

KENT, SURREY, SUSSEX NEONATAL CARE CO-ORDINATOR SCOPING REPORT



**Scoping work and report completed by
KSS ODN neonatal care co-ordinators
Anna Francis, Laura Gee and Temitope Sholanke**

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INTRODUCTION

The Neonatal Critical Care Review (NCCR) informed the three key commitments around neonatal care in the NHS Long Term Plan (LTP). All the commitments contribute to the existing commitment to halve the number of neonatal deaths by 2025 and are framed around the following key themes:

- Developing neonatal capacity
- Developing the expert neonatal workforce
- **Enhancing parental support**

The 'enhancing parental support' theme is focused on supporting and encouraging parents to be actively involved in delivering care for their baby/babies which in turn leads to improved long-term outcomes.

To support neonatal units to implement action 6: Develop and invest in support for parents, care co-ordinator posts have been funded from the NHS LTP and recruited to, in all Neonatal Operational Delivery Networks (ODNs) across England.

Kent, Surrey, Sussex (KSS) ODN care co-ordinators Anna Francis, Temitope Sholanke and Laura Gee started in these new and exciting roles at the end of June 2021. The aim of the care co-ordinator role is to work across the whole Network area to ensure that parents and families who have a sick or premature baby are supported in their journey through neonatal services. Working to promote a philosophy of family integrated care (FICare) across the Network and ensure this is embedded in every unit to maximise parental involvement in the care of their baby. The care co-ordinators will work collaboratively with parents and family support groups across KSS to ensure parental views, advice and feedback are embedded into neonatal care, unit and network discussions and decisions to meet the recommendations of the NCCR.

The starting point for the care co-ordinators was to create a scoping tool to enable evaluation and review of current FICare related practice and resources for families in all 13 units across KSS. We utilised the BAPM FICare toolkit and GIRFT questionnaires to identify key aspects and frame the questions. The key topics included in the scoping tool were:

- Current accreditations for Baby Friendly Initiative (BFI) and Bliss
- Parental involvement-parents as partners in care
- Educational support and development for staff and families
- Provision of resources and accommodation
- Psychological support and emotional wellbeing provision for staff and families
- Transitional care provisions
- Allied health professionals involvement
- Parental experience
- Family peer support services

The aim of the scoping exercise and this report is to showcase and celebrate local successes, learn together, share best practices and recommend areas for development.

The scoping visits to all 13 neonatal units across KSS were completed between August and October 2021. The care co-ordinators met with the unit Matrons and/or unit managers and other members of the nursing team. We would like to say a big thank you to all the units in KSS for making us feel so welcome, and aspire to be an integral part of your team. We appreciate that there may have been some changes in practice since our visits, and that some of the questions asked were subjective. We look forward to continuing to work with you and the families to enhance the neonatal experience and further develop FICare across the KSS network.



Partnership with Parents on Neonatal Units

1. What is your understanding of Family integrated Care?

Staff perceptions:

“Parents involvement starts on admission until discharge. Parents form partnerships in caring for their babies and in the decision making process throughout their stay on the neonatal unit”

“Can do as much or as little as they want, provide parents with the skills to be parents”

“Parents as primary carers having an active participation in the provision of care and decisions involving the care of their baby”

“A model of care that supports and educates parents and carers to be an integral part of the decision making in their baby's care during their stay on the Neonatal Unit”

“Empowering parents to take over primary care of their babies”

“Giving parents a voice e.g. parents leading ward rounds- Parental involvement and parents being an integral part of the care of their baby”

“Family Integrated care is an extension of the principles of Family Centered Care, where parents are true partners in their infant's care, even when in the NICU”

“FIC aims to facilitate a partnership and collaboration between parents and the NNU staff, to promote parent-infant interactions, and to build parent confidence. This is achieved by promoting information sharing between staff and parents and by parent participation in their infant's care”

“Family integrated care is where families are fully involved in their babies' care as much as possible, such as checking body temperature, NGT feeding and general baby cares”

“Involving families in every step from birth to discharge. Care givers in their babies care, every step of the way”

“Having the whole family at the heart of everything you do. A way of working, ethos and culture. Integrate parents as partners in care”

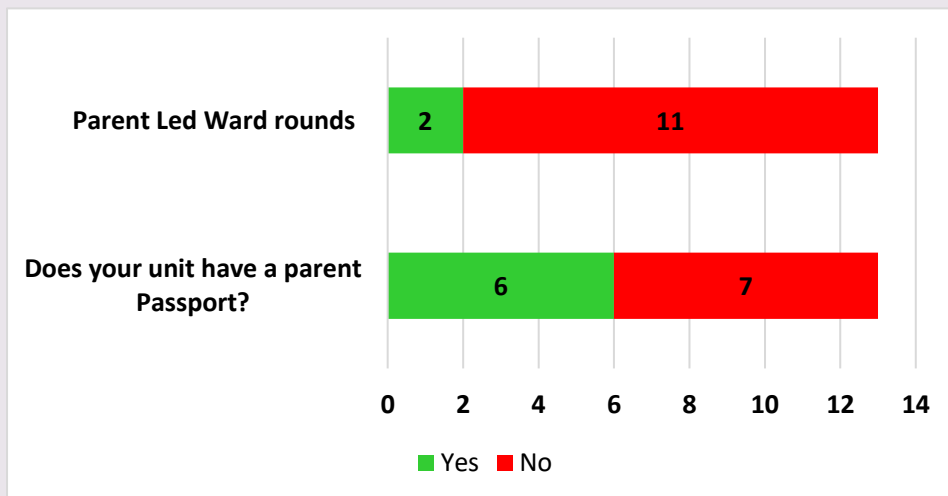
All of the units in KSS are already implementing a family integrated model of care, building on the well-established family centred approach. Whilst the main principles of FICare are the same across the neonatal setting, the practical delivery of this model looks slightly different in different units. The findings across KSS were that the teams are flexible and adaptive to the resources available to them and the differing needs of individual families. However, teams must also be mindful that consistency of approach across neonatal units and networks is important if families are to receive streamlined care.

2. Aspects of Family Integrated Care offered

- Parent led ward rounds
- Encourage parents to participate in ward rounds
- Parent passports
- Competencies
- Naso-gastric tube feeding
- Taking temperatures
- Giving oral medications
- Moving babies in and out of the incubator
- Feeding support
- Parent craft
- Skin to skin
- Expressing at the cot side
- CPR training
- Weighing
- Observations
- Encouraged to stay cot-side 24/7
- Decision making
- Education

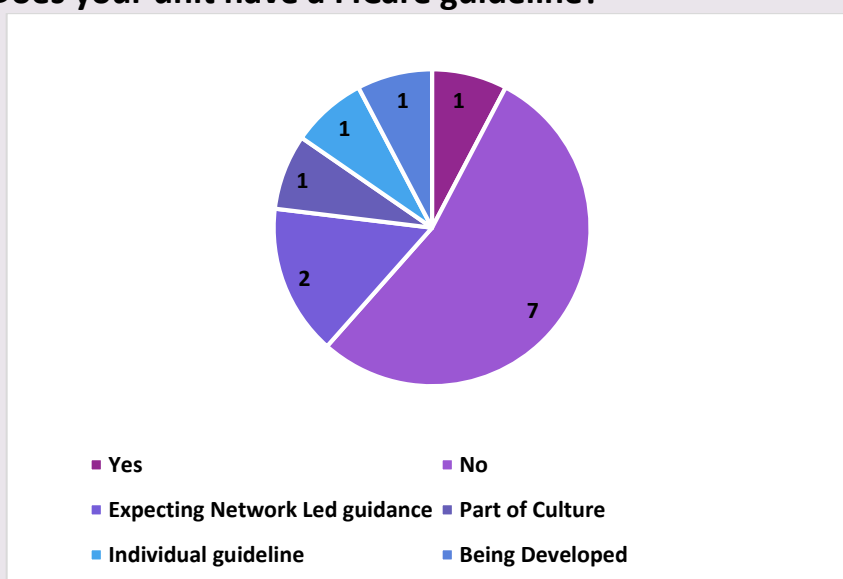
The question invited the respondent to give suggestions of aspects of FICare offered; we did not ask if each unit provided each element of care. Many units may well have a number of these components in place whilst others will require development at a local level.

3. How does your team work collaboratively with families to provide care?



The use or availability of a 'Parent Passport' or family led ward rounds are not routine on the units within KSS.

4. Does your unit have a FICare guideline?

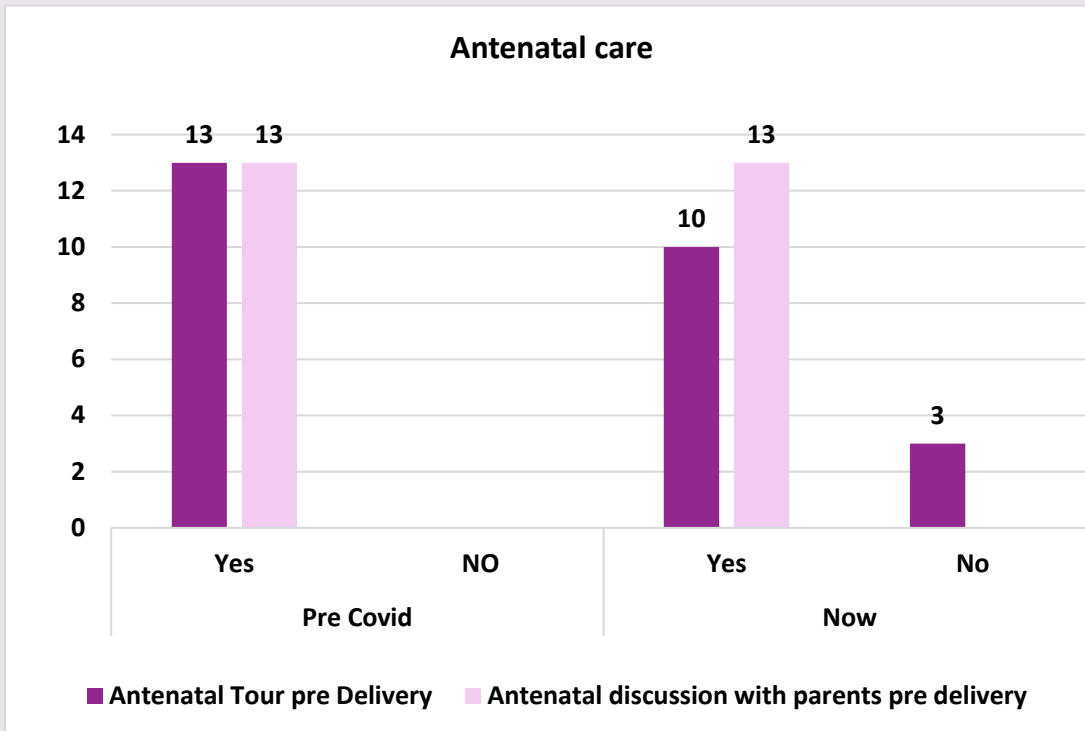


The majority of units do not have FICare guidelines. A small number of units reported that they currently have some FICare guidelines in place. The remaining units are expecting network level FICare guidance potentially through the RISEinFamily project.

Recommendations:

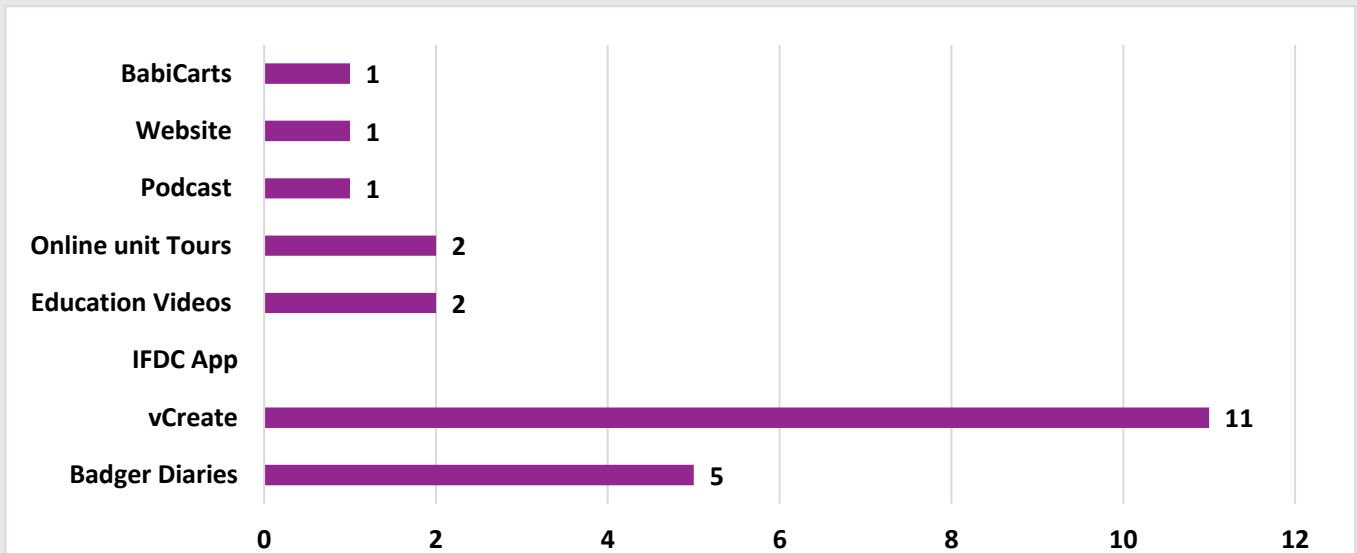
- Establishing a network FICare working group will provide clear structure and direction for the adoption and implementation of FICare across the network, reduce duplication in effort and resources, and enhance collaboration and cooperation across units. The network will adopt the BAPM 'Family Integrated Care' document as the framework for practice. **(Data 2 and 4)**
- The development of a network 'Parent Passport', or alternatively named document, will ensure families' experience of care is seamless and integrated and support consistency and continuity of care across the network. Development of a network 'Parent Passport' will enhance positive, mutually respectful partnerships between staff and families, with families supported to become involved in their babies' care as primary caregivers. **(Data 3)**
- Aim to support families to be actively involved in ward rounds, daily care planning and decision-making by adopting parent led ward rounds in all KSS units. Develop and include a parent led ward round template in the Parent Passport document. **(Data 3)**

5. Do families get an opportunity to speak to a member of the neonatal team and visit antenatally if admission is expected?



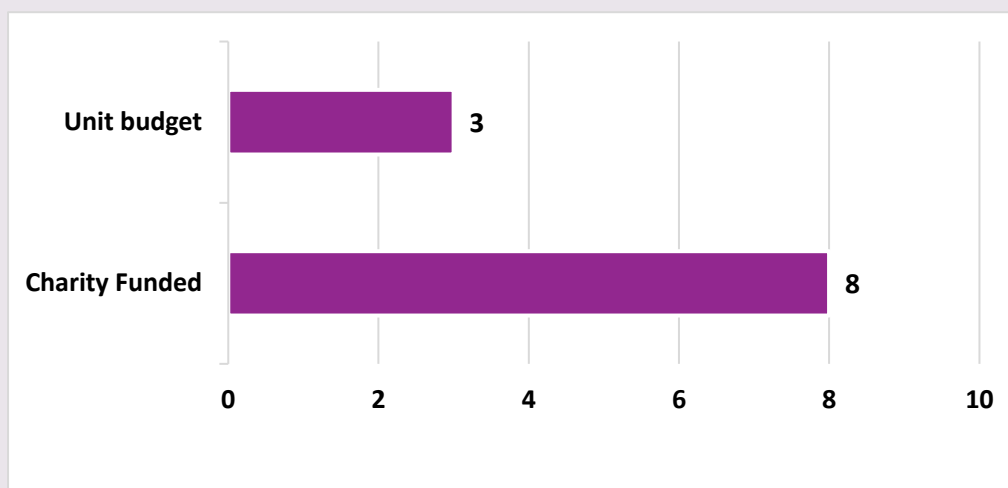
Before the pandemic, all the units offered antenatal tours and discussion with families pre delivery. During the pandemic, this has reduced, although antenatal discussions with families pre-delivery do not seem to have been affected.

6. Digital innovations available to support parental participation



vCreate is the most popular digital innovation that the units have adopted in KSS, followed by Badger diaries. The data demonstrates other digital platforms are being used; some units use more than one system to support families and FICare.

7. How is vCreate funded?

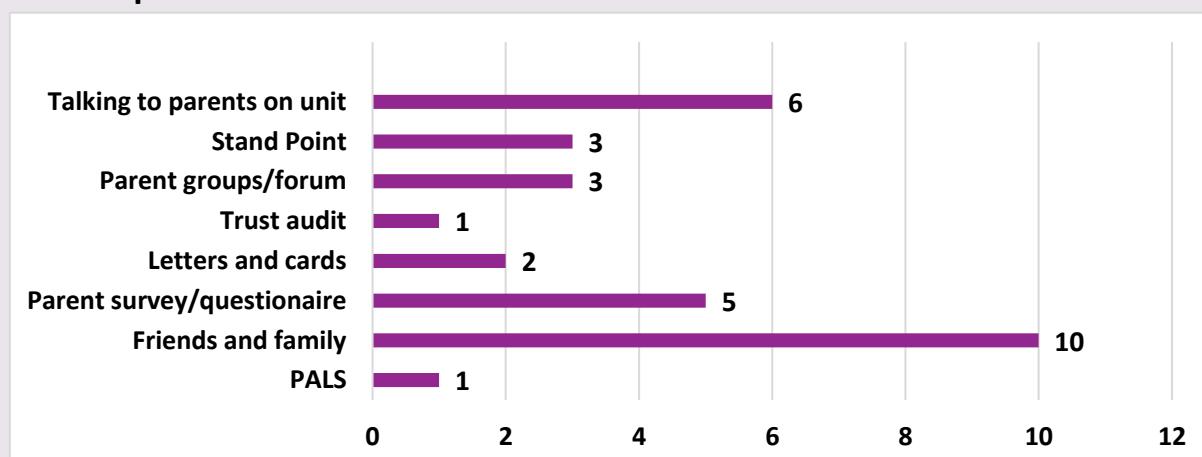


Eight of the eleven units who have vCreate have funded through local charities, three units rely on funding from unit budgets. The other two units use Badger diaries only-free to all.

Recommendations:

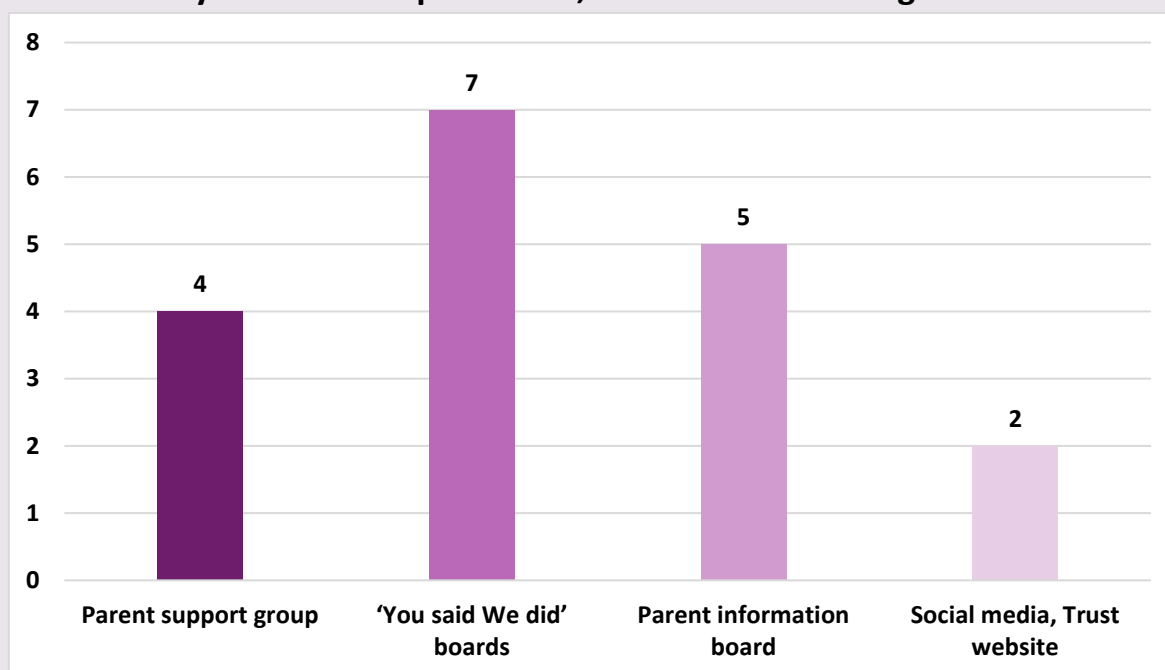
- From admission, or before in high-risk pregnancies that are anticipated to result in neonatal admission, families should be offered the opportunity to meet the neonatal team and shown around the unit. Creation of digital tours and other relevant information would support this. **(Data 5)**
- Individual units need to use the technologies already available to them to their full potential, using technology in an innovative way to support families' participation in care. A network approach to accessing digital information is required to support families. **(Data 6 and 7)**

8. How is parent feedback received?



There is no uniform method of gathering family feedback across KSS; methods vary significantly as shown above.

9. How is family feedback responded to, and actions or changes shared?



Responding and sharing actions and changes from parent feedback varies, each unit responds to feedback but not always consistently.

10. Examples of how parent feedback has driven/influenced service improvement in KSS units

- Discontinuation of parent use of headphones during ward round. The team minimise sound and noise during ward round to maintain confidentiality
- Lowering of the sinks for siblings to reach and for mothers in wheelchairs
- Outreach team set up
- Bereavement team set up
- Purchase of recliner chairs
- Purchase of new parent bedding and beds
- Purchase of additional mobile screens for expressing at cot side
- Quick response to support parent access during the pandemic
- Introduction of headphones for parents during ward round
- Parent information folders in all parent rooms
- Cost of the car parking - From £32 a week to £32 a month
- Parent involvement group pre- pandemic
- Parent accommodation designed by parents
- Snack area for parents
- Parents that raise funds for particular items of equipment, acknowledged with a plaque on the item
- Purchase of breast pumps for loan
- Incubator covers
- Cool bags

- Bonding squares
- Parent asked to be involved in the hospital excellence programme
- Refurbishment designed with parent feedback - What would you like to see?
- Feedback from an incident where parents raised concerns resulted in staff been given more training
- LED picture sky light ceilings in rooming in rooms with no windows
- Parent kitchen and bathroom have been updated
- Funding obtained to make the doors in one of the nurseries wider to allow a bed into the nursery - parent feedback was that mothers could not visit their babies unless well enough to walk or come in a wheelchair

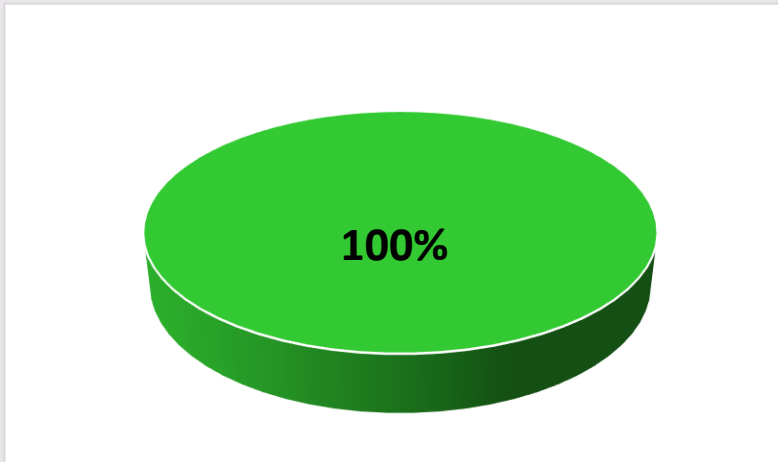
Recommendation:

- Families must have opportunities to give feedback about their babies' care while on the unit and after discharge. The network have recruited a Parent and Family engagement lead who will encourage and support a uniform approach to collecting and sharing families' experiences and feedback. This will enable us to work collaboratively with families to improve the quality of neonatal services offered across KSS. **(Data 8, 9, and 10)**



Empowerment on Neonatal Units

1. Are admission pack/cot side information folders available to parents?

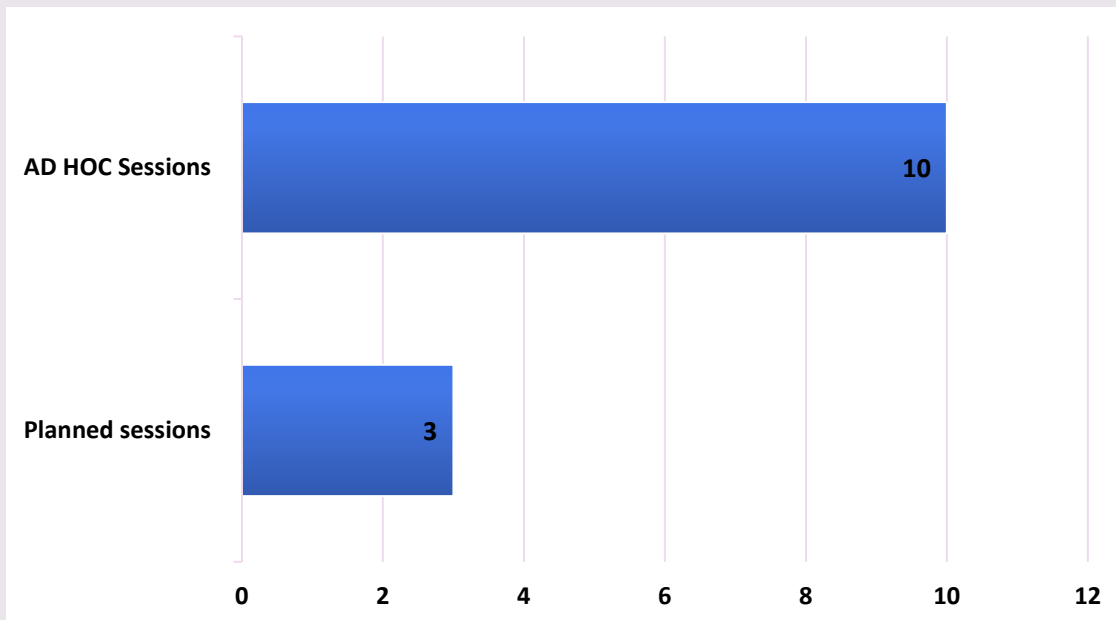


All parents are offered local information on admission to the neonatal unit.

Recommendation:

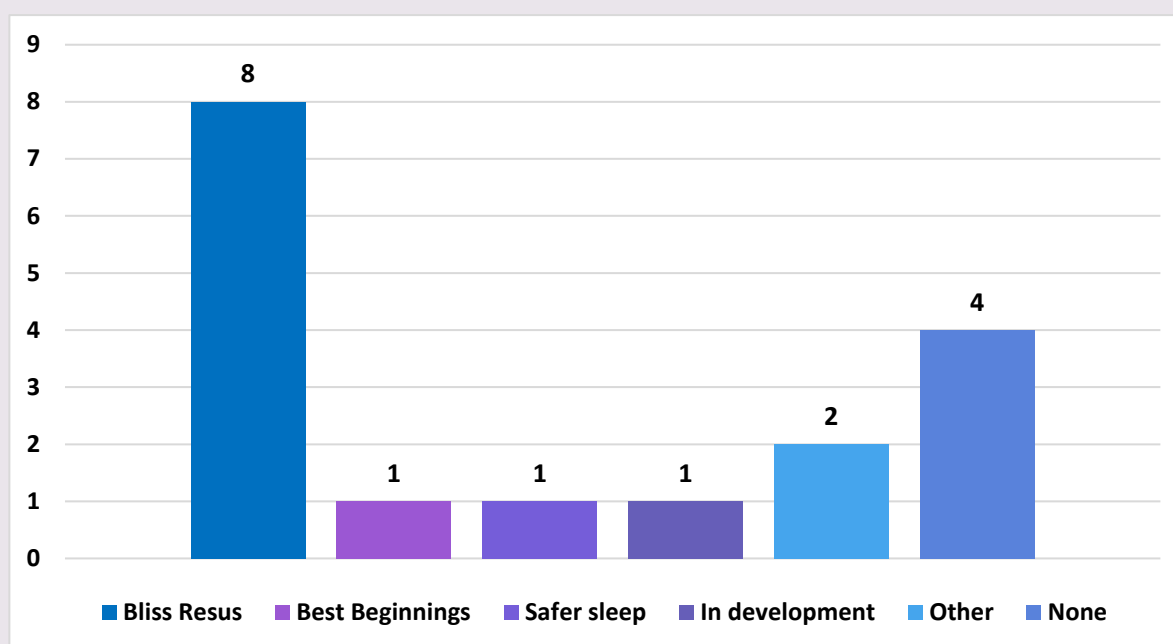
- Review the content of local admission packs and work with families to ensure that the information included is what they want and need. The information must be inclusive and accessible to all groups and given at the right time. **(Data 1)**

2. Are in-house planned FICare training sessions offered?



All the units offer parents FICare sessions, either adhoc at the cot side, or planned drop-in sessions or both. Parents have a choice to participate.

3. What digital resources are in use to support parent education?

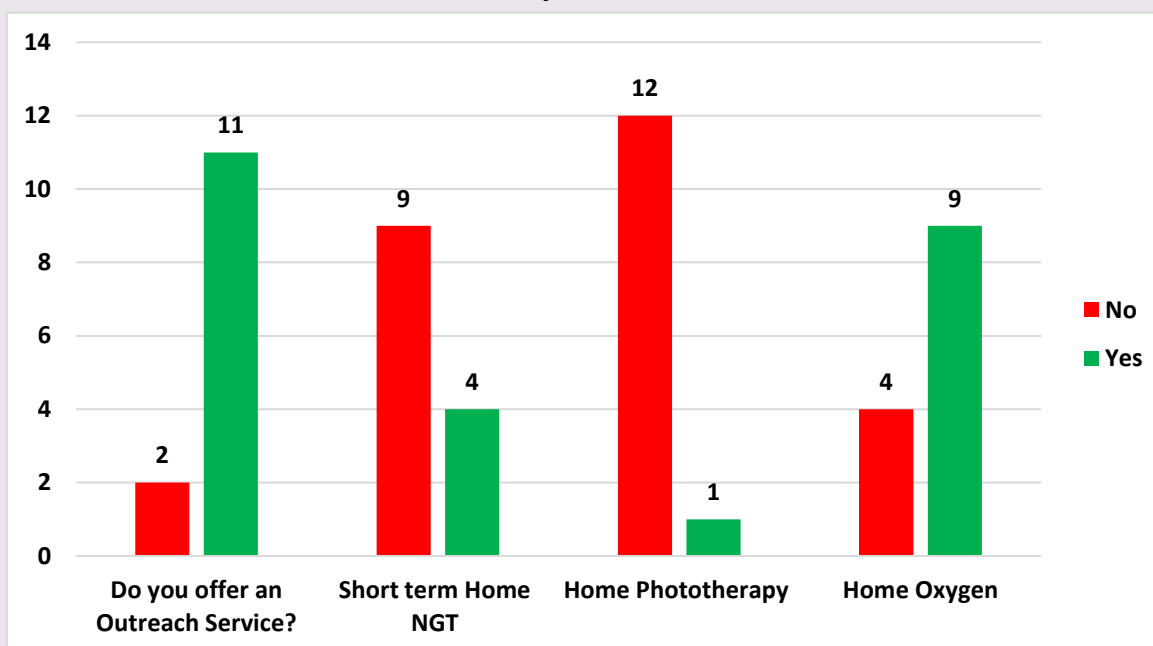


Most units use digital resources from organisations outside of KSS to support parent education and information.

Recommendation:

- The parent passport will give families access to information outlining their role as caregivers and the philosophy of an integrated approach to delivering neonatal care. The network FiCare group will work together to create shared resources to support families to be their baby's primary care giver. The aim is that these resources will be available to families at the cot side, digitally, and as adhoc or planned sessions. All information that service users are given should be culturally appropriate; it should also be accessible to people with additional needs such as physical, sensory or learning disabilities and to people who do not speak or read English. **(Data 2 and 3)**

4. Are neonatal outreach services in place?

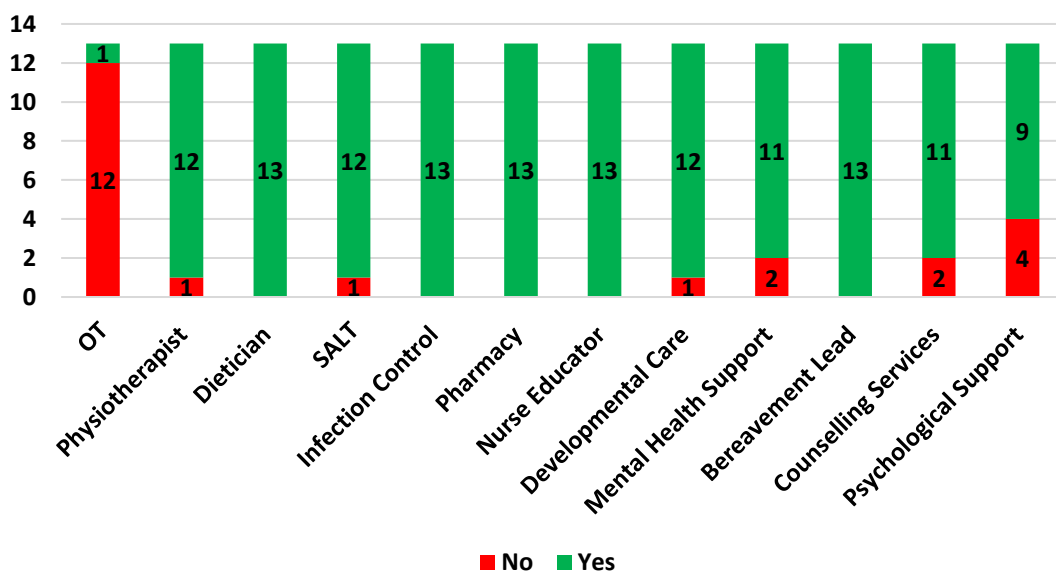


Two units have no neonatal outreach service; two of the units have a pilot service. Some units offer short-term naso-gastric tube (NGT) feeding. Progressively, one outreach service now supports home phototherapy. Most outreach services are offering support with home oxygen.

Recommendation:

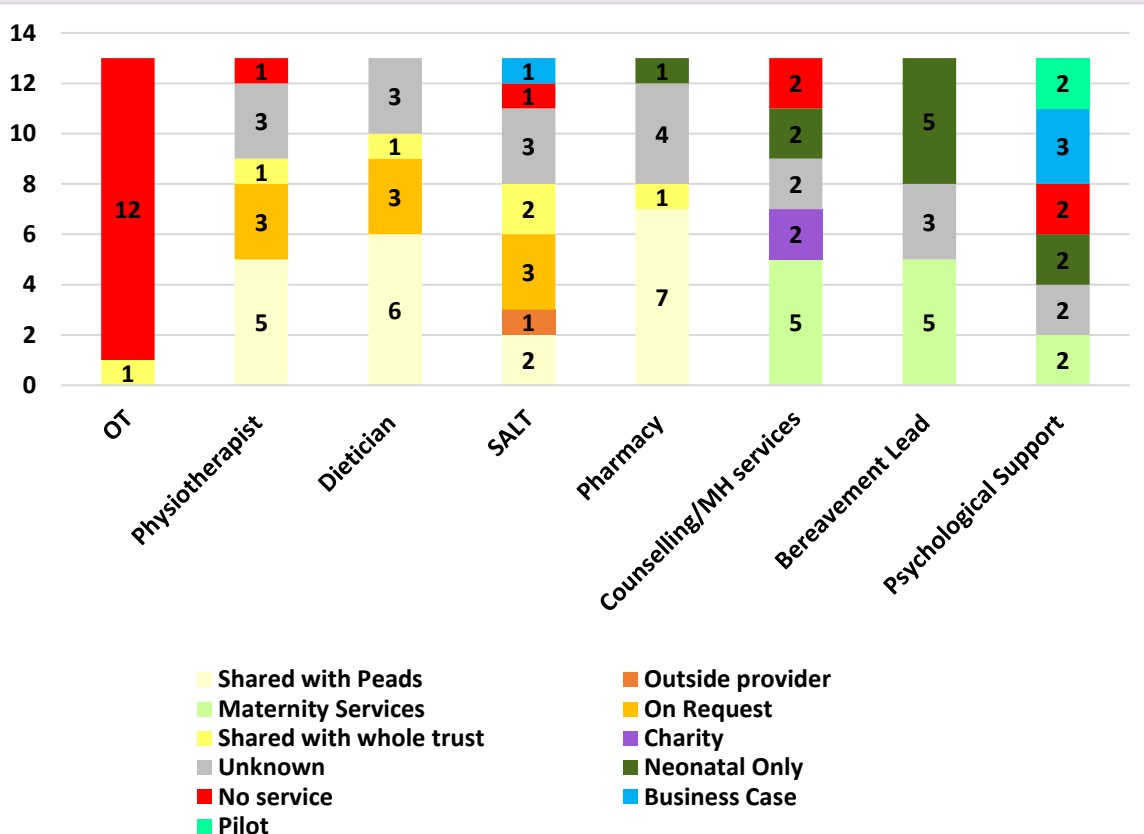
- For the ODN to work towards standardising and commissioning neonatal outreach services to achieve equity and equality across KSS. The aim is for all families to have access to a dedicated neonatal outreach service, supporting families to be together as soon as possible in their home environment. **(Data 4)**

5a. Interprofessional support available on the neonatal units



In the first instance it would seem that the units are well supported in most areas, however when we reviewed the narrative, the picture was quite different.

5b. Breakdown of interprofessional support for families



This data is a representation of how the AHP services are provided to the neonatal units. This demonstrates the lack of dedicated AHP, Psychological and perinatal mental health support services on the units.

Recommendation:

- The network have recruited to the Allied Health Professional (AHP) lead roles and also the lead clinical Psychologist post. These roles will shape and enhance the delivery of support services both on the units and following discharge home. **(Data 5a and 5b)**



Wellbeing on Neonatal Units

1. Wellbeing support offered to staff

- Counselling services
- Clinical supervision
- Trust mental health service
- Trust wellbeing sessions
- 1:1s
- Mental health support providers coming to the unit
- Debriefs
- Open door policy
- Appraisals
- Matron support

It is important to support all staff members caring for families, it is good to see that the Trusts are offering peer support or wellbeing services, but there are limited other services available or known to staff within KSS. The questions asked the respondent to give suggestions of wellbeing services offered to staff, it was not asked if staff had access to all of the above elements, some of these support options may be available for staff but were not identified by the respondent.

2. Wellbeing support offered to families

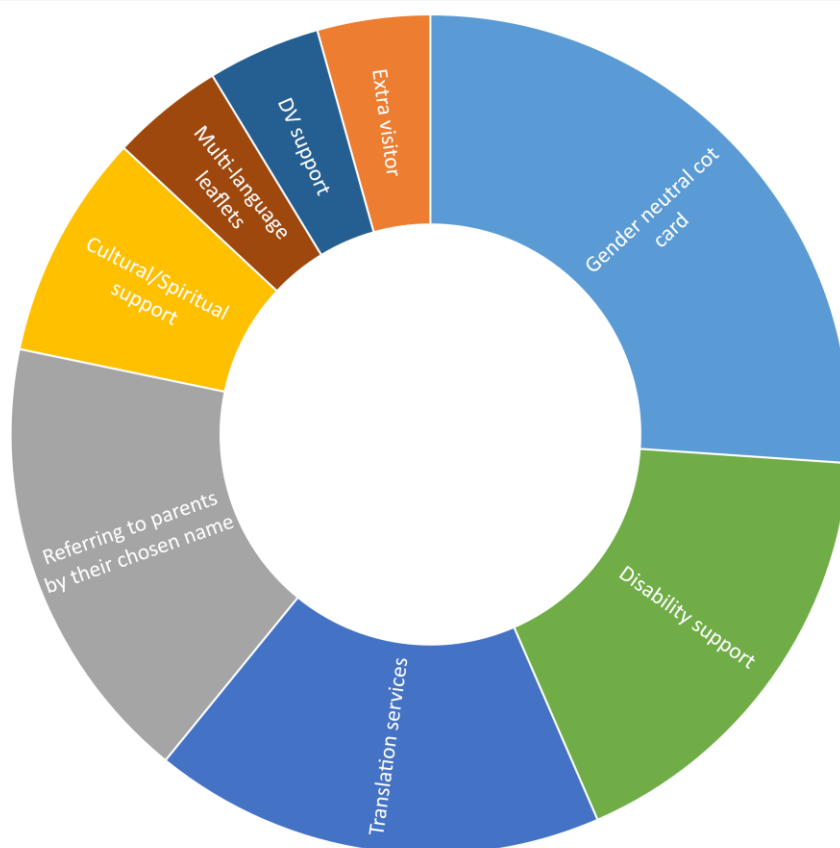
- Leaflets
- Sands
- Bliss
- Outreach
- Peer to peer
- Mental health
- Psychological
- Social Media
- 1:1s
- Dads support groups
- Parents Forum

The questions asked the respondent to give suggestions of wellbeing services offered to families, it was not asked if families had access to all elements, some of the above support options may be available for families but were not identified by the respondent.

Recommendation:

- The appointment of a network psychologist will support with shaping and enhancing of specialist psychological and mental health support for families and staff on the units. The parent and families engagement lead will connect with local charities and third sector organisations, as well as community groups providing wellbeing support for families and opportunities for peer-to-peer support. **(Data 1 and 2)**

3. How do units maintain inclusivity for all families?

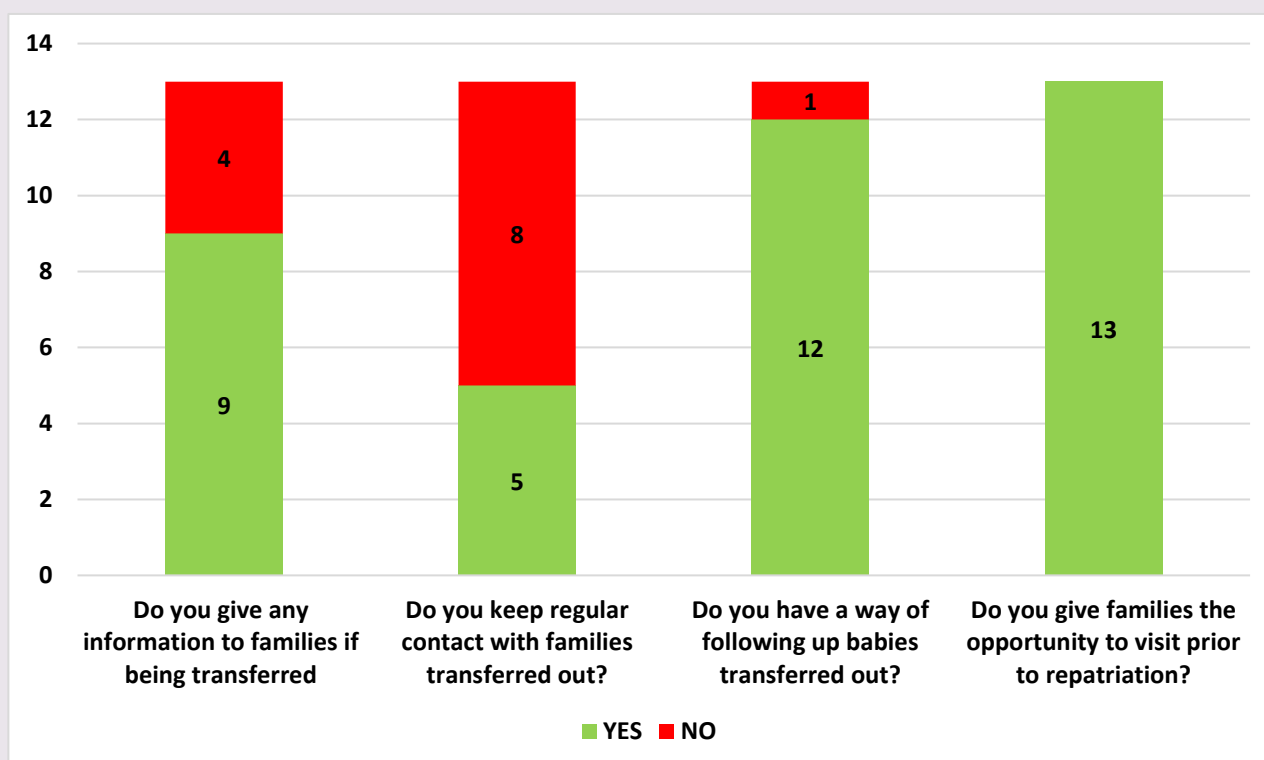


Across KSS, it is recognised that it is important to individualise care to the needs of the family, respecting equity, equality and diversity. The question asked the respondent to give suggestions, we did not ask if units provided all elements. Some of these options may be available for families but were not identified by the respondent.

Recommendation:

- The sharing of ideas and best practice across the network will aid inclusivity, equitability of services, and access to resources and information for all families. Pro-active use of appropriate translation services and written literature in different languages to mitigate the impact of language barriers. All information that service users are given should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities and to people who do not speak or read English. **(Data 3)**

4. Supporting families that are transferred



All families are offered an opportunity to visit their booking units prior to transfer back.

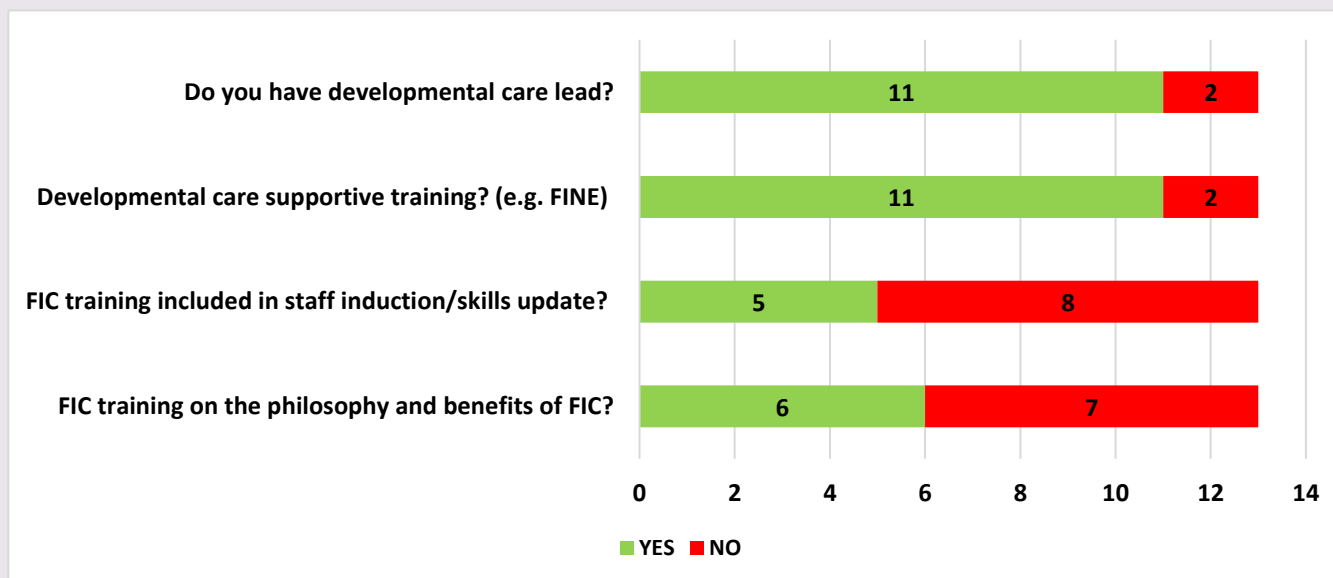
Recommendation:

- To ensure up-to-date information is given to families who are moving around the network and beyond, units should communicate regularly with one another to minimise additional stress for families where access maybe different. Further insight into what information is given and by who is needed, this may require a network working group to standardise the process and resources. Network Pathways to ensure streamlined and consistent transition of care when babies and their families are transferred between units should be developed. It is also important referring units maintain contact with families so that they continue to receive support. **(Data 4)**



Culture on Neonatal Units

1. Is FICare and developmental care training offered to staff?

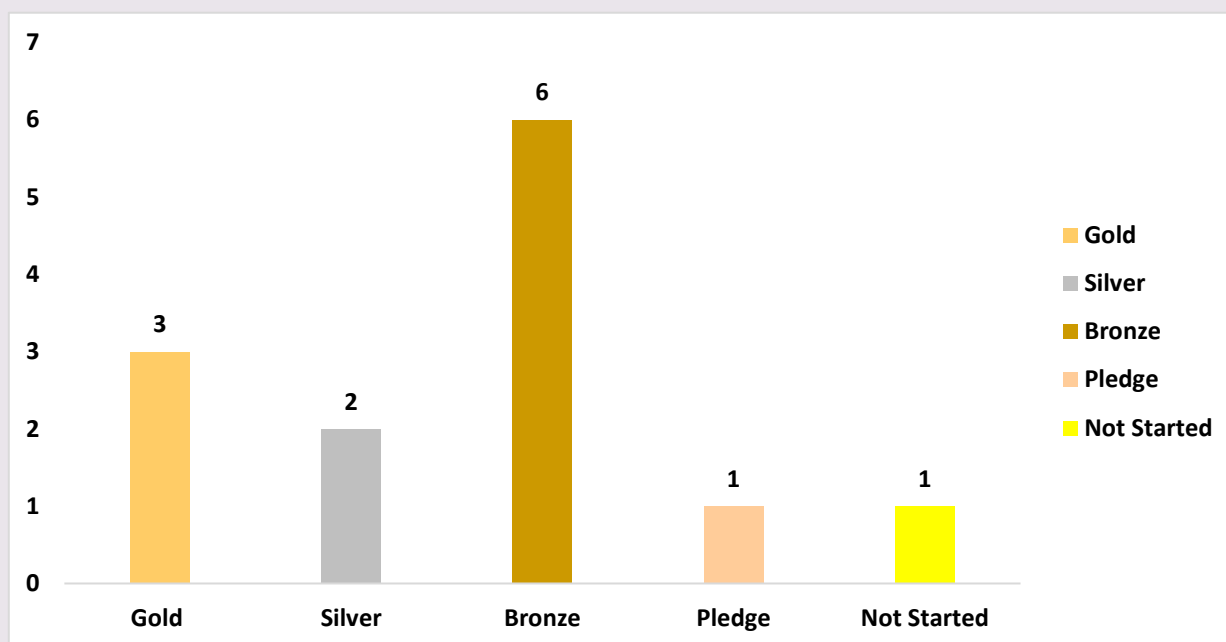


The data shows evidence of FICare and developmental care training included in staff education.

Recommendation:

- The network offer the INFUSE programme, which includes staff training and education on the philosophy and benefits of FICare and the expectations of their practice to support families. This needs to be extended to all staff members who come into contact with families on neonatal units. The aim is to include FICare education and training in staff orientation, annual skills updates, team days, 1:1s, and through online resources. Exploration of a network approach to support training for staff in the provision of developmental supportive care, neurodevelopmental care, and care based on the complete picture of the parents/families life past and present (trauma informed care). Appointment of AHPs will enhance learning and training across the network in these areas. **(Data 1)**

2. Bliss accreditation progress across the 13 units

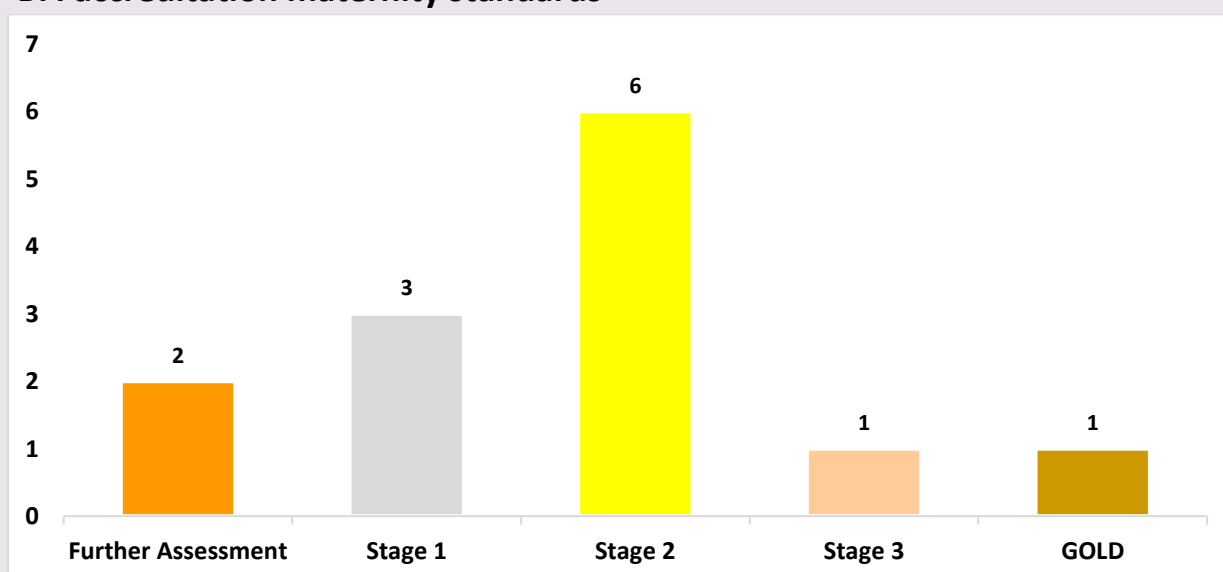


Fantastic achievements and progression with Bliss accreditation across KSS.

Recommendation:

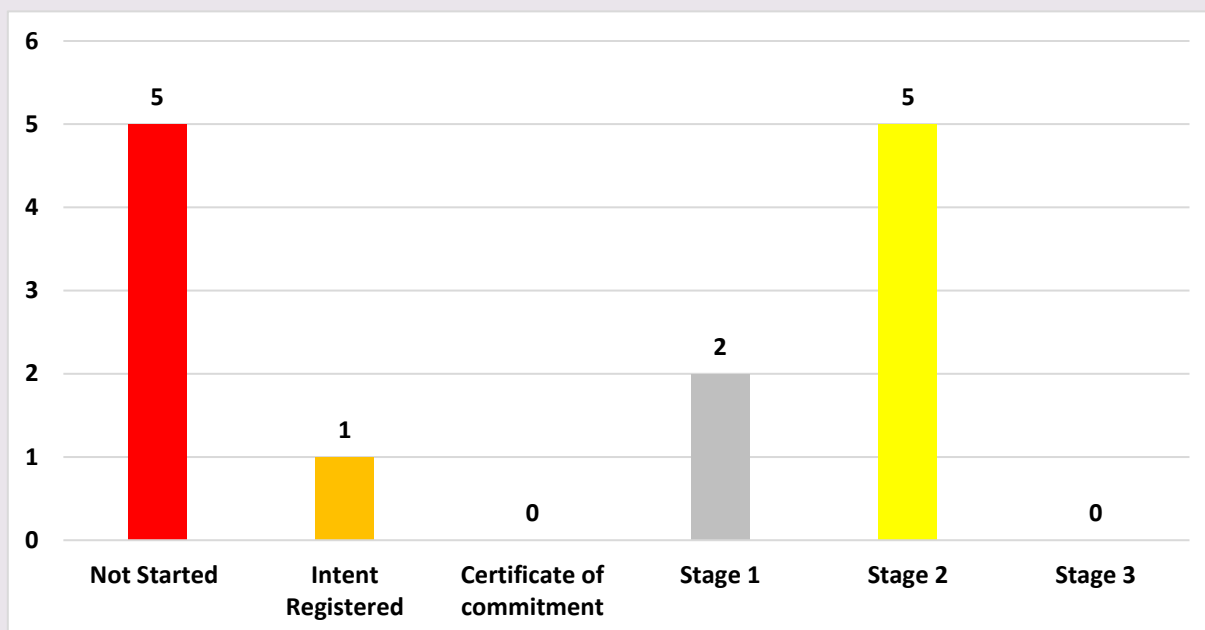
- Bliss accreditation provides a practical framework to support units to objectively assess their services through audit and improvement. It enables units to develop meaningful plans to achieve changes through coproduction and collaboration with families. The network will aim to support progression through the stages of accreditation. Network collaboration will encourage peer support and the sharing of best practice. **(Data 2)**

3. BFI accreditation maternity standards



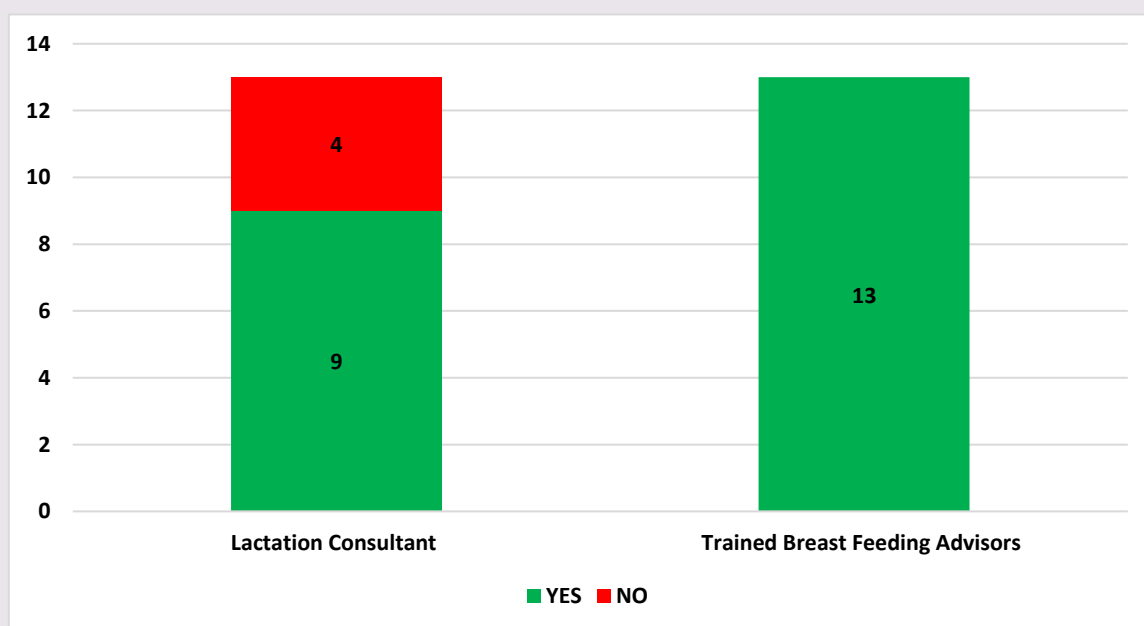
Brilliant achievements with maternity BFI accreditation across the network.

4. Units with BFI accredited neonatal standards



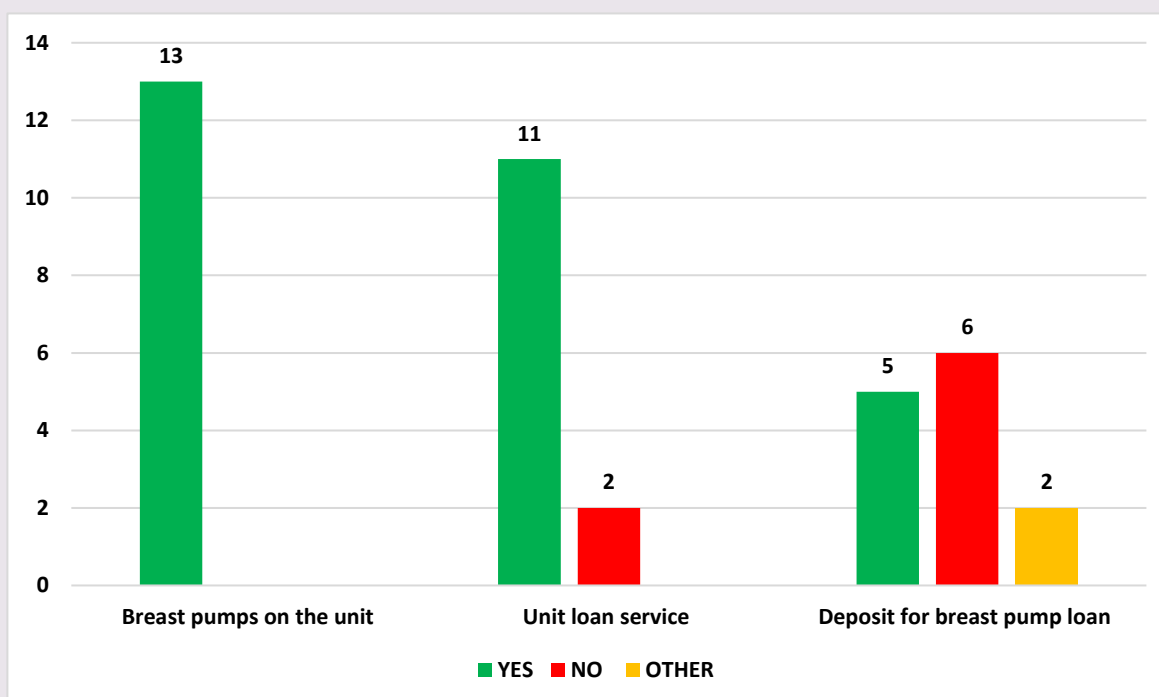
It is inspiring to see so many units achieving accreditation in BFI neonatal standards.

5. Breast feeding support on the neonatal units



All the units have access to trained breast feeding advisors. One of the neonatal units is supporting a member of staff to train as a lactation consultant; all other lactation consultants across the network are accessed through maternity services.

6. Availability of breast pumps

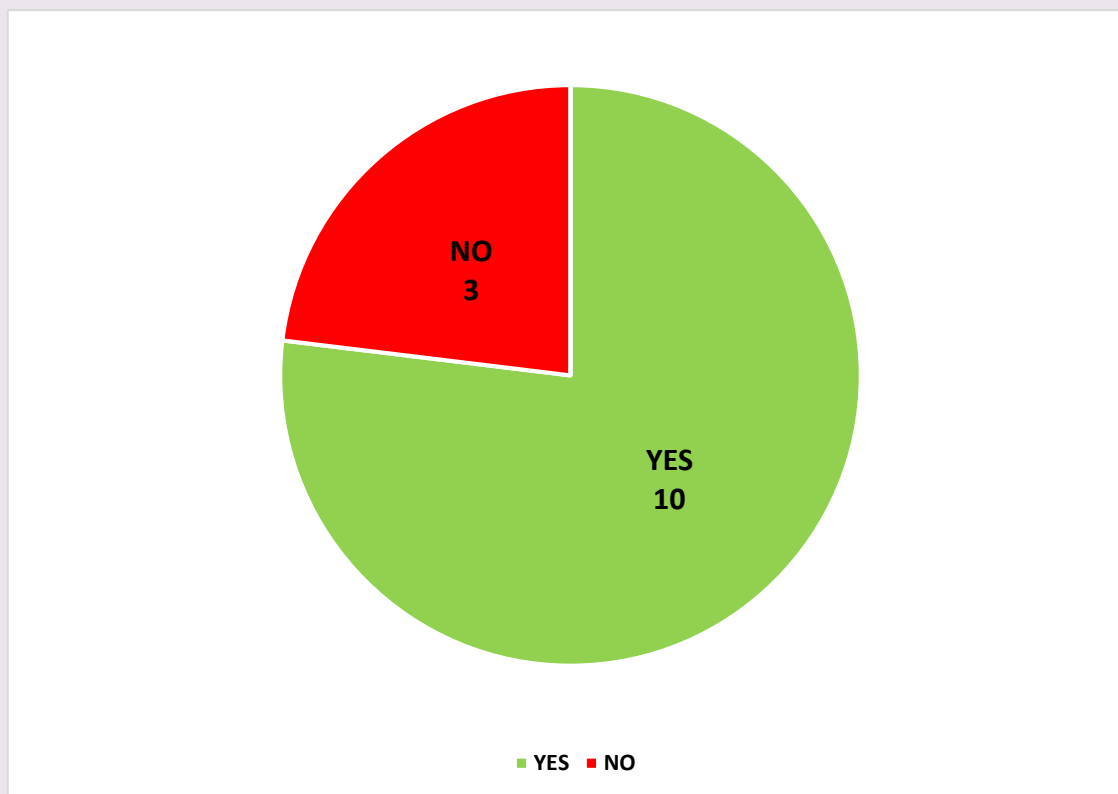


All of the units in KSS offer mothers the use of an electric breast pump whilst on the unit. The majority of units offer an in-house breast pump loan service.

Recommendation:

- The network aim is for all units to achieve BFI neonatal standards. BFI encompasses the holistic care of families relating to building close relationships, feeding and supporting parents to be partners in care. The neonatal standards are designed to help units to transform their care practices and greatly improve outcomes for vulnerable babies. The network will support training and progression through the funding of a joint network project. Network collaboration will encourage peer support and the sharing of best practice. This will ensure that infant feeding advice is up-to-date and enable babies to receive breast milk and to breast feed when possible. The quality of information given to families in order for them to make informed choices about feeding their baby is essential. Expressing breast milk over a long period is extremely demanding, and if a mother is to succeed, she needs the support of those caring for her and her baby. Easy access and readily available breast milk expressing equipment and resources alongside information given to families, empowers them to make informed choices about feeding their baby. It is essential that all families are able to borrow a breast pump from the unit as soon as required. **(Data 3, 4, 5, and 6)**

7. Is donor expressed breast milk (DEBM) available?

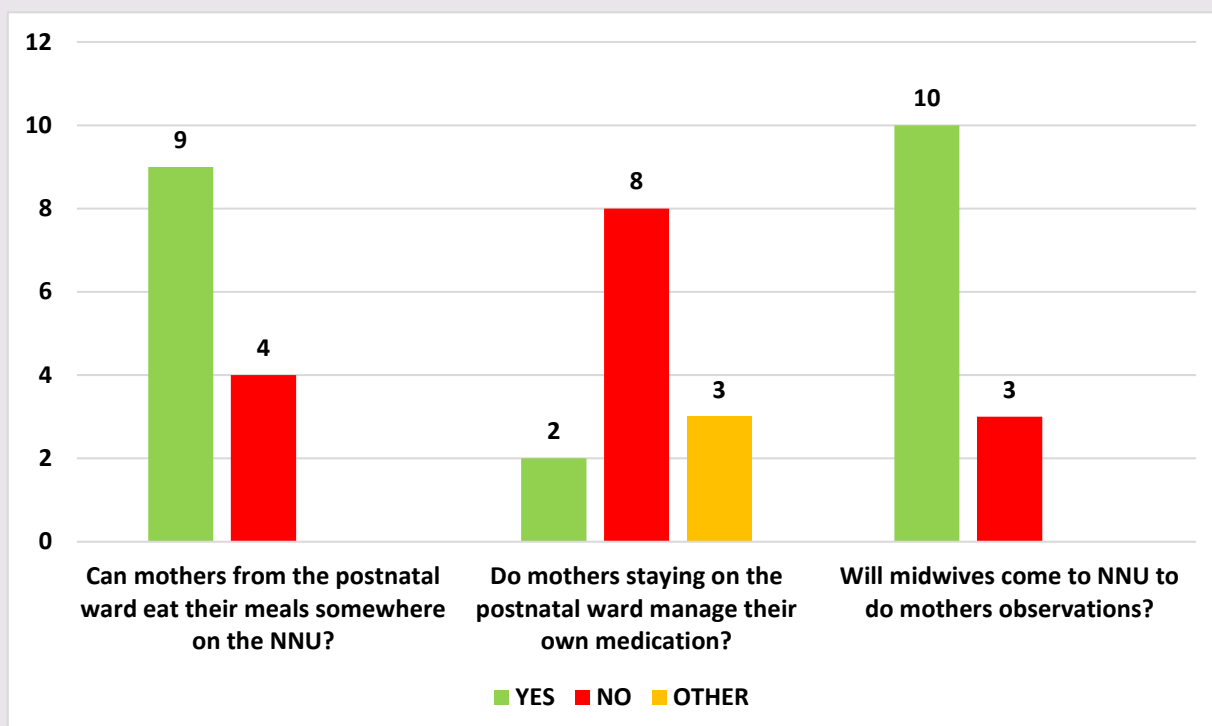


The majority of our units do offer DEBM, one unit is a Hearts milk bank hub and one unit has their own donor milk bank.

Recommendation:

- The World Health Organisation (WHO) recommends that Low Birth Weight (LBW) infants should be fed mother's own milk. When a mother's own breast milk is not available, the alternatives are either expressed breast milk from a donor mother or formula milk. Available evidence shows that compared with formula, donor Expressed Breast Milk (EBM) is associated with lower incidence of the severe gut disorder, necrotising enterocolitis, and other infections. Availability of, and use of EBM should be equitable across the network, development of network guidance should be considered to ensure this. **(Data 7)**

8. Maternity support for inpatient mothers on the neonatal unit



There is support offered to mothers who are inpatients in maternity services, often this can depend on how busy maternity is, the environment, the location of maternity services to the neonatal unit and the individual situations.

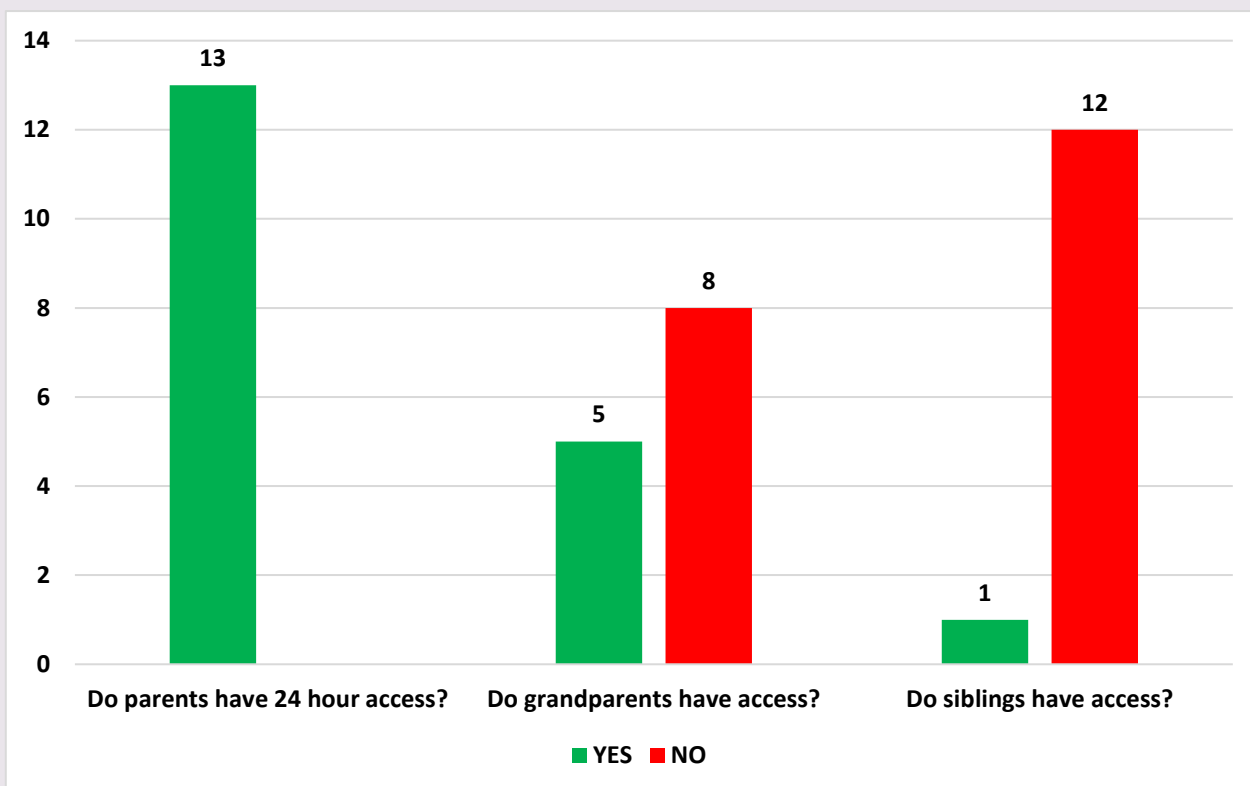
Recommendation:

- It is important for neonatal teams to work collaboratively with maternity teams to ensure inpatient mothers' are able to remain at the cot side; this could be achieved by working together and offering mothers the opportunity to have some elements of their postnatal care at the baby's cot side where possible. Including midwifery services in working groups within the network will build partnerships and support FICare initiatives. **(Data 8)**



Environment on Neonatal Units

1. Current access for families to the neonatal unit (2021/2022)

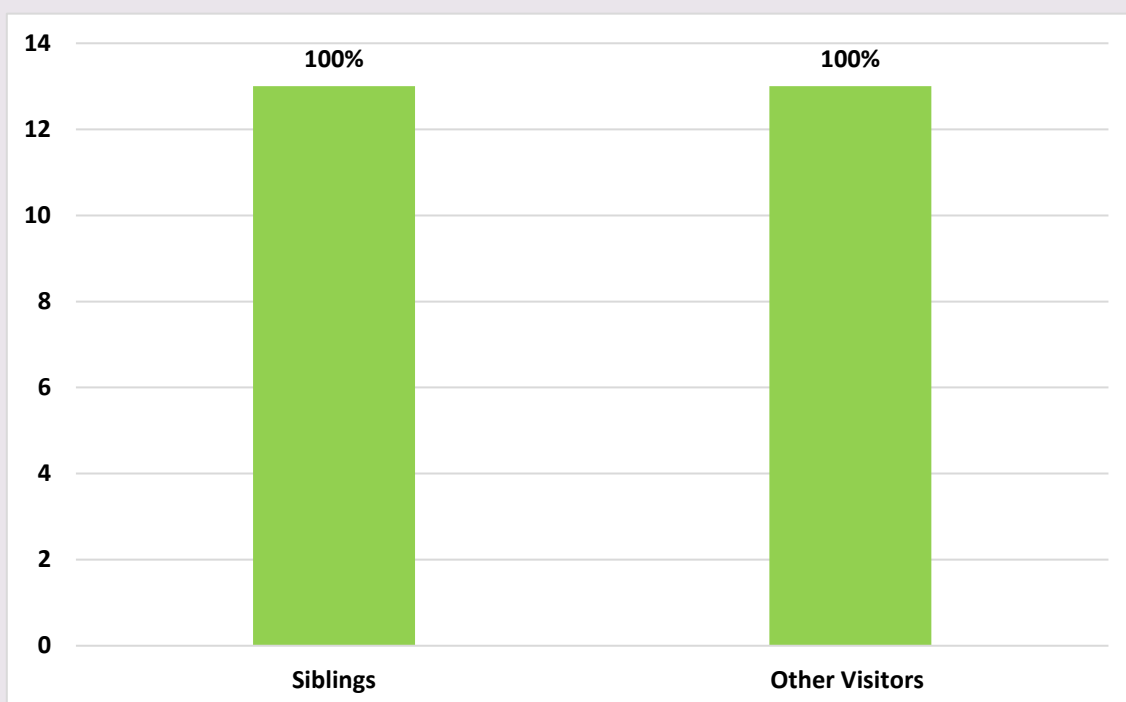


All 13 units in KSS have open access to both parent at all times.

Recommendation:

- The Bliss 'Locked out' report recommends in line with existing national guidance, Trusts and Health Boards should never consider parents as visitors to a neonatal unit, and should therefore not apply wider hospital visiting guidance to parents of babies receiving neonatal care. **(Data 1)**

2. Family access pre-pandemic

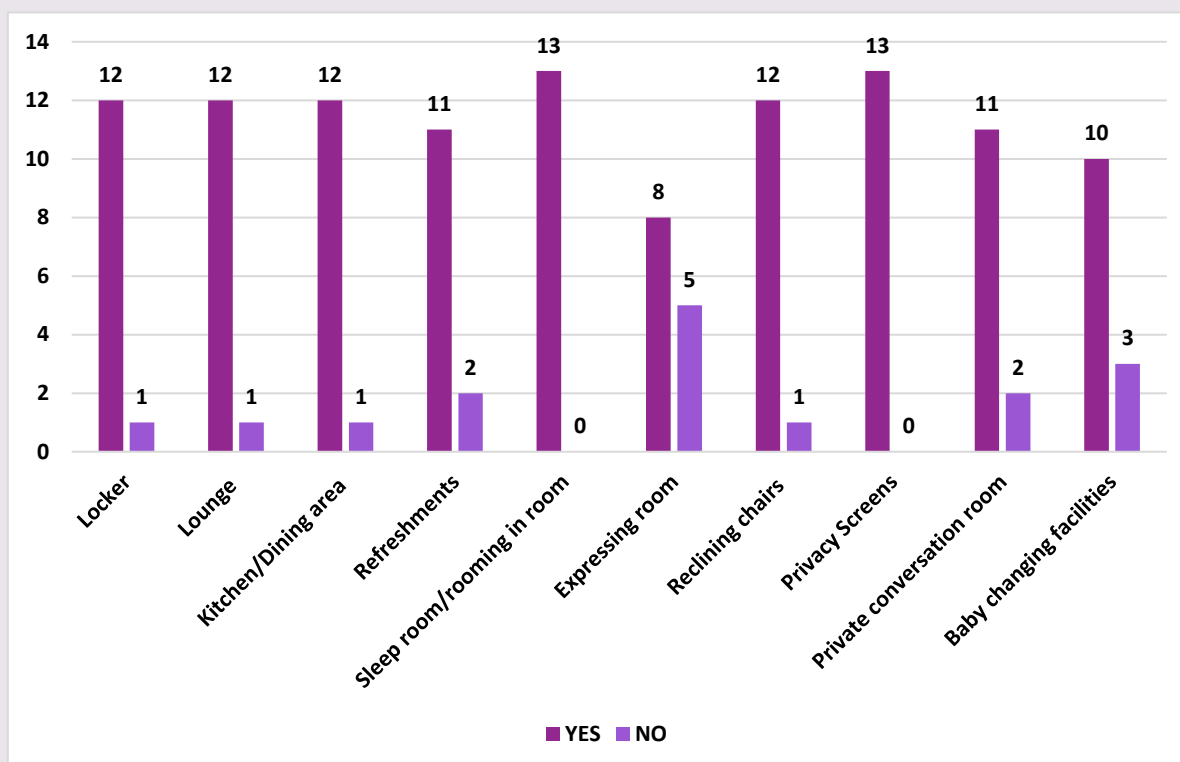


Pre-pandemic all units gave parent/carers the choice of who could come and visit to offer support in line with FICare.

Recommendation:

- The 'Locked out' report evidenced that parents across the UK found the COVID-19 pandemic an isolating time. However, for parents of babies in neonatal care, there continues to be added pressure as they try to navigate neonatal units alone, without the support of family and friends. In the report 92% of parents said that they felt more isolated as a result of the pandemic, and 51% described themselves as 'very isolated'. It is vital to return to pre-pandemic family access as soon as national and local guidance allows. **(Data 2)**

3. Resources for families on the neonatal unit

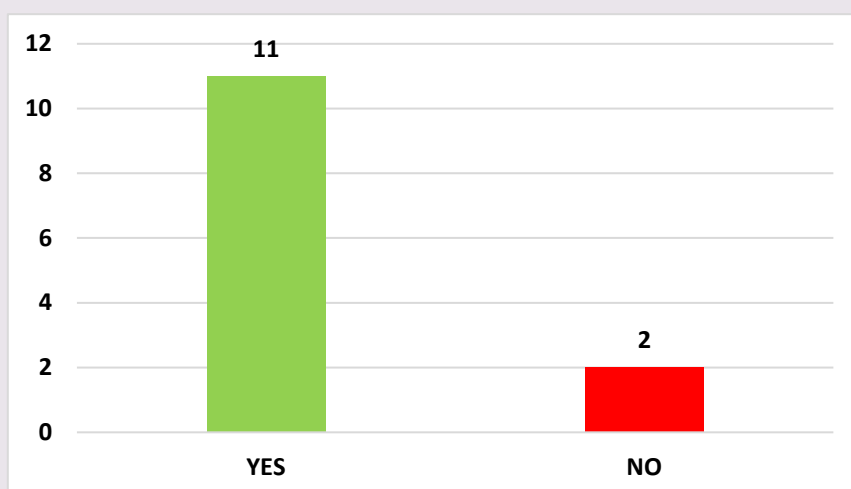


All of the units are managing with the current resources available for families, in a variety of environments, often limited by space.

Recommendation:

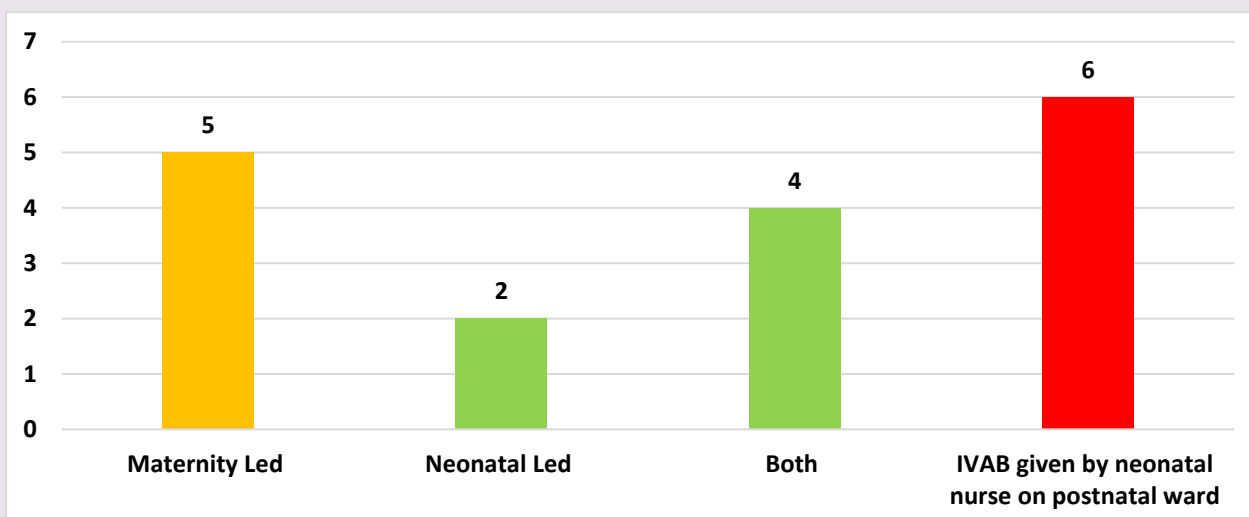
- Some units within KSS are very restricted by space and will require financial support to improve this where possible to ensure all of their facilities are at the cot side. Development of a network strategy for the equitable provision of parental facilities, including accommodation, is required to support the needs of families. Further GIRFT deep dive visits to individual Trust providers are being undertaken, this will provide further information and highlight areas for development and capital investment. **(Data 3)**

4. Are there transitional care services available?



11 out of 13 units have a transitional care service.

5. Are transitional care services neonatal or maternity led, or both?

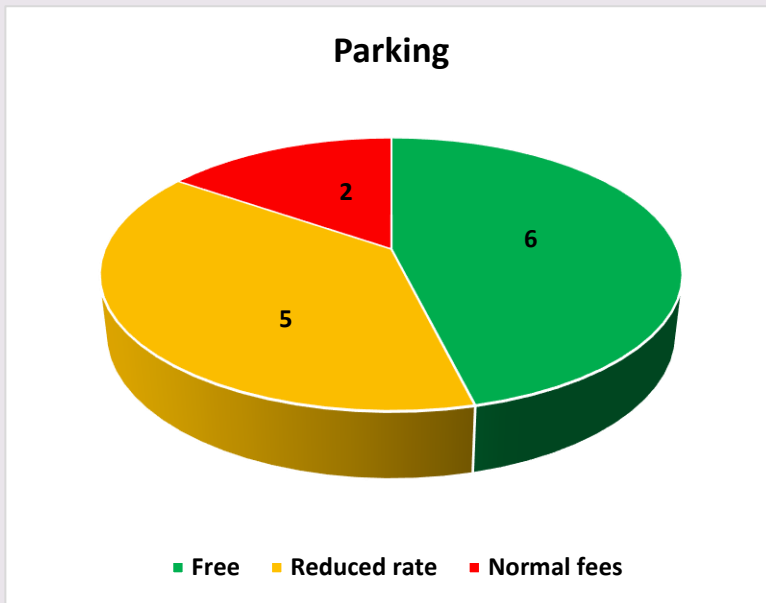
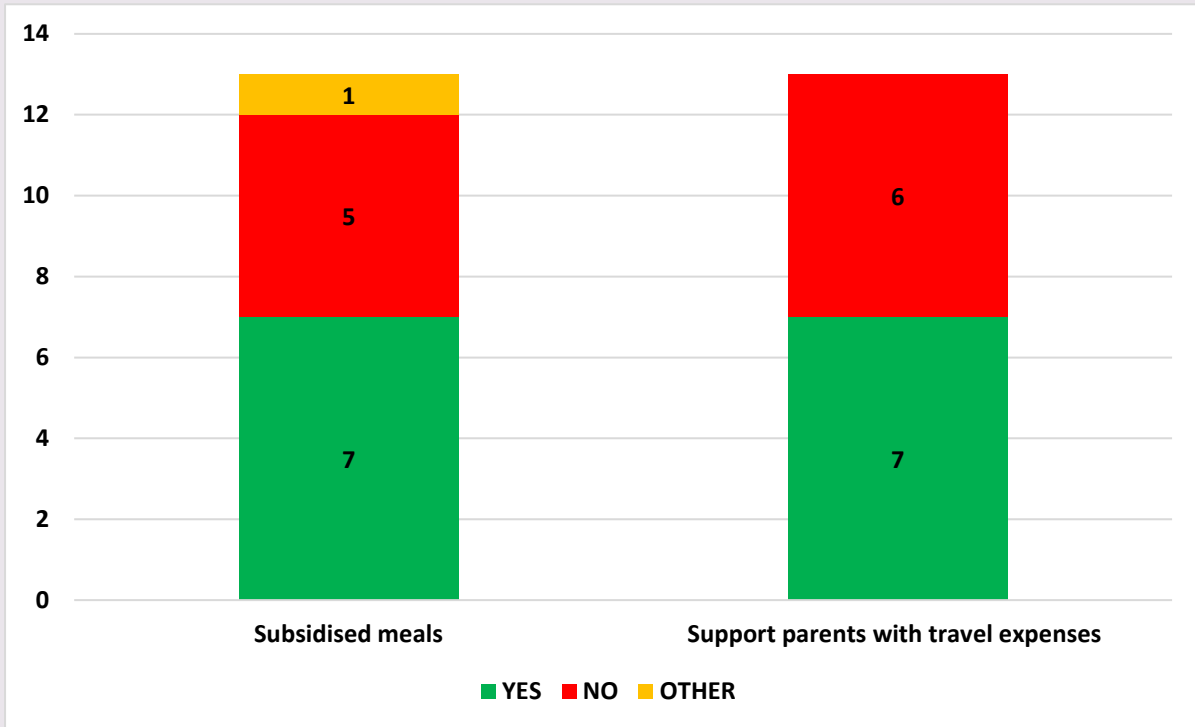


There is variation in where the transitional care service is located, and if the service is neonatal or maternity led.

Recommendation:

- Every newborn baby should be with their mother if possible; there is a need for the development of a network strategy to minimise separation of mother and baby and advocate for neonatal transitional care (NTC) services to ensure equitable provision of care. The question should not be whether mother and baby can be cared for together, but rather why should they be separated. **(Data 4 and 5)**

6. Financial support offered to families



Financial support is offered to parents in various forms. 12 out of 13 units offer one or more.

Recommendation:

- Research has shown that having a baby in neonatal care impacts on families' finances. This can have an impact on parental stress levels and can act as a barrier to parents being on the unit and as involved in their babies' care as they would like to be. Units must facilitate proactive signposting for financial support for families including for travel costs, food and parking. This support should be equitable, for example not just for mothers who are expressing milk or breast feeding. **(Data 6)**

Other

Unit ideas for future quality improvement:

*Beds by
the cots*

Footsteps to home

Dad project

*Table for parents
to eat at*

*PEER
support*

*Parent
passport*

*Beds by the cots
in N2*

*Videos on a screen in
the expressing room*

*Develop
outreach
pathways*

*Parent led ward
rounds*

*To be able to
return to
normal*

*Parents taking
babies temperature*

*Increase AHP input and
psychologist support for
all*

*Transitional
Care service*

*Develop outreach
pathways*

*NNAP
compliance*

The teams were asked how they thought care co-ordinators could support them:



Ideas seen across the network



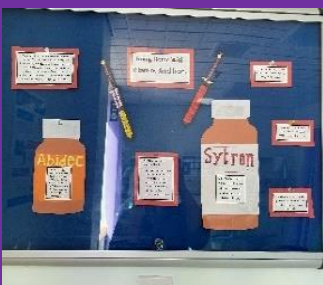
Easy access and readily available breast milk expressing equipment and resources alongside information given to families empowers them to make informed choices about feeding their baby. It is essential that all families are able to borrow a breast pump from the unit as soon as required



Pre made hand-expressing kits to assist with expressing in the “golden hours”



Communicating with families so that they are included in the everyday care of their baby. This could include weighing babies during the day with the family



Explaining the medication that their baby is receiving



Ask families how they preferred to be addressed

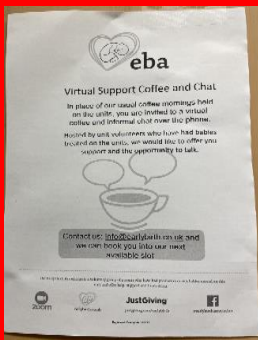


Signposting families to support available for travel to and from the hospital and support grants

- NHS Healthcare Travel Cost (HTCS)
- Maternity Sure Start Grant
- Family Fund (national Charity)
- Free Parking for families



Ensuring families and staff are aware of how noise can affect the newborn/pre term baby – This can be done by installing sound ears in the nurseries, some of the newer incubators measure sound levels



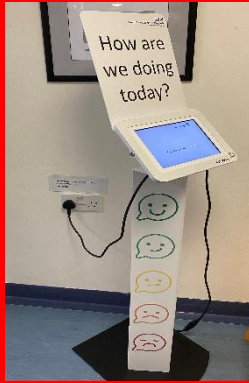
Starting or restarting local Peer-to-Peer support. This could include online coffee mornings



Using QR codes is an effective way to sign post families to information and support



Encouraging families to seek support by signposting to local and national support networks



Families must have opportunities to give feedback about their babies' care while on the unit and following discharge. Consider different ways to collect family feedback to improve and change practice



A well-stocked parents kitchen to ensure families have food and snacks available at all time on the unit - this one is stocked by a neonatal charity



Discharge from the unit can be an important milestone for parents. Consider ways of celebrating this, but it is important to be sympathetic to the needs of all families



Completing courses such as 'Fine' can give staff the knowledge and skills to support families to understand the developmental care that their baby needs whilst on the neonatal unit



Invite parents to be partners in their babies care



Amazon Wish lists can be shared on social media or in and around the units for families who would like to support with a donation



There are resourceful ways you can inform families about the equipment used on the neonatal unit. One unit has a display board to help parents understand the equipment



Individual units need to use the technologies already available to them to their full potential, using technology in an innovative way to support families' participation in care



Stories from families that have experienced neonatal can help other families find inspiration and comfort



Welcome bags for parents – donated and put together by local charities with useful items for families



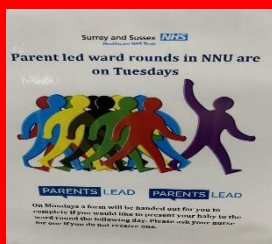
Sky lighting can help make a dark dull room more inviting and relaxing – In this picture it has brightened up a parent area



Lockers are essential so that parents can keep their belongings safe but also help them follow infection control guidelines



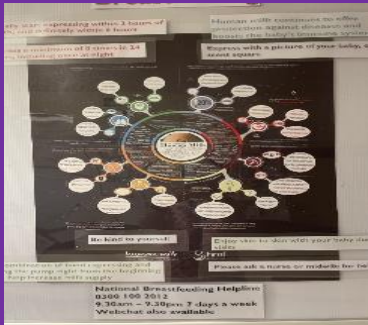
Having a quiet room for families to relax in. Some units have approached businesses to see if they can donate furniture that feels a bit more like home



Aim to support families to be actively involved in ward rounds, daily care planning and decision-making by adopting parent led ward rounds.



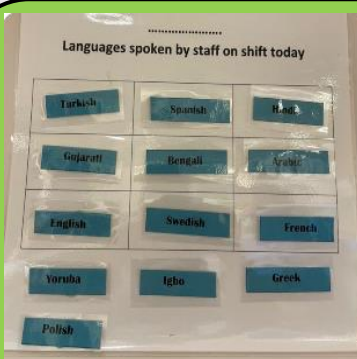
Welcoming all families on to the unit in different languages



Posters to help families understand the importance of breast milk



Consider the use of outdoor spaces, families and staff can have time off the unit



Making families and staff aware of team members who can speak other languages can be a simple way to assist communication (This is an example from an adult service in our network)



Displaying 'Your Baby's Care' posters (National Neonatal Audit Programme NNAP) containing information that is interesting and relevant to parents. Successes can be demonstrated and actions highlighted to address areas that still require improvement.

If you would like further information, please contact the care co-ordinators to link you with the relevant units

Reports and Resources

BAPM FICare Framework <https://hubble-live->

[assets.s3.amazonaws.com/bapm/file_asset/file/793/BAPM_FICare_Framework_November_2021.pdf](https://hubble-live-assets.s3.amazonaws.com/bapm/file_asset/file/793/BAPM_FICare_Framework_November_2021.pdf)

BFI Neonatal Accreditation <https://www.unicef.org.uk/babyfriendly/baby-friendly->

[resources/implementing-standards-resources/neonatal-guide-to-the-standards/](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/neonatal-guide-to-the-standards/)

Bliss - Families Kept Apart <https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/documents/Research->

[and-campaigns/Campaigns/Families-kept-apart.pdf](https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/documents/Research-and-campaigns/Campaigns/Families-kept-apart.pdf)

Bliss - Locked out report <https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Locked-out-the->

[impact-of-COVID-19-on-neonatal-care-final.pdf](https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Locked-out-the-impact-of-COVID-19-on-neonatal-care-final.pdf)

BLISS Baby Charter Accreditation <https://www.bliss.org.uk/health-professionals/bliss-baby-charter>

Claim for help with health costs <https://www.nhs.uk/NHSEngland/Healthcosts/Documents/2016/HC1->

[April-2016.pdf](https://www.nhs.uk/NHSEngland/Healthcosts/Documents/2016/HC1-April-2016.pdf)

DadPad <https://thedadpad.co.uk/neonatal/>

FINE Training <https://finetraininguk.com/>

GIRFT <https://www.gettingitrightfirsttime.co.uk/medical-specialties/neonatal-intensive-care/>

IFDC APP <https://ifdc->

[familyintegratedcare.com/#:~:text=The%20IFDC%20Mobile%20App%20provides%20extensive%20inf](https://ifdc-familyintegratedcare.com/#:~:text=The%20IFDC%20Mobile%20App%20provides%20extensive%20inf)

[ormation,to%20guide%20and%20support%20parents%20through%20their%20journey](https://ifdc-familyintegratedcare.com/#:~:text=The%20IFDC%20Mobile%20App%20provides%20extensive%20information,to%20guide%20and%20support%20parents%20through%20their%20journey)

Implementing the recommendations of the Neonatal Critical Care Transformation review

<https://www.england.nhs.uk/wp-content/uploads/2019/12/Implementing-the-Recommendations->

[of-the-Neonatal-Critical-Care-Transformation-Review-FINAL.pdf](https://www.england.nhs.uk/wp-content/uploads/2019/12/Implementing-the-Recommendations-of-the-Neonatal-Critical-Care-Transformation-Review-FINAL.pdf)

KSS implementation of NCCR 2021

National Neonatal Audit Programme [NNAP Online \(rcpch.ac.uk\)](http://rcpch.ac.uk)

Neonatal Transitional Care Framework for practice <https://www.bapm.org/resources/24-neonatal-transitional-care-a-framework-for-practice-2017>

Sure Start Maternity Grant <https://www.gov.uk/sure-start-maternity-grant/how-to-claim>

vCreate

<https://www.vcreate.tv/neonatal#:~:text=vCreate%20is%20a%20Secure%20Video%20Messaging%20service%20that,when%20they%27re%20unable%20to%20be%20with%20their%20child>

World Health organisations – Donor human milk for low-birth-weight infants

https://www.who.int/elena/titles/donormilk_infants/en/