Royal Prince Alfred Newborn Care
Neonatal Individualised Care Protocols for Intensive Care (NICPIC)

Philosophy

Despite advances in technology and improved approaches to health care, preterm birth remains a problem that has yet to be solved. In 2001, RPA Newborn Care (previously the John Spence Nursery) admitted 18.4% of all live births at Royal Prince Alfred Hospital. The two most common reasons for admission were prematurity of less than 34 weeks gestation, and respiratory distress¹.

The neonatal health care team has become proficient in using technology and clinical expertise to support the premature infant in the postnatal period, until the infant is able to be discharged into the care of his or her family. Significant improvements have been made in the management of major problems, such as an immature respiratory system.

One area that is now receiving more attention is the neurological development of premature infants in the neonatal intensive care environment. The fetal brain undergoes significant cortical maturation from 24 weeks gestation onwards, with axonal growth, dendritic proliferation and increasing synapses. For babies reaching 37-40 weeks gestation, this development occurs in the controlled environment of the uterus. Premature infants, however, undergo this maturation of the central nervous system in an entirely different environment.

The concept of individualised developmental care has become widely accepted in recent years. Heidelise Als synthesised knowledge of developmental patterns with interventions designed to support and promote normal development, based on a conceptual framework known as the Synactive Theory of Development².

Research in support of the benefits of individualised, developmentally supportive care has been open to criticism, usually due to methodological problems. It is difficult to assess objectively. However, there is sufficient information on outcomes and appeal to 'common sense' to support the use of this approach to care in the RPA Newborn Care nurseries.

NICPIC consists of protocols for the following:

- Cue-based care
- Macro environment
- Comfort measures
- Positioning
- Skin to skin contact
- Positive touch and infant massage
- Non-nutritive sucking
- Communication

We anticipate these protocols will assist our multidisciplinary team to incorporate individualised, developmentally supportive care into the family-centred ethos of practice in RPA Newborn Care. Contributors are Sandie Bredemeyer OAM, Janet Outlaw, Jan Polverino, Lyndy Dixon, Jane Davey, Jan Smith, Kay Paviour, Kelli Bayliss, Kate Standing, Siân Rudge, Lisa Cutrupi, Tanya Arnold, Valerie Drayton, Julie McNall, Moira Forrest, Georgina Jandera and Crista Wocadlo.

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References