Aims
The overarching goal of the project was to assess the need for, implement and evaluate the change process of bringing the NIDCAP approach to developmental care to Newborn Intensive Care Units (NICU) in KSA by:

• Implementing changes in the hospital culture to fully comprehend NIDCAP as a systematic framework to support newborns and their families;

• Supporting staff to appreciate the family as vital members of the NICU community and recognizing family involvement as essential for sustaining positive effects on physical, cognitive, and psychosocial development as well as to prevent or ameliorate complications of prematurity;

• Supporting the caregiving staff to understand the importance of skin-to-skin Kangaroo Care (KMC) to infant development and infant/parent relationships.

Background
In Saudi Arabia, 264 hospitals provide tertiary NICU care to 64% of the population, which in 2017 included 277,431 live births, of which 3% were considered high medical risk prematurely born infants. NIDCAP was introduced in 31 KSA Ministry of Health (MOH), Maternal Child Health (MCH) NICUs. These units had essentially no previous exposure to developmental care except for a three month introduction from a US group from Minnesota without consistent follow-up.
Methods
For this project, NIDCAP introduction began initially in one hospital in Riyadh in 2013; the Ministry of Health NICUs were introduced in May, 2017. The introduction included the NIDCAP goals to change the culture of practice to one in which caregiving staff demonstrate attitudes, values, knowledge, and skills individualized to each infant’s developmental agenda and based on behavioral observation.

Discussions during the presentation included: shifting care from a task-oriented to an individualized care approach; eliminating the standard one hour per day parent visiting policy and supporting active participation of the family in caregiving. These concepts were novel, and described as ‘eye opening’ to the nursery caregiver representative from the Ministry of Health.

Subsequent training activities included: Neonatal Mini Symposia offered to different regions, updates and orientation for health workers, visits and assessment using the NIDCAP Nursery Assessment Manual, implementing mandatory Developmental Care Competencies for NICU nurses and orientation to multidisciplinary staff, introductory training with FINE Level 1 to 79 NICU caregivers at investigator’s own NICU (The Children’s Hospital, King Fahad Medical City, Riyadh) with plans to bring professionals to NIDCAP Training. Outcome of this work has already resulted in a change in the culture of care as shown by a move to implement Developmental Care, and the institution of a NICU Improvement Program within the Ministry of Health. The MOH NICU Improvement Program oversees developmental care for premature infants in the NICU which will have a major impact on the future of newborns in KSA. The program supports standardizing NICU facilities according to NIDCAP principles; screening for hearing, Critical Congenital Heart Defects (CCHD), Retinopathy of Prematurity (ROP), and Respiratory Syncytial Virus (RSV); vaccination; breastfeeding advocacy; free Natural Family Planning (NRP) consults; S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood pressure, Lab work, Emotional support) Program course enrollment for NICU nurses and physicians; and monthly reports of Key Performance Indicators (KPI) based on the Vermont Oxford Network benchmarks.

In support of this effort, the investigators have embarked on NIDCAP Nursery Certification from the NIDCAP Federation International (NFI) and joined the NFI and the European Foundation for the Care of Newborn Infants (EFCNI) in the celebration of 2017 World Prematurity Day and International Kangaroo Care Day.

Results/Progress to date

• Policy development permitting and encouraging parents to have unrestricted access to their infant and to hold skin-to-skin (KMC) is the most challenging part. This is related to culture sensitivity around clothing and modesty and in communicating the documented importance of KMC.

• Developmental Care began in May 2017 with follow-up visits scheduled for twice a year.

• One hospital successfully initiated KMC to their nursery during the first year of implementation.

• Three day courtesy visits were scheduled to hospital leaders of nurseries using the NIDCAP Nursery Assessment Manual scoring tool.

• Orientation and lecture were made available to multidisciplinary staff of the hospital including NICU nurses and physicians.

• Recommendations based on the Nursery Assessment Manual scoring, that indicated strengths and challenges, were discussed with multidisciplinary NICU staff with reassessment planned after 6 months.

• Orientation, awareness and lectures given introducing NIDCAP Developmental Care reached:

  o NICU Nurses 1,337/2000, 66.85%;
  o NICU Physicians 334/700, 47.71%;
  o Multidisciplinary Teams 905/6,500, 13.92%;
  o Lecture, awareness, symposium and orientation 31/77, 40.25%;
  o Hospital Visits 31/35, 88.57%;
  o Professionals from the 4 hospitals not visited due to critical area and culture, were however, identified and guided to introduce developmental care to their staff.

Conclusion
The NIDCAP approach to Developmental Care necessitates a change of NICU culture which helps healthcare professionals and healthcare institutions most fully benefit from the impact of Developmental Care. Developmental Care improves the NICU culture and gives parents and families the opportunity to play a major role in the care of their newborns and it changes the culture to fully comprehend how NIDCAP Developmental Care supports newborns and their families.

CALL for EXPRESSION of INTEREST to JOIN the EDITORIAL TEAM

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