

Follow up evidence from BLISS (GRC0029) September 2020

Relating to Second Special Report - The impact of COVID-19 on maternity and parental leave:  
Government Response to the Committee's First Report (HC 770)

# Evidence update: Parental leave for parents of premature or sick babies during COVID-19

Briefing September 2020

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## About Bliss

Bliss is the UK charity that champions the right of every baby born premature or sick to receive the best care. We achieve this by empowering families, influencing policy and practice, and enabling life-changing research.

## Summary

- Parents are not currently entitled to take any extra leave when their baby receives neonatal care resulting in many parents using all their parental leave while their baby is in the neonatal unit.
- Bliss was delighted that the Petitions Committee recognised the impact of the pandemic on families experiencing neonatal care by recommending a pilot of Neonatal Leave and Pay be rapidly introduced.
- We are extremely disappointed that the government rejected this recommendation, alongside all other substantive recommendations made, including one to prioritise rapid testing to reduce unnecessary separation between parents and their baby.
- Restrictions to parental access on neonatal units remain common place, with wide variation in policies across the UK which are subject to change.
- Bliss research shows parents who have experienced neonatal care during the pandemic are feeling isolated as a result and have experienced a detrimental impact to their mental health and well-being.
- Bliss research also shows families are struggling with the practicalities of having sick baby alongside job insecurity and restricted finances, and that extra support is desperately needed.

## Introduction

Bliss was delighted that the Petitions Committee recognised the additional challenges being experienced by parents of babies receiving neonatal care during the pandemic by recommending that the Government pilot Neonatal Leave and Pay, and that parents who are required to self-isolate

should be prioritised for rapid testing to reduce unnecessary separation. We were extremely disappointed that the Government rejected both recommendations, alongside the majority other recommendations set out in the Committee's comprehensive report.

Bliss is currently surveying families who have experienced neonatal care since the 1 March 2020.<sup>1</sup> The emerging themes and insights are detailed within this briefing as additional evidence demonstrating the urgent need for additional support. All quotes in this briefing are from parents or care givers responding to this survey.

### **Neonatal Care during COVID-19**

As raised in our previous evidence submission, COVID-19 has had a devastating impact on families who have experienced neonatal care over the previous six months. While a neonatal experience is always difficult, COVID-19 exacerbated the difficulties many parents already face when caring for sick babies in hospital:

- Parental access policies changed overnight. Neonatal units typically allow parents to be present with their baby 24 hours a day and encourage full participation in care giving. From late March, access was restricted to largely one parent at a time – with some units only allowing the same nominated parent to attend, excluding the other parent from care, or significantly restricting the time parents could be on the neonatal unit. Restrictions remain in place, but it is now more common for both parents to have access (often one at a time). However, there is widespread variation in practice and policies are subject to sudden change.
- Parents are not visitors. Bliss<sup>i</sup>, The Royal College of Paediatrics and Child Health (RCPCH)<sup>ii</sup>, the British Association of Perinatal Medicine (BAPM)<sup>iii</sup> have all released detailed, evidence based recommendations outlining the importance of both parents or caregivers to be supported to be partners in delivering their baby's care. As detailed in Appendix 1, high levels of parental involvement in care is linked to improved short- and long-term developmental outcomes for babies, as well as improved mental health outcomes for parents. An absence of adequate parental leave is making it more difficult for some parents (particularly dads and partners) to maximise the opportunities they *do* currently have to be with their baby.
- Neonatal units are often located far from home, and the baby's need for additional care after birth frequently unexpected. This can add additional financial pressure to families due to daily travel costs, food & drink at the hospital, childcare for older children and accommodation to stay close by. For mothers of babies born unexpectedly premature, they will start their maternity leave earlier than planned - resulting in a sudden lack of income. Over the past six months, parents have also had to cope with increased job insecurity, lost income and reduction in family support due to the wider societal impact of COVID-19.

### Impact on parental presence and involvement

Bliss' initial survey findings suggest families are struggling to be with their baby as much as they want, and need, to be and that this is having a detrimental impact on their mental health and well-being:

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<sup>1</sup> As of 25 September, 155 parents and care givers had responded to the Bliss Family Experiences of COVID-19 survey.

- **Two thirds** of parents felt that access restrictions on the unit affected their ability to be with their baby as much as they wanted to.
- **Nearly 15%** of respondents were at a unit where only one nominated parent could have access to their baby (meaning only the same parent could attend their baby – effectively excluding the other parent from care).
- **Nearly 90%** of respondents reported that they had to wear PPE – and 70% were always required to wear PPE.

Restrictions to access and involvement significantly restrict opportunities for parents to *parent* and bond with their baby together. Several respondents expressed that this was causing significant strain, both on themselves and on their relationship. For many of the families experiencing neonatal care during COVID-19 the first opportunity they will have to parent together will be post-discharge. This will also be the first point at which many babies will see their parents without face-coverings or other forms of PPE.

For parents of babies with extended stays, the lack of an additional Neonatal Leave and Pay will mean one parent has already returned to work by this point – indeed, a previous Bliss Survey found 66% of dads and partners return to work before their baby is home.

*"Me and my partner didn't get to see each other hold or care for the baby until we were home ... We couldn't learn together or support each other. One of us was constantly missing our babies 'firsts' e.g. first bath or nappy change etc. My husband saw my baby with her eyes open for the first time and I was just so upset that I missed it and cried all night. I started to almost become jealous of my husband seeing her and became annoyed when he would arrive to see her after he finished work as it meant I would have to go home."*

*"My baby spent the first nine weeks of his life without seeing anyone's mouth and full face. It also meant he had very limited contact (as of course the nurses had full PPE) from anyone when I wasn't there like a cuddle, this makes me feel really sad as I wanted to comfort him all the time"*

### Mental Health and Well-being

Respondents to our survey have reported a significant impact on their mental health and well-being. As well as the trauma of their neonatal experience, wider lockdown measures have left many respondents feeling isolated. Even once home, many reported they have been unable to access community services, attend parent and baby groups or even meet with wider family or friendship networks.

- **70% of respondents said their mental health and well-being is worse** following their experience
- **90% report feeling more isolated** as a result of the pandemic
- **42% felt experiencing neonatal care during COVID-19 affected their ability to bond with their baby.**

*"I have not been able to spend time with family/ partner during the most difficult time of my life. We have had to sit through difficult upsetting conversations on our own and then swap over to be with our child. I feel I may not have felt so upset if I was supported by others. The staff have been lovely, and it is not their fault in any way and tried to be there for us as much as they could."*

*"I feel the pandemic has greatly impacted the level of support once going home, from family and friends who aren't able to be around you or to hold our baby for the first time they meet them - this has been especially difficult for me. Also mum and baby groups have been suspended and this is*

*something I feel is so important to help new mums feel less isolated and help them meet new mums in the area for that mutual support that is so needed."*

Many respondents noted that they had concerns for their partner's mental health and well-being, particularly where access to the neonatal unit was significantly restricted. Additional Neonatal Leave and Pay is vital to ensure all parents have sufficient time from work to process their experience, as well as to bond with their baby at home.

*"My partner was unable to see his children as much as he would have liked. He at times felt useless (which was not the case). It's an incredibly stressful and painful experience full stop, but COVID restrictions just add to that stress."*

*"My husband couldn't see our baby for some time towards the end of our neonatal stay, he became really sad and disheartened. He felt just as lonely as I did and missed our son terribly."*

*"We arrived at the unit and were turned away stating the visiting rules had changed rapidly. My partner didn't see the baby for 2/3 weeks before discharge. When home he believed the baby did not know who he was and that they had no bond."*

#### Parental leave and financial impact

Responses to our survey suggest parents feel additional parental leave and pay would be beneficial to them and their family. Many respondents raised that their partners had to return to work either while their baby was still very sick, or shortly after discharge home. Many mothers responding to our survey understandably feel they have lost a significant chunk of their maternity leave – in some cases many months – due to their baby being in hospital coupled with reduced access. Alongside this, many parents felt their family finances had been significantly affected as a result of starting maternity leave early and additional daily costs associated with attending the neonatal unit.

- **86% of respondents said extra parental leave and pay would be helpful for them and their family**
- For parents of babies who had a **neonatal stay of four weeks or more, this rose to 91%**
- **45% reported that their family finances were worse** as result of their baby or babies requiring neonatal care.
- For parents of babies who had a **neonatal stay of four weeks or more, this rose to 54%**

*"Four months of my leave has been spent in hospital - stressed, worried and actually being quite mentally ill myself due to the impact of this situation. This should be classed as a different leave or even sick leave. This time has not been enjoyable and when my baby comes home she will be like a new-born baby as she hits her due date. I cannot afford to have the final three months without pay so i will have to go back earlier."*

*"I am already three months into my maternity leave and spent this in hospital. I will have limited time when my baby goes home before going back to work and we are having to borrow money to cover the mortgage to enable me to take a bit more time."*

*"My husband wasn't given more than 2 weeks leave which is ridiculous. He had to go off sick for 6 weeks."*

*"We were significantly financially impacted as we had to make two full round journeys to the hospital per day due to the parental visiting restrictions. My partner was self-employed and unable to work. My maternity leave started much earlier and a lot of my entitlement used up whilst she was*

*still in hospital, I've ended up having to take longer on maternity which has had a financial impact as I am only now receiving basic statutory mat pay. Financial pressures add immensely to an already incredibly stressful situation when you have a tiny vulnerable baby."*

*"I don't drive and because of COVID I was told not to catch a bus because of the germs on there I was catching a taxi to and from the hospital for three months at £14 a day...I had to borrow of other family members and am still paying them back now"*

## **Appendix 1 The Importance of parental involvement in their baby's care**

Numerous studies have identified the long-lasting impact of neonatal care on babies and their families, in terms of long-term attachment and developmental outcomes, when parents are able to provide direct hands-on care to their baby. Evidence has shown that long periods of direct care lead to increased weight-gain and improved breastfeeding rates, and skin-to-skin care has been linked to better infant reflexes at term and better gross motor development at 4-5 years.<sup>iv v</sup>

Further, parental involvement in care is critical for bonding and forming secure attachment. Providing direct, hands on care allows parents to *feel* like parents - which may be key for their own perceptions of attachment to their baby - and physical and emotional closeness is crucial for forming strong parent-infant bonds.<sup>vi vii</sup> In recent years, research has also focused on the importance of fathers involvement in their baby's care<sup>viii</sup>. Yoman and Garfield showed that including fathers in the care of their infants had positive health benefits for the infant, mother and father<sup>ix</sup> and Shorey et al highlighted the positive impact on infant health when fathers participated in skin-to-skin with their baby.<sup>x</sup>

Bliss research has identified that 80% of parents felt their mental health was worse after a neonatal experience, and research evidence has also shown higher rates of postnatal depression among parents with a neonatal experience.<sup>xi xii xiii</sup> High levels of involvement increased parental confidence and reduced stress & anxiety scores<sup>xiv</sup>

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<sup>i</sup> Bliss (2020) Bliss Statement: COVID-19 and parental involvement on neonatal units [https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Bliss-Statement\\_Version-4.pdf?mtime=20200706153313&focal=none](https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Bliss-Statement_Version-4.pdf?mtime=20200706153313&focal=none)

<sup>ii</sup> Royal College Paediatrics and Child Health (2020) COVID-19 Guidance for Neonatal Settings accessed online at: <https://www.rcpch.ac.uk/resources/covid-19-guidance-neonatal-settings>

<sup>iii</sup> British Association of Perinatal Medicine (2020) COVID-19 Pandemic, Frequently Asked Questions within Neonatal Services: A BAPM Supplement to RCPCH guidance accessed online at: [https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2\\_assets/files/561/COVID-FAQs\\_5.7.20.docx.pdf](https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2_assets/files/561/COVID-FAQs_5.7.20.docx.pdf)

<sup>iv</sup> O'Brien et al (2018) Effectiveness of Family Integrated Care in neonatal intensive care units on infant and parent outcomes: a multicentre, multinational, cluster-randomised controlled trial, *Lancet Child Adolesc Health*, 2(4):245-254;

<sup>v</sup> Pineda et al (2017) Parent participation in the neonatal intensive care unit: Predictors and relationships to neurobehavior and developmental outcomes, *Early Human Development*, 117:32-38.

<sup>vi</sup> Treherne et al (2017) Parents' Perspectives of Closeness and Separation With Their Preterm Infants in the NICU, *Journal of Obstetric, Gynecological and Neonatal Nursing*, 46(5):737-747;

<sup>vii</sup> Flacking et al (2012) Closeness and Separation in neonatal intensive care, *Acta Paediatr*, 101(10): 1032–1037

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<sup>viii</sup> Duncan Fisher, Minesh Khashu, Esther A. Adama, Nancy Feeley, Craig F. Garfield, Jillian Ireland, Flora Koliouli, Birgitta Lindberg, Betty Nørgaard, Livio Provenzi, Frances Thomson-Salo, Edwin van Teijlingen (2018). Fathers in neonatal units: Improving infant health by supporting the baby-father bond and mother-father coparenting. *Journal of Neonatal Nursing*

<sup>ix</sup> Yogman, M., Garfield, C.G., 2016. Fathers' roles in the care and development of their children: the role of paediatricians. *Pediatrics* 138 (1).

<sup>x</sup> Shorey, S., He, H.G., Morelius, E., 2016. Skin-to-skin contact by fathers and the impact on infant and paternal outcomes: an integrative review. *Midwifery* 20, 207-217

<sup>xi</sup> Bliss (2018) Bliss releases new research on mental health, accessed online at: <https://www.bliss.org.uk/news/bliss-releases-new-research-on-mental-health>

<sup>xii</sup> Vigod, S.N., Villegas, L., Dennis, C.L., Ross, L.E. (2010) Prevalence and risk factors for postpartum depression among women with preterm and low-birth weight infants: a systematic review, *BJOG*, 117(5), pp.540-50

<sup>xiii</sup> Noergaard et al., (2017).

<sup>xiv</sup> O'Brien et al (2018) Effectiveness of Family Integrated Care in neonatal intensive care units