

Embedding Allied Health Professionals and Psychology (AHPP) into Neonatal Services (RUH LNU)

AUTHORS

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Introduction

Allied health professionals play a crucial role in the neonatal unit by providing specialised care and support. It is acknowledged that neonatal outcomes focussed on quality of life and functional abilities cannot be achieved by medical and nursing intervention alone. Essential contributions are required by Allied Health Professionals (AHPs) and Clinical Psychologists who have advanced knowledge and skills within their discipline for optimising care and improving short and long term outcomes for high-risk newborns. The early involvement of AHP impacts on length of stay, enhances therapeutic interventions, helps avoid complications and improves longer term neurodevelopmental outcomes.

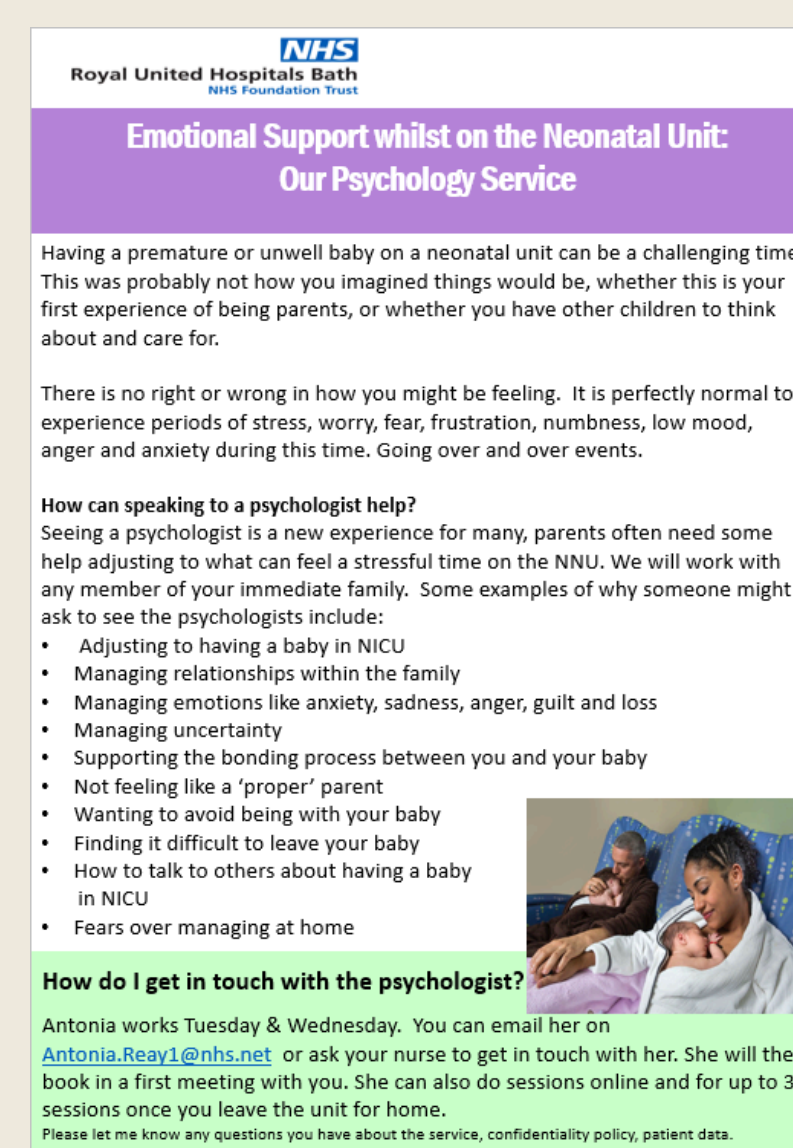


Psychology

National drivers

- 2019-NHS England- Neonatal critical care review
- 2021-NHS long term plan
- 2022-GIRFT-Getting it right first time
- 2022-Ockenden report

- We have a dedicated psychologist offering families support 2 days per week. Families can refer themselves or can be referred, with their permission, by nursing and medical staff and the Bliss Champion. Families can access weekly sessions whilst on the neonatal unit and can arrange telephone or Teams appointments following discharge, if necessary for 3 sessions. The psychologist also refers on for specialist support following the babies' discharge, if needed.
- The psychologist also offers staff training in Listening Skills and Mental Health Awareness via 'Tea Trolley' ad-hoc training and timetabled training sessions. Neonatal staff have been enthusiastic participants and appreciate the opportunity to hone their listening skills and mental health knowledge so they can best support families.
- The psychologist also offers short-term wellbeing support to individual staff where needed, for example if they have been impacted by something difficult that has happened when caring for a baby.
- Group debriefs are also regularly co-facilitated by the psychologist and senior medical or nursing staff.



Integration

- Established monthly AHP meetings with Nurse Consultant/Service lead attendance quarterly to ensure sighted on team wellbeing, opportunities and challenges
- Opportunity for AHP 1:1 with Nurse Consultant/Service lead, quarterly.
- AHP attend Neonatal Senior Team Meeting
- AHP team initially attending morning Safety brief to introduce selves to team.
- Formulation of AHP Action Plan
- Gap of AHP provision raised on Risk register sighted at board level
- Regular teachings by AHP to Medical, ANNP and Nursing workforce

• Tea trolley sessions

Tea trolley sessions involve teaching at the cot side a quick way to capture many people on the unit. It can be adaptable and flexible to fit the needs of the team and the ward.



OT-sensory development, Dietician-weight/length measurement, nutritional bloods, Physio-supporting early developmental intervention, gross motor and postural care, SLT-feeding cues and readiness, elevated side lying feeding, pacing, Psychology-Supporting parents: Introduction to listening skills: Opening and closing conversations

Away days

As a unit we acknowledge the importance of staff well-being and have facilitated 3 team away days to provide an opportunity for team building and relaxation. A chance to boost morale and encourage collaboration.

This session was very informative and we could see how different personalities are all needed to make a team work well.



I really felt cared for and nurtured-thank you for supporting us to care for ourselves.



Thank you for such a fab day! Feeling very lucky to work in such an amazing team of people x



So insightful, supportive and helpful to have this awareness and help to understand each other is a very important subject

MDT Specialist Interest Groups (SIG)

- Participating in an interest group is invaluable experience it provides opportunity to enhance relationships across the multi-disciplinary team, and enables everyone to have a voice in shaping care within the unit.
- SIG facilitates staff to develop specialist knowledge in given area and in quality improvement.
- 4 SIG areas

FICare

Family Integrated Care (FICare) is a model of neonatal care which promotes a culture of partnership between families and staff. This enables parents to become confident, knowledgeable and independent primary caregivers. Some of the projects started from the FICare group:

- Whiteboards at each bed space giving the opportunity for families to personalise their baby's environment, share their care preferences, as well as space for developmental care plans and advice for all to integrate into daily care
- Developed 'Kangaroo cadets' parent craft teaching sessions
- Provision of toiletry packs for our long staying families
- Evaluation of our paperwork and processes to support a FICare approach to discharge planning
- Producing 'Our Neonatal Journey' information folder for parents to utilise throughout their time on the unit

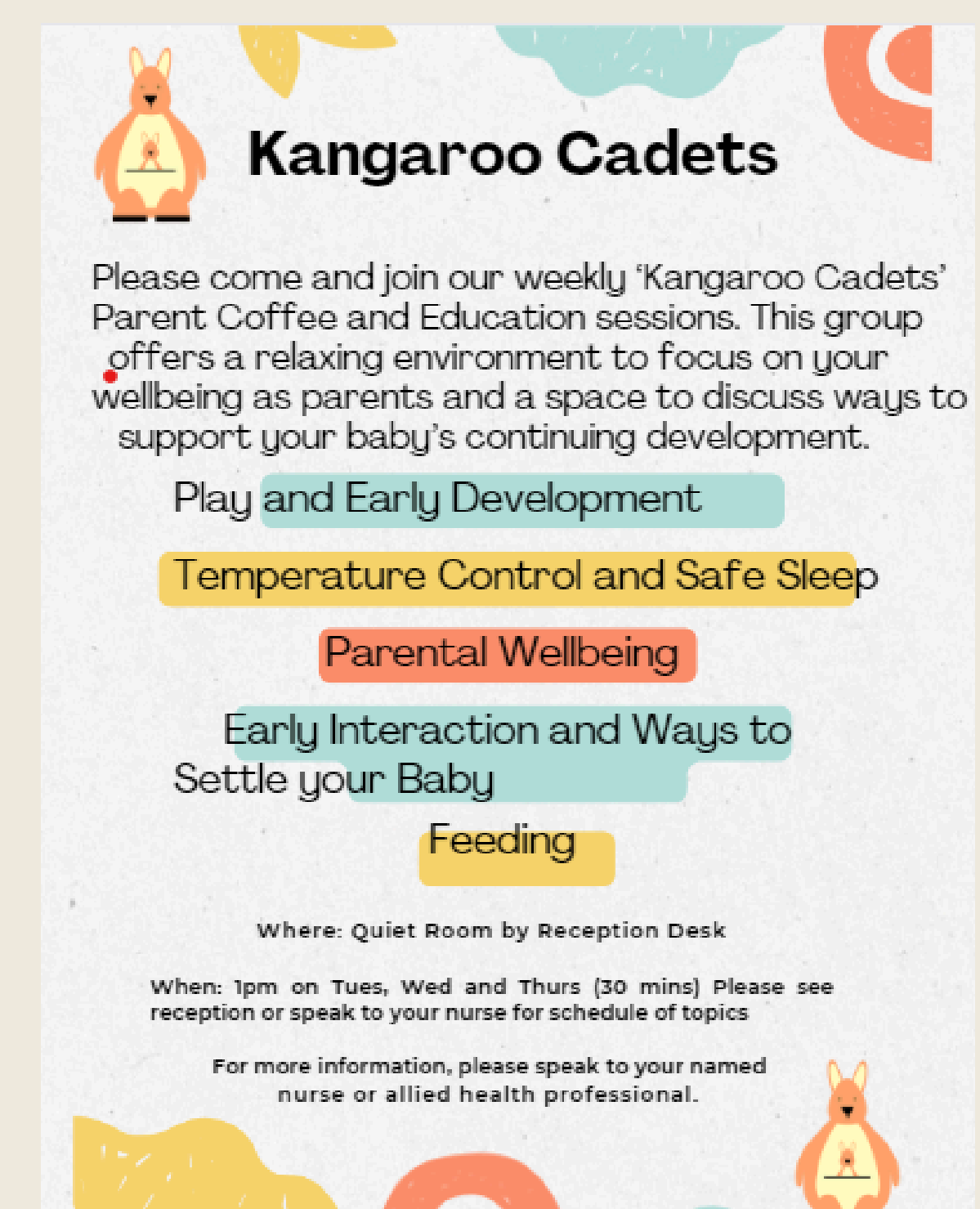
Nutrition

- Nutrition ward round once a week each baby discussed and plan of care made
- Dietician and to carry out tea trolley teaching on weight and length measurement and nutritional bloods
- New feeding guideline
- New vitamin and mineral guideline

Family matters meeting:

On Wednesdays, a meeting takes place with AHPPs, the medical team, and the nurse in charge to review each baby, their family, and the necessary support required. OT Kate Whiting created a brilliant proforma that is utilized for every baby.

Family Matters Prompt Sheet	
Care and Co-Occupations <ul style="list-style-type: none"> • Weighing • Bathing • Diapering • Feeding • Changing nappies • Transporting • Feeding • Transporting 	Positioning and Handling <ul style="list-style-type: none"> • Symmetry • Alignment • Appropriate boundaries and midline positioning • Musculoskeletal and respiratory • Hydration
Parental Wellbeing <ul style="list-style-type: none"> • Parental relationship - time on unit • Birth trauma, maternal mental health • Separation anxiety • Previous loss • History of MCH • Past life partner's settings • Clear message, direct transport, travel 	Development and Neuroprotection <ul style="list-style-type: none"> • Safety environment • Feeding sleep • Parental relationship - positive touch • Behavioural states • Musculoskeletal and respiratory • Communication - interactions
Nutrition and Feeding <ul style="list-style-type: none"> • Breast feeding (P1, P2, P3, P4) • Tube (SB) (SB) (SB) (SB) (SB) • Contraindications • Growth • Parental preferences: breast, bottle, tube • Oral stimulation • Feeding cues • Feeding method (on, Tact & pacing), position and support • Parental confidence • Care and reassurance • Support consent to transfer of feeding 	Discharge Planning <ul style="list-style-type: none"> • OT (PT) play and developmental session • Home care plan • Feeding plan • NCT making • Community referrals



An example of how a parent chose to personalise their baby's space:

Conclusion

Having Allied Health Professionals and psychology (AHPPs) on the neonatal unit has encouraged a collaborative team approach to caring for the babies. It allows babies and their families to receive the most well informed individualised care to give them the best opportunity to thrive in both short and long term outcomes.

Through regular teaching and sharing of information it allows all members of the team to stay up to date and deliver best practice to achieve the greatest possible outcomes for the neonates.

