Infant and Family-Centered Developmental Care Standards Implementation: Best Practice Implementation Includes Doula Support for Parents in Intensive Care

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In his prescient 1978 comments, Dr. Stanley Graven recognized the need for mothers to be with their babies in intensive care and acknowledged that perinatal health, not only of the newborn but also of the parent is essential for optimal service delivery.

"'Perinatal health embodies not only physiologic well-being (absence of pathology) but also the social and psychological well-being that is so important to the mother. fetus, newborn, and family. Perinatal health as a state perceived and experienced by mother, fetus, newborn and family must be differentiated from services delivered by perinatal health care providers.'"

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Often neglected in intensive care is addressing the physical and emotional care of the parent, especially the postpartum mother. A new emphasis on the mother's care in addition to the baby in intensive care includes movement towards including parental care policies and procedures, nurturing environments, and the addition of personnel who specifically address the needs of postpartum mothers. (2, 3)

Addressing the needs of postpartum mothers to optimize baby outcomes:

The IFCDC model is infused with evidence-based support for optimizing babies' outcomes. Also infused in the model is an emphasis on parental presence and integration into their baby's care, which is essential to the baby's physiologic and behavioral organization. The physiological, relational, and behavioral benefits of IFCDC are well documented, and recognition of these benefits for babies in intensive care is paramount. However, often, the physiologic and emotional care for postpartum parents, in particular the mother, have not been prioritized. (2) Optimal care for the baby must include optimal care for the mother to enhance baby outcomes. Parental care may require innovative strategies and additional providers specifically addressing mothers' postpartum needs.

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Mothers' postpartum needs: (4)

From a biopsychosocial perspective, the newborn period is a particularly sensitive period that lays the groundwork for later development. Babies and their parents are particularly vulnerable during this time for physical, emotional, and relational disruption that can have long-term consequences, and the intensive care unit can provide opportunities to shape their future outcomes. Mothers are known to have significant postpartum physical, emotional, and cognitive challenges as a result of pregnancy, delivery, and postpartum stress, especially for those whose babies need intensive care. (5-9)

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Strategies for implementing a new model to address care for mothers:

Physical environments in intensive care need to target a warm, private, nurturing, and healing space for parents to feel welcome, safe, and nurtured. They need appropriate sleep arrangements and privacy for self-care and lactation. (10) Parents also need their own physical needs met for pain alleviation, mobility support, nutrition, rest, and sleep, as well as monitoring for adverse postpartum complications (e.g., hypertension, excessive bleeding, and wound care etc.). (5) Social and family challenges with care for the baby's sibling(s), parental work issues, and transportation frequently add to the complexities of postpartum recovery after an often traumatic birth experience. Emotional support, an essential component of care for the parent, often helps them feel encouraged, understood, and respected as their baby's parent and allows for the expression of vulnerability.

Mental health needs such as postpartum depression, anxiety, and stress effects are common in NICU postpartum parents and are more prevalent among mothers who have babies in intensive care, necessitating additional assessment and possible intervention. Traditionally, parents needing mental health support were referred to community-based resources. Providing mental health assessment and support in intensive care allows for immediate attention to parent needs and keeps them available to be with their baby. Under stressful circumstances such as intensive care, mothers may experience cognitive challenges and need supportive and easily understood information in the language of their choice. Individualized and person-centered education often requires repetition, clarification, and adjustment to the parent's educational level. Parents often need support in applying information to care for their babies. In order to be effective, adaptation of information to cultural and spiritual ways of understanding is also essential.

The contributions of postpartum doulas to intensive care:

With the recent focus on the needs of mothers of babies in intensive care comes the realization that often, intensive care unit professionals and policies, even when excellent care is provided to the baby, do not provide adequate support for the baby's postpartum parents. In the past few decades, the role of the prenatal, delivery, and postpartum doula has emerged with significant evidence of optimized maternal and baby outcomes. (10, 11)

Postpartum doulas can provide unique and complementary support to mothers in intensive care. They are trained professionals who provide nonmedical, evidence-informed support for families during the critical postpartum period. (11, 12) **They assist with emotional support and newborn care education and often focus on lactation support, nutrition, and encouraging rest for parents. A postpartum doula works alongside medical staff in intensive care settings to ensure parents feel nurtured and empowered. They help alleviate stress, facilitate recovery, provide individualized guidance tailored to the family's cultural and personal needs, and build community connections, fostering both physical and emotional well-being for parents to facilitate optimal care for the neonate in the NICU and beyond.** https://www.dona.org/wp-content/uploads/2018/03/DONA-Postpartum-Position-Paper-FINAL.pdf Additionally, their role in addressing racial disparities has provided additional advantages for their role in postpartum care. (13, 14)

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Recognizing the lack of knowledge, skill sets, policies, and available staff to address the important parental needs in current intensive care clinical practice, a new approach with specific strategies and personnel to address those parental needs has been described. That is the incorporation of postpartum doulas in intensive care. Doulas provide safe, informative, and nurturing support for postpartum parents and have been incorporated into care in a few NICUs. (2)

Given the identified needs of parents in intensive care, the role of the doula seems to not only provide unique support not currently available in most intensive care units but also optimize other professionals' abilities to incorporate parents into the care of their babies. Doulas can also emphasize and reinforce the implementation of the IFCDC standards and best practices.

Fortunately, this year, at the upcoming Gravens meeting, one of the doulas who practices in intensive care will be providing insights into the role of postpartum doulas for parents. Along with reporting potential positive outcomes from incorporating doulas into care practices, she will emphasize their work in the context of addressing racial disparities. In particular, she will address how doulas and intensive care providers can provide safe spaces for postpartum parents.

Conclusion:

Focusing on interventions for the baby without a focus on

supporting the parent leaves out a significant window of opportunity for successful health and developmental outcomes. Strategies to provide both the baby **and their parents** with *safe, sensitive, nurturing environments and appropriate support* are essential.

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Providing health care, environmental, cognitive, and emotional support for mothers, including an emphasis on non-separation from their baby, should be an evidence-based imperative for all dyads in intensive care. Support for non-separation includes all the care components for the baby and the parent. (15-17) To address support for postpartum parents' physical, emotional, and cognitive functioning, new perspectives on the care of the parent as well as the baby need to be addressed. Additional skills for all professionals can be encouraged, and a specific role for parental support may be necessary. Adding postpartum doulas may allow for additional collaborative support for parents in intensive care.

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