

Giving babies the best chance to thrive

Lisa Leonard Editor, *Infant*

The Baby Friendly Initiative's (BFI) second neonatal conference was held on 9 May 2017 at Senate House in London. The meeting, hosted in partnership with Bliss, was an opportunity to hear the latest ideas and discussions around caring for sick and preterm babies and their families. More importantly, the event celebrated all the great work taking place across the UK to give vulnerable babies the best possible chance to thrive.

The Baby Friendly neonatal standards encompass the holistic care of families relating to building close relationships, feeding and supporting parents to be partners in care. They are designed to help neonatal units to transform their care practices and greatly improve outcomes for vulnerable babies.

The first part of this report discusses the highlights of the conference while in part two Annie Aloysius of Imperial College Healthcare NHS Trust, looks at the family integrated care model.

The Baby Friendly programme

Sue Ashmore, Unicef UK BFI Programme Director, welcomed delegates to the meeting and set the scene by introducing the important contribution of the Baby Friendly programme to neonatal health care. The audience was updated on the progress being made across the UK, including the successes and challenges that units are experiencing. She summarised 'what we've learnt, how far we've got, and where we need to go in the future'.

Sue gave a quick reminder of the assessment process from action planning, through stages 1-3 (including building a firm foundation, staff training, day-to-day practice, standards in place, formal assessment) and then, finally, full accreditation as a Baby Friendly neonatal unit (NNU). So far one unit has achieved full accreditation – the Royal Devon and Exeter (RD&E) NNU.

In terms of financial support, the Burdett Trust for Nursing is providing funding to support six NNUs to move forward with Baby Friendly status; the Scottish Government is supporting all Scottish units to aim for Baby Friendly status, and the Northern Ireland Government provides funds for project leads in individual units. Sue announced exciting news about a grant from the Department of Health to create a neonatal branch of the National Infant Feeding Network (NIFN), a group of dedicated health professionals specifically supporting NNUs to improve standards of care in the UK.

Microbirth

How we are born may affect our health in later life. This concept is explored in the documentary film *Microbirth* that Dr Matthew Hyde and his colleagues at Imperial College London helped to produce. The film looks at caesarean delivery and its association with asthma, type 1 diabetes and risk of obesity. Matthew explained the 'science behind the film' and the plausible biological mechanisms that might link these:

- The microbiome that is established in the perinatal period – Preterm babies have a particular disadvantage when it comes to developing a healthy microbiome.
- An altered hormonal milieu at birth – A c-section baby has different hormone levels to a vaginally-delivered baby, in particular leptin, an appetite regulator.
- Breastfeeding success – Having a c-section appears to reduce breastfeeding initiation. It is important to initiate breastfeeding in c-section dyads as,

once established, mothers are more likely to continue. Matthew stressed how mothers who deliver by c-section deserve the highest possible levels of breastfeeding support.

Implementing the Baby Friendly neonatal standards in Exeter

The neonatal team at RD&E implemented the BFI neonatal specific standards as soon as they went live in 2014. In February 2016, RD&E became the first fully accredited NNU in the country but it didn't end there. Karen Read and Louise Rattenbury described the ongoing journey of the RD&E to engage, empower and nurture parents and babies.

For families with a baby on the NNU, the private and intimate process of becoming a family is played out in public. How do neonatal teams create and deliver a comfortable nurturing and

Sue Ashmore , Programme Director, Unicef UK Baby Friendly Initiative	Welcome and introduction
Dr Matthew Hyde , Research Associate in Neonatal Medicine, Imperial College London	Microbirth
Karen Read , Infant Feeding Co-ordinator and Louise Rattenbury , Matron, Neonatal Unit, Royal Devon and Exeter NHS Foundation Trust	Implementing the Baby Friendly neonatal standards in Exeter
Dr Laura De Rooy , Consultant Neonatologist, Neonatal Unit, St George's Hospital	The use of breast milk fortifier and growth
Annie Aloysius , Clinical Specialist Speech and Language Therapist (Neonatology), Imperial College Healthcare NHS Trust	Family integrated care models
Inga Warren , Senior NIDCAP Trainer, University College Hospital	It's not what you do – it's how you do it. Practical skills for family and infant neuro-developmental care

Programme of speakers at the second Baby Friendly Neonatal Conference in May.

safe environment? These are some of the things that parents said they wanted:

- We don't want to wear visitor badges – we are not visitors
- Breast pumps now! We don't want to queue for 40 minutes
- 'Tell us tags' – sometimes it's too much to verbally communicate what we need
- Don't throw us out at ward round
- Give us privacy – curtains and a private space
- Better visiting rights – we travel miles
- Peer support
- Beds for parents, beds for parents, beds for parents!

Convincing the neonatal team that parents in the NNU are a good thing has been a struggle but now everyone agrees that it is important for families. We should be aware that neonatal staff feel vulnerable and should be supported and empowered to implement and sustain Baby Friendly standards.

Growth and the use of breast milk fortifier

The use of breast milk as enteral nutrition in preterm infants is a well established gold standard of care. Nevertheless, there is widespread concern that expressed breast milk does not contain everything that a preterm baby needs. Dr Laura De Rooy explained why the use of breast milk fortifiers (BMF) may lead to greater confidence in breastfeeding and discussed a survey of NNUs on practice regarding BMF. The results showed a great heterogeneity of practice and belief across the UK.

Practical skills for family and infant neurodevelopmental care

Renowned for her work on infant neurodevelopmental care, Inga Warren talked about the Family and Infant Neurodevelopmental Education (FINE) programme. FINE is designed to help staff change the way they work by focusing on six core themes:

- understanding preterm development
- observing babies and being responsive to their behavioural signs
- engaging parents through active listening
- reflecting on staff practices
- understanding how systems work and using tools for quality improvement
- awareness of the best available evidence.

The FINE educational pathway is suitable for all those working in neonatal care. Preliminary data indicates improved outcomes



Bliss Chief Executive Caroline Lee-Davey and Unicef UK BFI Programme Director Sue Ashmore.

Image courtesy of Unicef UK Abdulla



Inga Warren talked about the FINE programme.

Image courtesy of Unicef UK Abdulla

for babies and families.

The day was brought to a close by a short video of inspiring practices; six NNUs shared the improvements they have been making to the care of sick and preterm babies on their Baby Friendly journey. The staff are working hard to enable vulnerable babies to receive breast milk and breastfeed, and to develop a close loving relationship with their parents, as well as encouraging parents to take an active role in their baby's care.

Parents as partners in care: the Integrated Family Delivered Care project

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Neonatal care strives to save lives and improve outcomes, and has increasingly become a high-tech, specialist, intensive care environment. It has adapted to consider the baby's developmental needs and impact on the family. Care needs to support building a family, not just nursing a baby. "There is no such thing as a baby, only a baby and someone," (D.W. Winnicott 1947)¹ and getting that first relationship right is crucial to later outcomes. Babies who have strong bonds with

their parents have better neurodevelopmental outcomes.² For parents, neonatal care can arouse deep emotions and anxiety; they can feel helpless at their baby's cotside. Stress can be detrimental to the baby, its parents and their developing relationship. Family-centred care and involving families in the care of their own children has been identified as key to future neonatal service delivery.

Initial evidence of the importance of involving parents in their

baby's care came from Estonia. Due to a lack of trained neonatal nurses, Dr Adik Levin involved parents in delivering care for their babies. He called this model 'humane neonatal care' and described it as the first truly baby-friendly care.³ Outcomes demonstrated improvement in weight gain, reduction in infection and length of stay, and improved satisfaction among parents and staff. Similar outcomes are replicated by other groups working around the same model of care.^{4,5} Preventing separation of mothers and their babies, delivering skin-to-skin care, and providing comfort, and interaction, appears to buffer the potential toxic effects of stress, which as well as improving outcomes helps with the development of coping strategies to reduce depression, anxiety and post-traumatic stress. Professor Shoo Lee from Toronto, Canada, and his team lead the largest study of family-integrated care.⁶⁻⁸ Preliminary results from the international clustered randomised controlled trial show:

- decreased parental anxiety and depression
- increased bonding
- improved breastfeeding rates, infant health and weight gain
- reduction in infection rates
- decreased length of stay.

This model of care is not new; it is intuitive and what parents want to instinctively do when supported and given the chance.

The neonatal service at Imperial College Healthcare NHS Trust supports the principles of family-integrated care. We have an established multidisciplinary approach with 24/7 access for parents facilitated by headphones. Parents are encouraged to attend ward rounds and present their babies' progress. Skin-to-skin cuddles are promoted, even in the intensive care unit. We have a donor milk bank and breastfeeding rates above the national average. In 2015 we started a quality improvement programme called the Integrated Family Delivered Care (IFDC) project.

Our IFDC project helps to build a structure around this new care model based on our already established family-centred care practice by taking it a step further and enabling evaluation. With funding from the Imperial Health Charity we aim to support parents to become equal partners of the neonatal team and participate in providing active care for their baby with the help of a competency-based training programme. We understand and believe that even the best medical care cannot replace a parent's presence and the love they can give to their baby.

With the help of veteran parents' focus groups, the team has created competency-based training material for parents including 15 education chapters, a developmental timeline and other supplementary materials. These are integrated into our IFDC parent app, which is available to download for free. The app includes a diary to record skin-to-skin contact, breast milk expression, feeding, growth and memories of the parent's journey from admission. This can be helpful to review and can be a precious keepsake. Memories can be shared by email to update family and friends. The developmental timeline maps the most important aspects of development and care expectations from 23 weeks' gestation to term and provides parents with information about what they can do at each stage. A glossary of medical terms helps navigate neonatal vocabulary.

Parents are supported in this new care model from admission by our project co-ordinators. They can access the app and have regular parent teaching sessions and, if they wish to participate, will agree to work through the competencies and take over the care of their baby for a minimum of six to eight hours a day.



Above: Annie Aloysius discusses the family-integrated care model at the Baby Friendly Initiative Neonatal Conference. Image courtesy of Unicef UK Abdulla.

Right: A screenshot from the IFDC parent app.



We are supporting nurses to make the shift in their relationship with parents, from co-dependence (parents watching nurses being experts in their baby's care), to independence (with mutual trust and respect) to enable parents as equal partners to gradually do as much as they are able to for their baby's care. We hope our resources and experiences are useful to others.

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Further information about the IFDC project can be found on Facebook (@ifdcqi) and by downloading the app, which is available for free on iTunes and will soon be available on Android.

