Global Perspective on Developmental Care

China

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DOI 10.14434/do.v17i1.37081

I am from the Children's Hospital of Fudan University where I am the deputy director of the nursing department of the hospital. I obtained a PhD and now am a doctoral supervisor. I am also the chairman of the Society of Neonatal Nursing of China Medicine Education Association and have been engaged in neonatal nursing for more than 20 years.

Children's Hospital of Fudan University is a "stand alone" children's hospital. In 2017, it was approved as a national children's medical center. For over a decade, it has consistently held the top position in the list of best hospital specialties from Fudan University and the best clinical disciplines from Beijing University. The hospital serves as a diagnosis and treatment facility for difficult and critical pediatric diseases in China and as a training ground for top-level medical professionals. Additionally, it possesses the ability for clinical research transformation in pediatrics. The hospital places great emphasis on the development of talents and technology, and highly values international exchanges. It maintains close ties with more than 40 international children's hospitals. The neonatal department of the Children's Hospital of Fudan University was established in 1953. It has 200 beds, with a daily occupancy rate of over 160 inpatients. This department is among the first group of national clinical key specialties, serving as the specialized department for neonatal health care under the National Health and Health Commission, an administrative Government organization. It also serves as the national training base for neonatal specialists and is recognized as a key discipline of medicine in Shanghai. Additionally, the department serves as the referral center for critically ill newborns in Shanghai. The key laboratories of neonatal diseases of the National Health and Health Commission, the China Newborn Collaborative Network (CHNN), and the Shanghai Clinical Quality Control Center for Neonatal Departments are based at the hospital. It is among the top neonatal medical centers, talent training centers, academic exchange centers, and scientific research bases in China.

In 2022, approximately 10 million babies were born in China, with a prematurity rate that amounts to almost 7-8% of all newborns. All the babies are born in hospitals and doctors and midwives deliver them. The mothers spend two to five days in the hospital and receive training on how to breastfeed their babies, yet the rate of exclusive breastfeeding for six months remains low. Newborn care is categorized as level 1-4 according to the international classification of Levels of Care. The average length of stay in the NICU varies depending on the institution. For us, in our NICU, due to the presence of numerous very premature infants, the hospital stay is somewhat lengthy. We are extending an invitation to parents to stay with their babies in the unit. An increasing number of institutions in China are participating in the transformation of the care model. The parents are capable of providing hands-on care for their baby. All the nurses possess a graduate qualification from a university or college. There is, however, no specific discipline for neonatal nursing in the university; neonatal nursing belongs to pediatric nursing.

Xiaojing Hu and Heidelise Als

My NIDCAP journey

In 2003, I started to learn NIDCAP through literature and became adept at understanding the impact of the environment on newborns, especially premature infants, as outlined in NIDCAP. We began to cover the incubators and protect the newborns in the NICU from light and sound to offer the most favorable environment for their growth and development. However, I didn't truly comprehend NIDCAP at that time. In 2007, I became the head nurse of the NICU, and realized that I had the responsibility and obligation to lead the nursing team in the NICU to provide the best possible care for the infants, to maximize their growth and development, to offer appropriate stimulation care, and to actively learn new care strategies. Under the recommendation of Professor Cao Yun in the

Kangaroo Care

Visit at home

department, I was fortunate to study NIDCAP with Professor Heidelise Als. Professor Heidi came to China many times, and each time she taught us how to observe newborns, understand their needs, and provide them with the best support. I remember that our NICU environment at that time was still very rudimentary, but Heidi's way of treating infants, behavior, and love amazed us. Every time she observed the baby, she would stay for at least two hours, and although we were much younger and slightly tired, we admired her professionalism even more.

I have immense respect for Professor Heidi and studied NIDCAP with her on and off for a considerable period of time. In 2019, I made a special trip to Boston Children's Hospital for a few days of study, and subsequently engaged in an intensive course on NIDCAP observation and report writing with Professor Dorothy Vittner for another few days. After returning from the United States, I continued to study NIDCAP online with Professor Heidi. I persisted for over a year in this manner and eventually obtained the NIDCAP Professional certificate from Professor Heidi. I am extremely thrilled that Heidi encouraged me to pursue my studies and become a NIDCAP Professional. I hope to become a NIDCAP Trainer and am following Nikk Conneman and Dorothy Vittner to learn about NIDCAP. I am currently sharing some basic knowledge of NIDCAP at China's Newborn Nursing Conference and various other education programs. I hope to contribute to the future development of NIDCAP in China.

The current situation and future expectations for NIDCAP in China

Due to the significant number of neonatal patients and the shortage of nursing staff, implementing the process of observation and report writing is challenging. In the NICU of our hospital, one nurse takes care of three to five infants every shift. I have thoroughly acquired the skill of observation and have produced numerous observation reports, yet it remains a challenge to carry out standardized observations in the current context in China by each bedside nurse. However, the act of observation is crucial; hence we opt for an observation without documentation approach, mandating nurses to conduct 20-30-minute observation of each infant during their shift. Only through careful observation can we assess the developmental level and abilities of the infants and observe the response of the caregiver to the infants' treatment. The caregiver can provide better care for the infants based on these observations. We acknowledge that it is not feasible for one nurse to handle the care of one infant per shift, but we are also working on enhancing the specific details of clinical care.

We are working to involve more families in the care of newborns, with more parents engaging in this "kangaroo care" technique which helps to stabilize the clinical symptoms of infants. I am a postgraduate mentor, and the model of the synactive organization of behavioral development theory of NIDCAP also supports many studies on enhancing the stability of newborns in clinical practice which include family-centered care, kangaroo care, strategies to promote early full oral feeding, breastfeeding, and other related aspects. These specific measures can better contribute to the enhancement of infants' outcomes and the formation of stronger bonds between infants and their families. Based on the results of clinical research, various nursing measures derived from the NIDCAP concept have demonstrated remarkable effects on newborns, with a particular focus on small premature infants.

However, we still have a lot to learn from the professionals of the NIDCAP Federation (NFI), and we still need to learn and communicate with neonatal professionals from various international hospitals. Ultimately, we hope to apply what we have learned to benefit small babies. Professor Heidi, the board of directors of the NFI, and all the NIDCAP trainers have spared no effort to improve the prognosis of newborns, especially premature infants, worldwide through the NIDCAP method. It is the greatest kindness, and we also hope to fully implement NIDCAP in China to commemorate Professor Heidi and truly carry forward the NIDCAP approach to care..