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Bliss
for babies born too soon,
too small, too sick

Bliss report: neonatal staff under unprecedented pressure

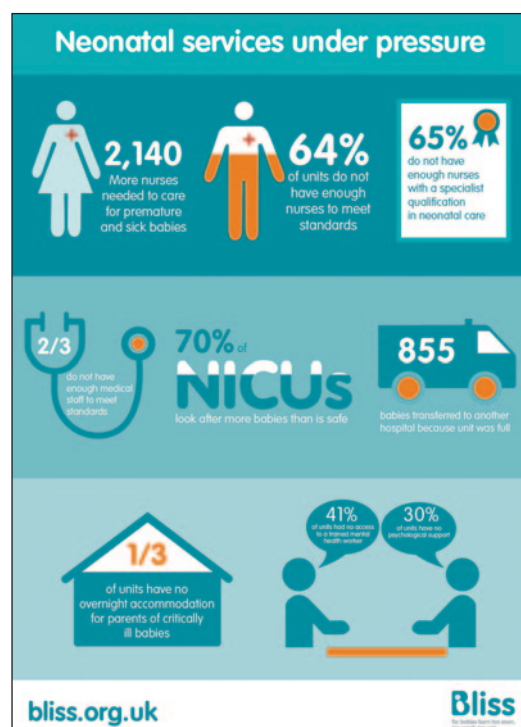
The latest policy report from Bliss, *Bliss baby report 2015: hanging in the balance*,¹ highlights a service under incredible pressure. It has been five years since the premature and sick baby charity last reported on neonatal care in England, and since then Bliss has explored the progress being made towards meeting national standards as well as the challenge ahead to ensure all units are able to provide the highest level of care.

Bliss received evidence from neonatal units, neonatal transport services and parents across the country. While it was found that there have been some welcome improvements, it is clear that England is falling further behind on crucial

staffing measures, putting hard working nurses and doctors under immense strain. The report's key findings are:

- 2,140 more nurses are needed to meet national standards and give infants the best chance of survival and improved long-term health. The nurses that are currently caring for the most vulnerable babies do incredible work, but are being stretched to breaking point.
- 64% of units do not have enough nurses, and two thirds do not have enough doctors to meet national standards. This is largely due to a severe lack of funding, which accounts for three fifths of those units falling short of nurses and half of those units not having enough doctors. There are also limited training and development opportunities with 72% of units saying they struggle with nurse training and development.
- The government's national standards recommend that it is not safe for units to be running at higher than 80% occupancy on average, but over two thirds of neonatal intensive care units (NICUs) are consistently caring for more infants than this. This puts babies at risk and adds to their families' stress and worry.
- At 41% of units, parents do not have access to a trained mental health worker, despite parents of premature and sick infants being at far greater risk of postnatal depression.²
- One third of units were not able to provide overnight accommodation for parents of critically ill babies or those living many miles from the hospital. It is vital that parents are able to stay close to their infant as research shows that when parents are involved in their baby's care it improves development and recovery, and eases the pressure on health professionals.

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National standards: nurse staffing

There are standards that were set by the NHS in 2009 when it published the *Toolkit for High-Quality Neonatal Services*.³ The standards are the benchmark for neonatal care, yet the government has not provided the funding or a plan to deliver them.

The *Toolkit for High-Quality Neonatal Services* set out national standards for the number of nurses needed to care for premature and sick babies.

Special care: there should be a minimum staff-to-baby ratio of 1:4 at all times, with infants cared for by a nurse or midwife, or a nursing assistant, working under the supervision of a specialist nurse or midwife.

High dependency care: there should be a minimum staff-to-baby ratio of 1:2, with infants cared for by a specialist nurse or midwife, or by a staff member who is being trained in specialised neonatal care and is working under the supervision of a specialist nurse or midwife.

Intensive care: there should be a minimum staff-to-baby ratio of 1:1, with infants cared for by a specialist nurse or midwife, or by a staff member who is being trained in specialised neonatal care and is working under the supervision of a specialist nurse or midwife.

Nurses and doctors do an incredible job caring for infants in neonatal care and they are extremely committed to ensuring babies receive the best care – there just aren't enough of them. One mum told Bliss: *"The staff were fantastic, they took care of my daughter when I was unable to."* Another parent told Bliss: *"Sometimes there was a definite shortage of experienced nurses on the unit and that was very frightening. Our worry was simple – if two babies have emergencies at the same time in different rooms how could one nurse tackle that? There were no emergency cords or buttons and the nurse would have been stranded. This kept us awake at night."* This is the stark reality for many parents around the country.

However, it's not just nursing that's the issue. Two thirds of neonatal units do not have enough doctors needed to meet national standards. Bliss heard from a mum who told how, after a two-week stay, she only saw a consultant on the day they were discharged. National standards are clear – all families whose baby is admitted to neonatal care should see a consultant in the first 24 hours.

Bliss recommendations

It is clear that staff are being spread too thin and neonatal services are under extreme pressure. Without urgent action from the government and NHS England, the gap between the standards expected



and the care provided will widen. The Bliss report includes the following recommendations:

1. The government and NHS England must invest in neonatal care so that hospitals are able to recruit the nurses, medical staff, mental health workers and other allied health professionals they so desperately need.
2. Plans must be put in place to address skills shortages so that infants are consistently receiving the best care.
3. Trusts should ensure that parents are

offered free accommodation and meal vouchers or free hospital meals to ease the financial strain and enable them to stay with their baby.

Conclusion

The Bliss baby report highlights a severe shortage of neonatal staff including nurses, doctors and the full range of health professionals needed to deliver care to premature and sick babies and their families. These health professionals are committed and dedicated and do an incredible job in difficult circumstances, but there simply aren't enough of them.

Bliss is calling on the government and NHS England to invest in neonatal services in order for all units to meet the national standards set out for safe, high quality care. For more information about the report and the Bliss campaign, visit bliss.org.uk/babyreport.

References

1. Bliss. Baby report 2015: hanging in the balance. [Online] Available from: <http://bliss.org.uk/babyreport>. [Accessed 1 November 2015].
2. Vigod S.N., Villegas L., Dennis C.L., Ross L.E. Prevalence and risk factors for postpartum depression among women with preterm and low-birth-weight infants: a systematic review. *BJOG* 2010;117:540-50.
3. Department of Health and the NHS. Toolkit for High-Quality Neonatal Services. 2009 [Online] Available from: www.bliss.org.uk/toolkit-for-high-quality-services [Accessed 1 November 2015].

Book review

Neonatology at a Glance Third edition

Tom Lissauer, Avroy A. Fanaroff, Lawrence Miall, Jonathan Fanaroff

Wiley-Blackwell, August 2015

ISBN: 978-1-118-76743-6

£28.99, paperback, 224 pages



The third edition of *Neonatology at a Glance* from the popular *At a Glance* series is written by a collaboration of senior consultant neonatologists from north America and the UK. The book provides a succinct, bite-size review of important neonatal topics covering clinical, practical and ethical aspects of delivery of care to newborn infants.

While covering normal physiology, the book focuses on a large range of clinical aspects that health professionals will encounter on a day-to-day basis on the postnatal ward and neonatal unit. It also

has a guide for practical procedures routinely performed on sick infants as well as the common complications of these actions.

While it may not provide the in-depth resource and references of a neonatal intensive care handbook, the book has enough information for medical staff, neonatal nurses and allied health professionals to acquire a great knowledge base on which to build. Each chapter is easily digested, with the ample use of clinical photographs and diagrams to illustrate and support the written

information. As a senior trainee, I use *Neonatology at a Glance* to refresh my knowledge when confronted with clinical problems on the neonatal unit. It is easily portable and I carry it to work most days.

The companion website (www.ataglanceseries.com/neonatology) houses useful video clips of practical procedures and examination findings. There is also access to the figures and tables used throughout the book – a valuable resource to have for teaching purposes and presentations.

I would recommend *Neonatology at a Glance* for any doctor, nurse or health professional wanting an introduction to common health problems in both term and preterm infants. The use of colour, illustration and clinical photographs keeps the reader engaged and the book covers a wide range of important topics.

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