

Bliss Statement: COVID-19 and parental involvement on neonatal units



Updated 22 April 2022

Information correct as at time of writing; this document is updated regularly in line with new and emerging guidance and evidence.

Bliss is the UK's leading charity for babies born premature or sick. Every year over 100,000 babies across the UK will be admitted to neonatal care after they are born - many will need to receive life-saving care for weeks or months before they are ready for home. Sadly, some babies will never go home at all.

Updates 22 April 2022

- [Updated to reflect new COVID-19 guidance released in April 2022](#)
- [Current guidance section updated to reflect current national guidance across the UK](#)

New substantive additions to this version have been written in teal throughout the document.

In March 2020, in response to the growing intensity of the COVID-19 pandemic, hospitals across the UK severely limited who was able to come onto hospital sites to reduce the spread of infections. These policies were introduced to protect vulnerable patients, and the dedicated staff who care for them, from contracting the virus. Throughout the two years following, neonatal units amended their policies over time to ensure both parents could be present and be involved in their baby's care. By March 2022, as wider society transitioned to "Living with COVID" the vast majority of neonatal units have returned to full unrestricted access for parents, and some Trusts and Health Boards have also been able to restore visiting for siblings and wider family and friends to their units.

Hospitals across the UK are looking at how they can adapt their policies to ensure families are supported to be present and involved in their baby's care. Services will also need to consider how they can best adjust policies around testing, to maintain unrestricted parent access, and reintroduce siblings and wider family members. Neonatal units across the UK strive to care for babies in a family-centred environment, where parents are partners in delivering their baby's care. At Bliss we know that it is essential for neonatal units to continue an approach which facilitates parental, and wider family, involvement in their baby's care. We know this is best for babies and best for families; and that neonatal health professionals will want to continue to do this in a way that is safe for babies and safe for their staff.

Bliss is keen to ensure that this approach is prioritised and delivered consistently across the UK, in recognition of the significant impact that parental involvement in their baby's neonatal care has on both their immediate and long-term outcomes, as well as the importance of sibling and wider family involvement to family bonding and support. It is also important that clear and consistent messaging is provided to all the parents whose baby is in neonatal care now or may be admitted in the coming weeks and months.

We therefore set out below:

- [Current guidance for parental access to neonatal units](#)
- [Current guidance for parental involvement in their baby's neonatal care](#)
- [Bliss' position on parental access and involvement throughout the period of COVID-19 pandemic restrictions](#)
- [Bliss' recommendations for parental access to and involvement in neonatal care.](#)

Current guidance for parental access to neonatal units

Guidelines issued by health services across the UK^[1] are clear that parents of babies in neonatal care should not be considered visitors, and should have unrestricted access to their baby at all times. In addition, the latest guidance recommends continuing to open wider hospital visiting, albeit with restricted numbers and visiting hours.

- [NHS England](#)^[36] issued new guidance on 1st April 2022 which is aligned with guidance from the Royal College of Paediatrics and Child Health (RCPCH) and the British Association of Perinatal Medicine (BAPM) and states “*parents of babies on neonatal units are not considered to be visitors and should not be treated as such.*” NHS Trusts are required to “*facilitate unrestricted access for parents of babies on neonatal units*”. Increased access will be achieved by following four steps:
 - Undertaking risk assessment to identify where there is an elevated risk of transmission
 - Continue to use infection prevention and control (IPC) measures such as personal protective equipment (PPE), physical distancing and changes to the configuration of space in order to mitigate and reduce any risks identified in the risk assessment.
 - Request that parents should not attend neonatal units if they are symptomatic of COVID-19. Providers should no longer expect evidence of a negative test before allowing access to neonatal units. However, if a parent has received a test, and is positive, they should be advised not to attend.
 - Advise parents to wear a face covering when attending the neonatal unit.
- Wider hospital visiting guidance in England is that visiting should be accommodated for at least one hour per day and ideally for longer. Two visitors per patient should be permitted and visitors to the hospital should wear a mask/face covering.
- The [Scottish Government](#)^[37] is clear that both parents or care givers should be supported to have maximum access to their baby across all protection levels, and both parents should be supported

to be present if their baby is critically ill or receiving end of life care. The guidance also states that parents should be offered opportunities to care for their baby without wearing facemasks to support bonding and skin-to-skin care. Physical distancing should be maintained, and risk assessments should be undertaken which also assess the impact on babies and their families if access restrictions are implemented. Every effort should be made to accommodate visits by siblings, particularly where a baby is expected to remain in neonatal care long term.

- Wider hospital visiting guidance in Scotland encourages hospital settings to return to person centred visiting, recognising that family and friends are an essential support to inpatients and their carers.
- The [Northern Ireland](#)^[38] Department of Health sets out that either/both parents or two nominated caregivers from two households may be facilitated to be with their baby at all times for the duration of their stay If a baby is critically ill or receiving end of life care other family members or caregivers may also be granted access.
- [Wales Government](#)^[39] currently advises that up to two parents or carers can be present at the bedside, subject to local determination.

BAPM guidance 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 - and sets out that parents should be supported to be involved and present during end of life care, even if COVID-19 positive.^[23]

Parents who have symptoms of COVID-19 or who test positive are advised not to attend the neonatal unit. Services should have plans in place to mitigate the impact of any separation, including enabling other nominated support people to attend the neonatal unit and providing access to VCreate or similar video platforms.

Please see page 9 for an example of how a neonatal unit safely maintains access for COVID-19 positive parents.

Current guidance for parental involvement in their baby’s neonatal care

BAPM endorses the continuation of parental involvement in their baby’s care throughout the COVID-19 pandemic. As set out above, they have affirmed that parents remain partners in care-giving for their baby and ‘their presence should be encouraged as much as possible’. The guidance also stresses the importance of parents being present together, unless this is clearly detrimental to other babies or staff, and that mothers and their babies should be considered ‘the same biological entity’. Their guidance also notes that parental involvement in the delivery of basic tasks and their baby’s care may prove beneficial to units where there are staffing pressures.^[7]

Guidance for the provision of Kangaroo (skin to skin) Care notes that there is no evidence that it is unsafe for COVID-19 negative parents to engage in skin-to-skin contact with their baby, as long as safety protocols

are followed. Kangaroo Care should therefore continue to be encouraged and facilitated for all babies where it is safe to do so, as per usual practice.^[8]

Since 15 June 2020 it has been compulsory for hospital visitors in England to wear face coverings^[28] and use of face coverings is identified as an action for Trusts ^[40] However, following concerns raised by Bliss and neonatal professionals, RCPCH guidance has been updated to reiterate that parents are not visitors, and suggests a more nuanced approach can be taken in a neonatal setting. They set out: *"The risk...must be balanced with potential harm to parent-infant relationships and infant development if parents' faces are always covered in the neonatal setting. For example, given that parents and their baby form one family "bubble", it seems unlikely that parents wearing face coverings at the cot side offers significant additional protection to their baby if they are sufficiently spaced from other parents/visitors and staff."*^[29]

Bliss' position on Family Centred Care in April 2022

Ensuring the safety of vulnerable babies on neonatal units during the COVID-19 outbreak has been paramount. But parents are not visitors, and they need to continue to be partners in delivering their baby's care and decision making. We know that the guidelines which have restricted parent and wider family access have been extremely difficult for both the families of premature and sick babies, and the staff who have to implement them.

Every parent wants what is best for their baby, and will comply with restrictions, no matter how difficult, if that means their baby will be safe - but **any limitations on access and involvement must be proportionate and based on evidence**. This should include the significant psychological impact on parents, siblings and the wider family of restricting access to parents only. ^[41]

Neonatal services must commit to returning to usual standards of family support and involvement as soon as possible. Great strides have been made by neonatal units in recent years to ensure care provided is family-centred, including through implementation of the Bliss Baby Charter.^[10] This pandemic will be temporary, but the impact on families with babies receiving neonatal care during this tumultuous period will be enduring.

Access for parents or primary care-givers

The vast majority of neonatal units across the UK now have unrestricted parent access. This has been supported, in England, by NHS England's monitoring of access arrangements. There are now only a very small number of neonatal units who do not facilitate 24 hour access for both parents (or one parent and a support person) For those units which are not yet currently facilitating this, **parental access policies must be updated to comply with current national guidance immediately. If this cannot be done, a clear rationale must be provided for why and should be kept under constant review, with a clear timeline for implementing unrestricted access in place. Parents must have as much access to their baby, and the opportunity to be involved in their baby's care, as possible in response to changing local need. In line with BAPM guidance, units should continue to work to facilitate unrestricted parental access – including the opportunity for both parents to be present together 24 hours per day.**

For twins and multiples, **it is vital that parents have an equal amount of time to spend with each of their babies every time they come to the neonatal unit, and the time spent with each baby should not be restricted routinely.** Parents must have the opportunity for bonding, to provide skin-to-skin care, and time to speak with staff on the unit regarding each of their babies individually.ⁱ

Access for siblings and other family members or support people

Parents have been further restricted from seeing their babies by policies that do not permit siblings to be present on the unit. Parents with older children at home often report that a key barrier to them being present on the neonatal unit and involved in their baby's care is the lack of facilities for siblings on units. This barrier has been exacerbated during the pandemic as siblings have not been permitted on to most units at all. It is important for family bonding, and sibling wellbeing, that parents can introduce their other children to their baby in neonatal care. **Units should now explore how they can reinstate sibling access to support parents with child caring responsibilities outside the unit to be with their baby as much as possible, and to maximise the opportunities for family bonding.**

Similarly, it is important that parents can introduce their new baby to other family members and friends, in their time on the neonatal unit. This promotes family bonding, but also provides essential support for parents. This support can be even more important for younger parents, who have told Bliss that their own parents play a vital role in their baby's neonatal care.

Parents should not be considered visitors to a neonatal unit, and as per hospital visiting guidance, additional visitors should now be returned to units.^[42] Visiting policies should not seek to define *who* can visit a baby (e.g. grandparents), instead letting parents decide who can best support them. **Units should explore how they can implement visiting policies for wider family and friends as outlined in general hospital visiting policies, to unlock the invaluable support that parents need at this difficult time.**

Access during end of-life care

Careful consideration must be given to the potential impact of disproportionately restrictive parental access and family visiting policies on families of the most critically ill babies. For the sickest babies, neonatal care can be unpredictable, and a baby's condition can deteriorate quickly. Consideration must be given to how restricted access may affect parents' ability to be on the unit at all during their baby's final hours, and steps should be taken to mitigate against this scenario occurring.

Bonding and development

ⁱ Position on best practice for access and involvement for parents of twins, triplets or more was kindly developed by Twins Trust, and endorsed by Bliss. For more information on how to support parents of twins and multiples throughout their neonatal stay, please visit the Twins Trust website: <https://twinstrust.org/>

Evidence suggests there may be a detrimental impact on babies' development and bonding if their parents are required to wear face coverings continually. Bliss has heard from concerned neonatal professionals about the impact of this blanket hospital policy in England and are aware that some units are implementing a more flexible approach – for example, encouraging parents to remove their face coverings when they are cotside with their baby, and doing skin-to-skin, while still requiring them to wear face coverings when speaking with staff or moving around the unit / hospital site. **In line with RCPCH and BAPM guidance, Trusts should consider the impact that wearing a face covering may have on babies' bonding and development, and should support neonatal units to allow parents to care for their baby at the cot-side without wearing a face covering if they are not in conversation with or being supported by staff.**

Where Trusts or Health Boards feel it is not possible to safely accommodate parents removing their face coverings, or where implementing such a policy would necessitate a reduction in parental access, **Trusts should have a robust plan in place to mitigate against any potential impact by continuing to prioritise maximising parental access and actively supporting parents to provide developmentally supportive care which supports the other senses (hearing, touch, taste and smell) to encourage bonding and support development.**

It is also important to note that wearing a face covering or mask inhibits communication for parents and staff who are hearing impaired, and for parents whose first language is not English.^[30] Good, clear communication is vital for parents to understand their baby, and to ensure they are fully able to deliver their baby's care. Enabling clear communication is also important for ensuring good staff and parent relations, particularly during a time when guidance and procedure is still changing regularly. **Services should take steps to mitigate this to ensure all parents and staff are able to communicate with one another clearly and equitably.**

Testing

From April 2022, free testing for COVID-19 is not available to the general public. Patient-facing healthcare staff will continue to be eligible for free tests and should continue to test twice a week using a lateral flow test.^[43]

In line with the most recent BAPM guidelines, the same testing protocols which apply to staff should also apply to parents in order to minimise unnecessary separation. This should include access to free testing for parents displaying COVID-19 symptoms. **Parents should not be required to pay for a test to see their baby.**

Why is parental involvement in neonatal care important?

Improved outcomes of babies

Parental involvement in their baby's care is proven to be best for babies' developmental outcomes. Evidence has shown that long periods of direct care lead to increased weight-gain and improved

breastfeeding rates, and skin-to-skin care has been linked to better infant reflexes at term and better gross motor development at 4-5 years.^{[11] [20]} Further, parental involvement in care is critical for bonding and forming secure attachment. Parents who are supported to be with their baby for prolonged periods of time report increased parental confidence, reduced stress and anxiety scores.^[12] Providing direct, hands on care allows parents to *feel* like parents - which may be key for their own perceptions of attachment to their baby - and physical and emotional closeness is crucial for forming strong parent-infant bonds.^{[21] [22]}

While video technology has been a vital tool to minimise the impact of separation during the pandemic, and Bliss welcomes its rapid, widespread adoption, it is not a replacement for parental involvement. For babies to experience these long term developmental benefits ongoing parental involvement must be facilitated.

BAPM guidance affirms that parents are partners in delivering their baby's care, and that their continued involvement in care provision may be beneficial to neonatal units during the crisis. For parents who are appropriately trained and supported, undertaking tasks such as mouthcare, changing nappies, comfort holding and giving oral medications can enable clinical staff to focus on specialist tasks, which will be particularly beneficial where neonatal units are short-staffed .^{[13] [14]} In addition, enabling parents to provide a significant proportion of hands-on care will reduce the number of clinical team members who need to directly handle each baby, reducing the infection risk to babies from clinical staff.

Face-to-face visual engagement is important for babies' developmental outcomes, with research establishing that 'visual experience is critical for the typical development of face processing.'^[31] Evidence also clearly demonstrates that babies respond preferentially towards faces or face-like configurations and appear to show a preference for their mother's face within hours of birth.^{[32] [33]} Longer term, audiovisual speech information – i.e. watching people's mouths move while they are talking - is important for early language development. Babies born preterm may already be more likely to experience speech and language delay, and recent research suggests repeated negative experiences such as pain and exposure to noise may lead to 'atypical auditory speech processing', highlighting the importance of a developmental and family-centered approach to their neonatal care.^[34]

Additionally, enabling parents and babies to look at one another is important for bonding and attachment. Research has demonstrated how physical closeness supports parents to feel emotionally close to their baby, noting that "for many parents these feelings started when seeing their infant...parents emphasized the importance of being face-to-face and having eye contact."^[35]

Reducing the impact on families

A neonatal experience is extremely stressful and often traumatic, and emerging evidence demonstrates that restrictions in place due to COVID-19 are having a significant negative impact on families. Bliss' own research has shown 90% of parents surveyed have felt more isolated, and 70% feel their mental health has been negatively affected, by experiencing neonatal care during COVID-19. Additionally, one in seven parents surveyed reported their baby's neonatal unit had implemented a 'nominated parent' policy meaning one parent was excluded entirely from care.^[44] Similar findings have also been highlighted in a

British Medical Journal Study which also found mild to severe impacts on breastfeeding for 36% of respondents.^[45]

Parental involvement in their baby's neonatal care is also critical for preventing difficulties after discharge home. It is more important than ever that parents leave the unit confident and well bonded with their baby. Ensuring opportunities for parental involvement will be crucial to achieving this.

Units should consider the impact of imposing policies which restrict the amount of time parents are able to be with their baby. They should also specifically consider the impact of these policies on parents of twins and multiples, parents with other children to care for, single parents and younger parents and the disparity this may cause in parental experience within the neonatal unit.

Parental involvement and presence during palliative and end of life care

For some babies, their neonatal journey will not end with discharge home. A baby dying in neonatal care is always tragic, and while nothing will ever lessen the pain for families, the provision of excellent bereavement care which enables parental involvement in decision making and opportunities for memory making can have a lasting positive impact.

Neonatal services should ensure that both parents are able to be with their baby if their baby is critically ill or during palliative and end of life care, adhering to the BAPM recommendation that "everything possible should be done to achieve parental presence and participation in care, even for COVID-19 positive parents." Additionally, Bliss believes that wider family members such as siblings and grandparents should be able to be present too.

COVID-19 positive parental presence on neonatal units

The pandemic has been a difficult time for all parents of babies receiving neonatal care but restrictions have been particularly devastating for parents who test positive for COVID-19 while their baby is in hospital. For the safety of babies, staff and other parents on the unit, most neonatal units have asked parents who have tested positive to stay away from the unit.

Some Trusts have thought creatively about how they might maintain family centred care, even when a parent tests positive. We would encourage all neonatal units to consider how they might be able to facilitate this type of access for parents, while prevalence of the virus remains high.

Best practice case study -Royal Devon and Exeter

Royal Devon and Exeter neonatal unit has facilitated COVID-19 positive mothers to stay with their babies since the start of the pandemic. They have achieved this by turning an area of the unit into a self-contained area with a clinical room, parent bedroom, 2 bathrooms and kitchen. The area has its own entrance from the main corridor and babies requiring any level of care can be nursed there, including those who are ventilated.

The unit has accommodated many parents in this area and has never had to restrict a mother's access to their baby because of their COVID-19 status.

Recommendations

Bliss asks neonatal services to commit to re-establishing usual levels of family support and involvement as soon as possible, in line with the expectation across wider society that we learn to live with Covid.

Parental access and wider visiting

- **In line with BAPM guidance, units should continue to work to facilitate unrestricted parental access – including the opportunity for both parents to be present together 24 hours per day.**
- **To support this, parent access policies must be updated to comply with current national guidance immediately. If this cannot be done, a clear rationale must be provided for why and should be kept in constant review** with a clear timeline for implementing unrestricted access in place.
- **Units should ask parents to comply with infection control rules in line with those followed by healthcare professionals** in order to minimise infection risk, rather than excluding them from care.
- **In line with BAPM guidance, units should offer the same testing protocols to parents as are applied to staff, including testing of symptomatic parents** to minimise unnecessary separation.
- **Parents must not be compelled to take COVID-19 tests or have to provide evidence of a negative test before seeing their baby. No parent should be required to pay for a COVID-19 test before being given access to their baby.**
- **Enable parents who are unable to be on the unit to have video link access to their baby.** Ensure parents are contacted and able to be involved, as much as possible, in care decisions related to their baby.

- **During 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.** Efforts should also be made to ensure that wider family members (such as siblings) can also be involved.
- **Neonatal units should explore how they can safely enable parents to be with their babies, if either or both parents test positive for COVID-19**
- **Ensure consistency between access policies at Network Level** to minimise disruption to families who experience transfer between hospitals.
- Where possible, **units should facilitate sibling access** to support parents with child caring responsibilities outside the unit to be with their baby as much as possible, and to maximise the opportunities for family bonding.
- **Wider visiting for family and friends should resume in line with hospital visiting guidance.** Where they exist, access to shared spaces should not be restricted. For example, kitchens, expressing rooms, accommodation, and sibling areas should be reopened to ensure parents are supported to be on the unit as much as they want to be.

Parental involvement:

- **Parents should be supported to provide cot-side care to their baby or babies – including during skin-to-skin or kangaroo care - without a face covering, to support their babies’ development and bonding.**
- Wearing a face covering or mask inhibits communication for parents and staff who are hearing impaired. **Services should take steps to mitigate and remove communication barriers presented by compulsory mask-wearing.**
- **Trusts which cannot accommodate a relaxation of the face covering policy, for safety reasons or because it would necessitate the reduction of parental presence, should have a robust plan in place to mitigate against any potential impact by actively supporting parents to provide developmentally supportive care which supports the other senses (hearing, touch, taste and smell) to encourage bonding and support development.**
- **Units should maintain high standards of bereavement care, in line with the National Bereavement Care pathway and other locally agreed best practice guidelines.**
- Where possible units should **provide additional financial and practical support to enable as many parents to be with their baby as possible.**
- Units should explore options to allow **parents reliant on public transport to be reimbursed for taxi use** to limit their exposure to COVID-19 and allow **parents who drive to the unit access to free car parking, where this is not in place already.**
- Where there are existing measures in place to support parents with costs associated with a neonatal stay, such as the Young Patients Family Fund in Scotland and locally agreed guidelines, **ensure parents are signposted to this regularly from admission and claim forms and leaflets are easily accessible. Signpost parents to external organisations, such as Bliss, for further practical and emotional support.**

-
- [1] Restrictions on visitors has been introduced across the UK: England, Scotland, Wales and Northern Ireland
- [2] Royal College of Paediatrics and Child Health and the British Association of Perinatal Medicine (2020) COVID19 – Guidance for Paediatric Settings: Working in neonatal settings accessed online at: <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#working-in-neonatal-settings>
- [3] RCPCH & BAPM (2020) COVID19 –Guidance for Paediatric settings accessed online at: <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#working-in-neonatal-settings>
- [4] BAPM (2020) COVID-19 pandemic: Frequently Asked Questions within Neonatal Services A BAPM supplement to RCPCH guidance <https://www.rcpch.ac.uk/resources/bapm-covid-19-pandemic-frequently-asked-questions-within-neonatal-services>
- [5] Public Health England (2020) Stay at home: guidance for households with possible coronavirus (COVID-19) infection, accessed online at: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>
- [6] NHS England and NHS Improvement sent a letter to all Trusts on 17 March 2020 making a host of suggestions for service change. Among these was the redeployment of community based staff to different roles. A copy of the letter can be accessed here: <https://www.hsj.co.uk/download?ac=3044892>
- [7] BAPM and Bliss (2020) Family Integrated Care for COVID-19 – Frequently Asked Questions accessed online at: https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2_assets/files/422/FAQs - FIC Covid19 - version 2.docx.pdf
- [8] Kangaroo Care Day (2020) Kangaroo Care / Skin to Skin Contact in Neonatal and Pediatric Intensive Care Units During COVID-19 accessed online at: <https://kangaroo.care/blogs/covid-19/guidelines>
- [9] BAPM and Bliss (2020) Family Integrated Care for COVID-19
- [10] Bliss (2015) Bliss Baby Charter Audit Toolkit
- [11] 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;
- [12] O'Brien et al. (2018) Effectiveness of Family Integrated Care in neonatal intensive care units
- [13] BAPM and Bliss (2020) Family Integrated Care for COVID-19
- [14] O'Mara et al. (2020), Neonatal nursing workforce survey – What does the landscape look like in England? *Journal neonatal nursing* Vol.26
- [15] Bliss (2018) Bliss releases new research on mental health, accessed online at: <https://www.bliss.org.uk/news/bliss-releases-new-research-on-mental-health>
- [16] Vigod, S.N., Villegas, L., Dennis, C.L., Ross, L.E. (2010) Prevalence and risk factors for postpartum depression among women with preterm and low-birth weight infants: a systematic review, *BJOG*, 117(5), pp.540-50
- [17] Noergaard et al.,(2017).
- [18] Bliss (2014) It's not a game: the very real costs of having a baby in neonatal care
- [19] The Neonatal Transport Group (2020) NTG Position Statement 24 April 2020, accessed online here: https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2_assets/files/507/NTG_position_statement_24_April_2020_v3.pdf
- [20] 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.
- [21] Treherne et al (2017) Parents' Perspectives of Closeness and Separation With Their Preterm Infants in the NICU, *Journal of Obstetric, Gynecological and Neonatal Nursing*, 46(5):737-747;
- [22] Flacking et al (2012) Closeness and Separation in neonatal intensive care, *Acta Paediatr*, 101(10): 1032–1037
- [23] BAPM (2020) COVID-19 Pandemic Frequently Asked Questions within Neonatal Services: A BAPM supplement to RCPCH guidance updated 6th May 2020
- [25] RCPCH (2020) COVID-19 Guidance for Neonatal Settings accessed online at: <https://www.rcpch.ac.uk/resources/covid-19-guidance-neonatal-settings>
- [26] BAPM (2020) COVID-19 Pandemic Frequently Asked Questions within Neonatal Services
- [27] BAPM (2020) COVID-19 Pandemic Frequently Asked Questions within Neonatal Services
- [28] Public Health England (2020) New government recommendations for England NHS hospital trusts and private hospital providers, accessed online at: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-government-recommendations-for-england-nhs-hospital-trusts-and-private-hospital-providers>
- [29] RCPCH (2020) COVID-19 Guidance for Neonatal Settings accessed online at: <https://www.rcpch.ac.uk/resources/covid-19-guidance-neonatal-settings>

- [30] Action on Hearing Loss (2020) Face coverings for the general public, accessed online at: <https://actiononhearingloss.org.uk/2020/06/face-coverings-for-the-general-public/>
- [31] Simion et al. (2015) Face perception and processing in early infancy: inborn predispositions and developmental changes, *Frontiers in psychology* 6:969
- [32] Simion et al. (2015), Face perception and processing in early infancy
- [33] Hoehi et al. (2012), The early development of face processing – what makes faces special? *NeuroScience bulletin* 28(6)
- [34] Imafuku et al. (2019) Audiovisual perception and language acquisition in preterm infants: A longitudinal study, *Early Human Development* Vol 128
- [35] Flacking et al. (2016) Pathways to emotional closeness in neonatal units – a cross national qualitative study, *BMC pregnancy Childbirth* 16:170
- [36] NHS England (December 2020), Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers, accessed online at: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0961-Supporting-pregnant-women-using-maternity-services-during-the-coronavirus-pandemic-actions-for-NHS-provi.pdf>
- [37] Scottish Government (November 2020), Visiting in maternity and neonatal settings during COVID-19 pandemic from 2 November 2020 – Minimum standards, accessed online at: <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/06/coronavirus-covid-19-hospital-visiting-guidance/documents/coronavirus-covid-19-maternity-and-neonatal-settings-visiting-guidance/coronavirus-covid-19-maternity-and-neonatal-settings-visiting-guidance/govscot%3Adocument/Revised%2BVisiting%2Bin%2BMaternity%2Band%2BNeonatal%2BGuidance%2BFinal%2B2%2BDecember.pdf>
- [38] Department of Health, NI (September 2020), COVID-19: Regional Principles for visiting in care settings in Northern Ireland Appendix 6: COVID-19: Regional principles for visiting for parents/caregivers in paediatric and neonatal inpatient/outpatient settings, day procedures and emergency departments, accessed online at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/COVID-19%20REGIONAL%20PRINCIPLES%20FOR%20VISITING%20IN%20CARE%20SETTINGS%20IN%20NORTHERN%20IRELAND%20-%20Revised%2022-09-2020%20%28002%29.pdf>
- [39] Welsh Government (November 2020) Hospital visiting guidance during the coronavirus outbreak: guidance. How the NHS can support hospital visiting in a safe and planned way during the coronavirus pandemic, accessed online at: <https://gov.wales/hospital-visiting-during-coronavirus-outbreak-guidance-html>
- [40] NHS England (December 2020), Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers, accessed online at: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0961-Supporting-pregnant-women-using-maternity-services-during-the-coronavirus-pandemic-actions-for-NHS-provi.pdf>
- [41] British Psychological Society (2022) Open Letter Regarding Continued Restrictions on Family Visiting within Paediatric and Neonatal Intensive Care, accessed online at: <https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Divisions/DCP/DCP%20Open%20Letter%20Regarding%20Continued%20Restrictions%20on%20Family%20Visiting%20Within%20Paediatric%20and%20Neonatal%20Intensive%20Care.pdf>
- [42] NHS England (2022) Living with COVID-19: Visiting healthcare inpatient settings principles accessed online at: <https://www.england.nhs.uk/coronavirus/documents/c1606-living-with-covid-19-visiting-healthcare-inpatient-settings-principles/>
- [43] UK Health Security Agency (2022) Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result, accessed online at: <https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result>
- [44] Bliss (2020) Bliss Survey: Parental Experiences of COVID-19 initial Findings November 2020
- [45] 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