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## Background

Studies supporting FICare practice have typically sought to implement parental presence of 6-8 hrs/day at their infant's cotside for 5-7 days per week (30 – 56 hrs/week)

However, many factors may impact on equitable ability of parents to be at their infant's cotside.

## Methodology:

In May 2022 we performed a parental census across 1 week – recording hours of parental presence and demographic data including distance from home, availability of offsite accommodation, ethnicity and number of siblings at home

Infants admitted onto our unit for a minimum of 5 of the 7 days during this census were included.

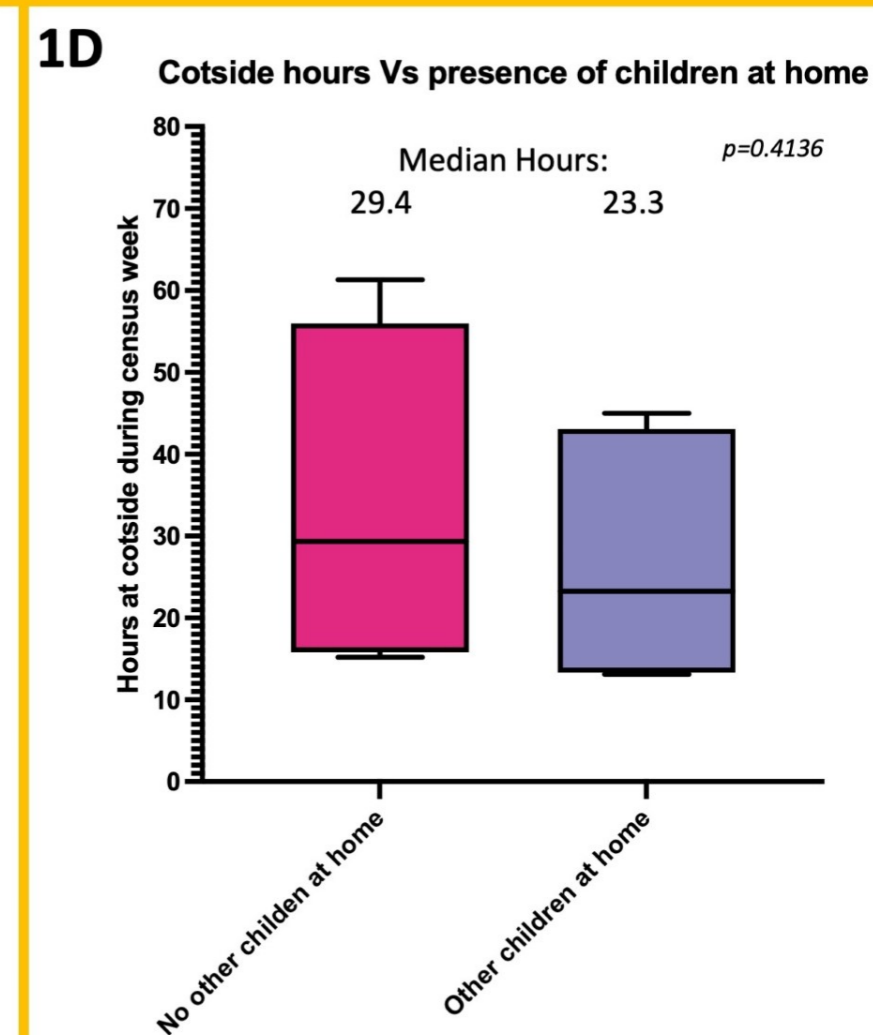
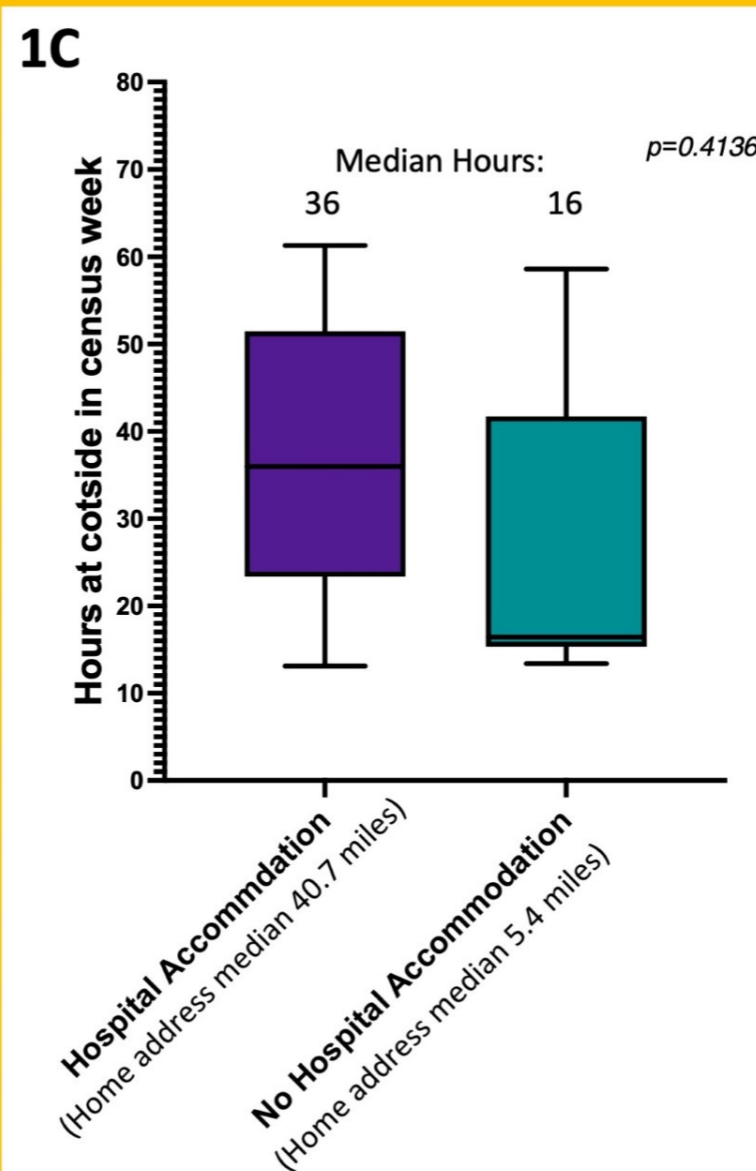
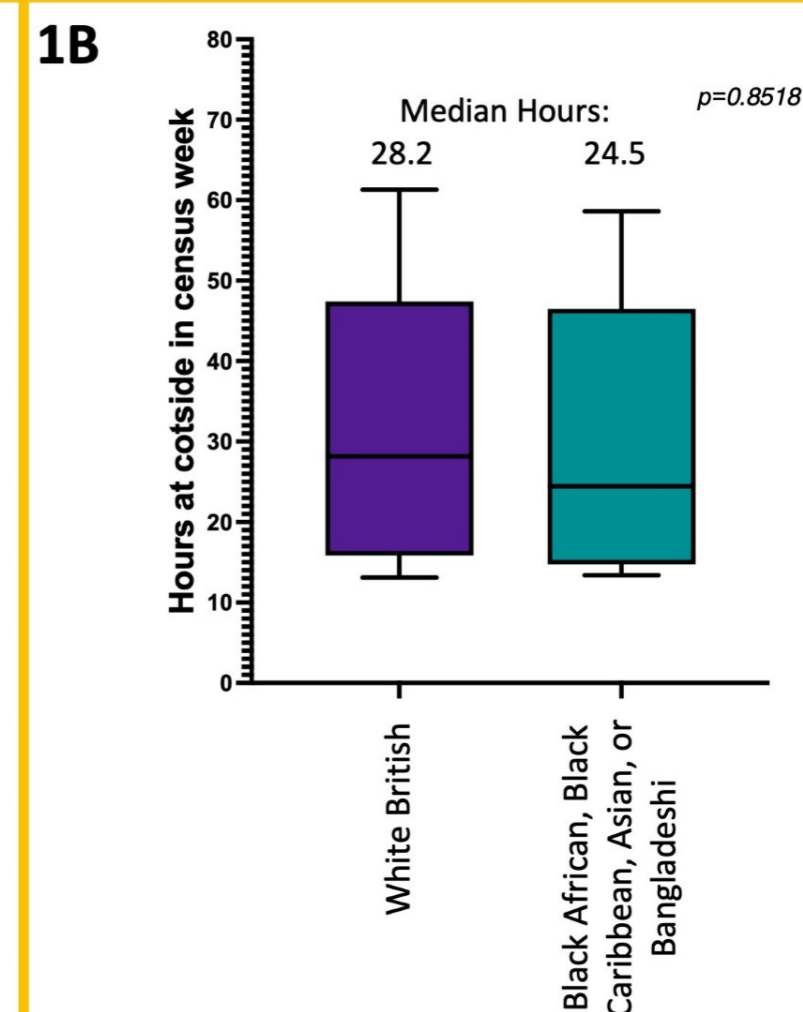
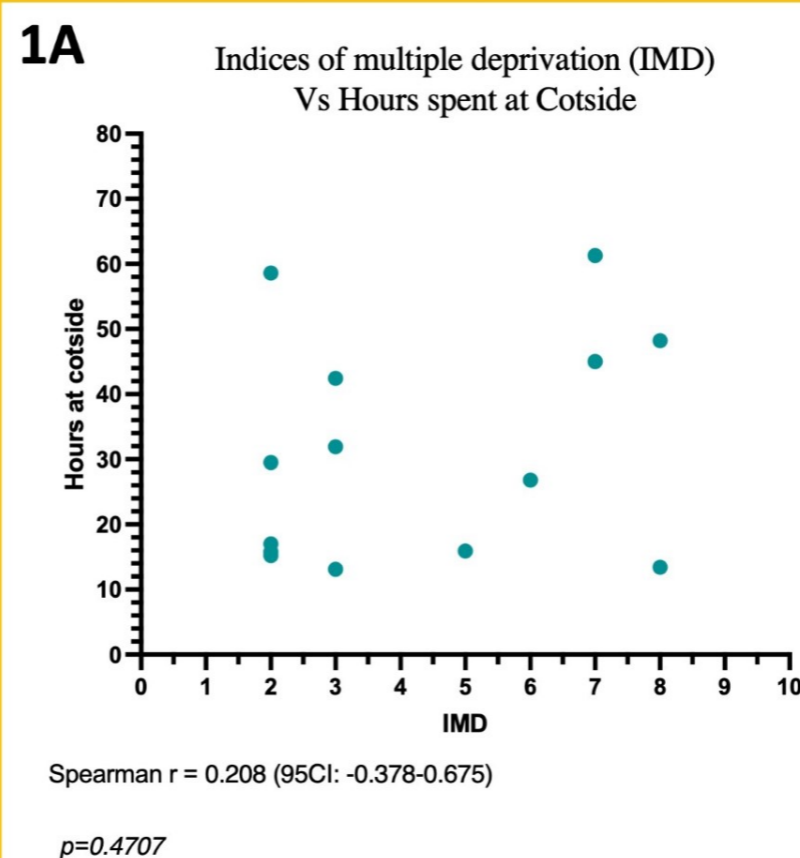
## Findings:

We captured parental cotside responses for 14/23 infant-parent sets (61% response rate)

6 of 14 (43%) parent-infant sets met threshold for presence averaging  $\geq 6$  hours/day for 5 days/week.

We observed:

- No correlation between maternal Indices of Multiple Deprivation (IMD) and duration of parental presence at the cotside ( $r=0.208$ ,  $p=0.4707$  - Figure 1A)
- No difference in cotside duration when comparing maternal ethnicity ( $p=0.8518$  - Figure 1B)
- Parents offered hospital accommodation lived a significantly increased distance from our hospital (40.7 vs 5.4 miles;  $p=0.0027$ )
- Hospital accommodation was successful in maintaining equity in parental presence with no statistically significant difference in time spent at cotside (Median cotside duration with hospital accommodation 36 hours vs 16 hours for those without;  $p=0.4136$  - Figure 1C).
- No difference between parents with no other children versus those with other children at home (Median 29.4 vs 23.3 hours;  $p=0.4136$  - Figure 1D).
- Total cotside duration during the census was significantly higher for mothers versus fathers (median time 25.6 vs 6.9 hours;  $p=0.0014$ )



**Figure 1**

## Implications

Within our parent-infant sample, equity of access to our unit was maintained across ethnicity, social economic background, distance from hospital and for dependents at home.

Means to support child-care, hospital accommodation and support for access to financial help are likely to be critical in achieving this.

Greater societal support is likely to be needed to support fathers, non-birthing mothers and non-binary non-birthing parents in being able to access and spend time with their infant whilst on a neonatal unit.

Wider-nationally performed censuses may support identification of necessary societal interventions.