



# Bliss Baby Charter: Antrim Area Hospital

We are delighted to announce that Antrim Area Hospital neonatal unit has successfully completed its Gold accreditation and has demonstrated that there are sufficient procedures, practices, and facilities in place to empower parents and carers to be partners in care through joint decision-making and hands on care, as well as understanding families' needs and availability in order to provide truly individualised care. This facilitates a solid foundation for Family Integrated Care.

These are the evaluation findings of the Bliss Baby Charter accreditation assessment, which was carried out both in person and virtually with Antrim Area neonatal unit on 10<sup>th</sup> September 2025. The assessment was carried out by Bliss Baby Charter Programme Lead, Rachel Quartermaine, Bliss Baby Charter Officers, Charlotte Damiral and Nikki Sage, and Volunteer Assessors, Fauzia Paize and Sophie Johnson. The Baby Charter leads for the unit were Kathie Dobbin and Jacqueline Quigg (retired).

## Summary

The assessment team observed that the Antrim Unit demonstrated exceptional cohesion across all disciplines. The nursing, domestic, medical, Allied Health Professional and Psychological staff worked seamlessly together, fostering a strong sense of unity and collaboration. Notably, the team embraced a holistic approach to care, placing significant emphasis on the role of parents as active partners. Families were not only welcomed but fully integrated into the care environment, contributing to a warm, inclusive atmosphere that extended beyond clinical interactions.

## Key findings and best practice

We have been impressed by many aspects of the unit's care, but these elements stood out in particular:

- The team observed that the neonatal unit operated with exceptional cohesion. Nurses,

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- medical staff, and allied health professionals worked seamlessly together, fostering a collaborative environment where parents are truly treated as partners in care. Consistent messaging was maintained across all roles, ensuring continuity and clarity in the care and treatment provided to babies. The team consistently heard from all healthcare professionals interviewed that FiCare was the responsibility of everyone.
- The psychologist is deeply embedded within the Neonatal Unit, and it was refreshing to see how fully the entire team—staff and families alike—had embraced the value of psychological support. The psychologist shared several excellent practices, including 'Mindfulness Mondays' for staff wellbeing and a flexible, responsive approach to supporting families, ensuring timely and appropriate care tailored to their needs. The staff expressed that psychological care of the babies is the responsibility of everyone on the unit.
- The team acknowledged broader cultural challenges around breastfeeding in Northern Ireland, which made it even more commendable that the Unit had achieved full Neonatal Baby Friendly Initiative (BFI) accreditation. The breastfeeding lead spoke passionately about the progress made over recent years to strengthen support and training. The Unit has taken practical steps to empower parents, including providing breast pumps and privacy screens at each cot space to encourage expressing and feeding at the bedside.
- The Unit had developed a comprehensive guidance document to support staff in understanding the cultural and religious considerations that may influence care and support. Staff emphasised that while the document serves as a helpful reference, they prioritise individualised care by engaging in direct conversations with each family to understand and accommodate their specific needs.
- The team recognised that the Neonatal Unit environment could feel warm and stuffy, and that families needed easy access to drinking water. In response, they created a 'Hydration Station'—a quiet, comfortable corner of the ward with seating for parents. This space also featured messages of encouragement from other families, helping to foster a sense of community and support.
- The Unit had clear and well-placed information displays and posters, with key messages repeated in multiple locations—something families interviewed found particularly helpful. Each cot space was also equipped with an iPad, allowing families to easily access a growing range of digital resources. Additionally, Bliss information was prominently displayed and clearly presented, further supporting families in understanding and navigating their neonatal journey.
- Bereavement procedures appeared to be well embedded within the Unit, reflecting a strong commitment to providing compassionate care and support for families during the most difficult times. The team described a range of support options, including their 'Robin

Package' and links to local support groups, which ensure tailored and comprehensive resources and support being available for bereaved families. It was particularly moving to hear that recent changes now allow families to be involved in the transfer of their baby to the mortuary, offering a more personal and respectful experience. The Unit leads demonstrated genuine passion for bereavement care and have also contributed to the development of the National Bereavement Care Pathway (NBCP) for Northern Ireland.

- The team heard from a representative of the Northern Irish charity Tiny Life, whose support clearly brings significant value to the unit. She visits weekly in her role as a family support worker, offering both practical and emotional support to families. She shared examples of how she has been able to access funding and equipment for families in need. Her involvement continues beyond discharge, maintaining contact and providing community-based support where needed. Tiny Life also collaborates with the Unit to deliver the monthly 'Tiny Gym' sessions—an excellent initiative that brings together the charity, the physiotherapist, and ANNPs to support high-risk babies and their families.
- The assessment team received positive feedback from all families interviewed. Some of the quotes are as follows:
  - “We honestly feel like we are part of the furniture and they have just been so good and so kind to us, and so supportive emotionally. We have had fun and a lot of laughs - they have really taken the time to get to know us, nothing feels rushed and you never feel like they don’t have time to talk to you.”
  - “They are like our family, when we can’t have family in here with us they are a good substitute for our family and friends. We feel like we have got to know them, they saved my wee boy’s life and we are indebted to them. They are so professional with everything they have done and they deserve the world, it is a special ward here. This feels like it’s the best place you could be in this situation.”
  - “The NICU was the best part of my journey. I wouldn’t have wished him to come as early as he did, but genuinely in terms of being listened to and involved and treated with respect: they were the best part of my whole pregnancy. If it wasn’t for that I wouldn’t have had such a positive feeling about my whole pregnancy.....you take people in shock, when they are the most vulnerable and you are supported and told not to worry because they are there for you.”
- The Unit held a selection of support boxes for HIT babies from the charity PEEPS and also a local charity for families who had a baby diagnosed with Down Syndrome.
- It was great to hear that the Unit had opened up visiting for Grandparents since their Silver award.

# Recommendations for the future

Following the review of the audit and the assessment visit, we would like to make a few recommendations for the unit to review over the next three years

- Although the Unit have been working hard to allow siblings access since their Silver award they were still experiencing some difficulties with the IPC team and had as of the assessment yet to implement open visiting for siblings. It is recommended that siblings have open visiting to the Unit including over winter months.
- The Unit had some great signs for privacy screens that represented a number of different family setups. However, it was noted that there was not one for a single parent. It is recommended that one is devised to cover single parents.
- It was noted that there was minimal representation of multi-cultural families on pictures and displays. It is recommended that the Unit ensures that all families feel represented by including a diverse representation in their displays.
- Although the Unit is supported by a fantastic Psychologist this is only at 0.2WTE: the service is not funded and therefore has not got a secure future. For a Unit the size of Antrim BAPM would recommend 0.8WTE at a minimum of band 8a to cover in-patient support with further hours needed to cover out-patient follow up. It is recommended that the Unit/Trust look at securing funding for increased Psychology hours.
- The Unit does not currently provide an outreach service to families which can lead to some families not having appropriate and needed support once discharged. It is recommended that an outreach service is formed.
- Although families are often verbally told financial support information by staff and the Tiny Life representative it was noted that there was no information board for families about different places of support. It is recommended that there is a financial support information board for families displaying details of local and national support.
- The Unit was collecting feedback from families in multiple different ways however there was no obvious way that changes were being fed back to families. It is recommended that a You said we did board is developed by the Unit.

16<sup>th</sup> September 2025

*RcQuartermaine*

Rachel Quartermaine  
Bliss Baby Charter Programme Lead

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