

## Summary

When parents and carers have sufficient internal resources, they can be more psychologically available for each other and infants which in turn supports infant mental health and development. The use of sounds and song can actively contribute to the psychological wellbeing of parents, infant and neonatal professionals. By connecting with sounds and song, parents and caregivers can reconnect with meaningful sounds which previously gave them strength and can now support them to navigate challenges on the neonatal unit.

## 1. Introduction

This guideline provides instruction and resources for the implementation of the *Sound Origins* program on UK neonatal units. This program was designed by people with lived experience and a music therapist to provide a universal level of psychological support for both parents and staff which draws on music and is flexible and accessible to all neonatal families and professionals. While the base level of support can be implemented without a music therapist, further targeted and specialist strategies for staff and parent emotional coping and parent-infant bonding should be provided by a music therapist.

Emerging evidence indicates that the sensitive and intentional use of sound can support infant neurodevelopment [1, 2], including research highlighting the positive influence of fathers' voices on premature infant outcomes [3, 4], UK neonatal operational networks do not provide guidance on the therapeutic use of music or structured auditory interventions. Instead, the sole national recommendation relating to auditory experience focuses on reducing environmental noise levels in neonatal nurseries, reflecting robust evidence on the harmful effects of excessive noise on both infants and adults [5].

This guideline will support neonatal teams to implement the use of *Sound Origins* to create safe and supportive experiences.

## Music Therapy

The British Association defines Music Therapy as “an established psychological clinical intervention [...] to help people whose lives have been affected by injury, illness or disability through supporting their psychological, emotional, cognitive, physical, communicative and social needs.” [6]. When discussing the therapeutic use of music in health, Raglio and Oasi (2015) explain that the therapeutic process of music therapy involves more than just the music itself expanding on the importance of the relational component of the therapy:

Music therapy interventions in the scientific culture of the discipline are characterized by a relational component, which is considered essential, and by the presence of a qualified music therapist. In these cases, the treatment is therefore mediated by the presence of a therapist that uses applicative models based on psychological and/or neuroscientific theories [7]

In the UK music therapists are registered with the Health Care Professional Council (HCPC) which requires the attainment of a Master of Music Therapy through an accredited higher education institution. However, there is currently no UK legislation that specifically addresses Neonatal Music Therapy.

Many music based interventions are provided and researched on the neonatal unit not all of them meet the definition of music therapy even though they may be referred to in studies using this term [8, 9].

*Sound Origins* is based on a music therapy approach and therefore values the relational component and connection that sharing sounds and song can create. To fully use this approach as part of a music therapy service, a specialist music therapist should be involved to support the provision of specialist arts based psychological support for the parent and to support the parent infant relationship.

Although this guideline will mention the use of playlists, it is the parents use of their own voice that should be promoted to support connection with their baby.

## 2. Objectives

This guideline provides background information on the development of *Sound Origins* and how it is applied to the neonatal unit. Points for consideration when sharing sound and song with infants are also recommended.

## 3. Scope

This guideline is for all healthcare professionals (HCPs) and staff working on the neonatal unit; it includes external team members who provide clinical services to infants on the unit. It is expected that the HCPs will explain the intervention to parents and work in partnership with them when caring for their premature or unwell infant making referral to supporting services available as required.

## 4. Definitions

NNU: Neonatal Unit

NICU: Neonatal Intensive Care Unit

GA: gestational age

FiCARE: Family Integrated Care

Infant/baby: inpatient admitted onto the neonatal unit

NIHR: National Institute of Healthcare Research

Communitas: a relationship without hierarchy that is based on shared experience and social connection (see section 8 for further details)

Mattering: felt sense that one is seen, valued, and significant to others (see section 8 for further details)

Responsive sound: meeting the needs of an individual by sharing sounds based on the interpretation of their communication and acknowledged contextual factors. (see section 10 for further details)

Parent: any person with parental responsibility for care of the infant in collaboration with healthcare professionals.

Sound and song: The co-design team replaced the term *music* with the term *sound and song* to ensure the cultural sensitivity of the intervention and increase the accessibility of the support (See section 8 for further detail).

## 5. Duties & Responsibilities

It is the responsibility of all staff implementing or supporting implementation of *Sound Origins* on the neonatal unit to be familiar with this guidance.

## 6. The Development of *Sound Origins*

*Sound Origins* was co-designed by Kirsty Jane, an NIHR funded researcher and Specialist Neonatal Music Therapist along with parents and professionals with lived experience of caring for a seriously unwell infant on the neonatal unit. Findings from a national survey, focus groups and interviews with parents of infants with uncertain futures and neonatal professionals highlighted a) high levels of trauma and loss of identity for both parents and staff, and b) sound and song are often used for support through challenging circumstances [10, 11]. Through collaborative analysis and intervention design, the collaborative team considered how such challenges could be addressed by sound and music therapy.

The aims of *Sound Origins* are to:

- Support parent and staff to notice, respond and navigate emotions safely
- Create a sense that parents are not alone in their experience of having an unwell baby
- Use shared music to link parents and staff to their community/network outside of the neonatal unit.
- Develop a positive sense of *communitas* between staff and parents through music.
- Support staff and parents to start putting experiences into words for themselves.

The designed intervention consisted of 5 components that were designed and refined by the researchers, parents and professionals with lived experience in collaboration with graphic designers. The intervention was tested on a small scale with parents of infants with infants meeting palliative care criteria and their nurses at UCLH neonatal unit November 2025-February 2026. From this, recommendations to improve implementation such as parent easy-read leaflets and training to increased nurse understanding and awareness have been developed.

## 7. Consultation

This document was circulated to the professionals working at Great Ormond Street, King's College London and Lister Neonatal units.

## 8. Guidance

Sound Origins is based on the core principle that we all have multiple connections to sound and song that are gained through experiences we have throughout our lives. These experiences form an internalised sense of self. When we revisit them these sounds and songs remind us of who we are and the connections we have. Through sharing these experiences with another person we can have our identity acknowledged by someone and a sense that our values and beliefs matter is developed.

In acknowledging the strengths each person finds in sound we can shape a person's narrative into one of strength, increasing their awareness of their own resources and capabilities. This narrative is likely to be beneficial when navigating trauma and uncertainty.

### *Communitas*

In engaging in conversation about sound and song parents and staff can sit alongside each other as they begin to revisit and remember parts of themselves, including what is important

to them and how this connects to their identities and relationships. In this way, visiting the sound origin becomes a shared, relational process of remembering and connection. While parents and staff can often develop a strong connection, this can often be built on shared experiences of trauma. By moving this connection to extend to experiences and use of sound and song this creates a felt sense of being held and connected as a community within the unit while maintaining connection to wider social networks.

### *Mattering*

Mattering transforms a persons' experiences to more than a sense of belonging as the individual begins to experience social significance. *Sound Origins* is designed for baby, parent and HCP to achieve a sense of mattering. On a relational level, low sense of mattering between people has been implicated in an increase in relational aggression [12]. Initial findings from small scale testing suggested that engaging in curiosity about a person's use of sound and song as well sharing sound and song between parents and staff and within the neonatal team may act as a bridge and support relationships by feeling noticed and valued on the unit. This is likely to have a positive impact on the neonatal unit experience for baby, parent and professional.

### *Sound and Song*

The more familiar term 'music' is replaced by the terms 'sound and song' to ensure the cultural sensitivity of the intervention and increase the accessibility of the support. The term 'music' can have a connotation of training requirements or education and also in some cultures may be considered sinful form of expression. In consultation with parents, professionals and community charity representatives, the term 'sound and song' was chosen to capture all vocal interaction including prayer, recitation, singing and humming as well as natural sounds like sounds of waves or rainforest that individuals find supportive.

## 9. The intervention

There are five components in the intervention designed to support parents and staff:

|                     |         |
|---------------------|---------|
| 1. Journal          | Parents |
| 2. Parent Playlists | Parents |
| 3. Musical gifts    | Parents |
| 4. Ask me Badges    | Staff   |
| 5. Staff playlists  | Staff   |

All components of the *Sound Origins* intervention, and explanatory material and animations to support understanding are available for families and staff on the website

[www.soundorigins.org](http://www.soundorigins.org). Parents and staff should be directed to the website to support their understanding and engagement with the intervention.

The following section provides guidance on each intervention component, with additional instructions on how staff can support parent and staff engagement. Additional guidance on the safe use of sound and song with infants is also provided as parents' increased awareness of their own use of sound and song, will likely increase parents' engagement with their infant through sound.

## 9.1 Parents:

There are 3 components that parents can engage with:

- 1) The *Sound and Song* Journal (including QR codes linking to playlists)
- 2) The *Sound Origins* website with playlists and additional information
- 3) Developing a musical gift.

### *Journal*

The journal should be given to parents on arrival to the neonatal unit either as part of a welcome pack or by a trusted professional known to the family (e.g cot side nurse, named consultant, palliative care nurse).

The purpose of the journal is to develop parents' connection to their internal experiences which will assist with them to regulate their emotional and physical states. The journal provides guidance for parents on using sound and song and reflection. The guidance is explained by using the metaphor of the weather. Parents in the design group explained that emotional and mental states are not always easily expressed across cultures through language alone; however, identifying a feeling by linking it to a type of weather felt universally recognisable and accessible. Just as weather shifts from moment to moment, for example calm and cool at one point, turbulent or stormy at another, so do emotions. Using weather as a shared reference point offered a way for all parents, regardless of cultural background, to describe their internal state in a manner that felt intuitive, non-judgemental, and collectively understood.

Each journal page also has space for parents to document their reflections in the journal. Their journal entries are private. They are not to be shared with anyone unless the parent requests or initiates this. If parents wish to explore entries further to assist the processing of

their emotions and experiences, a referral should be made to the unit music therapist or another trained psychological professional to support this. To reinforce the use of sound and song to support wellbeing and connection it is recommended that a music therapist is employed.

The journal and website are available in English, Arabic, Somali, Turkish and Romanian.

### *Playlists*

Each journal page provides a QR code to link to parents to Spotify playlists that previous neonatal parents have found supportive. The existing Spotify playlists create a starting point for parents to explore their own sounds and songs that bring previous connections to sounds to their awareness.

Parents can access the playlists via the QR linked Spotify playlists or the *Sound Origins* website: [www.soundorigins.org](http://www.soundorigins.org)

**The playlists are only for the parents use. The playlists are not designed to be played to infants** as there is no guarantee they will be safe for infants with immature or fragile auditory and regulation systems and will not be responsive to any of the infant's communication. However, once parents begin to find their connection to meaningful sounds they may wish to share meaningful sounds and songs by using their own voice. Support for sharing sounds with baby can be found at the end of the journal.

Parents without smart devices or without access to the internet should be provided with access to the website through a unit device where they can access the playlists and filter tracks accordingly.

### *Website with playlist*

The website 'www.soundorigins.org' contains an overview of the intervention components and how it was developed. This website address is provided at the start of the journal. It is recommended that the website is highlighted to parents when first providing them with the journal to support their understanding of how they can engage with the approach. This website gives ideas for the use of the journal, and developing musical gifts and how to use them as well as containing a page where parents can access playlists without 'Spotify'. Through the website parents are easily able to filter which tracks they will be able to listen to by selecting 1) voice or no-voice 2) if voice male or female. Animations are available on the website to support the understanding of the approach. Advice for sharing sound and song with infants on the neonatal unit can be found on the Connect page of the website or in the final pages of the journal.

Charities which work with communities who may not access the internet for religious reasons have suggested that a unit device that is locked to these web pages could be an acceptable option for these families. Under no circumstances should staff use their personal phones to show the website to parents.

### *Musical gift*

A 'musical gift' is the name given to a recording of a sound or song which is created by someone external to the unit for the family on the unit. The purpose of the musical gift is to celebrate the life of the infant and maintain social connection with family and friends external to the unit. Ideally this is supported by referral to a music therapist who gains permission to contact a member of the family's support network to develop a lullaby or other musical gift for baby on the unit. The music therapist can support the external person to understand the context of the neonatal unit and how to adjust their sounds accordingly. The gift is shared either by the music therapist meeting again with the family on the unit or directly by the person off the unit who could send it directly to the parent on the unit without contact with the music therapist. A music therapist can follow up with parents on their use of the 'musical gift' to help process any emotions that have arisen in response to receiving this gift and support parents to consider ways of safely sharing this with their baby.

When music therapists are not available it is recommended that parents are encouraged to request voice recordings of books, prayers, recitations or songs that they can listen to and then safely share with baby. It is possible that for some families an external contact is not available. In these cases, an offer from the music therapist or healthcare professionals on

the unit singing/ reading to baby could be made. Parents have shared that staff singing/reading to their baby could also experienced as a gift.

## 9.2 Staff:

A major component of the *Sound Origins* intervention is the active participation of nursing and neonatal teams caring for infants to engage in their own experiences of sound and song in everyday life. The website also provides guidance for staff on use of the intervention components. The staff are encouraged to consider their own musical preferences and the benefits they find in using sound and song. They will then be confident to share these with families. Conversations about sound and song will help establish a respectful, human connection that acknowledges and value's cultural identity and beliefs.

It is advisable that staff will be skilled in supporting parents to begin to share their musical connections with their infants. This can be achieved through increased knowledge in supporting the neurodevelopment of infants or by requesting *Sound Origins* training.

Easy read parent information leaflets are available to download from the website to assist staff in signposting parents to information.

Staff have two main ways to implement the intervention: 'Ask me badges' and 'team playlists'.

### *'Ask me' badges*

The Ask Me badge is a way of signalling to new team members and parents that this member of the team is happy to engage in conversation about sound and song. It acts as an invitation for parents to ask questions and engage in non-medical conversation.

Once staff have reviewed the intervention journal, website and parent playlists (presented previously), they wear the badges that say 'Ask me about sound and song' to invite families to engage with them in conversations about the use of sound and song. Nurses who tested the intervention told us that the badge a) creates interest in the intervention from wider team members and b) encourages active engagement from families on their own terms. Nurses in the testing focus group expressed that the invitation to engage in conversation about using sound and song on the unit would be experienced as a positive and natural form of dialogue if the badges were worn rather than something that was being prompted or imposed on families. They felt that this was important due to the number of other demands already placed on families with an infant admitted to neonatal care.

Similarly, nurses in the focus group expressed that wearing badges would be a quick way of increasing staff awareness of the intervention. They noted that emails are often missed and

information in handovers is often already lengthy and therefore having visual cues to invite incidental and opportunistic conversation would quickly generate awareness. Members of staff wearing badges can then signpost peers to the supporting resources including the 'team playlist' explained below.

It is understood that there may be times when the high medical requirements and demands might mean staff are not open to such conversation. Staff may elect to remove their badge to avoid burnout [13].

### *Team playlists*

The purpose of the team playlist is to create a sense of mattering amongst the neonatal team. 'Mattering' is a concept which is hugely valuable in increasing the psychological safety of individuals [14] and one which neonatal professionals highlighted as important across the unit team when expected to manage challenging events such as conflict of medical opinion, uncertainty in infants' futures or heightened parental emotional states[15]. It was recognised that acknowledgement of these challenges and an importance placed on staff wellbeing in acknowledgement of the impact of these challenges created a sense of mattering.

By sharing tracks that individual team members find helpful there is a felt sense of celebration of the multiple identities that make up the unit team and acknowledgement of different sounds colleagues find helpful in supporting the challenges they navigate working on the unit. Nurses in the focus group believed that staff playlists were likely to hold a diverse range of music unique to different cultures and heritages. It was expressed that through inviting new staff to join team playlists an automatic a sense of belonging to a unit would be created: something which was felt to be hugely valuable when many staff felt 'lost' first starting in a new team. Feedback from nurses in the focus group suggested that sharing sound and song may a promote connection that is person-centred rather than focused on work related stressors. This component of the intervention is therefore vital in promoting staff wellbeing.

The team playlists are separate from the parent playlists. Playlists have not been created for staff. Instead each staff team should develop three staff-only playlists by sharing links to playlists with the titles suggested below to support staff wellbeing and celebrate the cultural identities of the members of the neonatal team. **These playlists are not to be played to a baby or family. They are for members of the neonatal team to support each other and individuals to navigate working on the neonatal unit.** These playlists should be created on platforms accessible on multiple devices and software such as 'Spotify' to ensure that all members can access them without subscription. The 3 playlists are:

- '*Lightning sparks*' for a burst of energy: Tracks that are a fast pace/ beat can be added to this playlist. They are intended to be tracks that provide staff with a boost of energy.
- '*Wind chimes*' for a walk and a breath of fresh air: Tracks in this playlist are around the same pace as walking. They should have a positive feel but will not be as energetic as '*Lightning sparks*'
- '*Rainy Melodies*' for calm and comfort: These tracks are slow paced. They should feel supportive even on days which are emotionally challenging and therefore should still have a positive calmness and reassurance about them. They may have a cathartic effect but should not cause further distress.

As the aim of these playlists is to be supportive during emotionally challenging times it is important that any lyrics are considered carefully. It is advised that calm tracks should remain positive even though slow paced. Neonatal staff add to the playlists at any time and engage with them as they wish.

### *Sound and song champions*

The success of the staff intervention relies on the neonatal team nominating dedicated Sound and Song champions who are confident in understanding the parent and staff components of the intervention. The Sound and Song champions will support staff to engage with the staff playlists and signpost to resources that accompany *Sound Origins*. It is also beneficial if these champions feel able to safely support staff and parents in the use of sound and song with babies on the unit. To ensure the safe sharing of sound and song, the champions should familiarise themselves with the guidance on using sound and song with infants presented below and seek further training where needed.

### *Encouraging parent's use of the journal*

The staff member who introduces the journal to the parent has a key role in the success of the intervention. Small scale testing showed that the person who gave the parents the journal contributed to a sense of validation for the usefulness of the intervention. This validation can be increased in value if the journal is given to parents by a professional known to the family or caring for their baby. This will engage their sense of trust and may layer in further experiences to support the staff-parent relationship. In their introduction to the journal, staff should highlight the link to the website at the start of the journal and mention that it is a source of information which they can access in their own time while they explore the journal. Additionally, it is important to show parents the pages at the back of the journal that provide guidance on using sound and song with babies. This will promote safe use of sound and song on the unit.

It is useful for staff to understand that if they further explore the journal with parents, it may promote the sharing of emotions and experiences. To reduce the possibility of emotional burnout and ensure that these emotions are processed safely, staff should refer parents to a psychological professional to further explore anything they have raised. This referral should be to a professional who will provide strategies to parents for maintaining their wellbeing and supporting their relationship with their infant. Where an expanded use of sound and song would benefit the family, a referral to the music therapist should be made to support parent's affect attunement and reaction to experiences endured on the neonatal unit.

Although wider neonatal staff may feel able to have these conversations caution should be taken as many will not have received training on how to process these conversations and emotions or have further access to clinical supervision. Without adequate training and clinical supervision, it is likely that staff will experience secondary trauma and burnout.

## 10. Ensuring the safe sharing of sound and song with infants

To ensure the safety of infants when offering sound and song on the neonatal unit, staff should be prepared to use neonatal behaviour observation, careful consideration of timing and approach and responsive adjustment of sounds.

### 10.1 Neonatal Behavioural Observation

Through careful behavioural observation, parents and caregivers are able to notice the infant's readiness and preference for interaction using sound. Parents should be encouraged to observe their baby when sharing sounds to create a sense of dialogue between parent and infant. In some cases, this dialogue may be challenging due to the infant's premature age or levels of sedation. Close observation will help monitor small signs of response. The parent should be supported to observe the following:

- Autonomic subsystems (Physiological stability)
- Motor Subsystems (Tone and Movement Quality)
- Behavioural State Subsystem
- Attention/ Interaction

To consider the appropriateness of timing of engagement, Staff should support parents to observe the infant's readiness for engagement. The use of sound can be adjusted accordingly to a) engage and connect when infant is in or moving into a Quiet Alert state, or b) to soothe and settle when moving from Active Alert or Crying towards Quiet Alert or Drowsy. Staff should encourage parents to observe their infant's gaze to consider how they

might adjust sound. For example, if baby is able to maintain eye contact and then begins to look drowsy or look away this is a sign for the parent to reduce stimulation.

## 10.2 Approach and Pacing

When offering baby sound responsively, parents and staff must be mindful that they are starting a type of conversation with them. The baby should be given time to visually demonstrate their state and availability for sound.

The following steps (also printed in the journal and on the website) should be taken to support this.

**Prepare:** What has been going on for baby? Is this a good time for sharing sound? Is the baby drowsy or already awake? What has the baby's day looked like up until this point?

**Approach and wait:** Look at baby what are they telling you? Use your hands and voice to tell baby what is going to happen, try to be beside or face to face baby if possible. Pause at the end of your sentence. Take 5 breaths.

**Connect:** Offer sounds. Use your eyes, hands and sounds to respond to baby

**Adapt:** Adjust your sounds to what baby is telling you. Maybe they want you to slow sounds down, pause or they're ready for more. Do they need a position that is easier to find you?

**Conclusion:** Let baby know you've finished, keep your hands still and breathe five times before moving away

## 10.3 Adjusting sounds:

Parents and staff can adapt sounds that they have found helpful or that have been sent as musical gifts to suit each baby and should aim to adjust how they connect depending on how baby is communicating and the day they are having. This may range from simple closed mouth sounds/ humming, or slightly more engagement with talking and recitation and perhaps even more engagement with singing lullabies with words. Further reference to adjusting sounds can be found on the '*Sharing Sounds and Songs*' pages at the back of the sound and song journal or visiting the 'Connect' pages on the website [www.soundorigins.org](http://www.soundorigins.org)

## 10.4 Playing recordings/ use of music boxes

The use of devices to play sounds should be implemented with extreme caution. While passive music listening has been shown to have positive effects on the infant's physiological

outcomes it should be noted that these studies are conducted in a controlled manner due to the danger of prolonged noise exposure on infant neurodevelopment and often under the observation of an experienced professional or coinciding with parental care[16]. **It is therefore important that parents who have received ‘musical gifts’ are advised to only play these to baby when they are able to observe baby’s response and never to be left playing in the incubator or at the bedside.** It is possible that this combination of parental responsiveness through touch and observation in combination with the recorded sound may have beneficial effects for both the infant and the parent.

A referral to a music therapist can support parents with how to use recorded sounds (including recordings sent as a ‘musical gift’ safely) and to explore the value of these sounds further so that they can consider together how these important sounds can be shared with baby safely. It is advised that where a music therapist is not employed, the support of another experienced professional with enhanced knowledge of high risk infant neurodevelopment is sought.

## 11. Training and Education

**Further advice and training for implementation of the *Sound Origins* intervention can be found by visiting [www.soundorigins.org](http://www.soundorigins.org) or contacting intervention developer Kirsty Jane. [kirstyjane.mt@gmail.com](mailto:kirstyjane.mt@gmail.com)**

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