Welcoming the family in the neonatal intensive care unit

Neonatal intensive care unit (NICU)

Newborn babies who need intensive medical care are usually admitted to a department or area in the hospital called neonatal intensive care unit (NICU). The NICU offers advanced technology as well as specialised healthcare to provide appropriate care for preterm and ill newborn babies.

Mothers and fathers are usually faced with the situation of suddenly becoming parents much earlier than expected. They may be overwhelmed by finding their child in a critical health condition and by the unfamiliar environment of a NICU. They need time, social and psychological support, and encouragement to cope with this difficult situation and to find their role as parents. Additionally, this situation may also affect other family members, such as siblings, grandparents, or friends.

The family in the NICU

- Mothers
  - Need to establish a strong bond to their babies.
  - Should be involved in the daily care as soon as possible.
  - May be in a critical health condition.
  - Need to be encouraged to breastfeed and participate in other parenting activities.
  - Are also concerned and wish to help.
  - Can support the parents in various ways.
  - May be important for parents to develop a feeling of normality.
  - May need to explain to the siblings what is happening.

- Fathers
  - May be concerned about mother and child at the same time.
  - Should be involved in the childcare from the early beginning.
  - May not be able to stay at the hospital all the time.
  - May be the link to other family members.

- Family & Friends
  - May not understand what is happening or how they can help.
  - May not understand their parents’ emotions and actions.

- Siblings
  - Should be involved as much as possible in this new situation.
  - Need appropriate information according to their age.

http://www.efcni.org
Attachment & bonding

Attachment refers to the baby’s emotional connection with the parents (or the primary caregiver) and can be described as a secure, reciprocal, and long lasting bond. The attachment process begins shortly after birth, develops rapidly in the following months, and continues developing throughout life.

Bonding refers to the parents’ sense of connection to their child. The bonding process already begins before birth and is heavily influenced by experiences during pregnancy and delivery. After birth, bonding usually develops very quickly in the first days and weeks of life.

Nikk Connemann, Netherlands (neonatologist):

“As a student in the NICU a mother told me the story of her baby with such power that immediately I realised the importance of her presence in the life of her child. As a neonatologist, I emphasize the importance of the presence of the family in the NICU for the physical, cognitive, and psychosocial development of their baby. Parent involvement in the daily care of their baby reduces their anxieties and gives feelings of empowerment that help them through their stay in the NICU. Healthcare professionals need to acknowledge parents as the primary caregivers of their child and essential members of the NICU team.”

Physical contact with the parents’ skin is the first very important component to initiate the bonding process right after birth. Further, interactions between parents and child and the implementation of daily care procedures may help to form a strong and safe bond between parents and their baby. Interactions can include speaking to the baby, kangaroo-care, where the infant is held skin to skin with the mother or father, breastfeeding, or simply watching the baby. Even watching a picture of the baby may help to strengthen the relationship.

Although every baby inevitably develops a bond with the parents, different attachment and bonding qualities may influence social and emotional development and behaviour of the child later in life. The separation of parents and their baby immediately after birth may lead to the interruption of these fundamental bonding processes.

Therefore, involving parents in the daily care and encouraging them to interact with their baby from the early beginning may have a positive influence on the parent-child-relationship and child development later in life.
The introduction of **couplet care** in the NICU allows mothers to stay with their baby the entire hospital stay, even if the mothers still need medical care and treatment, e.g. after caesarean section.

While **family-centred care** concepts differ between facilities, some aspects are similar. This approach helps to recognise the family as the important constant in a child’s life. Therefore, many services are provided to the family as a whole instead of only focusing on the baby. This includes for example that parents can stay with their child 24 hours a day and are involved and instructed in the care of their child. Additionally, it can include social services, psychological support, or regular consultation hours for parents.

Some NICUs have the policy to **involve other family members** as well. In agreement with the parents, siblings, grandparents, and family members may also be allowed to feed the baby or to provide kangaroo-care. Especially for siblings, early involvement can be useful in this new situation.

Experts support the introduction family-centred approaches because many benefits for the baby, the parents, and the NICU team have already been demonstrated in several studies.
Supplementary tools

Welcoming parents and the family 24 hours a day and 7 days a week (24/7) in the NICU is the optimal way to encourage the families’ relationship with their newborn. However, it may not always be possible for all family members to stay with or visit the baby. In these cases, new technologies may be a good complement. Some hospitals, for example, provide video cameras, which can be placed above the bed of the baby. Parents or other family members can see their baby by using any internet connected device such as a mobile phone or laptop. They may benefit in different ways of this technology. It may be especially comforting to parents, grandparents, and siblings to see the baby, when they are not able to be in the NICU all the time.

Mindy, USA (mother of a preterm baby):

“It was really hard for me to leave my son at the hospital after my discharge. We appreciated the great opportunity to see our son via video, if we could not be with him. We were in a way able to be together as a family. I enjoyed the peace of mind when seeing him whenever I wanted to and knowing that he was ok.”

The integration of families in the NICU may strengthen the partnerships between parents, families, and healthcare professionals and can contribute to a developmentally supportive environment for a preterm or ill baby. However, it may not always be possible for the family to stay with the baby all the time. Supplementary tools may bridge the gap while the baby is in the NICU.

About EFCNI

The European Foundation for the Care of Newborn Infants (EFCNI) is the first pan-European organisation and interactive network to represent the interest of preterm infants, ill newborns and their families. It gathers together parents, professionals and other stakeholders from different disciplines with the common goal of improving long-term health of preterm and newborn children by ensuring the best possible prevention, treatment, care and support.

For more information on welcoming the family in the neonatal intensive care unit, visit us at www.efcni.org

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