Global Perspectives of Developmental Care - SERBIA

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Serbia, officially the Republic of Serbia, is a landlocked country situated at the crossroads of Central and Southeast Europe in the southern Pannonian Plain and the Central Balkans. Serbia has a population of seven million people, with 65,000 newborn deliveries per year. The incidence of preterm births is about 7%. Belgrade, the capital city with two million inhabitants, has five maternity hospitals.

The Institute of Neonatology in Belgrade, is the largest neonatal unit in Serbia. The neonatal hospital has 160 beds, 313 employees, 42 medical doctors (30 neonatologists), and 209 neonatal nurses. There are five neonatal wards, one being the newborn intensive care unit (NICU) classified as a level IIIb with 22 beds. The Institute has approximately 900-950 admissions per year, (preterm and high-risk newborns), from 52 delivery facilities located all over the country. More than 60% of the babies require intensive care.

In an attempt to improve the outcome of newborns, as well as increasing our professional expertise, our Institute team chose to learn more about developmental care. In 2007, we started communication with the UK NIDCAP Training Centre in London. In 2008, Inga Warren, a NIDCAP Trainer, visited our Institute, conducted a study day, and consulted with our team members. As a result of our meetings, we set short-, medium- and long-term goals. By 2010, the majority of the tasks were completed, predominantly the short- and medium-term goals. We worked to turn the hospital into a more home-like environment for the babies. We introduced colorful bedding, improved positioning, started to encourage talking to the babies, and started using more shades and incubator covers. In addition, we started paying more attention to the environmental noise, we bought some Snoedel dolls, and made some shelves for the equipment. Two separate rooms for Kangaroo Mother Care were opened.

The rooms for Kangaroo Mother Care (KMC) were created as a place for skin-to-skin holding as well as a place where families could have privacy in a homey atmosphere. Parents' reactions to this were fantastic. Their satisfaction was visible – they described that they felt they were being treated as a family with understanding, attention, and respect, and they responded to the health care professionals in the same way. The parents started offering donations and asking how they can help the hospital. Very soon, the two rooms were not enough because they were occupied all the time! Actually, KMC was a turning point for

the nursery. They contributed very much to parents' encouragement and satisfaction. This had an impact on the parent – doctor relationship and contributed a lot to appreciation of the program among colleagues. We set up a NIDCAP team with six members, including: a neonatologist, a psychologist, a physiotherapist, NICU nurses and a respiratory therapist. In December 2010, two nurses became NIDCAP trainees under the UK NIDCAP Training Centre.

The Institute of Neonatology started the *Partnership with Parents for Better Outcome* project, which includes NIDCAP, KMC and introduced an open-door policy with daily 12 hour access for parents and families. All of these initiatives were approved by the Institute's Advisory and Management Board.

NIDCAP team members gave lectures, held presentations on NIDCAP and KMC in seminars and meetings for neonatologists and neonatal nurses. Several articles were published in the magazine for young parents *A Parent and a Child*. Team members were invited to speak about this new newborn care method on several television shows on different channels. One of the shows even sparked the creation of *The Battle for the Babies* campaign, which aimed to raise funds for one hundred incubators for the babies in Serbia. The result was not one hundred, but rather the donation of more than two hundred incubators. Early on the equipment for developmental care was not available in Serbia, such as reclining chairs for skin-to-skin contact, incubator covers, sound ears, nests and rolls for positioning, small pacifiers, small diapers and even small clothes for preterm and tiny babies. A lot of effort has been made to make it available, and today it is in use.

The opportunity of meeting the European Foundation for the Care of Newborn Infants' (EFCNI) Executive Board Chairwoman, Silke Mader, further helped raise awareness for the needs of preterm babies across the country. Very soon the Serbian Preterm Infants' Parents Association *Little Giant* was established. This organization became a member of the EFCNI and started a close cooperation. Celebration of the **World Prematurity Day** was initiated, first in Belgrade, and now all across Serbia. It has been a special privilege for us, and our work was to be included, as a Topic Expert group members, in the work on **Standards of Care for Newborn Health**, issued by the EFCNI.

The Institute of Neonatology has two NIDCAP professionals, and, considering the duration and complexity of NIDCAP training and education, together with the size of the hospital

The first family and first skin-to-skin contact in the newly opened KMC room. Photo taken by father (art photographer) Ivan Jekic, seen in the mirror.

and its number of staff and babies, we considered trying a less demanding form of education, named Practical Skills. Six nurses successfully completed the Practical Skills education, and we organized workshops for all the wards, to spread the basic knowledge and enable easy and successful implementation of developmental care. Later *Practical Skills* evolved into the **Family and Infant Neurodevelopmental Education (FINE)** programme. It seems that we were among the pioneers.

Our Institute has been involved in a number of additional related efforts: In collaboration with the **International Association for Infant Massage (IAIM)**, ten nurses completed the education, so that our Institute could offer education in baby massage to the parents, prior to or soon after discharge, in an effort to support emerging relationships and close contact between the babies and their parents; Two medical doctors were educated for **Bayley Scales of Infant and Toddler Development, (Bayley-III)** for further follow up of the hospitalized babies; Another equal achievement is that we actively participated in the Project of the **European Milk Bank Association (EMBA)** on Recommendations for the Establishment and Operation of Human Milk Banks in Europe: A Consensus Statement From EMBA. Breastfeeding and Milk Banks are closely connected to the developmental care; and **UNICEF in Serbia** showed interest in our work, and the Institute. In cooperation with UNICEF, workshops in developmental care were organized in all the regional medical centers in Serbia.

As all our activities, and especially the new method of NIDCAP care, became increasingly known, the members of the NIDCAP team were invited to share their knowledge and experience. They have given presentations and organized

workshops in several maternity and childrens' hospitals in Belgrade, other cities in Serbia, and even in the greater region.

There is, of course, still a lot of space for further education on developmental care in Serbia. Perhaps the FINE programme should be considered for the beginning, and NIDCAP as the next step for those more interested and willing to get involved in greater depth. Funding for education in developmental care is still a challenge that has to be resolved and where we constantly seek support.

We are very proud of the fact that our Institute and our country were the first in the region (Serbia also being eighth in Europe) to begin NIDCAP education and implementation. We started the education in NIDCAP in an attempt to expand our knowledge and improve the care and outcome of the babies at the Institute. Though honestly, the result was incomparably higher. Newborn care in hospitals has been improved all over the country, providing tangible, measurable results. And above all, the awareness of the specific needs and the interest in the wellbeing of preterm babies and their families has been elevated to a much higher level. This gives us all a strong encouragement to continue on the same path with equal effort and passion.

Mission

The NFI promotes the advancement of the philosophy and science of NIDCAP care and assures the quality of NIDCAP education, training, mentoring and certification for professionals, and hospital systems.

Adopted by the NFI Board, July 1, 2019

Vision

The NFI envisions a global society in which all hospitalized newborns and their families receive care in the evidence-based NIDCAP model. NIDCAP supports development, enhances strengths and minimizes stress for infants, family and staff who care for them. It is individualized and uses a relationship-based, family-integrated approach that yields measurable outcomes.

Adopted by the NFI Board, October 20, 2017