Developmental Positioning Skills Lab

FPQC SOOTHE

Mid-Initiative Meeting

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PURPOSE OF ACTIVITY

Provide participants with an interactive, hands-on opportunity to apply developmental positioning principles in realistic NICU care scenarios.

Develop an action plan to bring back at least one developmental positioning strategy, educational resource, or quality improvement opportunity that supports implementation of the SOOTHE initiative on their unit.

LAB PARTICIPANT FLOW

Introduction:

- Review developmental positioning principles
- Explain station expectations

Skills Lab:

- 3 positioning scenarios (one bonus if time permits)

Group Debrief:

- Challenges encountered
- Positioning rationale
- Alternative approaches
- Key takeaways for bedside implementation

General Principles of Positioning

Provide

- Provide containment and sense of security

Facilitate

- Facilitate proper body alignment, autonomic stability and sleep

Maintain

- Maintain skin integrity

Promote

- Promote flexion and self soothing

Prevent

- Postural asymmetries

Optimize

- Optimize the infant's developmental potential

Supine Positioning

- Easiest position to access the infant
- Facilitates face to face interaction
- Encourages extension, external rotation of UB/LB thus delays in hands to midline later
- Can cause brachycephaly
- Hardest position for GI motility and RR

- How is the infant feeling here?
- What could be done better?

PRONE POSITIONING

Improves oxygenation, ventilation, and GI motility

Facilitates flexor tone and self calming

Decreased A's and B's

Provides stability for the rib cage and thorocoabdominal synchrony

Contributes to dolicephaly/scaphocephaly

Can lead to "flattened frog" position without intervention

Side–Ly Positioning

- Better gastric emptying than supine
- Best for diaphragmatic breathing
- Facilitates hands to midline or hand to mouth patterns
- Counteracts external rotation of the extremities

Scenario One

- **Your infant requires right-side positioning based on findings from this morning's imaging study.**
- **Why might this positioning be indicated?**
- **How would you optimally position this infant to support their medical needs while promoting developmental care?**

Scenario Two

- **Transport arrives with your new admission: a 24-week, 3-day gestation infant weighing 710 g. The infant arrives intubated with a UVC placed in the OR. As you transition this micro-preemie to the isolette, which positioning aids would best provide secure developmental boundaries, promote physiologic flexion, and support maintenance of midline alignment?**

- **Demonstrate appropriate positioning techniques in supine position and then, after 72 hours of age, position in prone.**

- **Explain the rationale for your selection of positioning aids and describe how your positioning approach supports neuroprotection, comfort, and developmental care for this infant.**

Scenario Three

- **Your new admission is Baby T, a female infant born at 33 weeks and 3 days gestation via Cesarean section who has been admitted to the NICU for prematurity and respiratory distress syndrome (RDS). She weighs 1950 grams and is currently supported with CPAP, an orogastric tube (OGT), and a left lower extremity peripheral IV (PIV).**

- **Based on her gestational age, medical status, and lines of support, which positioning aids would be most appropriate to utilize in her isolette?**

- **Describe how you would use these aids to promote physiologic flexion, midline orientation, comfort, and optimal developmental support while accommodating her respiratory needs and medical devices.**

Scenario Four

- **Your patient is Baby Leo, a 37-week male admitted for Neonatal Abstinence Syndrome (NAS) management, currently weighing 2,800 grams. During your assessment, you note significant signs of autonomic stress (tremors, mottled skin, frantic rooting), persistent extensor posturing with arching, and early signs of positional plagiocephaly with right-sided head turn preference. He is receiving oral feeds via NG tube and is on room air.**

<u>Clinical Questions & Lab Prompts</u>:

- **Which primary position (prone, supine, or side-lying) and specific developmental positioning aids would best reduce extensor tone, promote autonomic stability, and facilitate self-soothing behaviors (such as hand-to-mouth)?**
- **How will you modify your positioning strategy to offload the right occiput and promote alternate head turning without triggering startle responses or state dysregulation?**
- **Demonstrate how you would transition and support the infant in a side-lying or flexed prone position, ensuring neutral spine alignment, hip/knee flexion, and midline upper extremity containment.**

POSITIONING PEARLS

Developmental Positioning Challenge

Within the next month:
☐ Share one positioning pearl with colleagues
☐ Complete one positioning observation on your unit
☐ Review positioning resources with a family
☐ Identify one barrier to optimal positioning
☐ Bring one success story back to your hospital call

Reflection
"What is one thing you can change as a result of this lab?"

Thank you for your time and compassion!