

NWNODN position on parental access to their baby during COVID 19

The current COVID 19 pandemic presents challenges on many levels to those working in neonatal services and to parents/families.

It is crucial to recognise that health care organisations have needed to reduce the footfall, including visitors, in hospitals to reduce the risk that visiting brings.

However we are also mindful that parents are not “visitors”, but are an integral part of the team caring for their baby.

Our Parent Advisory Groups have clearly described for us the angst parents feel when they experience different practices as they move from hospital to hospital, something that is well documented. Therefore the NWNODN is adopting the approach which has been recommended by Bliss in their statement on 8th April – “COVID-19 and parental involvement on neonatal units” to: *“Ensure consistency between access policies at network level to minimise disruption to families who experience transfers between hospitals.”*

Considering the Bliss statement and to support appropriate, consistent parental access to all Neonatal units across the NW, the NWNODN recommend the following:

- 1) At least one parent should have 24 hour access to their baby while on NNU
 - a. This should not be limited to a set number of hours/day
 - b. Local policy will describe how this should be implemented to reduce footfall on the unit e.g. parents change during the day but do not attend the unit at the same time if the unit has a one person visiting policy..
- 2) Both parents should have access to their baby throughout its stay
 - a. Recognition that both parents may not be able to be present at the same time, local policy to describe.
- 3) NNU should have clearly described ways of communicating with parents who are unable to have access to their baby.
 - a. Consider the use of video messaging, baby diaries/journal
 - i. N.B. A decision has been made nationally that the VCreate system can be funded via COVID 19 funds, details shared with managers 10/4/20
 - b. Consider how the above can be utilised to communicate with siblings
- 4) During end of life care both parents should be able to be present and involved in decision making, care and memory making (Bliss 04/20)
- 5) Resume usual levels of parental access in a timely way in line with national guidance

If you would like more information on this please contact us via NWNODN@alderhey.nhs.uk

The Bliss statement has other information that you may find useful and can be found at:
<https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Bliss-Statement-parental-access-and-involvement-during-COVID-19.pdf?mtime=20200408164022>