



The Infant Cuddler Study: Neonatal Abstinence Syndrome and the impact of the Family Support Program

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Program Development

The Family Support Program is a volunteer program within the Neonatal Intensive Care Unit (NICU) at St. Michael's Hospital (SMH) designed to provide support and comfort to infants and their families, primarily through the cuddling of babies in the unit.

Program Rationale

- Standard of care in the U.S.A; gaining popularity and momentum in Canada
- Parents are unable to be present in the NICU to care for their infants 24/7 for a variety of reasons that include, but are not limited to: parental illness, continued employment after birth, no/limited access to childcare for siblings, limited social supports, transportation barriers, family need for self-care, and child welfare involvement that either limits or prohibits access to the child
- Research shows a positive correlation between touch and a decrease in infant crying; improvement of healthy sleep; pain relief; physiological stability (heart rate, temperature); weight gain & growth; shorter hospital stays; and improved infant mental health
- Increase in number of infants at SMH being treated for opiate withdrawal



Program Development Process

- Environmental scan of other cuddling programs across the province
- Consulted with risk management due to innovative role of volunteers having direct patient contact
- Liaised with Volunteer Services to craft roles and responsibilities
- Engaged internal stakeholders such as departmental committees, program management and leadership team
- Held focus groups with NICU staff (nursing, physicians and allied health) to ensure roles & responsibilities were in alignment with patient, family and staff needs ** Key to program success as stakeholders had program buy-in even before implementation

Volunteer Recruitment & Training

Recruitment & Screening

- Interested applicants apply online through Volunteer Services and are screened by the Volunteer Department for appropriateness
- In-person interviews are conducted with the program coordinator and unit manager to ensure that the applicant has an understanding of the role (emphasizing that infants are either preterm or ill) and that they have a capacity to fulfill role responsibilities effectively
- Volunteers are required to complete a health screening process with their primary care provider
- Volunteers must consent to completing a Vulnerable Sectors Screening Police Reference Check. Volunteers complete this process independently with the Police Department in their home region and are reimbursed by Volunteer Services.



Orientation and Training

- Successful applicants complete a general orientation required by all volunteers in the hospital through the Volunteer Services Department
- Volunteers are then provided with a program manual and participate in a half-day training session co-led by a NICU social worker and nurse practitioner. The training is multi-didactic, including low-fidelity simulation scenarios and covers the following topics
 - Description & tour of NICU
 - Volunteer roles & responsibilities
 - Infection control practices
 - Safety Procedures
 - Privacy & Confidentiality
 - Common conditions in the NICU
 - Neonatal Abstinence Syndrome
 - Recognizing infant cues
 - Safe infant handling practices & comforting techniques
 - Maintaining boundaries
 - Importance of self-care

Program Operations



Volunteers are placed in the NICU 7 days a week, with one providing a morning shift (8am – 12pm) and one an afternoon shift (12pm – 4pm). The program has 14 volunteers with standing shifts of once per week and a number of casual volunteers who can be called in to cover vacations, illness, etc.

The program is considered a standard-of-care for all infants in the NICU and caregivers/guardians receive a letter in their welcome package describing the program. Parents are provided with an 'opt-out' option if they do not want their baby to be held by a volunteer when they are not present in the unit.

What does a volunteer's shift look like?

- Review the Communications Binder which includes any information about program or unit changes, as well as notes from the volunteers themselves
- Check-in with the nursing team leader for their assignment for the day
- Record any infant handling in 'cuddling logs' which are kept in the communication binder for each infant in the NICU for program tracking and accountability purposes
- Record any information about the time the infant was held by the volunteer in a 'Notes from a Cuddler' information sheet which is provided to the parent as a keepsake

Volunteer Roles

1. Cuddling: The primary role of the Family Support Volunteer is to provide comfort to infants in the NICU when their parent(s) or guardian(s) are not able to be present in the unit. The goal of infant cuddling is to provide a safe and nurturing environment that developmentally supports individual infant's physical and neurobehavioral growth while promoting safe infant handling.
2. Family Support: Family Support Volunteers can help decrease social isolation by providing unit tours to parents of newly admitted infants and offering friendly companionship to families. They may also offer to entertain siblings at the bedside, provided there are no infants in the unit requiring their attention at the time.
3. Clerical Support: If there are no opportunities for cuddling or interacting with families volunteers may help in the unit by answering the telephone, stocking supplies and assisting with patient education materials.

Evaluation

Led by a nurse practitioner and social worker, an interdisciplinary team of researchers conducted a mixed methodology quantitative and qualitative study entitled **The Infant Cuddler Study: Evaluating the effectiveness of the Family Support Program in infants with NAS. Does cuddling decrease the length of stay?**

This pilot prospective cohort study compared the average length of stay (LOS) of infants with Neonatal Abstinence Syndrome participating in the Family Support program to the average LOS prior to program implementation. Retrospective LOS ranged from 12 – 61 days (average 30.9 days) and prospective LOS ranged from 18 – 37 days (average 24.0 days). An overall mean reduction of 6.9 days was achieved with the introduction of the Family Support Program.



Using a generic qualitative design, we collected data through focus groups with both volunteers in the Family Support Program and nursing staff in the NICU to explore program perspectives. A thematic analysis revealed the following themes:

Volunteer Themes	RN Themes
➤ Pride in role	➤ Glad to have support for infants with NAS
➤ Experiencing is calming and self-care for volunteers	➤ Interact with Families well and support siblings
➤ View the nursing team as exceptional in their role	➤ Workload issue having to find infants for volunteers to hold
➤ Shift in care responsibilities was a significant change for nursing staff	➤ Belief that waking sleeping infants for cuddling will interfere with healthy sleep
➤ Belief that babies can sleep while being cuddled	

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