

Guidelines for the Institutional Implementation of Developmental Neuroprotective Care in the NICU

A Joint Position Statement From CANN, CAPWHN, NANN and COINN

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A joint position statement from the Canadian Association of Neonatal Nurses (CANN), the Canadian Association of Perinatal and Women's Health Nurses (CAPWHN), the Council of International Neonatal Nurses (COINN), and the National Association of Neonatal Nurses (NANN) was published in 2017 in the *Canadian Journal of Nursing Research*. This new position statement provides an evidence-based framework for the institutional implementation of developmentally supportive, neuroprotective care in the neonatal intensive care unit (NICU).^{1,2}

BACKGROUND AND SIGNIFICANCE

The use of age-appropriate care as an organized framework for care delivery in the NICU is founded on the work of Als³ and her synactive theory of development. This theoretical construct has been advanced by the work of Gibbins and colleagues⁴ with the “universe of developmental care” conceptual model and developmentally supportive care core measures.⁵ The core measures for developmentally supportive care were endorsed by NANN in 2011 as its clinical practice guidelines for Age-Appropriate Care of the Premature and Critically Ill Hospitalized Infant⁶ and have been recently revised and expanded to reflect the most current evidence-based best practices in developmentally supportive, neuroprotective care.⁷ The core measures for developmentally

supportive care outline disease-independent core competencies for professionals serving premature and critically ill hospitalized infants.

Supported by The Joint Commission and the Primer Standards of Accreditation and Health Canada, the institutional implementation of these core measures requires a strong framework for institutional operationalization. This framework is presented in the newly published guidelines for the institutional implementation of developmental neuroprotective care in the NICU and summarized at <http://dx.doi.org/10.1177/0844562117706882> and <http://dx.doi.org/10.1177/0844562117708126>.^{1,2}

HIGHLIGHTS

These 2-part guidelines include the first international joint position statement between 4 sister nursing associations, as well as best practice recommendations to adopt and integrate developmental neuroprotective care at the institutional level.

Part A of the guidelines presents the background and rationale for the development of institutional implementation guidelines. This includes a thorough literature review of the history, levels of evidence, and support for developmental care in the NICU, as well as implementation strategies extracted from the implementation science literature.⁸ Part B of the guidelines presents detailed recommendations for each implementation phase supported and justified by the current evidence.²

The guidelines are operationalized over 5 *phases*: Plan, Educate, Prioritize, Evaluate, and Ensure Sustainability. Each phase includes different *steps over time* to ensure their implementation. These phases and steps might sometimes *occur in parallel*, whereas others might be delayed, depending on the need and priorities of each unit. Likewise, they can *work in circularity*, where one change might influence another. However, the best chance for successful adoption and integration of a developmentally supportive, neuroprotective care philosophy and subsequent implementation within an organization are patience, endurance, and persistence.⁹

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The authors declare no conflicts of interest.

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Clearly defined standards, accountability metrics, and strong leadership are needed to facilitate and sustain a cultural transformation.

CONCLUSION

As the professional voice of neonatal nurses around the world, NANN, CANN, CAPWHN, & COINN recommend the use of these guidelines to provide a framework for the standardization of the implementation of developmentally supportive, neuroprotective care. These guidelines provide *flexibility* to support the individual needs of each unit and organization by providing an evidence-based systematic approach to implementation in NICUs. The full joint position statement can be accessed at Milette et al Part A¹ and Part B.² The articles are open access and freely available to all. See the full articles for more guidance in this area.

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