 POSITION PAPER

NICU Parent-Led Peer-To-Peer Support Services
Acknowledgments

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Peer-to-peer support is critical for all NICU families, by families whose babies are born full term often need individualized, appropriate connections to peer support, especially if there is a specific diagnosis and that support organization exists. It is crucial for these families to connect, because for many, the NICU is truly just the beginning for their difficult journey and that specific support can empower families, forming lifelong connections.

Betsy Pilon, Executive Director
HOPE FOR HIE
Introduction

NICU parents are forced to experience the trauma of having their newborn baby admitted to the hospital instead of bringing them home. Many of these parents have also experienced a traumatic pregnancy and childbirth. These parents can be confused by the myriad of hospital policies and protocols to which they are exposed. Peer support can help these parents navigate hospital systems more effectively, give them a support system of other parents who have experienced a similar journey, and help them feel less isolated. Peer support can also help parents meet their baby's care needs more efficiently, and with greater confidence and hope.

As NICU graduate and bereaved parents, we have well-founded and invaluable knowledge from our lived experiences; therefore, we are the perfect group of experts to discuss such an important topic and advocate for the establishment of such programs.

Every parent of every baby admitted to a Special Care Nursery or Neonatal Intensive Care Unit (NICU) should be offered peer support from a “veteran” NICU parent mentor during their baby's hospital stay. Ideally, this opportunity would be a part of a NICU’s comprehensive family support program.

The goal of our position paper is to show all Special Care and NICU physicians, nurses, and hospital management that peer-to-peer support services should be offered to each parent once their baby is admitted to the hospital. Hospitals are encouraged to take advantage of services and programs that already exist in their area, or create a program if the former is not an option.

We have included several other sources of information and previous research done on the topic to use as a reference and to support our position.

Please join NPN in sharing our position paper with hospital leadership, mental health advocacy groups, neonatal physicians, bedside nurses, therapists, and policymakers so that we can bring much-needed emotional support to a population of parents who need it.

Jennifer Degl & Stephanie Vaughan
NPN Standards & Review Committee Co-Chairs
Position
The NICU Parent Network (NPN) advocates for the establishment and funding of peer-to-peer support services and peer mentoring programs in all NICUs. To provide consistent support and continuity of care, NICU and follow-up care providers should partner with parent-led peer-to-peer support programs in their community or create their own.

Rationale
- NICU parents have unique psychosocial and mental health needs
- Parents are the primary caregivers for medically-fragile infants
- Addressing these unique mental health needs improves an infant’s medical and developmental outcomes and lowers rates of postpartum mood and anxiety disorders (PMADs)
- Peer-to-peer support is a proven mental health intervention
- Peer-to-peer support services contribute to greater parent/patient satisfaction

Peer Support: Research and Reports from Mental Health America
Peer support has existed in behavioral health for decades. Its rapid growth in recent years is for good reason. Research and experience show that peer support specialists have a transformative effect on both individuals and systems. Peer support has been shown to:
- Improve quality of life
- Improve engagement and satisfaction with services and supports
- Improve whole health, including chronic conditions like diabetes
- Decrease hospitalizations and inpatient days
- Reduce the overall cost of services
Peer support empowers people to make the best decisions for them and to strive towards their goals in their communities. Peers are an essential component of recovery-focused systems and are key across settings and stages of recovery.

Peer Support: Research and Reports from Institute for Patient- and Family-Centered Care

Peer Support is intentional, personalized, relationship-based, and available as needed. Peer Support offers a real-life, real-time perspective, a view only an experienced patient or family member can provide.

GLOBAL EVIDENCE FOR PEER SUPPORT: HUMANIZING HEALTH CARE

Peer Support presents a unique opportunity for health care planning and management. Clear evidence shows concrete benefits for individuals and systems, including cost-effectiveness. As an important humanizing force in health care, it changes the way we look at health. To bring peer support to diverse populations and settings, the key functions provide a framework for standardization and flexible adaptation. This report sets the course for scalable, feasible implementation that reaches whole populations, engages those too often left behind in health care, improves outcomes as well as quality of life, and reduces unnecessary burden and costs.

When Graham’s Foundation was still in its beginning, Heather McKinnis reached out to me after my son Gavin died. We talked for hours and hours. Our talks and emails were the one thing I looked forward to during those early days of grief. They were integral to my survival.

Ashley Noveck Ortiz

Born at 23 weeks & 6 days
Neonatal Center Parent-to-Parent Partnership
Our goal is to make this experience a little easier. Together with the entire staff of the NICU, we offer a circle of caring for you, your family, and your baby.

Applying Patient and Family-Centered Concepts to Bedside Rounds...
Increasingly, staff and faculty are including patients and families in the process of hospital rounds. In newborn intensive care units (NICU), families can offer their observations, questions, and expertise.

Newborn Intensive Care
NIUC: A parent education and support program. Advances in Neonatal Care, 13(2), 115-126. doi:10.1097/ANC.0b013e318285fb5b. Buehler, D. M., Als, H., Duffy ...

Family Support Network™ of Eastern North Carolina (FSN-ENC) at ...
FSN-ENC started offering peer support to families in the NICU at Vidant Medical Center James and Connie Maynard Children's Hospital, the only Level III ...

Family Support Network™ of Western North Carolina (FSN-WNC) at ...
Family Support Network™ of Western North Carolina (FSN-WNC) at Mission Children's Hospital. Vidant Medical Center. The Family Support Network™ of ...

Sample Policies/Guidelines and Other Resources
...Invasive Procedures, and Emergent-Urgent Care Procedures · St. Joseph Mercy Health System—Criteria for Parent's Presence at NICU Medical Interventions/ ...

Changing the Concept of Families as Visitors Bibliography
...participation guidelines in the NICU: The experience of the Colorado consortium of intensive care nurseries. Neonatal, Paediatric and Child Health Nursing, 7(2) ...

The role of peer support in perinatal anxiety and depression

There is a growing evidence-base for the use of peer support with a wide-range of populations during pregnancy and the early years. This article gives an overview of peer support approaches in parents experiencing anxiety and depression in the perinatal period, drawing on current research and models of best practice.
Interdisciplinary Recommendations for the Psychosocial Support of NICU Parents.

The Differential Impact of WIC Peer Counseling Programs on Breastfeeding Initiation across the State of Maryland.
Susan M. Gross, PhD, MPH, RD, Amy K. Resnik, MS, RD, CSP, LDN, IBCLC, Caitlin Cross-Barnet, MA, MA, ...First Published August 3, 2009 Research Article

Support Like a Walking Stick: Parent-Buddy Matching for Language and Culture in the NICU.

Peer support for parents of children with chronic disabling conditions: a systematic review of quantitative and qualitative studies.
Val Shilling, Christopher Morris, Jo Thompson-Coon, Obioha Ukoumunne, Morwenna Rogers, Stuart Logan. First published: 19 February 2013

Peer support during pregnancy and early parenthood: a qualitative study of models and perceptions.

Mothers’ accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: a qualitative study.
Jenny McLeish and Maggie Redshaw. BMC Pregnancy and Childbirth BMC series – open, inclusive and trusted 201717:28

Similar Program Design: Case Study - Parent to Parent USA

Parent to Parent USA - A PARTNER IN FAMILY INVOLVEMENT: AN INTERVIEW WITH NANCY DIVENERE

In response to requests from parents and program directors of Parent to Parent programs for efficacy data on Parent to Parent, a participatory action research team of parents and researchers conducted a 3-year national study to determine the effectiveness of parent to parent support for Referred Parents. Parents and researchers worked together to design the study, write the grant application, and carry out this important study involving 400 parents nationally. George Singer, PhD. was the Director of the study (later becoming a P2P USA Board Member). The results indicated that parent to parent support increases parents’ acceptance of their situation and their sense of being able to cope.
Moreover, parent to parent support helps parents to make progress on the need they present when they first contact a Parent to Parent program. Over 80% of the parents found parent to parent support to be helpful. In fact, the data indicated a direct correlation between the number of contacts Referred Parents had with their Supporting Parent and how satisfied referred parents were with the support they received; and, the greater the number of contacts, the greater their satisfaction. Interviews with parents suggest that the kind of support Parent to Parent offers is unique and cannot come from any other source. Based upon this significant data, the research team recommended that parent to parent support should be an essential component of a comprehensive family support system.

Based on this national study, Parent to Parent USA endorses and promotes the following evidence-based practices. View the following in PDF format:

- P2P USA ENDORSED PROGRAM PRACTICES — SUMMARY
- P2P USA ENDORSED PROGRAM PRACTICES — DETAILED
- P2P USA ENDORSED PROGRAM PRACTICES FOR SUPPORT PARENT RECRUITING AND TRAINING
- P2P USA ENDORSED PRACTICES FOR MATCHING AND FOLLOW-UP

NEWLY PUBLISHED RESEARCH: P2P SUPPORT PROVIDERS: HOW RECRUITS ARE IDENTIFIED

**Recommendations:** American Academy of Pediatrics

- THE PEDIATRICIAN’S ROLE IN FAMILY SUPPORT AND FAMILY SUPPORT PROGRAMS
- PATIENT- AND FAMILY-CENTERED CARE AND THE PEDIATRICIAN’S ROLE
As a contributing member of the National Perinatal Association’s workgroup to develop Interdisciplinary Recommendations on Psychosocial Support for NICU Families, the NICU Parent Network fully supports the following recommendations: https://www.nature.com/articles/jp2015143

Every parent of every baby admitted to a Special Care Nursery or NICU should be offered peer support from a ‘veteran’ NICU parent mentor during their baby’s hospital stay. Ideally, this opportunity would be a part of a NICU’s comprehensive family support program.

While in-person peer support during the baby’s hospital stay may be viewed as best practice, peer support can be offered to parents in a variety of different ways including email or phone support, virtual group support, or through an online community support site for NICU families.

Peer support in any form is best started in the antepartum period when appropriate (as when mothers are hospitalized during the antepartum period), continued through the baby’s NICU stay, as well as after baby’s discharge from the NICU. Having a consistent peer mentor throughout a NICU parent’s journey may be desirable.

Parents whose baby dies should be offered the opportunity to be paired with a bereavement mentor who has also experienced a neonatal loss of similar circumstances.

Peer support is one element of a comprehensive family support program. Other elements should include:

a. An institutional and administrative champion for peer and family support;
   b. A facilitator/coordinator who could be:
      i. A hospital employee (psychologist, social worker, nurse, pastoral care, physician),
      ii. A trained parent and/or family support specialist,
      iii. A former NICU parent or volunteer from one of the many non-profit peer-to-peer parent support organizations across the country;
   c. A menu of types of support available (individual and/or group in-person support, email, phone, and online support);
   d. Parent education classes and written materials, as well as social activities;
   e. Staff education to promote understanding of NICU families’ psychosocial needs, family-centered care practices, and methods of communicating and providing support (see ‘Recommendations for enhancing psychosocial support of NICU parents through staff education and support’, this issue).
It is imperative that any family support program that utilizes peer volunteers should provide evidence-based training in peer support to the volunteers to ensure that they are capable of carrying out the peer support role in a responsible and culturally sensitive way that is fully compliant with both Health Insurance Portability and Accountability Act (HIPAA) regulations and hospital policies.

In NICUs without the resources to develop a local and comprehensive family support program of their own, parents should be referred to regional or national parent support organizations that have been evaluated by their NICU staff.

Peer support organizations working with NICU families should consider offering support services to members of the baby’s family including siblings, grandparents, and others, as needed and desired.
Appendix

PAGE 3
Read a summary of the research here. (May 2018)
See their comprehensive bibliography.
http://www.mentalhealthamerica.net/conditions/peer-support-research-and-reports
Global evidence for peer support humanizing health care

PAGE 4
Neonatal Center Parent-to-Parent Partnership
www.ipfcc.org/bestpractices/helen-devos-neonatal-PPP.pdf
Applying Patient and Family-Centered Concepts to Bedside Rounds...
www.ipfcc.org/resources/PH_RD_Applying_PFCC_Rounds_NIC.pdf
Newborn Intensive Care
www.ipfcc.org/resources/BI-Newborn-Intensive-Care.pdf
Family Support Network™ of Eastern North Carolina (FSN-ENC) at ...
www.ipfcc.org/bestpractices/profile-vidant.html
Family Support Network™ of Western North Carolina (FSN-WNC) at ...
www.ipfcc.org/bestpractices/profile-fsn-wnc.html
Sample Policies/Guidelines and Other Resources
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PAGE 5
Interdisciplinary Recommendations for the Psychosocial Support of NICU Parents.
The Differential Impact of WIC Peer Counseling Programs on Breastfeeding Initiation across the State of Maryland.
https://doi.org/10.1177/0890334409342070
Support Like a Walking Stick: Parent-Buddy Matching for Language and Culture in the NICU.
http://www.academyofneonatalnursing.org/WritingCenter/SupportLikeAWalkingStick.pdf
Peer support for parents of children with chronic disabling conditions: a systematic review of quantitative and qualitative studies.
https://doi.org/10.1111/dmnc.12091
Peer support during pregnancy and early parenthood: a qualitative study of models and perceptions.
Mothers’ accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood
https://doi.org/10.1186/s12884-017-1220-0
Parent to Parent USA - A Partner in Family Involvement: An Interview with Nancy DiVenere
http://www.amchp.org/AboutAMCHP/Newsletters/Pulse/Archive/2011/October2011/Pages/Feature3.aspx

Parent to Parent USA
http://www.p2pusa.org/

P2P USA Endorsed Program Practices — Summary

P2P USA Endorsed Program Practices — Detailed

P2P USA Endorsed Practices for Support Parent Recruiting and Training

P2P USA Endorsed Practices for Matching and Follow-up

Newly Published Research: P2P Support Providers: How recruits are identified

The Pediatrician's Role in Family Support and Family Support Programs
https://pediatrics.aappublications.org/content/128/6/e1680

Patient- and Family-Centered Care and the Pediatrician's Role
https://pediatrics.aappublications.org/content/129/2/394

View article
https://www.nature.com/articles/jp2015143