
FICare Survey Summary

Haddie Bills

Care Coordinator

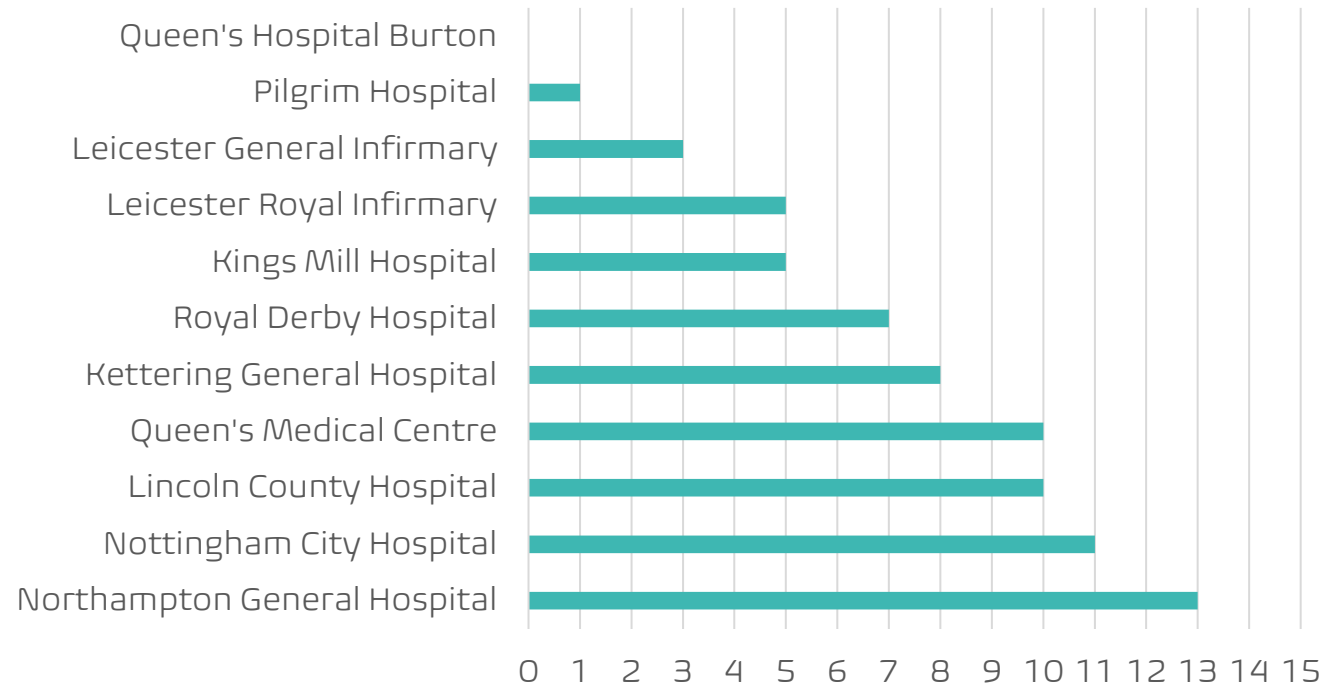
EMNODN

June 2022



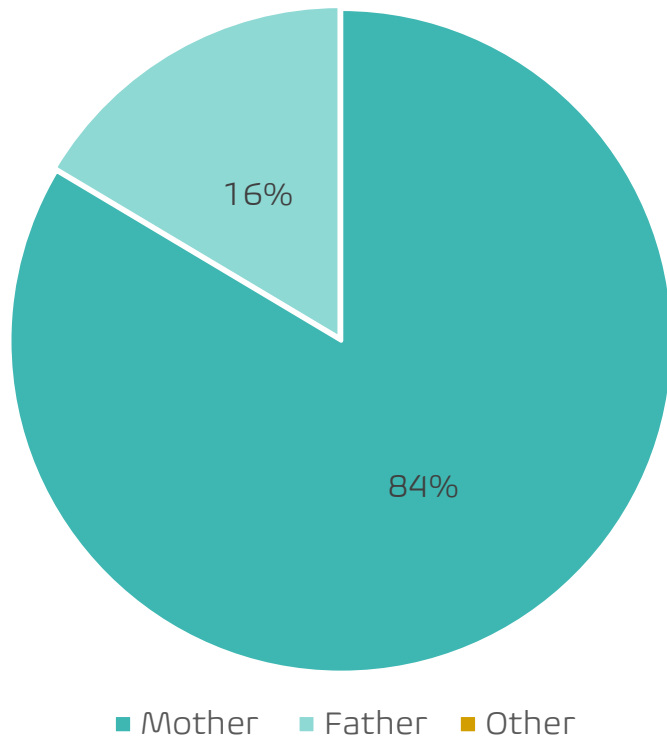
Total Responses

73

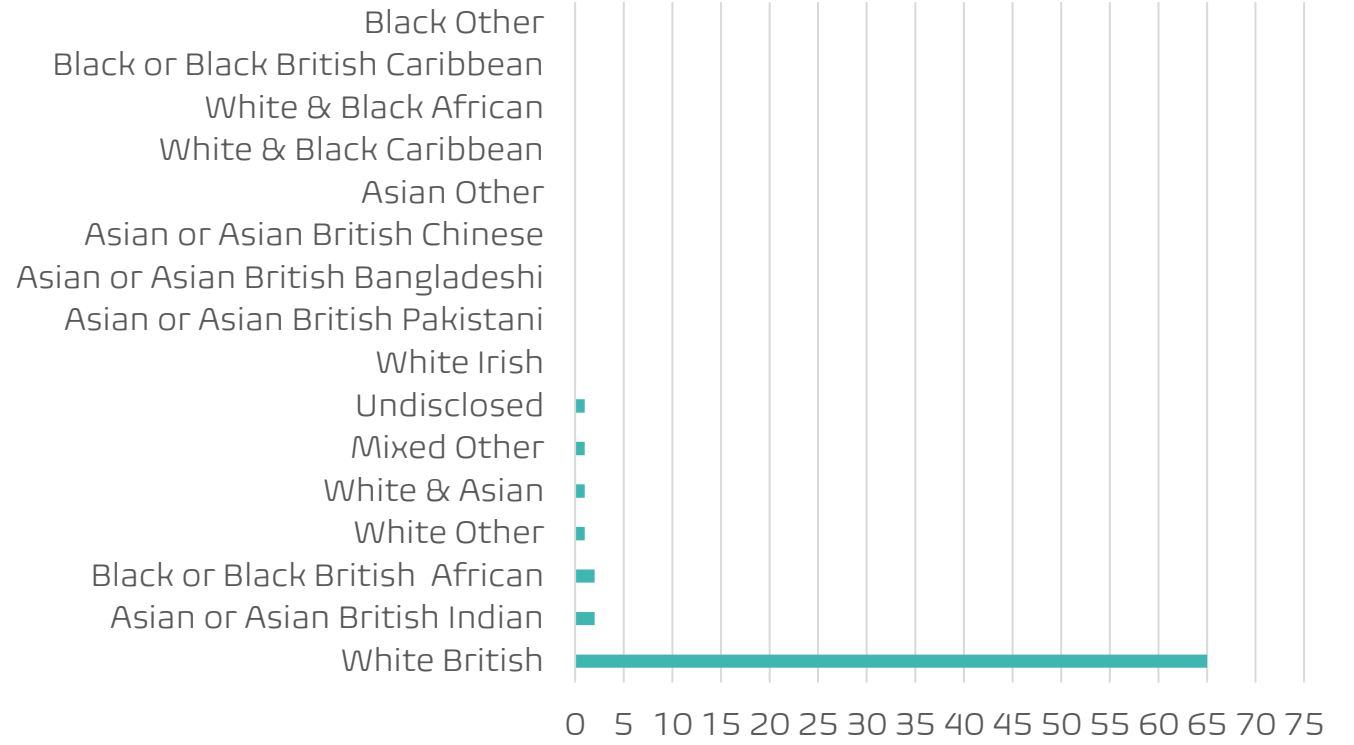


Demographics

Person Completing

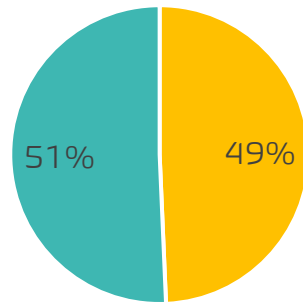


Ethnicity



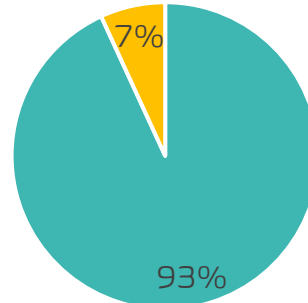
Parental Access

Is there anything that prevents you from spending more time on the neonatal unit?



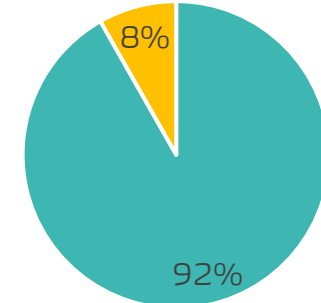
■ Yes ■ No

Could you access the unit to see your baby whenever you wanted to?



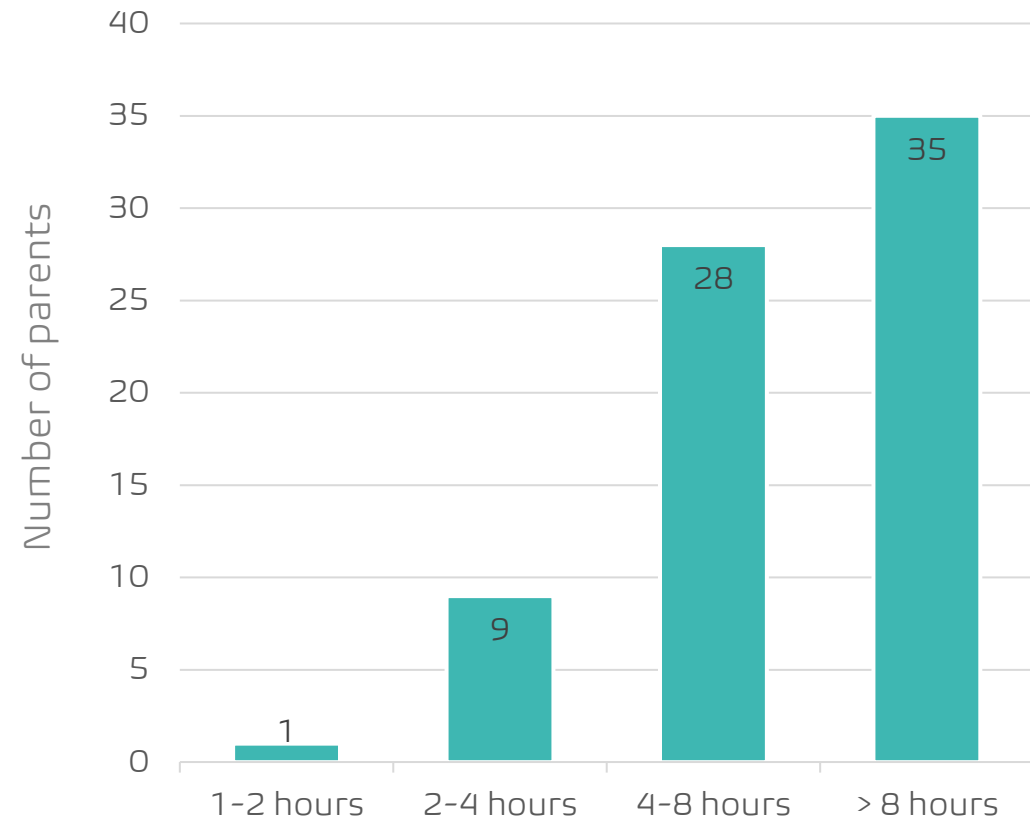
■ Yes ■ No

Were you encouraged to be present on the unit as much as possible?



■ Yes ■ No

Average
hours per
day spent
on the
Neonatal
Unit.



Barriers to parental access

Parent Feedback:

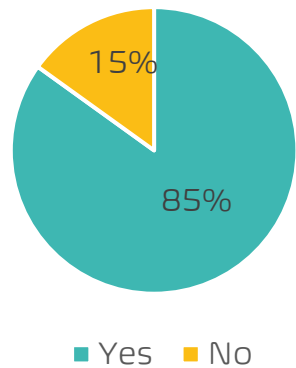
- COVID visiting restrictions
- Siblings access/ childcare
- Inequality of access for fathers compared to mothers
- Neonatal transfers
- Buzzer system on entry
- Maternal health and mobility
- Pain/ discomfort
- Neonatal staff support
- Maternity staff support
- Distance/transport/ inability to drive
- Lack of accommodation on site
- Work
- Having pets at home

Recommendations for parental access

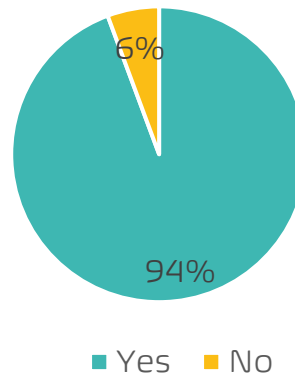
- Parents and siblings have 24/7 unrestricted access to their babies including during ward rounds and nursing handovers.
- Friends and families have access to the unit.
- Inclusive and equitable access for all families.
- Processes in place to ensure consistent family access when transferring between units.
- Availability of on-site childcare/ play therapists to support siblings.
- Waiting times at entrances are reduced by implementing systems to ensure families are given immediate access to their babies.
- Parent accommodation is utilised to its full potential and considerations are made for parents to stay at the bedside.
- Emphasis is placed on creating a comfortable and welcoming environment with access to reclining chairs in each bed space.
- Staff ensure a mindful use of language around access: advocating choice, empowerment and parents as primary caregivers.

Food & Accommodation

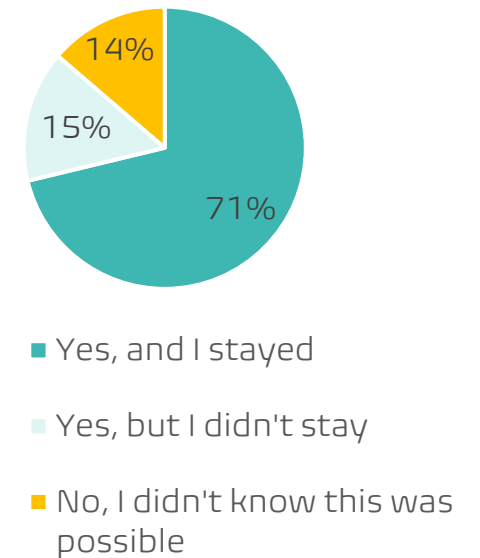
Were you provided with food and drink whilst on the neonatal unit?



If you were able to stay in a bed at the side of your baby's cot/incubator, would this be something you would like to do?



Was the option of staying overnight discussed with you?

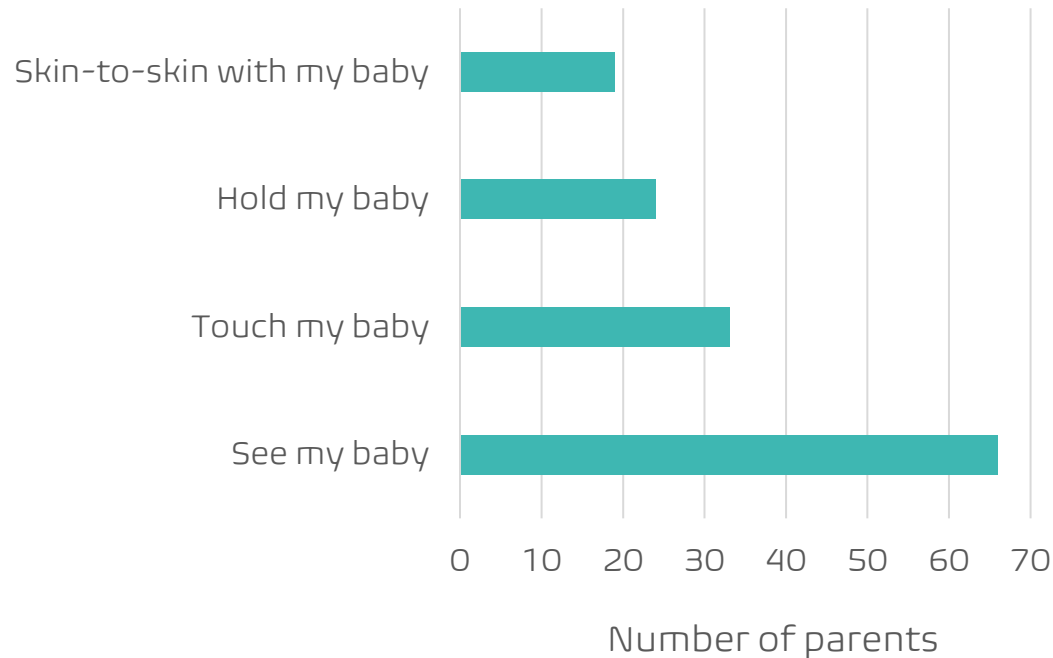


Recommendations for food & accommodation

- Families are made aware of unit facilities/ services early in their stay, including available food and drinks, food vouchers and the location of local eateries.
- Ensuring a welcoming environment, including a dedicated family room and kitchen facilities for heating and storing food.
- Parent accommodation is utilised to its full potential, and considerations are made for parents to stay at the bedside.
- Parents have access to rooming-in facilities before discharge to aid the transition to home.
- Ensuring availability of a dedicated room for families to stay with their baby during end-of-life care.

Birthday Cuddles

At the birth of your baby, which of the following were you able to do?

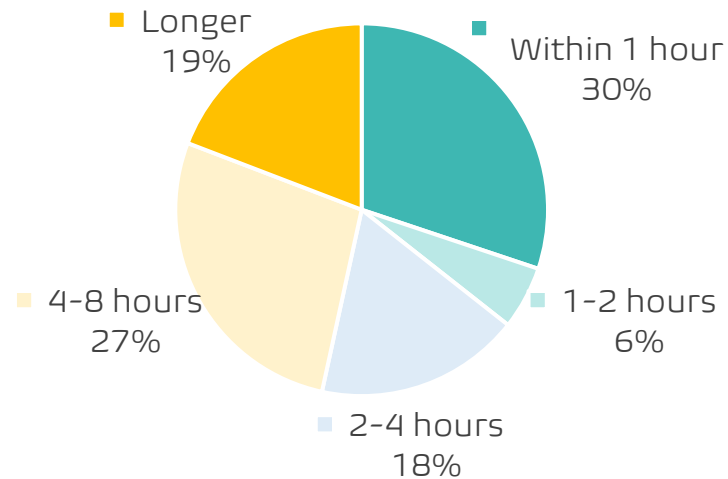


Recommendations:

- All parents who are medically able to are given an opportunity to see and touch their baby before transfer to the neonatal unit.
- All parents have skin-to-skin contact immediately after birth where the condition of the parent and baby allows.
- Parents and babies who are unable to have skin contact immediately after birth are encouraged to commence skin contact as soon as they are able.
- Parents who are unable to have skin contact for medical reasons are encouraged to talk to their baby and provide comforting touch.
- Parents are informed of the benefits of skin contact and being close to their baby as often as possible.

Aiming for Zero Separation

How soon after your baby was admitted to the neonatal unit were you able to be present with your baby?

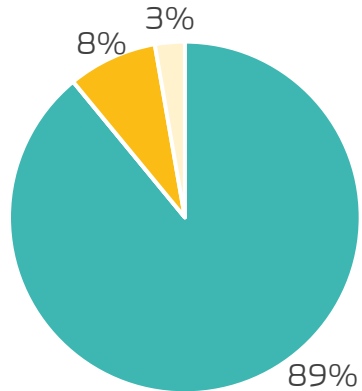


Recommendations:

- All parents, who are medically well enough, can travel to the unit with their baby.
- All parents are informed that they have immediate and unrestricted access to their baby.
- Parents who are unable to access the unit due to their own medical needs are visited soon after birth and given a photograph of their baby and an update.
- Every effort is made to get parents and babies together as soon as possible after birth.

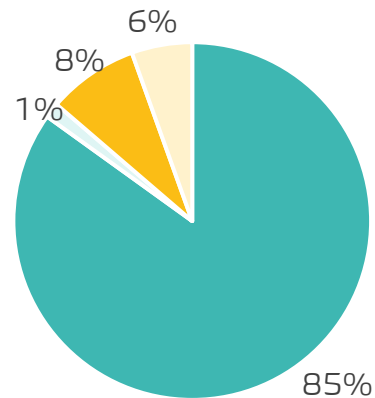
Ward rounds

Were you encouraged to be present for ward rounds?



- Yes, and I attended when I could
- Yes, but I couldn't make the times
- No, but I would have liked to
- No, but I wouldn't have wanted to

Were you encouraged to contribute to ward rounds?



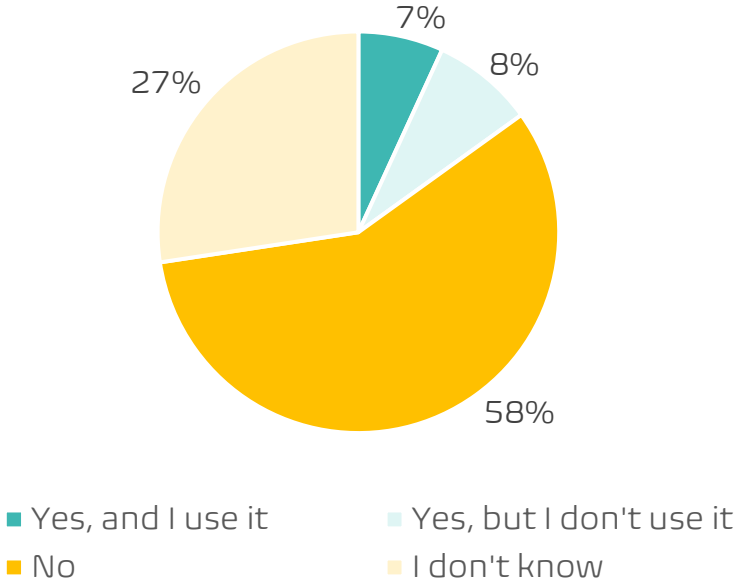
- Yes, and I did
- Yes, but I couldn't make the times
- No, but I would have liked to
- No, but I wouldn't have wanted to

Recommendations:

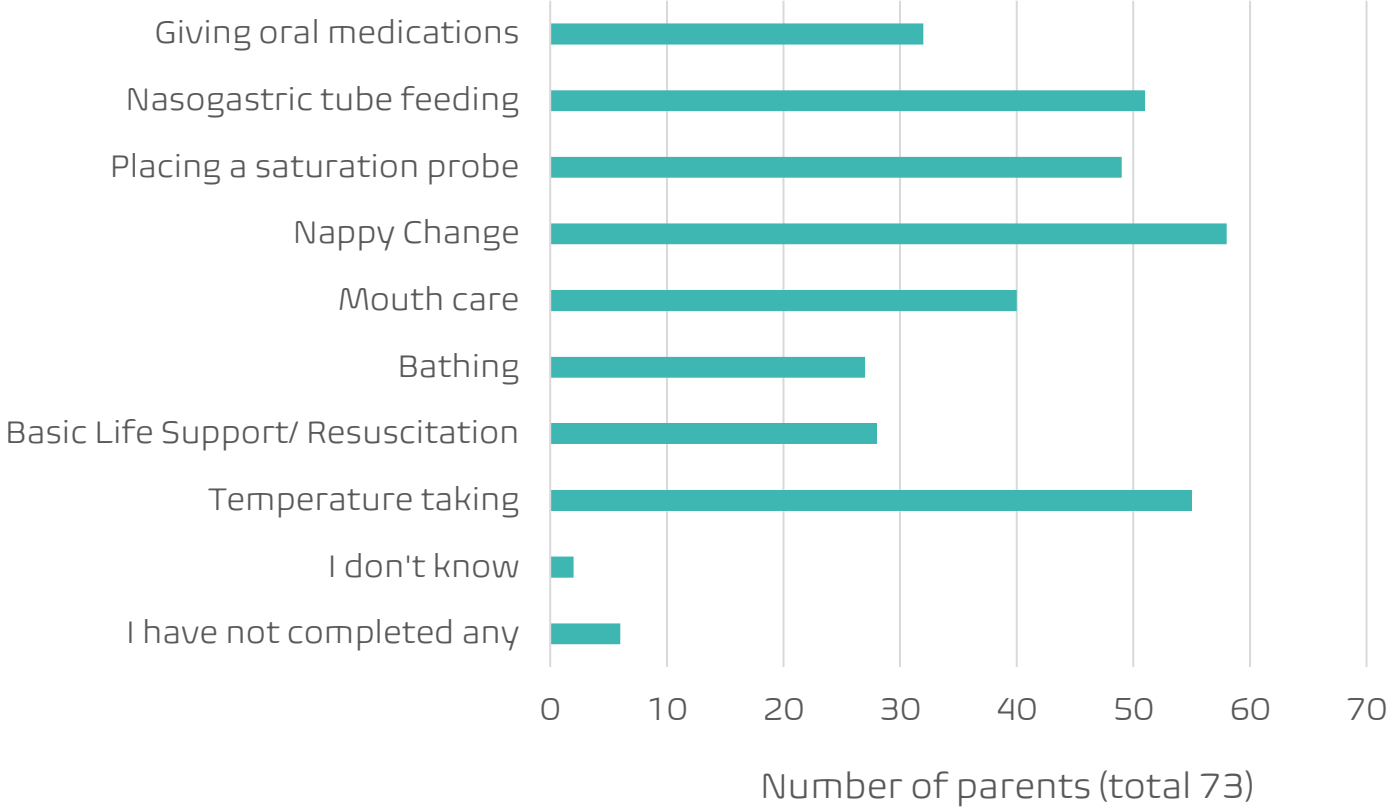
- Families are supported to be involved in daily care planning and decision-making by participation in medical ward rounds.
- Families are empowered and supported to be their baby's advocate and the primary caregivers.
- Ward rounds are at set times to ensure parents are able to plan their day accordingly.
- Parents who are unable to be present at ward rounds are given the opportunity to attend virtually.
- Parents who are unable to be present or attend ward rounds virtually are given the opportunity to have an update by medical staff at the soonest opportunity.

Parents as partners

Were you given a parent passport?

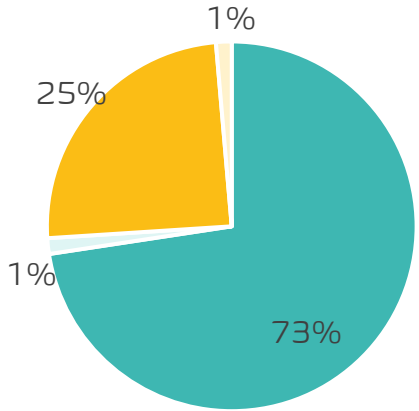


Which of the following training packages did you complete?



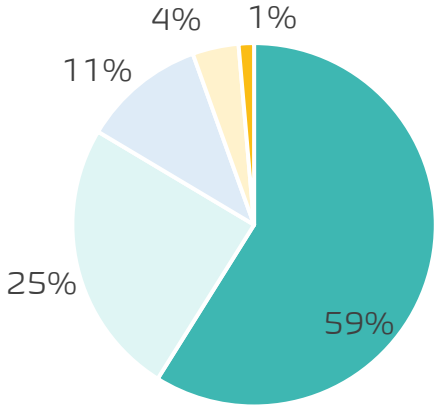
Parents as partners

Were you offered to be present when your baby was being weighed?



- Yes, and I was
- Yes, but I declined
- No, but I would have liked to
- No, but I wouldn't have wanted to

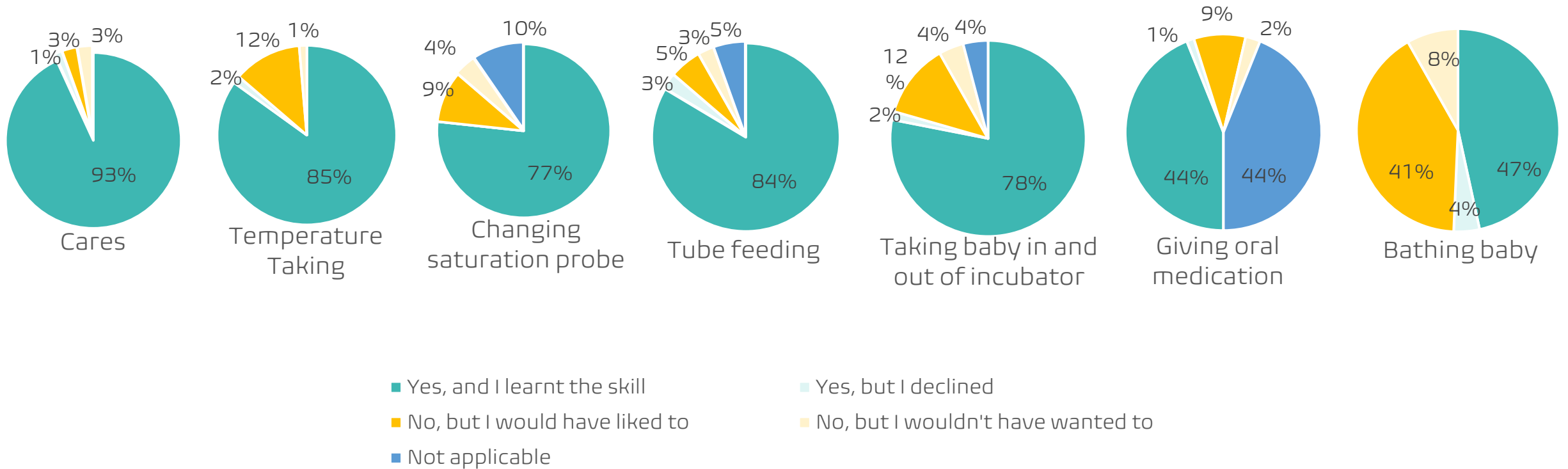
Were your baby's cares, feeds etc. organized at times that were best for you and your family?



- Always
- Usually
- Sometimes
- Rarely
- Never

Parentcraft

Were you offered to be taught the following:



Recommendations for parentcraft

- Cares, feeds and weighing are organized, where possible, at a time that allows parents to be actively involved.
- Parents are given information that outlines their role as primary caregivers and the philosophy of a Family Integrated Care approach.
- Families are provided with cot side education and support to care for their babies.
- Provisions are made for a structured education program for families.
- Family classes are provided at suitable times for families, including out-of-hours, evenings and weekends.
- Information leaflets in different languages and translation services are available to mitigate the impact of language barriers.

Next Steps

Supporting unrestricted access

49% of parents reported having reasons that they were unable to spend more time with their baby.

Aiming for zero separation

46% of parents waited over 4 hours to access the neonatal unit.

Parents as primary caregivers

14% of parents did not know it was possible for them to stay overnight with their baby. 94% of parents said they would stay in a bed at their baby's incubator or cot side if possible.

Early contact

74% of parents were unable to have skin-to-skin contact and 55% of parents were unable to touch their baby around the time of delivery.

Promoting inclusivity and equality

89% of people who took the FICare survey were white British and 84% were mothers.

Providing parent education

91% of parents were not offered all the parentcraft sessions that were applicable to them. 85% of families did not receive (or weren't aware if they received) a parent passport.