

Evidence into Practice - Neonatal Units

School/ Directorate

School of Nursing and Health Sciences

Person Responsible

Gill Milner

Created

29th October, 2018

Last Review

29th October, 2018

Status

Complete

Next Review

23rd March, 2020

Screening Data

What is the name/title of the policy/activity?

Evidence into Practice - Breastfeeding and kangaroo skin-to-skin care for babies and families in neonatal units

Describe the aim, objective and intended consequences of the policy/activity.

This work aims to:

Co-produce unit implementation plans to improve breastfeeding and kangaroo skin-to-skin care using an evidence-based approach

Evaluate the Evidence into Practice (EiP) approaches as a means of enabling large-scale sustainable change

Who is responsible for the policy/activity and who implements it?

This is the responsibility of the Scottish Improvement Science Collaborating Centre (SISCC) to provide the evidence base on interventions to improve breastfeeding and kangaroo skin-to-skin care to key stakeholders involved in the care of neonatal babies in Scotland and present the analysis of the barriers and enablers to embedding these practices into routine care. Ultimately it will be staff in neonatal units who would implement any changes in care.

Who is effected by this policy?

Staff in neonatal units will be affected by the project as it provides the evidence base to enhance care of neonates with regards to breastfeeding and attachment through kangaroo skin-to-skin care. There was also evidence which would affect those supporting infant feeding, such as infant feeding advisers, the donor milk bank co-ordinator and implications for policy as well.

Is there any indication that this policy is relevant to equality and the protected characteristics or that those with any of the protected characteristics will have a different experience in relation to the intended outcomes of the policy?

This project is specifically about postnatal care of premature babies and so it is relevant to the protected characteristic of pregnancy and maternity.

There is strong evidence that the practice of skin-to-skin care (also known as kangaroo care, where the baby is held skin to skin on the mother's or father's chest) and early support for breastfeeding/feeding with breast milk result in improved clinical and psycho-social outcomes for babies and parents (Conde-Agudelo et al 2016). Although recommended in national guidance, they are not embedded in routine practice.

This project is relevant to the protected characteristic in a positive way in so far as it provides a resource for practitioners to improve their knowledge, practice and support for families with premature babies in neonatal care.

For a summary of the evidence and policy context see supporting document pages 2 and 3.

Recommend this EA for Full Analysis?

Yes

Comments

This project is specifically about the care of babies in neonatal units, therefore it is relevant to the protected characteristics of pregnancy & maternity.

Rate this EA

Low

Impact Assessment Data

Is this policy relevant to the protected characteristic of Age?

- Yes

This impact is minimal, as this project provides evidence for all staff and as any actions that happen as a result of the study can be implemented by qualified staff regardless of age.

The ultimate outcome of the work undertaken by staff to improve the care of premature babies takes into account the age of the baby.

<https://siscc.dundee.ac.uk/work/maternal-child-health/>

Is this policy relevant to the protected characteristic of Disability?

- Yes

The project is providing evidence to staff employed by NHS Boards and support for staff to implement the interventions described by the evidence. Where either the child or the mother has a disability or disabilities that have an impact on the implementation of part or all of this intervention, this would be addressed through the case by case conversations and determinations that form part of the care of the premature child and mother.

Is this policy relevant to the protected characteristic of Gender Reassignment?

- No

The interaction is with the staff within the neonatal units - staff would be given the same evidence around the benefits of breastfeeding and kangaroo care and the barriers and enablers to integrating in the care of premature babies. Therefore the issue of gender reassignment is not relevant.

Is this policy relevant to the protected characteristic of Marriage and Civil Partnership?

- No

Marriage and Civil partnership are not considered either when recruiting into the project or participating.

Is this policy relevant to the protected characteristic of Pregnancy and Maternity?

- Yes

The project is focussed on the evidence around the care of premature babies in neonatal units and is therefore relevant to pregnancy and maternity.

The interaction is with the staff within the neonatal units - staff would be given the same evidence around the benefits of breastfeeding and kangaroo care and the barriers and enablers to integrating in the care of premature babies. However any interactions with parents and families of babies within the neonatal units - will be done at the discretion of the staff, i.e. parents who are asked to participate in interviews will be approached via staff - recognising the challenging circumstances of having a baby within a neonatal unit.

Is this policy relevant to the protected characteristic of Race?

- Yes

All members of staff will be asked to participate in the project, regardless of race.

The aim of the project is to promote the evidence around breastfeeding and skin-to-skin kangaroo care - which may have a cultural aspect in relation to acceptance of these practices - however the project will not directly be asking anyone to participate in these practices.

The evidence from this project will be presented to all staff and if they or parents have concerns about the recommended intervention they would be able to address these through internal processes and protocols including professional codes of conduct and the conversations and agreements in individual cases.

Is this policy relevant to the protected characteristic of Religion and Belief?

- Yes

All members of staff will be asked to participate in the project, regardless of religion and belief.

The aim of the project is to promote the evidence around breastfeeding and skin-to-skin kangaroo care - which may have a cultural aspect in relation to acceptance of these practices - however the project will not directly be asking anyone to participate in these practices.

Staff will be provided with briefings and opportunities to raise any concerns. Where there are concerns about the interventions identified for religious reasons or beliefs, either on the part of the parent or the member of staff, these would be addressed through internal policies and protocols and professional codes of conduct, as well as the conversations with parents.

Is this policy relevant to the protected characteristic of Sex?

- Yes

The evidence will be presented equally to all staff and if they have concerns about the evidence and the interventions identified, they would be able to address these through internal policies and protocols and through their professional code of conduct. Where parents have concerns relating to sex, this will form part of the early conversations around the options for care and needs of the child

Is this policy relevant to the protected characteristic of Sexual Orientation?

- No

There is no reason to believe that sexual orientation would have be relevant to the outcome or aims of this project. The sexual orientation of a parent or parents of the child have no relevance to the implementation of this care intervention.

Taking account of the findings so far, is there a possibility that the implementation of this policy would result in a different experience or a detriment for those with protected characteristics?

- Yes

The aim of the project is to promote the evidence around breastfeeding and skin-to-skin kangaroo care - which may have a cultural aspect in relation to acceptance of these practices - however the project will not directly be asking anyone to participate in these practices. The main 'participants' are members of staff within neonatal units.

The project is about the care of premature babies in neonatal units. Whilst there is relevance to a number of the protected groups, the only real issue in terms of different experiences would be in relation to religion and belief, possibly race and disability, where cultural differences may result in individuals feeling uncomfortable around this type of intervention. and disability prevents this intervention being introduced or limited in its delivery. In those circumstances the nursing staff would have to find a route to care through other accepted types of care and intervention.

Based on your findings so far, what recommendations or changes (if any) would you make in relation to the policy and how it is implemented?

The evidence on breastfeeding and kangaroo skin-to-skin care has been shared with staff and third sector organisations representing parents. The work has captured and analysed the barriers and enablers in relation to embedding the evidence into routine care. Techniques on potential methods of implementation have been show cased and the staff have heard examples from staff of changes they have made in relation to embedding the evidence. A report has been shared with the units with the Evidence into Practice Process so far which can act as a 'blueprint' for supporting implementation

Wide dissemination of this report would support implementation.

<https://siscc.dundee.ac.uk/work/maternal-child-health/>

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Mapping the evidence and the enablers suggested by staff to national work happening which supports these interventions has been indicated through discussions with staff as useful vehicle to help join up the practice, research and policy which might help staff implement changes in practice.

Where you have recommended actions/changes to the policy, what are the timescales for completion of these

31-12-2018

What monitoring arrangements do you have in place to identify changes in any impact or relevance?

The project is undergoing a realist evaluation. This is about evaluating across three case study sites to examine context for different units, asking what works for who, why and in what context.

This type of evaluation is ideal for capturing the variations of experience and impact related not only to the protected groups but in relation to a much wider application.

Evidence from this intervention will be used to examine whether the evidence into practice approach works to support large scale sustainable change in practice.

Comments

The relevance of this policy is related to age, disability, pregnancy and maternity, race, religion and belief and sex.

The approach to care for premature babies in neonatal care units through this intervention is based on experience in practice. This intervention will provide evidence to support the intervention being adopted as a wide and sustainable approach to the care of premature babies.

There is currently little or no evidence to support the concerns of barriers, detriment or indeed the wide knowledge of positive impact and this project is in part about capturing the evidence to either confirm or allay those concerns.

The sense of potential for issues and concerns being raised are currently based in a broad understanding of

some the protected groups.

The recommendations are that this intervention and the background information supporting its implementation is made widely available to those involved in the sites engaged in the initial roll out and that the initial roll out capture and evidence of issues related not only to care and effects on the child but also on the issues and concerns raised by parents and staff that are specific to the protected groups identified.

Using that information will then inform whether the intervention is viable and sustainable and identify what steps need to be introduced as alternatives and options to overcome potential barriers

Organisation Sign-off Data

Having read the EIA, do you approve its findings and recommendations?

- Yes

What are your reasons for approving/not approving the EIA?

Yes I approve - the project is about working with staff within neonatal units and whilst a number of areas are relevant to what the staff do with the evidence presented as part of the project - I am confident that there will be no issues in respect of the areas identified and that the explanations are appropriate.

If you have approved the EIA, do you agree with the monitoring arrangements in place?

- Yes

Yes - the realist evaluation will be a useful means of monitoring any issues - however the underlying aim of the project is mirrored by national and local policies - therefore the interventions have clearly defined mechanisms to deal with any issues locally.

Where you have not approved the monitoring process, what other steps do you require to be taken?

n/a - approved

Next Review Date

2020-03-23

Outstanding Actions

No outstanding actions