

Essential Care in the NICU during the COVID-19 Pandemic

Significance

Today, neonatal intensive care unit (NICU) staff are challenged with ever-changing and extraordinary conditions while they navigate a global pandemic. **Evidence-based practice guidelines for the provision of care during a pandemic simply do not exist.** Instead, NICU staff and leaders must **balance the risks and benefits of specific policies**, such as visitation guidelines, with respect to the holistic needs of the family. **The National Association of Neonatal Nurses (NANN), the National Perinatal Association (NPA), and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) continue to support and emphasize adoption of a shared decision-making model for family presence.**

Staff of the NICU understand the concept of family-centered care because of the known benefits for maternal, newborn, and family health outcomes. As the definition of family expands and becomes more inclusive, AWHONN, NAAN and NPA adhere to **the definition of family as "any group of people related either biologically, emotionally, or legally."**¹ Parents, regardless of genetics, are the individuals who are essential to and committed to the infant's care and wellbeing.² **Protocols and procedures in the NICU should be thoughtfully developed to respect and honor families' values, culture, and preferences to promote healing and enhance health outcomes.** The purpose of family-centered care and neonatal intensive parenting units (NIPU) is to transform usual NICU care into family-integrated model in which parents are intimately involved in all aspects of care while in the NICU³ and are valued as **respected members of the care team.**⁴ An important component of the NIPU is attention to evolving relationships between hospital staff and families through the use of better practices after careful reflection.

Discussion

The phrase "essential worker" entered the common vernacular amidst the COVID-19 pandemic. This phrase is used to describe those who continue to provide vital or essential services in the community such as health care, emergency services, transportation, food, etc. **In an unpublished study of NICU parents during the early months of the COVID-19 pandemic, one parent stated, "Parents are essential caregivers too."** This profound statement has resonated with NICU staff and leaders and emphasizes the continued importance of maintaining open communication with parents as essential caregivers for their infants. **When possible, supporting family presence can help mitigate feelings of isolation and fear - and support learning, confidence, and security among parents.**

Parents are the most appropriate decision-makers for their infants. Parents care for and protect their children - in and out of the hospital - and are essential to child health and development through sustained interactions and engagement. **These close relationships are essential to the physical, emotional, and social well-being of the family.**⁵ NICU staff understand the importance of family presence during infant hospitalization because it encourages attachment,^{5,6} improves well-being and confidence among parents,⁷ and enhances management of illness and continuity of care.^{8,9} If an infant or parent requires medically necessary care, efforts to encourage presence¹⁰ and interaction of the family is substantially important.

Recommendations

AWHONN, NAAN, and NPA recognize that the ideal scenario of open visiting policies is simply not feasible today - or in the coming months. NICU staff and leaders are met with difficult decisions about how to maintain safe environments for staff, patients, and families. **We respect concerns related to the risk of SARS-COV-2 transmission with increased traffic within healthcare settings.** Therefore, any policy should emphasize that parents be held to the same social, personal, and professional standards set forth for healthcare workers to decrease the transmission of SARS-COV-2 within the hospital setting. **Parent-provider communication, relational-based developmental care, and the use of shared decision-making are key elements of neonatal care.** When possible, the NICU team could consider practices that include the following:

- **Parents should be provided unrestricted access to their hospitalized infant** should they choose to visit separately or together - especially for parents living in the same home.
- **Parent representation in groups when developing or changing policies** that directly affect families and proactive and honest communication about policies that affect family visitation when alternative choices are unavailable;
- **Thoughtful discussion with families on the expectations of “essential care” to strictly adhere to local health directive measures.** This includes educating parents on all local and institutional standards regarding strict social distancing, masking, hygiene, and travel restrictions to minimize the risk of SARS-COV-2 within the hospital;
- **Visitation plans for cases of life-threatening conditions** in the parent or infant;
- **Provision of approved face shields or clear masks** for family members to encourage family-infant attachment;
- **Provision of rapid testing for parents** before NICU entry if resources are available; and
- **Integration of video conferencing** for times when in-person visitation is not possible.

Circumstances differ for every NICU; respect for the difficult responsibilities of NICU staff and leaders is of utmost importance. **As we look for timely, interdisciplinary responses and solutions, we advocate for maintaining an open dialogue** with our colleagues across the world that both respects our individuality and inspires innovation. **AWHONN, NAAN, and NPA recommend the incorporation of trauma-informed care for all interactions during the pandemic and for the recognition of parents as essential caregivers for their hospitalized newborns.**

References

1. McDaniel SH, Campbell TL, Seaburn DB, ProQuest. Family-oriented primary care. 2005; 2nd ed. New York: Springer-Verlag.
2. Le Y, Fredman SJ, McDaniel BT, Laurenceau JP, Feinberg ME. Cross-day influences between couple closeness and coparenting support among new parents. *J Fam Psychol.* 2019;33(3):360-369.
3. Hall SL, Hynan MT, Phillips R, et al. The neonatal intensive parenting unit: an introduction. *J Perinatol.* 2017;37(12):1259-1264.
4. Institute for Patient-and Family-Centered Care. Changing Hospital “Visiting” Policies and Practices: Supporting Family Presence and Participation. Retrieved from <https://www.ipfcc.org/resources/visiting.pdf>
5. Als H, Gilkerson L. The role of relationship-based developmentally supportive newborn intensive care in strengthening outcome of preterm infants. *Semin Perinatol.* 1997;21(3):178-189.
6. Feeley N, Genest C, Niela-Vilen H, Charbonneau L, Axelin A. Parents and nurses balancing parent-infant closeness and separation: a qualitative study of NICU nurses' perceptions. *BMC Pediatr.* 2016;16:134.
7. Harris R, Gibbs D, Mangin-Heimos K, Pineda R. Maternal mental health during the neonatal period: Relationships to the occupation of parenting. *Early Hum Dev.* 2018;120:31-39.
8. Pineda R, Bender J, Hall B, Shabosky L, Annecca A, Smith J. Parent participation in the neonatal intensive care unit: Predictors and relationships to neurobehavior and developmental outcomes. *Early Hum Dev.* 2017;117:32-38.
9. Miller AR, Condin CJ, McKellin WH, Shaw N, Klassen AF, Sheps S. Continuity of care for children with complex chronic health conditions: parents' perspectives. *BMC Health Serv Res.* 2009;9:242.
10. Head Zauche L, Zauche MS, Dunlop AL, Williams BL. Predictors of Parental Presence in the Neonatal Intensive Care Unit. *Adv Neonatal Care.* 2020;20(3):251-259.