In Conversation with Heidelise Als

Kaye Spence, AM

In May this year I had the opportunity to have a conversation with Dr. Heidelise Als in Auckland, New Zealand as she was the invited keynote speaker at the Council of International Neonatal Nurses (COINN) 10th international conference. It was such an honour to have her speak and network with over 400 neonatal nurses from 23 countries.

In a quiet corner of the hotel café we had a most enjoyable conversation. As Heidelise sipped on her cappuccino she shared many stories, reflections and insights into NIDCAP and the impact it has on newborn infants and their families. I learned so much about this remarkable woman and the passion that has shaped her life. I would like to share parts of this conversation as I asked about her experience at the conference to trigger some thoughts about NIDCAP.

KS: After three intense days at the conference would you like to share your overall impressions?

HA: When I was invited and saw the conference theme, Enriched Family – Enhanced Care, I knew I wanted to attend. It was so in tune with the philosophy of NIDCAP.

Greetings from the Editor

It is with pride that I present this issue of the Developmental Observer. It has been a fascinating few months for NIDCAP and in this issue we showcase the expansion of the global work of NIDCAP.

Earlier this year I had the pleasure of attending the COINN (Council of International Neonatal Nurses) International Conference that was held in Auckland, New Zealand. This time it was particularly memorable as Dr Heidelise Als was one of the invited keynote speakers. I must say Heidi was in her element as nurses from many of the 23 countries represented sought her out for photographs and short conversations. She was always surrounded by groups of enthusiastic nurses, many of whom had studied her work in their university courses and knew what an honour it was to meet her. I took the opportunity to have a conversation which is included in this issue. This was enlightening for me as I have known Heidi for nearly 20 years and yet this conversation revealed a different side to her.

This issue also features stories about NIDCAP Training, from the point of view of a novice NIDCAP Trainer and a NIDCAP Trainee challenged by her Advanced Practicum. These stories from Dalia Silberstein and Kristen James Nunez challenge us to think about our own practice and training. Hopefully these stories may encourage others to share theirs. We also feature a profile on Dominque Haumont who provides us with...
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happy to see the concurrence of all strands of the presentations and the themes which were complimentary to NIDCAP. Each presentation was well thought out; the presenters were articulate with a certain seriousness and sincerity. I found the science presenters were diligent in their longitudinal research, the follow-up years and the large numbers of infants was impressive. Seeing the outcomes of our work causes us to pause and reflect. The nursery world is so different from the womb. It’s like witnessing the evolution of our own species and looking at it from the outside. It was wonderful to hear the parents present; they have so much to teach us.

KS: Many of the delegates were impressed that you were in attendance for each session and you were taking notes.

HA: Why wouldn’t I? I have so much to learn.

KS: What did you think of some of the futuristic presentations, for example the one on the artificial womb? I noticed you were quite absorbed.

HA: I found it a thoughtful and sensitive presentation and the intellectual drive of the neonatologists and physiologists is impressive; they haven’t given up for nearly 50 years. This gives babies a chance, the more we learn the better we can make the experience for the newborn. You know I was present at some of those early trials in Philadelphia. It was early in my career, around 1968 and I had come to the USA and had just completed my master’s degree. For my doctoral work I was in the nursery watching babies and doing pre-publication Brazelton observations. I remember one of the pediatricians asking me what I was doing and I explained I was observing the baby. She asked if I would like to see babies more fascinating than the full-term infants I was observing; of course I was curious, so she took me into a room on the side of the nursery. The room was full of various equipment, oxygenators, monitors and, in the middle, a table for the immature baby, who was about 28 weeks - pre-viable in those days. I was given the job of bagging the baby, who was flat on the table with the limbs restrained. I asked if we could help the baby tuck and place the hands to face and arms midline. As she spoke Heidi took on the flexed position demonstrating the ideal position for the baby’s limbs and hands. She was demonstrating what she wanted to happen. I was told this was not possible as it could interfere with the tubes and wires!

KS: Did this influence you in any way on your early concept of NIDCAP?

HA: Yes, this was my first encounter with preemies. It made me think about their experiences and how they are looking for support and nurturing when surrounded by all the technology. Developmental care and NIDCAP started. There were many challenges to getting these concepts into practice at the bedside and if you want to overcome those barriers you have to have the right persons. The Psychologists have the ideas, but the doctors and nurses actually do it in practice. Early on there were some real nursing champions (Pat Linton and gretchen Lawhon) who were given the opportunity when developmental specialist positions were created. These were the early adopters, who helped make it happen, who made NIDCAP happen.

KS: What do you see as the impact of NIDCAP? At this conference as well as globally.

HA: The number of nurses who spoke of their knowledge and awareness of my work surprised me. People seem hungry for information and they appear dedicated in using this for their interactions. You know this is only the second nursing conference to which I have been invited. The amount of research that has been accomplished is fantastic and there is an appreciation of the impact on the brain and the changes that occur. However, there remains a lack of recognition in one’s own local environment. This
manifests in lack of support for development or research. In order for early intervention work to succeed, there must be support and this includes financial support. Ultimately there are costs to the community, supporting families with babies who, early on, experienced less than optimal care and now require life-long support.

KS: As one of the neonatologists said on the opening day – the nurses at the conference have a once in a lifetime opportunity at the conference to hear you speak. You received a standing ovation following your last presentation at the conference. How did this make you feel?

HA: Very humble. Maria Maestro’s beautiful video had a lot to do with it.

KS: I think you gave many hundreds of nurses a glimpse of what NIDCAP is and the work and research that have gone into making it the model of choice. You also showed them that you are also prepared to have fun. Did you enjoy the Gatsby dinner?

HA: Yes, it was fun, but I can’t dance the way I used to. I enjoy watching the young people enjoy themselves.

KS: What would you say is your ‘pearl’ of NIDCAP?

HA: Everything matters, for what we experience once we can’t do it over or change what has happened. We always make the best of what we experience, and nothing is without cost. We all make mistakes and if we reflect and think about it we will figure it out so it won’t happen again. I have learned a lot from being the mother to a child who was different from birth. There is a consciousness that makes life enjoyable, happy and good. A baby has no way to pretend, so you must consider how you touch a baby, work with a baby, and the voice you use, as these all have an effect on the baby and potentially cost the baby. You must be aware and keep your focus on the baby.

KS: NIDCAP was born 40 years ago - what do you see as the biggest change that has occurred for NIDCAP over the past 40 years?

HA: Awareness of NIDCAP varies greatly and depends on where you come from. There must be more articulation and communication about the detail required. For example, the reports cannot be condensed, as you want the detail that describes the core of the baby, the observations and the recommendations. The baby’s goals are essential for the report. There have been many changes and more are required. A psychologist developed NIDCAP and is free of the burden of keeping the baby alive. It is the doctors and nurses who implement NIDCAP in partnership with the parent. If NIDCAP is embraced by nurses the direction can quickly change, the nurses drive the change. We have the unifying umbrella of the NIDCAP Nursery Program (NNP) to help with the system change. This together with programs such as FINE and NIDCAP will ultimately benefit the baby and the family. Of course if we are going to have programs to support the baby and family we also must support the staff. They have to have time away from the bedside for time out, self-awareness and reflection; this is very important and has to be part of the implementation plan. Globally, we are expanding and we must engage those drivers who are interested and prepared to embrace NIDCAP and respond to requests for training. I think we are still figuring it out.

KS: Thank you, Heidi, this has been very enlightening for me. I must say the video you showed in your presentation really had an impact on the audience. To see all those interventions being done, eye exam, cardiac echo while the baby was skin-to-skin with little reaction was truly NIDCAP.

HA: Yes, Maria Maestro from Spain allowed me to share this video. It shows how a neonatologist, who is a NIDCAP Trainer together with a NIDCAP Professional nurse, can provide these opportunities that embrace NIDCAP and ultimately benefit the baby and mother.

KS: On that note, thank you for your generosity of time for this conversation.

We said our farewells and I watched this diminutive and powerful woman walk towards the elevator. As she did so, a group of nurses walking by turned and chatted amongst themselves and I overheard ‘that was Heidelise Als, wasn’t she inspirational’.

Photo of H.Als presenting courtesy of COINN.

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insight into the challenges of establishing NIDCAP and provides many ideas of negotiating health systems. We also have an enlightening story from Amanda N’zi sharing her story of Kayden’s journey.

We have introduced a new regular feature of Global Perspectives of Developmental Care. The aim is to explore different countries and health care systems and how developmental care and NIDCAP is being implemented. We start with Belize and Melissa Johnson gives us her perspective of the work she and her team have been doing there. We look forward to moving around the globe in future issues. Our regular feature from the Science Desk returns after great feedback from the last issue. Jeff Alberts shares a light on research on fathers. Other regular features of profiling NIDCAP Training Centers continue and this issue we feature the Australasian NIDCAP Training Centre.

As editor, I welcome your feedback on the content and look forward to reading your letters. Send to: developmentalobserver@nidcap.org I would also like to acknowledge the encouragement from the editorial team and their hard work in generating ideas and reviewing the content for each issue.

Kaye Spence AM
Senior Editor – Developmental Observer
Adjunct Associate Professor / clinical nurse consultant
Australasian NIDCAP Training Centre / Sydney Children’s Hospitals Network / Western Sydney University / Australia