



## Foreword to the special edition on family integrated neonatal care

In this special edition we aim to provide guidance on how to implement Family Integrated Care (FIC) in neonatal units. This is a pathway the multidisciplinary team (MDT) developed several years ago, and we hope that sharing this material more widely can help many units achieve a change towards this new model of care in which we strongly believe.

The Neonatal Team at Imperial College Healthcare NHS Trust hold a shared vision and is strongly committed to provide excellent, family centred, caring and compassionate care for our premature and term babies and families. The Imperial Neonatal Service specialises in caring for extremely premature babies with 900 admissions and 300 babies born <30 weeks gestation in 2016. The Neonatal Units' ethos has always strongly supported parent involvement and delivered high quality family centred care. We have a well-established MDT consisting of dietitian, speech and language therapist, occupational therapist, physiotherapist, pharmacist, discharge co-ordinator and clinical psychologist with regular MDT ward rounds and parent support groups. We are home to the UK's oldest human milk bank and have nursery nurses qualified as lactation consultants. This support for mothers results in above national average breastfeeding rates at discharge. Parents can be with their babies 24 hours a day and we encourage them to be involved in their baby's care and attend ward rounds. We have parent rooms and kitchen facilities.

The team was inspired to be a pioneer in piloting Family Integrated Care in the UK as a Quality Improvement (QI) project, in order to further develop this model of care. On-going collaboration was established with the Mount Sinai Hospital team led by Prof Shoo Lee and Dr Karel O'Brien, who kindly have written the editorial for this special edition. Our service was the first in the UK to implement Family Integrated Care in a Neonatal Intensive Care Unit.

The overall aim of our project is to improve the parent experience and parent-infant bonding, parental mental health, infant health outcomes in line with international evidence around FIC models and the British Association of Perinatal Medicine (BAPM) clinical strategy.

A PDSA cycle (Langley 1996) was created to demonstrate the model for improvement. This quality improvement programme was funded by Imperial Health Charity.

### The IFDC team

The IFDC core group was established in 2014 and the project was fully implemented in April 2017 with the development of high quality experience co-designed supporting material including a parent supporting mobile App and parent competency based training programme. This material was shared with other neonatal units and national organisations such as Bliss and the London Neonatal Operational Delivery Network.

Fig. 1. PDSA cycle.



### Dr Aniko Deierl, Project Lead

"I am a Consultant Neonatologist at Imperial College NHS Healthcare Trust since 2012. I completed my training in Paediatrics and Neonatology and was awarded a PhD in neuroprotection in Hungary, at Semmelweis University. I have worked at Imperial for many years and continued to show interest in neonatal neuroprotection studies working with Professor Denis Azzopardi. In the last years, I completed an MSc in healthcare leadership and changed my interest towards

quality improvement methods. I am leading on the IFDC Project for Imperial Neonatal Services, and this project was my dream for the last 3 years. We worked hard with our excellent multidisciplinary team to make it real just as we imagined”.



**Dr Jayanta Banerjee, Project Co-Lead**

“I am a Consultant Neonatologist at Imperial College NHS Healthcare Trust since 2014. I completed my graduation from Calcutta Medical College in India and did most of my neonatal training in the UK. My research interest includes neonatal haemodynamics and oxygenation, and was awarded with an MD in this field.

I am innovative and have been involved in service development projects within

NHS.

My aim is to pioneer family delivered care at the Imperial College hospitals and strongly believe this to be standard of care in the UK within the next few years”.



**Annie Aloysius**

“I have worked in neonatal care at Imperial College NHS Healthcare Trust for over 20 years as a Speech and Language Therapist and Lactation Consultant (IBCLC), working to support sick and preterm babies and their families with feeding and early communication. My associated work with UNICEF UK Baby Friendly Initiative, Bliss, Best Beginnings-Small Wonders and Birthlink UK charities

have consolidated my belief that it is only through partnership with parents that we can achieve the best neonatal outcomes. With my colleagues, I am leading on the IFDC Project from the Therapist's side. I worked on material on lactation, journey to suck feed and many other chapters for the App”.



**Karen Platonos**

“I qualified as neonatal nursery nurse in 1981 and gained qualification as a lactation consultant in 2010. I have worked in a level 3 neonatal unit at Imperial College Healthcare NHS Trust for more than 20 years, supporting breastfeeding and early expressing. I have great enthusiasm of supporting parents in transition to

home and breastfeeding, and working very closely with many of our families. I worked on material on lactation, journey to suck feed and routine care for the App”. Karen is now our IFDC coordinator at Queen Charlotte's and Chelsea Hospital.



**Beverely Hicks**

“I am an Occupational Therapist who have worked with preterm infants for the past 11 years. As an OT I help to adapt the environment and individualise care to support each infant's sensory, social and motor development. My specialist area of interest is supporting babies through stressful and painful procedures. I worked on material on developmental care for the App”.



**Stephanie Clark and Caroline King**

“We are Neonatal and Paediatric Dietitians at Imperial College NHS Healthcare Trust, specialising in the nutrition of pre-term babies. We monitor and advise on our babies' nutrition and growth

throughout their journey on the neonatal unit from birth through to discharge. We keep in contact with our families post-discharge in the community and provide advice and growth monitoring as required. We work closely with the wider neonatal team, particularly with the multidisciplinary therapists and the discharge coordinators. We have been involved in the IFDC Project, working on material for the nutrition and growth chapters for the App”.



**Maryam Kharusi and Robyn Winter**

“We as Discharge and Liaison team cover both Imperial Neonatal Units. We work in partnership with neonatal staff, allied health professionals, other hospitals and community agencies, as we support the discharge process and facilitate a smooth and timely discharge home for vulnerable, high-risk babies and their families providing continuing care in the community. We co-ordinate discharges for babies with more complex needs, such as home oxygen or nasogastric tube feeding. We worked on material on discharge planning for the App”.

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