



## EVOLUTION OF NEONATAL THERAPY CERTIFICATION IN INDIA

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**ABSTRACT** India is the leading contributor to the number of preterm births per year. Global burden of developmental problems in this population is increasing. For the developmental intervention, a specialist with a developmental perspective and expertise is needed. Neonatal therapy during Neonatal Intensive Care Unit (NICU) treatment is crucial in this situation. The certification process was necessary in order to increase professional standards, ensure the safety and best care for all newborns, and introduce uniformity to neonatal therapy services given to clients. This article provides a summary of the Association of Neonatal Therapists' establishment of Neonatal Therapy Certification in India.

**KEYWORDS** : Neonatal Therapy, Evolution, Neonatal Therapy Certification

### Background

An estimated 15 million babies are born preterm each year (before 37 weeks of pregnancy), and the number is increasing. Preterm birth is a global epidemic, with Africa and South Asia accounting for more than 60% of all preterm births. On average, 12 percent of babies are born prematurely in low-income countries, compared to 9 percent in high-income countries. Poorer families are more vulnerable within countries. The WHO identified the ten countries with the highest rate of preterm births. India is, without a doubt, at the top of this chart. India, China, Nigeria, Pakistan, Indonesia, the United States of America, Bangladesh, the Philippines, the Democratic Republic of Congo, and Brazil are in order .

As Indians, we must recognize that India is the world leader in terms of contribution. Efforts are being made all over the world to increase survival rates. In this direction, there has been a lot of progress (WHO). However, the global burden of developmental problems in this population is increasing. There isn't much of a strategy in place for this.

These babies are sometimes recommended for early intervention therapy, though it is not done on a regular basis. However, from the family's viewpoint, discharge often means discharge from all potential morbidities. As a result, the baby may not be available for early intervention. For the developmental intervention, a specialist with a developmental perspective and expertise is also needed. The importance of neonatal therapy during NICU treatment is crucial in this situation (WHO, Survive and thrive: transforming care for every small and sick newborn, 2019).

### What is Neonatal Therapy?

Neonatal therapists play an important role in the NICU team. In a Neonatal Intensive Care Unit, a Neonatal Therapist is an occupational therapist, physical therapist, or speech-language pathologist who provides comprehensive direct patient care and consultative services to premature and medically complex babies (NICU). Neonatal Therapists provide highly advanced and individualized therapy interventions in the NICU using an integrated, neuroprotective, family-centered model. These strategies promote optimal long-term growth, avoid negative consequences, and nurture the infant-family relationship. Neonatal therapists educate the family as well as the NICU staff (Sturdivant, 2013).

“There is a need for specialization in neonatal medicine. This applies to doctors and nurses as well as teaching and construction of hospitals. The specialist in neonatal diseases and the nurse intensively trained and expert in the management of delicate newborns will be commonplace ere long.”

Nearly a century ago, there was a need for specialization in this area. This is especially true for therapists who work in the NICU. Neonatal therapy has only recently been identified, despite the fact that it has long been practiced by occupational therapists, physical therapists, and speech therapists.

### Formation of Organization

The Association for Neonatal Therapists was established in 2018 to meet this need for skilled professionals in India. It is currently the world's only non-profit organization dedicated to this unique goal. It is registered with the proper legislative body, namely the Charitable Commissioner. During the organization's creation, the following goals were identified.

1. To set and ensure the ethical practices at national level and also to promote high professional standards in the field of Neonatal Therapy by the members of Association Neonatal Therapists.
2. To share scientific experience and research with colleagues, and also with Paediatricians, Neonatologist, Nurses and allied professionals dealing with neonates/ newborns.
3. Advance and promote the study and general knowledge of treatment of the neonates/ newborns.
4. To make collaborative links with key people and organizations associated with Neonatal Therapy.
5. Association Neonatal Therapists is going to represent Neonatal Therapists in India. It will work for the development of its members, as well as ensuring that Neonatal Therapy is provided for all those who need the service.
6. To organize host and evaluate annual conferences with Paediatricians, Neonatologist, Nurses and allied professionals at national and international level.
7. Publish and promote understanding and information in order to encourage high standards of care and research in this field.
8. To assist and ensure that Neonatal Therapy is provided for all who need the service with a range of problems to maximize their functioning, minimize long term morbidity of developmental issues of children and significant others.

### Advisory Board

Despite the fact that the organization was established by therapists, the advisory board included members from numerous different specialties due to the connection between neonatal therapy and multiple disciplines. They came from the fields of neonatology, neonatal nursing, gynaecology, occupational therapy, physical therapy, speech and language therapy, and neurologist.

### Early Steps

We held conferences on a yearly basis because one of the goals of the organization was to arrange professional meetings and conferences for information sharing. ANT hosted the first conference in March 2019 in Thane in the presence of eminent professionals from fields of neonatology, physiotherapy, occupational therapy & speech therapy. On the occasion, the former Vice Chancellor, a Member of Parliament, also provided guidance to the delegates. During our meeting at the first Conference, we had a panel discussion with all of the main stakeholders about the need for regulation and the measures that should be taken. To avoid blurring of disciplinary boundaries and duplication of responsibilities and functions, a trans-disciplinary approach to neonatal developmental issues was felt to be essential. It was agreed unanimously to create a qualification process for professionals working in the NICU. The roadmap for neonatal therapy

certification has been finalized.



**Figure 1: Roadmap for Neonatal Therapy Certification**

The board of certification representatives defined the program's vision and mission.

The program's vision and mission

- To aid in the advancement of paediatric healthcare, with an emphasis on the needs of critically ill babies and new-borns, as well as infants and their families.
- To support the Vision, Certified Neonatal Therapists would be specialists in supporting optimum growth, preventing iatrogenic outcomes, diagnosing impairments, and delivering interventions that encourage activity and involvement for hospitalized newborns and infants with their families.
- To train Neonatal Therapists in the best family-centered developmental care practices in examination, diagnosis/classification, intervention, and outcome evaluation for newborns and babies in need of intensive care, as well as their families.
- To train Neonatal Therapists in the implementation and dissemination of best practice practices for family-centered developmental treatment for newborns and infants in intensive care, as well as their families.

**To give each therapist a solid base and understanding of:**

- The medical problems and treatments of preterm and full-term babies needing intensive care
- Sensory, motor, and state development in foetal, preterm, and full-term infants
- Intensive care setting and culture
- The effect of intensive care on babies and their families
- To train each therapist to work with other health care professionals on the follow-up of children at risk for developmental delays, quality enhancement programs for neonatal and child intensive care, and the implementation of clinical best practice for newborns and infants.
- To train each therapist to objectively appraise and apply evidence specific to Neonatal Therapy practice in the population of infants at high risk of developmental delays and their families.
- To cultivate self-sufficient clinicians who are analytical thinkers, skilled negotiators, good patient and family advocates, reflective, empathic, and committed to lifelong learning and self-development.

Following this, committees were formed whose primary responsibility was to carry out the certification process in a structured and efficient manner in order to fulfil the program's goals, which included raising professional standards, ensuring the protection and best treatment for all newborns, and bringing uniformity to neonatal therapy services provided to clients.

The certification process was supervised by three sections.

### Section 1- Pre-examination Section

The Pre-Examination Section Committee was charged with screening candidates and determining their qualifications. Candidates should be given the requisite reading material.

The following is among the requirements for Neonatal Therapy Certification.

- Applicants must have completed an accredited program in occupational therapy (include official transcript of graduate work).
- Applicants must be eligible for licensure in Maharashtra and have obtained licensure by the start of the program.

- Applicants must be registered with national association.
- Extensive experience in paediatrics (including work experience, fieldwork experience).
- Holding Elite membership of Association of Neonatal Therapists.
- He/she should have completed 40 hours of training in neonatal therapy/care (direct teaching and or webinar [Up to 4 hours allowed])
- Up to 250 hours of Direct Mentoring in Affiliated Set up and TRAIN Workshop completion.

### Section 2- examination section

The Controller of Examination Section was in charge of selecting examiners and preparing question papers.

The results of the exams were announced after they were successfully conducted.

### Section 3- Practice Regulation Section

The Practice Regulation Section's responsibilities included placing the successful applicant in a clinical facility after it was approved. In terms of didactic and practical instruction, communication and cooperation with facility faculty is essential.

Mentorship was provided at the clinical setting. The ANT Trainee worked on an interdisciplinary clinical team and provided intervention services for one month during rotation.

Candidates' success was assessed by on-site patient handling and management, as well as case presentations. A post-training assessment was conducted through case presentations in front of expert faculties/board members, who accepted the candidate's results. Other agencies were consulted before the final certification was released.

Following the preparation of the certification test, we sought advice and mediation from senior faculty members. To approach and persuade hospitals to participate in clinical training, a team effort was needed. Many questions about implementation arose as a result of the novel concept and associated risks. With each new set of questions, tactics began to refine. Finally, the Paednest Medical Research Centre Pvt. Ltd. responded positively. Taking advantage of an opportunity, we met with hospital directors and addressed the strategy and expected outcome in March 2020. It was agreed to establish a Memorandum of Understanding between the Association of Neonatal Therapists and the Ace Children's Hospital.

Because of the effect of the Covid 19, the planned examination was repeatedly postponed. The first test, which was entirely online, was held in September of 2020. The results were announced two weeks later, and candidates were guided to clinical training at Ace Children's Hospital in Dombivli.

The applicant was guided by therapists from all over India during the training. Academicians, scholars, physicians, and already certified Neonatal Therapists made up the faculty. Since family centeredness is so important in NICU treatment, the mother of a premie was also asked to express her aspirations from a family standpoint. In addition to the on-site training, this was given. In addition to attending clinical rounds, the candidate was engaged in regular reflective writing and documentation. During the program, the applicant will be responsible for preparing materials for client and team member education. The applicant is also led to the advocacy seminar at the conclusion of the clinical placement. The entire medical staff was present.

In March 2021, the first applicant graduated from the program. The candidates submitted a case to the senior faculty members, who assessed it.

### Hurdles

There were many hurdles during this venture. Few of them are

- Qualified manpower for implementation
- Available resources
- Funding
- Non-cooperation from the other organizations
- Clinical facilities
- Disruption by the international bodies to prevent the project from succeeding.

We stood firm in our stance.

*"Conducting a qualification test for ANT members in order to verify*

and improve the practice standards in India. It is appropriate for Indian therapists. Different techniques were implemented by ANT. They are consistent with the needs of the community.”

It made by the Indians and made for India. Because of their experience and contributions to the profession, we invited foreign faculties to join our board as examiners or advisors.

### Reflection

To enhance the certification process, changes are needed in a number of areas. However, once knowledge and temperament have been developed, the primary objective is to educate how to safely handle babies.

### REFERENCES

1. Jeyaseelan, D. O. (2006). The association between early minor motor difficulties in extreme low birth weight infants and school age attentional difficulties. *Early Human Development*, 82(4), 249–255.
2. JW, B. (1923). The new midwifery. *.BMJ*, 617-621.
3. Myers, E. &. (2009). Long-term outcome of preterm infants and the role of neuroimaging. *Clinics in perinatology*, 36(4), 773–vi. doi:<https://doi.org/10.1016/j.clp.2009.07.008>
4. Patel, R. M. (2016). Short- and Long-Term Outcomes for Extremely Preterm Infants. *American journal of perinatology*, 33(3), 318-328. doi:<https://doi.org/10.1055/s-0035-1571202>
5. Sturdivant, C. (2013). A Collaborative Approach to Defining Neonatal Therapy. *Newborn and Infant Nursing Reviews*, 13(1), 23-26. doi:<https://doi.org/10.1053/j.nainr.2012.12.010>
6. Therapists, A. o. (2021, 4 24). *Advisory Board*. Retrieved from Association of Neonatal Therapists: <https://www.neonataltherapy.org/blank-page-1>
7. WHO. (2019). *Survive and thrive: transforming care for every small and sick newborn*. Geneva: World Health Organization.
8. WHO. (2021, 4 24). *Preterm Birth*. Retrieved from World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/preterm-birth>