

Taking neonatal care to the next level

Lisa Leonard Editor, *Infant*

The Baby Friendly Initiative's (BFI) first neonatal conference, Taking neonatal care to the next level, took place on 19 May 2015, in partnership with Bliss. Four hundred neonatal health professionals attended the one-day event at the Royal Institution in London where global experts spoke about improving care and outcomes for infants to give them the best possible start in life.

Sue Ashmore, Unicef UK BFI Programme Director, welcomed delegates to the meeting and set the scene by introducing the

important contribution of the BFI standards to neonatal health care. Experts from the UK, USA, Canada and South Africa spoke about their work, which received a great deal of interest from the audience and generated a lot of discussion at the meeting itself and on social media. There was plenty of opportunity for networking over lunch and the event was brought to a close by a short film of inspiring practices from neonatal units around the UK.

The BFI standards for neonatal units

Sue Ashmore introduced the audience to the wealth of experience that the BFI has in developing strategies to improve breastfeeding rates and support parent-infant relationships. The unique environment of the neonatal unit presents many challenges for families concerning infant feeding and developing the crucial early relationships between parents and their child. Sue presented the three BFI standards for neonatal units (**FIGURE 1**) and spoke about how neonatal healthcare professionals are ideally placed to support parents to achieve these, helping to ensure that neonatal units build upon the great work already accomplished in putting babies and their families at the heart of care.

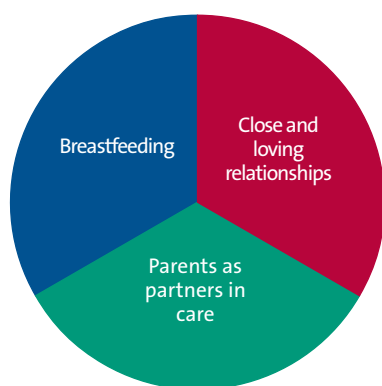


FIGURE 1 The Baby Friendly Initiative standards for supporting families in neonatal units.

The Bliss Baby Charter

Chief Executive of Bliss Caroline Davey talked about the Bliss Baby Charter, a practical guide to help neonatal units provide the best possible family-centred approach to caring for premature and sick babies by recognising parents as the primary caregivers. The Charter contains seven core principles that summarise the care, respect and support that babies and their parents should receive (www.bliss.org.uk/baby-charter-audit-tool). Caroline informed the audience of the achievements of the Bliss Baby Charter to date:

- over 700 neonatal staff are directly involved
- 136 units have registered to participate
- 91 units have completed the audit tool and developed action plans
- 54 units have registered for accreditation.

To demonstrate the importance of family-centred care, Caroline invited the mother of a premature baby, Michaela Southworth, to talk about her experiences on the neonatal unit, particularly the support and encouragement she received with breastfeeding and how it helped her find her role in her son's care.

The science behind the new neonatal standards

Renowned for his work on skin-to-skin kangaroo care, Dr Nils Bergman talked about the neuroscience of newborn infant development, the importance of skin-to-skin contact in the Baby Friendly and Bliss Charter initiatives, and the aim of ensuring its routine and widespread use in all neonatal units. Dr Bergman discussed how the first few hours following birth are a critical period for bonding and breastfeeding, and why the perfect environment for a newborn infant is skin-to-skin contact with its mother. He proposed the concept that units should not measure how many minutes of skin-to-skin contact a mother is receiving but instead measure the minutes of mother-infant separation, ideally aiming for 'zero separation' especially for the first 1,000 minutes after birth.

Sue Ashmore <i>Programme Director, Unicef UK Baby Friendly Initiative</i>	The Baby Friendly Initiative standards for neonatal units
Caroline Davey <i>Chief Executive, Bliss</i>	The Bliss Baby Charter – achievements to date and ambitions for the future
Dr Nils Bergman <i>Consulting Public Health Physician, South Africa</i>	The neuroscience behind the new neonatal standards
Dr Shoo Lee <i>Scientific Director, Institute of Human Development, Child and Youth Health, Canada</i>	Family integrated care model
Dr Paula Meier <i>Director for Clinical Research and Lactation, Rush University Medical Centre, USA</i>	Health outcomes and cost of human milk feedings for very low birthweight infants

Programme of speakers at Taking Neonatal Care to the Next Level.



Speakers at the Baby Friendly Initiative and Bliss neonatal conference. From left: Sue Ashmore, chair and President of the Royal College of Paediatrics and Child Health Professor Neena Modi, Dr Nils Bergman, Dr Paula Meier, Dr Shoo Lee and Caroline Davey.



Dr Nils Bergman.

Family integrated care model

Dr Shoo Lee described the implementation of a Canadian pilot trial – the family integrated care model – in which the parents became an integral part of the NICU care team. Parents were the primary caregivers to their baby. The doctors were available for consultation and medical procedures and nurses were provided with the tools to enable families to be part of the team. The nurses taught the parents to take on routine care for their baby: feeding, bathing, monitoring, writing reports, participating in care management decisions, etc. Dr Lee showed how parents rapidly gain confidence, knowledge and control so that they become partners with the nurses and medical team. The pilot trial resulted in improved outcomes for infants compared to a traditional nurse-led group:

- 25% increase in weight gain on discharge
- double the rate of breastfeeding
- 0% nosocomial infection compared to 9.7% in the nurse-led group (“A mother doesn’t let anyone touch her baby unless they wash their hands”)
- 0% retinopathy of prematurity compared to 14.3% in the nurse-led group (“A mother keeps a close eye on the monitors”)

The success of the pilot has led to a multi-centre, randomised controlled trial currently taking place in hospitals across Canada, Australia and New Zealand.



Dr Shoo Lee.



Caroline Davey and Sue Ashmore.

Health outcomes and cost of human milk feedings for very low birthweight infants

Why is human milk so important for a human baby? Dr Paula Meier explained how human lactation patterns and milk composition have evolved over millions of years to support the survival, growth and development of infants. Human milk reduces the risk of short- and long-term complications over the lifespan. It has evolved to protect, develop and programme many body systems through synergistic functions: immuno-modulatory, anti-inflammatory, gut-colonising and epigenetic mechanisms.

Helping mothers to establish and maintain an abundant milk supply is a major priority at the Rush University Medical Centre, Chicago, and breastfeeding peer counsellors play a vital role. Dr Meier reviewed findings from a recent study looking at best practice for mothers and their very low birthweight infants, including the cost of human milk vs formula and donor human milk feeding.

Taking Neonatal Care to the Next Level introduced neonatal staff to the BFI and Bliss standards, and helped units on their journey to full Baby Friendly accreditation, implementing Baby Friendly standards to ensure the best possible care for premature babies and their families.

One step closer to the 'next level' of neonatal care

Carmel Duffy Deputy Programme Director, UNICEF UK Baby Friendly Initiative

The Baby Friendly Initiative (BFI) is a global programme of UNICEF and the World Health Organization that assesses and accredits health units worldwide. Initially set up in the UK 20 years ago, it is now recommended by all four devolved governments, as well as the National Institute for Health and Care Excellence (NICE). BFI works with health professionals to improve care and training around infant feeding and puts a strong mother-baby relationship at the centre of pregnancy and early life.

Currently 91% of maternity units across the country are engaged in implementing the Baby Friendly standards, and half of all UK health visiting facilities are fully accredited with the globally recognised Baby Friendly Award. Most recently (June 2014) BFI launched three specific neonatal standards, using emerging evidence around the importance of nurturing, as well as breast milk, for improving physical and emotional outcomes for sick and premature babies. These three standards aim to support parents to develop close and loving relationships with their babies, value breast milk and breastfeeding as crucial for growth and development, and involve parents as equal partners in providing care and decision making.

Although these standards appear straightforward, they will necessitate a major shift in culture and practice within neonatal units. However, if the standards are to be embedded in everyday practice, and in order to ensure consistency throughout the UK, it is essential that staff working within neonatal units are provided with the knowledge and skills to make this happen.

The BFI has run a basic neonatal course for five years and the enthusiasm of participants to improve practice has been heartening. However, evaluations identified some issues that were in part early triggers towards the development of neonatal standards. The initial lack of confidence many staff reported when it came to supporting mothers to express breast milk and make a successful transition to breastfeeding was a common theme, with a significant number of staff confiding that they passed on breastfeeding queries to more knowledgeable colleagues. In addition, although there was a general appreciation that breast milk was important for very sick and preterm babies, there was less understanding of its value once the infant became more stable.

An evaluation and review has led to development of a new course, with the aim of incorporating evidence, information and support for the new standards. The course, which will be launched this autumn, will explore the impact of preterm birth and separation on an infant's brain development and discuss ways to minimise the impact of this separation; it will explain why, after survival, the emotional and developmental needs of

these babies must be given top priority. It will also encourage participants to challenge the status quo and look at new ways of working where parents can be more involved with the care of

their baby. Supporting the initiation of lactation and maximising the effectiveness of breast milk will remain major elements of the course, along with continued emphasis on skills required to help mothers transition to breastfeeding. All content will be linked back to the standards so that participants will go away confident in their knowledge and understanding as to how to implement the standards in their individual units.

Following the success of the Baby Friendly/Bliss neonatal conference it is clear that there is a thirst for knowledge on how to take neonatal care forward, with an emphasis on a child rights approach to care which recognises the importance of parental involvement in ensuring the best outcomes for babies. Anyone wanting any more information on the neonatal standards, or any of the BFI training courses or tools, can visit www.unicef.org.uk/babyfriendly



Image courtesy of Unicef UK/Meard.



Image courtesy of Unicef UK/leffs.



Image courtesy of Unicef UK/leffs.

Changing practice at Royal Devon and Exeter Hospital

Karen Read Infant Feeding Coordinator and Neonatal Nurse, The Royal Devon and Exeter Hospital

The neonatal team at Royal Devon and Exeter (RD&E) NHS Foundation Trust was keen to implement the new Unicef UK Baby Friendly Initiative neonatal specific standards as soon as they went live in 2014.

My job-share partner Charlotte Kilvington and I had taken the hospital through the full BFI accreditation in 2012. Everyone was very excited about the new neonatal standards although progress was slow to start with. We knew that in order to properly implement the standards we would need to change the culture of the unit to one where we worked around the needs of parents, rather than them working around the staff.

For RD&E the BFI neonatal standards came at the same time as the Bliss Baby Charter and also some work that the developmental care team was carrying out in relation to noise and light levels in the neonatal unit and promotion of prolonged periods of kangaroo care. These three things together – BFI, developmental care and the Bliss Charter – seemed to be sending a strong message that the unit needed to look a bit deeper than just the medical needs of our babies.

Also emerging at this time was a parent group called SNUG (supporting neonatal unit graduates). This group turned out to be pivotal in developing strategies to help change the culture in the neonatal unit. SNUG is a parent-led network, primarily serving as a peer support group for families to reduce isolation after the neonatal experience, but it also targets fundraising to support parents during the neonatal stay. The successful change of practice at RD&E developed, in part, from the use of parent voices and SNUG helped to facilitate this by asking parents their views about different topics.

Simple initiatives that have worked well at RD&E include:

Improving the availability of breast pumps. The unit only had five breast pumps for potentially 26 women and we knew that mothers were not expressing effectively because pumps were not available when needed. As a result of parent consultation we now have pumps next to every space so that mothers can express next to their baby, which helps with milk production. There are also mobile pumps that can be taken to their bedrooms if preferred. We also invested in some hospital-grade pumps for use by mothers at home while their babies are in hospital.

Camp beds that can be used in any part of the unit. SNUG fundraised for some camp beds enabling parents to be able to stay next to their baby.

Reclining sofa chairs. These are great for kangaroo care; parents love them with the bonus that they are electric so that mothers



The playroom at RD&E.

Images courtesy of RD&E/Unicef UK.

don't need to push or use their stomach muscles.

A change of practice at ward rounds. This has made a huge difference to parents who were traditionally 'not allowed' to attend, commonly due to confidentiality issues. The policy is to now ask all parents on the unit whether they object to other parents being around while their baby is the subject of the doctors' rounds. If no parents disagree (almost none do) then everyone can stay close to their baby and nobody finds themselves excluded for large chunks of time.

Individually these ideas sound fairly simple and straightforward but they reflect a changing culture where staff start to see parents as integral to the successful care of infants and start really listening to what parents are saying. The result is a win-win situation. The well-being of infants and their parents, which are so intertwined, comes first. This proximity and nurturing results in stronger and more resilient babies, as well as more engaged families who can start to build strong loving relationships that will set their babies on the best possible course through life.

The route was not always easy but the outcomes for infants and families make so much difference. Creating this new culture definitely requires a team approach and that includes the nursing staff, medical staff and parents. We found the most powerful thing to do was to try putting ourselves in the shoes of the mother and baby. We still have lots of work to do as RD&E has applied for its Stage 3 BFI neonatal assessment this autumn and, if we pass, we will become the first fully accredited neonatal unit in the country.



An infant having a wrap bath.