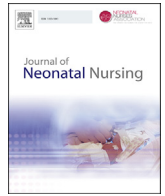




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Parents as partners in care: Lessons from the Baby Friendly Initiative in Exeter

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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).

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

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