GUIDELINE

# Parenting in the Neonatal Unit

| Scope (Staff): | Nursing and Medical Staff |
|---|---|
| Scope (Area): | NICU KEMH, NICU PCH, NETS WA |

**Child Safe Organisation Statement of Commitment**

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

**This document should be read in conjunction with this disclaimer**

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## Aim

To provide a structured approach to parent-centred care.

## Risk

Parental disempowerment and disruption to parent infant bonding.

## Background

Parents separated from their infants through admission to a NICU, face several challenges in developing relationships with their infant as they deal with obstacles

presented by their infant's condition. The neonatal unit environment disrupts the preparation for parenting. The quality and nature of the parent-infant relationship influences the infant's development, identity and the formation of subsequent attachments.

The multidisciplinary team have the responsibility to utilise evidence-based interventions to improve infant development. The delivery of care and support to infants and families should foster these significant relationships, particularly for families at risk including parents of preterm and sick infants, infants with congenital abnormalities, and families with limited socioeconomic resources.

## Family Integrated Care (FICare)

FICare is a model of care for infants and their families which provides the structure for parent-centred care while promoting and supporting parental partnership and integration within the NICU environment.

This is achieved by parents being invited to be partners in their infant's care and educated to participate in providing care for their infants. This includes being supported to attend ward rounds and participate in decision making.

Evidence supports that infants admitted to the NICU and cared for under the FICare model grow faster and have less stress, spend fewer days in the NICU, and are less likely to be readmitted to hospital after discharge, compared to infants cared for primarily by staff.

## Admission

- On admission, if one or both parents are present, the person caring for the infant should introduce themself and provide an explanation of the infant's current condition, the level of care needed, and all equipment and monitoring. Provide the parents with information on visiting and parent facilities. If they are unable to visit medical/nursing staff caring for the infant should telephone the parents to provide information regarding their infant's condition.
- Provide a photo of the infant to the parent's phone if they are unable to visit. Provision of an infant photograph has been demonstrated to have a significant positive effect on parent-infant bonding.
- Document the mother's chosen method of infant feeding in the progress notes and on the neonatal history sheet.
- Refer to the infant by the correct sex pronoun (he/she) and where possible call the infant by their given name.
- Contact has been shown to impact significantly on later parent-infant interaction. Therefore, encourage and assist parents to touch their infant in an inappropriate manner for their gestation and age.
- Ensure that in the event of the loss of an infant information is handed over and the tear drop sticker is prominently displayed.

# Parent accommodation

## KEMH Agnes Walsh House (AWH) Accommodation

AWH has single rooms available to mothers who are medically cleared, mobile and able to use the stairs (accommodation is on the second floor), and self-caring, as there is no medical / midwifery support on site. Mothers must fulfil the AWH Residential Contract Requirements. See WNHS Guideline Agnes Walsh House: Transfer of a woman +/- her baby

Light breakfast and laundry facilities are provided within AWH. Lunch and dinner is provided and available from the Staff Dining Room Lower Ground Floor.

Eligibility for SCN bookings:

- Mothers that live >100km from KEMH.
- Mothers establishing breast feeding
- Mothers of breast-feeding infants readmitted to the NICU from home
- Adolescents under 18 years can be accommodated if deemed appropriate by Special Care Nursery (SCN) Discharge Coordinator (DC) and Social Worker however they require a suitable female support person present.
- Exclusions include mothers with:
    - Unstable type 1 diabetes or type 2 diabetes on insulin
    - Instability or non-compliance with prescribed medications
    - Current substance / alcohol misuse
    - Psychological / psychiatric and / or behavioural and personality factors
    - Complex care patients constituting significant issues in relation to DCP/Child Protection
    - Current family or domestic violence concerns deemed inappropriate by SCN DC Coordinator/Social Worker for onsite accommodation

**Booking Procedure**

7 days Office Hours

- Contact the SCN DC who will book a room via Patient Support Services (PSS) x81410 (0700 – 1530).
- PSS will liaise with the Emergency Centre (EC) Clerk to make the booking. The EC Clerk will complete the Residential Contract with the mother.
- If the mother arrives between 0700 – 1430, the bedside nurse to page the PCA (3267) to collect the mother from NICU and escort the mother to her room. PCA will do the orientate to AWH area/rules of accommodation.
- If the mother arrives out of these hours, the bedside nurse to page the orderly (3101) to get the key from EC and come to SCN and escort the mother to her room. PCA will do the orientate to area/rules of accommodation the next day.

**After Hours (not booked)**

- Mothers of infants being admitted to SCN via NETS WA must be medically cleared and must meet the AWH Residential Contract Requirements.
- In the event of an unplanned and urgent retrieval by NETS, NETS to call SCN 2/3 Coordinator to advise of admission time. Note: NETS do not take responsibility for the postnatal care of the mother so if there are any concerns about the mother not being medically cleared, NETS will request the referral center to contact KEMH Hospital Clinical Manager (HCM) via switchboard to arrange post-natal ward admission.
- SCN level 2/3 coordinator to contact the KEMH HCM ext 81556 (page 3333) re: AWH room availability, and to contact the on-call CNC if there are any concerns re: AWH room availability and residential contract requirements. In circumstances where there are no rooms available in AWH, mothers may be able to be accommodated on the postnatal ward or in the SCN Mothercrafting rooms. ALWAYS discuss any accommodation concerns with the HCM and the on call CNC.
- When the mother arrives, page the orderly (3101) to get the key from the ED Clerk and come to SCN to escort the mother to her room. PCA will do the orientate to area/rules of accommodation the next day.

### PCH 3B

5 rooms with en-suites are available to parents, with meals provided for mothers for the first 5 days. Postnatal mothers cannot be accommodated until they are medically cleared and self-caring. A midwife is available daily to provide basic postnatal care, to assist with expressing and breastfeeding, and to provide some postnatal education. See Postnatal Midwifery Care for Mothers on 3B

### Accommodation for fathers / couples

Contact social work department for fathers and couples (outside metropolitan area) requiring accommodation. Cost may be partly covered by PATS. Emergency accommodation may be accessed through the HCM and/or on-call social worker. Contact the on-call CNC if any concerns re: accommodation.

### KEMH NICU Parentcrafting Rooms

Two parentcrafting rooms are available to parents to room in with their infant/s for 1 - 2 nights prior to discharge. Rooms may also be used in exceptional circumstances ie. to accommodate parents of an extremely unstable infant. Rooms to be booked through the parentcrafting diary kept in SCN 2 / HDU.

Contact the on-call CNC if any concerns re: accommodating parents out of hours.

## Parental Involvement in Infant Care

- In the first few days after admission, some parents may be fearful for the outcome for their infant and avoid contact and interaction. Support parents and

encourage them to participate in their infant's care whilst involving them in decision making (see below).

- If parents have not contacted the unit by midday each day, nursing staff are to contact them and give an update on their infant's progress and the plan for the day so they can decide the best time to visit and contribute to cares.
- Discuss developmentally appropriate interaction with the parents when they attend, explaining the infant's capacity to tolerate and respond to different types of stimuli.
- The paediatric physiotherapist will be involved as appropriate to assist parents in identifying their infant's positive and negative responses to interaction such as positive behavioral responses or less tolerant behaviors' such as colour changes and deterioration in vital signs.
- The degree of parent-infant contact will be guided by the infant's medical condition, tolerance of handling and parental readiness to participate in parent-infant contact. Liaise with parents to schedule time for holding and cuddling their infant.
- Teach parents of suitable infants to perform IGT feeds (teaching package available in the nurseries).

## Parental Involvement in Decision Making

The Neonatal Team play a pivotal role in supporting the parents and involving them in decision-making. Parents may have feelings of helplessness and be unsure of their role when their infant is admitted to NICU, but they can assist in decision-making regarding some aspects of their infant's care.

Their decision-making will also expand as the infant's condition stabilises and the family nears discharge from the neonatal unit. Practical strategies to promote parental participation in decision making include:

- Provide information regarding the infant's medical problems, care and treatment in simple language so parents can understand their infant's condition.
- Invite parents to be present and involved during medical ward rounds and ask parents if they want to introduce their baby to the ward round and note this on the communication board and in the handover tab on iSoft.
- Nursing staff to teach and assist parents with presenting on the ward round by using the ward round guide (Appendix 1).
- On the ward round:
    - Introduce ward round members to parents.
    - Parents who wish to present their baby do so.
    - Any comments parents wish to make, or ask questions, or raise concerns.
    - Further information from medical and nursing staff presented.
    - Discuss and include parents to make plans for the baby.
    - Summarise discussion and confirm plans verbally and document
- Provide anticipatory guidance throughout the infant's period of hospitalisation so that parents can prepare for and contribute to the likely progression of events in their infant's care e.g., facilitate participation in decisions regarding timing of

care and feeds; discuss interventions and treatments ahead of time, provide option of being present, give of permission for non-urgent treatments such as top-up blood transfusions.

### Medically Unstable Infants (Muscle-Relaxed / Inotropes / First 24 Hours Post Major Surgery)

Practical methods to achieve parental active participation include:

- Providing gentle, non-stimulating touch such as placing a hand on the infant's head or over a limb, or by placing a finger in the palm of the infant's hand.
- Encouragement to talk/sing/read to their infant.
- Providing mouth care and assisting with hygiene needs such as nappy changing and applying coconut oil if it is prescribed.
- Medically unstable infants should not be moved for parent-infant holding without consent of the consultant neonatologist.

### Infants Receiving Assisted Ventilation (Mechanical Ventilation, CPAP)

Practical methods to achieve parental active participation include:

- Provide care and developmentally appropriate interaction such as assisting with hygiene needs, mouth care, hold the tube during gavage tube feeds (see learning package) and apply coconut oil.
- Appropriate touch, talking, singing, reading providing periods of eye contact with the infant.

### Medically Stable Infants In Incubators / Radiant Warmers / Cots

Practical methods to achieve parental active participation include as above plus:

- Assisting with the weighing of stable neonates
- Infant bathing and/or selection of clothing. The first bath of infant should be performed with the parents.

## Cuddling/Holding the Infants

- Parent cuddling/holding/skin-to-skin of their infant needs to consider the medical condition of the infant. Please refer to skin-to-skin in conjunction with this section.
- Infants who are medically unstable are deemed unsuitable to be cuddled/holding, these include infants:
    - Who are muscle-relaxed
    - With chest drains/abdominal drains in situ
    - Within 48 hours of major surgery
    - With umbilical lines that are considered unsecure by senior staff. Securely fastened umbilical lines are acceptable.

### Scheduling a cuddle/hold/skin to skin

- Unless the infant shows signs of intolerance of handling, cuddles should be of at least 20 minutes duration to allow time for the infant to adjust to their new position and for the parent to relax and interact with their infant. Skin-to-skin holds are recommended to be longer so need scheduling within the nursery (i.e. number of infants out for cuddles at the same time, staff meal breaks and other procedures taking place).
- There is no maximum time limit for cuddles if the infant tolerates the procedure. The time should be determined by the parents. In certain circumstances nurses may ask the cuddle to end. E.g. extensive procedures taking place within the nursery.
- Prior to refusing a parent a cuddle/hold liaise with senior nursing staff to ensure that all options have been explored.
- Infants receiving assisted and mechanical ventilation should have a staff member readily available throughout the cuddle in case of complications (i.e. blocked tube); and requires two nurses to be involved in the transfer out, and back into, the incubator/cot. In addition, infants receiving mechanical ventilation should have their chest auscultated prior to being transferred out of, and back into, to ensure that ETT suction is not required.
- One of the nurses is to be competent in coordinating ventilated weighs.

## Parental Involvement in Infant Feeding

- The first feed is a significant event for many parents. Mothers that choose to breastfeed should be provided with the support and encouragement required to establish lactation and breastfeeding. Provide information on breast pumps, breast milk storage facilities, instructions on expressing, and establishment of breastfeeding.
- Obtain consent for formula milk and/or pacifiers/dummies if relevant and documented clearly in the observation chart and progress notes.
- Feeding schedules can be adjusted to accommodate times that are convenient for parents.

## The FamCam video service

- The FamCam is a video service which allows parents to view and connect with their infant from home. The connection is secure and by invitation only. A direct link it utilised to maintain confidentiality using the Hospital WiFi system. Each connection is once only and cannot be accessed again.
- The program will allow for a video call view of their infant. The microphone is deactivated on the hospital side, ensuring confidentiality is maintained for families, as well as other patients and staff on the ward. The video call will be ceased if a procedure is required to be undertaken that cannot be delayed. The bedside nurse may contact parents to reschedule a time.

- This service is initiated by parents and parents may invite family and friends to join the video call. The service is accessed via the parent's mobile phone or email address.

## Parental Education

Parents are encouraged to attend parental education sessions (see Appendix 2) and utilize the following web-based resources to assist transition to home:

- Child and Adolescent Health Service | CAHS - For parents and carers - Neonatal Care Unit
- Going Home: Taking your baby home form the Neonatal unit https://www.youtube.com/watch?v=uyYdFSXq7rE
- Going home: Physio support for your pre-term baby https://youtu.be/TKhYlOwMpwI

## Related CAHS internal policies, procedures and guidelines

- Child and Adolescent Health Service | CAHS - Providing breastmilk for preterm and sick babies
- Child and Adolescent Health Service | CAHS - FamCam information for parents
- Skin to Skin Holding
- Breastfeeding

## References and related external legislation, policies, and guidelines


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| **Useful resources (including related forms)** |
|---|
| Department of Health WA Safe Infant Sleeping Policy |

This document can be made available in alternative formats on request.

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## Appendix 1: Guide for Parents introducing their baby on the ward round

Parents may wish to choose which aspects of the guide they will speak about on the ward round. To begin with, parents may choose to introduce themselves and state their baby's name. As parents gain confidence with the ward round they may speak about more items in this guide. It is not expected that parents will speak about every issue listed in the guide below. They should be guided by staff to speak about what is important to them.

### Introduction:

Hello my name is…………..

My baby is…………………..

He/She was born at…… weeks and….. days weighing ……...

He/She is now……. days old, which is ……….. weeks and ……..days.

The most recent weight is …….. I last held him/her………..

### Overall condition:

I think they are: - doing well / not as good as usual / getting better etc

Recently…… happened to them

I am concerned about ……..

I have questions about……...

I am happy about…………

### Current supports (modify as needed for the baby):

My baby is needing Ventilation/CPAP/HHF /breathing for themselves

Ward round to add in details about respiratory support

My baby is not feeding / tube fed x hourly / starting to learn to suck / receives x milk type +/- level x

Tolerating / not tolerating feeds / Vomits or spills

On phototherapy / Recently stopped phototherapy

### Medical and nursing ward round members to add in details:

About iv fluids/TPN/

Medications IV and oral

Recent blood test results and investigations

Other aspects as needed

**Discussion takes place with parents and staff members on the ward round regarding plans for the baby.**

**Write this plan on communication board for everyone to access**

# Appendix 2: Parental Education Sessions

| Day | Session | Venue | Time |
|---|---|---|---|
| Daily | **Loaning Breast Pump** | Neonatal Nutrition Room (Milk Room) Grd Floor, B Block | 11am-12pm |
| Monday | **Dads Catchup**<br>Chance to meet other Dads and share your experiences of having a baby in the Neonatal Unit | Seminar Room, 1st Floor, A Block | 5pm-6pm |
| Tuesday | **Preparation of Formula**<br>Leaning how to clean equipment, prepare and store formula for your baby. | Neonatal Nutrition Room (Milk Room) Grd Floor, B Block | 1pm<br>By appointment |
| Wednesday | **Inflight Oxygen Education for Country Parents**<br>If your baby was born at <35 weeks gestation and your return home is expected to be by flight. | Seminar Room, 1st Floor, A Block | 1.30pm-2.30pm<br>By appointment |
| Thursday | **Going Home Talk**<br>Run by the home visiting nurse learn about adjusting to home, looking for signs of illness, feeding and weight as well as support services available to you. | Seminar Room, 1st Floor, A Block | 10.30am-11am<br>Scan QR code for |
| Friday | **Physiotherapy Talk**<br>Learn about supporting your preterm baby's motor and sensory development. | Seminar Room, 1st Floor, A Block | 10am-10.30am<br>Scan QR code for video |
| Saturday | **Inflight Oxygen Education for Country Parents** | Seminar Room, 1st Floor, A Block | 1.30pm-2.30pm<br>By appointment |