



Irish Neonatal Health Alliance and PumpPal ©

# Joint Statement and Call to Action: COVID-19 and Parental Access and Involvement on Neonatal Units

Wednesday May 13<sup>th</sup> 2020

## Severe Restrictions Imposed Without Official Guidelines or Scientific Evidence

In response to the COVID-19 pandemic and in an attempt to control the spread of the virus, Irish neonatal units have severely limited parental access. Across the 19 Irish units, there are varying degrees of new restrictions: ranging from policies which permit mothers to be present for 15 minutes per day, to those which restrict access to a matter of hours, and others which see fathers and partners not permitted access to units at all. There is currently **no scientific evidence** or **guidance** to suggest that restricting neonatal patients' access to their parents is necessary.

The INHA and PumpPal acknowledge that the motivation for these new measures is linked to the limited physical space in Irish neonatal units making social distancing a challenge and thus adding to managements' concern over protecting vulnerable patients and dedicated staff from contracting the virus.

However, it is our view that the risks of restricting preterm and sick babies' access to their parents outweigh the benefits. For many years, Irish neonatal units have strived to care for infants in a family-centred care environment where parents are viewed as equal partners, not visitors, in the delivery of care and decision-making. The INHA and PumpPal are keen to ensure that this approach **continues** to be prioritised and delivered consistently by management in all 19 Irish units.

Scientific studies have demonstrated the direct link between parental involvement in the care of preterm and sick infants in neonatal units and improved infant developmental outcomes i.e better weight gain, improved breastfeeding, better cognitive development and enhanced bonding and it is imperative that all neonatal unit protocol amendments are evidence based. The benefits of parental involvement are not limited to infants: parents who are supported to care for their infants in the neonatal unit report increased confidence, better infant cue recognition and reduced stress and anxiety scores all of which are beneficial to their infant.

## Official Guidelines of International Bodies

Irish neonatal healthcare bodies i.e. the Neonatal Clinical Advisory Group, the National Clinical Lead for Neonatology and the Royal College of Physicians of Ireland (RCPI) have yet to issue guidelines relating to parental access to neonatal units.

On May 7th 2020 **The British Association of Perinatal Medicine (BAPM)** issued a supplement to the previously issued **Royal College of Paediatric's and Child Health (RCPCH)** statement (refer INHA COVID-19 Joint Statement April 14th 2020) stating that:

*"Neonatal services present a unique situation in terms of "visitors" and it is essential that the mother and her partner are never considered to be visitors within the neonatal unit – they are **partners in their baby's care, and their presence should be encouraged. The mother and her newborn are a biological entity and should have unrestricted contact when admission to a NNU (Neonatal Unit) is unavoidable.** In order properly to involve parents in decision making about their baby's care, neonatal units should identify how to facilitate their presence at all times of day, including on ward rounds, while maintaining social distancing within the NNU. The benefits of extended parental contact, including skin to skin care and active involvement in their baby's care are well documented, as are the long established advantages of breast feeding. At such a stressful time, it is important for both parents to be able to be present together, at least for part of the day, unless such practice would be clearly detrimental to other babies and/or staff in the NNU or TCU (Transitional Care Unit). Parental vulnerability may be heightened by the current pandemic; remember to signpost parents to available resources for support".\**

**The World Health Organisation (WHO)** recommendations for Kangaroo Care during COVID-19 state that based on current data, there is no reason to separate babies from their mothers or restricting Kangaroo Mother Care for preterm babies and breastfeeding, as long as safety protocols are adhered to:

*"Actions for health facilities and their staff*

*Enable mothers and infants to remain together and practice skin-to-skin contact, and rooming-in throughout the day and night, especially straight after birth during establishment of breastfeeding, whether or not the mother or child has suspected, probable, or confirmed COVID-19."*<sup>1</sup>

*"Even when infants get colonized by parents the risk of Covid-19 for the infant is low and the benefits of no separation, Kangaroo Mother Care and breastfeeding are higher than the risks posed by Covid-19 in this age group. **Separation carries risks too.**"-- WHO Physician. March 24, 2020.*

WHO also notes that even in the cases of confirmed infection, skin to skin contact and presence should continue, as following:

*"Can I touch and hold my newborn baby if I have COVID-19?*

*Yes. **Close contact and early, exclusive breastfeeding helps a baby to thrive.** You should be supported to*

- Breastfeed safely, with good respiratory hygiene;*
- Hold your newborn skin-to-skin, and*
- Share a room with your baby*

*You should wash your hands before and after touching your baby, and keep all surfaces clean."*<sup>2</sup>

**UNICEF's statement on Infant Feeding During The COVID-19 Outbreak** states that:

*"There is a wealth of evidence that breastfeeding reduces the risk of babies developing infectious diseases. There are numerous live constituents in human milk, including immunoglobulins, antiviral*

factors, cytokines and leucocytes that help to destroy harmful pathogens and boost the baby's immune system. There is no evidence at this time that Covid-19 can be passed through breastmilk. Therefore, considering the protection that human milk and breastfeeding offers the baby and the minimal role it plays in the transmission of respiratory viruses, it seems sensible to do all we can to continue to promote, protect and support breastfeeding.

To facilitate breastfeeding, mothers and babies should be enabled to **stay together as much as possible**, to have skin-to-skin contact, to feed their baby responsively and to have access to ongoing support when this is needed.

It is essential that babies' needs for emotional attachment with their parents / primary caregiver continues to be considered. Keeping babies close and responding to their need for food, love and comfort **are all essential for babies' health, wellbeing and development**. In addition, this will enhance the mother's mental wellbeing in the postnatal period." <sup>3</sup>

## Call to Action

Having an infant in the neonatal unit is an extremely stressful and traumatic experience, with numerous scientific studies to support this finding. The link between parental mental health and the neonatal experience is well documented. Currently there is no provision to provide psychological support to families who are affected by the restricted unit access measures, nor is there any open discussion about the impact to the infants, who, as a result of being separated from their parents will be deprived of crucial and essential aspects of newborn development such as nutritional needs being met by mothers breastmilk, positive touch and nurturing experiences to stimulate brain development activities, bonding and attachment opportunities, parental support during painful procedures to compensate and negate the need for analgesics, love, security and comfort.

**We are advocating for parents' roles as primary caregivers to their preterm and sick babies to be recognised by hospital management.**

**Parents are not visitors to neonatal units. They are an essential part of their baby's care and therefore their role cannot be limited to 15 minutes per day.**

**We are calling on the Neonatal Clinical Advisory Group, the National Clinical Lead for Neonatology and the Royal College of Physicians of Ireland (RCPI) to give careful consideration to the short and long-term impact of restricting preterm and sick babies' access to their parents and to issue appropriate evidence-based guidelines to Irish hospital management teams to ensure consistency of patient-centred policy across our units.**

Irish Neonatal Health Alliance [www.inha.ie](http://www.inha.ie)

PumpPal [www.pumppal.org](http://www.pumppal.org)

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References:

\*[https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2\\_assets/files/511/COVID-FAQs\\_7.5.20final.pdf](https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2_assets/files/511/COVID-FAQs_7.5.20final.pdf)

<sup>1</sup><http://www.emro.who.int/nutrition/nutrition-infocus/breastfeeding-advice-during-covid-19-outbreak.html>

<sup>2</sup><https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>

<sup>3</sup><https://www.unicef.org.uk/babyfriendly/infant-feeding-during-the-covid-19-outbreak/>