

EDITORIAL



Introduction to the 10th edition of the recommended standards for newborn ICU design

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for

The Consensus Committee on Recommended Standards for Newborn ICU Design

This 10th edition of the Recommended Standards for Newborn ICU Design marks a milestone in NICU Design. When these standards were first introduced, the environment of care was stressful for babies, families, and caregivers alike—most high-risk newborns were cared for in multi-bed rooms that were often crowded, noisy, and brightly lit; parents were allowed to visit for limited periods, and interaction with their baby was often restricted. Now, only vestiges of those early days remain; NICUs are far more welcoming, supportive, and attractive. These changes would likely have occurred in any case but the Recommended Standards have helped facilitate change in an orderly, medically appropriate manner. Controversial topics such as single family and couplet care rooms and windows in patient rooms have been addressed as an evidence base accumulated. Challenges presented by “value engineering” such as insufficient space at the bedside for families or inadequate storage space within the NICU have been addressed as well.

This supplement contains not only the Recommended Standards but also a number of articles meant to guide teams planning the next generation of NICUs that we hope will be even more welcoming and less stressful for all who spend time there. It seems likely that within the 20–30 year lifespan of NICUs that are now being built families will be taking a larger role in the care and nurturing of their babies while at the same time technology will be facilitating even more continuous data supply and responses.

The “medical model” may be transformed in NICUs of the future to resemble the NICU I saw on a visit to Madrid in the 1990s where mothers sat with their babies in a circle of rocking chairs in the middle of a NICU; in this vision, continuous monitoring and treatment will still be provided but the locus of care will become the parents’ arms rather than an incubator or warmer [1], and NICUs will be even better-designed to support this family-centered model. The baby steps of this evolution have been made; it is our Committee’s hope that soon we will be in full stride.

REFERENCE

1. White RD. Mother’s Arms - The Past and Future Locus of Neonatal Care? *Clin Perinatol.* 2004;31:383–7.

COMPETING INTERESTS

The author declares no competing interests.

ADDITIONAL INFORMATION

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