



September 17th, 2021 08:30 - 10:30

PARALLEL SESSION 24 – EFCNI 4

ID 423. PARENTAL EXPERIENCES AND STAFF VIEWS OF VISITING RESTRICTIONS ON A NEONATAL INTENSIVE CARE UNIT DURING COVID-19

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Background

The COVID-19 global pandemic posed significant implications for NICU parents and staff in terms of the visiting restrictions that were put in place during the first wave in March 2020. Therefore the NICU clinical psychology team in collaboration with the NICU nursing and medical team at the Rosie Hospital, Cambridge, endeavoured to explore the impact on parents, as well as the NICU staff's experiences of supporting parents throughout the visiting restrictions.

Methods

A bespoke survey was completed following the first COVID-19 lockdown to gather more information on the impact of change to visiting access on one level 3 NICU. One survey was completed by staff on NICU (N = 56). One survey was completed by parents of babies currently on NICU, or had a baby admitted to NICU whilst COVID-19 restrictions were in place (N =50). One or both parents were offered to take part in the survey. Alongside relevant literature, the questions were developed in the context of initial observations of the impact of visiting access changes on families and staff.

Results

The findings of this study have illustrated the sheer extent of the restrictions on parental wellbeing and mood, with the restrictions having had an adverse effect on this. In addition, we show the extent of the adverse effect restricted visiting to NICU had on: babies' wellbeing, parent-infant bonding, partners wellbeing, parental confidence, the ability to breastfeed confidently and parents' access to the medical teams (see Table 1).

Conclusion

The findings of this study have a number of significant clinical implications for parents and staff on NICU. Namely, the data supported the decision not to close NICU again when cases of COVID-19 rose dramatically again over the winter of 2020-2021 and into the second and third waves. Furthermore, this study adds to a recent survey conducted by Fonfe et al. (2021), in which the authors argue that restricted visiting access in NICU could have harmful impacts on parents and babies (reference below).

Fonfe A, Clements D, Mckechnie L. Parental access to neonatal units: inconsistency during the COVID-19 pandemic. *Infant.* 2021 Mar 1;17(2).



Variable	Not at all % (n)	Not very much % (n)	Somewhat % (n)	Very Much % (n)	Extremely % (n)	Range between Somewhat, Very Much and Extremely (%)
Relationship with my baby	7 (2)	21 (6)	17 (5)	31** (9)	24 (7)	72
Partner meeting baby	31 (9)	3 (1)	21 (6)	10 (3)	34** (10)	65
Overall Wellbeing	7 (2)	3 (1)	17 (5)	28 (8)	45** (13)	90
Confidence in parenting reduced	7 (2)	17 (5)	31** (9)	21 (6)	24 (7)	76
Establishing breastfeeding	17 (4)	4 (1)	22 (5)	13 (3)	43** (10)	78
Impact on Mood	7 (2)	3 (1)	14 (4)	14 (4)	62** (18)	90
Anxiety	3 (1)	17 (5)	7 (2)	14 (4)	59** (17)	80
Wider Family's Emotional Wellbeing	3 (1)	10 (3)	17 (5)	24 (7)	45** (13)	86
Harder to communicate with NICU team	25 (7)	7 (2)	32** (9)	11 (3)	25 (7)	68
Harder to understand baby/ies health condition	10 (3)	10 (3)	33** (10)	20 (6)	27 (8)	80
Baby/ies wellbeing	10 (3)	30** (9)	23 (7)	20 (6)	17 (5)	60

** = Highest score in variable

Table 1.
Parent responses to survey

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Parent responses to survey

None declared



ID 496. Effects of parent-provider communication during infant hospitalization in the NICU on parents: A systematic review with meta-synthesis and narrative synthesis

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Background

In the neonatal (intensive) care unit (NICU), healthcare providers and parents continually engage in communication about infants' medical care. Communication serves important clinical goals. Through parent-provider communication, information is relayed, parents' consent is obtained, and decisions are made. In addition, communication can foster collaboration between parents and staff. Previously, we developed the NICU Communication Framework, in which the four main functions of parent-provider communication are distinguished: building/maintaining relationships, exchanging information, sharing decision-making, and enhancing parent self-management. Family-integrated care models encourage adequate parent-provider communication across these functions, to enhance outcomes of care for infants as well as their parents. However, the precise effects of parent-provider interaction on parent-related outcomes are still unknown. This study, therefore, aimed to synthesize the literature on the effects of parent-provider communication during infant hospitalization in the neonatal (intensive) care unit (NICU) on parent-related outcomes.

Methods

Systematic review with meta-synthesis and narrative synthesis. Databases (PubMed, PsycINFO, Cochrane Library, CINAHL, Web of Science, Scopus) were searched in October/November 2019. Studies reporting, observing, or measuring parent-related effects of parent-provider communication in the NICU were included. Study quality was assessed using the Quality Assessment Tool for Studies with Diverse Designs. Qualitative studies were meta-synthesized using deductive and inductive thematic analysis. Because quantitative interventions appeared heterogeneous and only few randomized trials were included, meta-analysis was not deemed appropriate and narrative synthesis was performed on all quantitative studies.

Results

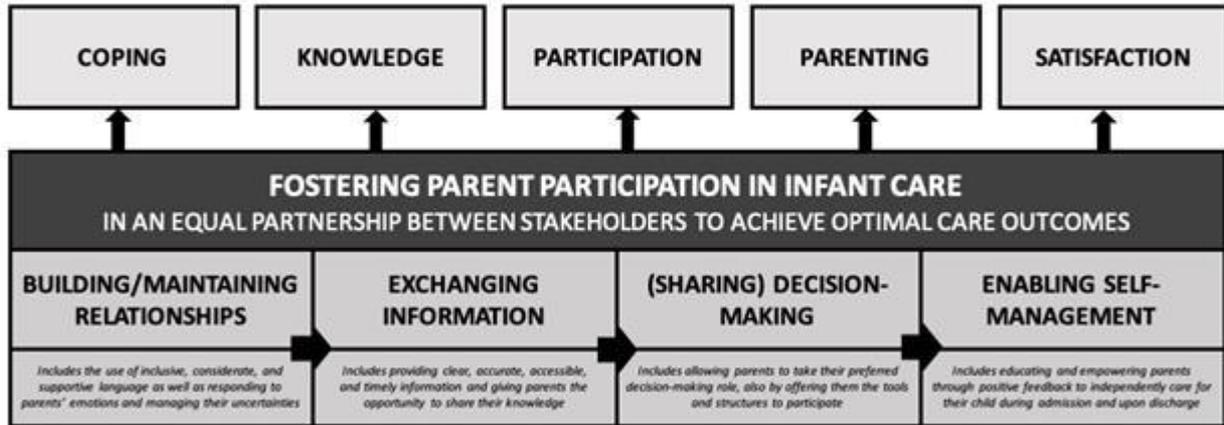
5586 records were identified; 77 were included, reporting on N = 6960 parents, N = 693 providers, and N = 300 NICUs. Analyses revealed five main (positive and negative) effects of parent-provider interaction on parents' (1) coping, (2) knowledge, (3) participation, (4) parenting, and (5) satisfaction. These effects occur both during hospitalization and long-term. Communication interventions appeared effective, particularly in reducing parental stress and anxiety. Notably, day-to-day interaction between parents and staff appeared highly impactful. Findings confirm and refine the NICU Communication Framework.

Conclusions

Parent-provider communication is a crucial determinant for parental well-being and satisfaction with care, during and following infant hospitalization in the NICU. Providers should particularly consider the impact on parents of their day-to-day interaction – the most occurring form of communication of all.



NICU COMMUNICATION FRAMEWORK



The NICU Communication Framework, including the functions and effects of parent-provider interaction in the NICU

None declared