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for neonatal and paediatric
healthcare professionals

Filming neonatal care

Families on the neonatal unit already use the web to find out general information about the problems their babies are having and the treatments they are being given. At Liverpool Women's Hospital this has been taken one step further by establishing a site where parents can make a direct connection to their baby – Baby Link.

Baby Link by and large carries cute pictures and notes on an individual baby's progress, but it can also be used to accommodate less welcome developments. A need to screen a baby who has deteriorated can be expressed as "I have gone back on my favourite antibiotics". It is interesting too that not only does this mean the family can be kept up to date, but it allows us to sugar bad news for ourselves.

Can it and should it go further?

Undoubtedly it can. A camera could be placed above an individual baby's incubator with a live feed relayed to the parents. In principle I would assume that parents could probably do this now if they wished. There would need to be a barrier to the use of microphones to avoid picking up discussion of other patients and so breaching their rights to privacy – but a focused camera?

Initial reaction might be that this is a bad idea. If the baby collapses would the parents want to witness efforts to revive their child – could they cope with that? However, these and other matters could be clearly established with the family from the outset.

It might change the way we work. Not simply in the sense that we would be conscious that everything we do is being watched. However, this could be offset by other considerations. For example, for some families, time spent with their baby is limited – they live far from the hospital, they have other children and a live link showing their baby would be very welcome. Some parents though, spend most of their days at the cotside. I think it is fair to say that this is not always welcome. Often, for straightforward reasons, the nurse feels obliged to chat and natter and over a full shift – day-in day-out this may prove a strain. A webcam link may allow parents to spend time away from the unit, as they feel they are always in touch.

Video technology has been explored in some units, especially on delivery suite. A number of papers have been published from San Diego¹. There it has helped evaluate skills and levels of

individual performance. But it also showed how people function in a team and work together. Managed constructively this could improve outcome and increase job satisfaction. Parental consent was obtained for this procedure. Tapes were erased after evaluation and were not included in patient records, nor were families given access to them. Until recently I would have said unequivocally that such videos were a good thing.

At Liverpool Women's we don't currently use video on labour ward, but we do sometimes sit down and discuss resuscitations, usually quite soon after the events. A few weeks ago a baby was born very prematurely – attempts to stabilise the baby failed and he died. The subsequent discussion was not prompted by any perceived mistakes, but by a shared sense of failure and loss. Not to express our feelings to each other would have been wrong. However, to watch the resuscitation again on video, even as part of a formal review, would have been too distressing.

Technical obstacles to filming on the neonatal unit are now few. Legal obstacles may be more significant. The actual impact and value of new (or maybe not so new) technology will probably only be assessed in practice. This so far remains relatively limited.

On a lighter note, the language of the internet does affect the way we talk and think. Debbie, Harry's nurse, tells his mother that he has been 'upgraded' and he is now in high dependency and off CPAP. And this morning when Jo gently stimulates the newborn Grace in her plastic bag, are we waiting for her to take her first breath or to 'log on' to life?

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References

1. Carbine D. et al. Video recording as a means of evaluating neonatal resuscitation performance *Pediatrics* 2000; **106**(4): 657-58.

More information about Baby Link can be obtained from staff nurse Jane Saltmarsh, Baby Link Coordinator at Neonatal Unit, Liverpool Women's Hospital, Crown Street, Liverpool L8 7SS.