



## **Live Music in the Neo Natal Ward**

### **LSO Discovery with Vital Arts at The Royal London Hospital**

## **CASE STUDIES**

LEYMN core member Vanessa King provides insights into an innovative project working in Neo Natal Wards.

### **Background and Partners**

Vital Arts provide rich and diverse arts programmes for the Barts Health NHS Trust at six hospitals. In 2010 Rachel Louis had the idea of working in the neo natal unit at the Royal London Hospital (RLH) in Whitechapel, as she felt there was potential to use music as a tool to enhance the ward environment. It took her two years of collaborative planning and many meetings with a multi-disciplinary team of play specialists, nurses and consultants as to the validity, the space challenges, and the unfamiliarity of the project in order to all settle comfortably on a workable plan.

In 2012 Rachel liaised closely with Natalie Chivers from LSO Discovery, the outreach department for the London Symphony Orchestra, and they employed me as the workshop leader. I have been the early years animateur for LSO Discovery since 2003 and have been working at the RLH for the last five years with early years children and their families.

Over the last two years funding for the project has come from a variety of different trusts and foundations which has enabled us (and continues to) deliver five sessions each term.

This project involved myself as an early years music leader working with an LSO musician in the premature (neo natal) baby unit at the Royal London Hospital. Our aim was to sing and play music in order to try to soften the sterile auditory environment of bleeping machines, to try to create a more relaxing and holding environment for everyone concerned and to connect appropriately with those in the ward.

In addition to the half hour neo natal visit we also musically engage with the under-5s on the oncology, gastro and retinoblastoma wards for a further one and a half hours at whatever level we feel is needed.

### **Session Structure**

Before each session Rachel, Natalie, the LSO instrumentalist and myself liaise with a nurse who provides us with a private mini handover so we are aware of what we are walking into.

I lead the session which can last up to half an hour as I'm constantly gauging the feel of the room as to the appropriate point at which to stop. There are 8-10 cots in two interconnecting rooms and we sing and play in both areas.

I have a selection of lullabies in many different languages and the instrumentalist will either provide an accompaniment or play a gentle solo piece. We have worked with a variety of instruments and have found that the cello, clarinet and bass trombone (yes bass trombone with mute!) lend their sonorities best to this fragile environment.

There is no written music and it is very informal and very gentle. One violinist said to me 'I don't understand how the music can be so effective when the beeping machines are so loud and invasive'. I explained to her that the resonance of the voice is that which the baby has constantly heard in the womb and that which the baby knows and therefore takes comfort from.

I talk to the parents, explain who we are and start a dialogue since we are entering their special space at a very difficult and emotional time. Sometimes they tell me what songs they sing to their babies and I try to learn them there and then but invariably they are shy and reticent to come forward but I keep gently trying to connect with them.

**I have a very holistic view of the work I do and believe music can touch on every element needed by the baby – physical, emotional, cognitive, developmental, social and spiritual.**

## Effects

Observations from those involved about the impact of the project:

- a calming feeling descended on the ward
- nurses joined in with the singing while doing their procedures thus relaxing the babies and themselves '*I've witnessed that even both parents and nursing/medical staff find the soft music soothing and calming*' - senior neo natal nurse
- mothers rocked their babies and gazed into their eyes as if really being held by the music '*you can see how happy she is to hear you, you can see it on her face*'- parent
- consultants came in and stopped and verbally appreciated what we were doing '*it adds a very nice dynamic to our surroundings*' – consultant neonatologist
- we have noticed the oxygen rate go up but we could not claim with certainty that was solely due to the music however we might feel this is so
- babies who were crying gradually stopped and became soothed '*all the beeping stops when you start singing because they stabilise. All the alarms stop*' –parent

At the end of all this time the four of us have a half hour de-briefing time where we endeavour to find a quiet space, which isn't easy, and we talk over the sessions. This is a vital part of the work where we can support and listen to each other's experiences and deepen our own personal learning of this delicate but enriching work.

## Difficulties

It has taken quite a time for us all to feel confident on the neo natal ward as this is a highly medical setting. Our music skills in many ways are secondary to the other, vital, skills needed to function and connect in this special environment:

Sensitivity      flexibility      awareness      confidence      empathy

In 2012 we started work in the three neo natal wards but in 2013 we had a difficult time when a member of staff asked us to stop because she thought it was inappropriate and maybe harmful to

the baby. Despite this going against my innate feelings that 'music has charms to soothe a savage breast' (a quote often attributed to Shakespeare but by William Congreve) and that our intent was truly honourable and we were mindfully aware of the room, we stopped immediately and sought advice from other staff members but opinions were divided. Sadly we no longer work in two of the wards where the babies are the very youngest but continue to work harmoniously alongside the medical staff in SCBU (Special Care Baby Unit) ward.

### **Where do we go from here?**

Having spent two years building this up and gaining connections and confidence from the hospital staff in what we are aiming to do, our next plan is to provide a 'singing group' out of the ward where the parents and babies and cots can come and meet and exchange songs and musically engage with each other. To participate in a non-hospital related activity, to do something seemingly ordinary and to socialise would enhance a sense of 'normality' and escape away from the clinical environment of their ward.

The legacy I would like to leave is to show all parents and carers the huge benefits of singing with babies. Not only can it calm the baby but also the singer thus providing a common ground. We live in a very busy fast world where gentle songs can easily be over looked but from these quiet calm beginnings strong foundations can be nurtured.

**This project above all has shown that pre-planning is so important. It took two years to get this off the ground and even then there were teething problems. This is a slow developing, holistic, project which means the roots are deep and the benefits and outcomes are sustaining.**

I feel very privileged and enriched to have been involved in this work and I really hope that other organisations can find the time, energy and money to deliver similar far reaching projects and that the joy of music can find its healing powers within the hospital wards.

Vanessa King. 23.09.14

