

# Bolton's Family Centred Developmental Care Staff Passport

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This passport belongs to:



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# Introduction

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This passport has been developed as a tool to ensure that family centred developmental care (FCDC) is practiced effectively and consistently on our unit. We have now added a breastfeeding section to help support mums on the unit with improved staff knowledge

We hope that it will ensure that everybody has received and is aware of all the information surrounding FCDC. This will mean that all parents are receiving the same information and guidance which should improve collaborative care and the Neonatal experience!

The standards are based on the Neonatal Toolkit and the Bliss Baby Charter and the breastfeeding points are from Unicef Baby Friendly guidelines

# Definitions

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## Developmental Care

“Developmental Care uses strategies derived from neuro-developmental, environmental and human sciences to improve the potential of infants who are disadvantaged by premature birth or adverse perinatal events. It supplements and humanises high-tech medical care.”

-Inga Warren 2010

## Family Centred Care

“Health professionals actively considering how it feels for parents to have a premature/sick baby – ‘stand in their shoes’ and introduce practices and provide facilities that encourage and support parents/families throughout the care pathway.”

-POPPY 2009

# Lactation

Please ensure all babies have a feeding checklist and it is completed – no matter what mum's feeding preference.

Standard	Comments	Staff sign and date
❖ Aware of the benefits of breastfeeding for mother and baby		
❖ Can identify the importance of early, frequent expressing.		
❖ Can identify ways to stimulate the oxytocin (milk ejection) reflex.		
❖ Knows how to locate the lactiferous sinuses.		

## Lactation continued.....

Standard	Comments	Staff sign and date
❖ Can use a demo breast to demonstrate the technique of breast massage and hand expression, and communicate it's importance to mums.		
❖ Understands the need to check mother's knowledge and observe her technique		
❖ Demonstrates a knowledge of safe collection, storage and transportation of expressed breast milk. (Appendix 3 Neonatal Breastfeeding Policy.)		

# Electric Breast Pump

Standard	Comments	Staff sign and date
❖ Knows when an electric breast should be introduced.		
❖ Knowledge of cleaning equipment. (Appendix 4 Neonatal Breastfeeding Policy).		
❖ Can demonstrate how to set up the Medela Symphony pump using Preemie+ data and understand rationale for its' use.		
❖ Understands need for correct sizing of funnel and implications of an inappropriate fit.		

## Electric Breast Pump cont.....

Standard	Comments	Staff sign and date
❖ Knows when a mother should switch to the standard data on the pump, and how to set up Medela Symphony pump on standard mode		
❖ Demonstrates a knowledge of frequency of expressions, duration and volumes hoped to achieve. Aware of 'Log" books.		
❖ Demonstrates the use of a loan pump to parents (either Medela Symphony or Ardo Calypso) and can ensure appropriate documentation is completed.		

# Positioning and Attachment

Standard	Comments	Staff sign and date
❖ Has knowledge of the principles of positioning and can demonstrate to mother. (Use of doll for demonstration)		
❖ Can discuss the principles of achieving effective attachment (observations).		
❖ Understands importance of effective positioning and attachment, and the need to check the mother's understanding.		



## Positioning and Attachment cont.....

Standard	Comments	Staff date and sign
❖ Can discuss the importance of baby led (demand) feeding with no use of dummies or bottles.		
❖ Knows to document all events on the Baby Feeding Checklist		
❖ Is able to assess an infant feeding using the Breastfeeding Assessment Tool. (Appendix 6 Neonatal Breastfeeding Policy.		

Did you know...the World Health Organization recommends a minimum time of 2 hours of skin to skin to achieve maximum benefits?

# Skin to Skin

Standard	Comments	Staff sign and date
1.1 Awareness of benefits of skin to skin for baby and parent.		
1.2 Knowledge of which babies can have skin to skin.		
1.3 Promotes skin to skin as part of their every day care.		
1.4 Understands the importance of preparing parent and baby for skin to skin.		
1.5 Recognizes need for parent and baby observation during skin to skin.		
1.6 Aware of the information and resources available to staff and parents for skin to skin.		

Some countries practice and encourage 24 hour skin to skin involving all members of the family! A real family affair!

Did you know...that the noisiest times on our unit are during ward handovers?

# Environment

Standard	Comments	Staff sign and date
2.1 Understands the importance of reduced light and noise levels to protect sleep and promote growth and development.		
2.2 Ensures appropriate use of incubator covers in relation to developmental care, phototherapy (neighboring baby) and privacy and dignity.		
2.3 Understands the need for a family friendly environment.		

Remember to shield my eyes during procedures and phototherapy.



Did you know...nursing babies in a midline position (head in line with trunk) during the first 72 hours of life can reduce the risk of IVH?

# Handling and Positioning

Standard	Comments	Staff sign and date
3.1 Aware of pros and cons of different positions.		
3.2 Can demonstrate skill to effectively position baby using bedding, nests and high boundaries.		
3.3 Communicates rationale of above to parents and shows them how to position their baby appropriately for gestation/condition.		
3.4 Understands the importance of preparing and supporting babies through procedures.		
3.5 Knowledge surrounding positive touch, containment holding etc and promotion to parents.		
3.6 Understands the importance of wrapped weighing to minimize stress.		

All forms of handling can be stressful to a baby – even a happy change! Their responses to stress and pain can be the same.

Did you know...clustering cares can lead to heightened pain responses? Cue lead and contingent cares are more baby friendly!

# Cues

Standard	Comments	Staff sign and date
4.1 An understanding of how babies use behavioral cues to communicate.		
4.2 Provides information and guidance to parents on cue led care.		
4.3 Avoids routine care but provides individualized care based on behavioral cues and parental participation.		
4.4 Guides medical staff in appropriate timing of procedures to protect sleep and family time.		

I do need you to change my nappy but please wait until I am awake! Sleep helps me grow and develop!



Did you know...preterm babies receive an average of 14 painful procedures every day in the first 2 weeks of life!

# Pain

Standard	Comments	Staff sign and date
5.1 Awareness of short and long term impact of pain.		
5.2 Utilizes the unit pain tool in practice.		
5.3 Can demonstrate knowledge and practical use of pharmacological and non-pharmacological methods of pain relief.		
5.4 Provides support and comfort measures prior to, during and post painful procedures if parent unavailable.		
5.5 Educates parents on above and encourages them to provide comfort prior to, during and post painful procedures.		
5.6 Provides appropriate pain and comfort measures during ROP screening.		

Non-pharmacological methods of pain relief are most effective when used together.

Did you know...parents can get 25% off their meals at the hospital? Pick up a meal voucher from the family care team box.

# Family

Standard	Comments	Staff sign and date
6.1 Ensures that parents have a tour of the neonatal unit when their baby is admitted and are aware of places for refreshments, meal vouchers etc.		
6.2 Understands the importance of family involvement and the need for collaborative relationships.		
6.3 Recognises importance of flexibility to welcome and support families consistently at all times of day.		
6.4 Co-ordinates babies' care plans with parent availability.		
6.5 Sensitivity to parental stressors and responses to stress. Awareness of need to minimise stress through preparation at time of 'step down' from NICU to SCBU.		
6.6 Recognises the importance of parents performing 'baby firsts'.		

Refer to Principle 3.2, 3.3, 3.4, 3.5, 3.6, 3.8 and 3.9 in Toolkit and Charter Principle 1, 2, 4, 5 and 7

Did you know...parking permits are available to parents? They cost £20 per month and are available from the cashiers office!

# Family

Standard	Comments	Staff sign and date
6.7 Encourages parental participation in comfort, mouth care, washing, nappy care, feeding (including tube feeding), wrapped weighing and bathing.		
6.8 Understands the importance of providing and creating memories e.g. diaries, photographs, keepsakes.		
6.9 Encourages individualisation of cot space e.g. sibling pictures, choice of bedding.		
6.10 Understands the importance and need of sibling involvement.		
6.11 Promotes private family time through utilisation of curtains and bedrooms.		
6.12 Provides up to date and accurate verbal and written information.		

If there are no bedrooms available my mum might like to sleep by my cot in Special Care.





# Care Plans.

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- Every baby must have care plans which are updated regularly.
- The 2 most relevant for this work are :

## Separation from family & Developmental Care

- These are already available on the unit. They must be in the baby's nursing records, used, updated, signed and dated.
- Nursing Care plans are a legal requirement and evidence of the care that we are providing.

# Did you know...

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- We are lucky enough to have our own Occupational Therapist (OT) and Physiotherapist?
- The OTs are based at Halliwell Health Centre and visit the unit on a Tuesday for the developmental care ward round. They are particularly interested in the babies <29 weeks' gestation who they will follow up in community.
- The physios are hospital based and also visit the unit on a Tuesday for the ward round. They liaise with the physio community team who follow up babies <29 weeks' gestation as well as babies with other specific health needs.
- As a tertiary unit, developmental care ward rounds are a must to ensure optimal outcomes? The team are there to support us in improving practice and welcome the sharing of ideas.
- FCDC admission packs are kept in the family care team box in the office?
- There are developmental care resource files in both areas that contain lots of information for staff and parents?

# Did you know...

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- Parents can make appointments with their baby's named consultant? Direct to the family care team who can arrange or see chart in the office.
- As agreed in the BICs event if there are no rooms available parents can sleep next to the cot side in special care? We have 'z beds', a single sofa bed and reclining chairs available. This will be useful in establishing breast feeding and improving the discharge process.
- A baby can sleep just as well in mum's arms as in a cot? If the baby is cold promote skin to skin.

Having a baby in neonatal care costs parents an extra £2800! This works out at an additional £310 per week!

# FCDC Factoids

- ❖ Sir Isaac Newton was born in 1643 weighing 3lbs!
- ❖ Mark Twain was born at 32 weeks gestation in 1835!
- ❖ Winston Churchill was born at 32 weeks gestation in 1874!
- ❖ Stevie Wonder was born prematurely in 1950. He lost his sight due to ROP!
- ❖ Patrick Bouvier Kennedy (son of president John F. Kennedy) was born 5.5 weeks prematurely in 1963. He lived for 2 days and died of hyaline membrane disease (now RDS). This prompted physicians in the USA and Canada to establish intensive care nurseries able to provide ventilatory support for such infants!
  - ❖ Structures for taste are available in the foetus at 14 weeks gestational age!
- ❖ The mother's diet affects the amniotic fluid, colostrum and breast milk which all taste and smell similar!
- ❖ At 27 weeks, the baby's cry contains some speech features, rhythms and voice characteristics of their mother!
  - ❖ At birth, babies prefer to look at people speaking in their mother's language!
    - ❖ By 10 days, a baby can recognise their mother's face!
- ❖ Attachment happens over the first year. For the infant, attachment means that someone will come when they need them!
  - ❖ For the first 3 years memory is described as pre verbal!
  - ❖ By age 6 children have forgotten their pre verbal memories!
- ❖ Babies' favourite instrument is the harp – term babies can differentiate between a real harp and a recording. They also like to hear their mother's singing!

## Passport blitz starts in October.....

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- Our Senior manager is keen for every member of staff to complete a passport
- There will be a team of people helping to ensure completion
- This will also help us to achieve the Bliss Baby Charter