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Indicators for the implementation of family-centered care

Neonatal units need to provide family-centre care. This involves a combination of a philosophy of care that emphasises partnership working and shared decision making, a range of policies to help to ensure that information, support and parents' sense of involvement in their baby's care is of a consistently high quality, and a range of organisational features and facilities to welcome parents, respond to their needs and build their confidence.

The following indicators are intended to provide practical guidance.

Philosophy of care and vision

- Positive acknowledgment that the baby is part of a family and that parents and babies have emotional and social connections that need to be respected and nurtured, particularly when babies are sick or when a baby dies.
- Unit policies which emphasise 'partnership working' with parents and families, reflected in shared decision-making.
- Openness and involvement of mothers, fathers, partners and families in providing direct care.
- Parents need access to written information about their baby's condition and frequent opportunities for discussion, with terminology explained, and checking that parents' understanding is consistent with what staff intended to communicate. These should be available in a range of formats, e.g. large print, and translated into a range of languages.
- As parents take on more responsibility for looking after their baby, they need to be supported.

Organisational features

- Open visiting: full parent participation in care requires unrestricted access to the neonatal intensive care unit. The shift from considering parents to be "visitors" to being partners in caring for their child is more difficult for units with restricted visitation policies.
- The use of specialists and the development of specialist roles funded and/or organised by the neonatal unit. Examples include breastfeeding and bereavement support, and outreach by staff with neonatal training.

Specific policies

Family-centred policies are needed on:

- introduction and orientation to the unit for parents and families;
- supporting parental contact, including engagement with fathers and partners and skin-to-skin or 'kangaroo', care;
- supporting breastfeeding, provision of breastpumps and access to donor breastmilk;
- exchanging information with parents, good practice includes parent folders, parent update meetings, baby-logs and diaries;
- preparation and planning for transfers between levels of care and discharge home;
- contact with and use of staff in specialist roles;
- access to social and psychological support, including counselling and local parent support groups.

Facilities

Facilities that can make a positive difference to parents' experience of neonatal care include:

- enough single/double cubicles for rooming-in with one or two babies;
- well-designed transitional care facilities, where care is provided by the mother and/or rooms in which parents can get used to looking after their baby prior to going home;
- care areas designed to provide privacy and minimise disturbance; e.g. rooms with six or fewer cots, space between cots and/or screening facilities;
- a parents' sitting room on or adjacent to the neonatal unit;
- a facility for parents to make hot snacks and drinks;
- a play-area or room for other children in the family;
- enough overnight rooms for parents for the size of the population served, with en suite facilities, available within the unit or a short walk away.