FACILITATION OF DEVELOPMENTAL CARE FOR HIGH-RISK NEONATES: AN INTERVENTION STUDY

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Supervisor: Dr SJC van der Walt Subject expert: Mrs CM Maree

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Summary

Facilitation of developmental care for high-risk neonates: an intervention study

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The implementation of developmental care in South Africa seems problematic. As an effective care approach, developmental care (DC) reduces short- and long-term sequelae for pre-term and sick infants. This study therefore investigates and documents how DC can be implemented successfully in a South African context.

The research design chosen, intervention design and development, has six phases: problem analysis and project planning, information gathering and synthesis, design, implementation, evaluation and advanced development, and dissemination. The sixth phase fell outside this study's scope.

Phase One, problem analysis and project planning, involved analysing and describing the level of DC practiced at the research site before implementation, and planning the implementation of DC in a South African public NICU. Planning involved consulting relevant literature and the multidisciplinary team of the NICU.

Phase Two, information gathering and synthesis, consisted of identifying the factors involved in DC implementation from national and international examples of such implementation in neonatal intensive care. These factors were derived from available literature and other resources, including institutions where DC and kangaroo-mother care have been implemented, to provide a contextual framework for the intervention plan.

The intervention plan for DC implementation at the research site was designed in Phase Three, based on the information gathered in Phase Two. The plan consisted of descriptive representations of the realities of clinical practice combined with applicable

theoretical perspectives on the practice of DC. Guidelines for implementing DC were established as part of the plan.

Phase Four involved the execution of the intervention plan in a South African public NICU, with participation from members of the multidisciplinary team. The intervention plan was refined and developed further in Phase Five, through monitoring and evaluating DC principles in the NICU. The guidelines were validated by an expert group.

The study used Lincoln and Guba's model (1985: 305) to ensure trustworthiness.

No experimental and control groups were used as DC was implemented uniformly in the NICU, with all infants receiving this care. Harm or damage to research participants were not expected, as DC implementation benefits them and improves their working environment. Confidentiality was ensured for all participants and institutions involved. Informed consent for participation was obtained from individual members of the multidisciplinary team. Clearance was obtained from the ethics committee of the University of Pretoria, and institutional consent was obtained from the necessary organisations.

This intervention study targeted the multidisciplinary team where medical, nursing, allied health profession and non-medical support personnel were involved in implementing DC. Phase One's targets and goals included improving the quality of care rendered at the research setting, reducing developmental delays for preterm and sick infants and improved the working environment for the multidisciplinary team. Personnel targets were increasing the staffs' knowledge and skills, and improving staff morale and job satisfaction. These targets and goals were achieved.

Key Terms

Developmental care; kangaroo-mother care; implementation; pre-term infant;

intervention research design; guidelines; neonates.

Declaration

I declare that this thesis, title: **Facilitation of developmental care for high-risk neonates: an intervention study,** which I hereby submit for the degree PhD (Nursing Science) at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at another university.

Angie Hennessy

Researcher's Signature

Ms A. C. Hennessy

<u>June 2006</u>

Date signed

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Appendix 5:	Institutional informed consent document
Appendix 6:	In-depth interview informed consent document
Appendix 7:	Developmental care launch pamphlet
Appendix 8:	Fundraising photographs
Appendix 9:	Photographs of new positioning aids
Appendix 10:	Practice guidelines for positioning
Appendix 11:	Orientation information sheet
Appendix 12:	Photographs of developmental care wall
Appendix 13:	Developmental care newsletter
Appendix 14:	Example of in-service signage
Appendix 15:	New vision, mission and philosophy
Appendix 16:	Questionnaire 2
Appendix 17:	Positioning checklist evaluation
Appendix 18:	Focus group interview questions
Appendix 19:	Focus group interview informed consent document

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Appendix 20: Parents informed consent document for photographs

Appendix 21: Ethical clearance from the University of Pretoria

List of Abbreviations

DC Developmental Care

NICU Neonatal Intensive Care Unit

KMC Kangaroo-mother Care

dB Decibel

NIDCAP® Newborn Individualised Developmental Care and Assessment Program

SANC South African Nursing Council

MRC Medical Research Council