NIDCAP Training Centers Around the World

NIDCAP Training Center Tübingen, Germany

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The department of neonatology at Tübingen University Hospital has the capacity of 51 beds, 17 for each level of newborn care. German neonatology, similar to that in the US, is rather decentralized, so that our department, although admitting 120-130 infants <1500 g (VLBW)/year, is among the 6 largest in the country. Four years ago, binding regulations on staffing were introduced in Germany, so that VLBW infants now receive 1:1 or at least 1:2 nursing care (depending on illness severity), which has been very helpful for NIDCAP work and implementation.

Our heritage-listed hospital (built in 1931) is the first ever built in the famous “Bauhaus style*”, but this also means that no changes could be made to its outer structure. Infants admitted to our department are therefore cared for in bedrooms with 2-5 cots/room with quite limited space, which often represents a big challenge for staff and parents.

On an academic level, Tübingen holds one of only 3 academic chairs in neonatology in Germany, meaning that it is comparatively free in deciding on its budget and workforce allocations. For introducing NIDCAP, this certainly helped in assigning parts of this budget to fund our goal of becoming a NIDCAP

NIDCAP- Team Tübingen (2015) from left to right Kerstin Gründler (MD, NIDCAP-Professional), Tabea Tjhen (Speech Therapist, NIDCAP Professional), Birgit Holzthüter (MD, NIDCAP-Trainer), Natalie Wetzel (RN, NIDCAP-Trainer), Rebekka Bauer (RN, NIDCAP Professional), Prof. Heidelise Als (NIDCAP Master Trainer), Ina Schmollinger (RN, NIDCAP Professional), Eva Jochim (RN, NIDCAP Professional), SuSi Wagner (RN, NIDCAP Professional)

training center. We are convinced that individualized newborn care, focused on the infant’s development and integration of its family, is crucial in achieving a good outcome for both the baby and his/her family. Thus, we are grateful that Heidelise Als, our NIDCAP Master Trainer, helped us pave the way to becoming the first German-speaking NIDCAP Training Center, which we opened on World Prematurity Day 2015. By now we have 2 certified trainers heading a multidisciplinary team of 8 NIDCAP professionals,

including nurses, physicians, speech- and physiotherapists, who all have a certain number of hours per month available to do NIDCAP observations and to provide guidance for the families and the team.

Through our work with Heidelise Als we learned to value individual observation sessions, which we carry out every 1-2 weeks in all infants born at <28 week gestation. These observations form the basis for our focus on the experiences and histories of each individual infant and its family. In a stepwise fashion, we recognize

SuSi Wagner observing an infant to learn about the strengths, vulnerabilities and current goals of the infant

each baby's strengths and vulnerabilities as well as his/her current developmental goals and support him/her in the next steps. The knowledge gained from these observations, including the current goals of the infant, are always reported back to parents and staff in written form in addition to being reported during weekly rounds with our head of department.

By observing the infants we became aware early on that implementing NIDCAP and sharpening our view on the needs of the preterm infants and their families would be associated with a variety of changes to our daily work. We therefore established a NIDCAP Steering Committee, comprising medical management as well as front line nursing staff and NIDCAP professionals and trainers, to introduce sustainably and effectively the necessary measures for an individualized, developmentally supportive and family integrated philosophy of care. It has always been our concern to integrate the staff of our units into the ongoing process to benefit from their creativity and knowledge. Throughout the last 10 years our staff, in cooperation with the NIDCAP Team, developed for example new incubator blankets and an innovative positioning aid to assure a comfortable environment for the infant. Moreover, regular training and reflection sessions made it possible that the routines on the ward became more flexible. Amongst other things, we individualized the time for "Kangaroo Care" or adjusted routines like blood taking or ultrasound scans to the rhythm of the baby whenever possible.

Feeding issues, particularly breastfeeding, have received our attention for many years now. In 2015, a multi-disciplinary working group developed a feeding guideline, adapted to the requirements of our department. The aim of this guideline is to support an early breastfeeding relationship with the baby and positive feeding experiences, either at the breast, bottle or via a feeding tube. Last year we established additional weekly feeding rounds that are supported by our breastfeeding consultants. We now increasingly focus on aspects of care related to the integration of the family. In the course of this, we started earlier this year with parents attending our ward rounds once a week. In these particular rounds the parents, not the professionals, report

on their baby's present situation as well as his or her next steps. Our goal is to acknowledge the parental competence and experience of parents as the primary caregivers of their baby to complement our professional view and thus actively involve them in all decision-making and care-planning. We are convinced that this strongly affects parental self-confidence and strengthens the role of the parents within the unit.

In 2021, we expect to open an additional unit in a new building adjacent to the current NICU that is based on the Swedish Karolinska model, where parents can live in apartments that are only separated by a thin wall from their baby receiving intensive care. The babies' care space is designed as a single room. We hope that a more intimate environment accompanied by the proximity between baby and parents and provision of care that is reliably based on NIDCAP principles will contribute to the healthy development of our little patients and their families. Members of our very active Parents' Association are involved in the planning of this new unit. They help us to understand the situation and the needs of parents better and support us with regular feedback and ideas for improvement.

All in all, our progress in the last 10 years wasn't always easy and there were multiple setbacks, but from today's point of view each step, even the smallest one, was and will be a step in the right direction, a step to improve the future of preterm infants and their families. Thus, we simply keep on moving forward.

**The Bauhaus style was marked by the absence of ornamentation and by harmony between the function of a building and its design.*