

Guideline to Support Olfactory Development and Reduce Negative Responses

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Approved by Neonatal Guidelines Review Meeting on:	11 th November 2022
Review Date This is the most current document and should be used until a revised version is in place:	11 th November 2025

Key Amendment

Date	Amendment	Approved by
15 th January 2020	New document	Paediatric Quality Improvement meeting
November 2022	Document approved for 3 years with no amendments	Dr Gregory/ Neonatal Guidelines Review Meeting

Introduction

Aim of this policy is to support and promote a healthy outcome for sick and premature neonates through evidenced developmental care practice. Olfactory senses (smell) are not easily observed but are functioning in the neonate from 28 weeks gestation. It is thought that maternal odours can influence a neonates state regulation and optimise their feeding experiences. Responses to noxious odours have shown altered respiration rates, leading to apnoea's and increased heart rates.¹

This guideline is for use by the following staff groups :

Neonatologists and their medical teams
Neonatal/ Transitional Care nursing staff
MDT involved with neonates
Midwives

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

WAHT-KD-015
Neonatal Key Documents**Introduction**

There are seven core areas detailed in the 'Neonatal Integrative care model'², 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 'healing environment' to ensure all staff working with neonates provide positive olfactory experiences to aid positive development of the neonate's sense of smell.

Details of GuidelinePositive Olfactory Experiences:

- Early skin to skin contact with mother, prolonged and as frequently as condition allows
- Bonding squares/ breast pad placed next to baby following a period of time kept next to mother's skin
- Breast milk used for mouth care

Negative Olfactory Experiences:

- Strong perfumes/ aftershave on professional or parent
- Strong smelling cleaning products
- Alcohol wipes/ hand gels
- Cigarette smoke

Actions

The professional will need to guide the parent on considering the odours that their baby comes into contact with and support the parents in reducing any negative odours.

Encourage parents to read 'Caring for your Baby in the Neonatal Unit' which provides information on odours.³

The professional can reduce the number of negative odours by:

- Allowing alcohol gel to dry on their hands before approaching the neonate.
- Use odour-less cleaning products around the neonate's environment and where ever possible only clean the cot/incubator when they are out of it having skin to skin.
- Avoid wearing strong perfumes/ aftershaves at work.

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Parents should be advised and supported to improve their baby's exposure to positive odours.

Professionals can increase a neonate's exposure to positive odours by:

- Encouraging and advocating regular and prolonged skin to skin.
- Providing the mother with bonding squares.
- Using small amounts of expressed breast milk for regular mouthcare.

References

- 1. Gardner S, Goldson E. *The Neonate and the Environment*. 5th ed. Mosby. 2002
- 2. 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.
- 3. Inga Warren, Cherry Bond (2015). *Caring for your Baby in the Neonatal Unit, a parents handbook*. 1st edn. Leicestershire: Matador.

Monitoring Tool

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?
Optimisation of the olfactory environment on NNU	The developmental care team will observe for compliant and non-compliant practise on the unit.	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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Supporting Document 1 - Equality Impact Assessment Tool

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

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	None	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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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.

	Title of document:	Yes/No
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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