

Bliss
for babies born
premature or sick

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Parents are caregivers not visitors, even during a pandemic

While in most ways, daily life has changed drastically over the last couple of months in response to the unprecedented COVID-19 crisis, some things remain the same. Babies are still being born, and around 300 of them will continue to be admitted to neonatal care every day in the UK. Neonatal services are part of the system-wide response to COVID-19 and have had to make changes to how they operate. But now is not the time to abandon family-centred care on neonatal units – indeed it is more important than ever.

As hospitals have severely limited entrants onto hospital sites to minimise the spread of the infection, the visiting regulations on neonatal units across the UK have also changed. The British Association of Perinatal Medicine (BAPM) and the Royal College of Paediatrics and Child Health (RCPCH) have developed specific guidance for neonatal settings, which states that only parents, and no wider family (including siblings) can enter a neonatal unit, and that only one parent should do so at any one time; meaning both parents can enter a unit, just not at the same time.¹

Bliss recognises the need for these temporary restrictions in order to reduce the COVID-19 risk overall – particularly to already vulnerable babies and the dedicated staff who care for them. We know that this departure from usual practice

is difficult for staff to implement, as well as painful for families with a baby currently in neonatal care. However, how this guidance is being interpreted and implemented appears to vary widely both across and within networks.

In some, only one nominated parent is allowed onto the unit for the duration of the outbreak, and in certain cases, it has been specified that that parent should be the mother, fully excluding fathers and partners from caring and face-to-face decision-making opportunities, in some cases for many weeks or even months. Despite there being no guidance or evidence to justify restricting visiting times, Bliss is also aware that some units are limiting access to a maximum of two hours per visit. As a result, some parents, invariably fathers and partners, are unable to be with their baby and play an active role in their care at all.

It is essential that neonatal units avoid policies that routinely deny parents access to their baby, without clear evidence or rationale.² Delivering family-centred care, where parents are partners in their baby's care, should remain a priority even amid a pandemic because it is best for babies, best for parents, and potentially beneficial for healthcare professionals trying to limit the impact of COVID-19.

Parental involvement in their baby's care is proven to be best for babies' developmental outcomes. Evidence has shown that long periods of direct care lead to increased weight gain and improved breastfeeding rates, and skin-to-skin care has been linked to better infant reflexes at term and better gross motor development at 4-5 years.^{3,4} More broadly, parental contact and involvement with their baby is vital for early attachment and bonding, which are critical to babies' long-term wellbeing and for the whole family. While increased access to video technology during the crisis is welcome, and is absolutely crucial for minimising the impact of separation, it is not a replacement for hands-on parental care. For babies to have these long-term benefits, both parents must still be supported to be hands-on partners in delivering their baby's care throughout their neonatal stay.

Inseparable from the benefits for babies, high levels of involvement also increase parental confidence, and reduce their scores of stress and anxiety.³ Furthermore, parental involvement in care is critical for parents *feeling* like parents, which may be key for their own perceptions of



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attachment to their baby, and physical and emotional closeness is crucial for forming strong parent-infant bonds.^{5,6} It is always important for parents to feel confident at the point of discharge. But in these current circumstances, it is more vital than ever as many community outreach services have been temporarily suspended and families are facing lockdown at home, unable to access support from grandparents, other family members or friends, new parent classes or health visitors. In addition, services will be seeking to discharge babies as soon as it is safe to do so – again reducing the opportunity for parents to build their confidence and skills.¹

Very sadly, some babies will die on neonatal units during the current weeks and months. For their parents in particular, involvement in care and memory-making is critical. It is imperative that services are actively considering unintended consequences of very restrictive policies that may make it difficult for both parents to be with their baby during their final hours, and putting in place measures to support both parents to be with their baby, together, during palliative and end-of-life care.

The impact of this pandemic will endure long after it is over. We know that a neonatal experience is often stressful and even traumatic – research by Bliss found that 80% of parents felt their mental health was negatively impacted by their experience.⁷ If this is the case in comparatively normal times, how much more widespread and how much deeper will the impact be when parents cannot turn to their partners for support on the unit, have to socially distance from other parents there, and have the added anxiety of what COVID-19 might mean for their loved ones, including their baby, and their own financial situation? The long-term impact on families must be considered when developing parental access policies. Any restrictions should be proportionate and should seek to maximise opportunities for both parents to be present on the unit.

Finally, family-centred care could ease some of the pressure on healthcare professionals caused by COVID-19. Like all hospital departments, neonatal units may face increased staffing pressures as nurses and doctors have to self-isolate if they, or someone in their household, show symptoms of the virus, or through redeployment of staff to other services. Parents being supported to undertake tasks such as mouth care, changing nappies, giving oral medication and comfort holding may enable clinical staff to focus on specialist tasks – allowing them to make the most of their time when they are overstretched. In addition, far from increasing the risk of infection, allowing parents to provide a significant amount of their baby's care reduces the number of healthcare professionals who have to directly handle the baby, reducing the risk of infection from clinical staff.⁸

Caroline Lee-Davey, Chief Executive of Bliss, comments: “Ensuring the safety of vulnerable babies on neonatal units during the COVID-19 outbreak is paramount and we are incredibly grateful to all members of staff working in neonatal care across the UK for their dedication and hard work in such challenging circumstances. But we want to ensure the progress made towards

implementing family-centred care in recent years is not lost as, while this pandemic is temporary, the impact on babies receiving neonatal care during this tumultuous period, and their families, will be long-lasting.

“At Bliss, we have reconfigured our services so that we can still help parents through this incredibly anxious and lonely time. While our Bliss Champion Volunteers are no longer able to go into neonatal units, some of them are now providing emotional support to parents remotely using video calls, which can be accessed by parents anywhere in the country. We have also been regularly updating our information about COVID-19 for parents of babies born premature and sick as soon as new guidance and information is issued.

“We are hearing the most heart-breaking stories from parents across the country as they tell us they're scared they will miss their baby's first smile, that they might forget what mummy and daddy look like, that they won't be able to cope on just maternity pay after they have lost a partner's income, and as they struggle on without the support of their own parents, wider family and friends.

“We are therefore urging neonatal units to ensure any limitations on parents' access and participation are proportionate and based on evidence, with a focus on maximising parental involvement in hands-on care as far as possible, and on keeping parents involved in decision-making and informed about their baby's progress if they aren't able to be on the unit. Babies' time on neonatal units may be relatively brief – days, weeks and, in some cases, months – but the effect of their care will be long-lasting, which is why it is so important that they are able to have their parents by their side during their difficult early days.”

Information about COVID-19 for parents of babies born premature and sick can be found at:

bliss.org.uk/support

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