



Parents as partners in care: Lessons from the Baby Friendly Initiative in Exeter



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ABSTRACT

Neonatal care has changed beyond recognition in the past few decades with advances in technology meaning smaller and sicker babies are surviving more than ever before. Families can sometimes feel they are left watching on from the side lines, not knowing what their role is in the situation. Supporting parents to be partners in care can make a difference by supporting parents to be present with their baby, to make and to be involved in decisions regarding the care of their baby and to improve the close and loving relationships that are fractured when a baby is requiring neonatal care.

The Baby Friendly Initiative standards for neonatal units are one way of changing the culture and philosophy of neonatal units in the United Kingdom and can make a real difference to families.

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Introduction

Neonatal staff have considered family centred care for decades. Visiting hours were extended to encompass the whole day, chairs were provided next to incubators, and parents were encouraged to be involved in care. So why so many families are still reporting dissatisfaction in care, traumatic responses to their neonatal experiences and for some, and a reduced attachment to their child?

Are parents truly partners in the care of their baby? Have we truly welcomed families to the neonatal unit? Have we, the neonatal team, kept the seat of power and been unwilling to share? Is it just easier to do our job alone and get on with caring for our babies on our neonatal unit?

It could be viewed, that as neonatal staff, we haven't been able to relinquish the power we hold. Neonatal staff are experts in saving the lives of extremely vulnerable infants. Parents are indebted to the neonatal team for saving the life of their precious baby, sometimes many times over. But what happens after survival? How can we try to minimise the unwanted effects of spending time on the neonatal unit? How do we support the baby and family to thrive together?

Parents as partners in care

One of the simplest answers to create a culture where parents are seen as partners in the care of their child may be to truly welcome families to the neonatal unit. Parents are not visitors, they are parents. When families, who come all shapes and sizes, are kept at the centre of care planning, they can feel more welcome, may feel slightly less scared, they stay with their baby for longer periods, they participate in care and decision making and they become part of the team, as equals. Their views become valuable and they feel valued for their contribution. Families who are supported in this way have greater understanding and can make truly informed choices about how their baby is cared for.

Tough decisions will need to be made within the neonatal team if culture is going to be changed. Commonly the power on a neonatal unit lies with the staff. Parents often have little power and can sometimes feel unable to assert any authority over the care of their baby.

The admission to a neonatal unit isn't just about the here and now, it can impact on the family for a lifetime. It is essential that this is formally acknowledged and actions taken to support families to be partners in care.

So what can we do to make parents an integral part of care?

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Implementation of the Baby Friendly Initiative neonatal standards

The neonatal unit at the Royal Devon and Exeter Hospital is a level 2 neonatal unit with 26 cots with approximately 650 admissions per year. We chose the Baby Friendly Initiative (BFI) neonatal standards as a way to improve the family experience. The BFI standards for neonatal units provide a firm structure on which to base the changes needed to the current neonatal unit culture to truly acknowledge the importance of the family.

The three standards, developing close and loving relationships, breastmilk and breastfeeding, parents as partners in care, can be used to successfully bring families in to the heart of the neonatal unit with robust audit and external assessment processes (Unicef.org).

The three standards link together and provide a firm and constructive structure under which care is provided to support families to start to thrive. Sue Ashmore (Director of BFI UK) wrote, after a recent visit to Exeter neonatal unit, that *'The standards are built around a holistic, child rights based assessment of what a baby needs alongside the clinical care to survive'* ([babyfriendly](http://babyfriendly.org)).

The BFI accreditation process is a robust way to evaluate the effect of changes made in practice when implementing the neonatal standards. Once there is a signed commitment from the stakeholders of the project and senior managers, development of an infant feeding policy and training programme, for all members of the neonatal team, will provide clear guidance and evidence based information for staff on which to base their practice. These are the foundations of on which to base the rest of the project.

The next stage of the external assessment process is the evaluation of staff knowledge, which provides evidence on the effectiveness of the training programme that has been implemented. This is assessed through face to face interviews by the external assessors over a few days.

Stage three of the initial accreditation process is exploring parental experience. This stage is focusing on the outcomes from the care provided by all members of the team. The assessors talk to a number of families who have experienced care from the facility and asked about their experiences. The families are randomly selected by the assessors and can take place face to face or over the telephone.

Throughout all of these stages, internal audit is interwoven. When done well, the internal audit provides the team with important information from which action plans can be developed with clear evidence on where changes are needed and where care is being provided with the baby and family at the centre.

It is the external assessment process however, that provides the independent review of care provision.

The Exeter experience

The neonatal unit at the Royal Devon and Exeter Hospital was the first neonatal unit to be accredited by the UNICEF Baby Friendly Initiative in the UK.

Initially we looked at how we welcomed families. It was found that a welcoming environment did not just mean lots of smiling nurses. It comes down to how comfortable families are made to feel staying in an unfamiliar environment so that you are not wanting to leave at every opportunity. For example, an upright, hard chair is not going to encourage you to spend hours comforting, cuddling and talking to your baby, things you may have wanted to do since before you were expecting. And if you are terrified or feel like a spare part with a sore perineum, or there isn't enough chairs for your partner to sit with you, you are likely to retreat to the

postnatal ward or to your home, where you feel slightly safer, away from the intimidating environment of the neonatal unit.

There has often been an unspoken expectation on neonatal units that parents will go home at night that they don't want to stay and they will want to be in their own environment. For some being at home may be the way they cope with the situation, but for many others they cannot imagine leaving the hospital, even for a short period of time without their baby. Staff may often unconsciously portray the expectation that the parents will leave their baby. Unspoken messages such as the replacing of the incubator cover, suggestions the baby should go to bed for the night or the parents should go and get some sleep, will all impact on the parents perception of whether they are welcome. These actions can come from a place of kindness, of caring for families in crisis, but they can inadvertently make some families feel they are not wanted and definitely not needed and not the most important people in their baby's life.

Our experience has shown that many will not mind resting for many nights in a reclining chair next to their baby; just so that their baby knows they are there. So that they can protect and be with their baby, just as they would have if all had gone to plan.

We have created extra parental sleeping facilities by the use of folding guest beds. These guest beds can be used in any part of the unit, irrespective of the level of care, and gives a message of 'we want you here, you are important'. When given this opportunity, experience has shown that many parents take up the offer. Families want to be with their baby and will try really hard to organise the rest of their commitments so that the baby is not left alone for long periods of time. If needed, we will try to accommodate both parents, or the mother and a significant other. Families crave to be near their baby. Restful sleep for many parents isn't achieved when separated from their baby, but they find they can rest easier when they are near their baby, despite the alarms. Even when there are other siblings or other caring responsibilities, parents do stay for large parts of their infants stay with many examples of greater than 80 days where a babies are not separated for even one night with either parent staying by their baby's cot.



The neonatal parent can sometimes report that they feel they need to seek permission from the staff to even be with their baby, to touch their baby or to do cares or feed their baby. This approach conflicts with what we know about developmental care and the positive effects of parental voice, presence and touch for vulnerable babies. As a project team we have invested hugely in staff education. It is the team culture of 'control' and 'doing' that has to be addressed, so that staff have understand how powerful language

and behaviour is in enabling parents to have a close relationship with their child who happens to be. This element is complex and is a continuing factor in our work with the neonatal team.

Changes in practice under one standard will impact on work within the other two standards.

For example, by providing a breast pump by each bed has encouraged more mothers to express by their baby. Mothers are asking for more support with expressing because the nurses are easily accessible, and the mothers are not far away in another room. Due to the pumps being by each cot, families are staying longer with their babies and having more frequent and prolonged skin-to-skin care.

As more prolonged skin-to-skin care is provided, more comfortable reclining chairs are required to support this. When there are more comfortable chairs, families feel more welcome and stay with their baby longer. It is our practice that any bed is used if that is what the mother needs, so for example if she has a medical condition that requires a hospital bed and we have a larger room available we will accommodate it. Our standard practice for all post C-section families is for the mother to be able to come up in her hospital bed to spend time in skin-to-skin with her infant but return to the postnatal ward to sleep and receive medical care.



When families stay longer they need space to eat, drink and some thinking time. Dedicated parent space becomes invaluable and really needs to be close to the heart of the neonatal unit, so separation is reduced. In order for families to create close and loving relationships, the family needs to be together. The family will differ with each individual that enters through the neonatal unit doors. But together they must be



Parents have in the past been asked to leave the cot side of their baby, for the convenience of a ward round or for handover periods, have been excluded during procedures and were restricted in who can be with them during their stay on neonatal unit. Parents have frequently commented on how rigid visitation policies such as these can make them feel that the baby isn't theirs.

Our experience with consultants and medical teams has been, overwhelmingly positive. They have found that when parents are enabled to be with their babies more, they are able to contribute to the overall assessment of the baby and provide valuable information to the medical team. Ward rounds continue around the parents, with the ward round team changing the way they conduct the round, to ensure that parents are not inconvenienced. Medical teams have had to change the way information is shared, to ensure that confidentiality is not compromised, and are confident that these changes benefit the family in the long term. More parents attend the ward round as a consequence as they feel confident that their time with their baby will not be interrupted.

Parents need to be enabled and encouraged to participate in as much care of their baby as they feel comfortable. This means that there needs to be flexibility in care planning for each family to support individual packages of care. Neonatal teams will need to create guidelines to ensure optimal safety, but parents are the best people to care for their baby. They will take the most care and attention to get things right. Whilst doing so they will create the loving relationships that all families deserve and that will support the baby in their ongoing development, development that continues long after discharge from the neonatal unit.

This is where community support groups such as those delivered by SNUG (Supporting Neonatal Users and Graduates) fill the gap between neonatal unit and mainstream support services at children's centres for example. SNUG ([snugonline](http://snugonline.org)) is a charity that works to provide a mentoring and a befriending service to parents of babies born across Devon. Along with cot side support, community support after discharge is essential to bridge the gap after discharge.

Summary

There will be resistance and challenges to any changes that are required to enable parents to be true partners, so strong leadership, individualised staff support, clear visions of what true family centred care is, and using the parents voice are all principles in ensuring these changes in culture are embedded into practice. By keeping the family at the centre of everything, ensures that all families are treated with respect and dignity, every day. The Baby Friendly standards impacts on all families, all of the time.

When family centred care is embedded into the philosophy and culture of a neonatal unit, parents report higher satisfaction levels and situations that may have caused conflict between parents and staff are virtually zero. Parents are feeling more connected with their baby and in turn are supporting their infant's brain development and attachment.

This is reflected again in the recent blog by Sue Ashmore 'If they are to have this [close and loving relationships], they also need to have high quality time with their parents, not just for a few hours a day, but for as much of the time as possible.

Staffs also have higher satisfaction levels as they are now able to form meaningful relationships with the families they are supporting.

Units that are working towards implementing family integrated type care or have achieved implementation of the Baby Friendly standards should not view the care they are providing as special, they are providing care that should be considered normal. The Exeter philosophy is that this type of care should be provided to all

families who need care from a neonatal unit, irrespective of background, gestation or illness and should be provided for all families without consideration of place of birth.

Neonatal teams should look towards changing the culture to do our job in partnership, supporting families to care for their babies in their neonatal unit.

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