The health outcomes for premature infants in the NICU improve with the involvement of their parents in their care, but with the weight of the world of their shoulders, parents often struggle to find their role. Understanding this need, Nurses and Doctors attempt to support parents by practicing family centered care (FCC). But NICUs often lack the policies, resources, and structures needed to ensure FCC is consistently practiced and parents have the support they need as caregivers to their baby, leaving parents isolated and unsure.

Family Integrated Care (FICare) transforms the culture of the NICU by training and supporting parents to be their baby’s primary caregiver and a partner in the care team. A randomized trial of FICare in Canada showed better growth for infants and increased rates of breastfeeding. It also showed decreased stress levels for parents. Notably, all NICUs included in the original trial continued to practice the model after the trial was completed. While these outcomes are significant, and show promise for adopting FICare in the US, researchers hypothesize that adaptation may be needed – most notably to because many parents do not have parental leave and are unable to be physically present in the NICU to the same degree as participants in the Canadian trial.

UCSF, in collaboration with parents and clinicians, has adapted the FICare model to meet the needs of parents within the US. Included in the innovative adaptations is a mobile support tool for both parents and the clinical team - the We3health™ app. This mobile enhanced model, mFICare, is being evaluated in a sequential cohort study at six NICUs in California. Measures being evaluated include: infant growth, clinical outcomes, as well as parent and family experiences. Current mFICare participating sites are UCSF Benioff Children’s Hospitals—San Francisco and Oakland, Fresno Community Regional Medical Center, UCLA, UCSD, and Kaiser Permanente – Santa Clara.

**The four pillars of FICare that support parents in their baby’s care:**

1. **NICU Environment**: Ensure that the policies, procedures and physical environment are conducive to the implementation of FICare.
2. **NICU Team and Environment**: Provide education and tools to the NICU team enabling them to coach and support parents.
3. **Parent Education/Psychosocial Support**: Provide parents with the knowledge, skills and confidence required to care for their infant in the NICU setting, and peer-to-peer mentorship to support their journey.
4. **Active Participation/Partnerships**: Create meaningful pathways for parents to participate in the care and care planning for their infant.

**mFICare in Action:**

- **Bedside teaching with a nurse**: Nurses act as teachers and coaches, supporting parents as they provide the primary caregiving to their infant(s).
- **Participation in rounds**: During rounds, parents will report their infant’s status and create a plan for their newborn(s) with the care team.
- **Education sessions**: Small group education sessions with topics to support parents in their ICN journey.
- **Peer-to-peer support**: Parent mentors help current parents understand and cope with their NICU/ICN experience.
- **Infant care**: Parents participate in their infant’s care with a focus on skin-to-skin care, feeding, and developmental care.
- **Parent charting**: Through the app, parents record observations of their infant’s care, well-being, and progress, and use a skills checklist to track both the infant’s and their own progress.

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