# Developing Parent Education Sessions

What information do you wish to communicate to families during education sessions? The following list\* outlines the major areas of information that should be provided to families:

* Growth and Development
* Skin-to-Skin Holding
* Self-Care
* NICU basics
* Understanding your baby
* Breastfeeding and pumping
* Infection Prevention
* Planning for discharge and at home
* Parenting

**CONSIDER…**

* Feeling successful is important – for both educators and learners
* What topic(s) do you find families struggle to learn most?
* Evaluation from both parents and educators of the education program is essential – feedback should be shared

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\* More detail appears on the following page**GENERAL SUGGESTIONS FOR THE EDUCATION PROGRAM**

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| **Topic** | **Components** |
| Development* Developmental Care
* Positioning
* Milestones
* Occupational Therapy
 | * Hands-on demonstrations on positioning, tummy-time, therapeutic exercises using models
* One-on-one sessions with Occupational Therapist
* Infant massage – hands-on demonstrations using models (age appropriate)
* Interacting with your premature baby
* Music and your premature baby
* Information on community support programs
* Handouts
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| Understanding your baby* Reading cues
 | * Parenting your baby
* Video “No Matter How Small”
* Handouts
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| Skin-to-Skin Holding | * Hands-on demonstrations, posters, and handouts
 |
| Self-Care* Coping with stress
* Family life
* Recognizing Post Partum Depression (PPD)
* Family & friends
 | * Coping with your baby’s hospitalization
* The mother postpartum, baby blues, PPD
* Parent perspective: Graduate parent mentoring sessions
* Handouts
* Evening session for families/friends and/or handouts explaining how they can be supportive
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| NICU basics* Family centred care
* Daily Care
* Clinical terminology
* Equipment
* NICU staff
 | * Tubes, Ventilators and CPAP’s — what are those RT’s doing?
* Medications and your baby, medications and pumping/breastfeeding mother
* Medical aspects of prematurity
* Infant care (bathing, dressing and daily care: hands-on demonstrations)
* Infant and Child CPR (every 3 weeks)
* Family Integrated Care (FICare), role of the parent, discussion session and/or handouts
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| Breastfeeding and pumping | * Baby steps to breastfeeding
* Lactation consultant – one-on-one consultation
* Video
 |
| Infection Prevention | * Decreasing the risk of infection and your baby, in hospital/at home
* Handouts
 |
| Planning for discharge, the baby at home | * Discharge planning, “Baby Steps to Discharge” handout and discussion/community resources
* Veteran parent session: going home
* Your baby at home
* Lactation consultant/OT– one-on-one sessions
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# Who should participate?

Which members of your healthcare team could realistically participate in the Family Integrated Care Education program and be an effective ‘teacher’? Do you have any veteran parents who would consider volunteering their time? Are there any primary care nurses that may be interested?

It is important to strive for a sustainable program that does not rely on too much administrative support for scheduling, etc.

CONSIDER…

* An Interdisciplinary approach
* Both staff and management commitment
* Consistent staff (taking into consideration shift, holidays)
* Anticipating obstacles
* Reluctance for change
* How you will share feedback from participants



Where will your education program take place?

If you are like us, you will have obvious limitations and challenges in relation to the physical space. Plan your sessions for the space(s) you have and prioritize. Make a list of available spaces and be prepared to overcome any obstacles that may present themselves!

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CONSIDER…

* Bedside
* Parent lounge
* NICU classroom
* Breastfeeding/pumping access
* Proximity to television/DVD
* Available seating

Bedside is ideal for mothers if at all possible. This may also encourage bedside nurses to become involved.

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# When will your sessions take place?

You will have to develop your education program using available resources. There will be many variables to consider.

CONSIDER…

* Assessing available staff
* Timing (working around rounds, shift changes, etc.)
* Busy schedules (if staff can not contribute weekly, maybe bi-weekly?)
* Parents (demographics, listening/observing, length of stay)
* Thinking small initially

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