International Family Integrated Care Steering Group

Position Statement on Parental Presence in the Neonatal Units During SARS-CoV-2 Pandemic

Purpose

This document has been written in response to the current outbreak of a novel Coronavirus (SARS-CoV-2, COVID-19). During this period, the majority of neonatal services across the world have been required to restrict access policies including parental access and presence, in line with infection prevention advice to restrict the spread of the virus.

Recommendations to support parental presence and family integrated care during COVID-19 and beyond

It is the position of the International Family Integrated Care Steering Group that neonatal services should be supported to enable both parents unlimited access and participation in care of their infant(s) for the duration of their infant's stay in hospital, ensuring that parents are supported to meet the same screening criteria as used for staff. Parents should be included in ward rounds and be part of holistic family care, including education and psychosocial support. Physical distancing advice should be supported, and if not possible, parents should be provided with the same infection control precautions, education, and advice as staff.

- Both parents should be with their infant on the neonatal unit and postnatal ward, unless they are symptomatic or have been advised or required to self-isolate or quarantine. Use of verbal/written symptom checklist at the entrance to the unit/hospital as is required by staff is suggested.

- A birth partner/parent should be supported to attend the delivery of their infant in the labour ward, unless they are symptomatic, or have been advised to self-isolate or quarantine.

- If physical distancing within the unit is not possible, one 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 one person alone from the same household.

- Parents and staff should adhere to physical distancing policies in the neonatal unit or postnatal ward, including in communal areas, such as parents' waiting rooms and reception areas of the neonatal units.

- Parents should be provided with the same protection as staff i.e. surgical face masks, or be able to bring their own face masks. Parents need information and education about when masks are required, how to wear them, how to wash if cloth masks are used, and where they would be able to purchase surgical masks if they are not supplied by the hospital.

- Continual wearing of face masks by parents could potentially impact negatively upon infant development and parent-infant bonding and may hinder hearing-impaired staff and parents. Where a safe physical distance can be maintained between staff and families, parents should be supported to care for their infant at the cot-side without wearing a face covering.

- All parents and staff should be educated and apply appropriate hand- and respiratory hygiene measures within the hospital and the home environment.

- 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 face masks, accommodation, parking and transport.

- Appropriate technological support using video calling and Apps should not be used to replace parental presence in the neonatal unit, but can be used to support parental involvement and communication with staff at those times when parents cannot be with their infant.

- Mothers and infants should remain together, even if mother is COVID-19 positive; they should still be able to practice skin-to-skin care and rooming-in day and night especially during establishment of breastfeeding.

Background

Before the SARS-CoV-2 pandemic, neonatal services following the Family Integrated Care (FICare) ethos enabled unlimited parental access to aid parent-infant closeness, breastfeeding and participation in infants' care. FICare improves infant and parental health outcomes.[1,2] Parents are considered partners in care and not visitors, and sibling presence is encouraged.

As a consequence of the pandemic and paucity of knowledge around SARS-CoV-2**,** hospitals and healthcare systems globally acted swiftly to put in place measures known to restrict viral spread.[3] However, much of the focus has been on adult care and the essential and irreplaceable benefits of parental caregiving in neonatal and paediatric services have not been considered separately. As a result, many neonatal units restricted parental access to one parent (usually the mother) and, depending on the region or clinical circumstances, significantly restricted the time that parent could spend with their infant (sometimes as low as 5-15 minutes per day). Fathers/partners may have not been able to see their infant for a number of weeks.

This position statement is based on WHO statement "Maintaining essential health services: operational guidance for the COVID-19 context" published June 2020[4] and the Joint Statement by the GLANCE Chair Committee:

"Worldwide we see huge inequalities in how much time parents can spend with their babies in neonatal units during the COVID-19 pandemic. Separation of babies and parents is harmful! Our common vision is that every baby born receives the best start in life and this means that babies should be close to their parents, even in times of COVID-19!" [GLANCE statement].

We highlight the risk of short- and long-term damage that may be caused by the restricted access policies and lack of families' presence in neonatal care.[5] It is vital that parents are involved as they are an essential and irreplaceable component in the care of their infant. Parents should be able to spend unrestricted and unlimited time with their infant on the neonatal unit; the benefits are well documented and have life-long effects for both infant and parents e.g. breast-feeding rates are higher, neurodevelopmental outcomes in children improve, and reduced length of hospital stay.[2,6–8] Having an infant in neonatal care can cause significant issues including mental health problems for parents.[9,10] This is significantly improved with unrestricted access for parents to their infant in the neonatal unit along with participation in care, education and psychosocial support.[1]

References

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