

Family Centred Care in NICU

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Today almost all very preterm infants are separated from their parents in the Neonatal Intensive Care Units (NICU's). Separation is suggested to be a critical initiator of a process leading to later behavioural and emotional problems both of the infant and the mother.

Compared to healthy term infants, preterm infants are developmentally immature and cannot be fully breastfed right after birth. The busy and often hostile NICU environment adds further obstacles to the initiation of breastfeeding. The mother-infant relationship is also negatively affected by institutional authority, emotional exhaustion and considering breastfeeding as a productive process, not a mutual and successful experience.

Recent research has shown that breastfeeding can be initiated early, also in very preterm infants if physiological stable, and in a supportive context in which behavioural cues are acknowledged. Physical closeness, such as skin to skin contact support both breastfeeding and emotional closeness. Mother-baby dyads who applied kangaroo care are more likely to initiate and breastfeed for longer.

In order to facilitate physical and emotional closeness the organisational culture and care patterns need to be changed. The configuration of the hospital care space must facilitate maximum/continuous contact between mother and baby as well as other key family members. There are large and systematic differences related to cultural and contextual issues, such as parental involvement, implementation of family-centred care and staff practices. The experience from the change process in a NICU in Sweden is presented.