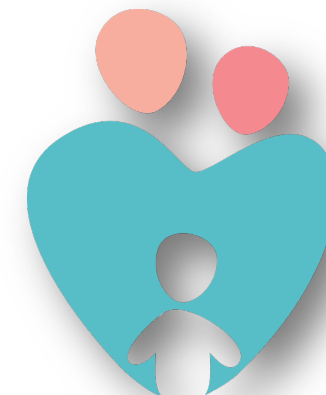


# Supporting parents as essential care partners in neonatal units during the SARS-CoV-2 pandemic

Aniko Deierl, Nicole R van Veenendaal, Fabiana Bacchini, Karel O'Brien,  
Linda S Franck  
and  
the International Steering Committee for Family Integrated Care



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# This talk

- What happened with Family Centered care/ Family Integrated care early on in the SARS-CoV-2 pandemic
- What we learned over time
- What we need to do now

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REVIEW ARTICLE

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WILEY

## Supporting parents as essential care partners in neonatal units during the SARS-CoV-2 pandemic

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The health and safety of our patients, visitors, employees, and our communities remain a top priority. Therefore we have revised our visiting policy to protect you for your understanding and cooperation.



What happened in neonatal units early on in the pandemic

# Neonatal care and parents during a Pandemic

- hospitals attempted to limit viral spread by restricting access to all but essential staff of inpatient areas
- the benefits of parental caregiving in neonatal intensive care were not considered separately
- representative of neonatal speciality not included at hospital board level discussion about policies
- many decisions were made emergently with little evidence to support them
- COVID positive mothers: limiting close contact and advocating for separation for mother-infant dyad without strong evidence claiming safety

# Family-Centered Care During a Pandemic



“During any outbreak of infectious disease, it is important to *take steps to contain the illness and to remember that family members are stewards of patient safety* and integral to the healing of loved ones.”

[www.ipfcc.org](http://www.ipfcc.org)





# Fear-based responses to the pandemic

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Population-centered care versus family-centered care

Advocating for separation instead of safeguarding previously achieved values 'Zero separation'

Family and support persons are "visitors" "not necessary" elements of care

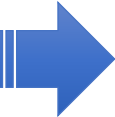


Staff need to be protected from "visitors"

What we have  
learned over  
time






# Evidence on safety of maintaining FCC practices and the effects of restricting parental participation

7 studies; 854 healthcare professionals, 442 parents, 364 neonates and 26 other family members from 286 NICUs globally

| Theme  | Findings  |
|--|---|
|  Changes in NICU policies affecting parent and family access | <ul style="list-style-type: none"><li>• Most (eventually) permitted 1 parent at a time to be present with the infant</li><li>• Support for prolonged parental presence (rest space and food) was reduced</li><li>• Significant reduction in therapy services and lactation support</li><li>• Patient care staffing shortages</li><li>• Decreases in infant and parent support staff</li></ul> |
|  Risk of SARS-CoV-2 transmission                            | <ul style="list-style-type: none"><li>• No reports of in-hospital transmission between neonatal patients</li><li>• Asymptomatic positivity rates similar among parents and staff; no greater than community prevalence</li><li>• Symptomatic cases among staff only</li></ul>   |
|  Impact on breastfeeding                                   | <ul style="list-style-type: none"><li>• Separation and lack of lactation support in-hospital and after discharge detrimental for breastfeeding - up to 80% of the mothers stopped breastfeeding</li></ul>   |



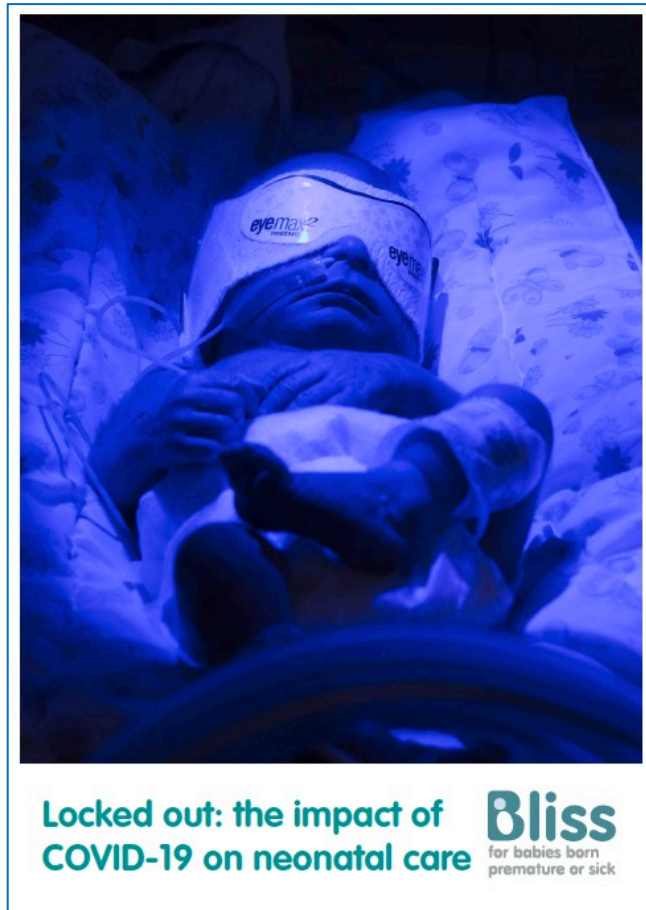
# Evidence on safety of maintaining FCC practices and the effects of restricting parental participation

| TOPIC   | Findings  |
|---|---|
|  Impact on parent-infant bonding and parent participation in care | <ul style="list-style-type: none"><li>• Restrictive NICU policies limited parent ability to bond with infants or participate in NICU daily rounds</li><li>• Concerns about insufficient information and updates on infant status</li><li>• Single-family room NICUs better prepared to support parent participation</li><li>• Parents sometimes had to choose between learning technical skills from nurses vs holding and bonding with their infant</li><li>• Wearing a face mask affected bonding and depersonalized staff interactions</li></ul> |
|  Impact on parental mental health                                 | <ul style="list-style-type: none"><li>• Adverse impact on mental health due to separation from infant and restrictions on siblings and extended family</li><li>• Reduced access to psychosocial support for parents</li></ul>   |
|  Impact on healthcare professionals                             | <ul style="list-style-type: none"><li>• High levels of stress and anxiety</li><li>• Fear of infection due to lack of personal protective equipment (PPE) and/or COVID-symptom screening</li><li>• Staff shortages</li><li>• Staff concerned about impact of the policy restrictions on family presence and lack of participation on the quality of infant care.</li></ul>   |

# Family-Centered Care During a Pandemic

- reduction in parental presence
- reduction in involvement in the care, shared decision making
- reduction in the availability of mother's milk and early breastfeeding
- discontinued or discouraged kangaroo mother care (KMC) due to restrictions on parental presence and limiting close contact
- negative affect on parent infants attachment and parental mental health

# More evidence on the harm caused by pandemic restrictions



Published in May 2021...



Published in August 2021...

# Outcomes of perinatal COVID databases

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## Characteristics and outcomes of neonatal SARS-CoV-2 infection in the UK: a prospective national cohort study using active surveillance

*Chris Gale, Maria A Quigley, Anna Placzek, Marian Knight, Shamez Ladhani, Elizabeth S Draper, Don Sharkey, Cora Doherty, Helen Mactier, Jennifer J Kurinczuk*

- revealed that newborns are unlikely to contract the virus from infected mothers, and if they do, the symptoms are mild
- possible vertical transmission rare
- supporting international guidance to avoid separation of mother and baby

What we need  
to do NOW

Consensus Statement  
January 2021



## Essential Care in the NICU during the COVID-19 Pandemic



British Association of  
Perinatal Medicine

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Parents aren't visitors



# PARENTS are ESSENTIAL CAREGIVERS

COVID-19



[nationalperinatal.org/parents\\_are\\_essential](https://nationalperinatal.org/parents_are_essential)



# EVIDENCE-based responses to the pandemic

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Infection control, public health concerns and family-centered care can co-exist\*

Families are **allies and partners** in caregiving

Families are part of the care team = need **education, support, PPE, vaccination** – just like staff

Neonatal representation at hospital board level to advocate evidence based policies

## Support Parental Presence And Family Integrated Care During COVID -19 And Beyond

- A birth partner/parent should be supported to attend the delivery of their infant in the labour ward
- Mothers and infants should remain together, even if mother is COVID-19 positive; supported to practice skin-to-skin care and rooming-in 24/7 especially during establishment of breastfeeding.
- Both parents should be with their infant in the NICU unless they are symptomatic or have been advised to self-isolate or quarantine.
- If physical distancing within the unit is not possible, 1 parent at a time should be involved in their infant's care without time restrictions; this enables parents to take turns. There is no rationale for the restriction of time or the restriction to 1 person alone from the same household.



Support  
Parental  
Presence And  
Family  
Integrated  
Care During  
COVID -19  
And Beyond

- **All parents and staff should be educated and apply appropriate hand and respiratory hygiene measures within the hospital and at home.**
- Parents should be provided with the same infection protection, education and advice as staff. If available, parents should have access to regular testing (PCR or antigen testing) in the same way as staff.
- Parents and staff should adhere to physical distancing policies in the NICU, communal areas, parents' waiting rooms and reception areas.
- Parents should be included in rounds and be part of holistic family care, including education and psychosocial support.

## Support Parental Presence And Family Integrated Care During COVID -19 And Beyond

- Continual wearing of face masks by parents could negatively impact infant development and parent-infant bonding. NICU's should consider the use of approved clear masks in NICUs. Where safe physical distance can be maintained, parents should be supported to care for their infant without wearing a face covering.
- Where possible, dedicated space should be available for parents to safely eat and rest, on the neonatal unit or nearby so to be close to their infant.
- Neonatal teams should make every effort to provide additional measures to support parental presence during COVID-19, including the provision of accommodation, meals, parking and transport.

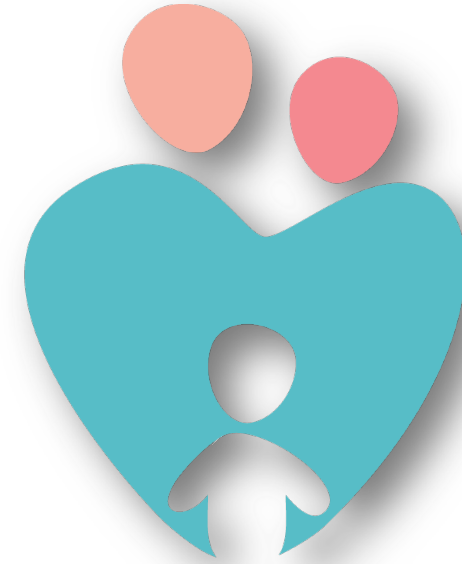
## Support Parental Presence And Family Integrated Care During COVID -19 And Beyond

- Video calling and apps should not be used to replace parental presence but can be used to support parental involvement and communication with staff when parents cannot be with their infant.
- For critically ill babies or those receiving palliative or end-of-life care, everything possible should be done to achieve parental presence and participation in care, even for COVID-19 positive parents.
- As vaccines are more available, parents as primary caregivers, and essential members of the neonatal team should be given early access to vaccination along with healthcare professionals in the NICU.



Thank you for  
your attention!

Contact me:  
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