



Enhancing Patient Experience



Improving Clinical Outcomes



Managing Cost of Care



Ensuring Staff Satisfaction

Can NICU music therapy send preemies home sooner?

By Michael R. Detmer, MME, MT-BC (NICU-MT)

In today's healthcare environment, where health systems and hospitals are trying to deliver better patient outcomes at a lower cost, music therapy in the neonatal intensive care unit (NICU) is a natural fit. Studies have shown that NICU music therapy interventions facilitated by board-certified music therapists contribute to shorter hospital stays for premature infants among many other developmental and medical benefits (Standley, 2012). Shorter length of stay drives savings for healthcare organizations, and increases revenue generation since it frees up beds for additional patients.

While over 50 percent of the top U.S. children's hospitals engage the services of board-certified music therapists with their NICU-MT specialization (Standley, 2014), there are many misconceptions about the field of music therapy – it is far more than a musician strumming a guitar or a nurse pressing “play” on a Pandora playlist.

Michael R. Detmer, MME, MT-BC (NICU-MT), a board-certified music therapist (MT-BC) with specialized NICU therapy (NICU-MT) training, shares the following three key learnings based on his review of nearly 30 years of published research on NICU music therapy.

3 things to know about NICU music therapy:

1. **It must be closely coordinated:** Music therapy should be utilized in close coordination with other members of the interdisciplinary team including speech language pathologists, occupational therapists, and physical therapists. Even parents play an important role: Research has shown that infants will attend longer to a parent's voice, especially singing, than a stranger's voice because it is familiar and more rewarding to them.
2. **It must be infant-directed:** Regardless of who is providing the music - a music therapist, nurse or parent - it must be infant-directed. The singer must be able to read the cues of the infant and respond in the moment to optimize the interaction and the infant's response. For example, if an infant becomes more interactive during music, the singer could raise his/her eyebrows or sing a little faster. On the other hand, if the infant shows signs of stress, the singer could reduce the complexity of the music by beginning humming the song rather than singing the words.
3. **It must be evidenced-based:** Some clinicians make emotionally based rather than evidence-based decisions on music for NICU patients. For example, one study found nearly half of NICU nurses said they prefer the use of classical music for their patients. As an adult that seems to make sense because we think of classical music as calming. But in reality, classical music is very inconsistent, with volume and tempo changes and multiple instruments, which research has shown can over stimulate preterm babies.

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For more information on NICU music therapy, read Detmer's article, Music in the NICU: An Evidence-Based Healthcare Practice with Proven Benefits.

https://www.draeger.com/Library/Content/Music-in-the-NICU-Article_FINAL_073018.pdf

Standley, J.M. (2012). Music therapy research in the NICU: An updated meta-analysis. Neonatal Network: The Journal of Neonatal Nursing, 31, 311-316.

Standley, J. M., & Walworth, D. (2010). Music therapy with premature infants (2 ed.). Silver Spring, MD: The American Music Therapy Association, Inc.

Standley, J. M. (2014) Premature infants: perspectives on NICU-MT practice. Voices, 14(2). Retrieved from <https://voices.no/index.php/voices/article/view/767/645>



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