

Driver 3: Response Positive Touch/Interactions

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Global Aim: Support hospitals and care teams in fostering a neuroprotective NICU culture by training staff and providers, engaging families, optimizing developmentally appropriate sensory care, and minimizing unnecessary interventions to promote a nurturing environment for infants.

Primary Key Driver

Response: Positive
Touch/Interactions

Secondary Drivers

Promote developmentally supportive positive touch

Encourage nurturing and developmentally appropriate feedings

Establish structures and systems that promote full family participation and partnership

****Respectful care is a universal component of every driver and activity***

3a: Promoting Developmentally Supportive Positive Touch

Potentially Better Practices:

- **Soothing, Cue-Based Touch:** Use hand hugs, facilitated tuck, and midline flexion before, during, and after care.
- **Monitor Stress Cues:** Observe infant closely during all activities.
- **Standardized Education:** Train all caregivers on optimal handling and transfers.
- **Four-Handed Care:** Cluster interventions to reduce handling and promote stability.
- **Responsive Care:** Engage with infant cues and involve them in the care process.
- **Gentle Transitions:** Dim lights and use soft touch when starting care.
- **Volunteer Support:** Use trained cuddlers when families are unavailable.

Evidence and Tools



- **I-Rainbow:** Infant-based tool that guides sensory interventions
- **Affective Touch:** Skin-to-Skin/Kangaroo, Side-lying Diaper Changes, & Swaddled /Bathing/Weighing
- **IPAT:** Infant **P**ositioning **A**ssessment **T**ool used to score and guide optimal, developmentally supportive positioning of infants
- **Cuddler Program:** Hospital based volunteer program in which volunteers are trained to hold and comfort infants

3b: Encouraging Nurturing & Developmentally Appropriate Feedings

Potentially Better Practices:

- **Family Involvement:** Support first oral feed with a parent/family member.
- **Holding & Comfort:** Encourage holding during and after enteral feedings.
- **Calm Environment:** Foster a quiet, supportive atmosphere during feedings.
- **Cultural Sensitivity:** Create an environment that encourages engagement with families of all backgrounds.
- **Open Dialogue:** Facilitate supportive discussions about feeding choices.

Evidence and Tools



- **Infant-Driven Feeding Program:** Infant-based tool that guides sensory interventions
- **Oral Feeding Readiness:** An infant is developmentally stable and able to coordinate sucking, swallowing, and breathing safely for feeding
- **Oral Feeding Policy:** Guidelines and criteria for safely initiating, assessing, and advancing oral feeds in infants based on developmental readiness and clinical stability

3c: Promoting Full Family Participation & Partnership

Potentially Better Practices:

- **Family Education:** Provide training on neurodevelopmentally appropriate care, sensory/touch goals, and anticipatory guidelines.
- **Build Confidence:** Support families to feel comfortable providing care.
- **Active Involvement:** Include families in daily care routines and decision-making.
- **Shared Goals:** Set clear, achievable care goals with families.

Evidence and Tools



- **Sensory Developmental Care Map:** Visual guide that helps staff and families provide age-appropriate sensory support.
- **NIDCAP:** Guides individualized, developmentally supportive care for vulnerable newborns and their families
- **SENSE Program:** Guide that helps families and NICU staff provide appropriate sensory experiences to support infant brain development
- **Blooming Littles:** Education platform that promotes family-centered, neuroprotective, developmental care
- **Understanding Your Baby's Cues:** Recognizing your baby's signals to know when they are calm, stressed, or ready to interact

Questions?
