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Professional Practice Resources for

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# **TRAUMA-INFORMED CARE IN THE NICU**

## **Evidence-Based Practice Guidelines for Neonatal Clinicians**

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 **SPRINGER PUBLISHING COMPANY**

ISBN: 978-0-8261-3149-2

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Springer Publishing Company, LLC  
11 West 42nd Street  
New York, NY 10036  
[www.springerpub.com](http://www.springerpub.com)

*ISBN: 978-0-8261-3149-2*

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# CONTENTS

1. Quantum caring self-assessment	<b>1</b>
2. Figure 5.2 Sample Plan-Do-Study-Act worksheet	<b>20</b>
3. Figure 5.4 Infant cues sample algorithm	<b>21</b>
4. Figure 5.7 Accountability self-assessment	<b>22</b>
5. Figure 6.4 Sample pre-procedure verification checklist for bedside procedures	<b>23</b>
6. Figure 6.5 Sample algorithm for evaluating “fussy” behavior in the hospitalized preverbal infant	<b>24</b>
7. Figure 6.6 Sample pain prevention, assessment, and management in the NICU competency	<b>25</b>
8. Figure 6.8 Sample parent pain and stress teaching sheet	<b>26</b>
9. Figure 6.9 Sample parent teaching sheet. Tube feeding insertion	<b>27</b>
10. Figure 7.1 Neonatal Sleep Wake Assessment Tool (neo SWAT)	<b>28</b>
11. Figure 7.3 Sample kangaroo care parent competency	<b>29</b>
12. Figure 7.4 Sample staff kangaroo care competency	<b>30</b>
13. Figure 8.2 neoPAW sample	<b>31</b>
14. Figure 8.4 Sample kangaroo care parent competency	<b>33</b>
15. Figure 8.5 Sample staff kangaroo care competency	<b>34</b>
16. Figure 8.6 Sample parent teaching resource for skin-to-skin (kangaroo care)	<b>35</b>
17. Figure 9.3 Edinburgh Postnatal Depression Scale	<b>36</b>
18. Figure 9.7 Parent teaching resource—infant cues	<b>38</b>
19. Figure 9.11 Sample parent kangaroo care competency	<b>41</b>

## Quantum Caring Self-Assessment

### The Healing Environment

This self-assessment will provide you with insight into the evidence-based best practices associated with the provision of trauma-informed age-appropriate care (Quantum Caring) in the neonatal care unit (NICU).

**\*1. Please indicate the frequency in which you or your unit provides the following as part of the healing environment**

Never      Occasionally      Sometimes      Often      Always      Don't know  
OR N/A

Sound levels in the patient care area are maintained within the recommended range (< 45 decibels = sound of a library)

☐      ☐      ☐      ☐      ☐      ☐

Comment

Light levels are maintained within the recommended range (1–60 foot candles or no brighter than your living room)

☐      ☐      ☐      ☐      ☐      ☐

Comment

You provide cycled lighting (lighting during the night is in the lower recommended range and daytime lighting is at the higher end)

☐      ☐      ☐      ☐      ☐      ☐

Comment

(continued)

## Quantum Caring Self-Assessment

### The Healing Environment

	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
You shield the infant's eyes from direct light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Infant exposure to noxious odors is managed (such as skin prep pads are opened outside the infant's microenvironment)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

Infants are provided positive olfactory and gustatory experiences (i.e., through kangaroo care, holding, breast-milk for oralcare, parent scented materials are placed within the infant's microenvironment)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

(continued)

## Quantum Caring Self-Assessment

### The Healing Environment

	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
When moving an infant, you proceed slowly and provide containment (e.g., when transferring the infant from one location to another, the infant is brought close to you and supported versus "flying")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					
Parent privacy is protected at the bedside (either through the use of a screen or single family room)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					
The patient care environment is aesthetically pleasing, welcoming, and displays a respect for human dignity (e.g., there is artwork, maybe the walls are painted muted pastels, there is a warm feeling to the space you work in)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

(continued)

## Quantum Caring Self-Assessment

### The Healing Environment

	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
Collaboration, shared decision making, and interprofessional rounding occurs daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Age-appropriate or developmentally supportive care is provided

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

Staff comply with hand hygiene protocol

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

Staff respond to infant's alarms or infant crying promptly, regardless of patient assignment status

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

(continued)

Quantum Caring Self-Assessment						
The Healing Environment						
	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
Addressing practice that is not in the best service to the patient (i.e., when watching a colleague perform a painful procedure without a pain management intervention, how frequently do staff intervene on behalf of the infant?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<div></div>					
Staff are held accountable to the provision of age-appropriate (developmentally supportive) care (i.e., annual performance appraisal includes evidence of age-appropriate care practices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<div></div>					

(continued)



## Quantum Caring Self-Assessment

### Pain and Stress: Prevention, Assessment, Management

**\*2. Please indicate the frequency in which you or your unit provides the following as part of pain and stress prevention, assessment, and management.**

	Never	Occasionally	Sometimes	Often	Always	Don't know/ NA
Routine painful or stressful activities are reviewed, revised, and modified based on the individual needs of each patient (i.e., routine lab draws are based on the infant's needs not the rituals of the unit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

ALL painful and stressful procedures are managed effectively (i.e., when performing a feeding tube insertion or needle stick procedure, the infant receives sucrose with nonnutritive sucking prior to the procedure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

(continued)

## Quantum Caring Self-Assessment

### Pain and Stress: Prevention, Assessment, Management

	Never	Occasionally	Sometimes	Often	Always	Don't know/ NA
When parents are present they are invited and encouraged to support their infant during procedures (i.e., through skin-to-skin care, breastfeeding, containment etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

Pain and stress are managed and assessed continuously throughout the procedure and the post-procedure period until the infant reaches baseline status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

All nonpharmacologic pain/stress interventions are recorded accurately in the medical record (to include time of administration and infant response)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

(continued)

## Quantum Caring Self-Assessment

### Pain and Stress: Prevention, Assessment, Management

	Never	Occasionally	Sometimes	Often	Always	Don't know/ NA
Skin-to-skin (or kangaroo care) is used as a non-pharmacologic intervention to manage procedural pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Caregiving activities are modified based on the infant's behavioral stress cues

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

A validated, age-appropriate pain assessment tool is used

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

Staff are competent in the proper use of the pain assessment tool

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

(continued)

Quantum Caring Self-Assessment						
Pain and Stress: Prevention, Assessment, Management						
	Never	Occasionally	Sometimes	Often	Always	Don't know/ NA
Pain and stress prevention is an expressed goal on daily rounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<div></div>					

(continued)

## Quantum Caring Self-Assessment

### Protected Sleep

**\*3. Please indicate the frequency in which you and/or your unit provides the following as part of protecting sleep.**

	Never	Occasionally	Sometimes	Often	Always	Don't know/ N/A
Infant sleep-wake state is assessed prior to nonemergent caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

Nonemergent caregiving is provided during wakeful states	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

Skin-to-skin care is an integral part of the daily care of eligible infants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input type="text"/>					

(continued)

## Quantum Caring Self-Assessment

### Protected Sleep

	Never	Occasionally	Sometimes	Often	Always	Don't know/ N/A
Skin-to-skin care is documented to capture the dose-dependent effect (i.e., start and stop time for each session)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Parents maintain a sleep diary for their convalescing infant

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

Parents of convalescing infants provide bedtime routines for their infants in the hospital

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

Staff participate in annual "back to sleep" or safe sleep competency-based education

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

(continued)

## Quantum Caring Self-Assessment

### Protected Sleep

	Never	Occasionally	Sometimes	Often	Always	Don't know/ N/A
Eligible infants are transitioned to "back to sleep" (i.e., medically stable, anticipating discharge, term corrected gestational age)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Staff role model "back to sleep" practices for parents (i.e., eligible infants are sleeping supine, without additional bedding, with head of bed flat)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

Parents are educated on the importance of safe sleep in the hospital and at home

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Comment

(continued)

## Quantum Caring Self-Assessment

### Activities of Daily Living: Positioning, Feeding, and Skin Care Practices

**\*4. Please indicate the frequency in which you or your unit provides the following as part of age-appropriate activities of daily living (positioning, feeding, skin care).**

	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
Infants are positioned in flexion, with containment and postural alignment Other (please specify) <input style="width: 350px; height: 25px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff receive competency-based education in positioning infants in the NICU Other (please specify) <input style="width: 350px; height: 25px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When infants are handled, they are supported in flexion and postural alignment throughout the caregiving experience Other (please specify) <input style="width: 350px; height: 25px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head and neck orientation is maintained in midline with head rotation no greater than 45 degrees to either side Other (please specify) <input style="width: 350px; height: 25px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*(continued)*



## Quantum Caring Self-Assessment

### Activities of Daily Living: Positioning, Feeding, and Skin Care Practices

	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
Infants are swaddled for weighing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Infants are swaddled for bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Infant eligibility for skin-to-skin care is discussed daily on rounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Staff receive competency-based education in skin-to-skin care including there commended infant transfer method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Staff employ the standing infant transfer method for skin-to-skin care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Staff employ the seated infant transfer method for skin-to-skin care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						

(continued)

## Quantum Caring Self-Assessment

### Activities of Daily Living: Positioning, Feeding, and Skin Care Practices

	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
Neonatal therapy is consulted on admission (OT/PT/SLP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Breastmilk is actively recommended for all infants in your NICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Intubated and non-intubated infants begin skin-to-skin care when medically stable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Staff receive competency-based education on breastfeeding support in the NICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Lactation consultants are readily available resources in your NICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
The first oral feed is at the breast for breastfeeding mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						

*(continued)*

## Quantum Caring Self-Assessment

### Activities of Daily Living: Positioning, Feeding, and Skin Care Practices

	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
Staff receive competency-based education on infant feeding readiness cues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Infant feeding readiness cues drive the initiation of oral feedings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
A bottle feeding is discontinued when the infant is no longer able to be safely engaged in the activity (e.g., shows signs of stress, leakage at the lips, eyes are closed, breathing is erratic) regardless of the volume taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Skin and mucous membrane integrity is assessed at least daily using a validated, age-appropriate assessment tool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						

*(continued)*

## Quantum Caring Self-Assessment

### Activities of Daily Living: Positioning, Feeding, and Skin Care Practices

	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
Colostrum and/or mother's own milk is used for mouth care in infants who are not receiving oral feedings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Bathing mode and frequency is individualized for each infant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Infant's hands and face are gently wiped with each care encounter or a minimum of once per shift	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Skin barrier films are used as an interface when applying medical devices or adhesives to infant's skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						
Adhesives are removed gently to minimize skin injury; solutions with toxic chemicals are not employed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)						

(continued)

Quantum Caring Self-Assessment						
Family Collaborative Care						
<b>*5. Please indicate the frequency in which you provide the following as part of family collaborative care.</b>						
	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
Parents have 24-hour unrestricted access to their infant in the NICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are invited and encouraged to be present during procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are expected to provide care for their infant in the NICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents receive competency-based education on infant caregiving in the NICU (to include skin-to-skin, bathing, feeding, comforting, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are never referred to as visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents participate in clinical bedside rounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents participate in change of shift report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent presence in the NICU is recorded in the medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued)

Quantum Caring Self-Assessment						
Family Collaborative Care						
	Never	Occasionally	Sometimes	Often	Always	Don't know OR N/A
Parents have adequate space to be at their infant's bedside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents are assessed routinely for their emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professionals are readily available to support parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professionals are readily available to support staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents have access to family support group or peer-to-peer support resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally sensitive parenting resources are available in your NICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff receive competency-based cultural sensitivity education to meet the needs of the patient demographics served in your NICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment <input type="text"/>						

- **What is your aim:** (what are you trying to achieve)?
- **How will you know your change is an improvement** (what are the outcomes you are looking for, how will you measure success)?
- **What changes will you make that will result in the improvement?**

*Every aim/goal will require multiple smaller tests of change*

Describe your test of change (describe your new idea, based on evidence / best practice):	Person responsible	When to be done	Where to be done

**Plan:** *In order to actualize success, there has to be very clear expectations for accountability!*

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done
Step 1			
Step 2			
Step 3			
Etc.			

**Do:** Test your change with a small group of like-minded individuals

**Study:** Examine how your change worked: Did you expect the results you got? Are there things you need to revise?

**Act:** Revise your change based on your small test and evaluate again. Once you have worked out all the kinks, implement your change in a larger setting.  
**CONTINUOUSLY RE-EVALUATE YOUR PRACTICE**

FIGURE 5.2 Sample PDSA (Plan-Do-Study-Act) worksheet.

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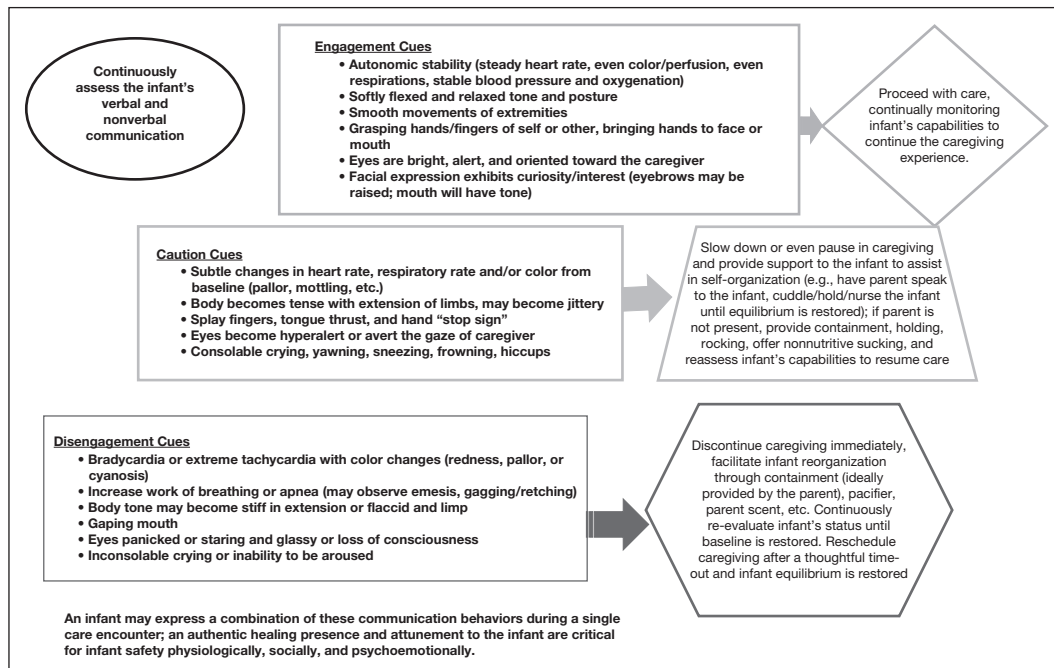


FIGURE 5.4 Infant cues sample algorithm.



### How accountable are you? How are you doing in holding others accountable?

Read each of the following statements and indicate whether you agree or disagree. Then check your score at the end.

1. I clarify whether I am the owner or helper when accepting assignments from others.  
Always                      Almost Always                      Not Often Enough                      Almost Never
2. I establish and communicate clear due-dates for assignments for which I am owner.  
Always                      Almost Always                      Not Often Enough                      Almost Never
3. I return and report on status to others and rarely have people asking me where things stand.  
Always                      Almost Always                      Not Often Enough                      Almost Never
4. When things I own are not meeting expectations, I acknowledge my responsibility for the lack of performance and make changes to get back on track.  
Always                      Almost Always                      Not Often Enough                      Almost Never
5. I am conscious not to either over-do and over-own or under-do and under-own. I own my appropriate share of the load in our unit.  
Always                      Almost Always                      Not Often Enough                      Almost Never
6. I clarify who the owner is when I make assignments to others.  
Always                      Almost Always                      Not Often Enough                      Almost Never
7. I am clear on my expectations for "completion" of my assignments to others, including establishing agreed upon due-dates.  
Always                      Almost Always                      Not Often Enough                      Almost Never
8. I establish mechanisms for those to whom I make assignments to return and report their status to me.  
Always                      Almost Always                      Not Often Enough                      Almost Never
9. I address a lack of performance or results with others and work with them to establish a plan to get back on track.  
Always                      Almost Always                      Not Often Enough                      Almost Never
10. I am careful to ensure that people on my team are not over-doing and over-owning or under-doing and under-owning and I make sure there is an appropriate load balancing in my group.  
Always                      Almost Always                      Not Often Enough                      Almost Never
11. I make sure that a written recap is written in meetings I attend within the hospital.  
Always                      Almost Always                      Not Often Enough                      Almost Never

Always	Almost Always	Not Often Enough	Almost Never	
x3	x2	x1	x0	Cumulative Score

#### Scoring

Give yourself 3 points for every question you answered "Always," 2 points for every question you answered "Almost Always," 1 point for those you answered "Not Often Enough," and 0 points for every question you answered "Almost Never."

#### Analysis

- 26–33 People know they can count on you to deliver or to ensure that your people do—nice work!
- 16–25 You are doing pretty well, but can still strengthen your accountability and/or that of your team.
- 0–15 Identify at least one item from this assessment that you can commit to doing and begin to increase the confidence others have in their ability to rely on you and/or your team to deliver!

FIGURE 5.7 Accountability self-assessment.

<b>VERIFICATION</b>	
1. Patient identification has been verified with two indicators .....	<input type="checkbox"/>
2. Clinical necessity of the procedure has been discussed with the health care team and family and is confirmed .....	<input type="checkbox"/>
3. Parent(s) present at the bedside .....	<input type="checkbox"/>
a. If not, parent is aware of the procedure .....	<input type="checkbox"/>
Clinician Signature: _____	Date and Time: _____
<b>COMMUNICATION</b>	
1. Action plan has been outlined if procedure is unsuccessful .....	<input type="checkbox"/>
2. Pain and stress prevention interventions have been reviewed .....	<input type="checkbox"/>
3. If parents are at the bedside, the pain and stress prevention strategy has been reviewed with them and they have acknowledged their role in the procedure for pain and stress prevention....	<input type="checkbox"/>
<b>PREPARATION</b>	
1. Timing of the procedure coincides with awake/alert state of the infant .....	<input type="checkbox"/>
2. Procedure equipment is gathered at the bedside BEFORE the patient is disturbed .....	<input type="checkbox"/>
3. Pain and stress prevention supplies are gathered at the bedside BEFORE the patient is disturbed .....	<input type="checkbox"/>
4. The environment (lighting and sound) have been adjusted to optimize procedural success and infant comfort .....	<input type="checkbox"/>
<b>TIME-OUT</b>	
1. Person performing the procedure initiated the time-out verbally .....	<input type="checkbox"/>
2. All other activity ceased .....	<input type="checkbox"/>
3. Second person (either health care provider or parent) verbally verified the procedure with the person performing the procedure.....	<input type="checkbox"/>
Clinician Signature: _____	Date and Time: _____
<b>PROCEDURE</b>	
1. Initiate pain prevention intervention, ensuring sufficient time for the selected pain management strategy to be effective prior to beginning the procedure .....	<input type="checkbox"/>
2. Once pain prevention is confirmed effective, begin the procedure .....	<input type="checkbox"/>
3. Continually evaluate the infant for level of comfort.....	<input type="checkbox"/>
4. Repeat pain prevention intervention guided by infant's biobehavioral pain score .....	<input type="checkbox"/>
5. Document procedure outcome (successful vs. not successful).....	<input type="checkbox"/>
6. Document infant's pain and stress management experience (successful vs. not successful)	<input type="checkbox"/>
Clinician Signature: _____	Date and Time: _____

FIGURE 6.4 Sample pre-procedure verification checklist for bedside procedures.

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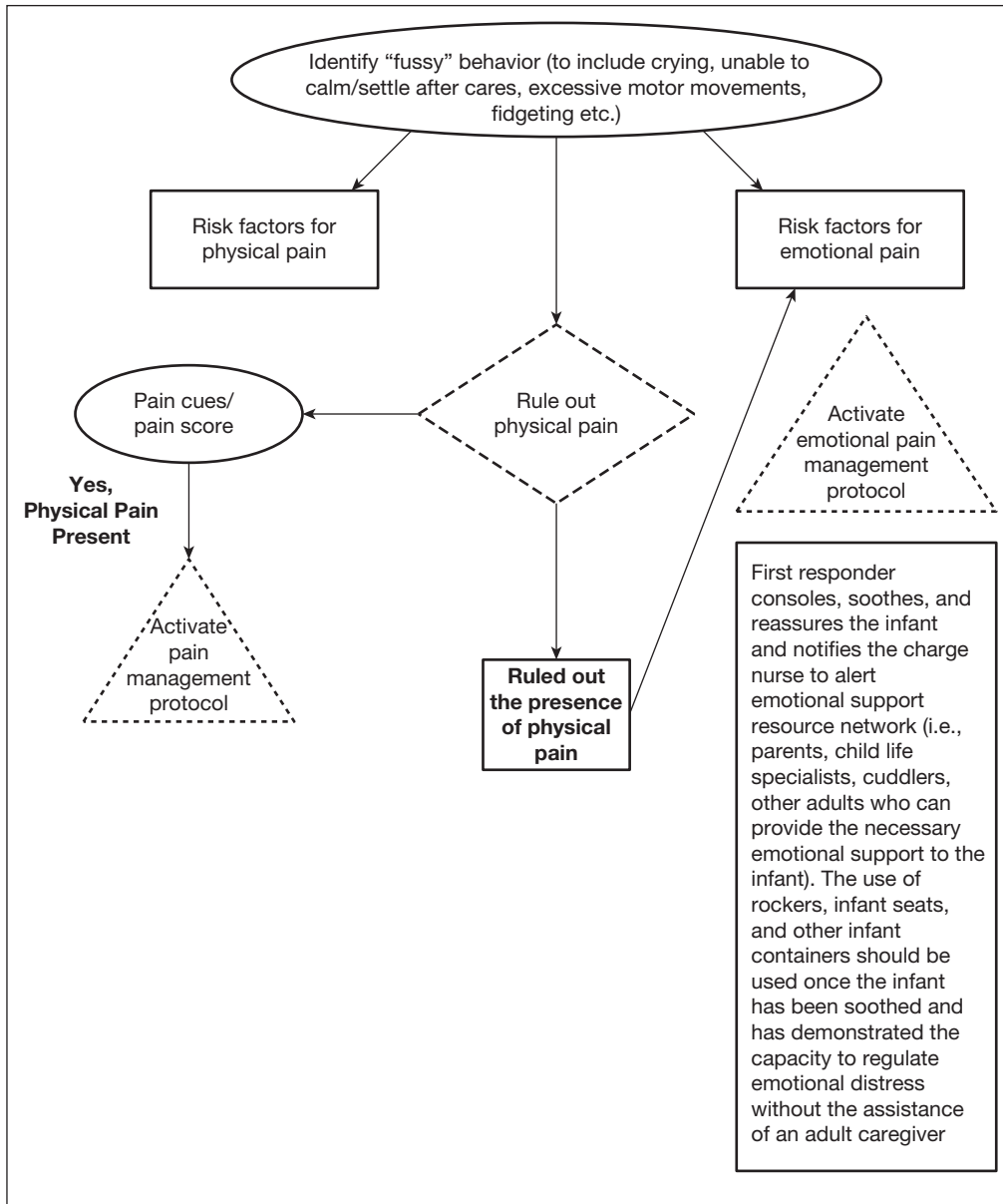


FIGURE 6.5 Sample algorithm for evaluating “fussy” behavior in the hospitalized preverbal infant.

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Step	Action	Demonstrated Mode of Competence	Complete <input checked="" type="checkbox"/>
1	Participant in pain prevention, assessment, management education	Attendance/ completion certificate	<input type="checkbox"/>
2	Review the unit's procedural pain prevention, assessment, and management guidelines	Sign-off	<input type="checkbox"/>
3	Perform pain assessment on select training videos using the designated, validated neonatal pain assessment tool (scores are validated by expert observer)	Observation/score validation with expert observer	Video 1: _____ <input type="checkbox"/> Video 2: _____ <input type="checkbox"/> Video 3: _____ <input type="checkbox"/>
4	Mock-up return demonstration of appropriate prevention, assessment, and management of procedural pain across three painful procedures (heel stick, NG tube insertion, other)	Observation checklist	Scenario 1: <input type="checkbox"/> Scenario 2: <input type="checkbox"/> Scenario 3: <input type="checkbox"/>
5	Undergo three observations of procedural pain prevention and management in three separate procedural pain situations	Observation	Date: _____ <input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____ <input type="checkbox"/>
6	Document painful procedures (heel stick, needle stick, feeding tube insertion, etc.) along with the appropriate nonpharmacologic/ pharmacologic intervention in the EMR	Quarterly chart audit	Date: _____ <input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____ <input type="checkbox"/>
7	Document pain reassessments in the medical record until the infant has returned to their baseline level of comfort	Quarterly chart audit	Date: _____ <input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____ <input type="checkbox"/> Date: _____ <input type="checkbox"/>
8	When parent(s) is/are present at the bedside, document parental participation in the management of the infant's procedural pain in the EMR	Chart audit	<input type="checkbox"/>

**Clinician:** \_\_\_\_\_  
*Printed name* *Signature* *Date*

**Observer:** \_\_\_\_\_  
*Printed name* *Signature* *Date*

FIGURE 6.6 Sample pain prevention, assessment, and management in the NICU competency.

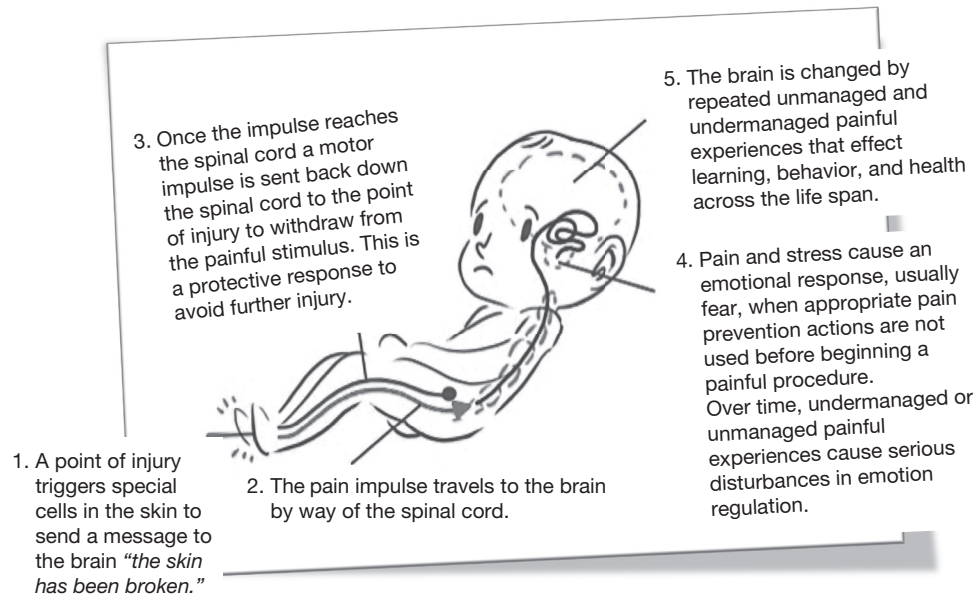
EMR, electronic medical record; NG, nasogastric; NICU, neonatal intensive care unit.

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It can be hard to tell the difference between pain and stress in babies. Remember all pain is stressful, but all stress is not pain—but both can change the way your baby's brain develops and works. Understanding what is happening to your baby will help you understand what your baby may be feeling.

Although babies are unable to tell us with words that they are in pain or are stressed, they are able to express their pain and stress in other ways. Changes in heart rate, breathing pattern, blood pressure, and oxygen saturation as well as facial expressions and body movements or the absence of body movements are all the ways a baby tells us how they are feeling.

### Illustration of the Pain Pathway



Recognizing what causes pain in babies is very important so pain prevention actions can be taken. Sometimes the most appropriate pain prevention action may need to be repeated while the procedure is still going on. "Reading" your baby's behaviors and changes in the usual vital signs will let you know if your baby is feeling pain and/or stress.

FIGURE 6.8 Sample parent pain and stress teaching sheet.

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Breast-feeding and breastmilk feeding provide the perfect nutrition for your baby, however your baby may not be able to take milk directly from the breast or bottle right away. Many babies begin feeding through a soft tube that is placed through the nose or mouth and advanced into your baby's stomach.

Your baby needs to be able to suck, swallow, and breathe to breast-feed (or bottle feed). It will take time for your baby to build these skills but in the meantime your baby can have your breastmilk (or formula) through the feeding tube. Even tiny amounts of breastmilk started on the first or second day after birth helps your baby grow, can decrease your baby's risk of infection, and can shorten your baby's hospital stay!



Feeding tubes are soft, flexible tubes that are placed into your baby's stomach through the nose or mouth. The tube is then secured to your baby's cheek with special tape so that it stays in place. This tube allows you and the health care team to provide milk to your baby until your baby is able to take all their milk by mouth (either by breastfeeding, bottle feeding or a combination of both).

For longer term tube feeding, some babies will have a gastrostomy tube (or G-tube) placed. A G-tube is a surgically placed tube that goes directly into your baby's stomach through an incision in the baby's belly. This is done in the operating room while your baby is under anesthesia. This type of feeding tube provides a safe way of feeding your baby when he or she needs more time to develop and mature. This is often a temporary measure and does not require surgery to be removed. This tube allows your baby to build their oral feeding skills without the stress of having to get in enough calories with each oral feeding.

Insertion and manipulations of these tube is uncomfortable and your baby will need comfort measures when the tube is inserted or manipulated. Providing some comfort measures prior to the procedure can reduce your baby's discomfort and distress. Research shows that skin-to-skin care, holding your baby, giving your baby a pacifier with a sweet solution (breastmilk, sucrose, or glucose) or any combination of these comfort measures are very effective in reducing your baby's pain during this procedure. Ask your baby's nurse about the pain and stress prevention plan for your baby and how you can be involved to support your baby during painful and stressful procedures.



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FIGURE 6.9 Sample parent teaching sheet: Tube feeding insertion.

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Neo SWAT Sleep-Wake Assessment Tool				
Indicator	0	1	2	Total Score
Eyes	Lids closed with intermittent REM (rapid eye movement)	Lids closed; no REM observed	Lids open	
Respirations	Uneven respirations	Relatively regular and abdominal	Regular respirations, maybe crying	
Facial Expressions	Negative facial expressions (cry face or a frown)	Quiet facies, occasional sigh/startle	Interactive facies	
Motor activity	Sporadic motor movements, muscle tone low between movements	Tonic level of motor tone is maintained and motor activity is limited to startles or sighs	Motor activity varies but is usually high	
Cumulative Score				
<p>Score &lt; 3: is clear sleep state, do not disturb unless there is a medical emergency</p> <p>Score 3–6: if cares are indicated, infant should be aroused gently with soft vocalizations and firm but gentle tactile input to a non-vulnerable area (i.e., placing caregiver's hand on the infant's back); increase verbal and tactile input as the infant's arousal level rises.</p> <p>Score &gt; 6: infant is waking/awake and ready for cares</p>				

FIGURE 7.1 Neonatal Sleep Wake Assessment Tool (neo SWAT).

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Step	Action	Validation of Competence	Complete <input checked="" type="checkbox"/>
1	Completes parent education for kangaroo care in the NICU	Certificate of completion	<input type="checkbox"/>
2	Reviews the unit protocol and understands the eligibility criteria for kangaroo care	Observation	<input type="checkbox"/>
3	Mock-up return demonstration of the kangaroo care procedure for standing infant transfer and parent seated transfer with doll simulator	Observation	<input type="checkbox"/>
4	Assess own infant's eligibility and readiness for kangaroo care.	Observation	<input type="checkbox"/>
5	Prepare self for kangaroo care	Observation	<input type="checkbox"/>
	a. Ensure proper attire for parent		
	b. Ensure parent personal needs are attended to prior to the session		
	c. Ensure comfortable, safe seating and privacy for the session		
6	Prepare infant for kangaroo care	Observation	<input type="checkbox"/>
	a. Ensure proper attire for infant		
	b. Ensure infant's personal needs are attended to prior to the session		
	c. Ensure comfortable, safe seating and privacy for the session		
6	Perform transfer in accordance with parent preference and unit protocol	Observation	<input type="checkbox"/>
7	Review safety plan with nurse once settled in kangaroo position (how will the parent access a clinician, when should the parent access the clinician)	Observation	<input type="checkbox"/>
10	Perform return transfer in accordance with parent preference and unit protocol	Observation	<input type="checkbox"/>
11	Support your infant's transition once in the incubator with gentle containment, soothing vocalizations, etcetera.	Observation & Documentation	<input type="checkbox"/>

**Parent:** \_\_\_\_\_

*Printed name*                      *Signature*                      *Date*

**Observer:** \_\_\_\_\_

*Printed name*                      *Signature*                      *Date*

FIGURE 7.3 Sample kangaroo care parent competency checklist.

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient Identifier (bed space, or MRN): \_\_\_\_\_ GA: \_\_\_\_\_ CGA: \_\_\_\_\_

Prone      Supine      Side-lying

### Neonatal Postural Assessment Worksheet (neoPAW)





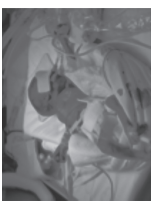




Indicator	0	1	2	Score	Comments/Limitations
<b>Head</b>	Lateral rotation > 45 degrees from midline  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>L <input type="checkbox"/></span> <span>R <input type="checkbox"/></span> </div>	Lateral rotation < 45 degrees from midline  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>L <input type="checkbox"/></span> <span>R <input type="checkbox"/></span> </div>	Head in a midline orientation 		
<b>Neck</b>	Neck in extension OR Flexion 	L <input type="checkbox"/> R <input type="checkbox"/>	Neck in a neutral alignment 		
<b>Scapulae (shoulder blades)</b>	Ext <input type="checkbox"/> Retracted      Flex <input type="checkbox"/>  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>L <input type="checkbox"/></span> <span>R <input type="checkbox"/></span> </div>	Flat  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>L <input type="checkbox"/></span> <span>R <input type="checkbox"/></span> </div>	Softly rounded  <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>L <input type="checkbox"/></span> <span>R <input type="checkbox"/></span> </div>		
<b>Spine/torso</b>	Mal-aligned (lateral or rotational) 	L <input type="checkbox"/> R <input type="checkbox"/>	Aligned 		
<b>Subtotal (page 1)</b>					

1. Is the baby positioned in a way to support or allow for spontaneous movement? Yes ☐ No ☐

2. Did you observe spontaneous movement during your assessment? (If yes, please describe briefly.) Yes ☐ No ☐

Describe: \_\_\_\_\_

FIGURE 8.2 (continued)

Indicator	0	1	2	Score	Comments/Limitations
<b>Hands</b>	Not touching the body  <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/>	Touching the torso  <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/>	Touching the head/face  <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/>		
<b>Hips</b>	Abducted with extreme external rotation (> 45 degrees)  <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/>	Hips adducted & extended  <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/>	Hips aligned with flexion & pelvic tilt  <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/>		
<b>Knees/ankles</b>	Parallel legs (knees & ankles in extension)  <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/>	Knees & ankles unsupported flexion  <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/>	Knees & ankles aligned, softly flexed and supported  <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/>		
TOTAL Score (Subtotal + Page 2 Score)					

1. Does this baby's position need to be adjusted (If yes, please describe how and what you were able to adjust?) Yes ☐ No ☐

Describe: \_\_\_\_\_

FIGURE 8.2 Neonatal Postural Assessment (neoPAW) worksheet sample.  
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Step	Action	Validation of Competence	Complete <input checked="" type="checkbox"/>
1	Completes parent education for kangaroo care in the NICU	Certificate of completion	<input type="checkbox"/>
2	Reviews the unit protocol and understands the eligibility criteria for kangaroo care	Observation	<input type="checkbox"/>
3	Mock-up return demonstration of the kangaroo care procedure for standing infant transfer and parent seated transfer with doll simulator	Observation	<input type="checkbox"/>
4	Assess own infant's eligibility and readiness for kangaroo care	Observation	<input type="checkbox"/>
5	Prepare self for kangaroo care	Observation	<input type="checkbox"/>
	a. Ensure proper attire for parent		
	b. Ensure parent personal needs are attended to prior to the session		
	c. Ensure comfortable, safe seating and privacy for the session		
6	Prepare infant for kangaroo care	Observation	<input type="checkbox"/>
	a. Ensure proper attire for infant		
	b. Ensure infant's personal needs are attended to prior to the session		
	c. Ensure comfortable, safe seating and privacy for the session		
6	Perform transfer in accordance with parent preference and unit protocol	Observation	<input type="checkbox"/>
7	Review safety plan once settled in kangaroo position (how will the parent access a clinician, when should the parent access the clinician)	Observation	<input type="checkbox"/>
10	Perform return transfer in accordance with parent preference and unit protocol	Observation	<input type="checkbox"/>
11	Support your infant's transition once in the incubator with gentle containment, soothing vocalizations, etcetera.	Observation & Documentation	<input type="checkbox"/>

<b>Parent:</b>	_____	_____	_____
	<i>Printed name</i>	<i>Signature</i>	<i>Date</i>
<b>Observer:</b>	_____	_____	_____
	<i>Printed name</i>	<i>Signature</i>	<i>Date</i>

FIGURE 8.4 Sample kangaroo care parent competency.

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Step	Action	Demonstration Mode of Competence	Complete <input checked="" type="checkbox"/>
1	Complete learning module	Certificate of completion	<input type="checkbox"/>
2	Mock-up return demonstration of the kangaroo care (standing transfer & seated transfer)	Observation	<input type="checkbox"/>
3	Assess infant's readiness for kangaroo care	Observation	<input type="checkbox"/>
4	Assess parent's readiness for kangaroo care (parent must complete parent education module and comply with parent requirements in accordance with unit practice guideline)	Observation	<input type="checkbox"/>
5	Prepare infant-parent dyad for kangaroo care	Observation	<input type="checkbox"/>
	a. Ensure proper attire for parent & infant		
	b. Ensure parent personal needs are attended to prior to the session		
	c. Ensure comfortable, safe seating and privacy for the session		
6	Perform transfer in accordance with unit practice guideline	Observation	<input type="checkbox"/>
7	Review safety plan with parent once infant-parent dyad is in kangaroo position (how will the parent access a clinician, when should the parent access the clinician)	Observation	<input type="checkbox"/>
7	Document initiation time of kangaroo care session	Documentation	<input type="checkbox"/>
8	Reassess dyad every 5 minutes x 3 then every 15 minutes x 2 then every 30 minutes (or as outlined in your unit practice guideline) = record assessments	Documentation	<input type="checkbox"/>
9	Document termination of kangaroo session and how the experience was tolerated by infant & parent	Documentation	<input type="checkbox"/>
10	Prepare infant-parent dyad for infant transfer to incubator	Observation	<input type="checkbox"/>
11	Perform return transfer in accordance with unit practice guideline	Observation	<input type="checkbox"/>
12	Support infant's transition back to the incubator by monitoring/recording VS until they return to baseline	Observation & Documentation	<input type="checkbox"/>

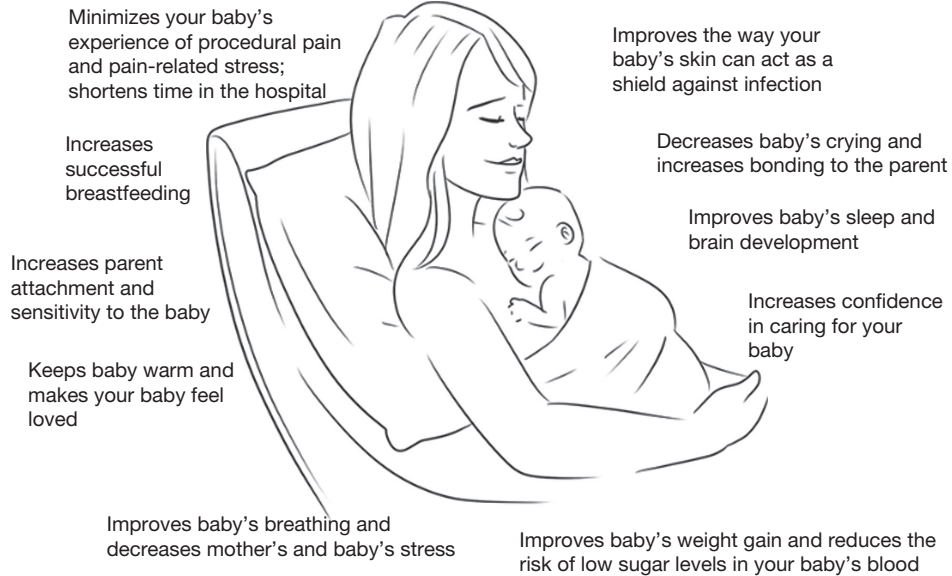
<b>Clinician:</b>	_____	_____	_____
	<i>Printed name</i>	<i>Signature</i>	<i>Date</i>
<b>Observer:</b>	_____	_____	_____
	<i>Printed name</i>	<i>Signature</i>	<i>Date</i>

FIGURE 8.5 Sample staff kangaroo care competency.

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Skin-to-skin care is a very special way for parents to hold their baby. The difference between skin-to-skin holding and traditional holding is your baby rests on your bare chest wearing only a diaper. There has been lots of research showing all the benefits of skin-to-skin care for the baby and the parent.

#### Benefits of Skin-to-Skin Care



**Research proves that the safest way to transfer your baby to your chest is using the standing transfer method. In this method you lift your baby to your chest while standing very close to the incubator, supported by your baby's nurse or other health care professional.**

FIGURE 8.6 Sample parent teaching resource for skin-to-skin (kangaroo care).

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### EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

The EPDS was developed for screening postpartum women in outpatient settings, home visiting settings, or at the 6–8 week postpartum examination. It has been used among numerous populations including U.S. women and Spanish-speaking women in other countries. The EPDS consists of 10 questions. The test can usually be completed in less than 5 minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. Items marked with an asterisk (\*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is determined by adding together the scores for each of the 10 items. Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cutoff scores ranged from 9 to 13 points. Therefore, to err on safety's side, a woman scoring 9 or more points or indicating any suicidal ideation—that is, she scores 1 or higher on question #10—should be referred immediately for follow-up. Even if a woman scores less than 9, if the clinician feels the client is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression—that is done by appropriately licensed health care personnel. Users may reproduce the scale without permission providing the copyright is respected by quoting the names of the authors, title, and the source of the paper in all reproduced copies.

#### Instructions for Users

1. The mother is asked to underline one of four possible responses that comes the closest to how she has been feeling the previous 7 days.
2. All 10 items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

Name:

Date:

Address:

Baby's Age:

---

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

---

Here is an example, already completed.

I have felt happy:

Yes, all the time

Yes, most of the time

No, not very often

No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

---

Figure 9.3 Edinburgh Postnatal Depression Scale. (continued)

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In the past 7 days:	
1. I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all	<sup>a</sup> 6. Things have been getting on top of me Yes, most of the time I haven't been able to cope at all Yes, sometimes I haven't been coping as well as usual No, most of the time I have coped quite well No, have been coping as well as ever
2. I have looked forward with enjoyment to things As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all	<sup>a</sup> 7. I have been so unhappy that I have had difficulty sleeping Yes, most of the time Yes, sometimes Not very often No, not at all
<sup>a</sup> 3. I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No, never	<sup>a</sup> 8. I have felt sad or miserable Yes, most of the time Yes, quite often Not very often No, not at all
4. I have been anxious or worried for no good reason No, not at all Hardly ever Yes, sometimes Yes, very often	<sup>a</sup> 9. I have been so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally No, never
<sup>a</sup> 5. I have felt scared or panicky for no very good reason Yes, quite a lot Yes, sometimes No, not much No, not at all	<sup>a</sup> 10. The thought of harming myself has occurred to me Yes, quite often Sometimes Hardly ever Never

FIGURE 9.3 (continued)

<sup>a</sup>The responses to these may indicate a safety concern if answered affirmatively.



Being a parent in the NICU is a difficult journey and each parent's journey is unique. The more time you spend with your baby—watching, touching, talking, and caring for your baby—the more you both learn about each other and begin building your lifelong relationship.

Developing a responsive relationship with your baby is an important part of becoming a parent. It begins by learning the special ways your baby communicates with you and the world around him or her. Babies communicate through their facial expressions, their movements, and their cries.



This baby is engaged and relaxed. Look at her forehead, nice and smooth without any wrinkles, her eyes are bright and she is looking at the photographer (maybe a family member is talking with her because she appears very calm). Notice her hand is at her mouth and her fingers are touching her lips (maybe she is sucking on them)—this may suggest she is a little hungry or interested in what's happening around her. Her color is smooth and pink and she does not seem agitated at all.

This little baby appears to be sleepy and possibly recovering from an event (notice the white knuckles clutching the pacifier). The baby's forehead is smooth, coloring is even, with the exception of pale shading to the nose, again it is important to know the context of what was or is happening with the baby in the moment. The baby's eyes look a little glassy which suggests he may be sleepy or overstimulated.



FIGURE 9.7 Parent teaching resource—infant cues. (continued)

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This baby appears to be overstimulated. Notice the pursed lips and both hands extended with fingers splayed. Again, it is important to understand what is happening to and around the baby when you observe these behaviors and these behaviors should then guide your interaction. Going slowly, supporting the baby during the interaction and providing frequent timeouts let the baby know that his or her experience and feelings are important and that you are there to help him or her.

This little boy appears overstimulated. Notice how his mouth is open and his tongue is on the roof of his mouth. His eyes look like they are staring into space and his eyebrows are just a little bit raised suggesting he is trying to take everything in but it is too much for him. His hand to his face with his pinky finger hooked on his lower eye lid could suggest he may be too stimulated to release and relax his hand. He needs a quiet space and maybe even some skinto-skin care to calm him.



This little girl may be overstimulated. Look at her hyper alert big eyes. Her slightly protruding tongue is her response to a stressful event. Her smooth forehead and even color suggest she is trying to “hold it together” on her own, but would benefit from a break to regain a sense of calm. It’s important to interpret the baby’s cues or non verbal communication in context of what is happening to them.



FIGURE 9.7 (continued)



This little girl is distressed. Notice her wrinkled brow and her eyes squeezed shut. Her arms and legs are moving quite a bit as the nurse tries to comfort her with a pacifier and some gentle boundaries with her hands. The nurse offers the baby her finger to grasp to calm her. No additional cares should be done until the baby is calm. When a parent can partner with the professional during procedures and caregiving, the baby is much less likely to become distressed.

This baby does not look happy. Notice his pouty mouth and his pursed upper lip is a little blanched coloring); his eyes look tired and a little baby needs a time-out from whatever is happening in his environment; he needs a quiet, low-lit room to recover.



(whitish glassy. This baby is opening in his space to

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family-use

for your baby  
sententials.org/

FIGURE 9.7 (continued)

Kangaroo Care in the NICU Competency—Parent			
Step	Action	Validation of Competence	Complete <input checked="" type="checkbox"/>
1	Completes parent education for kangaroo care in the NICU	Certificate of completion	<input type="checkbox"/>
2	Reviews the unit protocol and understands the eligibility criteria for kangaroo care	Observation	<input type="checkbox"/>
3	Mock-up return demonstration of the kangaroo care procedure for standing infant transfer and parent seated transfer with doll simulator	Observation	<input type="checkbox"/>
4	Assess own infant's eligibility and readiness for kangaroo care.	Observation	<input type="checkbox"/>
5	Prepare self for kangaroo care	Observation	<input type="checkbox"/>
	a. Ensure proper attire for parent		
	b. Ensure parent personal needs are attended to prior to the session		
	c. Ensure comfortable, safe seating, and privacy for the session		
6	Prepare infant for kangaroo care	Observation	<input type="checkbox"/>
	a. Ensure proper attire for infant		
	b. Ensure infant's personal needs are attended to prior to the session		
	c. Ensure comfortable, safe seating, and privacy for the session		
6	Perform transfer in accordance with parent preference and unit protocol	Observation	<input type="checkbox"/>
7	Review safety plan with nurse once settled in kangaroo position (how will the parent access a clinician, when should the parent access the clinician)	Observation	<input type="checkbox"/>
10	Perform return transfer in accordance with parent preference and unit protocol	Observation	<input type="checkbox"/>
11	Support your infant's transition once in the incubator with gentle containment, soothing vocalizations, etc.	Observation & Documentation	<input type="checkbox"/>

Parent:	_____	_____	_____
	<i>Printed name</i>	<i>Signature</i>	<i>Date</i>
Observer:	_____	_____	_____
	<i>Printed name</i>	<i>Signature</i>	<i>Date</i>

FIGURE 9.11 Sample parent kangaroo care competency.

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