

We recommend unrestricted access & skin to skin contact between parents and babies in neonatal units during the pandemic

We strongly recommend unrestricted access and skin to skin contact between parents and their babies in neonatal units during the SARS-CoV-2 pandemic

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We are very disappointed by recent reports of significant restriction of access of parents to their infants on neonatal units all across the globe. (https://gh.bmj.com/content/6/3/e0043 47)



The significant negative impact of restriction to skin to skin has also been evaluated and reported (<u>https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)</u>00013-4/fulltext)

Current SARS-CoV-2 pandemic-related restrictions on skin-to-skin contact (SSC) and parental

"

Parents on neonatal units are not visitors; they are primary carers!"

minesh khashu

involvement in neonatal care, in place in many parts of the world, are not based on clinical evidence. Hospitals and neonatal units have, to varying degrees, restricted parental access and SSC without due consideration of the harms this might cause on multiple fronts (1). Based on current evidence a 'blanket ban' on SSC by various maternity and neonatal services across the globe is unfortunate, not

evidence based and needs to be reviewed on an urgent basis.

The World Health Organization (WHO) recommends skin-to-skin contact (SSC) following delivery in babies weighing 2000 grams or less at birth, as soon as they are clinically stable to prevent

hypothermia (2). In low resource settings lack of initiation of early SSC is an independent predictor of hypothermia, contributing to neonatal mortality and morbidity (3). The United Nations Children's Fund Baby Friendly Hospital Initiative recommends immediate SSC after birth based on physiological, social, and psychological benefits for both mother and baby (4).

The risk of SARS-CoV-2 infection in neonates both vertical and horizontal is relatively low with no significant mortality (5), however lack of SSC and parental involvement will lead to increased mortality and additional adverse long term outcomes (6). Systematic reviews and guidelines have already provided guidance on the treatment and management of COVID-19 positive mothers and their infants (7, 8).

All these restrictions, largely knee jerk reactions to the pandemic, will only serve to negate a lot of the hard work invested in best practice guidance and standards outlined for both low and high income countries (9, 10, 11).

Recently, in response to suboptimal practice during the pandemic, both professional and parent organizations have joined the call to re-establish parents as essential partners in care, and not to be considered as visitors, which they most definitely aren't. (12, 13).

We recommend that neonatal organizations, hospitals and health services all across the world urgently advocate on this important issue and ensure that we encourage unrestricted SSC and zero separation of infants and parents, to prevent significant long term collateral damage.

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