



GOOD PRACTICE POINTS: PRIVACY & DIGNITY ON THE NEONATAL UNIT

Statement

Although unable to speak for themselves, neonates should be afforded the same dignity, privacy and respect as any other patient. Dignified care is also an integral part of helping parents/carers to care for their baby on the neonatal unit and develop confidence in caring for their baby when they are discharged home.

The care we provide on the Neonatal Unit will be delivered with respect, compassion and sensitivity.

Introduction

Dignity is a value which is central to all nursing care (RCN, 2008) but it is a complex concept, particularly when caring for neonates and their parents/carers. If people (patients, parents, carers) are not treated with dignity they feel devalued and lack confidence and control. Dignity can be influenced by the place (the physical environment), people (their attitudes and behaviours and the organisational culture) and processes (the way in which care is delivered).

Although unable to speak for themselves, neonates should be afforded the same dignity, privacy and respect as any other patient. Dignified care is also an integral part of helping parents/carers to care for their baby on the neonatal unit and develop confidence in caring for their baby when they are discharged home.

Scope of Practice

These good practice points have been produced for use in neonatal units across the East Midlands Neonatal Operational Delivery Network (EMNODN) and are intended to support a consistent approach to maintaining the privacy and dignity of babies, and their families, cared for on neonatal units.

Principles

Dignified care centres around 3 broad principles:

- Respect – for baby's and parents/carers privacy, diversity and cultural needs
- Compassion – in meeting emotional and physical needs of baby and parents/carers
- Sensitivity – to the needs of the baby and parents/carers

Family integrated care is integral to delivering care with privacy and dignity.

Good Practice Points

- Parents/carers should be involved with decision making in relation to the care of their baby and included in the ward round process (if they wish)
- Parents/carers should be encouraged to provide care for their baby.
- Parents/carers should receive information and training to enable them to care confidently and competently for their baby whilst on the neonatal unit.
- Parents/carers should know who is involved in the care of their baby and their role within the team.
- Every baby and their parents/carers should be addressed by their chosen name, in accordance with their wishes.
- Each baby should be dressed appropriately to protect their dignity, taking into account their clinical condition.
- Equipment to support privacy and dignity such as, curtains, cot-side screens, should be available.
- A designated room should be available where parents can discuss matters with medical and nursing staff in private.
- Facilities for parents/carers should be available
- Staff should receive training on privacy and dignity for baby's and their families/carers, during induction to the neonatal unit.
- Staff knowledge of privacy and dignity on the neonatal unit should be evaluated and documented as part of the induction programme.
- Parents/carers should have readily available access to hospital Chaplaincy services and multi-faith organisations
- Psychological and/or counselling support should be available to parents/carers.

Auditable Standards

	Auditable Standard	Target
1	There is evidence that parents/carers are involved with decision making in relation to the care of their baby and are included in the ward round process (if they wish).	100%
2	There is evidence that parents/carers have received information and training to enable them to care confidently and competently for their baby whilst on the Neonatal Unit.	100%
3	Parents/carers know who is involved in the care of their baby and their role within the team.	100%
4	There is evidence that parents/carers are addressed by their chosen name, in accordance with their wishes.	100%
5	Each baby is dressed appropriately to protect their dignity, taking into	100%

	account their clinical condition.	
6	Equipment is available to support privacy and dignity such as, curtains, cot-side screens, should be available.	100%
7	A designated room is available where parents can discuss matters with medical and nursing staff in private.	100%
8	Facilities for parents/carers are available.	100%
9	There is evidence that staff have received training on privacy and dignity on the Neonatal Unit as part of the induction programme.	100%
10	There is evidence that psychological and/or counselling support is available and has been offered to parents/carers as appropriate.	100%

References

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

Department of Health (DOH) (2010). *Benchmarks for Respect and Dignity, Essence of Care.* DOH.

Nursing and Midwifery Council (NMC) (2008). *Standards of conduct, performance and ethics for nurses and midwives.* NMC Code, 2008

Royal College of Nursing (RCN) 2008. *Defending Dignity – Challenges and opportunities for Nurses.* RCN.

National Institute for Health and Clinical Excellence (NICE) (2012). *Quality Standard 4: Neonatal Specialist Care.* NICE