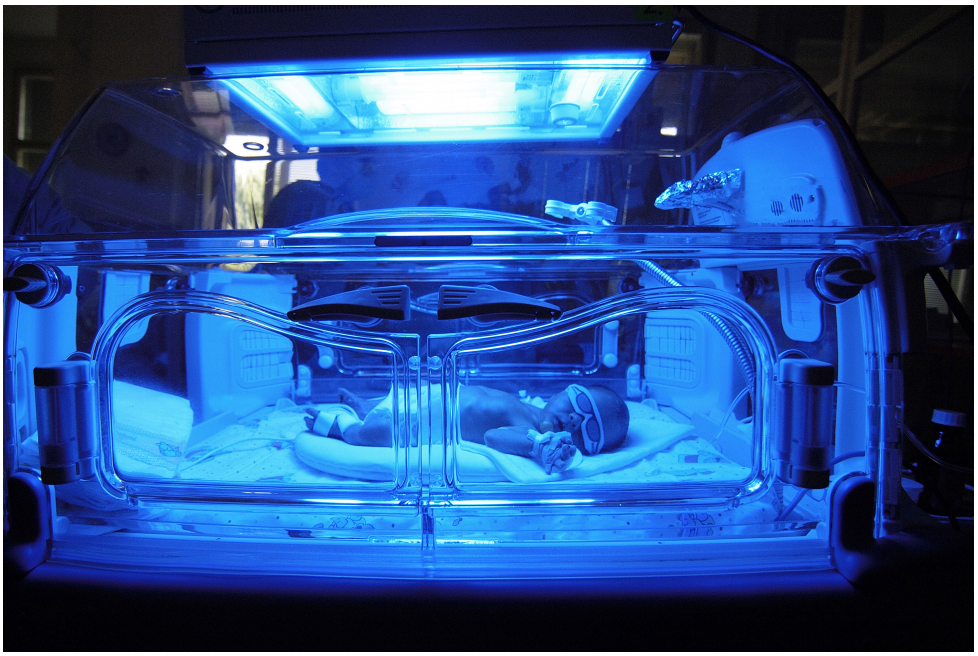
Trauma-informed care in the NICU

Trauma is defined as “a deeply distressing/disturbing experience or physical injury” according to the New Oxford American Dictionary. Typically, as health care providers when the word trauma is mentioned, we think about the patient being injured in some type of accident. We basically focus on the physical examples of trauma. Our minds drift to picturing pediatric or adult ICU patients on ventilators. Emotional trauma is often under-recognized, and we definitely do not think about emotional trauma being experienced by our tiniest patients in the neonatal intensive care unit. However, there is great evidence to the contrary and implementing trauma-informed care can mitigate the distressing/disturbing experiences suffered by patients in the NICU.

Trauma-informed care involves understanding and supporting the premature infant’s physical needs while providing an environment where the infant can grow and flourish. Understanding the preemie’s physical needs involves understanding the neurodevelopment of the brain. The earlier an infant is born, the more fragile and underdeveloped their brain is. Infants born at or less than 28 weeks gestation lack the ability to interact with the environment around them. Disruption in sleep, bright lights and loud voices can be noxious and distressing for the infant. These infants require minimal handling and gentle interactions from their caregivers. An infant born between 29-34 weeks gestation begins to demonstrate autonomic stability and can interact with their environment for short periods of time. Understanding infant distress cues is important when caring for an infant at this stage so the caregiver can recognize when the tiny patient is becoming overwhelmed. At 35 weeks gestation or older, the infant’s brain is developed enough that the infant has the ability to process stimuli and interact with the environment around them. Therefore, understanding the patient you are caring for and their neurodevelopmental limitations should guide the care you provide.



Smaller babies require a quiet, dimly lit environment and gentle handling to minimize stress. Also, stimulating one sense at a time will allow the baby to process the interaction more calmly as opposed to overwhelming the baby with poly-stimulation of the senses. For example, introduce light, then introduce sound, then introduce touch and allow a couple of seconds between each. If the baby begins displaying distress cues such as changes in their heart rate, fluctuations in saturations, or arching their back, pause or slow the interaction to give the infant time to process the stimuli appropriately. Providing an environment for the infant to thrive in also includes being cognizant of the noise level in the NICU at all times, avoiding abrupt changes in lighting and basing touch times around the baby's sleep/wake patterns, not the clock. If we can create a culture in our NICU where the health care providers implement care consistently that supports the developmental needs of the infants, the overall short and long-term outcomes for these babies would be greatly improved! At the end of the day, our goal should always be to provide the best care with the best outcomes.

Another aspect of trauma-informed care includes recognizing the humanity of our tiny patients. If we were caring for an older baby in the pediatric ICU, we would never wake them to change their diaper or check their heart rate. We would never interrupt the middle of their lunch to draw labs. We would never flip them over without gently waking and talking to them first. Yet we do all of these things in the NICU daily. We need to provide the infants in the NICU the same level of dignity that we provide all patients throughout the lifespan, which is conscientious of the fact that they are human beings and we should always respect their boundaries and needs. In the words of Mary E. Coughlin, the author of Trauma-informed care in the NICU: evidence-based practice guidelines for neonatal clinicians, "trauma-informed care is about showing up differently." It's about providing safe, consistent care that is routine and conscientious of the baby's senses. It's about creating an environment for the baby to thrive and flourish in and it's about decreasing the stress and traumatic

events experienced by the infants in the NICU. Research has shown that infants that chronically experience pain/stress early in life have altered stress and anxiety responses well into adulthood.

Lastly, trauma-informed care cannot be correctly implemented in the NICU without the inclusion of the parents. Limiting parental presence is simply not the right thing to do for either the parent or the infant. Help the parent learn how to care for and bond with their fragile infant. Ask how they are doing and listen more than you speak. It is also important to acknowledge the fact that having a child in the NICU may potentially be one of the most traumatic experiences for the parents. People who experience extreme emotional trauma do not process information well and display different emotional responses. Parents may be angry, tearful or completely withdrawn. All of these are expected responses to extreme stress. Considering the emotional duress of the parents in the NICU will help the healthcare provider support them and have empathy when interacting with them. Lack of connection with the parents in the NICU directly contributes to compassion fatigue and nurse burn-out. Supporting the NICU parent will not only help the parent but will also emotional support the healthcare provider. Together the parent and healthcare provider can create a healing environment and provide the best care to the infants in the NICU.

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