



for babies born too soon,
too small, too sick

Christine Chapman AM
Chairperson
Children and Young People Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

13 February 2011

Dear Ms Chapman

It was a pleasure to come and speak to the Children and Young People Committee's evidence session on neonatal services last week. As promised during my evidence, I have listed below a number of references to studies which highlight the importance of the nurse to baby ratios outlined in the *All Wales Neonatal Standards*.

Firstly, one study confirmed that increasing the ratio of specialist neonatal nurses to babies in intensive care and high dependency care is associated with a 48 per cent decrease in risk adjusted mortality. (Hamilton KE, Renshaw ME and Tarnow-Mordi W, 'Nurse staffing in relation to risk-adjusted mortality in neonatal care', *Archives of Disease in Childhood, Fetal and Neonatal Education*, 2007; 92: 99-103).

It has also been found that understaffing leads to serious problems including delays to essential treatment and reduced clinical care (Pillay T, Nightingale P, Owen S et. al., 'Neonatal nursing efficacy: practical standards of nursing care provision in a newborn network', *Archives of Disease in Childhood*, 2011; 96: A36). This study's conclusion was that these standards should be regarded as a minimum standard, not just something to aspire to in the future.

Further research, which observed nurses working in neonatal intensive care units, revealed that a nurse spends on average 56 minutes in every hour providing direct care for the baby. (Milligan DWA, Carruthers P, Mackley B, Ward Platt MP, Collingwood Y, Wooler L, Gibbons J, Draper E, Manktelow BN 'Nursing Workload in UK tertiary neonatal units' in *Archives of Disease in Childhood* published online, 2008).

The correct number of nurses on a unit can also mean that they have more time to spend with parents explaining medical procedures and equipment and generally supporting families during such a difficult and emotional time. They will also have more time to help provide skin-to-skin care which, among other developmental care techniques, have been proven to have a positive effect on the health outcomes of premature or sick babies. (POPPY steering group, *Family-centred care in neonatal units: A summary of research and recommendations from the POPPY project*, London: NCT, 2009)



I hope that this information is of use to the committee. If there is anything else that you think will be of help to the committee which Bliss may be able to provide, please do not hesitate to contact me at helenk@bliss.org.uk or by telephone on 0207 378 5742.

Yours sincerely

A handwritten signature in black ink that reads "Helen Kirrane". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Helen Kirrane
Campaigns and Policy Manager
Bliss