COVID-19: reflections on childbirth and neonatal care in Italy

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I work in Seriate in the Province of Bergamo in the Italian region of Lombardy where, at the time of writing, there have been approximately 600 births since the beginning of the COVID-19 pandemic. In Italy, the spread of the SARS-CoV-2 infection has hit with an uneven distribution and, fortunately, in the neonatal setting the virus affects fewer patients and with less severity. Nevertheless, the moment of childbirth has turned into a more complex event for healthcare professionals as we have to work with visors, masks and gowns. The continuously increasing number of COVID-19 cases has also given rise to the need for specific protocols to protect pregnant women and newborn babies.

Precise and distinct pathways have been put in place for women giving birth depending on whether they are COVID-positive or COVID-free. In Lombardy, a network of six hubs for pregnant COVID-positive patients has been designed.

Our working practice has changed, marked by constantly updated rigid protocols. We have learnt the repetitive and exhausting process of donning and doffing personal protective equipment (PPE) in a rapid and controlled response to an emergency.

The moment of birth

For parents, childbirth is a time of bewilderment and the curiosity of facing something new, something that they may have never imagined before. Emotions mix with fear when they cuddle their baby for the first time. Now, in the time of COVID-19, the mother faces the pain of childbirth with the discomfort of wearing a mask on her face. The father, while present at the moment of birth, is only allowed a quick cuddle and then immediately leaves, only to return at the time of discharge.

The NICU is closed to parents but we send photos and videos to try and help keep them virtually close to their infant.

The identities of the doctors and nurses are hidden behind masks, glasses, gowns and gloves. The only visible part of their face is the eyes and it is with these that we embrace each other. The empathy and every encouraging word to the parents must overcome these barriers, where feelings are perceived only through a glance.

Babies born to asymptomatic COVID-positive mothers can room-in (mother and baby stay in the same room without any other patients in that room) but the infant is kept in a cot two metres away from the mother's bed. Breastfeeding is allowed, while taking precautions to avoid transmitting the virus to the infant by the use of PPE. In our unit, five COVID-positive mothers have given birth and we have not recorded vertical transmission of the virus.

Admission to the neonatal unit

It's a day like any other, as busy as ever. Suddenly the phone rings and I am asked to attend the preterm delivery of a COVID-positive woman. I stand at the door of the delivery room momentarily feeling lost. I have to resist my instinct to rush inside; first I must put on my armour to protect myself from the insidious and invisible enemy – mask, hat, gown, double gloves. I enter the delivery room where I find frightened, tired and unrecognisable faces whose voices are muffled through the masks that they wear.

There it is… the first cry. The midwife hands the baby to me and reality is distorted. The euphoria, emotions and the intensity of the moment is toned down by the parents' tears. Their cuddles are transmitted through loving looks aiming to seal the first bond with their new baby, the bond that will last forever. Instead the parents must let go of their baby; they must entrust his care to us in order to be able to hold him again only at the time of discharge, which may be weeks, sometimes months.

New admissions to the neonatal intensive care unit (NICU) are considered COVID-positive. We have closed the doors of the NICU, forbidding parents from entering. Any assistance given to the infants takes place with great caution. Invasive procedures, such as intubation, can only occur with the appropriate PPE.

At this time, those present on the unit are just the staff and our little patients who, unaware of the latest events, seek to cling on to life alone. Segregated and imprisoned in its incubator, the baby has us doctors and nurses to take care of him but the presence of his parents next to the incubator, their gaze and their touch, is missing. I wonder what will be the effect of this enormous absence on a premature infant.

Andra tutto bene – everything will be alright

COVID-19 has moved parents away from the neonatal unit, forcing them to imagine their child almost as if it were a dream. They can only experience the thrill of their new arrival with nervous anticipation of the result of a virus test on top of precarious prematurity. For neonatal staff there is the need to protect the life of this new infant but we must not forget its parents. Once a day there is telephone contact between the doctors and parents and to try to reduce the huge void we have found virtual ways to keep parents and infants together. We regularly send and receive photos, videos of their little ones, a virtual cuddle, a kiss from a distance – ways to stay close even if miles apart.

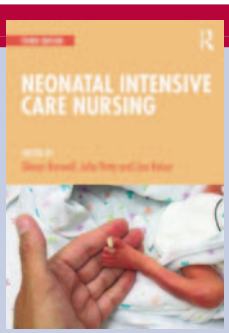
As healthcare professionals we all face our daily work, alternating between the joy of a negative COVID-19 swab in a newborn infant and the sadness of many deaths in adult intensive care units. We continue to fight for our babies until the great moment of their discharge arrives and they can be reunited with their parents. After hospital discharge, the neonatal clinical follow-up appointments, including repeat testing for COVID-19, are scheduled on days 7, 20 and 30.

We share in the hope that everything can return to normal soon while knowing that nothing will be the same as before – the coronavirus has highlighted what is indispensable, what is useful, what is not necessary. Today in the time of COVID-19, the world regards us as heroes, but we are not the real heroes. The real heroes are the little infant warriors who have landed prematurely in our open hands and the families who have had the joy of bringing their baby into this world dampened by the spread of the coronavirus.

Book review

Neonatal Intensive Care Nursing, third edition

Glenys Boxwell, Julia Petty, Lisa Kaiser (editors)
Routledge, 2020
ISBN: 9781138556843
£32.99, paperback, 658 pages



The third edition of *Neonatal Intensive Care Nursing* is a comprehensive book that delivers more than its title suggests. It is not just about intensive care nursing, but provides relevant and up-to-date evidence-based content that can be applied to all levels of neonatal dependency. A copy should be found in every neonatal unit (NNU). As a Senior Lecturer in Neonatal Nursing responsible for the four modules leading to neonatal nurses becoming Qualified in Specialty (QIS), I believe this new edition would serve well as a core text for those students undertaking QIS education. This book is also particularly well suited to the needs of any new recruit to the NNU and pre-registration child field students who have placements on the NNU.

This third edition has grown in size and organisation to reflect the changes that are taking place in delivery of the service and clinical advancements. The book is now organised into four sections. The first section, a new addition, provides the reader with the essential context or overview of neonatal care – care organisation and service provision, assessment of the newborn and a review of the preterm and low birth weight baby.

Another new section considers all aspects relating to the physical and emotional wellbeing of the neonate and family. This considers family supportive and developmentally focused care, management of pain and stress, neonatal bereavement, legal and ethical issues and a very welcome new chapter exploring neonatal palliative care. The family is a thread that runs through all chapters, as it should, to reflect the importance of the family in the delivery of neonatal care.

The third section of the book follows the content of the previous two editions and considers the clinical aspects of neonatal care. Using a systems approach, key topics are addressed and content updated. On the whole the updates are appropriate and result in clear and fluid explanations. Although not well articulated in the second edition, the fetal process of absorbing lung fluid prior to onset of labour and delivery in the term infant is sadly no longer included even though fetal adaptation to prepare for extrauterine life is important.

I found the fourth section, Practices and Procedures in Neonatal Care, a bit misleadingly titled in light of the content provided. The section reflects relevant content that just did not fit elsewhere, although not necessarily neonatal nursing procedures.

This edition continues to provide a table of contents at the outset of each chapter and guidance for the reader on how to get the most out of the chapter to enhance personal learning, such as the identification of key points, questions for reflection and implications for practice. In keeping with tradition in neonatal textbooks and as seen in one of my own ancient textbooks from 1976, each chapter ends with a case study. No textbook today seems complete without the use of educational technology and a really excellent and comprehensive companion website has been developed. The website provides possible case study answers, a variety of quizzes to test knowledge from the book and additional web-based resources for further reading for every single chapter. To make learning even easier, all resources are web-linked; learning could not be simpler.

A minor issue with the book is that photos are printed in a muddy mono-chrome or too small for viewing while some diagrams could benefit from the use of colour. Although this may be to keep costs down and make the book affordable, the impact of many of the photos would be improved if they were in colour, larger and/or better processed.

This new edition of a previously much-valued book and the companion website is a comprehensive resource that reflects neonatal care in the four countries of the UK and is very much welcomed.

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