

Optimising Wellbeing and Development

Developmental Care

Developmental care is about providing your child individualised opportunities for parent-child activities, play, feeding and comfort to meet their potential.

It is based on looking at a child's cues and organising their care around how they are coping with daily activities such as nappy changing, sleep, feeding and medical interventions. It lets parents/carers help their baby to be calm and participate in daily cares, and gives their baby the chance to learn to cope by themselves as they get older.

Interventions can include:

- Kangaroo care – skin-to-skin cuddles with a parent helps the baby adjust to life outside the womb. It is a very important way to support mothers to begin breastfeeding and to develop a close, loving relationship with their baby.
- Managing the environment – for example, dimming the lights or reducing noise in the room.
- Responding to your baby's cues – learning how your baby communicates with you by their expressions, movements and vocalisations.
- Co-regulation cares – working with your baby to help them learn new skills and strategies to manage themselves when they find experiences stressful.

Sleep

Supporting sleep routines can be difficult but it is manageable!

When a child has a tracheostomy and/or ventilation needs, there will sometimes be specific instructions or medical requirements for your child's sleep time. Your medical team will give you with this information.

General considerations for sleep in the hospital include sleep patterns being integrated with feeding routines. It can be difficult to establish these routines when there are lots of interruptions and changes in plans, depending on the health needs of your child. Managing the medical requirements for sleep often makes it harder to use comfort measures like having a dummy or favourite toy/blanket to sleep with.

Good sleep is vital for healthy growth and development. Your medical team and therapists will talk to you about ways to help your child get good sleep while they are in hospital.

We still advise the usual recommendations for infant sleeping, such as 'Back to Sleep' and not bed sharing. There are other things to consider too, such as not blocking the trach, or positioning and securing the airway tubing for the baby or child in bed.

Developmental Intervention

While your child is in hospital and having medical intervention, we still need to do all we can to make sure they can reach their developmental potential.

The therapy team will work with you to create a plan for your child's development and wellbeing. You, as parents, are essential for providing these opportunities for your child. This might include some of these things:

- Supplying equipment such as mats, seating, hoists and baths.
- Specific interventions like positioning and handling so your child can access play opportunities.
- Aiming for regular interactions and activities, such as bathing, feeding and cuddles.
- Supported play so your child has the best chance to enjoy activities and visitors.

Activities of daily living

Engaging in activities of daily living with your child is important while you stay in hospital

The Occupational Therapist and Physiotherapist can work with your family to help your child access appropriate equipment, understand how to use it, and know how to manage daily activities such as toileting, bathing, feeding and mobility. It could include the use of special bath equipment, seats for feeding, or a pushchair designed for your child's needs.

The Occupational Therapist will also help with your transition to home, with equipment and modifications you might need to make your home and facilities accessible. Occupational Therapists in the community therapy team are responsible for arranging this, but the assessment process starts early on in your hospital stay.

The Speech-language Therapist will help your baby/child with feeding and swallowing. Your child may require support for feeding and this may involve modifying bottles and teats/ food used or using a NGT to support nutritional intake. Long term, a more permanent feeding option maybe considered such as a gastrostomy tube. The SLT can help you enable your child to become used to having things in their mouth, as some children struggle with this when they have been unwell or had NGT feeds for a while.

Being In Intensive Care

Spending a long time in an intensive care environment with lots of invasive interventions is very stressful for babies and children

You as parents/caregivers there with your baby or child can help reduce this stress. It's also good to incorporate these ideas:

- Developmental care for the child
- Parent support networks
- Parent participation in infant/child care
- Relaxation interventions for your child
- Having social work and consult liaison support for you and your family.

Sensory interventions

Long hospital admissions and lots of medical interventions can affect children's sensory processing.

When babies and children are in hospital with complex medical conditions, one aspect of their development that may need assessment is their sensory processing.

For example, babies may have difficulty with sleep routines, drinking/eating, coping with bathing, and tolerating noise or other sensations. This is because they have been over or under stimulated.

This can affect all sensory systems: vision, hearing, touch, taste, smell, and movement sensation.

After assessing any issues in these areas, the therapists will support you to use activities to support your child with the development of sensory processing. This can be done in play-based therapy sessions, as well as usual daily routines.

Oral Feeding And Swallowing

Eating and drinking are learned skills that follow a developmental progression. Being unwell in hospital may mean your child was not allowed to eat food normally for a period of time.

Your child may have difficulties with the development of eating, drinking, and/or swallowing. Having a tracheostomy could impact the safety of swallowing, and/or having tube feeds for a long period of time may affect how their feeding and swallowing skills develop.

If they are now well enough to eat orally, or may be in the future, there are ways we can help them learn how to eat and drink again.

Your child may have a feeding routine that's been planned with you and the medical team. It will ensure safety of swallowing, meet their nutritional needs, and consider the developmental skills needed for successful feeding in the future. The dietitian and speech-language specialist may help you with this in hospital.

Communication Development

Learning to listen and talk is another developmental skill that may be impacted upon when your child is unwell.

If your child has a tracheostomy a Speaking valve can be placed on a tracheostomy tube or in-line on a ventilator to help your child with their spoken language development. (Refer to the information on speaking valves.)

If your child can't talk because they have a tracheostomy, and a speaking valve isn't the right option for them, we can look at other ways to help your child communicate.

Usually we would recommend learning some signs (from NZ Sign Language) to help your child express themselves and tell you what they want. Sometimes we recommend using pictures that your child can point to or look at to indicate what they want.