Program Guide

Newborn Individualized Developmental Care and Assessment Program (NIDCAP)

An Education and Training Program for Health Care Professionals

- NIDCAP Education and Training for Professionals
- Consultation and Guidance in NIDCAP Care Implementation and Integration into the Nursery
- NIDCAP Nursery Certification
- Establishing a NIDCAP Training Center and Becoming a NIDCAP Trainer
- APIB Behavioral Assessment Training
- Becoming an APIB Trainer
- Becoming a NIDCAP Master Trainer

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gretchen Lawhon, PhD, RN, FAAN, President
Mid-Atlantic NIDCAP Center, Camden, New Jersey, US (2015)*

James M. Helm, PhD, Vice President for Administration

Deborah Buehler, PhD, Vice President for Organizational Advancement
West Coast NIDCAP & APIB Training Center, San Francisco, CA, US (2014)

Gloria McAnulty, PhD, Treasurer
National NIDCAP Training Center, Boston, MA, US (2014)

Sandra Kosta, BA, Secretary & Assistant Treasurer
National NIDCAP Training Center, Boston, MA, US (2014)

Heidelise Als, PhD, Past President and NIDCAP Founder
National NIDCAP Training Center, Boston, MA, US (2013)

Jeffrey Alberts, PhD
Indiana University, Bloomington, IN, US (2014)

Vicki Batkin Bjornson
Marketing Consultant, Pacific Palisades, CA (2016)

Nikk Conneman, MD
Sophia NIDCAP Training Center, Rotterdam, The Netherlands (2016)

Mandy Daly, Dip.H Diet & Nutrition, ACII, DLDU
Family Representative, Dublin, Ireland (2015)

Silke Mader
Family Representative, Karlsfeld, Germany (2013)

Kathleen VandenBerg, PhD
West Coast NIDCAP & APIB Training Center, San Francisco, CA, US (2013)

*Year Board term ends

NFI Main Office
NIDCAP Federation International
c/o Heidelise Als, PhD
Enders Pediatric Research Bldg, EN107
Boston Children’s Hospital
320 Longwood Avenue
Boston, MA 02115 USA
617-355-8249; 617-730-0224 (fax)
nidcap@childrens.harvard.edu

NFI Membership Office
6300 Creedmoor Road, Suite 170-127
Raleigh, NC 27612 USA
nfimembership@nidcap.org

Website
www.nidcap.org
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Introduction

Advances in perinatal and newborn intensive care have greatly decreased the mortality rates for preterm newborns and newborns otherwise at high risk for developmental compromise. The challenge confronting healthcare professionals who care for these infants and their families is not only to assure the infants’ survival, but to optimize their developmental course and outcome. Through assessment and documentation of infants’ competence and behavioral thresholds to disorganization, a better understanding of the developing nervous system may be gained. This in turn may lead to the provision of developmentally appropriate experiential opportunities for the newborn in the hospital setting and the provision of supportive care for the infant’s family. Structuring a physical and social environment supportive and nurturant of the individual infant’s immature or dysmature nervous system and of the family’s sense of competence becomes a critical component of care in the newborn intensive care unit (NICU) and of follow-up care in the home and the community. The Newborn Individualized Developmental Care and Assessment Program (NIDCAP) has been established to provide education and specific training in developmental observation and assessment for health care professionals, who have responsibility for the long- and short-term care of high-risk newborns and preterm infants and their families, and for staff members, who are involved in the implementation of their care on a day-to-day basis. A key focus of the NIDCAP program is the educational and consultative support and assistance to NICU and special care nursery (SCN) settings towards effective delivery of intensive and special care in a neurodevelopmentally supportive, individualized, and family-centered framework. The NIDCAP Federation International (NFI), a not for profit incorporated international professional membership organization, is the agency that safeguards the quality of all training and education in the NIDCAP model. It is the certifying agency for all levels of NIDCAP training.

Background

The goal of education and training in the developmental approach to care is to bring about a shift from protocol-based to strategic process thinking and from task-oriented to relationship-based care. The developmental approach to care sees infants as active structurers of their own developmental trajectories, supported by the ongoing co-regulation process of infant and parent development. The newborn’s three evolutionarily adapted and inherited econiches, biologically expected for good-enough development, are the mother’s womb, the parents’ body and mother’s breast, and the family’s social group. Preterm newborns unexpectedly have removed themselves from the intrauterine environment and its complex co-regulatory inputs. By virtue of the need for hospital care, they, as well as high-risk fullterm newborns in need of hospitalization, are separated from the expected intimate parent and family environment for prolonged periods. Developmental care takes advantage of the infant’s expectation for co-regulatory care and for a close, emotionally attuned and invested relationship. It sees an opportunity for the increased effectiveness of intensive care delivery in supporting the realignment and co-regulation of the newborn and the family. Implementation of intensive care in such a framework requires knowledge and understanding of infant, parent and family development, and of the interplay of the infant’s medical issues with the developmental process. In order to achieve multi-disciplinary collaboration in developmental care implementation, appreciation of each of the professional disciplines coming together in the NICU is necessary, as well as understanding of the organizational structures of the hospital and the nursery. Furthermore skill and sensitivity are required in supporting and nurturing infant and family. Professionals in such a complex setting must be committed to further their own personal growth, self-knowledge and emotional maturity. The NFI seeks to provide information, education, and support towards those aspects by provision of reading materials as well as didactic presentations, observation training, and opportunities for individual and system guidance and consultation. It is the responsibility of each professional who participates in training to create additional opportunities as indicated. It is the responsibility of the leadership in a setting to create opportunities for staff development, as well as enhancement of
organizational and physical structures as indicated. NIDCAP training entails systems change. Therefore, the specific training of individuals at a setting occurs only once the setting has developed sufficient leadership support, institutional commitment, and a five-year education, training and staff development plan in order to effectively support the changes in environment and care that are required for the successful implementation of developmental care in the NIDCAP model. Detailed observation and interpretation of the infant’s behavior and the formulation of appropriate recommendations constitute care skills taught in specific NIDCAP training.

In the NIDCAP model, specific estimation of each individual infant’s current goal strivings is derived from the direct observation of each infant’s behavior in the context of ongoing care delivery. The infant’s behavior provides the guide for the caregiver to estimate the infant’s current strengths and active efforts in catalyzing and structuring his or her own development. Direct observation of the infant’s behavior with inference of the infant’s own goals provides the basis from which to explore opportunities with the family and with professional caregivers to support the infant’s goal strivings and differentiating competencies.

A systematic behavioral observation methodology, referred to as NIDCAP observation, as well as a formal evaluation, the APIB (Assessment of Preterm Infants’ Behavior, Als et al., 1982), have been developed to be particularly geared to the understanding of the preterm and otherwise at-risk newborn’s behavior. Both methodologies, NIDCAP observation and APIB, are based in the Synactive Theory of Development (Als, 1982) and are designed to specifically document the complexity and sensitivity of the preterm and the at-risk newborn infant by focusing on the interplay of the infant’s autonomic, motoric, state organizational, and attentional functioning as the infant interacts with the caregiver and world around the infant.

The results of the systematic observations and formal evaluations provide the basis for the estimation of the infant’s current goals, which in turn leads to the consideration of opportunities in support of the infant’s development, such as:

1. The structuring of an appropriate physical environment in the NICU for infant and family
2. The timing and organization of medical and nursing interventions appropriate to the individuality of infant and family
3. The support and nurturance of the parents’ cherishing of their infant, and of their confidence in caring for and taking pride in supporting their infant’s development
4. The coordination in the developmental framework of the care delivered by special service providers such as respiratory therapists, occupational and physical therapists, social workers, nutritionists, early intervention professionals, public health nurses, and others.

The NIDCAP approach lends itself to system-based, process-oriented, attuned and responsive support of individualized developmental care for each infant and family. Results to date show that medical and developmental outcome for infants and competence of parents cared for in such a developmental framework are much improved (Als, 1986; Als et al., 1986; Als et al., 1987; Als et al., 1994; Becker et al., 1990; Becker et al., 1993; Parker at al., 1992; Fleisher et al., 1995; Buehler et al., 1995; Westrup et al., 2000; Kleberg et al., 2000; Kleberg et al., 2002; Als et al., 2003; Als et al., 2004). The APIB (Als, et al., 2005) provides an additional systematic, formal means for assessment of behavioral functioning of the preterm and otherwise at-risk newborn. In the hands of the professional with advanced background and training in child development and clinical infant psychology, the APIB becomes a diagnostic and prognostic tool, further supporting the caregiver in identifying specific opportunities and issues in complex situations and/or at clinical transition and decision points. Some nurseries aim ultimately to become a NIDCAP Training Center and develop two NFI certified NIDCAP Trainers within their system. NIDCAP Trainers are advanced level experienced Developmental specialists who aside from APIB certification achieve the certification components required for NIDCAP Trainers.
These are specified in NFI policy documents and are summarized below. The education, training and support for the developing NIDCAP Trainer is provided by a NIDCAP Master Trainer, who additionally has met all NFI required conditions to qualify for NIDCAP Master Trainer Certification; This includes among others the achievement of APIB Trainer certification. Again the specific requirements for NIDCAP Master Trainers and APIB Trainers respectively are spelled out in the respective NFI Policy documents, and are summarized briefly below. All approved NIDCAP Trainers in Training, certifies NIDCAP Trainers, APIB Trainers and NIDCAP Master Trainers are NFI members. NIDCAP certified professionals may apply for NFI membership with the specific endorsement of their NIDCAP Trainer and the approval by the NFI Board. NFI membership privileges and responsibilities are spelled out in more detail on the NFI website www.nidcap.org

Overview of Specific NIDCAP Training Components and Levels

Effective developmental care implementation on a nursery-wide basis is the goal of all education, training and consultation provided within the NIDCAP framework. Consultation and training is currently available from 21 NIDCAP training centers, 11 in the United States of America, nine in Europe, and one in South America. Based on extensive experience, moving towards successful delivery of newborn intensive care in a developmental framework is typically a 5-year process. It involves:

- Training of at minimum two developmental care specialists
- Assuring salaried positions (2 FTE) for the developmental care specialists
- Training of a multidisciplinary leadership support team and institutional system support
- Training of a core group of nursing staff
- Development of a parent council
- Development of reflective process and continuing education opportunities

Initial training consists of training in environment and care assessment as well as in depth infant behavioral observation. This training is then integrated into developmental care planning and implementation based on the observations. (Basic NIDCAP Training or NIDCAP Level I). All training is embedded in consultation to the NICU regarding environment, developmental team building, developmental care implementation and family inclusion. In addition, formal training for the developmental care specialists includes training in neurobehavioral assessment (Assessment of Preterm Infants’ Behavior, APIB), as well as consultation to the developmental specialists and the multi-disciplinary leadership support team in the facilitation of implementation of developmental care (Developmental Care Specialist Training or NIDCAP Level II). A document entitled, “Cost-Effectiveness Analysis of Developmental Care (NIDCAP) in the Newborn Intensive Care Unit,” is available from the training centers, and spells out in more detail the process of implementation. Two full-time positions are typically required to effectively support a NICU of between 40 and 50 beds for consistent developmental care growth and sustained implementation.

Following is an overview of the specific training and consultation components involved.
NIDCAP Nursery Development includes NIDCAP education and training of professionals as well as consultation and guidance for implementation and integration of developmental care into the nursery.

- **NIDCAP Education and Training of Professionals**

An important component in the care of the preterm and at-risk newborn infant in the NICU is developmental facilitation of the adaptation from intrauterine to extrauterine environment and the re-establishment of the developmental trajectory in co-regulation with the infant’s family. Research is increasingly showing that the preterm newborn is highly reactive to the environment and profits from a developmental approach to the structuring of environment and care. The developmental approach is based on the observation of the environment, the care delivered, and the infant’s behavioral communication of current capacities of self-regulation, strivings for the next developmental step, and current disorganization. The information is used to structure environment and care in such a way that the infant’s self-regulatory capacity and developmental progression is supported and disorganization is diminished. The goal of the individualized approach to care is to enhance stabilization, modulation, and increasing differentiation of functioning for each infant, in order to provide opportunity for the best possible potentiation of each infant’s unique developmental course in the context of the infant’s family and the care setting.

Professionals appropriate for the role of Developmental Care Specialist and to guide Developmental Care Implementation in their Nurseries are advanced level professionals including neonatologists, nurses, respiratory therapists, social workers, physical, occupational, and speech and language therapists, nutritionists, psychologists, infant developmental therapists, educators, pediatricians, psychiatrists, neurologists, and other health care professionals with graduate degree preparation or the equivalent leadership experience, who become the professionals specifically responsible for guiding developmentally appropriate care implementation for all infants and their families in the NICU. Additionally those professionals who seek expansion of their developmental observation skills for the purpose of conducting research also may find NIDCAP training useful.

All NIDCAP consultation, education and all training sessions are conducted at the site of the hospital which seeks the training and wished to ultimately implement developmentally supportive care. It would represent a rare exception when training might be conducted at the Trainer’s site. Education and specific training consist of the following steps:

1. Preparatory Reading (see Bibliography); Planning of the training and nursery development process

2. Site Assessment of the nursery seeking developmental care training; Self Assessment of the professionals seeking training

3. Specific Training
   - Specific Training consists of formal introductory training; independent observational studies; guidance; assessment of competency development; and reliability assessment for the establishment of certification.

   a. Introductory Training

   Two days of formal instruction for the key professionals designated by their site to lead the developmental care efforts are offered. These are followed by a day of feedback, planning, and site consultation.
Day 1 - Didactic Introduction

(1) Lecture
An introductory lecture is given by the specific NIDCAP Trainer, explicating the theoretical background and empirical basis for developmental care. For the presentation the following materials are used: A PowerPoint presentation that covers the main topic areas of developmental care background, research and challenges; and selections from a commercially available DVD-series on the brain development of the preterm infant, implementation of developmental care in an NICU, as well as parental and family inclusion and perspectives on the role of the family in the NICU. The set of three DVDs is available from www.VIDA-Health.com. The introductory session lasts approximately 3.5 - 4 hours. The NIDCAP Trainer decides on the number of participants.

(2) Workshop
The introductory workshop involves discussion of the observation approach, including environment, path to the infant, and care, and the specifics of the observation methodology. Videotaped vignettes and written examples are used. The process of care implementation and change in the NICU is discussed, typically with the use of a PowerPoint presentation. The session typically lasts 3 hours and is restricted to Trainees and a few key leadership personnel. Some training centers combine the lecture and workshop into one full-day workshop session restricted to Trainees only. This is at the discretion of the Trainer.

Day 2 — Direct Observation Training (2 Trainees maximum)

(1) Direct Observation in the NICU
The path to the infant from hospital entrance to observation of a specific infant before, during, and after a caregiving intervention by the infant’s caregiver, typically a nurse, follows, with guidance by the NIDCAP Trainer to see the environment and see and chart the behavior of the infant in interaction with the environment and a caregiver (1.5 – 2 hours).

(2) Write-up of the Observation and Assessment of Environment and Care
This involves discussion of the observation, observation write-up, study of infant’s medical chart, specification of the infant’s current goals, discussion of implications and recommendations for consideration in structuring environment and care for infant and family and in supporting the caregiving staff in the development of an individualized developmental care plan (4 to 5 hours). Discussion and scoring of the “Profile of the Nursery Environment and of Care Components”, Template Manual, Part I (Als et al., 1990 1995 Rev 1997).

Day 3 – Feedback, Planning and Consultation
It is very important to set aside sufficient time on a separate day, typically the third day of the training week, in order to discuss with the Trainees, and in group session with the leadership team, the accomplishments of the training days, review progress on the time line and overall plan for the site’s development, and map out the next steps with specific time frames and the necessity to free up the Trainees for their practice and independent study time. Realistic dates for the next formal on-site training session should be planned with consideration of holidays, other NICU and personal obligations etc in order to assure success.
(1) Discussion of Independent Observational Study

Discussion of the independent observational study, as outlined below and expected from the Trainees is an important opportunity and responsibility for the Trainer. Strategy development with the participants for their next steps, and for any additional supports that are deemed helpful, is indicated.

(2) Reflective Guidance, Timeline Development, and Evaluation with Trainees

Guidance to each of the two Trainees and exploration of their strengths and perceived difficulties in accomplishing the training goals, joint formulation of a timeline and planning for resource development are provided; an initially submitted Trainee self assessment provides the starting point for discussion. The session is jointly evaluated by Trainees and Trainer.

(3) Reflective Guidance, Timeline Development, and Evaluation with Site Leadership Team

Each training visit should end with a reflective and consultative session with the site’s leadership team in order to share and stay aware of progress, difficulties encountered, timeline adjustments, and or additional opportunities perceived or realized. Such a session is at times difficult to schedule, given the full time tables of leadership staff. The more important is it to target the dates for the next visit’s week realistically, in order to assure that the key members of the leadership team will be available.

b. Independent Observational Study

Independent observation study is accomplished by the Trainees in their respective NICUs and Fullterm Nurseries.

(1) Observation of a 24-hour course of three different preterm infants’ is recommended in order to appreciate the 24-hour flow of events in the respective nursery as they impinge on the infant. These observations may be pieced together in 4- or 6-hour blocks:
- High Intensive Care
- Intermediate
- Close to Discharge

(2) Observation before, during, and after caregiving of at least five preterm infants at each of the following levels of care is recommended. Each observation is followed by the writing up of the developmental observation, the history, the infant’s current goals, and care recommendations (Total: 15 observations):
- ICU
- Intermediate
- Predischarge

Note: All NIDCAP Professionals-in-Training, i.e. NIDCAP trainees, regardless of the level of care delivered by their home base nursery, must arrange for the observation of at least five infants in the intensive care (ICU) phase. For professionals, whose home base nursery is a Level-2 Nursery (Intermediate Care; Step-Down Unit; etc) this may require the setting up of a special relationship with a Level-3 Nursery (Newborn Intensive Care Unit - NICU) in their area. The optimal site would be the NICU from where the Level-2 Nursery receives the highest number of infants.
(3) Observation before, during and after caregiving and write-up of the observation of at least five well fullterm infants is recommended (Total: 5 observations).

(4) Observation, before, during, and after caregiving, of three infants under the Trainee’s own care, when cared for by someone else; writing of developmental observations and recommendations, subsequent implementation of recommended caregiving modifications when the participant is providing the observed child’s care; and re-observation of the success of the recommendations.

(5) Preparation of a full write-up with history and documentation for submission to the Trainer for feedback. Once judged adequate, see f and g below. Typically training centers require the submission of more than one write-up for review of all Trainees. This is at the discretion of the training center. Once the write-up submitted with full documentation and self reflection is judged appropriate by the Trainer, the next step, namely one or more Work Days, preceding the Advanced Practicum, take place.

c. Work Days: Guidance and Assessment of Competence

Guidance and Assessment of Competence is accomplished again at the Trainees’ nursery. For this purpose one or more work days or a work week is scheduled. The bedside workday(s) must again be followed by a separate day for feedback, planning and consultation to the individual Trainees as well as to the site.

Day 1 – Bedside Work Day(s) (Maximum 2 Trainees)

One or more workdays are scheduled. The Trainer and Trainee perform an observation together and discuss the write-up and recommendations. Some training centers require more than one workday of all Trainees before the Trainee is judged competent to embark on the Advanced Practicum. At maximum two Trainees may participate in a work day bedside observation and discussion.

Day 2 – Feedback, Discussion and Planning of Advanced Practicum

The Advanced Practicum (AP) presents the first opportunity for the Trainee to test his or her newly acquired skills in the clinical arena. An AP consists of approximately weekly observations of a very low birthweight infant from admission to discharge and transition to the home environment. Each observation is followed by a formal write-up. Furthermore, the Trainee offers daily support and guidance to the caregiving team and the family, based on the information gleaned from the observation. Since the AP focuses on the NICU from the infant and family’s vantage point, it reveals the difficulties and inconsistencies in care implementation that are frequently part of NICU care. The AP may provide a catalyst for change in NICU structures and team work. Therefore it is critically important to plan each Advanced Practicum with great care, and assure that enough safeguards and supports are available and/or will be developed before the Trainee embarks on this key step. It is also important to build into the planning of the AP enough staff time in order to assure sufficient opportunities for meeting and reflection with the members of the care team and with the NICU leadership.

NIDCAP Professionals-in-Training, whose home base nursery is a Level-2 Nursery (Intermediate Care; Step-Down Unit; etc), should make every attempt to begin their Advanced Practicum in a Level-3 NICU (Intensive Care Nursery), optimally in the NICU from where the majority of infants are transferred. It is in the best interest of the NIDCAP trainee and of developmental care implementation to forge a strong relationship with such a Level-3 NICU, in order to assure continuity of care for all infants and families transferred to the community.
Level-2 nursery. In cases, where this creates a difficult inter-institutional situation, which jeopardizes the trainee’s learning experience, the trainee may select an in-born infant born at or before about 30 - 32 weeks, or an infant, who was transferred to the Level-2 nursery within about a week from birth. The decision and arrangements around the selection of infant and family for the Advanced Practicum always should be made in interaction with the NIDCAP Trainer, who holds responsibility for the trainee’s quality of training and will have insight into the circumstances that pertain to specific trainee situations.

Note: All trainees must fulfill the Advanced Practicum requirement of a minimum of five observations, the last of which must be a home observation.

It is usually advisable that only one Trainee at a time embark on an AP in a NICU, and the other Trainee(s) support the consistency in care implementation for the family involved in the AP. The completed AP in the form of a bedside binder or Developmental Diary containing the formal write-ups as well as entries by the family and care team, photographs and other items that chronicle the infant’s progress, becomes the property of the family. A copy of the materials together with the Trainee’s reflective process documentation and the formal evaluations of the usefulness of the Trainee’s support completed by the family and the key team members are submitted to the Trainer, who reviews and evaluates the Trainee’s progress, and as deemed appropriate, schedules NIDCAP reliability assessment.

Day 3 – Feedback, Planning and Consultation

Depending on the complexity of the site and the number of Trainees involved, a third day for site preparation and leadership consultation and reflection is indicated, in order to prepare and support the next training and growth step supportively.

d. Reliability (2 Trainees maximum)

Reliability provides the culmination for an individual Trainee to demonstrate astuteness and thoughtfulness in observation and care planning as well as in systems resource management for the care of an individual infant and family. For a nursery this provides the beginning of true change since now there is a trained and knowledgeable professional, or two professionals, available to work as resource and guide for the staff and leadership and for the families.

Day 1 – Bedside Observation Day(s) (Maximum 2 Trainees)

The environment is observed by the Trainer and the Trainee from hospital entrance to the infant’s bedside, followed by the observation of the infant before, during, and after a caregiving interaction. Trainer and Trainee make independent written observations, goal specifications, and recommendations for modification of care. Trainer and Trainee compare and discuss their respective observations and recommendations.

In preparation for the next day the Trainee is charged with the responsibility and opportunity to reflect on their journey from introduction to the NIDCAP process to the accomplishments of the reliability session. The Trainee is asked to develop a detailed assessment of their own competencies at this stage, of areas of further development and of supports and next steps that the Trainee is planning or hoping to plan for.

Day 2 – Evaluation, Feedback and Planning with Trainees

The Trainer invites the Trainee to reflect on the Trainee’s own path to this stage in training and to assess their accomplishments and performance along the way and specifically in the course
of the reliability day. The Trainer gives feedback to the Trainee regarding the Trainer’s assessment of the Trainee’s work and judges the Trainee(s) written products in terms of:

- Completeness of observation
- Astuteness of understanding
- Articulation of the infants’ strengths, difficulties, and goals in view of the infant’s history
- Articulation of the dynamic process of the infants’ current developmental issues and steps in the co-regulatory context of the infants’ family and the NICU setting
- Conceptual astuteness, pedagogic supportiveness, and effectiveness in formulation of the recommendations offered for consideration
- Accuracy of assessment of environment and care

Trainees may show progress towards reliability and be deemed in need of further practice in observation and articulation, in need of further development of conceptual understanding, or of maturity in generating creativity and growth in those their support addresses. Discussion of the Trainee’s and Trainer’s assessments is helpful in arriving at next steps. Suggestions are the made by the instructor for the next steps, and time lines are discussed. Further work and/or reliability sessions are scheduled and/or other opportunities for growth and development outlined. Upon completion of the training, when the criteria outlined are satisfied, the participant is awarded a certificate. In the US, some states are also currently awarding CEUs for nurses upon completion of the introductory training, as well as upon completion of Reliability. Application for CEUs typically is the responsibility of the professionals seeking the training.

Day 3 – Feedback, Planning and Consultation to the Site

Discussion with the site and the key leadership constituencies, as to the Trainees’ accomplishments, next steps, and plans for the further development and growth of resources and competencies for the site are discussed. It is important to celebrate the hard work that has been accomplished while simultaneously engage in the discussion of the dynamic guidance and mentoring nature of this work, which requires the full time presence of the well trained NIDCAP certified professional on site in the nursery, in order to promote and maintain growth and progress.

Consultation and Guidance of Developmental Care Implementation and Integration

From the outset of planning for developmental care training, site leadership professionals are encouraged to develop a strategic 5-year plan for the comprehensive and systemic integration of developmental care. Financial and organizational planning for the development of opportunities towards nursery integration of developmental care as the overall framework and philosophy of care delivery is important. Individual professionals targeted for specific training, as well as their supervisors and directors, are therefore encouraged to review in their settings opportunities supportive of such change that may already exist or may be created and developed. The NIDCAP Trainer will furnish the organizer(s) of the training process at a site with the Site Self Assessment instrument which will provide the site with a starting point. Also included is support in the form of telephone and/or on-site consultation from the director or a senior Trainer of the NIDCAP Center, including assessment of organizational structures and the physical environment; assistance in strategizing and planning next steps of providing information to the setting, e.g., medical and/or nursing grand rounds, neonatology seminars, workshops, in-services, etc.; being available for group and individual meetings with key professionals; assisting in the identification of opportunities for further development of resources; and mapping out timelines appropriate for the
setting. Once the specific training process is begun, each formal NIDCAP education and training session with individual professionals is embedded in a planning and review session with those in the leadership and change-agent position at the respective settings. The allocation of telephone and correspondence communication time, as well as on-site meeting time for the organizational strategizing component is important. Following on-site training day and Consultation and Planning Meetings with the individual Trainees, at a minimum, a 2-hour meeting of the Trainer with the on-site organizers and key leadership professionals is an essential component in this process.

The site organizers are furthermore encouraged to define and think through in advance the roles targeted for those professionals and staff members participating in formal NIDCAP training. This is helpful for the Trainer and the participants in training in order to most cohesively map out and support the overall change process. Reflective process consultation a regular basis at minimum for the developmental leaders in a setting is essential. The development of key resource professionals, aside from the developmental specialist and developmental nurse educator, has proven effective. Six or seven advanced level professionals who represent the key disciplines in the NICU, e.g., neonatology, nursing, respiratory therapy, social work, physical and/or occupational therapy, case managers and neonatal nurse practitioners, and who are respected for their leadership skills, form the developmental resource, nurturance and advocacy team in the setting. This is important in order to integrate the developmental care framework as catalyst of the alliance of medical and nursing care and the dynamic process of infant and family development. An annual site self-assessment is indicated in identifying progress, continued challenges, and new opportunities.

A detailed overview, including budget projections, of the NIDCAP training process for nursery-wide implementation of developmental care is available from training centers.

- **NIDCAP Nursery Certification**

The NIDCAP Nursery Certification Program (NNCP) under the auspices of the NIDCAP Federation International (NFI) recognizes the excellence of a hospital nursery’s commitment to and integration of the principles of the Newborn Individualized Developmental Care and Assessment Program (NIDCAP) for infants, families, and staff. Hospitals and their newborn intensive and special care nursery systems receive NIDCAP Nursery Certification when they demonstrate that they consistently promote best short and long term development of all infants and families in their care, and support their professionals and staff in accordance with the principle of assuring best personal and professional development towards relationship based care implementation. NFI certified NIDCAP Nurseries provide a dynamic environment for the full integration of expert medical and nursing care securely embedded within the active pursuit of mutual respect, caring, nurturance of and collaboration with infants and families, and among all professionals and staff members.

Nurseries eligible to apply to the NFI for certification, must be part of a hospital system that, if in the USA, is licensed and accredited by the Joint Commission on the Accreditation of Healthcare Organizations, or if outside of the USA, meets the respective country’s accreditation standards. Furthermore, nurseries eligible for certification must provide care to preterm infants under 1500 grams and/or under 30 weeks gestation either from birth on (NICU, Level III Nursery) or in a convalescent mode (Level II Nursery; step-down nursery); and/or provide care for full-term or near full term infants who require intensive or specialized medical care to ensure their survival; and/or provide care for newborns cared for in a hospital setting for various reasons. Such nurseries must employ at least one full-time equivalent (FTE) NFI certified NIDCAP Professional in good standing for the purpose of promoting individualized developmental care. Hospitals with multiple nursery settings may apply for certification for only one or for more than one of their nursery
settings. Hospitals are encouraged to apply ultimately for certification for all the nurseries settings in their purview.

The NIDCAP Nursery Certification Criterion Scales (NNCCS) (Smith et al., 2011) are utilized to evaluate the quality of a nursery’s developmental orientation and care implementation. They provide the conceptual framework for the nursery review process. The individual scales are organized into the following four categories that characterize a nursery:
1. Physical Environment of the Hospital and Nursery;
2. Philosophy and Implementation of Care: Infant;
3. Philosophy and Implementation of Care: Family; and
4. Philosophy and Implementation of Care: Professionals and Staff.

NIDCAP Nursery Certification is both a goal and a process. Nurseries that apply for this certification will, through the process of the application, and by their self-evaluation, define the areas of their current strengths and areas for future growth. Successful NIDCAP Nursery Certification represents distinction in the provision of a consistently high level of NIDCAP care for infants and their families, as well as for the staff, and as such, is to be commended and celebrated as an inspiration for all.

See the guide for more information (Smith et al., 2011).

- **Establishing a NIDCAP Training Center**

Once a center has developed the resources and advanced level leadership staff training necessary to provide developmental care, such a center may consider the establishment of a NIDCAP Training Center. The requirements for moving from a center delivering care in a developmental framework to a NIDCAP Training Center include the commitment to teach, guide, nurture, consult to, and advise professionals from and at other settings.

For this goal, it is necessary to identify and develop a core group of at least two advanced level clinicians, who will become NIDCAP Trainers and will provide such education, training, and consultation for others. The medical and nursing directors of the NICU must be in full support of and agreement not only with the goals of the NIDCAP approach, but also with the opening of the NICU to professionals from other institutions for the learning process. Demonstrating to Trainees from outside of one’s own unit’s practices requires special staff support for those who agree that their care be observed by outsiders, as well as special support towards the development of model environments and care delivery at the training site. Specific requirements for the prospective Trainer team members are as follows:

1. NIDCAP reliability
2. APIB reliability
3. Reliability in providing the didactic introduction
4. Reliability in providing direct observation training
5. Bringing independently to reliability at least two Trainees
6. Reliability in providing consultation and guidance to other sites and Trainees

The reliability of the prospective Trainers in providing these components is assessed by NFI certified NIDCAP Master Trainers. At this point NFI certified NIDCAP Master Trainers are H. Als, PhD, National NIDCAP Training Center, Boston, MA, USA; G. Basso, Centro Latinoamericano NIDCAP & APIB, Buenos Aires, Argentina; J. Browne, PhD, Colorado NIDCAP Center, Denver, CO, USA; D. Buehler, PhD, West Coast NIDCAP and APIB Training Center, San
To facilitate the consistency in material to be covered in the theoretical preparation, a prospective Trainer and training center is provided by their master Trainer with a basic PowerPoint presentation at cost, which is to be supplemented by the respective center in development. All supplemental training materials must be reviewed and approved by the respective master Trainer and in case of uncertainty are to be reviewed and approved by the NFI Quality Assurance Committee.

Each training center is expected to develop a minimum of two Trainers, and is led by a center director, who takes ultimate responsibility for the appropriate organization, conduct, and ongoing quality control of training by that site, and for communication with the respective Master Trainer. The center director is typically supported by a NIDCAP Center medical director and a NIDCAP Center nursing director, specifically in agreement to serve the training program, who assure the appropriate interface of the training program with the management of the NICU itself and are available as indicated to nurse managers and medical directors from NICUs interested in or seeking training. Each NIDCAP center is expected to develop its own certificate in keeping with the NFI specifications and to be approved by the Chair of the NFI Quality Assurance Committee. The NFI President’s signature must be included with the signatures of the site’s director(s), and the leadership staff of the pertinent disciplines and or department chairpersons of the site’s director(s). This serves to assure the official support of the program at the respective site. Examples of certificates are available from the NFI Main Office. The NIDCAP Training Center’s director is typically an advanced degree professional, PhD or MD, with a full-time appointment at the respective institution. Participation in the annual NIDCAP Trainers meeting is expected of all Trainers-in-training, Trainers, center directors in development and center directors, in order to maintain up-to-date communications and to discuss developments. A register of Trainees is maintained by each NIDCAP center and entered regularly into the international Training Database, managed by J. Helm, PhD, Director of the Carolina NIDCAP Training Center, Raleigh, North Carolina, US. Trainer reliability is re-established typically on a biannual basis, or as deemed necessary by the respective Master Trainer. It is the responsibility of the training center to arrange for and finance the periodic training center reliability re-assessments, which include site assessment and consultation, and Trainer assessment and consultation. Aside from documentation of site and training self-assessment information, this involves a 3- to 4-day assessment and consultation process at the respective training center in order to be re-certified.

**APIB — Behavioral Assessment Training**

The APIB is a comprehensive, systematic assessment of the preterm and fullterm newborn, and provides a valuable resource in support of developmental care provision by professionals and families. It is a neurodevelopmental diagnostic instrument for clinicians and developmental consultants in the nursery setting, such as psychologists, neonatologists, neurologists, psychiatrists, developmental pediatricians, and advance practice nurse clinicians. APIB training is a requirement for all those providing formal NIDCAP training. It is highly recommended for all developmental specialists and developmental nurse educators in charge of the facilitation of developmental care. It is furthermore necessary for those who wish to use the APIB as research instrument.

1. Preparation
The examination of preterm and otherwise at-risk newborns requires much skill and preparatory training. The following steps provide suggestions for the necessary background preparation for those who wish to achieve reliability in the APIB. The Trainee first establishes a good liaison and working relationship with the medical and nursing staff of the NICU or Special Care Nursery. Since it is important to also examine fullterm infants on a regular basis, a good working relationship with the fullterm newborn nurseries needs to be established as well. The following steps are recommended:

a. Participation in daily rounds in the NICU with the medical and nursing staff, in order to gain familiarity with the medical care concerns, terminology, and decision making in this setting. Extensive reading of pertinent literature complements this experience. At least three months of such experience are helpful.

b. Observation of normal and high-risk deliveries in order to appreciate the newborn period from the parent’s and infant’s perspective as well as from the perspective of the medical and nursing staffs. Familiarity with obstetric anesthesia procedures and pediatric procedures in the delivery room is indicated. Extensive reading accompanies this experience.

c. Achievement of competence in the handling of preterm, at-risk, and healthy newborn infants and in the observation of their responses to manipulation. Under the supervision of a primary nurse, the Trainee participates in caregiving activities, such as holding, diapering, etc., in order to achieve confidence in the handling of infants and in observing infant responses while interacting with the infant.

d. Observation of several infants in the course of complete 24-hour nursery days. This includes observation of state behavior, movement patterns, autonomic reactions, etc., focusing on the changes in these patterns in the course of various care routines and medical procedures. The prospective examiner observes each infant throughout at least one 24-hour cycle, which can be pieced together in 4-hourly blocks. It is important to be aware of the differences in infant behavior and nursery atmosphere during the often more quiet, past-midnight hours and during the typically more active hours of medical rounds or shift changes. Each nursery has its own rhythm and pattern, of which the Trainee-examiner needs to be aware. The observation of several infants provides awareness of the difference in infants’ reactions and strategies in experiencing the nursery.

e. NIDCAP Level I training is recommended at this juncture (see above for details).

f. Experience with the administration of the maneuvers of the APIB is the next step. Expertise in the administration of reflex assessment, the response decrement, and interaction sequences needs to be acquired. Training in the Brazelton Neonatal Behavioral Assessment Scale (Brazelton, 1984) and the Prechtl Neurological Examination of the Newborn (Prechtl, 1977) are highly recommended. Supervision and input from a neurologist and neonatologist are also recommended. Practice of the sequence of maneuvers with healthy fullterm newborns is usually the first step until the flow of the examination is fully mastered.

g. The next step is the assessment of a NICU infant who is judged to be stable and is near discharge. By then, the examiner has studied the manual and training guide carefully and is completely familiar with the sequencing of packages so as to provide the infant with a skilled examination. It is necessary to identify, with the nursing staff, an infant appropriate for examination and an appropriate examination time. The training purpose of performing the examination is discussed with the primary nurse. The nurse or experienced professional should be present during the initial examinations until the examiner feels confident in
judging the infant’s color changes, respiratory patterns, etc., while handling the infant. This is also important in terms of suggestions such as warming up the examination room in advance, etc. Furthermore, it facilitates the examiner’s role definition as assessor of behavior and defines the examiner’s limits in respect to nursing and medical practice as appropriate. Five or six stable infants are examined this way. At least one of them is a healthy fullterm infant. After each examination, the examiner scores the exam, even if the examiner has only administered one package or a few items. The scoring process fosters astuteness in observation and in turn systematizes the administration of the examination.

2. Introduction Days

The next training step is formal Introduction to the APIB, which is accomplished in a two day session. APIB Introduction occurs at the Trainee’s site so that the Trainer may consult to the Trainee regarding site expectations, set-up for examinations and other site-specific parameters, and interact with the Site’s leadership in terms of support required for the Trainee and the Site’s expectations regarding APIB use once reliability and certification are established. The introduction days usually last from about 9:00 A.M. to 6:00 P.M. Starting times of the days depend on the feeding schedules of the infants to be examined. On each of the two days the Trainer examines an infant while the Trainee observes. Complete scoring of the APIB is discussed, with opportunity for questions of scoring and administration issues that have arisen in the course of the Trainee’s preparation. Maximally two Trainees may participate in the APIB introduction sessions.

3. Independent Self-Preparation and Practice; Work Session(s) with the Trainer

After the introduction days, the Trainees return to their own respective settings, examine at least 25 infants, and score each of the examinations. Five of these infants must be healthy fullterms. This preparation is typically a sufficient base for a two or three day Work Session with the Trainer. In the course of the APIB Work Session under the Trainer’s supervision and guidance the Trainee examines an infant at least on one of the two work days. As indicated for best progress the Trainer may examine one of the infants in solidifying administration aspects for the Trainee. Should two Trainees participate in the Workday Session each of the Trainees typically assesses one of the infants. At times a three-day session is productive especially when a considerable amount of time such as a full year or more has elapsed between APIB Introduction and Work Days. In such cases the Trainer performs the first examination with explanations and the Trainer and Trainees discuss the scoring of the examination. On the second and third workday, Trainer and Trainee(s) score the examinations independently or together, depending on the Trainee(s)’ confidence and level of preparation. They then discuss administration and scoring questions as they arisen. Workdays typically are 8 – 9 hour days. The Trainees then return to the home nursery and now fine-tune scoring and/or administration further by examination of usually an additional 20 to 25 infants. The preparation necessary depends on the Trainee’s background, experience and opportunity mad time allocated to regularly scheduled APIB practice.

Set-up time for an examination with obtaining of staff and parent permission and offering of explanation as to the nature of the session, as well as room set-up, typically takes between 2 – 2.5 hours. An examination with a preterm infant typically lasts between 1 and 1 1/4 hours. Early on a novice Trainee requires between 3 and 4 hours for scoring. Feedback to the staff and the parents requires and another 0.5 – 1 Hour. That means, the novice Trainee must set aside a minimum of 25 8-hour time blocks of undisturbed time in order to accomplish the preparatory training. The APIB Systems Sheet is the most demanding to score, since it requires the simultaneous attention to five or six subsystems of functioning at any one time in the examination. Once this is mastered, Score Sheets 2 and 3 are usually easier. The examiner may wish to concentrate initially on the Systems
Sheet and leave Score Sheets 2 and 3 for last. Then, in a second phase, the examiner may wish to start with Score Sheets 2 and 3 and leave the Systems Sheet until last. In a third phase, the examiner may go back to scoring the Systems Sheet first until both segments are equally familiar to the Trainee. During the self-training and preparation process it is recommended to examine and score only one infant per day. For the skilled examiner, scoring should take approximately 60 minutes, maximally 90 minutes.

A number of Trainees will require more than one APIB Work Session. The Trainer determines when an additional APIB Work Session is indicated before Reliability is likely successful.

4. Reliability Session

When the Trainee has accomplished full preparation, the two-day Reliability Session is set up. This usually requires the administration of at least one examination (Day 1) and the scoring of at least two examinations (Day 1 and Day 2) for a Trainee. The Trainee examines the infant, Trainee and Trainer score the examination independently, and then the Trainer discusses the administrative process and the scoring with the Trainee. For two Trainees a two-day reliability session is best set up as follows: Trainee A examines an infant on Day 1, Trainee B and Trainer observe. All three score. The Trainer gives feedback regarding Trainee A’s administration of the examination, and discusses the scoring of both Trainees. Trainee A takes the lead in discussion and explanation of scores assigned. On Day 2, Trainee B examines an infant, Trainee A observes; both Trainees and the Trainer score. The Trainer gives feedback regarding Trainee B’s administration and discusses the scoring of both Trainees, with Trainee B taking the lead in discussion and explanation of scores given. This gives each Trainee one chance for administration and two chances for scoring, maximizing Trainee and Trainer time. At some instances a three-day Reliability Session is set up, especially when the time lag between Work Days and Reliability Session is a year or longer. In the three-day Reliability Session the Trainer performs the infant examination on the first day and scoring maybe performed in joint discussion. For reliability, the successful independent administration of one and scoring of at least two examinations is necessary for each Trainee. When reliability is achieved, the APIB Professional Certificate is issued to the Trainee.

Training in clinical report writing on the basis of the APIB is not part of the formal training process provided in this framework and is negotiated on an individual basis. It requires an extensive internship with supervision by the Trainer and depends on the background of the examiner, as well as the purpose and focus of the assessment.

APIB training is set up on an individual basis. APIB Introduction, Work and Reliability Sessions must be conducted at the Trainee’s Site. This maximizes consultation and support to the Trainee and the Site.

Each APIB training component, Introduction Session, Work Session(s), and Reliability Sessions must be followed by one-day schedule of Feedback, Reflective Processing, Planning, and Consultation Sessions, which must address all trainees and the site leadership. This day is planned in collaboration with the Trainees and the Site’s Leadership.

In order to maintain reliability, it is advisable to send several sample examination score sheets to the Trainer at decided upon intervals. There are certain built-in checks in the score patterns, which may be used to monitor the ongoing accuracy of scoring. A videotape of an examination with accompanying score sheet may also be helpful. This permits a check on continuing administration and scoring accuracy. This type of long-distance check is set up individually with the Trainer. It requires much Trainer time. Direct recheck of reliability is necessary on a frequency schedule.
determined by the Trainer, typically on an annual or biannual basis. It is critical to assess fullterm healthy newborns on a continued basis in conjunction with preterm or otherwise at-risk infants, be it for clinical work or in the framework of research. Otherwise, one’s internal standards for the infant’s modulation and differentiation of performance easily drift. Reliability requires confidence and expertise in examining and scoring infants of all gestational ages and a wide range of clinical conditions.

All NIDCAP Trainers must have achieved APIB Professional certification and must feel confident and have gained expertise in the clinical and as indicated research use of the APIB.

- **Becoming an APIB Trainer**

As a NIDCAP Trainer prepares to become a NIDCAP Master Trainer, a basic requirement is that the NIDCAP Trainer first or simultaneously becomes an APIB Trainer. For the initial generation of NIDCAP Master Trainers the NFI adopted the clause that APIB Trainer certification may be acquired after all other Master Trainer requirements have been accomplished, and or an otherwise qualifying NIDCAP Master Trainer may seek the partnership with an established APIB Trainer who makes the commitment to fulfill the NIDCAP Master Trainer’s APIB Training requirements in a timely and responsible fashion.

**Preparation:**

1. **APIB Re-Reliability Certification (2.5 – 3.5 days):**

A prospective APIB Trainer first reestablishes APIB reliability in a 2.5-3.5 day APIB session with the APIB Master Trainer (H. Als, PhD, National APIB Training Center, Boston MA USA).

2. **Observation of APIB Trainer in Conducting Training Process (Three 3.5-Day Sessions)**

Once APIB reliability is re-certified, the APIB Trainer-in-Training observes the APIB Master Trainer’s introductory APIB Training Sessions, APIB Work Days, and APIB Reliability Sessions as spelled out above under APIB Training, and debriefs with the APIB Master Trainer after each of these 3 day sessions. A three hour time block is typically sufficient per 3-day session for debriefing.

3. **APIB Training of Two New APIB Trainees**

The APIB Trainer-in-Training introduces two new APIB Trainees to the APIB (3-day session). This is followed by a 3 – 4 hour review and guidance session with the APIB Master Trainer who observed the APIB Trainer-in-Training’s APIB Introductory Days. Subsequently the APIB Trainer-in-Training schedules the two APIB Trainees for their Workdays (3-day session). This is again followed by a 3 – 4 hour review and guidance session with the observing APIB Master Trainer. Once the APIB Trainer-in-Training schedules the two AIB Trainees for their Reliability days (3-day session), the APIB Master Trainer attends and observes and subsequently debriefs and gives feedback and guidance to the APIB Trainer-in-Training. The APIB Trainer-in-Training’s two APIB Trainees remain the ultimate responsibility of the APIB Master Trainer; thus, depending of the amount of input and guidance the APIB Master Trainer gave during the APIB training process of the Trainees, the APIB Trainer-in Training may be required to bring two additional Trainees to APIB reliability, now with little to no direct guidance during the sessions for the Trainees. It is at the discretion of the APIB Master Trainer to judge and assure the independent APIB Trainer competence of the APIB Trainer-in-Training.

The APIB Trainer process thus requires at minimum 21 days of APIB Master Trainer Time, in work with and/or consultation to the APIB Trainer-in-Training.
Becoming a NIDCAP Master Trainer

Once a NIDCAP Trainer is also an accomplished APIB Trainer and independently has developed at minimum two level-3 NICUs with their respective NIDCAP certified professionals and the site guidance involved, and has furthermore trained at minimum two APIB professionals to reliability, who ideally are the leadership NIDCAP professionals in one of the sites that the NIDCAP Trainer has independently developed, then the NIDCAP Trainer qualifies for application to become a certified NIDCAP Master Trainer.

The requirements include developing at least one NIDCAP Training Center successfully from initial NIDCAP certification through NIDCAP Trainer certification of at minimum two developmental care specialists, who apply officially to achieve NIDCAP Trainer certification and whose center applies officially to be certified as NIDCAP Training Center (see above). The NFI must review and approve a NIDCAP Trainer’s application to become a certified NIDCAP Master Trainer. The NIDCAP Master Trainer applicant must identify the NIDCAP professionals and the nursery that he or she seeks to bring to NIDCAP Training Center and NIDCAP Trainer status. The respective center and NIDCAP professionals must apply and be approved by the NFI to be admitted to training and establishment of a NIDCAP Training Center respectively. The Master Trainer applicant must secure the availability and commitment of a Senior NIDCAP Master Trainer to guide the Master Trainer-in-Training in the process to become a certified NIDCAP Master Trainer. The Senior NIDCAP Master Trainer, currently there is only one such Trainer H. Als, PhD, National NIDCAP Training Center Boston, MA, USA, observes and guides the NIDCAP Trainer along the process of training two NIDCAP Trainers and a NIDCAP Center to certification. This requires typically three one-week sessions when the Senior Master Trainer is on-site for observation and guidance to the Master Trainer-in-Training, who trains the NIDCAP Trainers-in-Training in the Introduction Training, Workdays, and Reliability Days with their respective Trainees.

The cost for the training by a Master or Senior Master Trainer of APIB Trainers, NIDCAP Trainers and NIDCAP Master Trainers respectively is the responsibility of the person seeking the level of training which requires the Master and/or Senior Master Trainer’s supervision. The quality of training for the NIDCAP and APIB Trainees involved is the responsibility of the Master Trainer and or Senior Master Trainer respectively, who therefore may be required to co-train, amplify and supplement the training of the Trainer and/or Master Trainer in Training.

Centers with Master Trainers continue to be referred to as NIDCAP and/or APIB Training Centers respectively.

Literature Cited

Als H. A synactive model of neonatal behavioral organization: Framework for the assessment and support of the neurobehavioral development of the premature infant and his parents in the environment of the neonatal intensive care unit. In Sweeney JK (ed.), *The High-Risk Neonate:*


**Further Training Documents Available**

1. Cost-Effectiveness Analysis of Developmental Care (NIDCAP) in the Newborn Intensive Care Unit
2. Nursery Wide Developmental Care Implementation in Newborn Intensive Care Units (NICU)—Recommendations for Training, Education, Staff and Resource Development
4. Guidelines and Suggestions for NIDCAP Trainees, NIDCAP Professionals, NIDCAP Trainers-in-Training, NIDCAP Trainers and Master Trainers, as well as Center Directors
5. Developmental Care Guidelines for Use in the Newborn Intensive Care Unit (NICU)
6. Fee Structure for Training Center
NIDCAP Training Center Directory*

1. National NIDCAP Training Center, Boston, *Established 1982*
   Brigham and Women’s Hospital and Boston Children’s Hospital, Boston, Massachusetts

**Training Center Director**  
**Heidelise Als, PhD**  
Associate Professor of Psychology (Psychiatry),  
Harvard Medical School  
Director, Neurobehavioral Infant and Child Studies  
Boston Children’s Hospital

**Training Center Medical Director**  
**Steven A. Ringer, MD, PhD**  
Assistant Professor of Pediatrics  
Harvard Medical School  
Director, Newborn Medicine  
Brigham and Women’s Hospital

**NICU Leadership**  
**Steven A. Ringer, MD, PhD**  
Assistant Professor of Pediatrics  
Harvard Medical School  
Director, Newborn Medicine  
Brigham and Women’s Hospital

**Marianne Cummings, RN, MSN**  
Nurse Manager, Newborn Intensive Care Unit  
Brigham and Women’s Hospital

**Senior NIDCAP Master Trainer**  
**Heidelise Als, PhD**  
Associate Professor of Psychology (Psychiatry)  
Harvard Medical School  
Director, Neurobehavioral Infant and Child Studies  
Boston Children’s Hospital

**Senior Developmental Care Educator**  
**Gloria B. McAnulty, PhD**  
Research Associate in Psychology (Psychiatry)  
Harvard Medical School  
Neuropsychologist  
Neurobehavioral Infant and Child Studies  
Boston Children’s Hospital

**Developmental Specialist/  
APIB Trainer-in-Training**  
**Samantha Butler, PhD**  
Research Associate in Psychology (Psychiatry)  
Harvard Medical School  
Neurobehavioral Infant and Child Studies  
Boston Children’s Hospital

* For specific NIDCAP training and fee information, please contact the respective center.
National NIDCAP Training Center, Boston -- continued

Developmental Care Education and Training Facilitator  
Sandra M. Kosta, BA  
Database Manager and Research Studies Coordinator  
Neurobehavioral Infant and Child Studies  
Boston Children’s Hospital

Advisor  
Linda Gilkerson, PhD  
Professor, Erikson Institute  
Director, Irving B. Harris Infant Studies program  
420 N. Wabash Ave., 6th Floor  
Chicago, IL 60611  
Voice: 312-755-2250  
Fax: 312-755-2255  
Email: lgilkerson@erikson.edu

Contact  
Sandra M. Kosta, BA  
Database Manager and Research Studies Coordinator  
Neurobehavioral Infant and Child Studies  
Enders Pediatric Research Laboratories, Room EN107  
Boston Children’s Hospital  
320 Longwood Avenue  
Boston, MA 02115  
Voice: 617-355-8249  
Fax: 617-730-0224  
Email: nidcap@childrens.harvard.edu
2. **Sooner NIDCAP Training Center, Established 1986**  
University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma

**Training Center Co-Director**  
**Andrea Willeitner, MD**  
Assistant Professor of Pediatrics  
Newborn Intensive Care Nursery  
The Children’s Hospital at OU Medical Center

**Training Center Co-Director**  
**Eleanor (Bunny) Hutson, RN**  
Infant Development Specialist  
Oklahoma Infant Transition Program

**Training Center Medical Director**  
**Raja Nandyal, MD**  
Assistant Professor of Pediatrics  
Newborn Intensive Care Nursery  
The Children’s Hospital at OU Medical Center

**NICU Leadership**  
**Terrence L. Stull, MD**  
Chairman, Department of Pediatrics  
CMRI Patricia Price Browne Distinguished Chair

**Marilyn B. Escobedo, MD**  
Professor of Pediatrics  
Reba McIntire Endowed Chair in Neonatology  
Chief of Neonatal-Perinatal Medicine, Dept. of Pediatrics  
The Children’s Hospital at OU Medical Center

**K. C. Sekar, MD**  
Professor of Pediatrics  
Medical Director, Neonatal Intensive Care Unit  
The Children’s Hospital at OU Medical Center

**Kris Wallace, RN, MBA**  
Vice President for Patient Services  
OU Medical Center

**Jean Adams, RN**  
Director of Neonatal Services  
The Children’s Hospital at OU Medical Center

**Jamie Kilpatrick, RN**  
Clinical Manager Neonatal Services  
The Children’s Hospital at OU Medical Center
Sooner NIDCAP Training Center — continued

NIDCAP Trainer  Laurie Mouradian, ScD, OTR/L
Volunteer Faculty
Oklahoma Infant Transition Program

NIDCAP Trainer-in-Training  Eleanor (Bunny) Hutson, RN
Infant Development Specialist
Oklahoma Infant Transition Program

Contact  Eleanor (Bunny) Hutson, RN
Oklahoma Infant Transition Program
Sooner NIDCAP Training Center
University of Oklahoma Health Sciences Center
Garrison Tower, Suite 1140
940 NE 13th Street
Oklahoma City, OK 73104
Voice: 405-271-6625, ext.1
Fax: 405-271-2149
Email: bunny-hutson@ouhsc.edu
3. **West Coast NIDCAP & APIB Training Center at University of California San Francisco School of Medicine, Division of Neonatology**, Established 2008 (*Formerly Oakland Children’s NIDCAP Training Center, 1987; Stanford NIDCAP Training Center, 1995; and West Coast NIDCAP Center, Mills College, 2002*)

**Training Center Director**  
**Kathleen A. VandenBerg, PhD**  
Academic Administrator  
University of California San Francisco  
School of Medicine, Division Neonatology

**Training Center Associate Director**  
**Deborah Buehler, PhD**  
Developmental Psychologist  
University of California San Francisco  
School of Medicine, Division Neonatology

**Training Center Medical Director**  
**Yao Sun, MD, PhD**  
Associate Professor of Clinical Pediatrics  
Director of Clinical Programs NICU  
University of California San Francisco  
School of Medicine, Division Neonatology

**Training Center Nursing Director**  
**Kim Johnston, BSN, RNC**  
Patient Care Manager  
Neonatal Intensive Care Nursery  
UCSF Benioff Children's Hospital

**NICU Leadership**  
**David Rowitch, MD, PhD**  
Professor of Pediatrics & Neurological Surgery  
University of California San Francisco  
School of Medicine, Division of Neonatology  
Chief of Neonatology, UCSF Benioff Children's Hospital

**Sue Pelloquin, RN, PNP**  
Coordinator, Neuro-Intensive Care Nursery  
UCSF Benioff Children's Hospital
West Coast NIDCAP & APIB Training Center — continued

NIDCAP Master Trainers

**Kathleen A. VandenBerg, PhD**
Director, West Coast NIDCAP & APIB Training Center
University of California San Francisco
Academic Administrator
School of Medicine, Division of Neonatology

**Deborah Buehler, PhD**
Developmental Psychologist
Associate Director, West Coast NIDCAP & APIB Training Center
University of California San Francisco
School of Medicine, Division of Neonatology

NIDCAP Trainer-in-Training

**Lindsay Lightbody, MA**

Contact

**Kathleen A. VandenBerg, PhD**
Academic Administrator/Center Director
West Coast NIDCAP & APIB Training Center
University of California San Francisco
Dept. of Pediatrics, Division Neonatology
533 Parnassus Avenue, #0734
San Francisco, CA 94143
Voice: 408 507-4480
Fax:
Email: vandenbergk@peds.ucsf.edu
4. Carolina NIDCAP Training Center, *Established 1989*
WakeMed, Raleigh, North Carolina

**Training Center Director**

James M. Helm, PhD  
Clinical Associate Professor of Pediatrics  
Adjunct Assistant Professor of Physical Therapy  
U. of North Carolina School of Medicine, Chapel Hill  
Adjunct Assistant Professor of Special Education  
University of North Carolina at Chapel Hill  
Developmental Specialist  
WakeMed

**Training Center Medical Director**

Ross L. Vaughan, MD  
Professor of Pediatrics  
U. of North Carolina School of Medicine, Chapel Hill  
Director of Neonatology, Faculty Physicians  
WakeMed

Susan Gutierrez, BSN, RNC-NIC  
Nurse Manager, Neonatal Intensive Care Unit  
WakeMed Health and Hospitals

**NIDCAP Trainers**

James M. Helm, PhD  
Clinical Associate Professor of Pediatrics  
Adjunct Assistant Professor of Physical Therapy  
U. of North Carolina School of Medicine, Chapel Hill  
Adjunct Assistant Professor of Special Education  
University of North Carolina at Chapel Hill  
Developmental Specialist  
WakeMed

Melissa R. Johnson, PhD  
Clinical Associate Professor of Pediatrics  
Adjunct Assistant Professor of Psychiatry  
Adjunct Assistant Professor of Physical Therapy  
U. of North Carolina School of Medicine, Chapel Hill  
Pediatric Psychologist  
WakeMed

**Contact**

James M. Helm, PhD  
WakeMed, Division of Neonatology  
3000 New Bern Avenue, 3rd Fl.  
Raleigh, NC 27610  
Voice: 919-350-8276  
Fax: 919-350-8146  
Email: jhelm@wakemed.org
5. **Colorado NIDCAP Center, Established 1989**

   University of Colorado Denver School of Medicine, Department of Pediatrics, Colorado
   And The Children’s Hospital Newborn Intensive Care Unit, Aurora, Colorado

**Training Center Director**  
Joy V. Browne, PhD, PCNS-BC, IMH (IV) Mentor  
Developmental/Infant-Parent Psychologist  
Associate Professor of Pediatrics and Psychiatry  
Director, Center for Family and Infant Interaction  
Interdisciplinary Training Director, JFK Partners  
University of Colorado Denver  
Department of Pediatrics

**Training Center Medical Director**  
Theresa Grover, MD  
Medical Director, NICU

**The Children’s Hospital Leadership**

**Randall B. Wilkening, MD**  
Professor  
Section Head, Neonatology  
University of Colorado Denver School of Medicine

**Theresa Grover, MD**  
Associate Professor of Pediatrics  
University of Colorado Denver School of Medicine  
Medical Director, NICU

**Katheryn Boada, MA, CCC/SLP**  
Director, Audiology, Speech Pathology and Learning Services

**Kristen Hampton, RNC, BSN**  
Clinical Manager, NICU

**Sharon Sables-Baus, PhD, PCNS-BC**  
Assistant Professor  
University of Colorado, College of Nursing  
Advanced Practice RN, NICU

**Clinical Coordinators of NICU**

Susan Arato, RNC, BSN  
Patricia Boldt, RN, BSN  
Erin Carey, RNC, BSN  
Karen Jones, RNC, BSN  
Michelle Mueller, RN, BSN  
Camilla Shea-McAleavey, RN, MSN  
Sara Sullivan, RN, BSN

**Clinical Resources of NICU**

Betsy Smith, RN, BSN  
Alicia Jiron, RNC, BSN  
Heidi Christophersen, RN, BSN  
Manojkumar Sebastian, RN, BSN  
Rebecca Mayka, RN, BSN  
Charito Madridejos, RN, BSN
### Colorado NIDCAP Center — continued

<table>
<thead>
<tr>
<th>Position</th>
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<tr>
<td>Clinical Coordinator of</td>
<td>Carrie Rafferty, RN, ND, MS</td>
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<td>Lactation Program Program Manager</td>
<td>Lisbeth Gabrielski, RN, MSN, IBCLC</td>
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<td>Neonatal Educator</td>
<td>Sheila Kaseman, RN, MS</td>
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<td>NIDCAP Master Trainer Development/Infant-Parent Psychologist</td>
<td>Joy V. Browne, PhD, PCNS-BC, IMH (IV) Mentor</td>
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<tr>
<td>Associate Professor of Pediatrics and Psychiatry</td>
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<td>University of Colorado Denver School of Medicine</td>
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<td>Parent Advisors</td>
<td>Suzanne Smith, BS</td>
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<td>Debra Paul, BS, OTR</td>
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<td>Program Advisor</td>
<td>Cordelia Robinson, PhD, RN</td>
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<td>Director, JFK Partners</td>
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<td></td>
<td>Professor of Pediatrics and Psychiatry</td>
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<td>University of Colorado at Denver and Health Sciences Center</td>
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<tr>
<td>Clinical Psychology and Reflective Practice Advisor</td>
<td>Ayelet Talmi, PhD</td>
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<td></td>
<td>Associate Director, Irving Harris Program in Child Development &amp; Infant Mental Health Assistant Professor of Psychiatry University of Colorado at Denver and Health Sciences Center</td>
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<tr>
<td>Neonatal and Bioethics Advisor</td>
<td>Peter Hulac, MD</td>
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<td>Senior Instructor, Pediatrics (neonatology)</td>
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#### Contacts

**Amanda (Mandi) Millar, BA**

Program Coordinator  
Center for Family and Infant Interaction C234  
University of Colorado at Denver and Health Sciences Center  
L28 Room Number 5112  
Aurora, CO 80045  
Voice: 303-724-7667  
Fax: 303-724-7664  
Email: amanda.millar@ucdenver.edu

**Joy V. Browne, PhD, PCNS-BC, IMH (IV) Mentor**

Associate Professor of Pediatrics and Psychiatry  
University of Colorado Denver School of Medicine  
Center for Family and Infant Interaction C234  
L28 Room Number 5112  
Aurora, CO 80045  
Voice: 303-724-7668  
Fax: 303-724-7664  
Email: joy.browne@childrenscolorado.org
6. **St. Luke’s NIDCAP Center, Established 1995**
   St. Luke’s Children’s Hospital, Boise, Idaho

**Training Center Co-Directors**
- Beverly Holland MSN, RN, NE-BC  
  St. Luke’s Children’s Hospital
- Karen M. Smith, RNC, BSN, MEd  
  St. Luke’s Children’s Hospital

**Training Center Medical Director**
- Scott A. Snyder, MD  
  Medical Director  
  Newborn Intensive Care Unit  
  St. Luke’s Children’s Hospital

**Training Center Nursing Director**
- Kim Froehlich, BSN, RN  
  Interim Nursing Director  
  Newborn Intensive Care Unit  
  St. Luke’s Children’s Hospital

**NIDCAP Trainer**
- Karen M. Smith, RNC, BSN, MEd  
  St. Luke’s Children’s Hospital

**NIDCAP Trainer-in-Training**
- Julie Swanson, BSN, RN  
  St. Luke’s Children’s Hospital

**Psychology Consultant**
- Christine Pickford, PhD  
  St. Luke’s Children’s Hospital

**Contact**
- Karen M. Smith, RNC, BSN, MEd  
  NIDCAP Training Center  
  St. Luke’s Children’s Hospital  
  190 East Bannock Street  
  Boise, ID 83712  
  Voice: 208-381-4374  
  Fax: 208-381-7668  
  Email: smithka@slhs.org
7. **Mid-Atlantic NIDCAP Center, Established 1995**  
The Children’s Regional Hospital at Cooper University Hospital, Camden, NJ

**Training Center Director**  
gretchen Lawhon, RN, PhD  
Clinical Nurse Scientist  
Division of Neonatology  
The Children’s Regional Hospital at  
Cooper University Hospital  
Associate Professor of Pediatrics  
Cooper Medical School of Rowan University, and  
Adjunct at University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School at Camden, NJ

**Training Center Medical Director**  
Sonia O. Imaizumi, MD, FAAP  
Director, Neonatal Follow Up Program  
The Children’s Regional Hospital at  
Cooper University Hospital  
Director, Case Management  
Cooper University Hospital  
Associate Professor of Pediatrics  
Cooper Medical School of Rowan University, and  
Adjunct at University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School at Camden, NJ

**NICU Leadership**  
Gary E. Stahl, MD, FAAP  
Head, Division of Neonatology  
Vice-Chief, Department of Pediatrics  
The Children’s Regional Hospital at  
Cooper University Hospital  
Professor of Pediatrics  
Cooper Medical School of Rowan University, and  
Adjunct at University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School at Camden, NJ

Joanne Fox, RNC, BSN  
Clinical Nurse Manager, Newborn Intensive Care  
The Children’s Regional Hospital at  
Cooper University Hospital
Mid-Atlantic NIDCAP Center – continued

**NIDCAP Master Trainer**

gretchen Lawhon, RN, PhD  
Clinical Nurse Scientist  
The Children’s Regional Hospital at  
Cooper University Hospital  
Associate Professor of Pediatrics  
Cooper Medical School of Rowan University, and  
Adjunct at University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School at Camden, NJ

**NIDCAP Trainers**

Deana DeMare, PT  
Division of Neonatology  
The Children’s Regional Hospital at Cooper University Hospital

Rodd Hedlund, MEd  
Division of Neonatology  
The Children’s Regional Hospital at Cooper University Hospital

**Contact**

gretchen Lawhon, RN, PhD  
Clinical Nurse Scientist  
The Children’s Regional Hospital at Cooper University Hospital  
One Cooper Plaza; Dorrance Suite 755  
Camden, NJ  08103-1489  
Phone:  856-342-2442  
Fax:  856-342-8007  
email:  lawhon-gretchen@cooperhealth.edu
8. **Karolinska NIDCAP Training Center, Stockholm, Sweden, *Established 1999*  
Astrid Lindgren Children’s Hospital at Karolinska University Hospital, Stockholm

**Training Center Director**  
Björn Westrup, MD, PhD  
Senior Consultant in Neonatology  
Karolinska Institute, Astrid Lindgren Children’s  
Hospital at Karolinska University Hospital-Danderyd,  
Stockholm

**Training Center Co-Director**  
Lena Westas, MD, PhD  
Professor of Perinatal Medicine  
Department of Women’s and Children’s Health  
Uppsala University Hospital

**Training Center Medical Director**  
Hugo Lagercrantz, MD, PhD  
Professor of Pediatrics  
Karolinska Institute  
Astrid Lindgren Children’s Hospital at Karolinska  
University Hospital, Stockholm

**NIDCAP Master Trainer**  
Agneta Kleberg, RN, PhD  
NIDCAP Master Trainer  
Astrid Lindgren Children’s Hospital at Karolinska  
University Hospital-Danderyd, Stockholm

**NIDCAP Trainer**  
Ann-Sofie Ingman, RN, BSN  
Astrid Lindgren Children’s Hospital at Karolinska  
University Hospital, Solna, Stockholm

**Contact**  
Ann-Sofie Ingman, RN, BSN  
Neonatal Unit, Astrid Lindgren Children’s Hospital  
at Karolinska University Hospital, Solna  
SE-171 76 Stockholm, Sweden  
Voice: +46-8-5177 9426  
Fax: +46-8-5177 3095  
Email: nidcap@karolinska.se
9. **Connecticut Children’s NIDCAP Training Center, Established 2007**  
Connecticut Children’s, Hartford, CT *(Formerly University of Connecticut NIDCAP Training Center, Farmington, CT, 2002)*

**Training Center Co-Directors**  
Dorothy Vittner, RN, MSN  
Assistant Professor, Department of Pediatrics  
University of Connecticut School of Medicine  
NIDCAP Trainer, Newborn Intensive Care Unit  
Connecticut Children’s Medical Center

Ann Milanese, MD  
Associate Professor, Department of Pediatrics  
University of Connecticut School of Medicine  
Medical Director, Education and Rehabilitation Services  
Connecticut Children’s Medical Center

**Training Center Medical Director**  
Marilyn Sanders, MD  
Professor, Department of Pediatrics,  
University of Connecticut School of Medicine  
Attending Neonatologist  
Connecticut Children’s Medical Center

**Training Center Nursing Director**  
Marla Booker, BSN, RNC  
Nurse Manager, Newborn Intensive Care Unit  
Connecticut Children’s Medical Center

**NICU Leadership**  
Victor Herson, MD  
Professor, Department of Pediatrics  
University of Connecticut School of Medicine  
Medical Director, Newborn Intensive Care Unit  
Connecticut Children’s Medical Center

**NIDCAP Trainer**  
Dorothy Vittner, RN, MSN  
Newborn Intensive Care Unit  
Connecticut Children’s Medical Center

**Contact**  
Dorothy Vittner, RN, MSN  
Connecticut Children’s Medical Center  
Newborn Intensive Care Unit  
282 Washington Street  
Hartford, Connecticut 06106  
Phone: 860-545-8960  
Fax: 860-545-8945  
Email: dvittner@ccmckids.org
10. French NIDCAP Center, Brest, France, Established 2004
Medical School, Université de Bretagne Occidentale & University Hospital, Brest, France.

Training Center Director          Jacques Sizun, MD
                                  Professor of Pediatrics
                                  Woman, Mother and Child Department Medical Director
                                  University Hospital, Brest, France

Training Center Co-Director       Nathalie Ratynski, MD
                                  Neonatologist
                                  Woman, Mother and Child Department
                                  University Hospital, Brest, France

NICU Leadership                   Loïc de Parscau, MD
                                  Professor of Pediatrics
                                  Woman, Mother and Child Department
                                  University Hospital, Brest, France

                                  Murielle Dobrzynski, MD
                                  Neonatologist
                                  Neonatal Intensive Care Unit

                                  Brigitte Elouard, RN
                                  Nurse Manager
                                  Woman, Mother and Child Department

                                  Gisèle Gremmo-Feger, MD, IBCLC
                                  Neonatologist
                                  Breast-feeding consultant
                                  Department of Obstetrics

NIDCAP Trainer                    Nathalie Ratynski, MD
                                  Woman, Mother and Child Department
                                  University Hospital, Brest, France

Contact                           Nathalie Ratynski, MD
                                  Pole de la Femme, de la Mère et de l’Enfant
                                  Centre Hospitalier Universitaire MORVAN
                                  29609 Brest Cedex
                                  France
                                  Voice:  +33 298 22 36 66
                                  Fax:    +33 298 22 39 86
                                  Email:  nathalie.ratynski@chu-brest.fr
11. SOPHIA NIDCAP Training Center, Rotterdam, The Netherlands, Established 2005
Erasmus MC-Sophia Children’s Hospital, Rotterdam, The Netherlands.

Training Center Director  Nikk Conneman, MD
Consultant in Neonatology
Erasmus MC-Sophia Children’s Hospital
Rotterdam

Training Center Co-Director  Monique Oude Reimer, RN
NIDCAP Consultant
Erasmus MC-Sophia Children’s Hospital
Rotterdam

Training Center Medical Director  Irwin Reiss, MD, PhD
Professor of Neonatology
Head, Division of Neonatology
Erasmus MC-Sophia Children’s Hospital
Rotterdam

Training Center Nursing Director  Yvonne Kant, RN
Nurse Manager, Newborn Intensive Care Unit
Erasmus MC-Sophia Children’s Hospital
Rotterdam

NICU Leadership  Irwin Reiss, MD, PhD
Professor of Neonatology
Head, Division of Neonatology
Erasmus MC-Sophia Children’s Hospital
Rotterdam

NIDCAP Trainer  Nikk Conneman, MD
Consultant in Neonatology
Director Erasmus NIDCAP Center, Rotterdam,
Erasmus MC-Sophia Children’s Hospital
Rotterdam

Developmental Care Educator  Monique Oude Reimer, RN
NIDCAP Consultant
Erasmus MC-Sophia Children’s Hospital
Rotterdam

Contact  Monique Oude Reimer, RN
NIDCAP Consultant
Room Sb 2607
Erasmus MC-Sophia Children’s Hospital
P.O. Box 2060
Dr. Molenwaterplein 60
3000 CB Rotterdam, The Netherlands
Voice:  +31107037181
Fax:  +31107036542
Email:  nidcap@erasusmc.nl
Hospital Fernández, Fundación Alumbrar, Buenos Aires, Argentina

**Training Center Director**
Graciela Basso, MD, PhD  
Neonatologist  
Infant Psychoanalyst IPA  
Hospital Fernández  
Vice-President of Fundación Alumbrar

**Training Center Medical Director**
Liliana Voto MD, PhD  
Professor of Obstetrics  
Universidad de Buenos Aires  
Mother and Child Center Director  
Hospital Fernández

**NIDCAP Trainer & APIB Trainer**
Graciela Basso, MD, PhD  
Neonatologist  
Infant Psychoanalyst IPA

**NIDCAP Professionals**
Maria Luisa de Anchorena  
Psychologist

Maricel Mimiza  
Physical Therapist NDT

Laura Menendez  
Psychologist

**NICU Leadership**
Jorge Tavosnaska, MD  
Professor of Pediatrics  
Universidad de Buenos Aires  
Director, Newborn Medicine  
Hospital Fernandez

Liliana Roldan, MD  
Neonatologist  
Hospital Fernández

**Training Center Nursing Director**
Leonarda Sulca  
Nurse Manager, Intensive Care Unit  
Hospital Fernández

**Follow Up**
Teresa Sepulveda, MD  
Pediatrician

Ana Pattín  
Speech Therapist

Fernanda Buraschi  
Pediatrician
Centro Latinoamericano NIDCAP & APIB – continued

**Neurodevelopmental Care Team**  
Brenda Grosskopff  
Pediatrician

Laura Goldberg  
Psychiatrist

**Parent Representatives**  
Marcela Cheloni  
Ariel Acri

**Contact**  
Cecilia Pedernera  
Catalina Pereira  
NIDCAP Assistants  
Fundación Alumbrar  
Coronel Díaz 2277  
23 piso, departamento F  
CP 1425, Buenos Aires  
Argentina  
Voice: 005448245385 or 005448261717  
Email:  
  - basso.grace@gmail.com  
  - alumbar.nidcap@gmail.com  
  - info@fundacionalumbrar.org  
Website:  
  - www.fundacionalumbrar.org  
  - www.fmm.edu.ar
13. UK NIDCAP Training Centre at St. Mary’s, Established 2006
   St. Mary’s Hospital, Imperial College Healthcare NHS Trust, London, England

Training Centre Director                      Inga Warren, Dip COT, MSc
                                            Winnicott Baby Unit, St. Mary’s Hospital

Training Centre Medical Director              Glynn Russell, FRCPCH
                                            Chief of Service for Neonatology
                                            Imperial College Healthcare NHS Trust

                               Merran Thomson, FRCPCH
                               Lead Neonatologist for the North West London
                               Perinatal Network, Consultant Neonatologist
                               Imperial College Healthcare NHS Trust

Training Centre Medical Co-Director           Sunit Godambe, MRCPCH
                                            Consultant Neonatologist & Clinical Lead
                                            St. Mary’s Hospital, Imperial College Healthcare
                                            NHS Trust

Training Centre Nursing Director              Ann Maloy RN, RM,
                                            Head of Neonatal Nursing / Service Manager
                                            Imperial College Healthcare NHS Trust

Winnicott Foundation / Parent Representatives Pippa Jones, BaHons
                                            Chief Executive, Winnicott Foundation

                                                   Fiona Lupson, B Eng (Hons), C Eng, FIEE
                                                   Winnicott Foundation Board Member

                   Ewan West, MA, DPhil, MBA, LLB

NICU Leadership                                      Anne Maloy, RGN, RM.
                                                   Head Nurse, Neonatal Services Manager

NIDCAP Trainers                                      Inga Warren, Dip COT, MSc
                                                   Winnicott Baby Unit

                                      Gillian Kennedy Dip ST, MSc
                                      Neonatal Unit, University College London Hospital

Contact                                            Inga Warren, Dip COT, MSc
                                                   c/o Winnicott Foundation, Sam Segal Perinatal Unit,
                                                   2nd Floor Clarence Wing, St. Mary’s Hospital,
                                                   Imperial College Healthcare NHS Trust,
                                                   Praed Street, London W2 1NY, UK
                                                   Voice: 00 44 20 331 22172 / 26773
                                                   Email: inga.warren@imperial.nhs.uk
                                                   Website: www.winnicott.org.uk
14. **Children’s Hospital of University of Illinois (CHUI) NIDCAP Training Center**, Established 2006
   Women’s and Children’s Nursing Services, Children's Hospital of University of Illinois

**Training Center Director**  
Beena Peters, RN, MS  
Associate Director of Nursing,  
Women’s and Children’s Services  
Children's Hospital of University of Illinois

**Training Center Medical Director**  
Akhil Maheshwari, MD  
Chief, Division of Neonatology  
Associate Professor of Pediatrics and Pharmacology  
Children's Hospital of University of Illinois

**Director of Developmental Care Education**  
Jennifer Hofherr, OTR/L  
Developmental Specialist  
Newborn Intensive Care Unit  
Children's Hospital of University of Illinois

**Director of Developmental Care Training**  
Jean Powlesland, RN, MS  
Developmental Specialist  
Newborn Intensive Care Unit  
Children's Hospital of University of Illinois

**NICU Leadership**  
Shirley Belocura, RN, BSN  
Interim Nurse Manager, Newborn Intensive Care and Intermediate Care Nurseries  
Children's Hospital of University of Illinois

**NIDCAP Trainers**  
Jennifer Hofherr, OTR/L  
Developmental Specialist  
Newborn Intensive Care Unit  
Children's Hospital of University of Illinois

**Jean Powlesland, RN, MS**  
Developmental Specialist  
Newborn Intensive Care Unit  
Children's Hospital of University of Illinois

**Contact**  
Jean Powlesland, RN, MS  
Newborn Intensive Care Unit, M/C 501  
Children's Hospital of University of Illinois  
1740 W. Taylor St.  
Chicago, IL 60612  
Voice: 312-996-1747  
Fax: 312-996-2328  
Email: jpowlesl@uic.edu
15. **NIDCAP Training & Research Center at Cincinnati Children’s**, *Established 2007*
Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio

**Training Center Director**  
Whitney Brady, MSN, RN  
Clinical Director  
Regional Center for Newborn Intensive Care  
Cincinnati Children’s Hospital Medical Center

**Training Center Medical Director**  
Tanya Cahill, MD  
Assistant Professor of Neonatology  
Cincinnati Children’s Hospital Medical Center

**Training Center Business Director**  
Sondra Ouzts, CPA  
RCNIC Business Director  
Regional Center for Newborn Intensive Care  
Cincinnati Children’s Hospital Medical Center

**NICU Leadership**  
Christine Voegele MSN, RN  
Quality Outcome Manager - NICU  
James M Anderson Center for Health Systems Excellence  
Cincinnati Children’s Hospital Medical Center

**NIDCAP Trainers**  
Tammy Casper, MSN, MEd, RN  
Developmental Specialist  
Regional Center for Newborn Intensive Care  
Cincinnati Children’s Hospital Medical Center

**Contacts**  
Tammy Casper, MSN, MEd, RN  
Regional Center for Newborn Intensive Care Unit  
Cincinnati Children’s Hospital Medical Center  
3333 Burnet Avenue  
Cincinnati, Ohio 45229  
Phone: 513-636-7134  
Email: Tammy.Casper@cchmc.org

**Linda Lacina, RN**  
Developmental Specialist  
Regional Center for Newborn Intensive Care  
Cincinnati Children’s Hospital Medical Center

**Linda Lacina, RN**  
Regional Center for Newborn Intensive Care Unit  
Cincinnati Children’s Hospital Medical Center  
3333 Burnet Avenue  
Cincinnati, Ohio 45229  
Phone: 513-636-7434  
Email: Linda.Lacina@cchmc.org
16. The Brussels NIDCAP Training Center, Belgium, *Established in 2007*
Department of Neonatology, Saint-Pierre University Hospital, Free University of Brussels, Belgium

<table>
<thead>
<tr>
<th>Training Center Director</th>
<th>Dominique Haumont, MD</th>
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<tbody>
<tr>
<td></td>
<td>Professor of Pediatrics</td>
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<tr>
<th>Training Center Nursing Director</th>
<th>Carine Lambeau, RN</th>
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<th>Christiane Raspé, RN</th>
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<th>Inge Van Herreweghe, MD</th>
<th>Associate Professor of Pediatrics</th>
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<th>Anne Vanvaerenbergh, PT</th>
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<td>Ann Marchand, RN</td>
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<th>Developmental Clinical Psychologists</th>
<th>Emmanuelle Lempereur</th>
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<td>Annabel Piron</td>
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<td>Gwenaëlle Mentens</td>
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<th>Laure Dorchy</th>
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<td>Brussels NIDCAP Training Center</td>
<td>Department of Neonatology</td>
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<tr>
<td>Department of Neonatology</td>
<td>Saint-Pierre University Hospital</td>
</tr>
<tr>
<td>Rue Haute, 322</td>
<td>B 1000 Brussels, Belgium</td>
</tr>
<tr>
<td>Voice: +32 2 5354226</td>
<td>Fax: +32 5354563</td>
</tr>
<tr>
<td>Email: <a href="mailto:delphine_druart@stpierre-bru.be">delphine_druart@stpierre-bru.be</a></td>
<td></td>
</tr>
</tbody>
</table>
17. NIDCAP Norway, Aalesund Training Center, Norway, *Established in 2011*
Department of Neonatology, Aalesund Hospital, Helse More og Romsdal HF, Aalesund, Norway

**Training Center Director**  
Lutz Nietsch, MD  
Neonatologist  
Department Head of Neonatology  
Aalesund Hospital

**Training Center Medical Director**  
Ove Økland, MD  
Department Head of  
Children and Youth’ Department  
Aalesund Hospital

**Training Center Nursing Director**  
Hilde Austad Foss, RN  
Assistant Nurse Manager  
Department of Neonatology,  
Aalesund Hospital

**NICU Leadership**  
Lutz Nietsch, MD  
Department Head of Neonatology  
Aalesund Hospital

Karin Sørland, RN  
Nurse Manager  
Department of Neonatology,  
Aalesund Hospital

**NIDCATrainers**  
Liv Ellen Helseth, RN  
Unni Tomren, RN  
Department of Neonatology,  
Aalesund Hospital

**Contact**  
Liv Ellen Helseth, RN  
Unni Tomren, RN  
NIDCAP Norway, Aalesund Training Center  
Department of Neonatology  
Aalesund Hospital,  
Helse More og Romsdal HF,  
6026 Aalesund, Norway  
Voice: +47 70167649  
Fax: +47 70167654  
Email: nidcap@helse-mr.no
18. **The Barcelona-Vall d’Hebron NIDCAP Training Center, Spain, Established in 2011**  
Department of Neonatology, Hospital Universitari Vall d’Hebron, Barcelona, Spain

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Hospital/Department</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Center Director</strong></td>
<td>Josep Perapoch, MD, PhD</td>
<td>Department of Neonatology</td>
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<td>Hospital Universitari Vall d’Hebron</td>
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<tr>
<td><strong>Training Center Medical Director</strong></td>
<td>Anna Ochoa, MD</td>
<td>Head Department of Obstetrics and Pediatrics</td>
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<td>Hospital Universitari Vall d’Hebron</td>
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<tr>
<td><strong>Training Center Nursing Director</strong></td>
<td>Rosa Martínez, RN</td>
<td>Nurse Manager of Obstetrics and Pediatrics</td>
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<td>Hospital Universitari Vall d’Hebron</td>
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<tr>
<td><strong>NICU Leadership</strong></td>
<td>Salvador Salcedo, MD, PhD</td>
<td>Associated professor of Pediatrics</td>
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<td>Head Department of Neonatology</td>
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<td></td>
<td>Pilar Gutierrez, RN</td>
<td>NICU Nurse Manager</td>
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<td></td>
<td>Félix Castillo, MD, PhD</td>
<td>Associated professor of Pediatrics</td>
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<td></td>
<td>Cèsar Ruiz, MD</td>
<td>Department of Neonatology</td>
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<tr>
<td><strong>NIDCAP Trainer</strong></td>
<td>Josep Perapoch, MD, PhD</td>
<td>Department of Neonatology</td>
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<tr>
<td><strong>NIDCAP Trainers-in-training</strong></td>
<td>Fátima Camba, MD</td>
<td>Department of Neonatology</td>
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<td>Estrella Gargallo, RN</td>
<td>Hospital Universitari Vall d’Hebron</td>
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<td><strong>NIDCAP nurses</strong></td>
<td>Mª José Cano, RN</td>
<td>Department of Neonatology</td>
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<td>Estrella Gargallo, RN</td>
<td>Hospital Universitari Vall d’Hebron</td>
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<tr>
<td><strong>Developmental Specialists and Follow Up</strong></td>
<td>Alfons Macaya, MD, PhD</td>
<td>Neurologist</td>
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<tr>
<td></td>
<td>Mª Concepción Céspedes, MD</td>
<td>Neonatologist</td>
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<td>Hospital Universitari Vall d’Hebron</td>
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</tbody>
</table>
The Barcelona-Vall d’Hebron NIDCAP Training Center – continued

Research

Vall d’Hebron Research Institute

Verónica Violant, PhD
Professor of Teaching and Learning and Educational Organization
Faculty of Education
University of Barcelona

Contact

Josep Perapoch, MD, PhD
Barcelona-Vall d’Hebron NIDCAP Training Center
Department of Neonatology
Hospital Universitari Vall d’Hebron
Passeig Vall d’Hebron 119-129
08035. Barcelona, Spain
Voice: +34 934893127
Email: jperapoc@vhebron.net
19. Hospital Universitario 12 de Octubre NIDCAP Training Center, Spain, Established in 2011
Department of Neonatology, Hospital Universitario 12 de Octubre, Madrid, Spain

Training Center Director
Carmen Martinez de Pancorbo, MD
General Manager of the Hospital Universitario 12 de Octubre, Madrid

Training Center Medical Director
Carmen Pallás, MD
Head Department of Neonatology
Hospital Universitario 12 de Octubre, Madrid

Training Center Nursing Director
Esther Cabañes
Nurse Manager
Hospital Universitario 12 de Octubre, Madrid

NICU Leadership
Carmen Pallás, MD
Head Department of Neonatology
Hospital Universitario 12 de Octubre, Madrid

Juliana Acuña, RN
Trainer in Training
Department of Neonatology
Hospital Universitario 12 de Octubre, Madrid

Lidia García, RN
Nurse Manager
Department of Neonatology
Hospital Universitario 12 de Octubre, Madrid

NIDCAP Trainer
María López Maestro, MD
Department of Neonatology
Hospital Universitario 12 de Octubre, Madrid

Developmental Clinical Psychologists
Alfredo Brito PT
Professor
Murcia University

Lactation Program Coordinator
Concepción de Alba, MD
Department of Neonatology
Hospital Universitario 12 de Octubre, Madrid

Parent Advisors
Laura Cabrejas RN
Esther Herrador RN
Department of Neonatology
Hospital Universitario 12 de Octubre, Madrid

Research Management and Financial Support
Instituto de Investigación Hospital 12 de Octubre. Fundación Biomédica Hospital 12 de Octubre
Hospital Universitario 12 de Octubre NIDCAP Training Center – continued

NIDCAP Professionals

Juliana Acuña RN
Ana Palacios RN
Laura Cabrera RN
Esther Herrador RN
Mª Eugenia Bodas RN
Rosa Ballesteros RN
Esther Cabañas RN
Lidia García San José RN
Ana Mª Olmos RN
Carmen Barrio MD
María López Maestro MD
Concepción de Alba MD
Mª Teresa Moral MD
Jesús Rodríguez MD

Contact

María López Maestro
Hospital Universitario 12 de Octubre NIDCAP Training Center
Department of Neonatology
Hospital Universitario 12 de Octubre. Madrid,
Av de Andalucía sn. 28041 Madrid Spain
Voice: +34 913908272/0034682157072
Fax: +34 913908272
Email: nidcap.hdoc@salud.madrid.org
mariamaestro@gmail.com
20. St. Joseph’s NIDCAP Training Center, *Established in 2012*
St. Joseph's Hospital and Medical Center, Phoenix, Arizona

**Training Center Co-Directors**

Marla Wood, BSN, MEd  
Coordinator, Developmental Intervention Project  
NIDCAP Trainer, Nursery Intensive Care Unit  
St. Joseph’s Hospital and Medical Center

Bonni Moyer, MSPT  
Coordinator, Developmental Intervention Project  
NIDCAP Trainer, Nursery Intensive Care Unit  
St. Joseph’s Hospital and Medical Center

**Training Center Medical Director**

Robert Gutierrez, MD  
Medical Director, Nursery Intensive Care Unit  
St. Joseph’s Hospital and Medical Center

**Training Center Nursing Director**

Andrea Sharfner, BSN, MSN  
Nurse Manager, Nursery Intensive Care Unit  
Connecticut Children’s Medical Center

**NICU Leadership**

Sharon Glanville, MN, RN, NEA-BC  
Executive Director  
Women’s and Children’s Services  
St. Joseph’s Hospital and Medical Center

**NIDCAP Trainer**

Bonni Moyer, MSPT  
Marla Wood, BSN, MEd  
Nursery Intensive Care Unit  
St. Joseph’s Hospital and Medical Center

**Contact**

Windy Crow, Administrative Assistant  
St. Joseph’s Hospital and Medical Center  
350 W. Thomas Road  
Phoenix, Arizona 85013  
Phone: 602-406-4030  
Fax: 602-406-1049  
Email: stjosephnidcap@DignityHealth.org
21. Italian Modena NIDCAP Training Center, Italy, *Established in 2013*
Department of NICU and Neonatology, Modena University Hospital, Modena, Italy,

**Training Center Director**  
**Fabrizio Ferrari, MD**  
Professor in Pediatrics and Neonatologist  
Head of Department of NICU and Neonatology  
Modena University Hospital

**Training Center Medical Director**  
**Fabrizio Ferrari, MD**  
Professor in Pediatrics and Neonatologist  
Head of Department of NICU and Neonatology  
Modena University Hospital

**Training Center Nursing Director**  
**Giovanna Cuomo, RN**  
Nurse Manager  
Department of NICU and Neonatology  
Modena University Hospital

**NICU Leadership**  
**Fabrizio Ferrari, MD**  
Professor in Pediatrics and Neonatologist  
Head of Department of NICU and Neonatology  
Modena University Hospital

**Giovanna Cuomo, RN**  
Nurse Manager  
Department of NICU and Neonatology  
Modena University Hospital

**NIDCAP Trainers**  
**Natascia Bertoncelli PT**  
Physiotherapist  
Department of NICU and Neonatology  
Modena University Hospital

**Developmental Specialists**  
**Natascia Bertoncelli**  
Physiotherapist  
Department of NICU and Neonatology  
Modena University Hospital

**Contact**  
**Natascia Bertoncelli**  
Department of NICU and Neonatology  
Italian Modena NIDCAP Training Centre  
Azienda Ospedaliera Policlinico  
Via del Pozzo, 71  
41124 Modena – Italy

Voice: 0039 059 4222522  
Fax: 0039 059 4223770  
Email: natafili@yahoo.com
APIB Training Center Directory

1. **National NIDCAP Training Center, Boston, Established 1982**

   Brigham and Women’s Hospital and Boston Children’s Hospital, Boston, Massachusetts

**Training Center Director**

**Heidelise Als, PhD**

Associate Professor of Psychology (Psychiatry), Harvard Medical School
Director, Neurobehavioral Infant and Child Studies
Boston Children’s Hospital

**Training Center Medical Director**

**Steven A. Ringer, MD, PhD**

Assistant Professor of Pediatrics
Harvard Medical School
Director, Newborn Medicine
Brigham and Women’s Hospital

**Training Center Nursing Director**

**Marianne Cummings, RN, MSN**

Nurse Manager, Newborn Intensive Care Unit
Brigham and Women’s Hospital

**NICU Leadership**

**Steven A. Ringer, MD, PhD**

Assistant Professor of Pediatrics
Harvard Medical School
Director, Newborn Medicine
Brigham and Women’s Hospital

**Marianne Cummings, RN, MSN**

Nurse Manager, Newborn Intensive Care Unit
Brigham and Women’s Hospital

**APIB Master Trainer**

**Heidelise Als, PhD**

Associate Professor of Psychology (Psychiatry)
Harvard Medical School
Director, Neurobehavioral Infant and Child Studies
Boston Children’s Hospital

**APIB Trainer-in-Training**

**Samantha Butler, PhD**

Research Associate in Psychology (Psychiatry)
Harvard Medical School
Neurobehavioral Infant and Child Studies
Boston Children’s Hospital

**Contact**

**Sandra M. Kosta, BA**

Neurobehavioral Infant and Child Studies
Enders Pediatric Research Laboratories, Room EN107
Boston Children’s Hospital
320 Longwood Avenue
Boston, MA 02115
Voice: 617-355-8249
Fax: 617-730-0224
Email: nidcap@childrens.harvard.edu
2. **West Coast NIDCAP & APIB Training Center at University of California San Francisco School of Medicine, Division of Neonatology, Established 2008**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>University &amp; Medical School</th>
</tr>
</thead>
</table>
| **Training Center Director**              | **Kathleen A. VandenBerg, PhD** | Academic Administrator  
  University of California San Francisco  
  School of Medicine, Division Neonatology |
| **Training Center Associate Director**    | **Deborah Buehler, PhD**    | Developmental Psychologist  
  University of California San Francisco  
  School of Medicine, Division of Neonatology |
| **Training Center Medical Director**      | **Yao Sun, MD, PhD**        | Associate Professor of Clinical Pediatrics  
  Director of Clinical Programs NICU  
  University of California San Francisco  
  School of Medicine, Division of Neonatology |
| **Training Center Nursing Director**      | **Kim Johnston, BSN, RNC**  | Patient Care Manager  
  Neonatal Intensive Care Nursery  
  UCSF Benioff Children's Hospital |
| **NICU Leadership**                       | **David Rowitch, MD, PhD**  | Professor of Pediatrics & Neurological Surgery  
  University of California San Francisco  
  School of Medicine, Division of Neonatology  
  Chief of Neonatology, UCSF Benioff Children's Hospital |
| **Sue Pelloquin, RN, PNP**                |                             | Coordinator, Neuro-Intensive Care Nursery  
  UCSF Benioff Children's Hospital |
| **APIB Trainer**                          | **Deborah Buehler, PhD**    | Developmental Psychologist  
  University of California San Francisco  
  School of Medicine, Division of Neonatology |
| **Contact**                               | **Kathleen A. VandenBerg, PhD** | Academic Administrator/Center Director  
  West Coast NIDCAP & APIB Training Center  
  University of California San Francisco  
  Dept. of Pediatrics, Division Neonatology  
  533 Parnassus Avenue, #0734  
  San Francisco, CA 94143  
  Voice: 408 507-4480  
  Fax:  
  Email: vandenbergk@peds.ucsf.edu |
3. Centro Latinoamericano NIDCAP & APIB, Established 2005
   Hospital Fernández, Fundación Dr. Miguel Margulies, Fundación Alumbrar, Buenos Aires, Argentina

**Training Center Director**
Graciela Basso, MD, PhD
- Neonatologist
- Infant Psychoanalyst IPA
- Hospital Fernández
- Vice-President of Fundación Alumbrar

**Training Center Medical Director**
Liliana Voto MD, PhD
- Professor of Obstetrics
- Universidad de Buenos Aires
- Mother and Child Center Director
- Hospital Fernández

**NIDCAP Trainer & APIB Trainer**
Graciela Basso, MD, PhD
- Neonatologist
- Infant Psychoanalyst IPA

**NIDCAP Professionals**
Maria Luisa de Anchorena
- Psychologist

Maricel Mimiza
- Physical Therapist NDT

Laura Menendez
- Psychologist

**NICU Leadership**
Jorge Tavosnaska, MD
- Professor of Pediatrics
- Universidad de Buenos Aires
- Director, Newborn Medicine
- Hospital Fernandez

Liliana Roldan, MD
- Neonatologist
- Hospital Fernández

**Training Center Nursing Director**
Leonarda Sulca
- Nurse Manager, Intensive Care Unit
- Hospital Fernández

**Follow Up**
Teresa Sepulveda, MD
- Pediatrician

Ana Pattín
- Speech Therapist

Fernanda Buraschi
- Pediatrician
Centro Latinoamericano NIDCAP & APIB – continued

Neurodevelopmental Care Team

Brenda Grosskopff
Pediatrician

Laura Goldberg
Psychiatrist

Parent Representatives

Marcela Cheloni
Ariel Acri

Contact

Cecilia Pedernera
Catalina Pereira
NIDCAP Assistants
Fundación Alumbrar
Coronel Díaz 2277
23 piso, departamento F
CP 1425, Buenos Aires
Argentina
Voice: 005448245385 or 005448261717
Email: basso.grace@gmail.com or
alumbar.nidcap@gmail.com or
info@fundacionalumbrar.org
Website: www.fundacionalumbrar.org
www.fmm.edu.ar
NIDCAP Required Readings

_NFI Quality Assurance Committee Approved, October 2, 2009_

**Theoretical/Conceptual**


Westrup, B (2007). Newborn Individualized Developmental Care and Assessment Program (NIDCAP) - family-centered developmentally supportive care. _Early Human Development_. 83(7), 443-449.
Research


Lawhon g (2002). Facilitation of parenting the premature infant within the newborn intensive care unit. *Journal of Perinatal and Neonatal Nursing*. 16(1), 71-82.


Implementation


VandenBerg KA (1993). Basic competencies to begin developmental care in the intensive care nursery. Infants and Young Children. 6, 52-59.


**NIDCAP Recommended Readings**


**APIB Required Readings** *(NFI Quality Assurance Committee Approved September 2010)*


B. Westrup; L. Hellström-Westas; K. Stjernqvist; H. Lagercrantz: No indications of increased quiet sleep in infants receiving care based on the Newborn Individualized Developmental Care and