

# Written evidence submitted by Bliss (GRC0010)

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

### 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.
- It is welcome that the government has committed to introduce Neonatal Leave and Pay as part of their legislative agenda. However, this is not due to be introduced until 2023. In light of this unprecedented situation parents who have, or have had, a baby in neonatal care during the COVID-19 pandemic need access to Neonatal Leave and Pay now.
- Parents are their baby's primary carers and must be supported to be on the unit for long, uninterrupted periods of time. As a result of COVID-19, parental access to their baby has been restricted.
- The cost of having a baby in neonatal care is prohibitive to parents taking additional time off work. Additional job insecurity arising from COVID-19 means parents going back to work earlier due to the impact on family finances, limiting the time with their baby post-discharge.
- Any introduction of support must extend to parents who are self-employed or who are classified as a 'worker' and are not entitled to parental leave and pay rights ordinarily.

### Neonatal Care across the UK

Every year, over 100,000 babies are cared for in a neonatal unit in the UK. For parents of babies born premature or sick, the experience is life changing. Rather than taking their baby home shortly after birth, their baby is admitted to a specialist hospital unit to receive care that ensures they have the best possible chance of survival and quality of life. How long a baby will stay in neonatal care can vary, from days to weeks or months and for many parents, much of their parental leave is spent on the neonatal unit, not at home bonding with their baby.

## 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>i ii</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>iii iv</sup> In recent years, research has also focused on the importance of fathers involvement in their baby's care<sup>v</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>vi</sup> and Shorey et al highlighted the positive impact on infant health when fathers participated in skin-to-skin with their baby.<sup>vii</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>viii ix x</sup>High levels of involvement increased parental confidence and reduced stress & anxiety scores.<sup>xi</sup>

Bliss survey conducted in 2019 found **66% of fathers** have no choice but to return to work while their baby is still in the neonatal unit. 23 per cent of fathers that we spoke to took unpaid leave and 36 per cent were signed off sick. Overall **95 per cent of fathers** felt that leave was not long enough.<sup>xii</sup> A baby born extremely premature, at or below 27 weeks gestation, will have an average stay in neonatal care of 92 days<sup>xiii</sup>. This leaves fathers of the most vulnerable babies no option but to take their leave before their baby is home, and reliant on taking annual leave or unpaid leave once they are finally discharged.

## The cost of being on a unit

Financial costs are an additional barrier preventing parents being involved in their baby's care while in hospital. Bliss supporters have reported costs of around **£2,256** for the time their baby received neonatal care, in addition to their normal expenses. These costs are a combination of daily travel costs to the hospital each day, parking charges, accommodation, expensive hospital food and drink and loss of earnings.<sup>xiv</sup> These extra costs can lead to reductions in the family budget, negatively affect parents' physical and emotional health and stops them being with their baby.<sup>xv</sup>

Babies can be born up to four months premature, resulting in families needing to accommodate the costs associated with having a baby in neonatal care while on a severely reduced budget due to mothers starting their maternity leave immediately.

Fathers find it particularly challenging to take time off when their baby is born. The TUC have found that half of new dads do not take their full entitlement to two weeks statutory paternity leave – a rate that rises to three in four for dads on the lowest incomes.<sup>xvi</sup> A Working Families survey of fathers in 2010 found that 72 per cent of those responding who did not take the paternity leave that they were entitled to did so because they felt they could not financially afford to take it.<sup>xvii</sup> Indeed,

the statutory minimum pay is around half the amount someone would be paid on the minimum wage<sup>xviii</sup> and one third of the median weekly wage for a man who is employed full time<sup>xix</sup>.

### **Parental leave during COVID-19**

Current parental leave policies are unsuitable for parents with a baby receiving neonatal care. This inadequacy has been recognised by the Government, and Bliss is delighted that Neonatal Leave and Pay will be introduced as part of this Government's legislative agenda. However, in light of this unprecedented situation, **Bliss believes a version of Neonatal Leave and Pay must be introduced now to ensure parents have some financial security, and time to be with their baby.**

**This support must be available to parents who are self-employed or have a work status of 'worker'**. These parents have limited access to financial support & parental leave rights - making this situation even more difficult.

As a result of COVID-19, it is more important than ever that parents are able to take adequate leave to ensure they can have the time they need to bond with their baby, and to transition from the neonatal unit to home. Parental contact on neonatal units has been restricted with most neonatal units only allowing one parent at a time to be with their baby. However, some units are restricting access further and only allowing the same nominated parent to go onto the unit – excluding one parent from care – or limiting access to a couple of hours per day. Some parents may have been reliant on remote contact only for most, or all, of their baby's neonatal stay. This is likely to have a significant impact on parental confidence, and anxiety levels.

While going home is always exciting, it can also be daunting. Parents often describe going home as the point in their journey where they begin to process what they have been through. Due to COVID-19, neonatal outreach and home visiting services are largely unavailable and due to ongoing societal wide social distancing measures, they will not have the support of their wider family and friends. As such, it is important that both parents are able to have the time away from work to adjust to life at home, and to form those important bonds with their baby in the home environment.

### **Parent experiences of parental leave during COVID-19**

Bliss has heard from a mother, who contacted us through our email helpline when her baby had already been in neonatal care for over a month. She is going to have to end her maternity leave earlier than she wanted to, due to her partner being self-employed and unable to work at this time. The lack of available financial support means the household will be unable to cope on maternity pay alone, or during the final 13 weeks of unpaid leave. This will reduce drastically the time she has at home with her baby, once they have been discharged from the neonatal unit.

A mother, whose baby was born at 25 weeks and has since been discharged from the neonatal unit, said:

*'My partner is self-employed, he is currently out of work with no income. We have followed all the guidance the government is telling us to do. We have applied for his tax rebate early and are awaiting the HMRC to pay out the 80% taxable grant to self-employed which they've stated won't be until June. As you can imagine, with me being on maternity, which isn't the best pay, and him out of work it's making this a much more stressful time.'*

A mother, whose baby was born at 29 weeks and has since been discharged from the neonatal unit, said:

*“In terms of help...neonatal leave and pay would be the most beneficial because I had to go straight onto maternity leave and I’ve had to spend a month of that going back and forth to the hospital, so it’s a month less with her at home. However long she’s in there for, I still have to go back to work 10 months later, and I’ll have spent months of my maternity going backwards and forwards to the hospital rather than having her home. And I won’t even have been able to see her for 2 weeks of my maternity [this mum had to isolate for 14 days due to COVID-19 and was unable to go onto the neonatal unit during this time].*

*“We’re quite lucky that I’m still on the full pay bit of my maternity, so we’ll get by [with partner on 80% pay]. But we’re just hoping everything is back to normal for when I go onto half-pay, in three months’ time.”*

A father, whose baby was born at 25 weeks and is currently receiving neonatal care said:

*“Because of the stress and anxiety of [my son] coming early and not being able to visit him, I have taken sick leave for three months. I was given one week’s compassionate leave but I know I wouldn’t be able to go back to work yet – I’m too distracted by what’s happening. This will very much damage my sick record, but it’s for my family.*

*“We wish there was more financial support for parents like us. We were planning and saving up, but the baby came before we were ready, and now [my wife] is using up her maternity leave and pay in hospital. Any little amount towards covering the costs of visiting our baby would help, even if it was just for travel costs, because we’ve got so many pressures on us, that it would just ease some of the stress.*

*“ [My son] was born just as hospitals were beginning to adjust the way they were working to minimise the spread of COVID-19, and that meant visiting policies on the neonatal unit ...[changed] to having just one nominated parent allowed on the ward for the entire COVID-19 outbreak. Of course, that parent had to be [my wife]... A nurse let me go up to the ward for some cuddles with him on the 27<sup>th</sup> March, just before the policy changed, but I haven’t seen him since.*

*“I feel like I’ve had a bit of my heart taken out. As a man, you grow up being told you’re the one who holds the family together and I feel like I’m not there for them. If [he] has a bad day, [my wife] will be crying on the phone to me, but I can’t do anything. All I can do is reassure her, but it doesn’t feel enough. I feel inadequate.*

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<sup>i</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>ii</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>iii</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;

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

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

<sup>vii</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>viii</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>ix</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>x</sup> Noergaard et al., (2017).

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

<sup>xii</sup> Bliss conducted a survey with parents who had an experience of neonatal care between 7-11 February 2019. 737 parents responded to the survey [623 mums and 114 dads]. Between them, they had 943 separate experiences of neonatal care and parental leave. Please find more findings from our survey in the annex.

<sup>xiii</sup> NDAU. (2016). NDAU 2015 report. Retrieved from: <http://www.imperial.ac.uk/media/imperial-college/medicine/dept-medicine/infectious-diseases/neonatology/NDAU-Annual-Report-2015.pdf>

<sup>xiv</sup> Bliss (2014) *It's not a game: the very real costs of having a premature or sick baby*. London: Bliss.

<sup>xv</sup> Bliss (2014) *It's not a game: the very real costs of having a premature or sick baby*. London: Bliss

<sup>xvi</sup> TUC (2015) Two in five new fathers won't qualify for shared parental leave, says TUC <https://www.tuc.org.uk/news/two-five-new-fathers-won%E2%80%99t-qualify-shared-parental-leave-says-tuc>

<sup>xvii</sup> <http://www.workingfamilies.org.uk/about-us/press-room/working-families-launches-take-up-top-up-paternity-leave-campaign>

<sup>xviii</sup> ONS states average weekly hours as 37, based on this minimum wage is £289.71 per week.

<sup>xix</sup> TUC (2015) Two in five new fathers won't qualify for shared parental leave, says TUC <https://www.tuc.org.uk/news/two-five-new-fathers-won%E2%80%99t-qualify-shared-parental-leave-says-tuc>

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