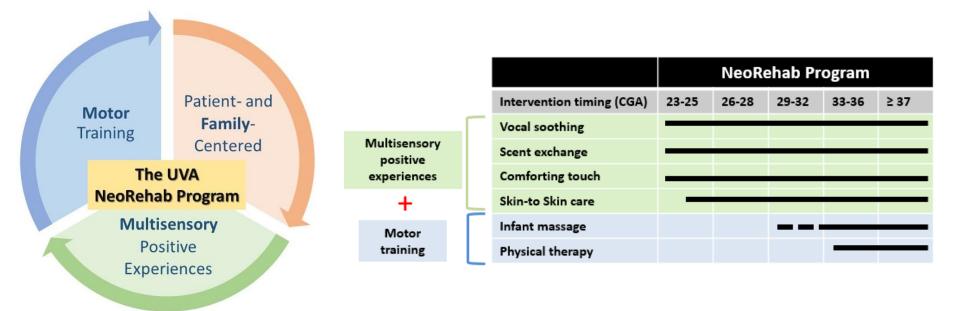
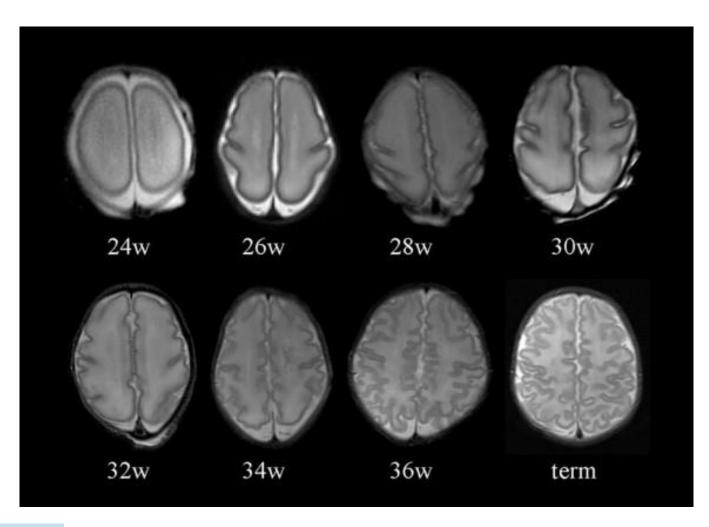
The UVA NeoRehab Program





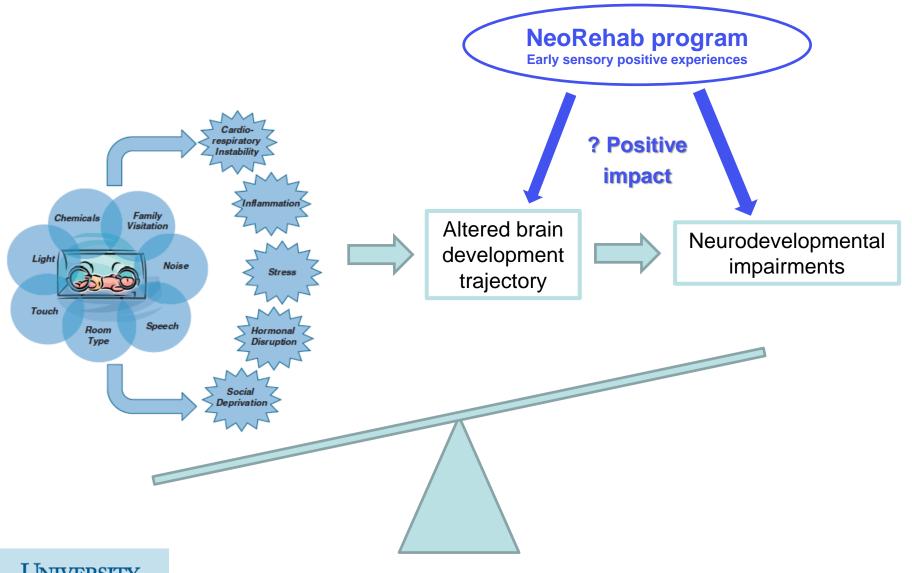
Brain development stages at time of intervention





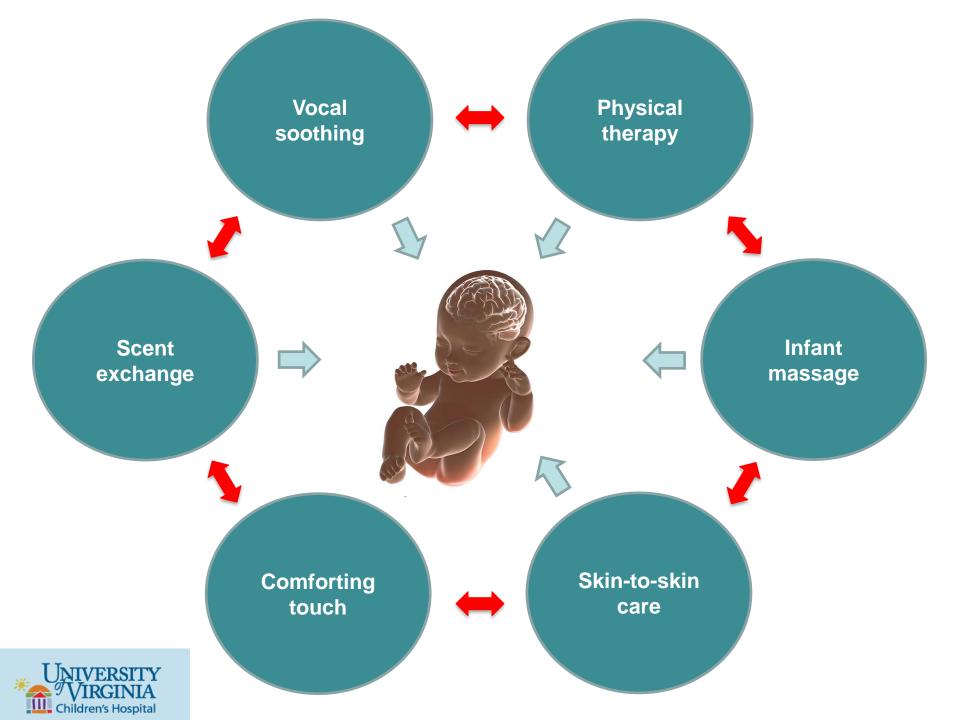
Argyropoulou et al. In Paediatric Neuroradiology; 2015, pp 1978-2041

Intervention concept





Adapted from Santos J et al. Curr Opin Pediatr. 2015 Apr;27(2):254-60



Vocal Soothing

- Exposure to maternal voice is associated with:
 - $-\downarrow$ Feeding intolerance
 - More stable oxygen saturation and HR
 - More time spent in quiet-alert state
- Exposure to parent speech > speech from other adults
- Adult word counts in the NICU is associated with higher
 - Language scores [–]
 - Cognitive scores

– Bayley III

at 7 and 18-month



Scent Exchange

- Preterm infants exposed to maternal scent including maternal breast milk odor:
 - Demonstrate less distress and reduced crying
 - Lower PIPP scores after a heel stick

Aromatherapy for preemies: Cloths carrying scent of moms and dads help soothe NICU babies, promote bonding



PIPP (Premature Infant Pain Profile)



Comforting Touch

- Firm touch without stroking, rubbing, or passive movements
- For babies in distress
 - Gentle touch to provide gentle flexion and contain infant in fetal position
- Calming effect





Skin-to-Skin Care

- Kangaroo care
- Kangaroo mother care (KMC)
- Developed by Rey and Martinez (1983) in Bogotá, Columbia as a lowcost alternative to incubator care
 - Continuous skin-to-skin care (SSC)
- In resource rich setting:
 - Intermittent SSC
 - Part of routine care
 - Newborn nursery
 - NICU
 - Recommended by the AAP to \downarrow pain associated with bedside procedures in the NICU





Skin-to-Skin Care

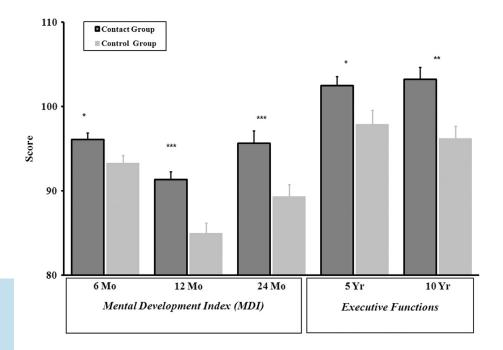
- \downarrow Mortality (RR 0.67, 0.48-0.95)
- ↓ Severe infection/sepsis (RR 0.50, 0.36-0.69)
- KMC is associated with \uparrow in:
 - Weight, length and head circumference gain
 - Exclusive breastfeeding
 - Quality of mother-infant bonding
 - ↓ Length of stay with early kangaroo mother care
 - Mean difference 0.9 days (0.6-1.2)
- No differences in psychomotor development at 12 months' CA (low-quality evidence)





Long-Term Benefits

- Case control study in Israel
 - 73 Preterm infants (30 weeks, GA 1250 g)
 - KMC 1 hour daily for 14 consecutive days
- SSC group:
 - A Maternal attachment behavior in the postpartum period
 - $-\downarrow$ Maternal anxiety
 - Enhanced child cognitive development from 6 to 24 months
 - Enhanced executive function at 5 and 10 years





Biol Psychiatry. 2014 Jan 1;75(1):56-64.

Infant Massage

- Environmental enrichment
- 2 phases:
 - Tactile phase (slow sequential strokes)
 - Kinesthetic phase (sequential flexion/extensions)
 - Moderate pressure
 - ± Oil

- 1 Weight gain
- Improved GI function
- Improved body fat deposition
- ↓ Infant stress
- \downarrow Late-onset sepsis
 - Improved immune system
- \downarrow Jaundice
- Improved HR variability
- \downarrow Maternal depression and anxiety
- Improved cognitive scores at 12 months corrected age





BMC Pediatrics (2016) 16:146; Dev Med Child Neurol. 2011 Sep;53 Suppl 4:46-51; Cochrane Database Syst Rev. 2014 Apr 22;(4):CD005387

Physical Therapy

- Improvement in short term weight gain and bone mineralization.
- Limited data on the impact of PT started before term equivalent age on long-term neurodevelopmental outcomes
- 1 RCT of parent-administered PT indicate short-term improvement in motor performance :
 - 153 infants ≤ 32 weeks
 - PT intervention goals:
 - Promote postural control, head control, midline orientation
 - 10 min BID x 3 weeks from 34 to 36 weeks' CGA
 - Outcome measure: test of infant motor performance (TIMP) at 37 weeks

Variable	Intervention Group $(n = 71)$		Control Group $(n = 79)$		Between-Group Differences		Р	Effect Size
	Mean	95% CI	Mean	95% CI	Mean	95% CI		
Baseline								
TIMPSI raw score	27.3	24.8 to 29.8	26.0	24.1 to 27.9				
TIMPSI z score	0.07	-0.19 to 0.34	-0.07	-0.27 to 0.13	0.14 ^a	-0.46 to 0.18	.394	
Postintervention								
TIMP raw scoreb	53.7	51.4 to 56.0	50.1	47.9 to 52.2				0.40°
TIMP z score	0.21	-0.02 to 0.45	-0.18	-0.42 to 0.06	0.42 ^d	0.13 to 0.72	.005	

TABLE 2 Motor Performance in the Intervention and the Control Groups at Baseline and Postintervention

