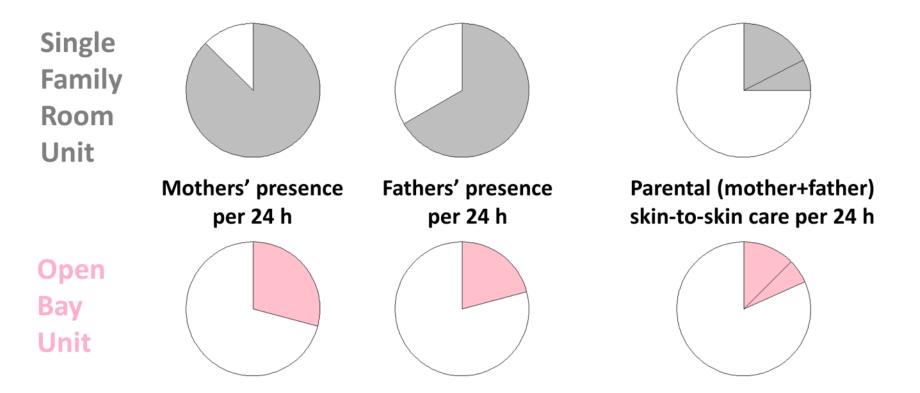
Prospective survey: Family Centred Care practises



kan ha på seg lue og en liten body.

les som holding.

Results: Closeness



Skin-to-skin care INITIATED in SFR \bigcirc 4 hr \bigcirc 3 hr Skin-to-skin care INITIATED in OB \bigcirc 12 hr \bigcirc 40 hr



Results

More participation in medical rounds More support from nurses



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Parent-Infant Closeness, Parents' Participation, and Nursing Support in Single-Family Room and Open Bay NICUs

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Speculations on premature growth

Limited
nutrition
stores
Illness
Immaturity
Stress
Separation

Nutrition & nourishment

GROWTH

Energy consumption

Parental presence
Skin to skin Sleep
Breast-feeding
Homostase



Prospective comparison

- Premature infants 28-32 gestational weeks and their parents
- Nutrition protocol
- Registration of:
 - nutrition
 - growth
 - presence and SSC
 - volumes of mothers milk
 - breastfeeding occurrence
 - feeding methods
- Questionnaire

Characteristics of the infants and parents

Variable	SFR unit (n=35)	OB unit (n=42)
Age of mothers, mean (SD)	31 (7)	32 (6)
Age of fathers, mean (SD)	36 (10)	34 (7)
Infants		
Boys/Girls	19/16	15/27
Gestational age, weeks + days (mean)	30 + 5	30 + 1
Twins, n	10 (29%)	18 (43%)
Cesarean section, n	25 (71%)	20 (48%)
PMA ² at discharge, days, mean (SD)	252 (9)	255 (14)
Length of stay, days, mean (SD)	37 (11)	45 (18)

Growth single family room vs open bay



Initiating of breastfeeding

First time mothers express/pump post-delivery,

- SFR unit: mean 8 hours
- OB unit: mean 33

First time attempting breastfeeding at the breast

- SFR unit: mean 72 hours
- OB unit: mean 166 hours

Breast feeding WHO

Exclusive breast feeding

Parents mental Health

Depressed mothers in OB unit

	AT DAY 14t	:h	
DEPRESSION			
EPDS sum score mother, median [Q1, Q3]	8 [6,11]	14[10,15]	
Depression symptoms (cut of ≥13), n (%)	4 (14%)	16 (52%)	
EPDS sum score father, median [Q1, Q3]	6 [3,7]	8 [5,7]	
Depression symptoms (cut of ≥13), n (%)	1 (4%)	3 (11%)	



SFR does not impact

- VPT infants' growth during the first four months corrected age
- breastfeeding occurrence
- mothers milk volumes
- stress, anxiety or attachment after hospitalization

SFR care contributes to

- parental presence increased early skin-to skin
- earlier initiation of pumping and first breastfeeding attempt
- exclusively breast feeding by breast

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SFR care contributes to

- nursing support and participation in medical rounds
- less depression by mothers from birth to 4 month corrected age
- less stress by both parents during hospitalization



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- Health care staff at both units

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