

ICF MATRIX FOR EARLY MONITORING OF ADVERSE EVENTS IN THE NEONATAL PERIOD

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INTRODUCTION

- The International Classification of Functioning, Disability and Health (ICF) developed by the World Health Organization offers a contemporary and global language that is useful in team management and communication and in measuring and comparing outcomes across the lifespan (WHO, 2001).
- Specialised knowledge of the medical conditions, developmental variability and adverse events in infants in NICU are essential to safe, effective practice.
- Therapists are required to recognise infants' complex medical needs and vulnerabilities in this setting, given the complexity of neonatal care, including the environmental effect.
- Therapists endeavour to establish supportive collaborative and therapeutic interventions and relationships to facilitate optimal development of the infant that considers personal factors, the environment and body function and structures and activity and participation at this period/level.
- The interplay of these various and dynamic factors necessitates a team approach with a common language and shared goals towards decision-making for optimal outcomes.

OBJECTIVE

To develop a matrix for assessment of the neonate within the ICF framework.

RESULTS

Figure 1 Domains for consideration within the Matrix

Adaptation to the extra-uterine environment	Feeding Readiness Cues	Socio-Emotional /Communicative Cues	Self-Regulation of Interaction
Initial formation of attachment relationships	Temperament	Responsiveness	Play

Based on the ICF domains, we mapped out the specific areas of functioning and would prompt the therapist to indicate level of severity (qualifiers) and enablers or barriers. Additional sources that spoke to responsive caregiving and neuroprotective care were also considered for a robot system within the matrix.

Figure 2 Activity and Participation Considerations for the Mother in the Dyad

LEARNING AND APPLYING KNOWLEDGE

- Basic Learning (d130-d159)
- Applying knowledge (d160-d179)

GENERAL TASKS AND DEMANDS

- Undertaking multiple tasks (d220)
- Handling stress and other psychological demands (d240)

COMMUNICATION

- Spoken messages (d310) and nonverbal messages (d315)

SELF CARE

- Looking after one's health (d570)

High-risk infants often do not respond appropriately to caregiver's cues which may lead to the primary caregiver feeling out of touch with their infant as well as in the infant feeling overwhelmed.

The future anticipated special needs that the infant may require, as well as the possibility of losing the medically fragile infant, results in negative emotions in the caregiver.

In addition to the underlying causes of the infant being born high-risk, there are also a variety of cultural and environmental factors which inhibit this bonding process.

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WAY FORWARD

We anticipate that the matrix may be completed with the core areas identified for the mother and neonate.

This would entail interrogation of the descriptors for the robot system that is proposed.

We would also need to consider the qualifiers that are to be used for the level of severity.

Participation would take into consideration performance within the NICU/PICU and the mother and child's capacity out of the environment.

Goals for intervention may also be able to be mapped on an intervention matrix that is aligned to this assessment matrix.

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