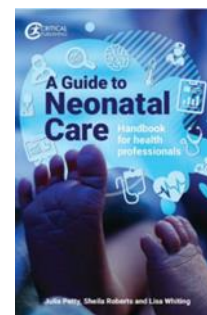


Chapter 6- Principles of family care

A Guide to Neonatal Care- Handbook- for Health Professionals
Petty J, Whiting L and Roberts S. (2024) Critical Publishing



Supplementary information

Promoting emotional attachment (NICE Postnatal care guidance, 2020)

Before and after the birth, discuss the importance of bonding and emotional attachment with parents, and the approaches that can help them to bond with their baby.

Encourage parents to value the time they spend with their baby as a way of promoting emotional attachment, including:

- face-to-face interaction
- skin-to-skin contact
- responding appropriately to the baby's cues.

Discuss with parents the potentially challenging aspects of the postnatal period that may affect bonding and emotional attachment, including:

- the woman's physical and emotional recovery from birth
- experience of a traumatic birth or birth complications
- fatigue and sleep deprivation
- feeding concerns
- demands of parenthood.

Recognise that additional support in bonding and emotional attachment may be needed by some parents who, for example:

- have been through the care system.
- have experienced adverse childhood events.
- have experienced a traumatic birth.
- have complex psychosocial needs.

Equality and diversity considerations when caring for families.

Parents should be given information that they can easily access and understand themselves, or with support, so they can communicate effectively with healthcare services. Clear language should be used, and the content and delivery of information should be tailored to individual needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate. People should have access to an interpreter or advocate if needed. The interpreter or advocate should not be a member of the woman's family, her legal guardian or her partner, and they should communicate with the woman in her preferred language. For parents with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations (NICE, 2020).

It is vital to have culturally diverse knowledge base so you can provide individualised care to families. Besides knowing the family's cultural and religious beliefs, it is important to understand the background information that supports those beliefs because they can impact on the parent experience. The paper by Arritt (2014) provides an overview of five of the world's major religions (Buddhism, Christianity, Hinduism, Judaism, and Islam) and other religions (such as Christian Science and Jehovah's Witnesses).

Inclusive language relating to parents and families.

The book and web companion uses the words 'mother', 'father', 'woman' and 'man'; while it is accepted these are gendered terms, their use is inclusive of any parent who identifies as female or male, including trans women and trans men whose gender may be different to the sex assigned at birth plus non-binary individuals. Terminology used in the book is consistent with the guidance from

the National Institute for Health and Care Excellence (2023) [*Talking about people'- Style Guide*] that uses the terms 'woman' or 'mother', taken to include people who do not identify as women but are pregnant or have given birth.

Parents are those with the main responsibility for the care of a neonate. This will often be the mother and the father, but many other family arrangements exist, including same-sex partnerships, foster parents and single parents. The term caregiver is used for those who care for neonates but are not their parents.

Partner refers to the woman's / birthing person's chosen supporter. This could be the neonate's father, the woman's partner, a family member or friend, or anyone who the woman feels supported by or wishes to involve. Use of the word 'partner' recognises same- sex parents.

We also regard the word **family** to include non-traditional, 'nuclear' families.

Neonatal care must always be inclusive and non-discriminatory, providing equity in care access all protected characteristics: **age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation** [see Figure 6.1], ensuring that we are aware of our own unconscious biases and assumptions and working to banish these as we deliver care to our families.

Figure 6.1
Protected characteristics [Equality Act, 2010] as applied to families in the neonatal care setting.

Protected characteristic (alphabetical)	Application to family care
Age	<ul style="list-style-type: none"> • Consider parent’s age when supporting and communicating with them, e.g., teenage parents. • Do not presume understanding and tailor information accordingly
Disability	<ul style="list-style-type: none"> • Make reasonable adjustments for parents with disabilities and illnesses, to be able to interact and have contact with their neonate, for example, if mobility / travel is an issue, consider use of video technology / (VCreate®) to maintain connections. Assist with accessibility to unit /incubators. • Provide accessible written information that suits a range of disabilities – e.g. visually impaired, sensory processing problems, ADHD, neurodiversity, e.g. consider the amount of information given and <i>how</i> it is delivered, making attempts not to overload parents. • Stop & think -While the term ‘neurodiverse’ is not viewed as a deficit (it is a <i>difference</i>), it is often used in the context of autism spectrum disorder (ASD), as well as other neurological or developmental conditions such as ADHD or learning disabilities. • Avoid changing care routines or moving the baby to another room or space without preparing parents beforehand
Gender reassignment	<ul style="list-style-type: none"> • Use gender neutral language as applicable. • Consider how someone identifies in relation to their gender, including non-binary individuals, and refer to their preferred pronouns (e.g., he/his she/hers they/them)
Marriage and civil partnership	<ul style="list-style-type: none"> • Consider parents that are married or those that are single parents, in civil, same-sex partnerships. • Use the term partner rather than presuming someone is married to someone of the opposite sex
Pregnancy and maternity	<ul style="list-style-type: none"> • Ensure support and facilities for breast-feeding and expressing breast milk. • Consider previous pregnancies / history of previous births including baby loss when caring for the family.

Race	<ul style="list-style-type: none"> • Acknowledge and consider ethnicity, race, and culture – document cultural preferences. • Give equitable care to all, regardless of ethnic background, particularly vital given the evidence on inequalities in maternity outcomes for black & minority ethnic women (MacLellan et al, 2022)**. • Provide accessible written information for a range of languages for those non-English speaking, applicable to the local demographic / population or ensure translation services / advocacy / interpretation is provided.
Religion or belief	<ul style="list-style-type: none"> • Acknowledge and consider religion & faith – document religious preferences. • Give equitable care to all regardless of religious background.
Sex	<ul style="list-style-type: none"> • Again, refer to someone as they wish to be known given their gender identity may be different to the sex they were assigned to when they were born.
Sexual orientation	<ul style="list-style-type: none"> • Acknowledge and consider sexual orientation (if known). • Give equitable care to all regardless of sexual orientation.

****Stop and think:** In the UK, Black women are four times more likely to die during pregnancy or childbirth compared to White women with women from Asian backgrounds facing twice the risk of maternal mortality. Similarly, there is also a higher rate of stillbirth and neonatal death for babies from Black and Asian ethnic minority groups (NHS Race and Health Observatory, 2023).

Glossary

ADHD: Attention deficit hyperactivity disorder (ADHD) is a condition that may include symptoms of restlessness, difficulty in concentrating and impulsive behaviour.

Autism: or autism spectrum disorder (ASD), refers to a broad range of conditions characterised by challenges with social skills, repetitive behaviours, speech and nonverbal communication, of varying degrees.

Infant colic: Frequent and prolonged crying in a baby for no apparent reason.

Kangaroo care: Skin to skin or chest to chest holding of an infant.

LGBTQIA+: Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual.

Neurodiverse: Recognition that people's brains work in different ways meaning that a person has a brain that works differently to the average person with no one "right" way of thinking and behaving; differences are not viewed as a disability.

Non-binary: People who identify as an intermediate or separate third gender, or who identify with more than one gender, no gender, or fluctuating gender identity.

Skin to skin: A newborn or older neonate is placed bare skinned directly onto their mother or father's skin usually the chest.

Sudden Infant death syndrome (SIDS): The sudden, unexpected, and unexplained death of an infant. Good safe sleep practices contribute to reducing the risk for babies and toddlers.

Well infant clinic: A clinic often run jointly by Health Visitors, Practice Nurses and General Practitioners (GP), to promote the health and well-being of babies and children up to the age of 5 years.



EXTRA READING – Read more about family, inclusivity and cultural considerations.....

- **NICE (2023) Style Guide- Talking about People**
- Arritt, T (2014) **Caring for...Patients of different religions**. *Nursing Made Incredibly Easy!* 12(6):p 38-45, November/December.
- Haugland C, Høgmo BK, Bondas TE (2023) **LGBTQ+ Persons' Experiences of Parenthood in the Context of Maternal and Child Health Care: A Meta-ethnography**. *Glob Qual Nurs Res*. 10:23333936231181176.
- MacLellan J, Collins S, Myatt M, Pope C, Knighton W, Rai T (2022) **Black, Asian and minority ethnic women's experiences of maternity services in the UK: A qualitative evidence synthesis**. *J Adv Nurs*. 78(7):2175-2190.
- National Health Service (NHS) Race and Health Observatory (2023). **Review of neonatal assessment and practice in Black, Asian and minority ethnic newborns: Exploring the Apgar score, the detection of cyanosis and jaundice**