

The spark:

The negative impact of restrictive parental presence policies in NICUs during the COVID-19 pandemic.

Rationale

- Hospitals restricted parental access leaving babies without a parent or a support person, even during extreme illness or death.
- Significant variations existed in parental access policies, even in the same city.
- Parents reported higher negative mental health outcomes during the restrictions.

The response:

Co-created best evidence practice recommendations regarding parental presence in NICUs during pandemics caused by respiratory pathogens such as COVID-19.

How we got there:

Consensus Panel: A diverse group of individuals with expertise related to the project.



Values, preferences, and evidence guided our recommendations

Step 1: Gathered impact data (via national surveys) from parent/ caregivers, healthcare providers, and NICU leadership

Step 2: Completed literature review

Step 3: Identified 50 potential recommendation items

Step 4: Conducted two rounds of Delphi surveys. Participants ($n=59$) rated and ranked each item on importance:

- **Round 1:** Rated 50 items (on scale of 1 – 5)
- **Round 2:** Ranked the top 20 items of Round 1 (from 1 – 20)

Step 5: Presented rapid **evidence synthesis** of the benefits and potential harms for the top rated items to the consensus panel. Categorized each item as a **Strong** or **Conditional recommendation**, based on strength of evidence and value.

Step 7: Asked panel members: **Do you agree with including this item as a national recommendation?**

Consensus was reached if at least 80% of the panel agreed to add the item



Contributors Mom-LINC Lab • Canadian Premature Babies Foundation • Canadian Institutes of Health Research • Dalhousie University • CANN (Canadian Association of Neonatal Nurses) • Centre hospitalier universitaire Sainte-Justine • Children's Healthcare Canada • Children's Hospital of Eastern Ontario • CNFUN (Canadian Neonatal Follow-up Network) • CNN (Canadian Neonatal Network) • CPS (Canadian Pediatric Society) BC Children's Hospital • IWK Health • Lunenfeld-Tanenbaum Research Institute • Maritime SPOR Support Unit • McGill University Health Centre • MICYRN • Mount Sinai Hospital • Mount Sinai Research Institute (Toronto) • Public Health Canada • Public Health Ontario • SickKids Hospital • St. Michael's Hospital • Université de Montréal • University of Manitoba • University of Toronto

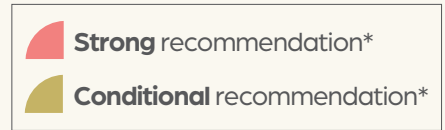
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Consensus practice recommendations regarding parental presence in NICUs during pandemics

caused by respiratory pathogens such as COVID-19.

Parent/Caregiver(s) should have:

- 1 Status for parent/caregiver(s) as essential caregivers**
- 2 Unrestricted access to provide skin-to-skin contact** for their infant in the NICU.
- 3 Unrestricted access to breastfeed and to receive breastfeeding supports** (including early hand expression, pumping and pumps, encouragement, and lactation support) for their infant in the NICU.
- 4 Uninterrupted access to mental health and psychosocial support services** while their infant is admitted to the NICU.
- 5 Uninterrupted access to attend medical rounds** while their infant is admitted to the NICU.
- 6 Inclusion in co-designing/decision-making** for parent-related NICU policies (e.g., infection control, response planning), including NICU parent partners and advocates.
- 7 Unrestricted access to provide hands-on care tasks** for their infant in the NICU.
- 8 Unrestricted access to provide healing touch** for their infant in the NICU.
- 9 Unrestricted, in-person access to attend medical rounds** while their infant is admitted to the NICU. **Virtual care services may be preferred**, based on the local context or if parent need/parent preference warrants it.
- 10 Unrestricted, in-person access to mental health and psychosocial support services** while their infant is admitted to the NICU. **Virtual care services may be preferred**, based on the local context or if parent need/parent preference warrants it.
- 11 Uninterrupted access for two parents/caregivers to be present while their infant is admitted** to the NICU.
- 12 Unrestricted access to food and allocated spaces to eat/drink** while their infant is admitted to the NICU.
- 13 Unrestricted access to use communication devices** (their own or hospital devices) for remote connectedness and support (with partners, family, peers, etc.) while they are in the NICU with their infant.



**Strong: the consensus panel was confident that the benefit outweighed the undesirable effects. Conditional: the consensus panel concluded that the benefits probably outweighed the undesirable effects, and should be implemented, but new evidence might change the recommendation.*

Call to Action: Consistent nationwide evidence-based recommendations must be implemented to support the health and well-being of infants and their parents, ensure equitable care, and navigate future infection control crises.



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