Parents to have access to extra paid leave when their baby is in neonatal care

Beth McCleverty
Senior Public Affairs and Policy Officer, Bliss
bmccleverty@bliss.org.uk

On 24 May 2023 Parliament passed the Neonatal Care (Leave and Pay) Act. This means that from April 2025, parents will have a statutory entitlement to paid leave from work if their baby needs neonatal care.

This is great news for the families we support at Bliss, and their babies. It's a paradigm shift in the way families will be supported by the Government and their employers at this traumatic time. It will also allow parents to be on the neonatal unit more often, supporting family-centred and family-integrated care.

We've campaigned for this change because babies need their parents involved in their care when they are born premature or sick, and this is what this new statutory entitlement will permit. Staff on neonatal units know that for many families the inflexibility of the current parental leave system exacerbates the trauma that parents experience when their baby is admitted to neonatal care.

Around two thirds of dads and non-birthing partners have to return to work while their baby is still in hospital – juggling work with being with their baby in hospital, looking after older children and supporting their partner. Mothers and birthing parents find they have lost much of their maternity entitlement by the time their baby comes home; they struggle to manage ongoing appointments with returning to work.

We are absolutely thrilled to see Neonatal Care (Leave and Pay) finally become law, after many years of campaigning. This will make a huge difference to around 60,000 parents every year who will be able to take an additional week of leave from work for every week their baby is in neonatal care, capped at twelve weeks.

Parents who are classified as 'employees' and who meet basic length of service and minimum earnings thresholds will have a statutory right to additional paid time away from work. To qualify, their baby will need to have a hospital stay (not specifically in the neonatal service) of seven continuous days, before they reach 28 days of life.

A statutory entitlement to paid leave will relieve the additional stress of having to juggle looking after a critically ill baby in hospital with work, ease some of the financial pressure and, by allowing parents to be more involved in their baby's care, improve the health outcomes of premature and sick babies.

A statutory entitlement to paid leave will require neonatal units to empower both parents to be involved in their baby's care.

Neonatal services will need to prepare

Providing additional paid leave to employees if their baby is in neonatal care benefits parents' mental health and wellbeing and can also contribute to better outcomes for their baby in the long term. It also means that neonatal services will need to be prepared to have more parents on units during the day, and ensure dads and non-birthing parents are effectively involved in care – something that has not always been done well.

Previous Bliss research found that more than half of dads say they can't spend as much time as they want with their baby in hospital and more than 30% said they couldn't see their baby every day. One in three said they weren't as involved in decision making as they wanted to be and one in five couldn't attend ward rounds.

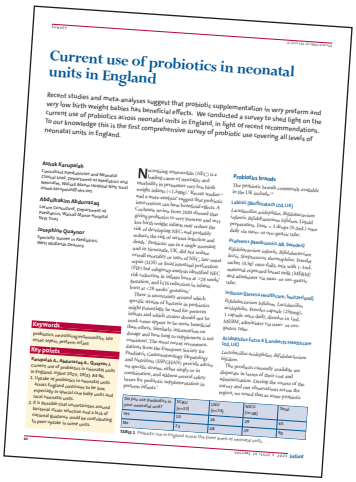
We conducted a focus group exploring some of the barriers that lead to this lower level of involvement in care. While returning to work was a defining issue for dads, other key themes identified by participants were:

- Communication with staff including preconceived attitudes held by staff and language. For example, many participants recalled that the first question they were always asked was 'Where's mum?'
- Facilities that were not always adequate to support dads being present for long periods. For example, many participants said that there was no physical space for them to sit next to their baby's cot, most units provided only one chair for a parent – often specifically referred to as the 'mother's chair'.
- Training and encouragement to be involved in their baby's care was not always delivered equitably. Because of dads' access issues, they were often not 'signed off' to do things for their baby or were never shown how to be involved.

Now that a key barrier to parent involvement – returning to work – will soon be lessened by the Neonatal Care (Leave and Pay) Act, we hope that all services will look to ensure that the culture on units is inclusive of both parents - providing and supporting opportunities for all parents to be involved in their baby's care.

CORRECTION AND CLARIFICATION

Karupaiah A, Abdurrazaq A, Quaynor J. Current use of probiotics in neonatal unit in England. *Infant* May/June 2023;19(3):84-86.


Current use of probiotics in neonatal units in England

The final page of the original version of this article says: *'It would appear that the Paediatric Neonatal Specialist Sub Group of the British Dietetic Association endorses the ESPGHAN recommendations.'*

Following feedback from the Chair of the Neonatal Dietitians interest Group (NDiG), the authors would like to clarify that the NDiG does not endorse any of the published ESPGHAN guidelines or position statements held on the Neonatal Dietitians website. These are for information only with the responsibility of individuals/user groups to critique this evidence base and decide on the application for their population.

The sentence has been removed from the online version of the article (www.infantjournal.co.uk/journal_article.html?id=7355).