

# FAMILY

## Matters

### NEWSLETTER

Welcome to the fifth issue of the East Midlands Family Matters Newsletter! We aim for this newsletter to be released quarterly and share all things FICare with neonatal families and staff. If you have something that you would like to share, please get in touch so we can spotlight good practices and learn from each other!



## CONTACTS

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# THE ROLE OF NETWORK ALLIED HEALTH PROFESSIONALS

To provide expert and advanced clinical skills, knowledge and advice on discipline-specific care and management of neonates across the East Midlands, we have five new members of the team working as Allied Health Professionals.

Their roles will include the following:

- Developing and leading Network-wide AHP clinical supervision groups.
- Working collaboratively with the key neonatal unit (NNU) leads, unit and Network AHPs, and senior management teams to agree on both Network-wide and unit-based clinical priorities for enhancing and maximising care.
- Provide professional leadership & clinical supervision for existing unit AHPs.
- To act as an expert clinical and non-clinical resource for discipline-specific information for colleagues, either cot side or remotely, via existing AHPs where available.
- To ensure training is made available to as many staff as possible.
- Work alongside unit MDTs and Network tasks and finish groups to identify gaps in available parent resources and develop parent information as necessary.

Among much more!



# NETWORK AHP TEAM

## Sarah Willis- Occupational Therapist



Hello, I'm Sarah!

I joined the Network in January 2022, one of a few new faces that make up our lovely team of Allied Health Professionals.

I am a Neonatal and Paediatric Occupational Therapist (OT) with widespread experience working clinically within both the East and West Midlands.

I was born and raised in Northern Ireland, moved to Liverpool for University, and then on to Leicester to start my paediatric career.

I have experience in both inpatient and community settings, and in a range of OT roles where I have been delivering direct clinical care, leading a team, developing new services and designing group interventions. Neonatal OTs are specialists in supporting parent-infant co-occupations and infant neurobehavioral and sensory development. To do that, we work closely with the whole team around the baby, especially parents, so Family Integrated Care is close to our hearts.

In the EMNODN, I will strive to narrow the postcode lottery and work towards establishing consistent, equitable and high-quality Occupational Therapy for our neonates and their families, from their very earliest days and throughout their longer-term development. I am extremely passionate about the role of Occupational Therapy and the value the profession can add to caring for Neonates and enhancing longer-term developmental outcomes.

In my personal time, I like to spend time with friends and family both locally and get back to Northern Ireland. I love to travel the world and will make any excuse to eat out and try new restaurants and cuisines - recommendations are welcome as I make my way around the network! I enjoy getting outside for a long walk or run, and can't wait to meet more of the amazing staff and families we have across the East Midlands and get stuck in raising the profile of OT!

# NETWORK AHP TEAM

## Helen Cater- Physiotherapist



Hello,

My name is Helen Cater, I am a Chartered Physiotherapist and have worked in the East Midlands for over 20 years.

I was a community-based children's physio for many years working in Nottinghamshire and gained many valuable skills working with infants, and their families, in different areas and specialities of physiotherapy, contributing towards the long-term management of neurological conditions.

Very early in my career, I had the opportunity to work on a Neonatal unit and held this firmly as an area I really enjoyed, so when an opportunity came along for a position as a Neonatal Therapist I was excited to return to the precious world of Neonates.

I have been a Neonatal Physiotherapist for over 8 years, working at The Royal Derby Hospital Neonatal Unit. I currently divide my time between working clinically and for the Network. Maintaining a current clinical role is important to have recognition of the day-to-day practicalities, challenges and overall provision of therapy service, so I can translate these demands when advising and supporting the staff across the network.

I am passionate about being involved in care for premature and vulnerable babies, and as well as my own specific role

I encourage and facilitate Family Integrated Care into the principles of my therapeutic input & and support for families. I believe communication and providing appropriate information for families is essential, and this is key to engaging parents, and helping them understand the implications of having a premature baby.

We are currently one of the national networks with the lowest numbers of AHPs working on Neonatal Units, and so one of the core priorities will be to look at workforce planning, across the East Midlands Network and support individual Trusts to re-evaluate and reassess the provision of Neonatal Physiotherapy on the units. I will also be visiting individual units to get to know the local teams and support my Neonatal Physiotherapy, and Allied Health Professional colleagues. I look forward to meeting with you very soon.

Outside of work I am kept very busy with 2 growing children who love their sports & are committed to swimming, football, rugby & cricket, and so if I get some spare time ! - I enjoy keeping fit & running, and am a member of a local running club, and definitely enjoy catching up and socialising with my friends.

# NETWORK AHP TEAM

## Natalie Madden- Speech and Language therapist



Hi

I am the newest East Midlands Neonatal Network member, and I am so glad to have joined the team! Alongside my network role, I work clinically as a Speech and Language Therapist (SaLT) in the West Midlands and have done so for 20 years now. Soon after graduating, I quickly became interested in the area of supporting complex babies and children. I went on to complete my postgraduate paediatric dysphagia training to enable me to specialise in the area of dysphagia (swallowing difficulties). I then moved into the area of neonates completing further specialist SaLT neonatal training, and became the lead Speech and Language Therapist for the neonatal and paediatric Dysphagia service. This service involves working as part of a Multidisciplinary team with other Allied Health Professionals (AHPs) and our neonatal unit, and I have worked there now for over 15 years.

I love that my role allows me to support parents and their babies throughout their feeding journey, such as “normalising” feeding and helping to safely transition babies from tube to oral feeding.

The happiness I feel when parents are able to give their babies their first oral feed is one that I will never take for granted.

I am also a qualified Makaton tutor and have a wealth of experience in delivering this training alongside various other training packages for parents and professionals to support the communication development of babies and children.

I have two gorgeous young boys aged 6 and 4 who keep me and their Daddy very busy in our spare time. I have personally experienced how being made to feel safe, secure and supported by staff when your pregnancy and birthing journey does not go to plan can make all the difference.

I am passionate about working as part of the team, and I am a strong believer in well-coordinated care to ensure that our families receive the right support at the right time and in the right place. My new role in the East Midlands will enable me to raise the profile and importance of the AHP roles within neonatal services. I aim to build equity and access to these services across the Network, and I am so proud and excited to be able to work with you all!

# NETWORK AHP TEAM

## Katie Hay- Dietitian

Hello!

It is so great to be writing this introduction as one of the team of five Allied Health Professionals (AHP's) that have been joining the network in the last few and coming months. Let me tell you a little bit about myself!

I actually qualified as a paediatric nurse in 2005, and have always loved neonates. As such, I found myself working on a busy level 3 surgical unit within what is now the East Midlands Neonatal Network almost immediately after I qualified. Whilst working on the unit, I discovered my passion for all things growth and nutrition, so after a few years of nursing, I took the plunge and went off to train as a dietitian! I always knew I would return to my passion one day, and here I am.

I have been a qualified dietitian now for 10 years and within paediatrics and neonates for almost 6 of those years. I am as passionate about growth and nutrition now as I was all those years ago.



The power of growth to positively impact upon the physiological hurdles faced by tiny and sick babies, giving them the best possible start in life, ensuring that their long-term health is supported, and that family wellbeing is at the heart of all we do is so important to me.

In my network role, I hope to support my network colleagues and staff on the units to ensure a standardised approach to growth and nutrition, ensuring all babies and their families have a positive feeding journey.

Pre-Covid (& children!) I loved to travel. I'm pictured here in Marrakech a few years ago. I also enjoy spending time in my garden and share Cara's love of crochet!

I am really very excited to be working with you all 😊

# NETWORK AHP TEAM

## Dr Anita Durso- Consultant Clinical Psychologist



Hello,

I am delighted to be joining the team as the Psychology Lead for the network. Since coming into the role, I have really enjoyed visiting some of the fantastic units across the East Midlands and meeting with some dedicated and enthusiastic colleagues in the network team and across many of the services in the region.

I have always had a longstanding passion for the role that psychology can have in promoting family strengths as well as understanding what helps support families in times of distress.

Before completing my clinical psychology training, I embarked on a PhD examining the impact of early childhood illness on family functioning. This ignited an early passion for the field of paediatric psychology, and I chose to complete specialist training in this area during my clinical psychology doctorate. In 2014 I introduced the role of clinical psychology to the Neonatal Intensive Care Unit in Cambridge. What started off as a half day per week expanded into 2.5 days and I worked with others to complete a pilot project to support staff and families on the unit.

The success of the project led to a substantive increase in psychology time for the neonatal unit. Following this, I spent seven years leading a paediatric psychology service working with children with various physical illnesses (some of whom spent time on neonatal units) and their families.

Since having had my own children, I have reflected on how important those early days and weeks are in terms of the stories we hold about ourselves as parents and about our babies as individuals. When this post came up, I felt like it was a perfect time for me to return to the neonatal world specifically to focus on improving this experience for families and staff from a psychological perspective. My hope is to work with the network team and wider services to integrate psychological thinking into education, resources for families and increased access to embedded psychology for babies and families on neonatal units in our region.



# SUPPORTING SIBLINGS

For many families, one of the most stressful parts of having a baby on the neonatal unit is when you are also trying to support an older sibling at home.

For many young children, it can be difficult to initially accept the arrival of a sibling, regardless of how much this has also been prepared for and welcomed. However, if this new brother or sister arrives unexpectedly or is sick and has to stay in the hospital with a parent, it can be particularly confusing and upsetting.

## Common feelings and behaviours:

It can be common for siblings to feel worried, sad, resentful, angry, jealous and guilty. Indeed, it is common for children aged 2-7 years to go through a normal developmental stage termed 'magical thinking' where they believe their personal thoughts directly affect the rest of the world. Therefore, at times siblings can worry that their thoughts or actions have 'caused' their brother or sister to end up in the hospital (for instance, having wished their brother or sister would 'hurry up and arrive').

## Talking about distressing news with siblings:

It is understandable for parents to want to shield their children from hearing bad news. However, often children are more in tune with how parents might be feeling than parents may think. There are several books detailed which can be helpful to share with siblings and help give parents the words for how to have this conversation. Remember, young children, tend to 'dip in and out' of conversations and may ask unrelated questions during upsetting discussions or follow-up questions much later.

# SUPPORTING SIBLINGS

## Visiting the Unit:

As COVID restrictions start to lift, many units are welcoming the return of siblings and grandparents. This can be very helpful for siblings in order to help them create a story in their minds of where their younger siblings (and parents) are when they are not at home. It is useful to prepare siblings for this visit. This can be done by sharing photos/videos (where appropriate) of what they might see when they come into the unit, reassuring them in advance that the machines and associated noises are there to help the nurses and doctors to do their jobs well or explaining why things are often quiet. For younger children, it might be helpful to plan for these visits to be shorter and to have a purpose (for instance, sharing a drawing with their baby sibling). It is also helpful to plan some time once the visit has finished doing something the sibling might enjoy (e.g. go to the playpark, get a hot chocolate) and leave space for them to ask any questions they may have.

## Top tips:

- 1) The most helpful thing you can do as a parent is to let siblings know that you are there to talk, listen and be willing to be honest about what is happening. A nice way to introduce this might be to spend time with the sibling looking through photos of them as a baby and sharing stories of that time/what they were like as a baby. This can open up conversations about what is the same and what is different for their baby sibling.
- 2.) Before visiting, it can be helpful for the older sibling to choose a family photo or photo of themselves (or self-portrait!) to put near the baby's cot.
- 3.) It might be helpful to have little messages on the cot from the baby brother or sister for their sibling to find when they visit.
- 4.) If the sibling is at nursery or school, it might be helpful for them to create a scrapbook or special box (perhaps including photos of their baby sibling, a nappy or a hospital information book) to share with school friends and teachers.
- 5.) As much as possible, it can be very helpful for usual routines such as going to playgroup or visiting friends to continue. Predictability and routine really help young children to feel safe and lessen feelings of worry.

Dr Anita D'Urso, Consultant Clinical Psychologist, EMNODN



# FAMILY INVOLVEMENT

Your time in a neonatal unit is likely to be one of the scariest and most overwhelming periods you will experience.

While your baby is busy growing, healing, learning to breathe, recovering from surgery, and attempting to develop under difficult circumstances, and with lots of professionals all around it can be difficult to feel comfortable as a parent, and so hard to navigate both life at home and staying with your baby.

You are not alone, and we can help! There's a lot of benefit in doing your babies cares! Research tells us that getting involved as a parent in the neonatal unit:

1. Reduces your baby's stress
2. Increases your confidence
3. Promotes a shift to the parenting role
4. Relates to better long term outcomes
5. Decreases your risk of postpartum anxiety and depression

You have a unique and valuable role in helping your baby cope in the neonatal unit. Swaddling, breastfeeding, non-nutritive sucking, facilitated tucking and hand hugs, kangaroo care and oral sucrose are techniques that you can implement that research proves effectively reduce physiological responses to pain.

“Maternal voice is the first and most important low-frequency sound audible to neonates, and attention has turned towards maternal contact as a source of comfort” (Gooding, as cited in Chen, Li, Sun, Han, Feng & Zhang, 2021, p. 668).

Your baby knows your voice. Evidence tells us that talking, reading and singing to your baby supports auditory processing and language development, stabilises heart and respiratory rates, promotes sleep, releases oxytocin and minimises pain. Babies particularly love to hear songs sung or hummed at a lower register, songs with a low melody and songs that repeat!

Sarah Wills- Network Occupational Therapist



# AREAS OF EXCELLENCE



## Music Therapy at Kettering General Hospital Thomas's Fund

Kettering General Hospital has introduced a pilot project for music therapy in its neonatal unit. Music therapy is the use of recorded or live music implemented by trained professionals.

Studies in neonatal units have found that music therapy can have huge benefits for the preterm infant, including:

- regulation of heart rate, breathing and oxygen levels
- improved weight gain
- improved oral feeding
- improved ability to self-regulate
- improved development of sensory and communication skills
- improved sleep
- reduced stress
- reduced signs of pain
- reduced length of stay in the hospital
- reduced readmissions after discharge

Kettering has a therapist who comes weekly as part of the pilot project, and they are hoping to have this as a regular offering in their unit once the pilot has been completed.

The project will also encompass a Family Integrated Care (FICare) ethos by supporting parent/carer involvement and encouraging parents/carers to sing to their babies, to use music therapy whilst holding their babies in kangaroo care (skin-to-skin contact) and as appropriate, to develop play through music.

Family Integrated Care (FICare) is a model of neonatal care which promotes a culture of partnership between families and staff; enabling and empowering parents to become confident, knowledgeable and independent primary caregivers. To find out more about the benefits of FICare you can read the [BAPM FICare Framework for Practice](#).

# GET IN TOUCH!

We aim to release a newsletter update approximately every three months. You can find the previous newsletters on our website [www.emnodn.nhs.uk/family-matters](http://www.emnodn.nhs.uk/family-matters)

We would love to hear from families who would like to share their experience and from staff with their areas of excellence!

Please get in touch with us if you would like to share something with us!

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# IMPORTANT DOCUMENTS/WEBINARS

[BAPM DRAFT Service and Quality Standards for Provision of Neonatal Care in the UK](#)



[BAPM Optimising Maternal Breast Milk for Preterm Infants Part 2 Webinar \(members only\)](#)



[BAPM FICare Framework for Practice](#)



# UPCOMING

## COURSES/EVENTS

1st November- Compassion focused techniques workshop (EMNODN)

8th November- Better Births Conference

10th November- MBRACE-UK 'Saving lives, Improving Mother's Care' Conference

21st -22nd November- 5th International FICare Conference

23rd -24th November- UNICEF BFI Conference



**East Midlands**  
Neonatal Operational Delivery Network

# USEFUL RESOURCES

Bliss : NICU, SCBU and you (podcast)

Hand to Hold: NICU Now (podcast)

Best Beginnings: Baby Buddy (App)

Francesca Segal: The Mother Ship (Book)