

Since the beginning of the pandemic, parents of premature babies have been treated as visitors at hospitals across the country. Many changes have been made since the start of the pandemic, however we are still far from having a “family-centered” approach to care on a national level. There remains a large variation in policies and restrictions among neonatal units across all hospitals, despite having access to necessary PPE and other measures to keep everyone safe.

While your local hospital may have made these necessary changes to your restrictions and policies, not all neonatal units are the same, causing stress and confusion for the parents and families of babies in the NICU. As one mother has stated, “at my local hospital the restrictions were different than at the hospital just an hour away. They allowed both parents in the NICU at the same time, without any restrictions. It made no sense why it could be considered safe there, and not safe for me in my hospital.”

It’s up to all of us to work together to ensure all hospitals across Canada have the same policies and frameworks in place to allow for both parents to be seen as essential caregivers in the NICU, and to ensure that they are given unrestricted access 24/7 without question. Parents are not visitors, they’re vital components of a baby’s care team.

In this package you will find a policy brief outlining the importance of parental presence in the NICU, as well as the GLANCE survey titled, “Zero Separation. Together for better care!”. Additionally, please refer to the FICare International Position Statement, and the ACTA Paediatrica article, “Supporting parents as essential care partners in neonatal units during the SARS-CoV-2 pandemic”.

For more information, please do not hesitate to contact us.

## **PARENT-INFANT CONTACT IS ESSENTIAL TO THE HEALTH AND DEVELOPMENT OF HOSPITALIZED NEWBORNS**

Parents are not visitors but essential caregivers. Parental presence at their hospitalized infant’s bedside is referred to as a new vital sign in neonatal unit care as evidence of the benefits of their presence for infants’ growth.

### **THE PROBLEM**

- In some hospitals the response to the COVID-19 pandemic has resulted in policies restricting parental presence. For example, both parents cannot be present at the same time with their infant (“one parent only rule”), or their presence is time limited. These restrictions impede parents’ ability to care for their infant, which in turn can adversely affect both the infant and parent.
- Research shows that during the pandemic, breastfeeding, parental participation in caregiving, skin-to-skin care, parent-infant bonding, and mental health have been adversely affected by such restrictions (1-5). These negative consequences can have long-term impacts on infant development, parenting, and the parent-infant relationship.
- Fathers are particularly affected by restrictions, and mothers are not well supported when fathers cannot be present (5, 6).
- Parents’ ability to participate in decision making about infant care and acquire updates about their infant is limited (1, 2, 5).
- Nursing staff are unable to provide parents with the teaching they require to care for their infant after discharge (5).

## **WHY PARENTAL PRESENCE IS CRUCIAL: WHAT IS KNOWN FROM DECADES OF RESEARCH**

- Parent-infant contact is essential for the health and development of hospitalized newborns.
- Skin-to-skin contact between infant and parent (also known as kangaroo care) is an important form of caregiving provided by parents. It maintains baby’s body temperature, supports their brain development, reduces their sensitivity to pain and results in better sleep. Skin-to-skin contact also increases mothers’ breastmilk production and promotes parent-infant bonding (7).
- For the infant, parent-infant physical closeness promotes their physiological stability, feeding skills, attachment to their parents, and reduces their pain responses and the risk of nosocomial infections (7-10).
- Talking to the infant and other normal parent-infant interactions are essential for infant development. Parent presence in the neonatal unit results in greater exposure of infants to spoken language, and subsequently better behavioral, cognitive, and language development years later (11-13).
- Important physiological processes occur when infants and parents are in close physical contact. The infant’s proximity prompts events in the parental brain and endocrine system that are critical for parenting behavior (14).
- Eye contact, touching, holding and caregiving are important forms of contact for neonatal unit fathers to bond with their infant and develop their identity as a father (15). Limitations on parental presence can have negative impact on fathers’ mental health (16).

## **EVIDENCE-BASED INTERNATIONAL PARENT PRESENCE POLICIES (17)**

- Restrictions on parents' access and presence at their infants' bedside must be lifted.
- Both parents must have access to the infant unless the parent is symptomatic or has been advised /required to self-isolate or quarantine.
- If physical distancing is not possible in the unit, one parent at a time should have access without limitation on the duration of their presence.
- The use of technology to support parent involvement, such as video calling, cannot replace presence at the bedside.
- Mothers and infants should be together even if the mother is COVID-19 positive. Skin-to-skin contact and rooming-in are essential for the establishment of and on-going breastfeeding. Guidelines are available from the Canadian Pediatric Society (18) on how to manage this situation.

See the GLANCE (Global Alliance for Neonatal Care) report calling for **Zero Separation** during the pandemic available at this link. [https://www.glance-network.org/wp-content/uploads/Content/Downloads/ZeroSeparation/COVID-Report/ZeroSeparation\\_FullReport.pdf](https://www.glance-network.org/wp-content/uploads/Content/Downloads/ZeroSeparation/COVID-Report/ZeroSeparation_FullReport.pdf)

## Supporting Organizations and Networks

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