

Neonatal Key Documents

Guideline to Support Olfactory Development and Reduce Negative Responses

Owner Lara Greenway	Job title Matron Neonates
Approved by Neonatal Guidelines Review Meeting on:	17 th September 2025
Review Date This is the most current document and should be used until a revised version is in place:	17 th September 2028

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
17 th September 2025	Elements of Family Integrated Care and the use of inclusive language to support Parents as Partners in Care	Paediatric Governance

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 neonate's 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

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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' and 'Partnering with Families' to ensure parents and all staff working with neonates provide positive olfactory experiences to aid positive development of the neonate's sense of smell.

Details of Guideline

Positive Olfactory Experiences:

- Early skin to skin contact with mother and/or birth partner, 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 support the parent with recognising the odours that their baby comes into contact with, how they may impact their baby's experience and support the parents to reduce any negative odours. Encourage parents to read 'Caring for your Baby in the Neonatal Unit' which provides information on odours.³

Negative odours can be reduced by:

- Allowing alcohol gel to dry on hands before approaching the neonate.
- Use odour-less cleaning products around the neonate's environment and wherever possible only clean the cot/incubator when they are out of it having skin to skin time.
- Parents and staff avoid wearing strong perfumes/ aftershaves.

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Parents should be informed and supported to increase their baby's exposure to positive odours by:

- Encouraging and advocating regular and prolonged skin to skin. See network guideline: Kangaroo Care <http://whitsweb/KeyDocs/KeyDocs/DownloadFile/3481>
- 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 form



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
 Please read EIA 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"/>

Name of Lead for Activity	Melanie Pople
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Details of individuals completing this assessment			
	Name	Job title	e-mail contact
	Melanie Pople	Family integrated Care Lead	melanie.pople@nhs.net
Date assessment completed	31/10/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Review and update of Support Olfactory Development and Reduce Negative Responses 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 Olfactory factors.

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.

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Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
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.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	<input checked="" type="checkbox"/>			Specific to neonatal care
Disability		<input checked="" type="checkbox"/>		No adjustment required
Gender Reassignment		<input checked="" type="checkbox"/>		No adjustment required
Marriage & Civil Partnerships		<input checked="" type="checkbox"/>		No adjustment required
Pregnancy & Maternity		<input checked="" type="checkbox"/>		N/A
Race including Traveling Communities		<input checked="" type="checkbox"/>		No adjustment required
Religion & Belief		<input checked="" type="checkbox"/>		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
Sex		X		No adjustment required
Sexual Orientation		X		No adjustment required
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		No adjustment required
Health Inequalities (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			
How will you monitor these actions?	Gather feedback from service users and staff, monitor babies stress cues relating to olfactory experience.			
When will you review this EIA? (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

1. Equality Statement

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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.

Signature of person completing EIA	Melanie Pople
Date signed	31/10/2025
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



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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.