- Mothers: Age > 18 years, living with the father of the infant and mastery of Italian language

Exclusion criteria

- Infants: Presence of severe sensory deficits and genetic syndrome with known functional implications for epigenetic regulation of target genes
- Mothers: Documented mental disorder and documented disability

Methodology

- The intervention group will include dyads of mothers and their infant with developmental disability who are exposed to the VFI focused on different domains of mother-infant quality of interaction (number of sessions: 6)
- The control group will have dyads of mothers and their infant with developmental disability who will receive phone calls focused on obtaining descriptions of different domains of infant behavioural development instead of the VFI, (number of sessions: 6).

Primary outcome measure:

- The study will have four assessment sessions: T0- baseline, T1- Post intervention, T2- Short-term follow-up (3 months) and T3- long-term follow-up (6 months).
- Improvement of infants' behavioural and socio-emotional regulation will be measured by GRS coding system, based on infant behavioural regulation as well as Face-to-Face Still Face (FFSF) double exposure paradigm from a 10 minute unstructured mother- infant interaction with standard set of toys.
- Developmentally supportive parental behaviour (maternal sensitivity) will be assessed by the PICCOLO coding system

as well as Face-to-Face Still Face (FFSF) double exposure paradigm from a 10 minute unstructured mother-infant interaction with a standard set of toys.

- Salivary samples of mother and infant for cortisol and oxytocin will be collected at each assessment session (additional samples for infants will be taken at 15 (reactivity) and 30 (recovery) minutes after the FFSF procedure.
- Change in hormones and capital Salivary oxytocin concentrations will be assessed for differences between and within group by generalized linear model.
- The hypothalamic-pituitary -adrenal (HPA) axis stress regulation will be assessed in terms of direction and magnitude.
- DNA methylation of target genes will be assessed at specific CpG sites by separate saliva samples of infants for epigenetic analysis at the end of the FFSF procedure.

Feasibility outcome measures

- Feasibility of the interventions will be assessed by 'acceptance of the intervention' and 'maternal experience' with VFI rating scales from mothers, at T1.

Relevance for NIDCAP

- Brings new evidence to promote early intervention for mothers of infants with developmental disabilities.
- Provides a common early intervention program to optimize healthcare costs.
- Introduces an innovative approach to early parenting intervention for families of infants with developmental disabilities by studying the epigenetic variations.

Journal Club Presentation:

DOI: 10.14434/do.v15i1.33784

Thematic Brief: Nurturing Care for Every Newborn

Westrup B.

Co-Director Karolinska NIDCAP Training & Research Center.

Dept of Neonatology; Astrid Lindgren's Children's Hospital Karolinska University Hospital

Dept Women's & Children's Health, Karolinska Institute

Citation: World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for every newborn (in progress). Geneva: World Health Organization; 2021.

Summary

The first hours, days and weeks after birth are a precious time for a newborn's survival, health and development. Knowledge

and tools are available to provide every newborn with nurturing care that involves parents and other caregivers directly. To create the enabling environment for providing such care, there is a need to invest in policies, health systems and community awareness. As more newborns survive, we now need to make sure that they also thrive. This is especially important for those at greatest risk: small and sick babies who are more likely to die or suffer more illness. This Thematic Brief summarizes why nurturing care is essential for every newborn. Nurturing care comprises five interrelated and indivisible components: good health, adequate nutrition, safety and security, responsive

caregiving and opportunities for early learning. Nurturing care happens when we maximize every interaction with a child. Every moment, small or large, structured or unstructured, is an opportunity to ensure children are healthy, receive nutritious food, are safe and learning about themselves, others and their world. What we do matters, but how we do it matters more. Nurturing care protects children from the worst effects of adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Comment

Nurturing care for early childhood development <https://www.who.int/activities/addressing-nurturing-care-for-early-childhood-development> is a very important work developed in collaboration by World Health Organization, United Nations Children's Fund, World Bank Group – all organizations of

course with very high credibility and impact. This is their thematic brief of nurturing care of the newborn planned to be published in July 2021.

Relevance for NIDCAP/NFI

Many of us in the NFI have substantially contributed to this important document through the work with the EFCNI standards of IFCDC (Infant- and Family Centered Developmental Care) or directly by submitting narratives and pictures from clinical practice of NFI affiliated NICUs. This document could play a very important role in enhancing the dissemination of the key values and recommendations of NFI globally in low- and middle- but also high-income countries.

NIDCAP Federation International Board of Directors and Staff 2021–2022

PRESIDENT

Deborah Buehler, PhD

NIDCAP Master Trainer
APIB Trainer
Director, West Coast NIDCAP and APIB Training Center
email: nfipresident@nidcap.org

VICE PRESIDENT

Dorothy Vittner, RN, PhD

Senior NIDCAP Trainer
West Coast NIDCAP & APIB Training Center
email: dvitt8@gmail.com

TREASURER

Gloria McAnulty, PhD

National NIDCAP Training Center
email: gloria.mcanulty@childrens.harvard.edu

SECRETARY

Jean Powlesland, RN, MS

NIDCAP Trainer
Director, Children's Hospital of University of Illinois NIDCAP Training Center
email: jpowlesl@uic.edu

Fatima Clemente, MD

NIDCAP Trainer
Co-Director, São João NIDCAP Training Center
email: clemente.fatima@gmail.com

Mandy Daly, Dip. H Diet and Nutrition, ACII, DLDU

Family Representative, Dublin, Ireland
email: mandy.daly@yahoo.co.uk

Jennifer Degl, MS

Family Representative, New York, USA
email: jenniferdegl@gmail.com

Maria Lopez Maestro, MD, PhD

NIDCAP Trainer
Hospital Universitario 12 de Octubre NIDCAP Training Center
email: mariamaestro@gmail.com

Dalia Silberstein, RN, PhD

NIDCAP Trainer
Co-Director, Israel NIDCAP Training Center
email: dalia.silberstein@clalit.org.il

Juzer Tyebkhan, MBBS

NIDCAP Trainer
Director, Edmonton NIDCAP Training Centre
email: juzer.tyebkhan@albertahealthservices.ca

STAFF

Rodd E. Hedlund, MEd

Director, NIDCAP Nursery Program
NIDCAP Trainer
email: nidcapnurserydirector@nidcap.org

Sandra Kosta, BA

Executive Director of Administration and Finance
email: sandra.kosta@childrens.harvard.edu

FOUNDER OF THE NIDCAP FEDERATION INTERNATIONAL, INC.

Heidelise Als, PhD

NIDCAP Founder, Past President 2001–2012
Senior NIDCAP Master Trainer
APIB Master Trainer
Director, National NIDCAP Training Center
email: heidelise.als@childrens.harvard.edu