

**Neonatal Key Documents**

**GUIDELINE TO SUPPORT DEVELOPMENTAL CARE FOR INFANTS  
UNDERGOING ROP SCREENING**

Owner Lara Greenway	Job title Matron Neonates
Approved by Neonatal Guidelines Review Meeting on:	10 <sup>th</sup> December 2025
Review Date This is the most current document and should be used until a revised version is in place:	10 <sup>th</sup> December 2028

<b>Key Amendment</b>		
<b>Date</b>	<b>Amendment</b>	<b>Approved by</b>
15 <sup>th</sup> January 2020	New document	Paediatric QIM
November 2022	Document approved for 3 years with no amendments	Dr Gregory/ Neonatal Guidelines Review Meeting
17 <sup>th</sup> September 2025	Elements of Family Integrated Care and the use of inclusive language to support Parents as Partners in Care	Paediatric Governance
25 <sup>th</sup> November 2025	Additional guidance on preparation, support and after care	Neonatal Developmental Meeting

**Introduction**

Aim of this policy is to support and promote a healthy outcome for premature neonates undergoing ROP Screening (Retinopathy of Prematurity) through evidenced developmental care practice. Pain pathways are functional from 24 weeks gestation. Pain is a response to an acute, noxious stimuli which causes a stress response. Stress is a physical, chemical or emotional factor that causes bodily or mental tension. Stress and pain have similar physiological and behavioural responses in preterm infants and there is growing evidence that pain experienced in early life has an impact on developmental outcomes.

**This guideline is for use by the following staff groups:**

- Ophthalmologists
- Neonatologists and their medical teams
- Neonatal/ Transitional Care Nursing Staff
- MDT involved with neonates

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## Neonatal Key Documents

### Background

There are seven core areas detailed in the 'Neonatal Integrative Care Model', **Healing Environment, Partnering with Families, Positioning and Handling, Safeguarding Sleep, Minimising Stress and Pain, Protecting Skin and Optimising Nutrition**. By considering each of these areas and providing sensitive individualised care to each neonate we can aid recovery, growth and development and lead to improved long-term developmental outcomes.

This guideline aims under the core area of '**Minimising Stress and Pain**' and '**Partnering with Families**' to ensure all staff working with neonates undergoing ROP Screening use the guideline to minimise neonatal stress and pain as a result of the procedure, support parents with providing comfort to their baby prior to, during and post procedure to aid a faster recovery.

### Painful procedures in neonatal care

Evidence around the experience of painful procedures for babies are only just being incorporated into clinical practice via advances in developmental care. Painful procedures can cause stress for the baby and the deleterious impact of stress on the development of infants' neurodevelopment are well known. Stress can be caused by many different factors for infants in utero onwards. With a particular focus on babies admitted to a Neonatal Unit, factors that cause stress include:

- Sensory over-stimulation – light, sound, touch, pain
- Separation from biological parents

### Responses to Stress and Pain

<b>Physiological</b>	<b>Hormonal</b>	<b>Behavioural</b>
↑↓ heart rate	↑ Cortisol	Facial expressions
↑↓ respirations	↑ Epinephrine	Body movement - withdrawal
↑↓ blood pressure	↑ norepinephrine	Limb extension
↓ oxygen saturations	↑↓ Prolactin	Arching
↑ Intracranial Pressure	↓ Immune response	Finger splaying/ fisting
↑ Blood flow in somatosensory cortex	↑ Glucose	Hypertonia/ hypotonia
Colour change		Cry
Hiccoughing		

An infants' early environment plays a critical role in shaping how their brain develops; while brief, manageable stressors can promote resilience, unfortunately chronic, unrelenting stress can be harmful. Aiming to provide as much of a supportive, nurturing environment as possible helps buffer infants from these negative effects and supports healthy neurodevelopment.

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### Details of Guideline

#### Actions

##### Pre-procedure

- The professional will need to gain informed parental consent prior to the day of screening.
- The unit leaflet on ROP screening should be made available to the parents.
- An explanation of the benefits (familiar voice, smell and touch) for baby to have their parent(s) present during the procedure explained and parents to be supported to be there ensuring they are aware that they can leave should they find the procedure upsetting.

**Important Note: On RoP screening day, consideration should be given to avoiding any non-urgent medical procedures, such as those outlined in the red and amber sections identified in [Communication-tool-for-pain-managment-2024-v2.pdf](#)**

Which include:

**Lumbar puncture (LP)**

**Arterial puncture (AP)**

**Endotracheal intubation (ETT)**

**Intramuscular injection (IM)**

**Eye examination (ROP)**

**Endotracheal suction (ETS)**

**Intravenous cannulation (IVS)**

**Naso/Oropharyngeal suction (SUC)**

**Tape removal (TR)**

**Nasogastric tube insertion (NGT)**

**Heel lance (HL)**

##### Preparation of environment

- Background noise reduced to diminish stress associated with noise. See network guideline Environment and Noise:  
<http://whitsweb/KeyDocs/KeyDocs/DownloadFile/3483>
- The effect of the eye drops can last up to 18 hours. The incubator cover/cot canopy and dimmed lighting should remain in place for this period.
- Give consideration for the person providing comfort to ensure their position will not create undue back strain (adjustable height stool if available).

##### Preparing the baby with eye drops

The parent and professional will prepare the neonate prior to the procedure by:

- Delay or give part of a feed if due immediately prior to the procedure to reduce risk of vomiting and aspiration. Feeding post procedure may give comfort.
- Dimming of room lighting prior to insertion of dilating eye drops.
- Administer MEBM (mothers expressed breast milk preferably if available) or Sucrose buccally prior to insertion of eye drops to minimise the pain experienced and support self-regulation.
- Applying a cot canopy to shield the neonate from direct light.

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- Provide comforting measures – comfort hold, NNS (non-nutritive sucking), nesting, swaddling to support neonate with pain felt from eye drops.
- When eyedrops are administered, Nurse to apply gentle pressure to tear duct to improve effectiveness of dilating drops and reduce the risk of repeated eye drops being required.

### During the procedure

The Parent and/or the professional will developmentally support the neonate during the procedure by:

- Swaddling the neonate with a muslin cloth or thin sheet. Remove blanket so infant doesn't become too hot.
- Administering MEBM/ sucrose and offering NNS
- Comfort holding
- Holding head in a stable position
  
- Parent and at least one professional or two professionals if a parent is not present supports and comforts the neonate to allow the procedure to be completed successfully and speedily.
- The parent should be supported to stay with their baby post procedure to ensure comfort (skin to skin or positive touch) see network guideline on Kangaroo Care: <http://whitsweb/KeyDocs/KeyDocs/DownloadFile/3481> is provided for as long as they require, until their distress has diminished. If parent is not present, then a professional should provide comfort measures.

## References

- Vinall J et al, 2014, Invasive procedures in preterm children: brain and cognitive development at school age, *paediatrics*, 133(3): 412-421.
- Lesley Altimier, Raylenen M. Phillips. (2013) The Neonatal Integrative Developmental Care Model: Seven Neuroprotective core Measures for Family-centred Developmental Care. *Newborn & Infant Nursing Reviews* 13(2013) 9-22.
- Kleberg.A et al. (May 2008). Lower Stress Responses after Newborn Individualised Developmental Care and assessment program care during eye screening examinations for retinopathy of prematurity: A randomised study. *Pediatrics*, May 2008. Volume 121/issue 5.
- Warren (2015). Foundation Toolkit for Family Centred Developmental Care. *Stress, Pain and Comfort*. Pg 33.

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Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Optimising the experience of the neonate and family going through ROP screening.	The neonatal team will prepare and support both neonate and parents for the procedure prior to, during and following.	Every 6 months	Lead Developmental Care and the Developmental Care team	NNU Matron for further reporting onto trust dashboards	Twice a year

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**Neonatal Key Documents**

**Supporting Document 1 – Equality Impact Assessment form**

**Equality and Health Inequalities Impact Assessment (EHIA) Tool**

**Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form**

Please read HEIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Melanie Pople	Family Integrated Care Lead	melanie.pople@nhs.net
	Ann Laight	Senior Clinical Psychologist	Ann.laight1@nhs.net
<b>Date assessment completed</b>	25/11/2025		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Review and update of Support Developmental care infants undergoing ROP screening guideline			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure information is current and correct. That consideration is given for all neonatal babies and their families, understanding shown if any cultural or ethnicity difference influences around the ROP procedure.			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Patient	<input type="checkbox"/> Communities
	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/> Other _____	<input type="checkbox"/> Visitors	
	<input type="checkbox"/>			

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Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Checked that links are current and latest.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Document shared with the wider Neonatal team for review. Links to sources checked as still correct and current best practice
Summary of relevant findings	

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

<b>Equality Group</b>	<b>Potential positive impact</b>	<b>Potential neutral impact</b>	<b>Potential negative impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Age</b>	X			Specific to neonatal care
<b>Disability</b>		X		No adjustment required
<b>Gender Reassignment</b>		X		No adjustment required
<b>Marriage &amp; Civil Partnerships</b>		X		No adjustment required
<b>Pregnancy &amp; Maternity</b>		X		No adjustment required
<b>Race including Traveling Communities</b>		X		No adjustment required
<b>Religion &amp; Belief</b>		X		No adjustment required

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Sex</b>		X		No adjustment required
<b>Sexual Orientation</b>		X		No adjustment required
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		No adjustment required
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		No adjustment required

#### Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
<b>How will you monitor these actions?</b>	Gather feedback from service users and staff, monitor babies stress cues relating to the ROP procedure.			
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	With review date of document			

#### Section 5 - Please read and agree to the following Equality Statement

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**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	Melanie Pople
<b>Date signed</b>	25/11/2025
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



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**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.

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