

Q and A from the Golden Hour. EngageGrowThrive 11.19.20

Q: Having parents at the bedside during the first hour seems hard. If they observe from a few feet away would that be helpful?

A. Building trusting relationships starts from the very first hour. When the NICU is open, welcoming, and free in information and communication, it lightens the anxiety and fear parents will feel. When we include parents early and let them know that they are the constant in their infant's life, bonding begins. It's vital that parents understand what is happening to and with their infant right from the start. Developing processes that promote that practice can be a challenge due to resources and time, however worth the effort. This is also an area where you might work your way towards your goal of parents at the bedside by starting with the a few feet away. This is a period of time to alleviate fears by explaining/educating what is being done at each step.

Q. Our NICU has a Golden Hour committee and all are on this webinar. How long does it usually take to create a program?

A. Any new process or change takes time to hardwire until full integration into practice. As was shared, taking small steps to get to your goal will help your team be more successful as you can celebrate your accomplishments along the way. Start small by having someone from the developmental team observe a delivery and/or admission and debrief with them. Identifying an overall aim for your program and development of a key driver diagram may be helpful to your team. You may even have ad-hoc teams work on each key driver to engage more overall interdisciplinary NICU team members

Q: We have an IVH bundle for infants less than 29 weeks. Is that neuroprotective enough?

A: As you know, there are various aspects of a neuroprotective bundle. The areas of care you want to include are the following:

- Environment
- Positioning – increased movement into space, how diapers are changed
- Medication infusion – certain medications themselves and then also how fast to administer
- Lab draws – length of draw from umbilical lines and infusion time
- Care practices – 2 person care?
- Suctioning practices
- Thermoregulation and effect on increased IVH

Also, consider identifying your current practices that may increase risk and focus on those to highlight in your bundle. Not every NICU has the same practice risk factors.

Q: Small baby program – is there an institutional fee?

A: We offer group pricing and opportunities for an NICU to customize for their specific needs. Please contact us for additional information at: engagegrowthrive@gmail.com

Q: Do you think an educational video regarding what 'golden hour delivery' would look like is a good idea to show parents prior to birth or maybe just to dad? Should this be situational in case it causes unnecessary anxiety?

A: This could possibly create anxiety as the parent might be expecting what they see on the video and what can actually happen. Newborn resuscitation can change in the moment. However, an educational type video sharing the L & D/OR suite environment (warmer, equipment) may be helpful to partners who have never seen that and don't know what to expect. Another suggestion might be to create a dad-to-dad or parent-to-parent video that they can view in the first hour or so. A parent sharing that 'yes this is a scary time' with lots of emotion.

Q: Any recommendations for a specific scent cloth?

A: There are commercial products, and, in some centers, volunteers make these. However, you would need to get handmade approved by your infection prevention team as far as washing. You can email us privately for commercial products @ engagegrowthrive@gmail.com

Q: If medical staff is hesitant to have therapists at admissions, what would you suggest for a good way to begin this process?

A: Observation is such a great way to see things from a 30,000-foot view. Asking the medical team if you could observe the process might be a first step. After a few observations, you might be able to share, "I notice that when the infant had some moments of quiet and no hand on activity, the team was able to wean on the infant's oxygen". Or "I noticed that the bedside nurse did such a great job at answering the dad's questions but was being pulled away and was unable to help support with infant ability to tolerate procedures more easily. I wonder if that's something our team could either learn or assist with?"

Q: Any ideas for a medical team/physician who are 'behind the times' on this?

A: Providing evidence and building relationships related to specific clinical topics.

For more information about the Small Baby Care Program, go to <https://engagegrowthrive.com>