Optimising Delivery Room Cuddles: Understanding Multidisciplinary Staff perspectives and the Parent Experience

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Background

Early physical contact between parents and their newborn is vital in promiting bonding. Additional benefits are well documented and include improved mental health and maternal breast milk supply.

Growing evidence supports the family-centred practice of delivery room cuddles (DRC) for preterm babies and demonstrates that with appropriate precautions, this can be performed safely. BAPM, UNICEF and WHO guidance all recommend skin-to-skin and emphasise importance of touch.

DRC are not yet embedded and routine for all preterm neonates in our Neonatal Intensive Care Unit.

Aim

1) To obtain insight into the parent experience of DRC.

2) To establish current staff perceptions of DRC and to understand potential challenges and barriers to provision of DRC for preterm neonates.

Method

A survey exploring parent experience was designed and distributed to parents of preterm (<32 weeks gestation) neonates admitted to the neonatal unit over a 6 month period. An online survey was distributed to multidisciplinary staff members attending preterm births. All were completed anonymously. Mixed method analysis was used to analyse responses.

Results

Survey responses were received from parents of 11 premature babies. Babies who received a DRC ranged from 24+1 - 32+0 weeks gestation and 580g - 1560g. All DRC were with baby's mother except one.

Received a delivery room cuddle from a parent

Parents received information about DRC antenatally

Parents who experienced DRC were extremely positive (Figure 1). One parent declined as "scared baby too small and didn't want to hurt her. Too many wires and thought DRC would get in the way." Suggested areas for improvement were involving both parents in the DRC and to discuss DRC antenatally.

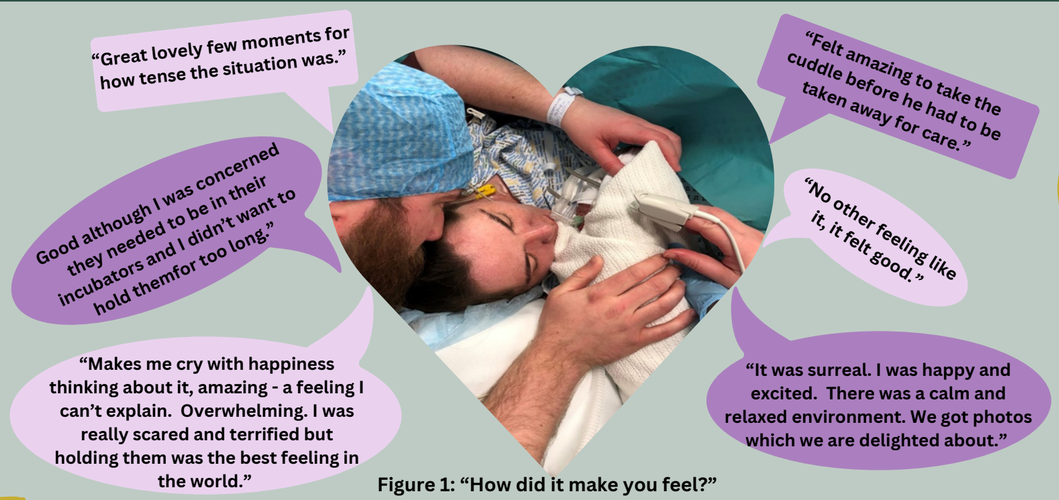

Figure 1: "How did it make you feel?"

50 staff responses were recieved from a variety of staff members (Figure 2). All Responded positively to "What do you think about delivery room cuddles?"

"These are a hugely important part of the care we provide to families of preterm babies. It would be awful if the first chance a family has to hold their baby is when they have been told their baby is not going to survive."

"Excellent for bonding and can give families a chance for something 'normal' in an otherwise traumatic experience.

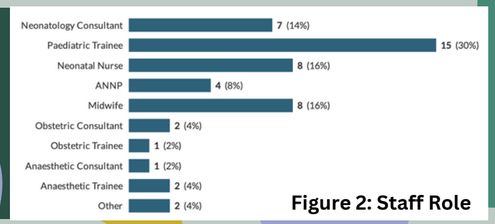

Figure 2: Staff Role

BARRIERS TO DRCs

Four main themes were highlighted by staff in free text responses (Figure 3):

1. **MATERNAL**: General anaesthetic or mum being "too unwell"
2. **NEONATAL**: Baby "too premature, unwell or unstable" or "too vulnerable." Hypothermia or unplanned extubation concerns.
3. **ENVIRONMENTAL**: Cold delivery room, logistical challenges and lack of space to accommodate staff.
4. **STAFF**: Unfamiliar with new practice, anxiety especially around intubated or extremely preterm babies: time constraints.

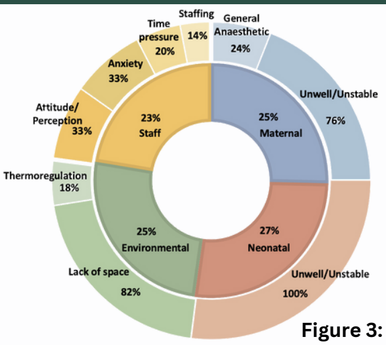

Figure 3: DRC Barriers

Conclusion

This work has demonstrated the value placed on DRC by parents. It has highlighted the importance of involving both the mother and non-birthing partner in the cuddle and of discussing DRC with parents antenatally.

In addition, it has led to improved understanding of perceived and actual barriers to DRC in our unit and identified the need for multidisilinary staff education to build confidence. Future work will explore development of in-situ preterm DRC simulation training sessions.

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