Catharine Hart - Written evidence (PRT0048)

- **How neonatal care can improve outcomes for babies born preterm**

1. I am a mother of four children, I am writing regarding the premature birth of our first child, now eldest daughter. She is now 13 years old, so practices may have changed, however I would like to make some general points on the care I received, which I hope are still relevant.
2. Our daughter was born by an emergency caesarean section at just under 32 weeks. Immediately she cried at birth, which was a huge relief for me. I was conscious throughout the operation and was able to hold her near to me. At that time, immediate skin-to-skin contact for preterm babies was neither widespread nor offered to me. I would recommend the committee please consider evidence around immediate skin-to-skin contact and kangaroo mother care for preterm babies.
3. I understand it is common for neonatal units to be described as "co-located" with maternity wards if they are in proximity. It certainly doesn't feel very "co-located" when you have to travel down two public corridors to see your newborn baby. I would ask the committee to look at true "Mother-Newborn" neonatal unit design for new neonatal units. As a minimum shouldn't all incubators/cots have a chair nearby for caregivers as standard? It feels as if parents are deliberately excluded by design from the very start. Not only is this harmful for the parents, but also the newborns. Dr Nils Bergmann, an international expert in neonatal care and skin-to-skin contact, writes "Parental absence has been strictly enforced in neonatal care units for many reasons and could lead to toxic stress" [1]
4. The first morning I went to visit my daughter, less than 24 hours after her birth, I was not given access to her, or to the neonatal unit. I was simply told "there is a wardround - please come back later!". I still find it quite unbelievable and infuriating that this happened. Of course

there is a need for confidentiality. But I would urge the committee to ensure that all parents are given access to neonatal units, 24 hours a day, as recommended by National Institute for Health and Care Excellence (NICE) guidance[2], which also now recommends parents are not only able to attend but get involved in discussing their own children's care during ward rounds[2].

5. One of the most worrying times was when my daughter developed necrotising enterocolitis, although fortunately she fully recovered. I was given good support to express breastmilk, but it was still a real struggle for me and I couldn't express enough for her requirements. I believe that if donor breastmilk had been available, this serious infection might have been prevented, given that breastmilk is known to reduce the risk of infections, including necrotising enterocolitis[3]. I would ask the committee to consider increasing support for milk banks in the UK, given that there are currently only 17 milk banks nationally[4], many parents still cannot access donor milk, including on the unit where my daughter was born.

1. Bergman, N. J. (2019). Birth practices: Maternal-neonate separation as a source of toxic stress. *Birth defects research*, *111*(15), 1087-1109.
2. https://www.nice.org.uk/guidance/qs193/chapter/Quality-statement-5-Involving-parents-and-carers
3. Altobelli, E., Angeletti, P. M., Verrotti, A., & Petrocelli, R. (2020). The impact of human milk on necrotizing enterocolitis: a systematic review and meta-analysis. *Nutrients*, *12*(5), 1322.
4. https://ukamb.org/find-a-milk-bank/

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