

What a difference the Bliss Baby Charter makes



Last year, three neonatal units achieved Bliss Baby Charter accreditation, the highest number to have done so in one year. But what is the point of the Baby Charter? Julia Moat and Tara Hayward from Tunbridge Wells Hospital, Dr Peter Reynolds

and Jo Willard from St Peter's Hospital and Louise Rattenbury from Royal Devon and Exeter explain what motivated them to sign up to the Baby Charter, what the audit process was like, and, most importantly, what the impact has been.

The motivation

Julia and Tara: The Bliss Baby Charter gave us an opportunity to be benchmarked against other neonatal units using the same criteria to achieve a gold standard of care. It enables a unit to be recognised for its high standards of care, judging like for like, and helps all units achieve excellent standards of care for all babies whether born prematurely or sick, wherever they are.

Peter and Jo: St Peter's has always strived to give the best care to the babies and their families and, as part of that, we had recognised the positive impact of family-centred care, which is a partnership approach to healthcare decision-making between the family and the health professionals. However, there is always a difference between thinking that we are doing something well and being able to prove that we are through a rigorous externally validated process. The Bliss Baby Charter is recognised in national standards for providing safe, high quality services, with a culture of continuous improvement and development, so it provided precisely the high standards to which we aspired.

Louise: We have been working towards implementing relational family care for some years. We chose to sign up to the Bliss Baby Charter because it gave us a framework to keep our efforts focused and organised. It is easy to get side-tracked with lots of exciting projects and lose sight of the basics. Focusing on the audits for the Charter helped us to see the deficits in our practice and where we needed to concentrate our resources. It is also really good to be robustly accredited in all areas as it meant we had to address all of the challenges to fully practising family-centred care, including the trickiest. At times when there are so many challenges and time pressures, it is easy to just focus on what you think you do well and keep doing that. But it's important to keep focused on what families need, not what we think they need.



Louise Rattenbury (second from right) and the team from Royal Devon and Exeter neonatal unit.

The process

Julia and Tara: The audit process has needed to be a collaborative work involving all grades of staff, parents, and especially Bliss. It requires a lot of hard work and time, but it is very rewarding to have the quality of your care recognised when you achieve accreditation.

Louise: The audit can feel overwhelming but the framework of the Bliss Baby Charter brings us all back to why we are doing this work: the baby and the family, which can sometimes get lost in the necessary technology and policies. So it is definitely worth keeping going.

The impact

1. Evidencing practice

Peter and Jo: Before signing up to the Bliss Baby Charter, we were limited to observations of parental presence on ward rounds, breastfeeding and surveys. We needed to benchmark ourselves using an independent body not involved in the clinical side of a NICU – a body that served the families, which could tell us what we were doing well and areas where we could improve. Having set standards to look at helped us to focus, audit our activities and achievements and, through that, undertake a gap analysis to ensure that our version of family-centred care matched the strong, comprehensive national vision provided by Bliss.

2. Increasing parental involvement and support

Louise: There is more and more evidence of the long-term impact of having a premature or sick newborn on the baby and family. The Bliss Baby Charter has helped us to focus more on creating an environment that makes families feel welcome and comfortable and helps them to be present for their babies. Alongside the Unicef UK Baby Friendly Initiative neonatal standards, the Charter has enabled staff to understand and embed relational care in our day-to-day practice. We are now asking “how does it feel to be on the receiving end of our care?” and “what matters to this family?” Our team now recognises more fully that every family has unique needs and so we need to be flexible in how we deliver care.

Julia and Tara: By completing the Bliss Baby Charter audit for accreditation, we realised the importance of parents' involvement in their baby's care. One of the ways we increased this was through the ‘parent passport’, an interactive document that allows parents to record their parent-craft learning at their own pace and enables them to feel very much a part of their baby's journey through the neonatal unit. The feedback from parents, which we have received



Peter Reynolds (top left) and Jo Willard (second from left) at the St Peter's Hospital accreditation presentation.



Julia Moat (fifth from left, in red) and Tara Hayward (fourth from right) at Tunbridge Wells Hospital.

through a questionnaire and the monthly parent support group meetings, has been positive and it also allows the staff to tailor the support they give to each parent. We also encourage kangaroo care whenever parents are on the unit, and help them to identify their baby's cues as part of developmental care teaching. Treating parents as partners in care helps us to realise our unit's philosophy of individualised care.

As we were undertaking the Bliss Baby Charter audit, we felt we also needed to improve the psychological support provided to parents. This process enabled us to provide training in counselling to the bereavement lead on the unit so that there is now psycho-social support freely available to all parents on the unit. The parents who have received this support are incredibly appreciative of it.

Peter and Jo: One of the biggest impacts of using the Baby Charter as an audit tool was the introduction of a developmental care ward round. Parents are encouraged to be present for these rounds, where we demonstrate optimal positioning and discuss skin-to-skin, ways that parents could be more involved in caring for their baby, and reading and talking to their child. Supported by a consultant, a speech and language therapist, the developmental care team and a physiotherapist, this round empowers the parents to care for their child.

We also identified a way to bring family-centred care into the acute environment of neonatal stabilisation and resuscitation in the delivery room with the introduction of the birthday cuddle. This meant informing staff that parents should, in the vast majority of circumstances, be allowed to spend a precious few minutes holding their baby, before they are transferred to the neonatal unit. This has created an emotionally significant moment of parental involvement right at the start of their baby's care pathway, and the feedback from parents and staff has been overwhelmingly positive.

3. Prompting wider improvements

Peter and Jo: During the Baby Charter assessment period, we made a whole suite of other changes including:

- introducing 'lullaby hour' where a professional musician performs in the NICU
- adding another room to our parents' accommodation
- reducing parking charges
- hiring a family support nurse for 30 hours a week and a breast-feeding lactation consultant
- creating a play area for siblings as well as sibling packs so that they feel involved.

The reason we were able to make so many changes was because the Bliss Baby Charter process enabled us to focus clearly on areas where we could make improvements. The Charter provided us with a new lens through which to look at the care we were providing, and the results have been transformative. We know that these improvements will have a direct and long-lasting impact not only on the future of each vulnerable baby, but also on the lives of those who care for them.

4. Spreading good practice

Peter and Jo: As our unit is Bliss Baby Charter accredited and we have become ambassadors for the scheme, we are able to support other units make similar changes as healthcare professionals from other hospitals are looking to hear about our experience and for advice we can share. So babies in our unit now, in the future, and others elsewhere in the country look set to benefit from our participation in the Bliss Baby Charter.

To find out more about the Bliss Baby Charter and how to get your unit involved visit:

www.bliss.org.uk/health-professionals/bliss-baby-charter

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