Improving Family-centered Care Through Greater Understanding:
A Qualitative Study of Family Experience with Hospitalization for NAS
Emily Carson; Erica Hsu; Grace Sollender; Christine Arsnow, MD; Victoria Flanagan, RN, MS; Erin Swasey, MSW; Joanna Celenza, MA, MBA; Bonny Whalen, MD; Alison V. Holmes, MD, MPH

Research Aim
Understand families’ experiences during newborn NAS hospitalization

Methods
- Interview questions developed by multi-disciplinary, multi-unit team
- 20 semi-structured family interviews
- Transcribed & analyzed interviews through inductive approach
- Categorized frequent themes into domains through team consensus

Domain #1: Education and Preparation
- Organized education regarding NAS course, scoring, and treatment
- Preparation for extended hospital stay

“...I wish I had known a lot more about NAS before I gave birth...I didn’t think about the consequences. I did, but I didn’t know they would affect the baby so much.”

Domain #2: Partners in Care
- Importance of parental involvement in infant care and NAS scoring
- Role of parental emotions (guilt, disappointment, fear)
- Impact of breastfeeding and rooming-in

“I know my baby more than anybody else does. So they have to rely on that to help them out, you know, with scoring and knowing what she’s going through.”

Disclosure
No financial or competing interests.

All pharmacologic treatment for NAS is used “off label”
Improving Family-centered Care Through Greater Understanding:
A Qualitative Study of Family Experience with Hospitalization for NAS
Emily Carson; Erica Hsu; Grace Sollender; Christine Arsnow, MD; Victoria Flanagan, RN, MS; Erin Swasey, MSW; Joanna Celenza, MA, MBA; Bonny Whalen, MD; Alison V. Holmes, MD, MPH

Domain #3: Interpersonal Interactions / Communication
- Good support from staff
- Poor support (feeling judged, breaches of confidentiality)
- Communication about infant & clinical course

Domain #4: Hospital Environment & Transitions
- Inconsistencies across units/providers
- Experiences unique to NICU environment

Using Results to Improve Care
- Staff training to improve scoring consistency
- Group prenatal education provided at local addiction treatment programs
- Policies and staff education to promote family-centered care / non-pharmacologic interventions
  - Rooming-in
  - Baby symptom diary
  - Skin-to-skin before/during scoring
  - Feed ad lib to score
  - Encourage breastfeeding
  - More emphasis on clinically important score measures

Summary: Family Collaboration Enhances Quality Improvement Effort

Acknowledgments
- Alison Holmes, MD, MPH
- Bonny Whalen, MD
- Victoria Flanagan, RN, MS
- Erin Swasey, MSW
- Joanna Celenza, MA, MBA
- Christine Arsnow, MD
- Barbara Swenson, MSW
- Erin Angley, MSW
- Grace Sollender
- Erica Hsu
- DHMC/CHaD staff
- VON iNICQ 2013-2014
- Patient families and interviewees