Rountable less successful countries, 14 November 2016

Answers from Italy (Immacolata Dall’Oglio)

1. One of the major obstacles to the implementation of KMC is the fact that most NICUs do not adopt an open door policy, i.e. they restrict the access of parents. How could resistance to an open door policy be overcome?

The preliminary results of a recent national survey regarding KMC in Italy, responded by 45 out of 105 NICUs, show that parental presence is permitted 24/24 h in around 40% of respondent centers. It is permitted during the daylight (eg 8-20 h) in 6 NICUs, usually some hours in the morning or the afternoon. Generally the main reason for this policy is related to the lack of enough space. NICUs are often organized with one or two open space rooms. Moreover, the infants need high technology treatment with mechanical ventilation, monitors, pumps and so on. The layout and design of Italian NICUs, especially in the past, were not made for parents or the infant family. Another issue is related to the lack of facilities for the family (eg a room to rest in the hospital).

Despite these limitations, many NICUs have an open door policy. However, the problem is not only the layout, but especially the cultural and professional approach. This issue was largely debated in Italy and we walked a long way. But we have still a lot of work to do, in order to:

- learn how to care the infants with the parental presence

- involve the parents in the infant care so that they feel it is good for them

- perform medical treatment or medical round with parents staying in the NICU

- bear in mind that parents are partner in the care and not visitors

- educate parents regarding how to stay and how to collaborate with doctors and nurses or others.

Last but not least, health providers cannot be left alone in this change. Caring of high risk neonates is very stressful for them. They need to be supported to better take care of infants and their families.

2. In places where KMC is implemented, it is usually in the form of intermittent KMC. What are the barriers to the implementation of continuous KMC?

We conducted a survey regarding KMC practice in Italy. The preliminary results show that KMC is on the whole practiced in Italian NICUs, but only in half of them it is practiced continuously. On the other hand, in some units KMC is performed only occasionally. For example, a few days a week. Which are the barriers? The most important are:  
- the lack of open door policy, as mentioned above

- the lack of enough facilities for the family or at least for the mother (such as a bed for the mothers near the incubator of the infant). Only a quarter of respondent NICU have one or two family rooms. Generally, these have one or two beds. Some NICUs are changing from open space model to family rooms for all the ward. This change is important but it might be not easy for organizational motivations, model of care and issues regarding risk prevention.

- another barrier is the culture of health providers regarding how much KMC could be a safe practice also in very preterm infants.

- KMC is generally proposed in delivery room in less than 40% of NICUs and in operating room in less than 20%.

- moreover, KMC is started after a specific treatment such as umbilical catheter or invasive mechanical ventilation. This issue is related to professional culture and practice of KMC. Health providers are really worried to manage the infant during KMC and they cannot appreciate its benefits also in very preterm infants. Good examples, experience sharing and training might represent good opportunity to improve KMC in NICUs.

Last but not least, the parents. If they are not well informed and supported regarding KMC, the perception of fragility of their infant represents an important barrier. Moreover, they could be in difficulty to be available for KMC all the time during the hospital stay. It is often related with their own family situation such as other children or need to work or home location and distance from the hospital.

3. Health professionals often change their practices when they get some input or even pressure from patients. Are there groups of parents of preterm babies that may advocate for KMC in Italy? If so, how could an alliance between these groups and groups of motivated health professionals be established and how could it act effectively for increased awareness and dissemination of KMC?

Good question! Yes parents or other stakeholders are a very great resource. In Italy there are many preterm parents associations or related to a NICU. Most of them are together in a great network named Vivere onlus. The sense of this work is that together it is better and the actions are more effective. What is the actions of the groups or associations? And what are the actions related to KMC?

- parent peer to peer information: if a mother could listen the previous experience of another one who was in a similar situation, the message could seem more real.

- support health providers education regarding infants care, eg KMC, breastfeeding etc

- economic support to change the layout of neonatal units or to buy armchairs or beds or other useful facilities for KMC

- promote new laws or statements to protect preterm infants and to advocate KMC.

When the parents tell us their experience it’s very important to motivate health professionals. Sometimes mothers could tell us how it was important for them skin-to-skin contact with their very sick infants; it is the most important trigger for all us!!!

An alliance of health providers and parents groups? Yes, it could really help the change and it could protect both and give an help to infants and parents and the motivated health professionals.