



for babies born too soon,
too small, too sick

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Family-centred care at St Georges and beyond – an update

While family-centred care is considered by most health professionals to be an integral part of the overall clinical care a baby receives, a Bliss pilot project in 2010 discovered that there are still significant gaps in its provision, underlined by considerable variability in the way existing practices are implemented. To address this, Bliss, has begun an ambitious programme of work to establish a new type of post – the Bliss Family-Centred Care Nurse – on a range of neonatal units throughout England.

A central aim of the Bliss Nurse post is to facilitate and enable families to be actively involved with the care of their baby, and to promote this practice among staff as central to the overall clinical care that their baby is receiving. This includes developing and implementing policies that empower parents to actively care for their baby or babies within a very stressful environment, and support them if they need physical, emotional or social help.

The first Bliss Nurse role was established at St George's Hospital in Tooting, London, in conjunction with the Charity First Touch and the South West London Perinatal Network, and began in June 2011 under the job title of Family-Centred Care Coordinator. Bobbie Everson and Lyndsey Hookway who share the post have been establishing their presence on the unit. See below just some of what they've achieved so far.

Their first priority is caring for the parents and families of sick and premature babies. They have established a pattern of visiting parents at the cot-side from the earliest opportunity to begin a supportive relationship with them. They believe that in a unit with almost 200 members of staff, having them as a familiar constant presence has been extremely helpful to parents. Parents like having time to talk through whatever is important to them, whether it be practical help with expressing or finding out how to obtain a MAT B1 form. Alongside the nursing staff, they encourage and advocate containment holding and skin-to-skin cuddling at the earliest possible opportunity and once parents have been informed of the benefits and their confidence developed, they need little further encouragement. They aim to tailor their approach to the needs of each family.

They have implemented some practical things like revamping the parents' sitting room, ensuring it's properly stocked with tea, coffee etc and has toys and books for siblings. They have also created laminated story cards that can be wiped with disinfectant between uses. These are left by the

cot-side to encourage parents who might not feel comfortable talking out loud to their baby to spend time reading to them instead. This intervention takes the focus away from monitors and charts and back to talking to and interacting with the babies. This has proved a very popular and relatively easy intervention to implement. They have taken the lead from other units and hope to provide parents with a journey box and journal to aid communication between staff and parents and for parents to document their baby's progress.

They have also focused on addressing important organisational issues such as taking babies out for walks, utilising the Ronald McDonald House accommodation facility and building relationships with key members of the medical, nursing and support staff on the unit.

A huge part of the success of the post depends on the skill with which they effect change and development on the unit. Both Lyndsey and Bobbie are conscious of the range and extent of knowledge and skills on the neonatal unit and are mindful and respectful of their colleagues' experience. However, they are clear that where change is necessary they hope to tactfully assert suggestions and stand up for good practice for the benefit of the families. They are very aware that this is a three-year funded post and so they are keen to implement policy and create educational programmes to ensure the sustainability of a culture of family centred-care.

Parents' feedback and satisfaction will be measured, in the first instance, using a parent questionnaire. They are also considering other ways to canvas the families' opinions. There may be objective data that can be used to measure progress and success and one example of this could be a low key audit asking parents how long it was before they had their first kangaroo cuddle, or how many parents participate in certain activities. They are working very closely with the charities First Touch and Bliss to ensure that their interventions are measurable and evidence based.

For the future Bliss is aiming to have one of these posts in each network by 2020. With this in mind the second site has been identified. This role will become active in early 2012 in Norfolk and will be part funded by the East of England Specialised Commissioning Group. The role will be based at the Norfolk and Norwich Hospital but the post holder will work across Norfolk and Suffolk to support families in these areas.

In 2012 at least two further Bliss Nurse posts will be up and running.