

# Supporting attachment in Neonatal Care

Developed in partnership between NHS Health Scotland and The Children's Hospice Association Scotland (CHAS)

## Attachment and Bonding

Infants and children are dependent on their parents or caregivers to take care of their basic needs, to protect them and to keep them safe. Attachment describes the bond from a child towards their parent or primary caregiver. Attachment behaviour is the behaviour children use to gain the attention of, or to remain close to, their carer. Bonding describes the adult's relationship with the child.<sup>i</sup>

Attachment is a process. Infants, including new-born babies, are active contributors to this relationship from the start.<sup>ii</sup> They can perceive and imitate vocalizations, gestures and face expressions, offering pleasure and playfulness to an adult who is attentive to this connection. When a baby needs something – food, comfort, play – she signals through, for example, crying or cooing. Parents and caregivers tune in (attune) to their baby's unique cries and signals for different needs. This on-going attachment process in the first few years of life is crucial in shaping how we grow and develop through childhood into adult hood – neurologically, physically, emotionally, socially and psychologically.<sup>iii</sup>

Responses from the caregiver to the infant cues are the precursor to attachment style, shaping the quality of attachment. Babies in neonatal care may not display the same cues as a healthy baby and can be misread, leading to under- or over-stimulation. Caregiving sensitivity is vital to ensure appropriate responses to these babies' cues.

Children whose emotional and physical needs are predictably and reliably met in a sensitive, loving and timely way by their primary caregiver are more likely to develop secure attachment. Secure attachment has a protective function; children with secure attachment are more likely to have a sense of trust and confidence in themselves. Securely attached children are also more likely to do better in school and to be good at making friends.

There can be barriers to secure attachment – within the child, parent and environment. Children whose early experiences of attachment have been less than optimal can develop insecure or disorganised attachments. These children will potentially be more vulnerable with respect to coping with future relationships and life events.<sup>iv</sup>

Supporting positive attachment processes as early as possible can significantly improve outcomes for both parent and child. See the antenatal attachment briefing paper. Even in circumstances where the baby requires palliative care, supporting parents to bond with their baby can help improve the quality of the baby's life as well creating positive memories for the parent of caring for their child and being a parent<sup>v</sup>.



## Experiences of families in neonatal units

Families who have babies in neonatal units often experience feelings of grief, loss, fear and guilt as well as anxiety about their baby's survival and long term future.<sup>vi</sup> Parents can feel helpless, excluded and powerless, and it is not surprising that research has shown mothers of preterm babies experience more severe levels of psychological distress in the neonatal period than mothers of term babies.<sup>vii</sup> As well as physical barriers such as the appearance of the baby, medical equipment, and incubators, these feelings can act as barriers to the attachment process.

However it is important to remember although families with babies in neonatal care may experience barriers to the attachment process during their time in neonatal care the majority will go on to form good attachment with the correct support. The love and care parents can give to their child even in neonatal units can have a vital role for their baby's comfort and wellbeing; it can reduce the length of stay, and benefit health and wellbeing in the longer term.<sup>viii</sup>

## What professionals can do

There are many ways professionals working in neonatal care are able to support the beginning of the attachment process.

### Building supportive relationships with parents

- 1. Be sensitive to parent's needs.** Recognising and being sensitive to the needs of parents with babies in neonatal units can help build emotional capacity within the parents to be sensitive to their baby's needs<sup>ix</sup>
- 2. Support should be non-judgemental and tailored to the individual needs of parents,** recognising that parents may have additional needs due to, for example, mental health issues, learning difficulties or substance misuse. Staff have a role in signposting parents to specialist services where appropriate.
- 3. Build relationships with fathers and partners too.** Ensuring fathers/ partners needs are recognised enables them to provide valuable emotional and practical support to sustain the mothers wellbeing and to be sensitive to the needs of the baby. Encourage both parents to become involved in the care of their baby and always address both parents when talking about their baby.<sup>x</sup>

### Communication with parents

- 4. Keep parents involved in decision making about their baby.** Following the Getting it Right for Every Child (GIRFEC)<sup>xi</sup> approach and the Quality Strategy<sup>xii</sup>, parents should be involved in all decisions made regarding their child. Talk through the care of the baby, to help build knowledge and confidence in how to care for their own baby.
- 5. Ensure that parents are supported to process and recall information.** Parents often find it difficult to retain information during this time, therefore they should be supported to revisit



information to support them care for their baby. This could include the provision of written information and/ or providing opportunity to further discuss and ask questions at a later date<sup>xiii</sup>.

- 6. Offer opportunities for both parents to express how they are feeling.** Mothers can feel high levels of anxiety and stress while her baby is cared for in a neonatal unit. Even later on, she may feel frustrated or jealous as her partner returns to normality through returning home to look after family members or work.

Fathers/ partners play a different but equally important role in a child's growth and development, including emotional health and cognitive development<sup>xiv</sup>. It is important to acknowledge the different pressures each parent may be under. Fathers / partners in particular may have to look after other family members and go to work as well as being supportive to their partner. Fathers/ partners may appear to be coping better; however this can be because they believe that they have to be strong for their partner. They may also feel excluded from the care of their baby or feel that they are not able to care for their baby as well as others, including staff and the baby's mother.

It is important to acknowledge these challenges by encouraging parents to express how they are feeling, providing relevant stress management techniques for both parents. Parents may feel more comfortable disclosing their feelings to a professional who is not involved in the care of their baby therefore access to clinical psychological support services should be offered where appropriate.

- 7. Conduct a holistic family assessment, looking at the strengths and needs of each family.** This will help develop a family-centred approach to care, and identify risk factors which may affect the attachment process. This should also include a continuation of post-natal care for the mother.
- 8. Encourage regular and frequent visits to their baby in the neonatal unit.** Have an open door policy for parents and siblings to encourage visiting to suit the needs of the family. Create a flexible hospital routine where possible to allow parents opportunities to provide care for baby during visits which fit in with other commitments. Fathers/ partners may need particular encouragement in doing this as they may feel they have to stand back to prioritise the mother's needs.

If visiting is not possible due to, for example, on-going medical care of the mother, encourage partners to take photos of the baby in the unit to show to the mother. Some units are using 'baby cams' in their neonatal units to allow mothers who cannot visit their babies to watch them.

- 9. If palliative care is required, a consultant should consider talking through a 'Children and Young People's Acute Deterioration Management Plan (CYPADM)'**. If a parent chooses to



discharge their baby into a hospice or home environment, a support professional should visit the family, before the family is discharged and within 24 hours of getting home<sup>xv</sup>.

### Creating opportunities for parents to interact with their baby

#### 10. Encourage active involvement in their baby's care as soon as their baby is stable enough.

This includes holding, cuddling, feeding, bathing and nappy changing. This improves parents' ability to bond with their baby and benefits the baby by allowing her to get to know her parents' voices, touch and smell. Practical and emotional involvement in the baby's care has also been found to increase the incidence and duration of lactation in the mother<sup>xvi</sup>.

Hospital routines should also try to be flexible where possible to enable fathers/ partners to participate in their baby's care. Encourage them by taking time to speak with them about what they might enjoy doing or is apprehensive about.

#### 11. Encourage parents to touch, stroke and cuddle their baby despite the barriers of equipment such as the incubator.

Positive touch provides comfort and reassurance to the baby, as well as greatly enhancing parent baby attachment. This has the dual benefit of helping parents bond with their baby as well as counteracting some of the discomfort the baby experiences. It is important that babies learn that touch can be positive and comforting rather than painful which might be associated with medical procedures.

Still touch, or comfort/ containment holding, can help babies learn to trust contact and avoids over stimulation which stroking can produce in very fragile babies. Movement can gradually be introduced depending on baby's response. Parents can lay one hand cupping the baby's head and one hand cupping its bottom. This helps the baby feel secure, relaxed and loved.

Massage can be introduced as the baby gets stronger, and has a variety of health and emotional benefits.<sup>xvii</sup>

#### 12. Encourage mother to breastfeed or express her breast milk for baby.

Breastfeeding not only provides the baby with the optimal nutrition, it also gives a mother a unique role to play in the care of her baby. This can enhance her perception of herself as a parent and her pivotal role in the care of her baby.<sup>xviii</sup>

#### 13. Provide opportunities for skin-to-skin contact with baby.

Skin-to-skin contact with the mother provides the most womb-like experience the baby can get; the baby will experience the smells of her mother, the rhythm of her body, and the sound of her voice. Other benefits of skin-to-skin contact include<sup>xix</sup>:

- keeping baby's temperature regular as the mother's body temperature adjusts to regulate the baby's temperature
- allowing the baby to sleep more restfully and for longer, essential for growth and rest and recovery after medical procedures



- encouraging steady breathing and a more regular heart beat
- easing the discomfort of medical treatments and allowing for quicker recovery
- giving the parent an opportunity to care for their baby and experience 'being a parent'.

Where skin-to-skin contact is not possible for medical reasons, age-appropriate touch such as containment holding can be used to sooth and reassure baby within the incubator.

Skin-to-skin contact with fathers/ partners should also be encouraged. This can help build their confidence and provide comfort to the baby.

Parents should be prepared, in advance of initiating skin-to-skin, that the baby's first instinct might be to pull away and that this could trigger alarms. Prepare parents for this and reassure that this is a normal response.

The BLISS/Best Beginnings kangaroo sticker pack has been produced to support staff to promote skin-to-skin care.<sup>xx</sup>

**14. Encourage parents to watch their baby.** Even in the very early days, parents will see their baby's own distinctive patterns and can become experts, with support, in noticing subtle changes which can help them get to know their baby and respond to their needs. You can work with parents to recognise the capabilities of their babies.

**15. Encourage parents to talk and sing to their baby.** This will allow the baby to hear their voices and know they are near. Parents' voices are a recognisable sound from in utero and can help calm and soothe a baby. Parents could also read aloud stories to their babies, the tones of their voices will help soothe their baby as it will be a familiar sound.

## Resources:

The Scottish Government (2013) *Scottish Neonatal Framework* [Available <http://www.scotland.gov.uk/Publications/2013/03/4910>] The Scottish Government

ACT (2009) *A neonatal pathway for babies with palliative care needs* ACT Bristol

Best beginnings baby buddy app. [Available <http://www.bestbeginnings.org.uk/baby-buddy-phone-app>] [July 2013]]

Bliss (2011) *Community Health Professionals Information Guide* Bliss, London

Bliss (2012) *Bliss family handbook: Information and support for families of preterm and sick babies.* Bliss, London

Bliss (2006) *Skin-to-Skin contact with your premature baby* Bliss, London

Bliss/Best Beginnings kangaroo sticker pack - free of charge to all UK neonatal units and can be ordered by either calling 0500 618140 or visiting [www.bliss.org.uk/order-publications](http://www.bliss.org.uk/order-publications)

Compassionate Connections [Available <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/maternity-care/about-us/current-projects/compassionate-connections.aspx>] [July 2013]

NHS Health Scotland (2012) *Briefing on attachment*, [Available <http://www.healthscotland.com/documents/5755.aspx>] [July 2013]] NHS Health Scotland

Poppy Project (2009) *Family Centred Care in Neonatal Units.* Poppy Project, London

SANDS (Stillbirth and Neonatal Death Charity) [<http://www.uk-sands.org/>] [July 2013]]

Small Wonders DVD [Available <http://www.bestbeginnings.org.uk/small-wonders>] [July 2013]]



## References

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- <sup>v</sup> Branchett, K. and Stretton, J. (2012) Neonatal palliative and end of life care: What parents want from professionals. *Journal of Neonatal Nursing* 18, 40-44
- <sup>vi</sup> Pierrehumbert BL et al, Parental post traumatic reactions after preterm birth: implications for sleeping and eating problems in the infant *Archives of Disease in Childhood Fetal and Neonatal Edition* 2003; 88:5, F400-F404
- <sup>vii</sup> Hummel, P. (2003) *Parenting the high risk infant* NBIN 3 (3), 88-92
- <sup>viii</sup> Kearvell H and Grant J (2008), Getting connected: how nurses can support mother child attachment in neonatal intensive care, *Australian Journal of Advanced Nursing* (2008), vol. 27 (3) p 75- 82
- <sup>ix</sup> Poppy Project (2009) Family Centred Care in Neonatal Units. Poppy Project London
- <sup>x</sup> Tiedje L B, Promoting father friendly healthcare. *American Journal of Maternal Child Nursing* 28:6, 350-357
- <sup>xi</sup> Getting it right for every child [Available <http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>] [July 2013]]
- <sup>xii</sup> The Scottish Government (2012) The Quality Strategy [Available <http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy/TheQualityStrategy>] [July 2013] The Scottish Government
- <sup>xiii</sup> Cockcroft, S. (2012) How can family-centred care be improved to meet the needs of parents with a premature baby in neonatal intensive care? *Journal of Neonatal Nursing* 18, 105-110
- <sup>xiv</sup> Tiedje, L. B. (2003) Promoting father friendly healthcare. *American Journal of Maternal Child Nursing* 28:6, 350-357
- <sup>xv</sup> ACT (2009) *Neonatal Care Pathway for babies with palliative care needs* ACT
- <sup>xvi</sup> Cuttini, (1999) *Archives of disease in childhood fetal and neonatal edition* 1999
- <sup>xvii</sup> Vickers A, Ohlsson A, Lacy J B et al, Massage for promoting growth and development of preterm &/or low birth-weight infants. *Cochrane Database of Systematic Reviews* 2000; 2:CD000390
- <sup>xviii</sup> Thoyre S Techniques for feeding preterm infants: Education calms parents' fears regarding proper care. *American Journal of Nursing*. 103 (9): 69, 71, 73 September 2003



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<sup>xix</sup> Ludington-Hoe S M, Nguyen N, Swinth J Y, Satyshur R D, Skin-to-skin care compared to incubators in maintaining body warmth in preterm infants, *Biological Research for Nursing* (2000) 2 (1): 60-73

<sup>xx</sup> BLISS & Best Beginnings kangaroo sticker pack [www.bliss.org.uk/order-publications](http://www.bliss.org.uk/order-publications) Bliss, London

