

Decision characteristics impact decision making in NICU

March 20 2018



(HealthDay)—For parents with an infant in the neonatal intensive care

unit (NICU), preferences for parent-centered decision making are positively associated with decisions that involve big-picture goals and have the potential to harm the infant, according to a study published online March 19 in *JAMA Pediatrics*.

Elliott Mark Weiss, M.D., from the University of Washington School of Medicine in Seattle, and colleagues conducted a cross-sectional survey to examine parents' preferences for parent- versus medical team-centered [decision making](#) across 16 clinical decisions that arise in the NICU. Respondents included 136 parents of infants in one of three NICUs. For each clinical [decision](#) characteristic, analyses were performed to examine whether middle and high versus low levels of that characteristic were correlated with a [preference](#) for parent-centered decision making.

The researchers found that preferences for patient-centered decision making were correlated positively with decisions that involved big-picture goals (middle and high odds ratios, 2.01 [99 percent confidence interval, 0.83 to 4.86] and 3.38 [99 percent confidence interval, 1.48 to 7.75], respectively) and had the potential to harm the infant (middle and high odds ratios, 1.32 [99 percent confidence interval, 0.84 to 2.08] and 2.62 [99 percent confidence interval, 1.67 to 4.11], respectively). There were inverse associations for preferences for parent-centered decision making with technical decisions, the potential to benefit the infant, decisions requiring medical expertise, and a high level of urgency.

"Preferences for parent-centered versus medical team-centered decision making among parents of infants in the NICU may vary systematically by the characteristics of particular [clinical decisions](#)," the authors write.

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