



## Press Release

Media contact: Kellie Rosier, Bliss Media Relations Manager, t: 0207 378 5741, m: 07725 747 826, e: [kellier@bliss.org.uk](mailto:kellier@bliss.org.uk)

Nicola Ryan, NCT Media Relations Manager, t: 0208 752 2404, M; 07722 839 428, e: [n\\_ryan@nct.org.uk](mailto:n_ryan@nct.org.uk)

**For immediate release: Thursday 13 August 2009**

### **Latest research calls for new approach to neonatal care in the UK**

New research released today by the POPPY Project (Parents of Premature babies Project) highlights the importance of family-centred care in UK neonatal units and calls for an updated approach to current practices. The research also identifies effective ways for health professionals to communicate and provide information and support to parents of a premature baby.

The POPPY research is unique in bringing together:-

- a survey of UK neonatal units to identify current practices
- evidence on parents' needs and experiences based on interviews with parents of pre-term babies
- a systematic review of previously published research studies on what works to improve communication and parents' involvement.

The POPPY Project offers practical guidance for health professionals to identify parents' needs and help them to be involved in their baby's care. The project highlights a range of good practices in many neonatal units. It also calls for all units to review their current provision and take steps to provide comprehensive family centred care. This means that health professionals:

- recognise and value parents as being at the centre of the care process for their baby

- respond to parents' emotional, social and information needs by communicating clearly and seeking informed consent for any treatment
- show parents how they can care for their baby, and encourage them as they gradually become the main carers

The three year research project, in conjunction with the University of Warwick, Royal College of Nursing Research Institute, National Childbirth Trust, Bliss and the National Perinatal Epidemiology Unit, was funded by the Big Lottery Fund.

Sophie Staniszewska, Principal Researcher on POPPY said:

*'When babies are too small or too sick it is sometimes the case that medical treatment is the central focus of care and the emotional and social needs of babies and their parents can be overlooked. Family-centred care helps to safeguard the wellbeing of the whole family in challenging circumstances, aiming to enable them to enjoy a family life from the earliest days.'*

Bliss Chief Executive Andy Cole says, *"While babies are the main priority for health professionals in a neonatal unit, it is extremely important not to forget the needs of parents and the positive impact that they can have on the care of their baby too. This project highlights the importance of effective communication and support for families and that services both in hospital and at home should take full account of their individual needs at what can be a very uncertain and stressful time. Parents must feel confident and supported to provide the best possible care to their vulnerable baby."*

NCT Head of Research and Information Mary Newburn says, *"The POPPY project is addressing the feelings of stress, isolation and powerlessness that so many parents of premature babies feel and offers solutions to counteract this."*

In October, all neonatal units across the UK will be sent a range of materials, devised by POPPY, to help implement family-centred care including:- a booklet of parents views which explores stressful experiences and emotional needs, a poster and an easy-to-read leaflet for parents promoting skin-to-skin care, available in English, Polish, Urdu, French and Portuguese. For more details visit ; [www.poppy-project.org.uk](http://www.poppy-project.org.uk)

### **Breakdown of POPPY Research results**

#### **A survey of UK neonatal units found:-**

- one in ten do not have a parent sitting room within close proximity to clinical areas (although almost all units provide comfortable chairs for parents in the different areas of care)
- a quarter of units had no single rooms for babies in which families could care for their baby while preparing for discharge home

- only half of the units had a parents' group and only a third had a one-to-one parent support scheme in their area
- only one in six had a specialist family care nurse but over half had a home visiting scheme
- important gaps in services also identified the lack of a service run by counsellors, psychologists, psychiatrists or social workers to provide psycho-social support for parents and the lack of a unit-based family care nurse to aid transition to home care
- The provision of written policies on family involvement in care was found to be patchy – few units had policies on the inclusion of families through the practice of skin-to-skin care, for example. Less than a fifth had formulated policies concerning the care of parents of twins and higher multiples, teenage parents, ethnic minority families and mothers with a disability
- A number of neonatal units employ positive approaches to family-centered care, providing:
  - a playroom or area for siblings
  - the use of parent and staff completed diaries to improve communication about the baby's development and well-being
  - one-to-one parent support schemes.

### Evidence on parents' needs and experiences

Interviews with parents indicated that periods of transition were particularly stressful times including the baby's birth and arrival on the neonatal unit, movements between different units or different levels of care and leaving the unit to take the baby home.

Parents valued:

- being given consistent, clear information about the unit and caring for their baby
- receiving emotional support
- practical guidance and encouragement in caring for and feeding their baby, including on-going support for breastfeeding.

Continuity of care is also very important for families, particularly at times of crisis, during transition to a different level of care, and at discharge when the parents are assuming full responsibility for their baby's care for the first time.

### Systematic review of previously published research

The systematic review found that interventions to improve the provision of information and support for parents, and to increase parents' involvement in their babies' care, can have a significant impact on parents' confidence, their parenting behaviour and the wellbeing of the family.

Interventions for which there is positive evidence include of skin-to-skin (or kangaroo) care, support for breastfeeding, provision of clear information about their baby's condition, and education about the baby's developmental needs and behavioural cues.

The review found that there is promising evidence that improved communication and involvement of parents in their baby's care is of benefit to babies and welcomed by parents. It promotes positive parent-child interaction and wellbeing and can reduce the length of stay of pre-term babies in the neonatal unit, the need for re-hospitalisation and long-term morbidity.

## **ENDS**

### **Notes to Editors**

**1. What is family-centred care?** Family-centred care in a neonatal unit involves health professionals actively considering how it feels for parents to have a premature or sick baby and working within a policy framework to improve the family's experience.

This means being willing to 'stand in the shoes of parents'. It involves introducing practices and providing facilities that encourage and support parents and families throughout the care pathway. It is vital that mothers and fathers are included at the centre of the care process, alongside their baby or babies.

**2. Who is the principal investigator?** The principal investigator for POPPY is Sophie Staniszewska, RCNRI, School of Health and Social Studies, Warwick University.

Other members of the POPPY steering group were:-

Jo Brett, Researcher University of Warwick

Andy Cole, CEO, Bliss, the special care baby charity

Nicola Jones, parent of a premature baby / founder member of Warwick Premature Baby Support group

Mary Newburn, Head of Research and Information, National Childbirth Trust (NCT)

Maggie Redshaw, Social Scientist, National Perinatal Epidemiology Unit, University of Oxford

Lesley Taylor, NCT breastfeeding counsellor tutor and Special Interest Coordinator for parents of premature babies.

During the course of the project Shanit Marshall-Strang and Claire Pimm represented Bliss on the Steering group.

**3. How was the project funded?** The project was funded by the Big Lottery Fund.

For more information about Bliss visit [www.bliss.org.uk](http://www.bliss.org.uk)