

Zero separation. Together for better care!
Infant and family-centred developmental care in times of COVID-19
A call to action at World Prematurity Day

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Ever since its initiation by the European Foundation for the Care of Newborn Infants (EFCNI) more than 10 years ago, World Prematurity Day (WPD) has become a global movement to raise awareness for preterm birth and its consequences. More than one in ten newborns are born preterm every year, and numbers are still increasing worldwide. The immediate and long-term health effects are severe; preterm birth is one of the leading causes of neonatal death.^{1,2}

This year, WPD highlights the specific challenges babies born too soon and their families have been facing during the still ongoing COVID-19 pandemic, which will go down as a marker in recent history. For almost two years now, societies as well as healthcare systems all around the globe have been disrupted. While the focus has, quite rightly, been on managing the COVID-19 crisis and its fallout, pandemic-related restrictions have also affected quality of care, including the application of an evidence-based infant and family-centred developmental care (IFCDC) approach.^{3,4} Implemented restrictions have put additional pressure on the already vulnerable group of newborns and their families, with the full effect of the long-term consequences yet to be seen.

In contrast to international agreements, such as the 2030 Development Agenda⁵ or the United Nations Convention on the Rights of the Child,⁶ which underline the right to health and the right of children to be close to their parents, separation policies have been implemented in many neonatal intensive care units (NICUs) across countries. Whilst we most certainly agree that measures were necessary to manage the emergency situation, the pace and blanket coverage of these applied also to parents of vulnerable infants, with immediate implications for child growth and development, and for the family as a whole.^{4,7,8}

When the pandemic hit, we grew increasingly concerned about the impact on the provision of care to preterm born, sick and low birthweight infants in NICUs. Parents having inadequate access to their child had been voiced as a concern by several of the parent organisations in our network. Under the umbrella of the Global Alliance of Newborn Care (GLANCE), coordinated by EFCNI, we therefore decided to form an international and interdisciplinary expert group, the EFCNI COVID-19 Zero Separation Collaborative Group (see annex for a full list of members). Together, we set up and conducted a global online-survey to explore parents' experiences with regard to the disruptions on different elements of IFCDC. Parents of newborns receiving special/intensive care shared their experiences regarding topics of prenatal care, parental access, infant nutrition and breastfeeding, health communication, and mental health. Overall, we collected data from more than 2100 respondents in 56 countries.^{4,9,10}

The results of the survey are alarming and have confirmed anecdotal evidence which was shared by many parents in the EFCNI and GLANCE network. During prenatal care and birth, more than 40% of all respondents were not allowed to be accompanied by a support person during prenatal appointments. More than half even reported that they were not permitted to have a support person present during birth, leaving them without any emotional, informational and practical support. Furthermore, presence with the newborn and skin-to-skin care were heavily restricted in the respective NICUs. One in five participants (21%) responded that no one was ever permitted to be present with the hospitalised newborn. The different situations mothers and fathers experienced were furthermore astonishing: while 74% of the participating parents indicated that the mother was allowed to be present, only 56% answered that the father/partner was allowed access. Interestingly, breastfeeding support was mostly maintained according to the findings of our study, yet 18% of respondents still answered that they were not encouraged to breastfeed. We furthermore found that particularly communication, health information and also mental health support were largely inadequate during the first year of the pandemic. One third of the respondents was lacking information on how to protect themselves and their child from COVID-19 transmission during the hospital stay and at discharge, and a large majority (75%) worried because of the COVID-19 situation during pregnancy and after birth, adding additional stress

in an already very challenging situation. Overall, the results show country-specific differences, which also depend on the extent of COVID-19 related restrictions (e.g. social distancing, lockdown etc.).^{4,9,10}

The severity of the findings of our research have furthermore resulted in a request to policy-makers, public health experts and healthcare professionals to take immediate action:

A call to action for zero separation and infant and family-centred developmental care (IFCDC)	
1	Provide every woman with a safe environment and respectful and supportive care during pregnancy, labour and birth, and allowing support persons to be present during prenatal appointments and birth.
2	Provide every baby born too soon, too small, or too sick with high-quality care in all settings for the best start in life.
3	Value, include, and empower parents as key care-givers of their newborns at all times.
4	Establish a zero separation and family-inclusive policy in hospitals, ensuring parental presence to enable immediate skin-to-skin and Kangaroo Mother Care, and family-infant bonding.
5	Prioritise mother's own milk and encourage breastfeeding when possible, emphasising the benefits of adequate infant nutrition for all newborns.
6	Ensure adequate provision of health information and continuous and respectful communication between healthcare professionals and parents.
7	Offer and provide access to mental health support to parents and families in need.
8	Ensure a smooth and holistic application of IFCDC in general and in times of crisis.

Table 1: Call to action⁹

Worldwide, the application of a holistic IFCDC approach urgently needs to be strengthened. This is even more important in times of crisis, where restrictions are quickly implemented. The evidence of our study strengthens our position as we continue to advocate for a zero separation policy of infants from their parents and caregivers. IFCDC must be re-installed where it was discontinued, it must be promoted where it was questioned, and it must be protected where it was restricted. This, ultimately, is in the name of giving all newborns the best possible start in life. Zero separation. Together for better care!

Declaration of interest

The research has been independently conducted by the members of the EFCNI COVID-19 Zero Separation Collaborative Group, in cooperation with representatives of national parent organisations and the professional healthcare societies COINN (Council of International Neonatal Nurses), ESPR (European Society for Paediatric Research), NIDCAP (Newborn Individualized Developmental Care and Assessment Program), and UENPS (Union of European Neonatal & Perinatal Societies). EFCNI has received an earmarked donation by Novartis Pharma AG in support of this project.

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