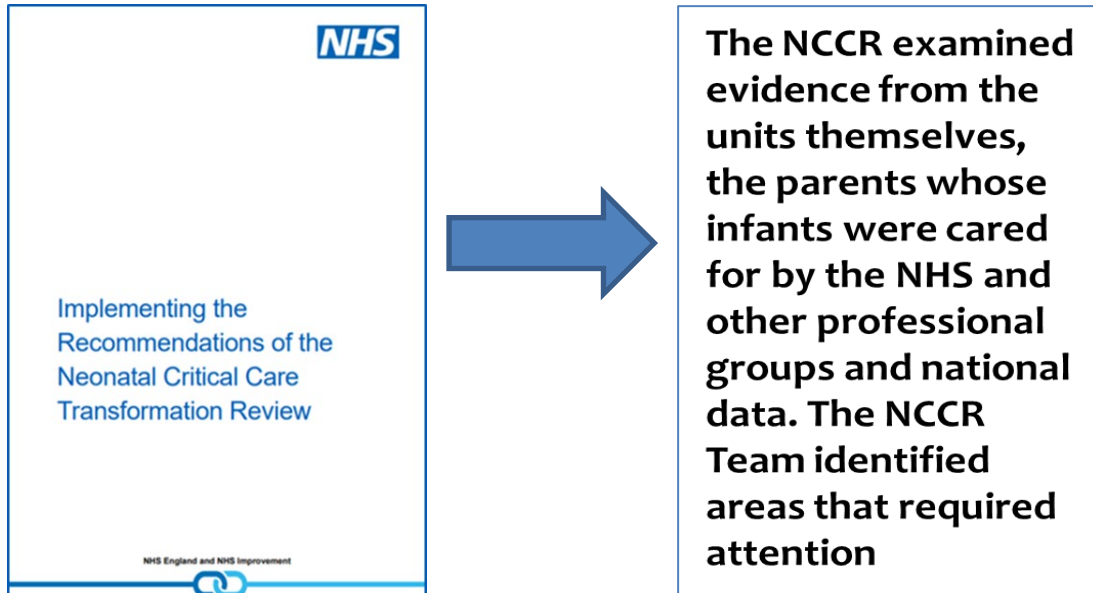


## Neonatal Critical Care Review

The NCCR has made a series of recommendations which align with commitments made in the NHS Long Term Plan (2019). A key theme for the care coordinator was Action 6: Enhancing the experience of families.



**Support for Parents Enhancing the experience of families** as the evidence shows, high quality neonatal care must include a substantive role for parents in the care of their baby; in this respect, neonatal care differs from many branches of inpatient medicine. Parents are not bystanders as illness develops and resolves but perform an active role as a member of the care team. To perform this role, and to minimise morbidity, parents require support and facilitation by a service that has appropriately focussed and trained nursing or AHP staff, working alongside medical and nursing clinical practice staff. There are various models of care that can support parents in this way and the Bliss Baby Charter has described how the service should offer family centred facilities. This theme sets out how ODNs and LMSs should work together to ensure that parents are given the opportunity to be involved in the care of their babies.

**Action 6:** Develop and invest in support for parents What does the evidence say? The evidence shows that outcomes are better for babies whose parents can play an active role in their neonatal care. Their inclusion benefits the neurodevelopment of the baby during critical periods of early life and promotes long-term quality of life and family cohesion. Breast feeding is more successful, bonding is encouraged, and parental stress is reduced, all of which have long term benefits for babies and families. NICE guidance NG124 recommends the provision of developmentally focused care. 18 Parents should be the primary care provider for their child and thereby facilitated to work with the clinical practice team to deliver as much cot-side care as is feasible, depending on the acuity of their baby's need and their family circumstances. To be able to engage in the care of their baby, two resources need to be in place. Firstly, parents require support and facilitation by a service that has appropriately focussed and trained nursing or AHP staff, working alongside medical and nursing clinical practice staff. Parental support involves education for parents in the specialised needs of

their baby and training of all staff in the provision of developmentally sensitive care from a multidisciplinary team. Secondly, parents need facilities and resources for them to be resident with their new-born or sick baby for some or all the 24-hour period if their circumstances permit. This is particularly important when they must relocate to another unit when their baby is transferred for step up or step-down care. Bliss recommends that sufficient accommodation is available close to the neonatal unit during periods of intensive care, including resources to prepare and eat meals, and quiet space. Support for travel (car parking etc.) is equally important as babies often remain critically ill for weeks or even months, particularly when born at extremely low gestational ages. Without such provision, parents will face further stress to remain with their baby.

Action to be taken LMSs and ODNs should work together to profile the provision in local providers by reviewing the extent to which providers are integrating families into care and providing developmentally supportive care, which should also include information on, and access to, emotional wellbeing and psychological support and the provision of resources and accommodation. LMSs and ODNs should then develop action plans to address any issues, including:

- Initiatives to develop facilities available for parents to be resident with their child.
- Initiatives to develop integration of the family as the primary carer (examples of which include Family Integrated Care; the Bliss Family and Infant Neurodevelopmental Education (FINE) programme or Neonatal Individualised Developmental Care) to promote parental confidence in caring for their baby, reduce stress and adverse effects on maternal mental health.
- Supporting neonatal services to seek and acquire accreditation under the Bliss Baby Charter Scheme and the UNICEF Baby Friendly Initiative
- Gaps in availability of information on emotional wellbeing and provision of psychological support for all parents whose baby experiences a period of critical care in a neonatal unit (including transition out of care and subsequent follow up), and staff training needs.

Ensuring clear pathways for identification of mental health need and onward referral, including to more specialist services where necessary (e.g., where parents are experiencing moderate/complex – severe mental health problems). This should include partnerships with local specialist perinatal mental health services and networks where appropriate.