


Parents experiencing NICU visit restrictions due to COVID-19 pandemic

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During the current coronavirus disease pandemic (COVID-19), several infection control measures were adopted to prevent its spread, including limitations for hospital visitors. These restrictions also involved parents of newborns admitted to our neonatal intensive care unit (NICU). Ethical issues related to such preventive measures, when hospitalised children are involved, were recently discussed.

Our NICU has been a 24/7 open ward for both parents since the early 1980s. However, as the COVID-19 pandemic spread dangerously in Italy, one of the preventive measures adopted in our Institution was limiting access to the NICU to one parent per baby, one hour per day. This restriction lasted three weeks. We assessed how parents of the hospitalised infants experienced these limitations.

When visitor restriction was instituted, ten newborns were hospitalised in the unit. After a week, we conducted an interview, asking one parent of each baby (nine mothers, one father) the following question: 'How did you experience the visitor restriction due to the COVID-19 pandemic?' All interviews were conducted by a clinical psychologist (SB or AT) with years of experience in a NICU. Each parent was interviewed by the same psychologist, who followed her/him clinically in the ward. No other people were present during interviews, which lasted approximately 10 minutes. The study was deemed exempt from approval by the Institutional Ethics Committee.

Contents of parental answers were analysed and classified according to the procedures adopted in qualitative research, with the involvement of all authors, and criteria for reporting qualitative research (COREQ) were followed.¹ We achieved a common coding of all parental answers, which were divided into three main categories (see Table 1): dysphoric emotions (eg sadness, anger, fear/worry); relational suffering (eg separation from the partner, separation from

the newborn); and adaptive strategies (eg imaging a context change, focusing on the baby, rationalisation).

Thirty out of the 55 coded answers (54.5 %) expressed dysphoric emotions, in particular sadness and anger. Fourteen out of the 55 coded answers (25.5 %) expressed relational suffering, both as separation from the partner and as separation from the newborn. Finally, 11 (20 %) responses reflected adaptation strategies. In Table 1, we report examples of parental answers.

Our simple interview allowed us to evaluate the psychological consequences of NICU visitor restrictions on parents. Most of the collected answers expressed dysphoric emotions, mainly sadness and anger. Restrictions accentuated the emotional suffering of parents whose infants were in a NICU² and such emotional distress may interfere with the baby's development.³

Parental answers also expressed relational suffering. During NICU stay, parental mutual support is an essential resource for emotional adaptation to such a distressing experience. Moreover, separation from the newborn interferes with parents' relationship with their own infant, a fundamental and neurobiologically founded factor for infant development.⁴ Incidentally, kangaroo mother care was not feasible during the restriction period.⁵ Finally, adaptation strategies to restrictions, such as imaging a context change, focusing on the baby or rationalisation, were the least represented category of our coding system, indicating that it was very difficult for parents to deal with such policy.

The main limitation of this study is the very small sample size. Our results must obviously be confirmed by larger studies. However, this preliminary report may shed some light on one of the lesser known effects of the pandemic on people's lives.

NICU visitor restrictions due to COVID-19 pandemic have a dysphoric and challenging psychological impact on parental experience.

TABLE 1 Classification of the 55 answers collected from parents, divided among three main categories and their respective single items

Category	Frequency	Example
Dysphoric emotions		
Sadness	16	'It made me very sad'
Anger	10	'At the beginning, dad reacted with anger'
Fear/Worry	4	'I am worried for the baby in the NICU'
Total Dysphoric emotions	30	
Relational suffering		
Separation from the partner	8	'I missed my partner's support' 'Not being able to see him, to touch him'
Separation from the newborn	6	
Total Relational suffering	14	
Adaption strategies		
Imaging a context change	5	'Hope we will be home soon' 'Staying focused on the baby helped me'
Focusing on the baby	4	'I understand we must protect our babies'
Rationalisation	2	
Total Adaption strategies	11	
Total of answers	55	

Parents' presence in the NICU, their involvement in newborn care and the unique relation with their baby are fundamental for infant health and neurobehavioural development.⁴ Such aspects may be taken into consideration, when limitations to visits are planned.¹ Should restrictions be needed again in the future, adequate psychological support for parents should be provided, to respond effectively to their expected suffering. While finding additional financial resources is difficult in current times, a better management of parental distress, and its consequences on baby development and well-being, may also be viewed as a long-term investment.

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CONFLICT OF INTEREST

The authors have no conflicts of interest relevant to this article to disclose.

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