

Dear NIDCAP family

I am Geert Lingier and as a pediatric nurse with 40 years of experience in neonatology I have seen many evolutions passing by. The first PICC lines, the implementation of surfactant administration, ... Neonates in the department became younger and younger.

One of the most fascinating changes for me was the gradual emergence of the vision that the neonatal developing brain required special attention. Discovering NIDCAP was a revelation for me, a confirmation that caring for a sick neonate is so much more than just ventilating and administering TPN. The mind switch from 'parents as visitors' to 'parents as primary care partners' was also special and remarkable for me.



In 2012 I started as head nurse at the NICU at Ghent University Hospital. A level III NICU with 40 beds where we always look for evidence-based ways to optimize the care for our patients and their parents. In 2016, we started training six nurses and a neonatologist to become NIDCAP professionals. We immediately implemented the plan to effectively allow these people to add value to direct care.

During this period, plans for a new hospital became concrete. At this time, based on the Neonatal Standards of Care, we were able to motivate the hospital management to opt for an integrated care model in which parents and children in the NICU and maternity ward are no longer separated. Multidisciplinary participation in the Graven's conference was always very inspiring.

In 2019, inspired by our colleagues from the NIDCAP training center Rotterdam, we made the choice to shape our training assignment as a university hospital by starting the procedure towards 'NIDCAP training center Ghent'. We had the honor being guided by Joy Browne, who guided us in a realistic but very constructive and warm way. We hope to celebrate our final admission in 2025. The ultimate goal is to inspire and train colleagues in the most accessible way possible so that neonates, regardless of the hospital, are guaranteed optimal neurodevelopmental care. I hope to be able to guide and support others in the future as nursing director of our NIDCAP training center.

For me, doing what you say is very important. Be congruent in your speech and actions. Translate your care vision as much as possible into direct multidisciplinary care for the patient. Stay true to your ideas, even when things get more difficult: financially in the hospital, when a pandemic passes, ... Try to integrate neurodevelopmental care into the various care processes in the department and see technical consultants and specialists within the team as partners. Let them also partly become the owner of this holistic care vision.

For me, this is all obvious, my task as head nurse is mainly facilitating. How do I ensure that the care vision of the NICU is experienced throughout the entire hospital organization? How do I get the higher management of our hospital involved in the NIDCAP vision? My experience is that you often have to say what you are doing at management meetings. My good knowledge of financing models has also played an important and facilitating role in this.

I was very surprised when I was contacted to be applied for election as a member of the board of directors of the NFI. Especially because I mainly did what I thought I had to do without linking any big theories to it. With my story, I mainly want to try to inspire others and provide tools on how NIDCAP can be integrated into various neonatal contexts and levels. My vision on education, my knowledge as a legal expert, my role within various national working groups can hopefully strengthen all of this even more.

Geert Lingier