

30th Global Experts Meeting on

NEONATAL NURSING & MATERNAL HEALTHCARE

May 14-15, 2018 Singapore

Aberdeen family integrated care (FiCare): Building families

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Traditionally neonatal units have been seen as a place of care where the nurses do most of the task orientated care that a premature or sick baby requires i.e. changing the nappy, measuring temperature, bathing, feeding and handling/positioning the baby. This often not only leave parents, especially new mothers feeling isolated, awkward, in the way or even a visitor to her own baby but the parents often did not feel empowered or strong enough to question this practice. It has very much been a culture of nurses knows best within neonatal units and this finding is across the world. In Aberdeen, after visiting Dr. Shoo Lee at Mount Sinai Hospital in Toronto, are now focusing on supporting the parents to care for their baby. Our nursing care model has expanded to now concentrate on teaching, caring and supporting the parents to do many of the tasks that the nurses would have done in the past. Parents are now encouraged to be present on the ward rounds and some even present their baby to the team on the ward round. Parents are encouraged to spend as much time on the unit as they possibly can so they can spend as much time doing skin2skin/kangaroo care as possible. This encourages bonding, breast feeding and parental confidence. This approach is still in progress but is gaining momentum every day. Medical staffs have adopted our approach and are seeking parental involvement in decision making about their baby and parents are being seen as partners in care. A new neonatal unit is being built in Aberdeen and this model of care has been pivotal in the design process, the aim of keeping mum and baby together as much as humanely possible is at the center of the hospital because after survival, relationships are the most important thing to a baby.

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