

Family presence in pediatric and neonatal settings across Europe Summary of key findings

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 is a summary of the findings.

Armenia

Parents are able to be with their baby/child in special care and neonatal intensive care, paediatric wards and paediatric intensive care. Other family members, including grandparents and siblings are able to visit babies in special care areas only.

Parents are able to be with their baby or child 24 hours a day in special care and paediatric wards. There are restrictions in neonatal intensive care units, paediatric intensive care units and special care baby units, with care being undertaken by nurses. There are no restrictions in paediatric wards.

Parents are not able to be with their baby/child in special care units, neonatal intensive care units, paediatric wards or paediatric intensive care units during medical rounds, medicine rounds, invasive procedures such as blood sampling or IV insertion, staff handover or resuscitation. Parents are also not able to stay with their baby/child in the anaesthetic/peri-operative area until they are anaesthetised.

There are generally the following provisions are available for parents to enable them to stay if their baby/child is in special care, paediatric wards or paediatric intensive care:

- beds/recliner chair by the babies bed for parents to stay;
- single rooms for one parent to stay;
- double rooms for both parents to stay;
- family rooms for parents and siblings to stay; and
- family Centre/Flats for families to stay with their baby prior to discharge.

Provisions are not made available for parents whose babies are in neonatal intensive care.

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

Parents are not allowed to undertake nursing or health care related tasks for their baby/child.

There are generally the same rules for staff and parents about hand hygiene, getting access to clinical areas and privacy.

In general the following facilities are free and available for parents and families staying with their child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV
- Accommodation for parents and families to stay close to the hospital

Parents and families members also have access to the cafeteria/restaurant in the hospital where they are able to purchase food and drinks at a discounted rate.

Austria

Parents are able to be with their baby/child in special care and neonatal intensive care, paediatric wards and paediatric intensive care. Other family members, including grandparents and siblings are able to visit babies in special care areas . In some hospitals siblings have to be older than 14 years in order to be able to visit.

Parents are able to be with their baby or child 24 hours a day in neonatal units, special care, paediatric intensive care and paediatric wards. There are no restrictions in neonatal intensive care units, special care baby units, paediatric intensive care units or paediatric wards.

Parents are able to be with their baby in special care during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion and staff handover. Parents are not able be with their baby during resuscitation. There can be distinctions from one hospital to another.

Parents are not able to be with their baby in neonatal units during medical rounds, staff handover or resuscitation but are able to be present during medication rounds, invasive procedures such as blood sampling or IV insertion. There can be distinctions from one hospital to another

Parents are able to be with their child in paediatric wards during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion and staff handover. Parents are not able to be present during resuscitation. There can be distinctions from one hospital to another.

Parents are able to be with their child in paediatric intensive care units during medical rounds, medication rounds and invasive procedures such as blood sampling or IV insertion. Parents are not able to be with their child during staff handover or resuscitation. There can be distinctions from one hospital to another.

Parents are generally not able to stay with their baby/child in the anaesthetic/peri-operative area until they are anaesthetised. In some hospitals it is possible, in some not.

There are generally the following provisions are available for parents to enable them to stay if their baby/child is in special care, paediatric intensive care or a paediatric ward

- Beds/recliner chair by the babies/child's bed for parents to stay
- Single rooms for one parent to stay

There can be distinctions from one hospital to another.

There are generally beds/recliner chair by the babies bed for parents to stay if their baby is in neonatal intensive care. There can be distinctions from one hospital to another.

Parents are not allowed to undertake nursing or health care related tasks for their baby/child.

There are generally the same rules for staff and parents about hand hygiene, getting access to clinical areas and privacy.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV
- Accommodation for parents and families to stay close to the hospital
- Access to the cafeteria/restaurant in the hospital

This may or may not be free. This depends on the age of the child **and** province: For example:

Upperaustria: free for children under the age of 1 year

Styria: free for children under the age of 3 years

Belgium

Parents are able to be with their baby/child in special care and neonatal intensive care, paediatric wards and paediatric intensive care. Other family members, including grandparents and siblings are able to visit babies in special care, neonatal intensive care, paediatric intensive care, paediatric wards and special care areas. If there are several children in one room then there might be restrictions to two people

Parents are able to be with their baby or child for 10-16 hours a day in special care baby units, 24 hours in paediatric wards, neonatal intensive care and paediatric intensive care units. Grandparents and siblings are allowed to visit paediatric wards between 7am - 10pm (great variety between our hospitals).

Parents are able to be with their baby in special care during medical rounds and medication rounds. Parents are sometimes able be with their baby during resuscitation and staff handover, but not during invasive procedures such as

deep catheter placement and chest tube placement , more from the point of sterility. Parents are able to be with their child during invasive procedures such as blood sampling or IV insertion.

Parents are sometimes able to be with their baby in neonatal units during resuscitation and always for invasive procedures such as blood sampling or IV insertion but not for deep catheter placement and chest tube placement, more from the point of sterility. They are able to be present during medical rounds, medication rounds and staff handover. (Staff meeting can be prepared in a different location without the presence of parents)

Parents are able to be with their child in paediatric wards during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion and staff handover (Staff meeting can be prepared in a different location without the presence of parents). Parents are sometimes able to be present during resuscitation.

Parents are able to be with their child in paediatric intensive care units during medical rounds and medication rounds and sometimes during resuscitation. Parents are able to be with their child during invasive procedures such as blood sampling or IV insertion or staff handover.

Parents are generally able to stay with their baby/child in the anaesthetic/peri-operative area until they are anaesthetised. This is usually restricted to one parent due to lack of space.

There are generally the following provisions are available for parents to enable them to stay if their baby/child is in special care, paediatric intensive care or a paediatric ward

- Beds/recliner chair by the babies/child's bed for parents to stay and
- Single rooms for one parent to stay in paediatric wards.

Parents are not allowed to undertake nursing or health care related tasks for their baby/child apart from supporting the child, hygiene, medication, tube feeding; toileting, moisture care.

There are generally the same rules for staff and parents about hand hygiene, getting access to clinical areas and privacy.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Accommodation for parents and families to stay close to the hospital (Great variety between hospitals - in Belgium, the distances to a hospital are limited (50 km max)
- Access to the cafeteria/restaurant in the hospital

This is at a discounted rate.

In some hospitals there are visiting restrictions for sick visitors.

Croatia

Information not provided

Cyprus

Parents and other family members such as grandparents and siblings are able to be present in paediatric wards but not special care areas. Only parents are able to be present in neonatal and paediatric intensive care units.

Parents and other family members are able to be with the baby or child 24 hours a day in paediatric wards. There are however restricted visiting hours for parents in neonatal units and special care baby units

Parents are not able to be with their baby/child in special care baby units, neonatal intensive care units or paediatric intensive care units during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion, staff handover or resuscitation. Parents are able to be with their baby/child in paediatric wards during medical rounds, medication rounds and staff handover but not during invasive procedures such as blood sampling or IV insertion or resuscitation.

Parents are not able to stay with their baby/child in the anaesthetic/peri-operative area until they are anaesthetised.

There are generally the following provisions are available for parents to enable them to stay if their baby/child is in special care and paediatric wards

- Beds/recliner chair by the babies bed for parents to stay

There are no provisions for parents with babies/children in neonatal or paediatric intensive care units.

There are no nursing or health care tasks which parents might not be allowed to undertake for their baby/child.

There are generally the same rules for staff and parents about hand hygiene, and privacy but different rules for getting access to clinical areas.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Free accommodation for parents and families to stay close to the hospital
- Access to the cafeteria/restaurant in the hospital

Free accommodation for parents and families to stay close to the hospital is only available for parents of children from the paediatric oncology and haematology ward

Czech Republic

Parents are able to be with their baby/child in special care areas and neonatal intensive care. Other family members, including grandparents and siblings are able to visit in most units but there are some that only allow parents.

Parents are able to be with their baby/child in paediatric wards and paediatric intensive care. Other family members, including grandparents and siblings are able to visit after previous discussion with the medical staff.

Parents are able to be with their baby throughout the 24 hour period in neonatal units. There are restrictions in some neonatal intensive care units and neonatal intensive care units according to the situation on the unit.

There are restrictions in paediatric intensive care areas and paediatric wards. Visiting hours for paediatric intensive care vary according to the unit but generally around 10am- 8pm, while for paediatric wards it is usually 7am-8pm. Visits are possible out of the stated hours after previous consultation with the medical staff.

Parents are able to be with their child in special care baby units during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion, staff handover and resuscitation.

Parents are able to be with their child in neonatal intensive care units during medical rounds, medication rounds, staff handover and resuscitation. In some units parents are able to be with their child during invasive procedures such as blood sampling or IV insertion. Parents are usually allowed to stay during resuscitation.

Parents are able to be with their child in paediatric wards during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion and staff handover. Parents are not able to be present during resuscitation.

Parents are able to be with their child in paediatric intensive care units during medication rounds and staff handover. Parents are not able to be with their child during invasive procedures such as blood sampling or IV insertion, resuscitation or medical rounds. There can however be variations and sometimes parents are able to be present during resuscitation.

Parents are generally able to stay with their baby/child in the anaesthetic/peri-operative area until they are anaesthetised.

There are generally the following provisions are available for parents to enable them to stay if their baby/child is in special care, neonatal intensive care, paediatric intensive care or a paediatric ward

- Beds/recliner chair by the babies/child's bed for parents to stay and
- Single rooms for one parent to stay in paediatric wards and rooms close by for parents when the child is in paediatric intensive care

Large centres have single or double rooms for parents in special care areas, with beds provided for parents who are admitted with the child in neonatal intensive care units.

Parents are not allowed to undertake nursing or health care related tasks for their baby/child such as medication, care of the ventilated child, insertion of naso/oro gastric tubes, care of invasive lines, suction and care for the respiratory tract (e.g. Change of tracheostomy canulae) and wound care

There are generally the same rules for staff and parents about hand hygiene, getting access to clinical areas and privacy.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Accommodation for parents and families to stay close to the hospital which is free for children up to age of 6 years. Free accommodation is provided on neonatal and special care areas for breastfeeding mothers and mothers whose presence is recommended by the medical staff.
- Access to the cafeteria/restaurant in the hospital

For mothers staying with their baby in special care or neonatal care units meals are provided free on the unit, and there is generally provision of a parents/family room in these environments with facilities for cooking, making drinks, watching TV

Denmark

In eleven out of twelve units parents are able to be with their baby/child in special care areas, while other family members including grandparents and siblings are only allowed in ten of these units. All units have room for one parent, while a few units have room for both parents and siblings. Some units have an exceptional circumstances room for both parents and/or other relatives. A few units have no restrictions for visitors. In most units there is limited visiting and siblings must be healthy.

In eleven out of twelve units parents are able to be with their child in paediatric ward areas, while other family members including grandparents and siblings are only allowed in ten of these units. In all departments one parent or caregiver can stay overnight. For young people it depends on what they and their parents want to do. In special cases more than one person can stay i.e. both parents can stay and siblings as well.

In ten out of twelve neonatal intensive care units parents are able to be with their baby, while other family members including grandparents and siblings are allowed in eleven of the units. There is variation with one unit having no limitation while in other units access is for short visits.

In six out of twelve units parents are able to be with their child in paediatric intensive care. Other family members such as grandparents and siblings are also allowed access. There is variation in one unit parents can stay by their child, with some units providing a bed for the parents next to the child. Visiting hours is unlimited for siblings and extended family and friends but siblings must not have any infections.

In seven out of the twelve units parents and other family members such as grandparents and siblings have unlimited access to babies in neonatal units, while in five units 24 hour access is restricted to parents only.

In six out of the twelve units parents and other family members such as grandparents and siblings have unlimited access to children in paediatric wards, whilst in seven units 24 hour access is restricted to parents only.

While there are no restrictions in two units, in eight out of the twelve neonatal intensive care units there are restrictions. Most units recommend only two visitors at the same time for restricted periods and there is variation in access for siblings. All visitors must be well and without infection.

While there are no restrictions in four units, in seven out of the twelve special care baby units there are restrictions. Most units recommend only two visitors at the same time for restricted periods and there is variation in access for siblings. All visitors must be well and without infection.

While there are no restrictions in five units, in one out of the twelve paediatric intensive care units there are restrictions. Most units recommend only two visitors at the same time for restricted periods and there is variation in access for siblings. All visitors must be well and without infection.

While there are no restrictions in six units, in four out of the twelve units there are restrictions in paediatric wards. In some units this depends how well the child is. All visitors must be well and without infection.

In ten out of twelve units parents are able to be with their baby in special care during medical rounds and invasive procedures such as blood sampling and IV insertion. In only seven units are parents able to stay with their baby during staff handover. In nine out of twelve units parents are able to be with their baby during medication rounds and resuscitation. Parents are not able to be with their baby during resuscitation in one unit. It should be noted that if the staff handover take place in office, parents are not there, but if it takes place by the bedside, they are involved.

In nine out of twelve units parents are able to be with their baby in neonatal intensive care during medical rounds, medication rounds and invasive procedures such as blood sampling and IV insertion. In only six units are parents able to stay with their baby during staff handover, while parents are able to be present during resuscitation in eight units. It should be noted that if the staff handover take place in office, parents are not there, but if it takes place by the bedside, they are involved.

In nine out of twelve units parents are able to be with their baby in neonatal intensive care during medical rounds, medication rounds and invasive procedures such as blood sampling and IV insertion. In only six units are parents able to stay with their baby during staff handover, while parents are able to be present during resuscitation in eight units. It should be noted that if

the staff handover take place in office, parents are not there, but if it takes place by the bedside, they are involved.

In ten out of twelve units parents are able to be with their child in paediatric wards during medical rounds, medication rounds and invasive procedures such as blood sampling and IV insertion. In only five units are parents able to stay with their baby during staff handover, while parents are able to be present during resuscitation in nine units. It should be noted that if the staff handover take place in office, parents are not there, but if it takes place by the bedside, they are involved.

In five out of twelve units parents are able to be with their child in paediatric intensive care during medical rounds, medication rounds and invasive procedures such as blood sampling and IV insertion. In only three units parents are able to stay with their baby during staff handover, while parents are able to be present during resuscitation in four units. It should be noted that if the staff handover take place in office, parents are not there, but if it takes place by the bedside, they are involved.

Parents are generally able to stay with their baby/child in the anaesthetic/perio-perative area until they are anaesthetised in all twelve units. There are however restrictions in four units, where only one parent is allowed to accompany their child.

The following provisions are available for parents to enable them to stay if their baby is in special care

- Beds/recliner chair by the babies bed for parents to stay (10 out of 12 units)
- Single rooms for one parent to stay (6 out of 12 units)
- Double rooms for both parents to stay (5 out of 12 units)
- Family rooms for parents and siblings to stay (2 out of 12 units)
- Family Centre/Flats for families to stay with their baby prior to discharge (1 unit)

The following provisions are available for parents to enable them to stay if their baby is in neonatal intensive care

- Beds/recliner chair by the babies bed for parents to stay (8 out of 12 units)
- Single rooms for one parent to stay (5 out of 12 units)
- Double rooms for both parents to stay (5 out of 12 units)
- Family rooms for parents and siblings to stay (4 out of 12 units)

The following provisions are available for parents to enable them to stay if their child is in a paediatric ward

- Beds/recliner chair by the babies bed for parents to stay (9 out of 12 units)
- Single rooms for one parent to stay (4 out of 12 units)
- Double rooms for both parents to stay (1 out of 12 units)
- Family rooms for parents and siblings to stay (3 out of 12 units)
- Family Centre/Flats for families to stay with their baby prior to discharge (1 unit)

The following provisions are available for parents to enable them to stay if their child is in paediatric intensive care

- Beds/recliner chair by the babies bed for parents to stay (3 out of 12 units)

- Family rooms for parents and siblings to stay (1 unit)

Parents are able to undertake nursing and health care tasks. Most units are working towards parents being able to undertake any health care task they might want to do following appropriate training to do so correctly. This might comprise suctioning, oxygen treatment, cleaning wounds, respond to alarms etc. Parents should not however be expected do certain tasks once trained. Parents always do basic caring activities such as diaper change, washing and bathing, tube-feeding, skin-to-skin holding and measuring temperature. Parents take the infants out of the incubator themselves etc.

Some procedures require professional knowledge and cannot be handled by parents, for example: IV medication, monitoring equipment, sterile procedures, handling of special instruments.

There are generally the same rules for staff and parents about hand hygiene in all twelve units. Parents are informed of procedures for hand hygiene on admission. However rules about access to clinical areas are different in nine out of the twelve units; and for privacy in six out of the twelve units. For example parents do not have access to the

- medicine room so as to limit distractions
- staff office because there is personal data,
- cabinets with clean and sterile utensils,
- staff rooms because the staff need social togetherness.

Parents do not have the same degree of privacy as staff because staff have the right to enter patient rooms at anytime.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV in 10 out of 12 units. Most units have free food for one parent.
- Accommodation for parents and families to stay close to the hospital in eight out of twelve units. In four units this is provided free of charge while in three there is a discounted rate.
- Access to the cafeteria/restaurant in the hospital across all twelve units. In two units, food and drink is free, while in five units, parents and family members can purchase this at a discounted rate.

Estonia

Information not provided

Finland

Information not provided

France

Parents are able to be with their baby in special care areas. Other family members, including grandparents and siblings are able to visit babies in special care areas. While grandparents are allowed to visit when the newborn

is unwell, brothers and sisters are able to visit if the health of the baby is critical.

Only parents are able to be with their child 24 hours a day on paediatric wards. Grandparents are only allowed to be present if the child's parents are unable to be there.

Parents are encouraged to be with their baby/child in neonatal and paediatric intensive care. Other family members including grandparents and siblings are not permitted in neonatal intensive care.

Only parents are allowed to be present 24 hours a day in neonatal units and paediatric wards. While there are no restrictions in paediatric wards, there are restrictions within paediatric and neonatal intensive care and special care baby units. For example during execution of a treatment that requires a sterile atmosphere, such as installation of a catheter or endotracheal tube

Parents are able to be with their baby/child in special care, neonatal intensive care, paediatric wards and paediatric intensive care units during medical rounds, medication rounds and invasive procedures such as blood sampling or IV insertion but are not permitted to be present during staff handover or resuscitation.

Parents are not generally able to stay with their baby/child in the anaesthetic/peri-operative area until they are anaesthetised, although this is gradually changing.

There are generally the following provisions available for parents to enable them to stay if their baby/child is in special care

- Beds/recliner chair by the babies bed for parents to stay
 - Family Centre/Flats for families to stay with their baby prior to discharge
- Beds/recliner chairs by the bedside are available for parents to enable them to stay if their baby/child is in neonatal intensive care, paediatric wards or paediatric intensive care.

Parents are not allowed to undertake certain nursing or health care related tasks such as enteral feeding for a premature baby

There are generally the same rules for staff and parents about hand hygiene and privacy but different rules about gaining access to clinical areas.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV
- Accommodation for parents and families to stay close to large hospitals only. This is available at a discounted rate.
- Access to the cafeteria/restaurant in the hospital where they can purchase food and drinks at a discounted rate.

Germany

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards and paediatric intensive care. There may be restrictions when the child has an infection or colonisation with multi-drug resistant microorganisms or the child has an immunodeficiency. While other family members such as grandparents and siblings are able to be present, siblings are only allowed when it has been proven that they have no infections.

Only parents, carers and legal guardians have 24 hour access in neonatal units and paediatric wards. There are restrictions in special baby units, neonatal intensive care units, paediatric intensive care units and paediatric wards dependent upon the babies condition and situation.

Parents are able to be with their baby/child in special care, neonatal intensive care, paediatric wards and paediatric intensive care units during medical rounds, medication rounds and invasive procedures such as blood sampling or IV insertion but are not permitted to be present during resuscitation or staff handover unless the latter occurs at the bedside rather than in the nurses office.

Parents are generally able to stay with their baby/child in the anaesthetic/peri-operative area until they are anaesthetised, although there are variations depending on local hospital rules such as parents being allowed to stay until the child is transferred to the nurses in the anaesthetic area.

In special care areas, neonatal intensive care, paediatric wards and paediatric intensive care there are generally single rooms for parents to stay. In paediatric wards and special care areas there are generally also beds/recliners by the child's bed for parents to stay. Sometimes there are single rooms for mothers to stay with their baby prior to discharge. For families with children who are chronically or severely ill, e.g. in paediatric oncology, there are very often rooms or flats near the hospital for parents and siblings.

Parents are not allowed to administer medication by intravenous infusion or injection. There are however exceptions when the child is chronically ill and the parents are instructed and trained to do injections, e.g. when the child has insulin-dependent diabetes.

There are generally the same rules for staff and parents about hand hygiene, getting access to clinical areas and privacy.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV
- Accommodation for parents and families to stay close to large hospitals only. This may be free or at a discounted rate. For example the accommodation can be free of charge for one person when there is a prescription from the paediatrician (mostly when the child is very young

or the child is seriously ill, e.g. suffers from cancer), then the charge is paid by the medical insurance

- Access to the cafeteria/restaurant in the hospital where they can purchase food and drinks. This may be free or at a discounted rate. Normally parents are charged a small fee for the meals. However, the meals can be free of charge for one person when there is a prescription from the paediatrician (mostly when the child is very young or the child is seriously ill, e.g. suffers from cancer), then the charge is paid by the medical insurance.

In all areas the rules valid for parents are also valid for legal guardians or psychological parents (attachment figures)

Greece

Parents are able to be present with their baby/child in special care areas and paediatric wards. Other family members such as grandparents and siblings are also able to visit. In special care areas this is at prescribed times. Only parents are able to visit their baby/child in neonatal and paediatric intensive care units at set times (10.00-12.00 and 18.00-20.00).

Parents and family members including siblings and grandparents are able to be present in paediatric wards 24 hours a day.

Restrictions in neonatal intensive care and special care baby units include visiting times and hand hygiene. Restrictions in paediatric intensive care units include visiting times, hand hygiene and single use uniform for parents.

Parents are able to be with their baby/child in special care and paediatric wards during medical rounds, medication rounds and invasive procedures such as blood sampling or IV insertion but are not permitted to be present during resuscitation or staff handover. Parents are not able to be with their baby/child when such activities occur in neonatal intensive care and paediatric intensive care units.

Parents are generally able to stay with their baby/child in the anaesthetic/peri-operative area until they are anaesthetised.

In special care areas and paediatric wards there are generally beds/recliners by the baby/child's bed for parents to stay. Sometimes there are single rooms for mothers to stay with their baby prior to discharge. Hostels and flats are given to parents whose children suffer from paediatric cancer. No provision is made available to parents whose baby/child is in neonatal and paediatric intensive care.

There are no nursing or health care tasks which parents might not be allowed to undertake for their baby/child.

There are generally the same rules for staff and parents about hand hygiene, getting access to clinical areas and privacy.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV
- Access to the cafeteria/restaurant in the hospital where they can purchase food and drinks. This is not free or at a discounted rate.

Hungary

Information not provided

Iceland

Information not provided.

Ireland

Information not provided

Italy

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards and paediatric intensive care. Other family members such as grandparents and siblings are able to be present in paediatric wards but are not able to be present in special care. The presence of siblings or grandparents in special care areas, neonatal intensive care or paediatric intensive care is by exception only in special situations and it is not considered a routine practice. In paediatric wards the presence of siblings is generally only permitted if they are 12 years old, with grandparents present in substitution of parents or during visiting hours.

Only parents are able to be with their baby/child 24 hours a day in neonatal units and paediatric wards. Although in some wards they are only permitted to be there during the day time. Ultimately this depends on the organisation and whether the mother can sleep near the infant. There are however restrictions in both neonatal intensive care and special care units. Generally parents are permitted to be with their baby during the daytime, while in other hospitals parents are only permitted to be present during limited hours in the morning or afternoon. There are also similar restrictions in paediatric intensive care units. There are no restrictions in paediatric wards

Parents are able to be with their baby/child in special care during medical rounds and medication rounds but are not permitted to be present during invasive procedures such as blood sampling or IV insertion, resuscitation or

staff handover. There is however great variability in respect of presence during invasive procedures, related to the difficulty of the procedure, the clinical situation of the infant and the wishes of the parents.

Parents are able to be present during medication rounds but are not able to be with their baby/child in neonatal intensive care units during medical rounds, invasive procedures such as blood sampling or IV insertion, resuscitation or staff handover.

Parents are able to be with their child in paediatric wards during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion and staff handover but are not able to be present during resuscitation. Parents are present during invasive procedures routinely. There are however occasions due to the difficulty of the procedure, the clinical condition of the child or the wishes of the parents where they are not present.

Parents are not able to be with their child in paediatric intensive care units during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion, staff handover or resuscitation.

Parents are generally able to stay with their baby/child in the anaesthetic/peri-operative area until they are anaesthetised. There are however restrictions such as when the surgical procedure is urgent or if the patient is less than six months old.

In special care areas and paediatric wards there are generally beds/recliners by the baby/child's bed for parents to stay. In neonatal and paediatric intensive care units there is generally one chair near the incubator/cradle/bed. Generally the chair could be recliner, especially for KMC, but this is not for the mother to sleep all night.

There are no nursing or health care tasks which parents might not be allowed to undertake for their baby/child.

There are generally the same rules for staff and parents about hand hygiene, and privacy, but different rules for getting access to clinical areas.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV. It is generally only for the mothers who stay in hospital
- Accommodation for parents and families to stay close to the hospital which is available at a discounted rate. There is financial assistance for parents who are unable to afford.
- Access to the cafeteria/restaurant in the hospital where they can purchase food and drinks. This is not free or at a discounted rate.

Lithuania

Information not provided

Luxemburg

Information not provided

Malta

Information not provided

Netherlands

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards and paediatric intensive care. Other family members such as grandparents and siblings are able to be present in special care areas, paediatric wards, neonatal intensive care and paediatric intensive care units. This includes level 3 neonatal intensive care units providing siblings have had chickenpox.

Parents and other family members including grandparents and siblings have 24 hour access in neonatal units and paediatric wards. This may depend on the hospitals paediatric ward policy and would be discussed with the family. Parents can decide who can accompany them and access is unrestricted providing this does not disturb sleep time. If there are several children in one room then there might be restrictions for this reason.

There are restrictions in neonatal intensive care units and paediatric intensive care units. Other family members are only allowed access with the parents. The limit is for two people at the same time.

Parents are able to be with their baby/child in special care, neonatal intensive care units, paediatric wards and paediatric intensive care units during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion, staff handover and resuscitation.

Parents are generally able to stay with their baby/child in the anaesthetic/perioperative area until they are anaesthetised. There are variations between hospitals as to when parents say goodbye but generally parents are there until the child goes to sleep.

In special care areas there are generally beds/recliners by the baby/child's bed for parents to stay and single rooms for one parent to stay. In neonatal intensive care units there are generally beds/recliner chairs by the babies/child's bed for parents to stay and family rooms for parents and siblings to stay.

In paediatric wards there are generally beds/recliner chairs by the babies/child's bed for parents to stay, single rooms for one parent to stay and family rooms for parents and siblings to stay. In paediatric intensive care units there are generally beds/recliner chair by the babies bed for parents to stay.

All the above varies from hospital to hospital. In new hospitals and family care settings the scope of facilities encompasses all options. In old settings single and double rooms in old setting are generally next to the hospital in the Ronald Mc Donald houses.

Nursing and health care tasks i.e. medical procedures will be undertaken by a doctor or a nurse. The parents' role will be to support the child. If the parents are trained under supervision to do certain medical tasks there are set procedures that are followed to assure that the parents can undertake and wish to do so.

There are generally the same rules for staff and parents about hand hygiene, and privacy, but different rules for getting access to clinical areas.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV. These facilities are there in the majority of hospitals but they might vary.
- Accommodation for parents and families to stay close to the hospital which is available at a discounted rate. There is financial assistance from social work for parents who are unable to afford.
- Access to the cafeteria/restaurant in the hospital where they can purchase food and drinks. This is at a discounted rate.

Norway

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards and paediatric intensive care. Other family members such as grandparents and siblings are able to be present in special care areas, paediatric wards, neonatal intensive care and paediatric intensive care units.

Siblings/other family members are not allowed onto the special care unit if sick, otherwise there is an open door policy for the family (Drammen/Tromsø). Sometimes, if the unit is very full and busy, siblings and parents will be prioritized for visits. This will be discussed with the parents beforehand.

Norway has state regulations for children being admitted into hospital. These regulations state children's rights while in the hospital. One of these rights is always having one of their parents together with them during the hospital stay. On paediatric wards there are no set visiting hours and siblings/other family members are welcome to visit if not sick. Parents decide who can visit and

when visits are suitable (Trondheim). As a general guideline both siblings and other family members can visit. The child's medical condition will always be a determining factor in how many visits and for how long the visits can last (Tromsø). In Drammen there are no set visiting hours. Parents determine who/when visits are suitable. They must be considerate of others when sharing a room.

In neonatal intensive care units it is expected that one of the parents will be present at all times (Drammen) and share the room with their infant. There is the potential for the room to be divided into two so as to give the parents some privacy. Grandparents are welcome to make short visits. Other family members are recommended to wait until the infant is at home to visit. Exceptions and individual considerations are possible. Parents decide how often siblings can visit (Trondheim). In Tromsø and Drammen siblings/other family members are not allowed onto the unit if they are sick. Sometimes, if the unit is very full and busy, siblings and parents will be prioritized for visits. This will be discussed with the parents beforehand (Tromsø and Levanger).

Tromsø, Levanger and Drammen do not have paediatric intensive care units. The children will be admitted to an adult intensive care unit when needed, or they will be transferred to the paediatric intensive care unit in Trondheim or Oslo.

Only parents have 24 hour access in neonatal units and paediatric wards. In Drammen there are family rooms where the family can stay together in neonatal intensive care units and in Levanger siblings and grandparents are able to stay when needed in neonatal units and paediatric wards. In Oslo exceptions are made for siblings.

There are restrictions in neonatal intensive care units. For example in Levanger parents will be asked to leave during staff hand-over/emergencies/specific procedures. Visiting hours for grandparents/siblings will be decided upon for each patient individually. In Oslo parents are able to stay with their infant 24 hours a day. During nursing and medical rounds, the parents may use earplugs and during special procedures they may be asked to wait outside. Grandparents/other family members usually have the opportunity to visit for 45 minutes a day. Siblings get more time, but siblings under the age of 12 may have a higher level of restrictions in some hospitals. Restrictions apply in Trondheim and Drammen if siblings are sick, and in Tromsø parents will be asked to leave during staff handover due to the open layout of the unit and difficulty maintaining confidentiality if all parents present.

There are also restrictions in special care areas. For example in Drammen restrictions apply if siblings are sick, while in Tromsø parents will be asked to leave during staff handover due to the open layout of the unit and difficulty maintaining confidentiality if all parents present. In Levanger the unit is closed for visits two hours a day to enable mothers to rest. In Oslo parents have opportunity to stay with their infants 24/7. During nursing and medical rounds, the parents may use ear-goggles and during special procedures they may be asked to wait outside. Grandparents/other family members usually have the

opportunity to visit for 45 minutes a day. Siblings get more time, but siblings under the age of 12 may have a higher level of restrictions in some hospitals.

Restrictions exist in paediatric intensive care units. In Oslo, Levanger and Trondheim recommendations encourage parents to get a good night sleep. In Oslo parents are also asked to wait outside when a new child is admitted to the unit, during medical rounds and sometimes during procedures.

There are restrictions in paediatric wards in Oslo and Trondheim but not in Drammen, Tromsø or Levanger. In Trondheim parents/siblings/grandparents or other visitors are not allowed to visit if they are sick. Only one parent has the right to stay with the sick child, the exception being if the child is very sick. In Oslo one parent is able to stay with their child if they are in a double room.

Parents are able to be with their baby/child in special care, neonatal intensive care units and paediatric wards during medical rounds, medication rounds and invasive procedures such as blood sampling or IV insertion. While parents are to be present during staff handover, this is not the case in Levanger. Parents are able to be present during resuscitation apart from in Tromsø, although a few doctors in Oslo will deny parents to be present during resuscitation.

In paediatric intensive care parents are able to be with their baby/child during medical rounds (apart from in Oslo), medication rounds and invasive procedures such as blood sampling or IV insertion. While parents are to be present during staff handover, this is not the case in Oslo. Parents are able to be present during resuscitation apart from in Oslo where a few doctors will deny parents to be present during resuscitation.

Parents are generally able to stay with their baby/child in the anaesthetic/perioperative area until they are anaesthetised. There are however variations between hospitals. In Drammen, Trondheim and Levanger for example only allow one parents to stay with their child.

There are variations in the facilities available for parents and family members to stay. Beds/recliner chair are available in special care units by the babies bed for parents to stay in Oslo, Levanger, Drammen and Tromsø. In Levanger and Tromsø there are single rooms for one parent to stay, while double rooms are available for both parents to stay in Oslo, Levanger and Drammen. In Levanger, Drammen and Tromsø there are family rooms for parents and siblings to stay.

In neonatal intensive care units there are beds/recliner chair by the baby's bed for parents to stay in Tromsø, Drammen, Trondheim, Levanger and Oslo, with single rooms for one parent to stay in Tromsø, Levanger and Oslo. Drammen, Trondheim, Levanger and Oslo have double rooms for both parents to stay, with Family rooms for parents and siblings to stay available in Drammen and Trondheim. In Tromsø there are also 2 apartments outside of the hospital to accommodate families

Beds/ recliner chairs are available by the child's bed in paediatric wards for parents to stay in Oslo, Levanger, Drammen and Tromsø; with single rooms for one parent to stay in Oslo, Levanger and Tromsø. Double rooms to enable both parents to stay are available in Oslo, Levanger, Drammen and Tromsø; with family rooms for parents and siblings to stay in Oslo, Levanger and Drammen. In Oslo, special observation rooms do not have sleeping accommodation for parents but the paediatric oncology unit has the most single rooms enabling parents to stay.

In Levanger, Oslo and Trondheim there are beds/recliner chairs by the babies bed for parents to stay in paediatric intensive care units, with double rooms for both parents to stay in Oslo.

There are no nursing or health care tasks parents might not be allowed to undertake for their baby/child in Oslo, Drammen and Tromsø. While in Levanger and Trondheim generally staff will perform all medical treatments, with parents able to contribute with feeding and other care tasks. Staff discuss with parents who will perform the different tasks for the child. Although there are restrictions which apply in Tromsø concerning invasive procedures and medical treatments, in some cases training will be given to parents to perform certain procedures.

There are generally the same rules for staff and parents about hand hygiene in all hospitals, and privacy in Oslo, Levanger and Drammen but different rules for getting access to clinical areas.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV in Trondheim, Tromsø, Levanger and Oslo.
- Free accommodation for parents and families to stay close to the hospital in Tromsø, Levanger, Trondheim and Oslo .
- Access to the cafeteria/restaurant in the hospital where they can purchase food and drinks in Drammen, Oslo and Levanger. This is not discounted.

Poland

Information not provided

Portugal

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards and paediatric intensive care. Other family members such as grandparents and siblings are able to be present in special care areas, paediatric wards, neonatal intensive care and paediatric intensive care units.

Parents and other family members including grandparents and siblings have 24 hour access in neonatal units and paediatric wards. There are no

restrictions in neonatal intensive care units, special care baby units, paediatric wards or paediatric intensive care units.

Parents are able to be with their baby/child in special care, neonatal intensive care units, paediatric wards and paediatric intensive care units during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion, staff handover and resuscitation. While there is not universal agreement about the presence of parents or other family members during resuscitation every attempt is made to respect parents decisions.

Parents are generally able to stay with their baby/child in the anaesthetic/perioperative area until they are anaesthetised. In some hospitals this is a systematic practice. In others, depending on the architecture, this is not possible. The wishes of the parents and/or the child are taken into account.

In special care areas there are generally beds/recliners by the baby/child's bed for parents to stay. There are also rooms in the hospital for parents to stay outside the paediatric and neonatal intensive care and other wards. Although there are facilities for other family members the priority is always assigned to the child's parents. All the other situations depend on the evaluation made by the reference nurse for that family. Usually nurses involve technicians in the decision. In neonatal intensive care units there are generally beds/recliner chairs by the babies/child's bed for parents to stay.

In paediatric wards there are generally beds/recliners by the baby/child's bed for parents to stay. There are also rooms in the hospital for parents to stay outside the paediatric and neonatal intensive care and other wards. Although there are facilities for other family members the priority is always assigned to the child's parents. All the other situations depend on the evaluation made by the reference nurse for that family. Usually nurses involve technicians in the decision. In paediatric intensive care units there are generally beds/recliner chairs by the babies/child's bed for parents to stay.

The facilities available depend on individual hospitals and families wishes. Nurses generally evaluate on a case by case basis and take a decision with the family.

There are nursing and health care tasks parents might not be allowed to undertake for their baby/child. Parents are not allowed to undertake activities that they have not prepared to do. In the care of a child with a chronic disease nurses will establish learning, instruction and training programs to enable the parents, if they want to take care of their child in the new status of health

There are generally the same rules for staff and parents about hand hygiene, but different rules for getting access to clinical areas and privacy. There could be restrictions to gaining access to some clinical areas depending on individual hospitals. Likewise the same situation relates to privacy.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Accommodation for parents and families to stay close to the hospital which is available at a discounted rate.
- Access to the cafeteria/restaurant in the hospital where they can obtain free food and drinks.

Whether this is free or not depends on the family and national laws related to a child's right to have a parent stay with them in hospital.

Romania

Information not provided

Republic Serbia

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards but not in paediatric intensive care. Other family members such as grandparents and siblings are able to be present in paediatric wards but not special care areas, neonatal intensive care and paediatric intensive care units

Only parents have 24 hour access in neonatal units and paediatric wards. There are restrictions in neonatal intensive care units, special care baby units, paediatric wards or paediatric intensive care units.

Parents are able to be with their baby/child in paediatric wards during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion and staff handover but not resuscitation. Parents are not able to be with their baby/child in special care, neonatal intensive care units and paediatric intensive care units during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion, staff handover and resuscitation.

Parents are not able to stay with their child in the anaesthetic/peri-operative area until they are anaesthetised.

There are generally beds/recliner chair by the babies bed for parents to stay in paediatric wards only. No facilities are provided for parents in special care units, neonatal intensive care units or paediatric intensive care units.

Parents are not allowed to undertake nursing or health care tasks for their baby/child.

There are generally the same rules for staff and parents about hand hygiene, getting access to clinical areas and privacy.

Slovakia

Information not provided

Slovenia

Information not provided

Spain

Information not provided

Sweden

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards and paediatric intensive care. Other family members such as grandparents and siblings are able to be present in special care areas, paediatric wards, neonatal intensive care and paediatric intensive care units in the day time or sometimes where it is needed for the wellbeing of parents.

Only parents have 24 hour access in neonatal units and paediatric wards. There are sometimes restrictions in neonatal intensive care units and paediatric intensive care units depending on the child's health status. There are no restrictions in special care baby units or paediatric wards.

Parents are able to be with their baby/child in special care, neonatal intensive care units, paediatric wards and paediatric intensive care units during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion and staff handover. Parents are not able to stay with their child during resuscitation in special care units, neonatal intensive care units, paediatric wards or paediatric intensive care units. There is however variation between hospitals and will be dependent on the situation. Therefore sometimes parents will be able to present and at other times not.

Parents are generally able to stay with their baby/child in the anaesthetic/perioperative area until they are anaesthetised.

In special care areas there are generally beds/recliners by the baby/child's bed for parents to stay, family rooms for parents and siblings to stay, and family centre/flats for families to stay with their baby prior to discharge. In neonatal intensive care units there are generally beds/recliner chairs by the babies/child's bed for parents to stay.

In paediatric wards there are generally beds/recliner chairs by the babies/child's bed for parents to stay in the room alongside the child and in paediatric intensive care units there are generally beds/recliner chair by the babies bed for parents to stay.

Parents are generally not allowed to undertake medical procedures for their baby/child, although this varies between hospitals, with parents able to undertake some nursing and health care tasks such as tube feeding for example.

There are generally the same rules for staff and parents about hand hygiene, but different rules for getting access to clinical areas and privacy. For example parents are not allowed in the ward kitchen.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV
- Accommodation for parents and families to stay close to the hospital
- Access to the cafeteria/restaurant in the hospital where they can obtain food and drinks.

Switzerland

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards and paediatric intensive care. Other family members such as grandparents and siblings are able to be present in special care areas, paediatric wards, neonatal intensive care and paediatric intensive care units. No more than two persons are permitted at the same time per patient in PICU and NICU.

Only parents have 24 hour access in neonatal units, while there is 24 hour access in paediatric wards for parents and all family members including siblings and grandparents. There are restrictions in neonatal intensive care units, special care baby units and paediatric intensive care units limiting the number of people to two.

Parents are able to be with their baby/child in special care, neonatal intensive care units, paediatric wards and paediatric intensive care units during medical rounds, medication rounds, invasive procedures such as blood sampling or IV insertion, staff handover and resuscitation. There is a care team available to support parents/family member to be present during resuscitation if they wish to do so. If the care team member is not available then the presence is limited and depends to the situation.

Parents are generally able to stay with their baby/child in the anaesthetic/perioperative area until they are anaesthetised.

In special care areas there are generally beds/recliners by the baby/child's bed for parents to stay, single rooms for one parent to stay, double rooms for both parents to stay, family rooms for parents and siblings to stay, and family centre/flats for families to stay with their baby prior to discharge. In neonatal intensive care units there are generally beds/recliner chairs by the babies/child's bed for parents to stay, single rooms for one parent to stay, double rooms for both parents to stay, and family rooms for parents and siblings to stay.

In paediatric wards there are generally beds/recliner chairs by the babies/child's bed for parents to stay in the room alongside the child, single rooms for one parent to stay, double rooms for both parents to stay, family

rooms for parents and siblings to stay, and family centre/flats for families to stay with their child prior to discharge. In paediatric intensive care units there are generally beds/recliner chair by the babies bed for parents to stay, single rooms for one parent to stay, double rooms for both parents to stay and family rooms for parents and siblings to stay.

There are no nursing or health care tasks which parents are not able to undertake for their baby/child.

There are generally the same rules for staff and parents about hand hygiene, getting access to clinical areas and privacy.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV
- Accommodation for parents and families to stay close to the hospital at a discounted rate
- Access to the cafeteria/restaurant in the hospital where they can obtain food and drinks at a discounted rate.

Turkey

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards and paediatric intensive care. Other family members such as grandparents and siblings are not able to be present in special care areas, paediatric wards, neonatal intensive care and paediatric intensive care units.

Only parents have 24 hour access in neonatal units and paediatric wards. There are restrictions in neonatal intensive care units, special care baby units, paediatric wards and paediatric intensive care. For example when resuscitation is being undertaken, or the admission of a new patient or when specific procedures such as the insertion of a chest drain are being undertaken.

Parents are able to be with their baby/child in special care, neonatal intensive care units, paediatric wards and paediatric intensive care units during medical rounds and medication rounds but are unable to be present during invasive procedures such as blood sampling or IV insertion, staff handover or resuscitation.

Parents are generally able to stay with their baby/child in the anaesthetic/perioperative area until they are anaesthetised. There is a defined time that parents are able to stay with their child.

In special care areas there are single rooms for one parent to stay and family centre/flats for families to stay with their baby prior to discharge. In neonatal intensive care units there are generally beds/recliner chairs by the babies/child's bed for parents to stay.

In paediatric wards there are generally single rooms for one parent to stay, double rooms for both parents to stay and in paediatric intensive care units single rooms for one parent to stay.

There are no nursing or health care tasks which parents are not able to undertake for their baby/child.

There are generally the same rules for staff and parents about hand hygiene, getting access to clinical areas and privacy.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Access to the cafeteria/restaurant in the hospital where they can obtain food and drinks.

United Kingdom

Parents are able to be present in special care areas, neonatal intensive care, paediatric wards and paediatric intensive care. There are sometimes space issues within some older units which are cramped and at times during seasonal flu or up ticks in the incidence of rota virus families are seen as infection risks and strategies are implemented to restrict visiting.

Other family members such as grandparents and siblings are able to be present in special care areas, paediatric wards, neonatal intensive care and paediatric intensive care units. There are space issues in older units/buildings which restrict. Often there is a restriction for no more than two persons are permitted at the same time per patient in special care baby units, PICU and NICU. Some units used to have play workers /nursery nurses available to entertain siblings

Only parents have 24 hour access in neonatal units, while there is 24 hour access in paediatric wards for parents and all family members including siblings and grandparents. There are restrictions in neonatal intensive care units, special care baby units and paediatric intensive care units limiting the number of people to two.

Parents are able to be with their baby/child in special care, neonatal intensive care units, paediatric wards and paediatric intensive care units during medical rounds and medication rounds, during invasive procedures such as blood sampling or IV insertion, staff handover at the bedside and resuscitation.

Parents are generally able to stay with their baby/child in the anaesthetic/perioperative area until they are anaesthetised.

In special care areas there are beds/recliners by the babies cot but parents are not encouraged to sleep by the cot, single rooms for one parent to stay, double rooms for both parents to stay and family rooms for both parents and sibling to stay, and for families to stay with their baby prior to discharge. In neonatal intensive care units there are generally beds/recliner chairs by the

babies/child's bed for parents to stay although this is not generally encouraged, single rooms for one parent to stay, double rooms for both parents to stay and family rooms for parents and siblings to stay, although this is limited. .

In paediatric wards there are generally beds/recliners by the child's bed, single rooms for one parent to stay, double rooms for both parents to stay and family centres/flats for families but in some instances these are some distance from the inpatient children's unit. In paediatric intensive care units there are beds/recliners by the child's bed but this is not encouraged, single rooms for one parent to stay, double rooms for both parents to stay and family rooms for parents and siblings to stay.

There are no nursing or health care tasks which parents are not able to undertake for their baby/child. However this is dependent on the parent and child, whether the intervention is short term or longer term related to a life changing intervention with long term consequences i.e. gastrostomy, ileostomy and tracheostomy.

There are generally the same rules for staff and parents about hand hygiene but different rules related to getting access to clinical areas and privacy.

In general the following facilities are available for parents and families staying with their baby/ child in hospital:

- Parents/family room in the hospital with facilities for cooking, making drinks, watching TV – although this may be limited in older units/hospitals
- Accommodation which is discounted for parents and families to stay close to the hospital – although this may be limited
- Access to the cafeteria/restaurant in the hospital where they can obtain food and drinks at a discounted rate.

In many places catering outlets for staff and parents/visitors are all franchised out, the result is poor sub standard expensive fast food type menus which are limited in range.

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Definitions

Special care is defined as that provided for babies who could not reasonably be looked after at home by their mother. Babies receiving special care may need to have their breathing and heart rate monitored, be fed through a tube, supplied with extra oxygen or treated for jaundice; this category also includes babies who are recovering from more specialist treatment before they can be discharged.

A **neonatal intensive care** unit (NICU) is an intensive care unit specialising in the care of ill or premature newborn infants.

Privacy

The **right** of an individual to keep oneself and oneself information concealed or hidden from the unauthorised access and view of others. Definitions of privacy include: the capacity to be physically alone (solitude); to be free from physical interference, threat or unwanted touching; or to avoid being seen or overheard in particular contexts. Privacy also refers to the capacity to control when, how and to what degree information about oneself is communicated to others.