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Bliss
for babies born
premature or sick

Reaching new audiences: entering the digital age with information and support

Over our 40 year history, Bliss has strived to provide parents with access to up-to-date, empowering information about caring for their baby. The way we reach parents with this information has evolved over time in order to stay cost-effective, accessible and innovative.

We often hear from parents that one thing that helped them get through their time on the neonatal unit was to read stories from parents who had been through the journey themselves. Our parent blog remains the most popular section of our website and it is clear that parents have a desire to know that they aren't alone in their experiences.

Because we know this about the people we are aiming to support, last year we launched a new podcast called *NICU, SCBU and You*. Our first episode focused upon parents' experiences and challenges with looking after their mental health

while their baby was in neonatal care. We also interviewed a psychoanalyst working to support parents about her top tips on how parents can take care of themselves on the neonatal unit. Since its launch in November, this episode has been listened to more than 1,800 times.

Using podcasts to tell stories and share information is a great way to reach the modern parent. The podcast industry is booming in the UK, with six million adults now listening to at least one podcast episode per week.¹ Not only does this make the information more accessible to listeners but it also helps reach parents who are short on time. It can be listened to on the unit, while travelling or even while caring for older children. Unlike with written information, a listener does not need to carve out time to sit down and read these stories.

The success of our first podcast episode led us

Case study: Kate and her son William

Kate's son William was born at full term with Treacher Collins Syndrome (TCS). She speaks about her neonatal experience on the latest episode of our podcast.

Kate says: "We knew there was a 50/50 chance William could have TCS because of family history, but our scans were indicating that there was no sign of the more severe characteristics.

"Being mindful of the potential for TCS, I opted for a c-section to ensure that William's arrival was calm, controlled, and that there would be paediatricians present should there be an issue with his airway. It was a completely life changing moment when he came out as it was clear straightaway that he had a severe version of TCS. He cried loudly, but it was immediately obvious that once he relaxed his small jaw compromised his breathing. So he was wrapped up, thrust in front of my face for what felt like a second, and then was whisked away to NICU."

Overcome by shock, Kate felt as if she was incapable of being William's mum.

"I became a bystander as a team of extremely competent doctors and nurses took over William's care," Kate remembers "I was quite literally incapacitated by the shock, grief and the intensity of the NICU experience, and it remained that way for about two weeks."

A chance meeting with a parent in the hospital kitchen changed Kate's perspective. The parent told her to take every opportunity she could to be William's mum.

Kate says: "It was like a lightbulb went off. I had almost forgotten that I was his mum. From that point onwards, I took every chance I could to care for him. The nurses were brilliant in gently asking me and steering me to what was possible. I started to change William's nappy, I gave him little bed baths and I cleaned his eyes. Once his airway was safe we were able to hold him more easily and we started bonding with a lovely little boy."



Kate with her daughter and her son, William.

to the decision to produce a second episode to accompany our new information about how parents can get involved in their baby's care on the neonatal unit. We spoke to parents with very different experiences on the unit to show that while every journey is unique, all experiences can be made that bit easier with parental involvement in a child's care.

Before producing our information and podcast we surveyed more than 1,200 parents to find out how getting involved in their baby's care impacted their neonatal experience. We found that less than half of parents felt they were their baby's parent when they first arrived on the unit, compared with 90% after they started taking part in their baby's care.

As well as developing a new podcast, Bliss has also produced new website information called Looking After Your Baby on the Neonatal Unit (www.bliss.org.uk/parents/in-hospital/looking-after-your-baby-on-the-neonatal-unit). This section of the website supports parents to be involved in their child's care by describing ways they can ask to get involved, outlining the known benefits of being involved and reminding them of why they are important. The section also offers practical tips and signposting to help parents with any physical barriers that are preventing them from being involved in their baby's care.

Through our latest digital resources, we hope to continue to be able to reach parents with vital information and support for years to come. Please direct parents on your neonatal unit to



Neonatal unit staff should encourage parents to get involved and to care for their baby on the unit. Health professionals can support parents to feel more confident in caring for their baby. Photo credit: Bliss.

bliss.org.uk where they can read all our latest information and download our podcast.

Reference

1. OFCOM. Podcast listening booms in the UK. 2018 online at: www.ofcom.org.uk/about-ofcom/latest/media/media-releases/2018/uk-podcast-listening-booms

Transwarmer mattresses: a safety issue

BAPM has been made aware of a safety issue with regard to transwarmer mattresses.

Although transwarmer mattresses are frequently used in neonatal resuscitation to reduce hypothermia, manufacturers state that these mattresses should not be used in conjunction with other heat sources due to a potential but rare risk of severe burns.

Where units choose to continue to use transwarmers in conjunction with radiant heat to prevent newborn hypothermia, strict vigilance must be given to:

- ensuring skin integrity
- avoiding hyperthermia by continuous temperature monitoring
- limiting duration of use.



infant

PATIENT SAFETY
Working together

Join us to help improve patient safety

In collaboration with BAPM, *Infant* journal is keen to help improve patient safety and raise awareness of issues affecting neonatal patients, their families and staff by devoting a specific section to patient safety in each edition of the journal.

Anyone can submit an article so if you have ideas for highlighting safety aspects to improve care, please do let us know.



If you would like to submit a patient safety article to *Infant*, please email lisa@infantjournal.co.uk

If you have any incidents for national learning, please contact BAPM by emailing bapm@rcpch.ac.uk