

All-encompassing care at Bradford Royal Infirmary



The neonatal unit at Bradford Royal Infirmary was first opened in 1994 and has grown to accommodate 32 cots – six of which are ICU – and accepts around 500 admissions a year. Earlier this year a nine-bedded transitional care unit was added which is staffed by midwifery and neonatal nursing staff and allows mothers and infants to be nursed together.

Staff are either RSCN, RN (Child) or RGN; many are dual trained and some are also qualified midwives. Many have gained the ENB 405 and ENB 998/Facilitating Learning in Clinical Practice, while others have achieved BSc (Nursing) or are working towards this qualification.

Further post-registration qualifications are required, since nursing staff in the special care nursery undertake the ward round five days a week and identify the infants requiring medical review. Full medical ward rounds are undertaken twice a week with extensive nursing input.

The unit has an excellent Practice Development Programme which allows all staff members to gain and update such skills as professional issues, health and safety, fire safety, IV skills, breastfeeding management, pain management, tracheostomy care, communication skills and resuscitation.

Currently, the unit is aiming for all qualified staff to undergo the Neonatal Advanced Life Support (NALS) course which requires updating every three years. This is vital because part of the nursing role is to assist the medical staff with the stabilisation process at both preterm and term deliveries. Nurses are also involved in external transfers to other hospitals.

The unit's ANNP brings valuable experience and a depth of knowledge to the NICU environment; the role creates an interface between the nursing and medical roles, encompassing theory and practice.

The responsibilities of the Regional Network Educator include teaching at University, development of university courses and coordinating the educational needs of regional neonatal units.

One of many services offered by the unit, the Drug Liaison Midwife provides antenatal and postnatal care in the clinical and home environment to families who misuse drugs. The role involves managing a full caseload and working as part of a multi-disciplinary team within primary and secondary care sectors and Social Services. Referrals can be made by GPs, midwives, treatment agencies, police,

provide extended support to mothers who wish to breastfeed and may be experiencing difficulties.

In view of the religious context of providing neonatal healthcare services in Bradford, there is a weekly circumcision clinic which is usually well attended.

Families who have suffered a loss have access to the Bradford Miscarriage and SANDS (Stillbirth and Neonatal Death) Support Group. This service provides one-to-one or group counselling. The unit also organises a yearly service to remember the children who have died, which families of any denomination can attend. The trust

provides yearly study days for all grades of staff on dealing with death and loss which focuses on religious beliefs and practices. The NNU also organises a yearly study day which highlights the Muslim perspective of when a Muslim child dies in hospital.

The unit endeavours to follow recommendations for developmental care interventions in order to improve the outcome of the preterm infant. Practices include minimal handling, use of aids (snuggle nests, bendy bars, gel wedges and Freddy-T frogs), positive touch and

mid-line positioning to allow self-regulating behaviours. The use of incubator covers reduces direct light and after 32 weeks' gestation, cycles of daylight are introduced. Quiet time is practised for two hours a day in the afternoon to allow infants to rest – intervention and cares which are not urgent are avoided during this time. Noise levels are reduced in the nurseries and families are given BLISS literature so that they are empowered to fully participate in their infant's care and development.

Currently, five staff are Certified Infant Massage Instructors (CIMI) and are able to teach families about the benefits of positive touch and infant massage. The methods of



Another busy day in the Bradford Royal Infirmary neonatal unit.

Social Services and the probation services. Mothers are then triaged and offered various options such as inpatient detoxification, a One Stop clinic and coordinated care. Incidence of infants born in Bradford to drug and/or alcohol dependent mothers is currently 1-2%. The average length of stay ranges from 9.8-20 days and treatment includes close observation, scoring of symptoms on the Neonatal Abstinence Syndrome chart and the use of oral morphine sulphate if the withdrawal dictates, according to Trust policy.

Lactation consultants are on hand to

care which they teach include stimulation of all bodily systems, interaction with parents/caregivers, relief of pain and relaxation. The CIMI course is a four-day course based around the country where instructors teach parents one-to-one or in small groups. Examples of positive touch include containment holds and resting hands. This form of care is initially introduced in ICU, allowing infants to build up tolerance to touch and parents to learn their infant's behavioural cues – essential for the bonding process. Kangaroo care is encouraged to improve vital signs and aid milk production and attachment.

In Special Care, stomach massage is employed to help relieve the symptoms of colic. Facial strokes can be used if it is felt that the baby is experiencing facial tension. Hand and foot massage are also useful as this can help counterbalance the negative touch that infants can experience during their stay on the unit, such as repeated heel pricks and cannulation. In fact, almost all infants can receive positive touch or massage. However, special considerations include infants who are blind or deaf, have had recent surgery, have neonatal abstinence syndrome, intra-uterine growth retardation, and hydrocephalic infants. Adaptations have to be made to ensure any touch received is safe and well tolerated.

The Neonatal Outreach Team is made up of two specialist midwives and an experienced neonatal nurse. The importance of this team cannot be underestimated, as research has shown that families can be in crisis and display feelings of anxiety and helplessness when their infant is discharged home. Thus, the outreach team helps facilitate the transition from the clinical environment to home. The service covers the whole of the Bradford area and each member has their own caseload. A seven day service is provided throughout the year and referrals can be made from the neonatal unit, postnatal wards, paediatric wards, surgical/cardiac units, the Drug Liaison Midwife and other neonatal units. The team's clinical responsibilities include postnatal care, feeding advice, home education, discharge planning and monitoring of growth and development.

The outreach team's workload includes infants with complex care needs such as oxygen dependency, home nasogastric



feeding, epidermolysis bullosa infants (who require regular dressings) and initial palliative care. Other responsibilities include running the Synagis clinic, nurse prescribing, providing equipment and health promotion. The team also liaise with other health professionals such as speech and language therapists, dieticians, physiotherapists, the Children's Community Team, health visitors and Social Services, including child protection professionals.

The unit participates in many randomised clinical trials (RCTs) which include TOBY, INIS, ENSY, ADEPT and Boost 2. When the unit agrees to participate in an RCT a consultant and a senior nurse usually help coordinate education and recruitment. It is common practice for both medical and nursing staff to provide verbal information as well as literature to parents of possible participants, since both forms of communication enable all levels of families taking part to fully understand the purpose of the trial. The consensus on the unit is that RCTs greatly improve the care the infants receive. Certain RCTs such as TOBY and ADEPT allow us to pay greater attention to those areas of neonatal care – notably feeding and hypoxic-ischaemic encephalopathy – and therefore improve global care.

There can be an increase of workload during an RCT, although it is felt that the gain in clinical practice outweighs this. The

Sister Suzi Taylor shows Tommy, whose baby Annie was a patient in the unit, the correct method for performing stomach massage.

likelihood of a family allowing their infant to participate can depend on the skill of the nursing staff in explaining the reason for the trial, the understanding of the families and the seriousness of the clinical condition. Overall, it is believed that participation in an RCT provides a collateral gain.

Bradford Royal Infirmary has just launched *Born in Bradford*, a research project which aims to improve the health of children both in Bradford and England. It is hoped that 10,000 infants will be recruited over the next three years and these will be followed through to adulthood. The information gathered should give a better understanding of why some of the population fall ill and not others.

Bradford Royal Infirmary Neonatal Unit is an innovative unit where many students and staff enjoy an extensive range of clinical experiences. Staff thrive on the personal and professional development that the unit can provide. Plans for the future include a possible increase of ICU cots, and additional isolation areas.

Is your unit special?

Why not contribute to our focus on a unit feature?
Contact kate@infantgrapevine.co.uk