

## Letters to the Editor

### Letter to the Editor: Fragile Infant Forums for Implementation of IFCDC Standards: Neuroprotection - Protecting the Developing Brain

Dear Editor:

We found “Fragile Infant Forums for Implementation of IFCDC Standards: Neuroprotection - Protecting the Developing Brain” interesting and insightful. This piece from the December 2022 issue discussed the importance of neuroprotective measures in the neonatal intensive care unit, exploring how certain interventions performed in the NICU are neuroprotective while others may lead to brain injury. The authors also explained how neuroprotective strategies present the opportunity to improve health equity and increase cultural competence in the NICU. We agree with the authors that neurodevelopmental measures in the NICU are crucial because they impact the patient’s time beyond the NICU. As such, we would like to expand upon different frameworks supporting neurodevelopment, explore potential hurdles to making improvements, and re-emphasize the benefits of implementing neuroprotective care.

***“In a 2015 study by Altimier, L. et al. (1), a sample of 82 NICU sites, including ones in the US, Belgium, and the Netherlands, demonstrated improvement across multiple neuroprotective core measures by adopting the Wee Care Program. Core measures included: providing a healing environment, partnering with families, positioning, and handling, safeguarding sleep, minimizing stress and pain, protecting skin, and optimizing nutrition.”***

The Wee Care Neuroprotective NICU program is a management-based program designed to improve NICU outcomes by optimizing the caregiving environment and practices. The program includes a pre-survey that identifies a NICU’s strengths and weaknesses. Through interactive and didactic on-site training, the Wee Care program provides site-specific training to all staff at a given NICU. In a 2015 study by Altimier, L. et al. (1), a sample of 82 NICU sites, including ones in the US, Belgium, and the Netherlands, demonstrated improvement across multiple neuroprotective core measures by adopting the Wee Care Program. Core measures included: providing a healing environment, partnering with families, positioning, and handling, safeguarding sleep, minimizing stress

and pain, protecting skin, and optimizing nutrition. On the other hand, Reeces Messner’s 2021 quality-improvement project (2) found that many NICU nurses already provided and championed neuroprotective care without a formal training program. Her project suggested a better way to improve neurodevelopment care by providing tangible items to support ongoing neuroprotective practices, such as bedside IPAT (Infant Positioning Assessment Tools) scoring sheets and positioning educational pamphlets to reference for educating parents.

***“The Fragile Infant Forums piece posited that “unlimited parental presence is neuroprotective.” In recognizing the importance of this statement, we also acknowledge that visiting the NICU and being active members of a newborn’s care is difficult for parents with jobs, long commutes, family members to take care of, and other barriers.”***

The Fragile Infant Forums piece posited that “unlimited parental presence is neuroprotective.” In recognizing the importance of this statement, we also acknowledge that visiting the NICU and being active members of a newborn’s care is difficult for parents with jobs, long commutes, family members to take care of, and other barriers. While the frameworks described above focused on care provided at the NICU by healthcare providers, another framework of neuroprotective care could emphasize healthcare providers supporting parents so they can be present. In a 2020 study by Pauda et al. (3), researchers found that families of lower socioeconomic status and racial minorities spend less time with babies in the NICU because of transportation barriers, time constrictions, and other life stressors. With this understanding, providing neuroprotective care might look like providing more support to parents by aiding transportation to the hospital, childcare for the other children in the family, and remote access to the NICU through video chats or pictures. Each NICU has unique strengths and challenges. As such, implementing neuroprotective care will look different at each hospital, but all should take an intersectional approach with considerations for the staff, parents, and patient.

***“Regardless of how neuroprotective care is implemented, the evidence shows an array of benefits, including fewer behavioral problems, better language skills, and increased health-related quality of life (4).”***

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of life (4). The early days of life are an important and malleable time for infants in the NICU. Extensive steps should be taken to ensure the safest and most supportive environment for NICU babies. We agree with McGrath and Vance that infants in the NICU should be given every opportunity to thrive.

**References:**

- 1 Altimier L, Kenner C, Damus K. *The wee care neuroprotective NICU program (Wee Care): The effect of a comprehensive developmental care training program on seven neuroprotective core measures for family-centered developmental care of premature neonates. Newborn and Infant Nursing Reviews. 2015;15(1):6–16.*
- 2 Reeves-Messner, Tammi, "Improving Nurses' Provision of Neuroprotective Care in the NICU: A Quality Improvement Project" *Doctoral Projects. 2021;135:(1-52).*
- 3 Padula AM, Shariff-Marco S, Yang J, Jain J, Liu J, Conroy SM, et al. *Multilevel social factors and Nicu quality of care in California. Journal of Perinatology. 2020;41(3):404–12.*
- 4 Montirosso R, Tronick E, Borgatti R. *Promoting neuroprotective care in neonatal intensive care units and preterm infant development: Insights from the neonatal adequate care for quality of Life Study. Child Development Perspectives. 2016;11(1):9–15.*

Sincerely,

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Dear Drs. To Be Ko, Port, Kawashima, and Yu,

Thank you for your comments. Often in caring for the most at-risk fragile infants, the neurodevelopmental aspects of care are underappreciated. Whether it is the fact that technology dominates the NICU, often to the detriment of the most at-risk infants, or that the time involved in caring for these most at-risk infants may be perceived as excessive, this does not obviate the need.

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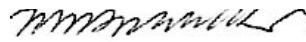
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Data are quite compelling when analyzed for their long-term benefits. Performance metrics, behavioral indices, language skills, and raw intelligence all result from more informed neuroprotective care. Babies must gestate, and if that environment is not avail-

able to them because they have been born prematurely or require a prolonged stay in the NICU for other reasons, we must approximate the experience that they would have had if they had not been born early or if their disease process did not require the prolonged NICU stay. A failure to thrive diagnosis is not merely not gaining weight.

The successes of the Wee Care program and its prevalence demonstrate the need for developmentally appropriate neuroprotective care regardless of location. Certain babies at risk for myriad socioeconomic issues may benefit more from developmentally appropriate care. Especially where parental involvement is not guaranteed or not feasible, these programs can help bridge the gap.

The Fragile Infant Forums column is a regular monthly column in Neonatology Today. Recommendations derive from evidenced-based practice were presented at the Gravens meeting in South Florida this coming month and other published studies.



Mitchell Goldstein, MD, MBA, CML

Editor in Chief

**NT** **NEONATOLOGY TODAY**

Loma Linda Publishing Company

A Delaware “not for profit” 501(c) 3 Corporation.

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© 2006-2023 by Neonatology Today ISSN: 1932-7137 (online)

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## Letters to the Editor

### Letter to the Editor: Comment on “Health Equity Column: What is your Definition of Health Equity?”

Dear Dr. Goldstein: ”

I have a deep appreciation for this interview and for the ideas so clearly captured. I believe the continued lack of real, honest health equity demands immediate change, and organizations like Once Upon a Preemie have outlined the simple, effective solution: “Mandatory training and classes. That is the call to action. No questions. No way around that” (2). Equitable health care is a human right, and without proper training, no doctor can fully provide the care every person deserves. I wish the organization continued success and hope others are inspired to implement similar changes. I am writing this letter to expand on some thoughts they have inspired in me.

***“Equitable health care is a human right, and without proper training, no doctor can fully provide the care every person deserves. I wish the organization continued success and hope others are inspired to implement similar changes.”***

When reading about how a judgemental NICU doctor could not communicate with the interviewee appropriately, I was reminded of similar stories from people in my own family. I am a first-generation immigrant and often worry when my mother goes to a new doctor’s appointment alone. She speaks English well enough but becomes nervous about medical issues. Healthcare language barriers reduce patient and provider satisfaction (1). While perfecting systems for translator access may seem like the best solution, interpreter services often contribute indirectly to increased cost and length of treatment visits without improving patient satisfaction. One study showed that implementing online translation tools such as Google Translate and MediBabble in hospitals greatly increased the satisfaction of both medical providers and patients and improved the overall quality of healthcare delivery and patient safety (1). As these services continue to improve, the direct responsibility of delivering culturally competent care increasingly falls to the provider. Because all providers are reasonably limited in their full understanding of other cultures by their own background, implementing training programs like those conducted by Once Upon a Preemie is a top priority for improving access to equitable health care for all.

Cultural competency training is becoming a standard part of medical education, and though more methodical, quantifiable studies are warranted, studies show a generally positive relationship between cultural competency training and improved patient outcomes [4]. Especially in recent years, long-due awareness of the severe disparities in access to health care across different races,

and socioeconomic backgrounds has risen. As a current medical student, I know that most of my peers and I are ready to learn and improve. Participants of cultural competency training programs tend to report “not only an enhanced understanding of the health care experiences of patients with diverse backgrounds but also an improvement in their skills to effectively work in cross-cultural situations” (3). I hope for more providers to be able to feel this type of confidence in the future.

***“Participants of cultural competency training programs tend to report “not only an enhanced understanding of the health care experiences of patients with diverse backgrounds but also an improvement in their skills to effectively work in cross-cultural situations” (3). I hope for more providers to be able to feel this type of confidence in the future.”***

The next steps are to continue encouraging training programs to better cultural competence and the deliverance of equitable health care while studying and identifying the best methods (4). More patients and families can feel heard, comfortable, and adequately cared for with further work.

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1. Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of language barriers for Healthcare: A systematic review. *Oman Medical Journal*, 35(2). <https://doi.org/10.5001/omj.2020.40>
2. Johns, J., & Tisdale, S. (2023). Health Equity Column: What is your Definition of Health Equity? *Neonatology Today*, 18(1), 71–73.
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Dear Doctor to Be Lankireddy,

Efforts such as those undertaken by “Once Upon a Preemie” are a direct response to the inequity in healthcare. More so than simply looking at the issues involved in achieving cultural competency, healthcare equity is on a different plane. When we interact with patients regardless of their background, we must not only sympa-

thize but also emphasize. We cannot begin to understand without being a part of the solution. When we make efforts to understand but use that understanding to separate and isolate patients from the other patients we serve, this does not impart compassion and increases the rift between the provider and the patient. Arguably, it is not equitable care. Most who fall into this category are completely unaware of our patients' angst and frustration by being pointed out as different. These barriers have no place in medicine.

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The analogy of the universal translation tool is an interesting one. As technology improves, the world becomes increasingly smaller. At one point, Spanish-speaking patients provided a significant challenge to healthcare systems. Now, we can offer resources to patients who speak dialects of much less prevalent languages in real time. There is a significant difference, however. There is still the influence of technology, which serves as the equalizer. Both parties come to the technology, and the technology provides equity in their experience. No language is given superiority, and the interaction is on an equitable plane.

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***“In trying to approach equitable care, it is not uncommon for people to say that they do not see differences in skin color, language, and other nuances between people and cultures when providing care. This is a serious shortcoming, the problem is in this attitude, but it need not be. Education and teaching how to interact and react to these differences are desperately needed.”***

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In contrast, as pointed out, we are limited by our own backgrounds in complete understanding of ethnic and cultural determinators. In trying to approach equitable care, it is not uncommon for people to say that they do not see differences in skin color, language, and other nuances between people and cultures when providing care. This is a serious shortcoming, the problem is in this attitude, but it need not be. Education and teaching how to interact and react to these differences are desperately needed. Moreover, what appears consistent across the larger group is often not. Those who are part of one culture may come to understand that their differences are not necessarily unlike those experienced by their patients. Inequity can hide in plain sight.

Yes, some are more aware and better able to deal with inequities in healthcare, but we can all do better. The sooner we recognize this, the more success we will have in eliminating these barriers.



Mitchell Goldstein, MD, MBA, CML

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