

Family presence in paediatric and neonatal settings across Europe

A Position Statement by the Paediatric Nursing Associations of Europe (PNAE)

Introduction

The Paediatric Nursing Associations of Europe Network (PNAE) conducted a survey throughout 2013 to explore the different modality and setting of family¹ presence in:

- General paediatric wards and neonatal special care settings across Europe
- Neonatal intensive care units and paediatric intensive care units

Following the review of the current situation across Europe the aim was to promote family presence in paediatric and neonatal settings by establishing recommendations and highlighting good practice.

This document represents a consensus position of the organisations representing paediatric nurses across many European countries

Research evidence

The critical illness of a baby or child affects all members of the family, including brothers and sisters, as well as grandparents. They are each affected by changes in parental behaviours, absence of parents, altered care giving arrangements and uncertainty. Hospital policies for sometime have advocated that parents should be able to stay with their hospitalised child and for grandparents and siblings to also be present wherever possible. The importance of support for resident parents is also recognised. Over recent years research highlights that many professionals believe family members also have a right to be present during cardiopulmonary resuscitation, team rounds and other invasive procedures.

A child's right

The Paediatric Nursing Associations of Europe believes that children have the right

- ✓ to have their parents present (if they wish) throughout any hospital stay at all times
- ✓ for siblings and grandparents to visit wherever possible, recognising circumstances which prohibit such as infections
- ✓ for their parents to be enabled to undertake nursing and health care tasks for their child if they so wish
- ✓ for their parents to be able to be present during medical rounds, medication rounds, invasive procedures (e.g. blood sampling or I.V. insertion), staff handover at the child's bedside, resuscitation and anaesthesia induction.

¹ Includes caregivers, foster parents, significant others and attachment figures

A survey across Europe revealed that parental and other family member presence is generally encouraged in neonatal and paediatric settings, although variations were found between countries, as well as within countries (see summary of findings).

This statement outlines the Paediatric Nursing Associations of Europe recommendations for the promotion of family presence in paediatric and neonatal settings across Europe:

- Consistent standards in line with the EACH Charter and UN Convention on The Rights of the Child², policies and protocols should be developed within each country to strengthen and promote family presence. These should address
 - parental presence during:
 - Medical rounds
 - Medication rounds
 - Invasive procedures (e.g. blood sampling or I.V. insertion)
 - Staff handover by the child's bedside
 - Resuscitation (ideally with a nurse or other staff member able to support parents)
 - Anaesthesia induction and recovery (ideally both parents should be able to be present with their child)
 - Infection control issues such as hand hygiene, access to clinical areas and privacy
 - Enabling parents to undertake nursing and health care tasks for their baby/child if they wish (including teaching and assessment competency programme)
 - Financial support for parents when their child is in hospital
- Hospital facilities for parental and family presence should include:
 - Accommodation for parents by the baby/child's bed and within purpose built accommodation for siblings and parents to stay
 - Provision of family accommodation including family flats for families to stay with their baby/child prior to discharge
 - Parents/family room in the hospital with facilities for cooking, making drinks, watching TV and for siblings, play and recreation facilities
 - Access to the cafeteria/restaurant in the hospital

Action required

PNAE urges European governments and professional nursing associations to work towards improving family presence including the provision of facilities and resources within hospital environments, as well as parental participation in care delivery according to parents' wishes.

Key stakeholders:

- Professional nursing regulatory body/agency/ association/organisation in each member state
- EU and individual governments of member states

May 2014

² <http://www.each-for-sick-children.org/each-charter/charter-and-un-convention.html#see-articles-2-and-3-in-the-each-charter-click-here-to-view-now>

