

Creating a nurturing environment at Aberdeen: sharing ideas 'across the pond'



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A twinning between the Aberdeen Maternity Hospital neonatal unit and the Children's Hospital at Dartmouth-Hitchcock (CHaD), New Hampshire, USA, has existed for two years and is sponsored by Friends of the Special Nursery, the official charity of Aberdeen's neonatal unit.

Aberdeen neonatal unit is a level 3, tertiary referral centre in the North of Scotland Neonatal Network with approximately 1,000 admissions a year. All neonatal conditions are cared for at Aberdeen, apart from complex congenital diaphragmatic hernias and cardiac babies, which have been centralised to Glasgow. There are 34 cots (18 intensive care/high dependency and 16 special care), 100 nurses, eight consultants, 20 junior/senior trainee doctors, four advanced neonatal nurse practitioners and two developmental therapists.

CHaD neonatal unit is also a level 3 unit but the tertiary centre is 120 miles away in Boston. There are approximately 500 admissions a year to its 30 cots. The cots are mainly intensive care/high dependency as most of the level 1 and 2 babies are transferred 100 miles to the Catholic Medical Center Special Care Nursery in Manchester, New Hampshire.

In September 2017 Nurse Manager from CHaD Tammy Lambert visited Aberdeen with neonatologist Dr George Little. Tammy and George were on an exchange programme and they were particularly interested in the plans for the Baird Family Hospital, a custom-built, 44-cot neonatal unit that is being developed in Aberdeen. Tammy and I struck up a good relationship as we share similar visions regarding enabling parents to be integral to their babies' care; parents should be supported to parent their baby in the neonatal intensive care unit (NICU) and not just 'visit'.

A trip to the USA

We kept in touch and George informed me of the Gravens Conference on the Environment of Care for High-Risk Newborns, which focuses on creating a nurturing environment for babies, families and staff in the neonatal unit. We could see from the conference programme that a lot could be learnt and brought back to the team in Aberdeen and so I set about planning a trip to Florida, USA, and Louise Kenefick, a band 6 neonatal nurse, was invited to accompany me. The Friends of the Special Nursery, kindly funded the trip.

In February 2018, we spent one week in Clearwater, Florida, at the Gravens conference and a second week at CHaD. Both destinations were stunning yet contrasting; we wore shorts and T-shirts in Florida and snowsuits in New Hampshire. The Gravens conference was amazing, motivating and exceptionally inspiring. The highlight for me was hearing from the NICU graduates, now



Nicole Bauwens (left) and Louise Kenefick (right) at the Gravens Conference in Florida.

teenagers, who came to tell their heart-moving stories. The emphasis on how powerful the babies' parents are as advocates was threaded throughout the whole conference; something that I am passionate about.

We visited the Catholic Medical Center Special Care Nursery where couplet care is provided. The mother and her infant are cared for together in the same room; the innovative design of the rooms allows this and staff are often dual-trained or work collaboratively between maternity and neonatal services. It is a very family friendly unit as the rooms have all necessary medical equipment yet look like a hotel bedroom. Parents are very visible in the unit as they provide the normal care to their baby – changing nappies, temperature and positioning, etc. The nursing staff only enter the rooms if they are invited by the parents (unless in an emergency). Siblings are able to visit the unit but are not encouraged to stay overnight. Extended family can also provide care to the baby if the parents need to leave for any reason. The



Nicole and Louise with Family Support Specialist Joanna Celenza, and Drs George Little and Jim Gray from the Children's Hospital at Dartmouth-Hitchcock.

model of care was adopted from Sweden and, anecdotally, length of stay has been reduced by four to seven days, depending on gestation and increased parental confidence.

We then travelled to CHaD neonatal unit, which was smaller than expected. The nursing staff wear their own scrubs; Scottish nurses have a national uniform and it is easier to tell who is who. Infection control precautions are not as strict as UK standards, ie hair is not up off the collar and nursing staff can wear gel nail varnish. We politely fed this back to the nursing team and they were very keen to hear our views.

Nevertheless, the CHaD unit is very baby-friendly and is set up to provide family-integrated care. Multidisciplinary staff (consultants, nurses, social workers, physiotherapists, chaplains etc) attend a social ward round on a weekly basis where they discuss the families' situations. In the USA maternity leave is only given for three months and many women have to go back to work before their baby is discharged from the NICU. This means that some babies rely on the nursing staff for comfort and they give it in abundance. A lot of hospitals in the USA have 'baby cuddlers' who do just that every day. Volunteers, eg retired NICU staff or grandparents, sit and cuddle the babies that do not have frequently visiting parents.

The nursing staff all practise two-person care, ie containment holding while nappy changing, performing blood work or any other intervention. This was a really exciting experience for Louise and I and we witnessed several two-person care interventions – in all cases the babies were relaxed, stable and did not appear to be in pain.

CHaD has recently launched a 12-week teaching programme that will equip its nurses with the skills required to take on this new way of practising and respecting the babies. The programme is delivered by Google classroom and a module is completed every

week. Staff taking the course are given two books:

1. *Our Iceberg is Melting: Changing and Succeeding Under any Conditions* by John Kotter
2. *Transformative Nursing in the NICU* by Mary Coughlin.

Each module is based on information available in the books and discussion is strongly encouraged. Very kindly, CHaD has agreed to share the teaching package with us in Aberdeen and we can tweak it for use in Scotland – the shameless stealing of their ideas and education on two-person cares saves us from having to reinvent the wheel. In fact, we have already embarked upon teaching the two-person care technique and Friends of the Special Nursery has provided funds for us to purchase the books. We are going to continue to link in with CHaD via video conferences to discuss ideas across the pond.

Louise and I returned to Aberdeen with our heads bursting full of ideas on how we could implement the things we learnt on our trip, including comforting babies for painful procedures and how developmental outcomes can be positively affected by small changes, eg singing to your baby. We returned safe in the knowledge that Aberdeen and CHaD neonatal units are providing fantastic care for their babies and families. We feel reassured that each baby in Aberdeen receives skin-to-skin care with its parents everyday. All of our low birthweight infants receive exclusive breast milk once ready for enteral feeding, either maternally expressed milk or donor breast milk.

This trip reinforced my passion for networking and putting the baby at the centre of everything we do. The hope is that we will be able to send another team of nurses to the USA in February 2019. I would encourage everyone to engage in a similar way with other neonatal centres around the world – the benefits from experiencing different cultures and new work systems are overwhelmingly positive.