



ORIGINAL ARTICLE

Family access to Neonatal Intensive Care Units in Latin America: A reality to improve^{☆,☆☆}



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KEYWORDS

Neonatal Intensive Care;
Family-centred care;
Parents;
Unrestricted access

Abstract

Introduction: Family access to NICUs has benefits for the newborn (NB) and family, as the main way of humanised care.

Objective: To determine the current state of parents and families access to NICUs in Latin America.

Methods: A cross-sectional study was conducted in 15 countries using two questionnaires: (1) directed at head nurses with management and supervision activities, and (2) nurses with care tasks. The features and modes of functioning were examined; the use access guides, personal opinion on the rights to enter, risks, interference, or collaboration as regards the patient, and nursing role in decisions. Nursing leaders of each country identified contacts and obtained authorisation under the regulations of each country. The responses were analysed centrally with the participants remaining anonymous.

Results: Out of 640 questionnaires issued, responses were received by 226 (35%). Among 52 NICU, 63% have a place for mothers to stay (only 27% overnight), and in 31 (60%) there are notices with fixed schedules for visiting the NB. Unrestricted access exists in only 19 NICU (36%), but for siblings and grandparents it is more restricted (it is not possible in 29%). Among the 174 nurses that responded, 76% feel that mothers should always have access, but these percentages decrease for fathers, siblings and grandparents. A large majority (77%) believe that nursing staff would favour access, and 35% would make it difficult. In addition, 48% believed that access interferes with nursing care.

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¹ The participants that were members of the Nursing Chapter of the SIBEN are listed in [Appendix A](#).

PALABRAS CLAVE

Cuidado intensivo neonatal;
Cuidado centrado en la familia;
Padres;
Acceso irrestricto

Conclusion: A cultural change is needed in the NICUs in Latin America in order to respect the rights of newborns and their families during hospitalisation.

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Acceso de las familias a las unidades de internación de Neonatología en Iberoamérica: una realidad a mejorar

Resumen

Introducción: El ingreso de la familia en UCIN trae beneficios al RN y su familia, como eje de la atención humanizada.

Objetivo: Conocer el estado actual sobre acceso de padres y familias en UCIN de Iberoamérica.

Métodos: Estudio transversal en 15 países de Iberoamérica. Dos cuestionarios: 1) para enfermeros jefes con tareas de gestión y conducción, y 2) para enfermeros en tarea asistencial. Se exploró sobre características y modalidades de funcionamiento; uso de guías de acceso, opinión personal sobre derecho a ingresar, riesgos, interferencias o colaboración relacionadas al ingreso, y papel de enfermería en las decisiones. Líderes de enfermería de cada país identificaron contactos y obtuvieron autorización según regulaciones de cada país. Las repuestas fueron analizadas en forma centralizada sin identificación del participante.

Resultados: Seiscientos cuarenta cuestionarios; respuesta en 226 (35%). Entre 52 UCIN, el 63% dispone de lugar para estancia de madres (solo el 27% durante la noche); en el 31 (60%) existen carteles que indican sobre horarios fijos para «visitas» de padres. El ingreso irrestricto existe en solo 19 UCIN (36%); para hermanos y abuelos es más restringido (en el 29% no es posible). Entre las 174 enfermeras, el 76% considera que las madres deben acceder siempre, pero estos porcentajes disminuyen para padres, hermanos y abuelos; el 77% opina que enfermería favorece y el 35% que dificulta el acceso. Adicionalmente, el 48% opina que el ingreso interfiere con tareas de enfermería.

Conclusión: Es necesario un cambio cultural en las UCIN de Iberoamérica para que se respeten los derechos de los RN y sus familias durante la internación.

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Introduction

Healthy newborns (NBs) start to develop an intimate attachment to their parents in the delivery room, after which they move into the rooming-in area without separating from their families. Conversely, preterm or ill NBs require care in neonatal care units with various human and technological resources and levels of complexity depending on the severity of their condition.

Newborns stay in such Neonatal Intensive Care Units (NICUs) from a few days to months to undergo diagnostic and therapeutic interventions aiming at resolving or improving their problems. This environment, populated by health care professionals, equipment, noises and lights, among others, is often intimidating to the family. Thus, the hospitalisation of the neonate interferes in varying degrees with the bonding of NBs and their families.

It is not uncommon for NICUs to operate in ways that tend to restrict the presence of parents and other family members by the sick child. However, the evidence on the importance of the mother's presence next to the baby and the need to promote family-centred care has been growing since the 1980s.¹⁻⁴

Among other things, unrestricted access during hospitalisation helps parents regain their central role, improve the self-esteem that may have been lost with the arrival of a child that was not as they had imagined, and shift feelings of anticipatory grief, conceiving the real possibility of a fulfilling present and future life. Furthermore, research has shown that the close presence of parents in the NICU facilitates the recovery of the NB and is associated with a reduction in the length of stay of preterm NBs.⁵ In spite of this, recent studies conducted in Europe have shown that unrestricted parental access is not yet widely practised or accepted.⁶ A programme that allows the unrestricted access of parents to the NICU should be supplemented with additional actions that foster family bonding, such as directed sibling and grandparent visits. These are all key experiences that provide significant emotional support to the parents and are very rewarding for health care professionals.⁷

Today, it is indisputable that hospitalised NBs have the right to be accompanied by their family as much as possible, and that the unrestricted access of the mother to the NICU is a cornerstone of upholding the rights of the mother and child. The morbidity and mortality rates vary widely between countries in Latin America, and it is not known

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