Clinical Practice Policy:	Baby-Centered Partnership (BcP) in the Care of Newborns
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Approved By:	Department of Pediatric Newborn Medicine Clinical Practice Council 06/09/2017 CWN PPG 06/14/2017 BWH SPP Steering 06/21/2017 Nurse Executive Board/CNO 6/26/17

1. Purpose

The purpose of this document is to provide the care team with specific approaches and behaviors to orient families to the core concepts of family-centered care and Baby-Centered Partnership Philosophy, and to provide the best medical care possible for their infant.

2. Background

Brigham and Women's Hospital prides itself on providing the best possible medical care for all newborns and their families. Integral to achieving this goal is the establishment and maintenance of trust and clear communication between families and all members of the care team. Modeled on the Promise of Partnership program developed at the Children's Hospital of Philadelphia, we call this endeavor our Baby-Centered Partnership, or BcP. This document is intended for use by the newborn care team. Any member of the newborn care team can recommend a family for a BcP.

3. Criteria for BcP Families include, but are not limited to:

1. Patients receiving advice from non-hospital individuals conflicting with current evidence based treatment recommendations.
2. Patients transferring to BWH NICU/WBN from outside facility or attempted home birth.
3. Families whose birth experience deviated markedly from their predetermined birth plans.
4. Families who refuse or object to multiple aspects of routine care based on philosophies or belief systems that conflict with evidence based medical care.
5. Any family identified as struggling to maintain a trusting relationship with the care team.

4. Care practices that support a successful BcP:

- Key communication about medical care is delivered by one consistent individual, typically the attending physician.
- For NICU patients with expected prolonged stays, consider identifying a primary neonatologist for the patient early in the hospital course.
- The baby's nurse (whenever possible, his/her primary nurse) participates in all meetings with the family to hear first-hand the attending physician's medically-related communications and also clarify aspects related to nursing care.
- Ensure repeated communication with all members of the multidisciplinary team prior to sharing updates in plan with the family. A unified message is critical to maintaining trust.
- Every reasonable effort is made to provide as much continuity of medical and nursing caregivers as possible and the fewest care handoffs as possible to build trust and maintain consistent communication.
- Identify "dissenting influences" (e.g. lay midwives, family members with some medical knowledge who question care plans or family members who disapprove of Western medicine, etc.) and set ground rules for their input. For example, invite parents to consider including these individuals in team conversations. Emphasize the importance of a positive and trusting relationship between the family and the hospital care team in terms of the safeguarding the best interest of their infant's health. Strongly consider engaging the primary care physician as an ally for both the family and the care team.
- Consider offering the family support from the Office of Patient and Family Relations early in the course of care. This support can lend a level of security to the family and a level of legitimacy to the process in the family's eyes.

Baby-Centered Partnership **(BcP) Steps**

Step 1: Set up an Initial Family Meeting

- The attending physician and a member of nursing leadership meet to review events and circumstances that fit criteria for BcP. Identify who should be present at team meetings to achieve a successful BcP, including medical staff, nursing staff, social service, etc. Review goals of the meeting.
- Whenever possible, engage trainees in an observational role only for educational purposes.

Step 2: The Initial Family Meeting

- Review the journey that brought the family to BWH. Allow the family to tell their story and air their frustrations, anger, and worries as needed.
- Acknowledge the difficulty inherent in being a patient and specific challenges that this family is facing and ASK family members:
    - what is most difficult for them now
    - what is most important to them now
- Establish common goals –, a shared desire for the wellbeing of their infant and path to discharge from the hospital
- Explain how communication and care decisions will be made and how the care team is structured and functions
- Review rules and expectations in the form of mutual respect, acceptable and unacceptable behavior. Specifically address any past unacceptable behavior (e.g. cursing, demeaning comments)
- Discuss goals for discharge and current barriers to discharge
- Set a realistic and concrete time for the next team meeting

Step 3: Maintaining the BcP throughout the hospital stay:

- Maintain clear communication among all members of the team to keep all caregivers "on the same page".
- Remain mindful that trust is fragile. Continue to strive for communication with the family to be managed by as few and as senior individuals as possible.
- The attending physician should always include the bedside nurse in care meetings with family as well as any other individuals family wishes to have present
- Identify and address obstacles such as continued family resistance, behavior issues, cultural issues may persist or develop. Enlist assistance from Social Service, Patient and Family Relations, Chaplaincy, and PCP to support family and medical team in maintaining the BcP.

Step 4: Escalate concerns when obstacles cannot be resolved:

- Unfortunately, despite best efforts, occasionally obstacles to care cannot be overcome such that administrative and leadership involvement is necessary. Representatives from the following areas should be enlisted (if they have not already been involved) to guide decision-making in these situations: nursing leadership, medical leadership, Social Service, Risk Management, Patient and Family Relations, Office of General Counsel. In these cases, a collaborative effort is made to ensure the safest path to ongoing care or discharge of the infant. See the Clinical Practice Guideline for "Care of Families Considering or Requesting Discharge of their Newborn Against Medical Advice" for specific details. Link to this guideline here