Maintaining Baby Friendly neonatal standards

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In February 2016, Exeter neonatal unit was awarded the first neonatal Baby Friendly Initiative (BFI) accreditation. When we initially started working towards implementing the standards, we thought that we were at the beginning of the journey and the accreditation would be the end. However, it became apparent during implementation that the standards have actually provided a secure basis on which to build upon while continuing our story.

Looking back

At the beginning we focused very much on the practical elements that would meet the required Baby Friendly neonatal standards, such as access to breast pumps and facilities for expressing breast milk. By providing pumps by each cot, mothers are able to express when they wish, next to their baby.

We looked at how we could facilitate parents to be with their baby when they wanted, not when it was convenient to us. We worked with our medical colleagues to ensure that parents were not excluded at ward rounds or handovers.

We provided camp beds for parents to use during their stay, primarily in low dependency areas. We linked our BFI work with the developmental care team and family care team to bring the separate work streams together. Their aims were strikingly similar.

These more practical-based elements were the first step in the journey and provided the foundations for what was required to start embedding high quality care within the multidisciplinary team. On reflection, these elements were really the basics that families should receive.

Communication, culture and ethos

We came to recognise that there was so much more to do than provide a few breast pumps and camp beds. The presence of the camp beds was not enough. They were often unused and remained under their protective cover. Why did parents not want to stay? We perceived we were welcoming; we provided a bed, so why not stay? When we asked parents what was holding them back, they said: "We didn't know we could stay. We didn't know that it was ok." It came down to communication, our culture and an ethos. We had no expectation that parents would want to stay and so we unconsciously portrayed this back to them. We were not as welcoming as we thought we were.

It was realised that as a team we had to start asking families what they needed, rather than us presuming. The families were walking the walk. We started to seek criticism rather than become defensive and we opened our minds to the fact that maybe we were not as good as we thought we were.

The philosophy and culture of the unit has had to change. The centre of power has had to move from sitting entirely with the team to become shared with the families, to enable the team to provide true family-centred care in a welcoming and relaxed environment.

Now the unit is always full of parents. Babies and families enjoy kangaroo care frequently and for prolonged periods. Families are providing most, if not all, of the parenting care for their babies and some are undertaking more extended care. The families' views are sought, valued and acted upon. Families are making the unit their own; personalising their space and feeling part of the experience rather than being observers.

We care for some families who stay all day and night, some who stay less, but in each situation, we have found that it needs to fit them, not us. We accommodate both parents if needed, welcome siblings, grandparents, significant others. Each family has a different set of needs, which can change frequently so we try to be as flexible as we can.

We have developed a relaxing space for families to take some time out. Parents told us that if they needed time out they often went to the toilet or to the car park. The team did not think that this was acceptable so the old expressing room was redesigned and developed into The Retreat, a space with low lighting, comfortable chairs and bean bags, where families can just be, to think, reflect, cry and breathe away from the clinical space.

The next priority

As mentioned previously, BFI accreditation was the beginning of our journey and there is so much more to do. Language is our next priority. We are aware that sometimes what we say and how we say it can have profound impact on the person receiving the information. The language we use when talking to parents and in

The Retreat: a relaxing space for families at Exeter neonatal unit.

our general day-to-day goings on, can impact on the relationship between staff and parents and also on the relationship between parents and their baby. Language should be used in a way that supports and empowers parents, to help them to believe and understand that they are the best person to care for their baby. The language we use needs to be sensitive; it needs to be compassionate and it needs to be accurate. This is not always true all of the time. For example, parents should not be viewed or referred to as visitors; they should be viewed as the primary caregiver and treated as such. They come to the unit to be with their baby, not to visit.

With the implementation of the Baby Friendly standards for neonatal units and the sheer determination and enthusiasm from a dedicated team, babies born in Exeter that need neonatal care are now separated from their families less than ever before, they are having more breast milk than ever before and are receiving developmentally appropriate care from their parents.

Our take home message for any unit looking to implement the BFI standards is seek criticism, remove the defensive barriers and open minds to how it could be.