Journal of Neonatal Nursing (2014) **20**, 82—88

www.elsevier.com/jneo

Co-bedding of multiples in the neonatal unit: Assessing nurses and midwives attitude and level of understanding

Cheryl-lee Adams [a,*], **Fenella J. Gill** [b,c]

[a] *Neonatology Clinical Care Unit of King Edward Memorial Hospital, 374 Bagot Rd Subiaco, Perth, Western Australia 6008, Australia*
[b] *School of Nursing and Midwifery, Faculty Health Science, Curtin University, GPO Box U1987 Curtin University, Perth, Western Australia 6845, Australia*
[c] *Princess Margaret Hospital for Children, Child & Adolescent Health Services, Perth, Western Australia, Australia*

Available online 7 August 2013

KEYWORDS
Twins and higher multiples;
Sleeping arrangements co-bedding;
Neonatal care;
Family-centred care;
Nurse and midwife attitudes

Abstract *Aim:* The purpose of this project was to explore the existing attitudes and level of understanding of nurses and midwives towards co-bedding multiples (twins and higher order multiples) in a large Australian, tertiary level, Neonatal Unit.
Method: A purposefully designed anonymous survey was first piloted and then distributed to nurses and midwives working in the neonatal unit. Respondents were required to answer eight multiple choice questions to assess their level of understanding of co-bedding and rate eight statements, using a 5-point Likert scale, to assess their attitude towards the practice.
Findings: A total of 201 surveys were distributed and 148 surveys were returned, resulting in a response rate of 74%. A mean of 85% of respondents answered the multiple choice questions correctly. Seventy four percent of the respondents agreed with the eight statements that described potential benefits of co-bedding (47% agreed and 27% strongly agreed), 16% were undecided and 10% disagreed.
Conclusion: This project has demonstrated that the nurses and midwives understood and held positive attitudes towards the practice of co-bedding of multiples. It appears that there is sufficient support to move forward to implement this aspect of family centred care best practice for neonates who are medically stable.

* Corresponding author. Tel.: +61 0405429197.
E-mail address: waylee@iinet.net.au (C.-l. Adams).

1355-1841/$ - see front matter
http://dx.doi.org/10.1016/j.jnn.2013.07.002

Introduction

Premature, multiple-birth neonates (twins and higher-order multiples) are becoming an increasingly prominent population in Neonatal Intensive Care Units (NICUs). This trend may be explained by women delaying childbearing to later in their reproductive life and seeking assisted reproductive treatments (DellPorta et al., 1998; Jarvis and Burnett, 2009; Taylor and LaMar, 2006). Bearing this in mind, our developmental care strategy should evolve to support the physiological and psychological needs of this rapidly expanding neonatal population and their families.

Co-bedding is one developmental strategy that is becoming standard practice in many NICUs around the world. This involves placing twins and multiples who are medically stable in the same incubator, radiant warmer bed, or cot at the time of, or soon after birth (Jarvis and Burnett, 2009). The strategy is based upon the philosophy of family centred care that provides a means of facilitating developmentally supportive care that focuses on the baby within the context of the family (Griffin, 2006; Nichols, 2012), and the premise that co-multiples may be able to support each other (co-regulate) through the transition to extra uterine life because of their common intrauterine experience (Altimier and Sherrod, 2001; Ball, 2007; Hudson-Barr, 2003; Jarvis and Burnett, 2009; Lutes and Altimier, 2001; Nygvist, 1998; Taylor and LaMar, 2006; Tomashek and Wallman, 2007).

Internationally, in many NICUs, there has been the implementation of developmental strategies specifically aimed to support multiples through their transition to extra uterine life (Byers et al., 2003; Hayward, 2003; Jarvis and Burnett, 2009; Lutes and Altimier, 2001; Tomashek and Wallman, 2007). The synactive theory of development is a model for assessing newborn infants' individual response to the extra uterine environment and providing individualised care. This theory provides an explanatory model for understanding why co-bedding may assist preterm twins in coping with the extra uterine environment (Als, 1986; Nygvist, 1998).

Co-bedding research, especially regarding its proposed benefits and implementation in the NICU, remains preliminary with a few small studies and eight randomised controlled trials demonstrating co-bedding could be a safe, effective and a beneficial developmental care strategy (Altimier and Sherrod, 2001; Byers et al., 2003; Chin et al., 2006; DellPorta et al., 1998; Hayward, 2003; LaMar and Dowling, 2006; Longobucco et al., 2002; Nygvist, 1998). The practice has not been associated with any adverse effects such as increase in infection, apnoea or bradycardia episodes (Chin et al., 2006; Longobucco et al., 2002; Lutes and Altimier, 2001; Touch et al., 2002). In Sydney, Australia, a small explorative study found that co-bedded low birth weight twins displayed fewer stress cues and more self-regulatory behaviours. Parents and staff were also found to be highly receptive to co-bedding, resulting in the practice being implemented in 2010 (Stainton, 2005).

Family centred care is the central principle underpinning neonatal care. It is a philosophy of care that embraces a partnership between patients, their families and health professionals (Australian Institute of Patient and Family Centred Care, 2009). Co-bedding facilitates family centred care in that one nurse is assigned to the care of each set of multiples, so improving parent-nurse communication, increasing parental control and parent-child bonding, enabling consistency in care and preparing infants and families for an easier transition to home (Boyd, 2001; Lutes, 1996; Taylor and LaMar, 2006). Co-bedding further supports the parents because both or all infants are in one place and the parents don't have to choose which infant to attend to, thus promoting equal parental bonding with each infant (Boyd, 2001).

Our neonatal unit guidelines for family and developmental care identified that the delivery of care and support to neonates and families should foster the development of the parent—infant relationship (Women and Newborn Health Service, 2006). No policy existed regarding the practice of co-bedding multiples. The aim of this project was to explore existing attitudes and knowledge of nurses and midwives towards co-bedding of multiples in the neonatal unit. This was to inform recommendations for a change of practice in the less acute level two nurseries of the neonatal unit where infants are more stable and require less intensive neonatal care.

Methods

A quantitative quality improvement project was undertaken using a purposively designed survey to identify potential barriers to implementing a change of practice.

Setting

The Neonatal unit consists of two nurseries located on two sites. Each nursery is designed for the care of