



## Did you read it?

So how was your summer? Did you “get away from it all”, or did you work overtime to “cover”, compile your Agenda for Change job description, try to understand what the Knowledge and Skills Framework means for you, consider the impact of the changes in medical education, check the financial feasibility of retiring, or, if you are a Scottish neonatal nurse, digest “The Competency Framework and Core Clinical Skills for Neonatal Nurses”<sup>1</sup>?

Whatever you did this summer, *did you read it?*

No, not the latest Harry Potter adventure! I mean did you read The BLISS Report, “Special care for sick babies – choice or chance?”<sup>2</sup>, published in July?

As the United Kingdom (UK) charity for sick and premature babies and their parents, BLISS used the report to launch the Baby Charter, with its seven core values given in an adult’s and a baby’s version. The former are statements of a baby’s rights, the latter, an explanation of each core value, but from the baby’s perspective.

The Baby Charter provides the benchmark for UK neonatal care and an annual survey will allow for assessment of achievement of the core values. The first survey is presented in the report<sup>2</sup>, providing baseline data against which to measure progress over subsequent years. While there is evidence of good practice and the multidisciplinary team trying to provide the best care they can for tiny and sick babies and their parents, neonatal services are “overstretched, under-resourced, and slow to respond to promising innovations in care”<sup>2</sup> (p6).

Amongst the many deficits highlighted are the shortages of neonatal nursing staff, of staff specifically trained in developmental care, of breastfeeding counsellors, and of staff to provide community-based follow-up and support. There are insufficient cots to meet local demands and when the units are full/closed, babies have to be transferred to units elsewhere, sometimes hundreds of miles away. There is a lack of privacy for mothers to express breast milk or feed their baby and insufficient accommodation for parents’ needs. There is a lack of written information for parents and a lack of available interpreters.

Skin-to-skin holding, covering incubators to reduce noise, measuring the baby’s pain response objectively, non-pharmacological nursing measures as well as analgesia to manage pain, are innovations that have been shown to be beneficial to babies, but are not yet practised in all units.

The high UK mortality rates are discussed, with rates in Scotland some of the highest. One statistic highlighted showed infant mortality rates in areas of Scotland being almost three times higher than rates in regions of England<sup>2</sup> (p23). The lack of neonatal nurses and over-capacity in neonatal units may be contributing factors, among many others, to the high mortality rates. English data on the neonatal staffing deficits are calculated and a recommendation for approximately 2700 more neonatal nurses is made. How many more neonatal nurses are needed in Scotland, Wales and Northern Ireland remains an unanswered question.

The conclusion of the report was that there is considerable work to be done by **all** concerned to allow UK neonatal services to attain the benchmarks set in the core values.

As a neonatal nurse educator, I have a part to play. All the aspects of care in the Baby Charter are currently addressed in “Qualified in Specialty” neonatal nurse education in Scotland. However their relationship to the Baby Charter’s core values can be emphasised and discussions of the differences in care provision and outcomes across Scotland and the rest of the UK, and how to work towards eliminating these, can be introduced. Rather than just including developmental care principles within modules, specific developmental care courses can be designed and made available not only to nurses, but also to other professionals involved in neonatal care. Enabling access to continuing professional education opportunities may be helpful to retention of neonatal nurses<sup>3</sup>. I can influence these developments, along with my neonatal nursing and medical colleagues.

So what are **you** going to do to try to help the neonatal services in which you work achieve the BLISS Baby Charter<sup>2</sup> core values?

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### References

1. **Scottish Neonatal Nurses Group (SNNG)**. The Competency Framework and Core Clinical Skills for Neonatal Nurses 2005. Unpublished. Available from Miss Moira Gray, Chairperson, SNNG, Practice Development Department, Wishaw General Hospital.
2. **BLISS**. Special care for sick babies – choice or chance? The BLISS Baby Report. No 1. BLISS. July 2005. [www.bliss.org.uk](http://www.bliss.org.uk) (accessed 13th July 2005).
3. **Greig, C, Hoyle, A., Kerr, L., King, E.** Structured career pathways for Scottish neonatal nurses. A strategy to help recruitment and retention? *JNN* 2004; 10: 167-70.