

Parental involvement – an essential component of family-centred care



infant

for neonatal and paediatric
healthcare professionals

The list of standards of the National Service Framework for Children, young people and maternity services, published in 2004¹, included the need for provision of child and family-centred services. This document also described the necessity to provide high-quality, evidence-based hospital care and empower parents with adequate information about the healthcare of their children.

The previous editorial of *Infant* focused upon power and choice for parents of sick, newborn babies. We were told that parents require health professionals to share knowledge and information with them in order for them to contribute to informed decisions regarding treatment options, availability and commissioning of services. A further important benefit of this knowledge-driven parental empowerment is the likelihood that parents will become more involved in their baby's care during a stay in hospital.

Although it now seems so obvious that parental involvement in neonatal intensive care should be welcomed, this has not always been the case. William Silverman, who died late last year and is considered by many to be the father of neonatal intensive care, described his experiences as a resident in New York during the 1950s. He recalls that, "Parents were allowed in the nursery corridors during visiting hours for a glimpse of their baby through the window. One of the most poignant scenes I can remember is of the young mother who would come in each day and peer at her baby through a pair of opera glasses. But many of the parents didn't come in at all: they were simply too young, poor, and overwhelmed by life."² In many cases, his description of parents of sick, newborn babies may not have changed a great deal in the intervening fifty years, but our attitudes to parental involvement have hopefully come a long way.

As well as being a fierce champion of parents' rights, Silverman was probably best known for his support of evidence-based medicine and in particular well-designed randomised, controlled trials. Such evidence exists in abundance to advocate breastfeeding and the advantages of breast milk provision appear to be even greater for sick, preterm infants requiring neonatal intensive care. In this issue of *Infant*, there is an excellently written guide for health professionals supporting mothers wishing to breastfeed their preterm baby. As well as describing the physiological differences between term and preterm breastfeeding, the article provides evidence-based practical advice which will be of value to both

nursing and medical staff involved with the care of preterm babies and their families.

Skin-to-skin holding or kangaroo care is another way for parents to become closely involved in their baby's stay on the neonatal unit. First described over twenty years ago, there is much evidence-based support of kangaroo care for stable, more mature preterm babies. Promotion of their babies' physiological stability and increasing the duration of breastfeeding are two likely advantages for mothers who practise kangaroo care. The likely benefit of enhancing parent-baby bonding is less easy to provide evidence for but probably should not be understated. Kangaroo care for ventilated patients on the neonatal unit is less well established, but is discussed in an article by Karen Black in this issue.

Evidence-based guidelines for successful breastfeeding and kangaroo care for preterm babies are two examples of ways to increase parental involvement in the neonatal unit, in order to promote parental choice and empowerment as part of child and family-centred care.

Silverman described his relationship with parents as, "...the usual paternalistic one that doctors have with patients or parents of patients. But there was one exception I'll never forget. A very famous singer and her husband had a 1300 gram baby in our unit. Although I repeatedly told them about all the marvellous modern techniques we were using to save their baby, they were both quite unimpressed. I later learned that years before while on tour in Portugal, the singer had given birth to another premature baby of the same birthweight. Local doctors refused to treat an infant that small, so she and her husband took the baby to their hotel room in Lisbon, wired the Air-Shields company in Pennsylvania to fly over an incubator, and successfully took care of the baby themselves! No wonder they were unimpressed by our efforts. For me as a physician, it was quite a humbling experience...."²

Fifty years later, we continue to describe different aspects of parental involvement in neonatal intensive care.

Grenville Fox
MBChB, MRCP, FRCPCH
Consultant Neonatologist
Guy's and St Thomas' Hospital, London

References

1. National Service Framework for Children, Young People and Maternity Services. Department of Health, London 2004.
2. Premature Care in the 1950s - An Interview with Dr. William Silverman, Father of Neonatal Intensive Care. Helen Harrison. www.prematurity.org