



Supporting parents and high-risk infants during a disrupted transition to parenthood: the Ei-SMART approach.

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Background

Ei SMART presents an innovative framework for early intervention for high-risk infants, integrating components of Sensory, Motor, Attention & Regulation and Relationships, addressing them Together, in a multidisciplinary and co-produced way. Articulating the components of Ei-SMART enables therapists and parents to consider the interplay of these elements. Collaboration with families is embedded within the development of this approach, shaping our therapeutic interventions to nurture parents and infants.

Question

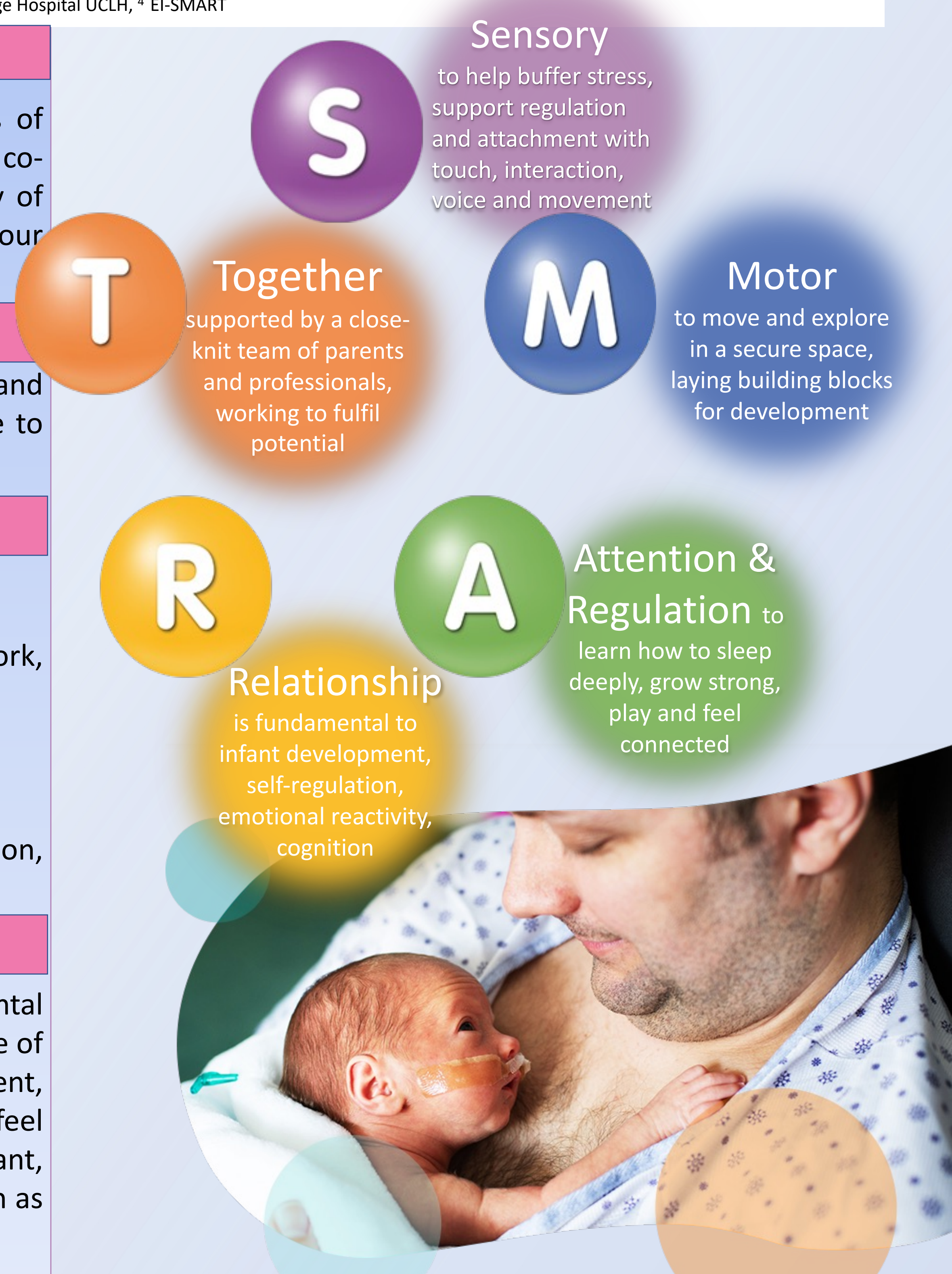
Social/emotional development and mental health outcomes of the post-NICU population indicate significant short and long term challenges.¹ Through an extensive review², research and study days, we questioned what could be done to mitigate a disrupted transition to parenthood when a traumatic neonatal period has occurred.

Findings: Disruptive Experiences

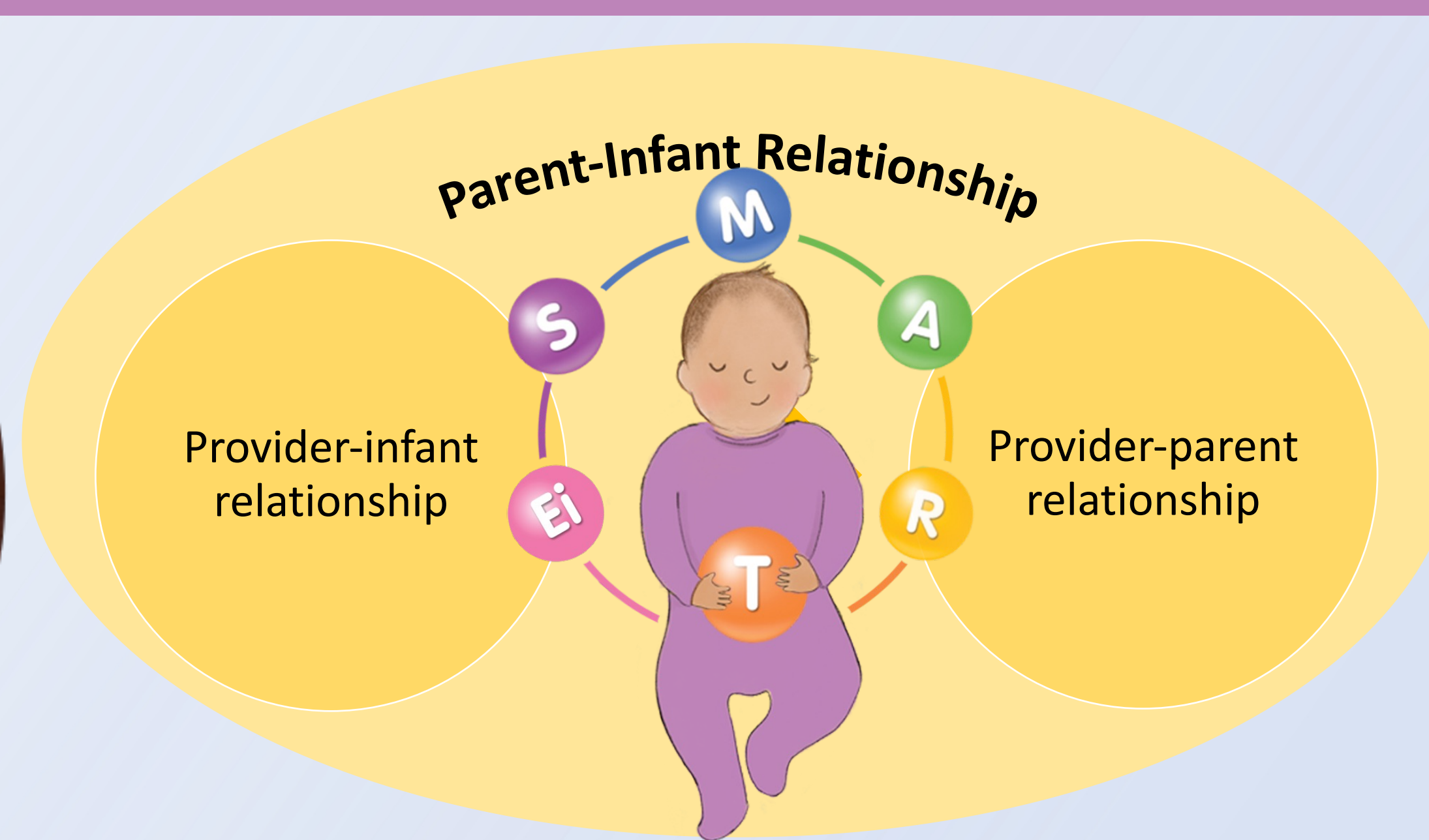
Getting to know an infant inside an incubator with complex medical and developmental needs.
Recovering from pain of childbirth while trying to navigate a NICU and a new medical language of risk.
Travelling to and from the hospital, having to leave baby behind, caring for other children/elderly relatives, work, language barriers, financial strains.
Dynamics of trauma and power within NICU.
Early uncertainty can be compounded by the emergence of neurodevelopmental difficulties.
Accessing a range of early intervention physical therapies delivered by different professionals.
Having to think about death and loss and feel fear, stress, blame, guilt, anger, grief, hope, love, isolation, alienation, sorrow, helplessness, moments of humour and exhaustion and repetitiveness, alongside numbness and foggy.

Developing a Responsive Framework

The Ei SMART framework models a contained and responsive approach to a baby's cues and needs, enabling parental agency. Many parents want to learn how to engage in the care of their baby from the start which helps reduce a sense of helplessness and alienation and build the parent-infant relationship. Parents may require education, encouragement, and 'permission' to engage in behaviours such as talking and singing to their infants in the NICU, which would feel acceptable and natural in a private setting. Parents often report they need support to feel their presence is important, that they can ask for help, and to rest. Parents are individuals with strengths, creativity and cultures they can draw on as resources. Some parents need extra mental health support so conversations about additional care are vital.



"Of course, in those moments, medical care is the priority. But was there anything else that could have been done alongside that to help with the struggles we are dealing with now? Perhaps keeping his sensory experience to a minimum. No noise. No lights. Pressure on his joints, muscles and limbs. The rhythm of a parents' heartbeat during sustained kangaroo care. Slow and non-startling movements as his cares were being done. Times of sustained rest. To mimic so closely the conditions under which his brain should have been forming, had he not been born so soon." - EiSMART Parent



What we hear:

"Check in as a human first."
"Call parents and infants by their name."
"Use an interpreter if needed."
"Check how the parent is and what they have heard when you are speaking to them".
"Words can be loaded – even the word trauma can be victimising rather than helpful."
"Are we recreating helplessness or developing helpful relationships?"
"Relational care needs to be systemic."

"In NICU, everything about those first weeks is different to how it should be. You emerge from that darkness into an intense, overwhelming, medical world where you feel utterly helpless to do the most natural thing: care for your baby. Stumbling upon Ei SMART was like finding fresh air, after a long, dark time under water. It helped me recover purpose; recover focus; recover the ability to care for my baby." - Ei SMART Parent

Recommendations

We consider the following as core to supporting the developing parent-infant relationship:

- (1) Actively involving, listening to and guiding with parents in biopsychosocial aspects of their infant's care;
- (2) Supporting a consistent and responsive parent-infant relationship;
- (3) Recognizing, supporting, and promoting the infant's self-regulatory behaviours;
- (4) Scaffolding the infant's next developmental cognitive, motor, sensory, and communication steps to stimulate and elicit active participation;
- (5) Modifying the infant's environment to ensure the infant remains challenged and able to participate in a wide variety of self-initiated, self-produced motor activities in a variety of conditions; and noticing and adjusting to the infants' cues for rest
- (6) Promoting parental well-being.

Professionals need support - self care and supervision to deliver trauma-informed treatment in the highly demanding environment of the intensive care ward.



Conclusion

Ei-SMART has integrated evidence-based early intervention components with lived experience of parents and feedback from the therapeutic field in order to create a collaborative and responsive approach to treatment. To support parents through this time it is necessary to focus on nurturing relationships, parental agency and wellbeing; keeping the infant at the heart of this relational work. We continue to develop ways to implement our framework through research, consultation, instructional study days, resources and newsletters; all co-produced with parents.

References

- ¹ Browne J (2021) Infant mental health in intensive care, *Journal of Neonatal Nursing*
² Hutcheon B, et al (2019) Early intervention programmes for infants at high risk of atypical neurodevelopmental outcome. *Dev Med Child Neurology*

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