

# Bliss written submission to the Health, Social Care and Sport Committee

Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

February 2021



## About Bliss

Bliss is the UK charity that champions the right of every baby born premature or sick to receive the best care. We achieve this by empowering families, influencing policy and practice, and enabling life-changing research.

## Summary

- Parental involvement supports short and long-term developmental outcomes for premature and sick babies who are receiving neonatal care, as well as promoting secure family attachments.
- COVID-19 has impacted parental presence on the neonatal unit, and their ability to be involved in delivering their baby's care in Wales
- The Welsh Government must support neonatal services to provide as much parental access as possible, including facilitating access for both parents together to bring neonatal services across Wales in line with [BAPM recommendations](#), which have been produced with guidance from RCPCH & RCOG, and [Bliss' own recommendations](#).

## Neonatal Care in Wales

Every year, around 3000<sup>i</sup> babies are cared for in a neonatal unit in Wales. For parents of babies born premature or sick, the experience is life changing. Rather than taking their baby home shortly after birth, their baby is admitted to a specialist hospital unit to receive care that ensures they have the best possible chance of survival and quality of life.

Neonatal units typically allow parents to be present with their baby 24 hours a day and encourage full participation in care giving. Evidence shows that empowering parents to provide direct hands-on care leads to improved short and long-term outcomes for their baby and is critical to forming strong parent-infant bonds, including increased weight-gain, improved breastfeeding rates as well as increased parental confidence and reduced stress & anxiety scores.<sup>ii iii iv</sup> Skin-to-skin care while on the unit has been linked to better infant reflexes at term and better gross motor development at 4-5 years.<sup>v vi</sup>

## The impact of COVID-19 on neonatal care

Supporting parents to be partners in delivery of their baby's care on the neonatal unit can be challenging at any time, but COVID-19 is exacerbating existing barriers, and presenting new challenges, making it harder for parents to be fully involved in their baby's care.

Parental access to the unit has been restricted as a result of COVID-19, where a blanket policy has been implemented which does not take into consideration the unique role of parents as partners in

care delivery. Welsh government guidance about hospital visiting during the pandemic is “*One parent guardian, or carer at the bedside at a time for [...] neonates*”.<sup>vii</sup>

While parents understand and respect that restrictions are in place to keep babies, staff and themselves safe, restrictions must be proportionate, evidence-based and take into consideration the considerable impact that they have on the wellbeing of parents, and their babies. These restrictions have a substantial impact for many families. Parents find that they are unable to be with their baby as much as they need to be and some parents - usually fathers and partners - are unable to spend time with or be involved in their baby’s care at all.

Parents have told us of the heartbreak of sitting in the carpark while their partner spends time with their baby, waiting in the corridor outside the unit alone for news of their baby and the emotional burden, placed on the parent who is on the unit, of having to relay news about their baby’s health to their partner. We have also heard from parents that policies that stop them parenting together, sometimes for many months, before their baby comes home has a dramatic impact on their relationship with their baby and with each other, as well as their ability to bond as a family.

In a recent Bliss survey (UK wide):

- 66 per cent of parents told us that they felt that access restrictions on the unit affected their ability to be with their baby as much as they wanted to – this increased to 74 per cent of parents whose babies spent more than four weeks in neonatal care.
- 90 per cent of parents said that they felt isolated
- 70 per cent felt their mental health and wellbeing had been affected and
- 42 per cent felt their ability to bond with their baby had been affected

Parent experiences from Bliss’ survey:

*“The restrictions have had a devastating effect on our family, [my baby] is 8 weeks old and we have never been together as a family, my mental health plummeted and I got depressed as I had to do doctors ward rounds and get bad news by myself with no support. I also had to sit in the car in the car park when my husband was in with [our baby] and that was horrific meaning my c section scar didn’t heal and is still open now.”*

**Mother of a baby who received neonatal care in Wales during the pandemic**

*“It was very difficult leaving our daughter when I knew I wasn’t able to see her the following day because of the one parent per 24 hour period (my husband and I took it in turns).”*

**Mother of a baby who received neonatal care in Wales during the pandemic**

*“My partner was not allowed to visit for the last three weeks of our journey. We complained at the time, however we are still dealing with the mental health effects of this. On coming home my partner was convinced the baby did not know who he was, did not like him and had no bond.”*

**Mother of a baby who received neonatal care in Wales during the pandemic**

### **Existing policy and research relating to parental access to neonatal units during COVID-19**

The British Association of Perinatal Medicine (BAPM) guidance<sup>viii</sup> states that “*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 and facilitated as much as possible.*” Additionally, the guidance encourages services to reflect how best to maximise involvement and facilitate parental presence at all times – including during ward rounds - while

maintaining social distancing, and sets out that parents should be supported to be involved and present during end of life care, even if COVID-19 positive.

Mothers who are suspected or confirmed to have COVID-19 will not be able to go onto the unit until they have tested negative or until 10 days after the onset of their symptoms and they are symptom-free. If the baby's father, or mother's partner, has no symptoms they will need to self-isolate for 14 days. This is in line with current Public Health England Self-Isolation Guidance.<sup>ix</sup> BAPM recommends that units should offer the same testing protocols to symptomatic parents and testing of suspected contacts as are applied to staff, in order to minimise unnecessary separation.

A recent rapid response study<sup>x</sup> looking at the impact of COVID-19 on newborns provides evidence to support policies that do not separate mothers from their baby, even if one of them is COVID-19 positive. The study suggests that the infection in newborns is very rare. Those babies that did contract the virus during the first wave of the pandemic developed only mild symptoms and made a full recovery.

Limitations on parents' presence at their babies' cot side has had an enormous impact on families. . Findings published in the BMJ align with themes emerging in Bliss' own survey, which is detailed above. Muniraman H et al<sup>xi</sup> found that restrictions had adverse impacts on bonding and breastfeeding rates. The researchers also had concerns about the longer term mental health impact for parents stating "The additional impact of the COVID-19 pandemic and adding to their burden through restrictive visiting policies would seem only likely to increase the risk of PND and PTSS and disruption of parental–infant bonding"

#### **Bliss recommendations:**

- The Welsh Government must ensure that **guidance reflects best practice in parent visiting during the pandemic** to bring Welsh services in line with [BAPM recommendations](#), which have been produced with guidance from RCPCH & RCOG, and [Bliss' own recommendations](#).
- Health Boards must **support neonatal services to provide as much parental access as possible**, including facilitating access for both parents together to bring Welsh services in line with guidance from professional bodies.
- Neonatal units should facilitate parental presence at all times of day, including during ward rounds. **The hours a parent can be with their baby should not be restricted routinely and they should be supported to provide cot-side care to their baby or babies without a face covering.**
- Both parents should be supported to be involved in their baby's care, and units should seek to **allow parents to be present together.**
- **Parents of twins and multiples should have equal access to their babies** and should be supported to spend time with each of their babies every time they are present on the unit.
- Units should **ask parents to comply with infection control rules in line with those followed by healthcare professionals** and be **offered the same testing protocols** as are applied to staff in order to minimise infection risk and unnecessary separation
- **If a baby is critically ill, or receiving end of life care both parents, including those who are COVID-19 positive, should be able to be present and involved in decision making,**

**care and memory making.** Where possible within current constraints, wider family members (such as siblings) should also be involved.

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<sup>i</sup> Wales neonatal network annual report data for 2017/18

<http://www.walesneonatalnetwork.wales.nhs.uk/sitesplus/documents/1034/AnnualReport2017V01.00.pdf>

<sup>ii</sup> O'Brien et al (2018) Effectiveness of Family Integrated Care in neonatal intensive care units

<sup>iii</sup> Yogman, M., Garfield, C.G., 2016. Fathers' roles in the care and development of their children: the role of paediatricians. *Pediatrics* 138 (1).

<sup>iv</sup> Shorey, S., He, H.G., Morelius, E., 2016. Skin-to-skin contact by fathers and the impact on infant and paternal outcomes: an integrative review. *Midwifery* 20, 207-217

<sup>v</sup> O'Brien et al (2018) Effectiveness of Family Integrated Care in neonatal intensive care units on infant and parent outcomes: a multicentre, multinational, cluster-randomised controlled trial, *Lancet Child Adolesc Health*, 2(4):245-254;

<sup>vi</sup> Pineda et al (2017) Parent participation in the neonatal intensive care unit: Predictors and relationships to neurobehavior and developmental outcomes, *Early Human Development*, 117:32-38.

<sup>vii</sup> <https://gov.wales/hospital-visiting-during-coronavirus-outbreak-guidance-html>

<sup>viii</sup> British Association of Perinatal Medicine, Covid-19 Pandemic Frequently Asked Questions within Neonatal Services [https://hubble-live-](https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2_assets/files/729/COVID_FAQ_19.10.20.docx.pdf)

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<sup>ix</sup> <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

<sup>x</sup> Gale et al (2020). Characteristics and outcomes of neonatal SARS-CoV-2 infection in the UK: a prospective national cohort study using active surveillance, *Lancet Child Adolesc Health*, Published online November 9, 2020

<sup>xi</sup> Muniraman H, Ali M, Cawley P, et al. Parental perceptions of the impact of neonatal unit visitation policies during COVID-19 pandemic, *BMJ Paediatrics Open* 2020;4:e000899. doi: 10.1136/bmjpo-2020-000899