The importance and benefits of breastmilk in the neonatal care unit has been known for years. Also family integrated care such as parental education, psychological support of parents, improving parental bonding and involving parents as primary care givers have been demonstrated to be of major benefit for short and long-term outcomes of preterm born infants. However, there is still a lack of broad implementation of this knowledge into clinical practice. Major challenges are variation of clinical practice, lack of coordination, lack of definition of interfaces and responsibilities and variation in communication skills.

Thus there is an urgent need for tools enabling the transfer from knowledge to daily clinical practice. In this respect clinical care pathways are described to facilitate the introduction of local protocols based on research evidence into clinical practice. They promote more patient focused care and improve patient information by letting the patient see what is planned and what progress is expected. Although the benefit of clinical care pathways is becoming more evident, they are not well established in peri- and neo-natal care. Therefore we developed a multi-professional clinical care pathway programme for family integrated care and parental education, called NeoPAss®.

The NeoPAss® programme is a multidisciplinary management tool based on evidence-based practice for parents and families, in which the different tasks (interventions) by the professionals involved in the family care are defined, optimized and sequenced.

The aim is to improve parental education, reduce parental stress, increase parental bonding and subsequently to increase breastfeeding by

1. Re-center the focus on the family’s overall journey, rather than the contribution of each specialty or caring function independently. Instead, all are emphasized to be working together, in the same way as a cross-functional team.
2. Ensure a continuum of care from prenatally until after discharge
3. Encourage multidisciplinary communication and care planning
4. Facilitate multidisciplinary audits and prompt incorporation of improvements in care into routine practice
5. Enable new staff to quickly learn the key interventions for specific conditions and to appreciate likely variations.

The NeoPAss® programme was developed by a multi-professional team. This coordinated and integrated approach protected against the risk of developing a clinical pathway that is led by only one professional group, which seems to be the best way to protect against opinion-based variations and improved acceptance and implementation.

More than just a guideline or a protocol, NeoPAss® combines concepts and standard operating procedures with classical case and care management and provides all-encompassing bedside documents, that are indicators of the care the family is provided in the course of the pathway going forward; and ultimately as a single unified legal record of the care the family has received, and the progress of their condition, as the pathway has been undertaken.

We educated the staff and monitored the use of the pathway. This last step was carried out by completing data record sheets that summarized the tasks of each professional during the care of the family and the possible deviations from the path.

Conclusion
There is a need for a multidisciplinary approach and educational training sessions in order for pathways to be successful. In preliminary data analyses the NeoPAss® programme increased parental education and parental bonding. In addition the care pathway supported inter-professional teamwork and improved inter-professional documentation, communication and relations.
References

