**Topic Expert Group:** Birth and transfer

**Collaboration with parents in ante- and perinatal care**


**Target group**
Pregnant women, their partners, and families

**User group**
Healthcare professionals, neonatal units, hospitals, and health services

**Statement of standard**
Pregnant women and their partners receive complete and accurate personalised information and support during pregnancy and childbirth to achieve efficient, optimal and respectful collaboration.

**Rationale**
In order to achieve efficient and effective collaboration, parents must receive accurate and understandable information during pregnancy and birth. Better collaboration with parents will be achieved by timely and interdisciplinary counselling in a language they can easily understand. (1–5)

This should comprise of a comprehensive counselling/advice on pre-conceptional and maternal issues, sexual and reproductive health, healthy lifestyle, healthy pregnancy, and place and mode of delivery. (1,3–20)

Pregnancy and childbirth represent a critical time period when a woman can be supported through a variety of interventions aimed at reducing the risk of preterm birth and improving her health and that of her unborn infant. (8,10–23) This includes basic antenatal care, identification of women at risk for pregnancy complications and preterm birth, allowing preventive measures and therapeutic interventions to be implemented in cases of threatened preterm delivery (i.e. tocolytics, antibiotics, antenatal corticosteroids for lung maturation, and magnesium sulphate for neuroprotection). (1–28)

**Benefits**
- Better informed pregnant women and their partners (3–10,12,13,16–20)
- Reduced risk and early recognition of pregnancy complications allowing earlier prophylactic and therapeutic treatments (1,11–15,23–28)
- Better informed parents in situations necessitating consensual decisions such as preterm labour or preterm delivery and/or postnatal care (1–20)
- Improved parental confidence when interacting with healthcare professionals (2–20)
- Reduced stress and anxiety for parents (2–20)
## Components of the standard

<table>
<thead>
<tr>
<th>Component</th>
<th>Grading of evidence</th>
<th>Indicator of meeting the standard</th>
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</thead>
<tbody>
<tr>
<td><strong>For parents and family</strong></td>
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<tr>
<td>1.  (Pregnant) women are informed by healthcare professionals about risk</td>
<td>A (High quality)</td>
<td>Patient information sheet</td>
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<tr>
<td>factors, symptoms/signs for impending pregnancy complications and</td>
<td>B (High quality)</td>
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<tr>
<td>information on patient organisations. (1,3,4,9,16)</td>
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<tr>
<td>2.  Parents are informed by healthcare professionals about available</td>
<td>A (High quality)</td>
<td>Patient information sheet</td>
</tr>
<tr>
<td>techniques and procedures for diagnosis, and therapies, including</td>
<td>B (High quality)</td>
<td></td>
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<tr>
<td>associated risks. (1,9)</td>
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<tr>
<td>3.  Parents receive timely counselling with trained and experienced</td>
<td>A (High quality)</td>
<td>Clinical records, patient information sheet, training</td>
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<td>multidisciplinary staff to discuss their fears and concerns and to</td>
<td>B (High quality)</td>
<td>documentation</td>
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<tr>
<td>make informed decisions about the pregnancy and their infant. (1,3,5,6,8)</td>
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<tr>
<td>4.  Parents have access to psychological support during pregnancy and</td>
<td>A (High quality)</td>
<td>Parent feedback</td>
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<tr>
<td>during their time on the neonatal unit. (29,30) (see TEG Follow-up &amp;</td>
<td>B (High quality)</td>
<td></td>
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<tr>
<td>continuing care, see TEG Infant- and family-centred developmental care)</td>
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<tr>
<td>5.  Expectant parents with high-risk pregnancies can visit the neonatal</td>
<td>A (High quality)</td>
<td>Parent feedback</td>
</tr>
<tr>
<td>unit and get to know the team. (5) (see TEG Infant- and family-</td>
<td>B (High quality)</td>
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<td>centred developmental care)</td>
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<td><strong>For healthcare professionals</strong></td>
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<tr>
<td>6.  A unit policy on collaboration with parents in ante- and perinatal</td>
<td>B (High quality)</td>
<td>Audit report</td>
</tr>
<tr>
<td>care is adhered to by all healthcare professionals.</td>
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<tr>
<td>7.  Training on communicating clinical information to parents to ensure</td>
<td>A (High quality)</td>
<td>Parent feedback, training documentation</td>
</tr>
<tr>
<td>they receive relevant information is</td>
<td>B (High quality)</td>
<td></td>
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</tbody>
</table>
attended by all healthcare professionals. (31,32)

8. Data used to counsel parents set local specific data in context of national outcomes.  
   B (High quality) Audit report, guideline

9. A unit policy on collaboration with parents in ante- and perinatal care is available and regularly updated.  
   B (High quality) Audit report

10. The neonatal and obstetric teams work together to produce information for mothers with high-risk pregnancies and jointly counsel parents.  
    B (High quality) Clinical record, parent feedback

For hospital

11. Training on communicating clinical information to parents in ante- and perinatal care is ensured.  
    B (High quality) Training documentation

12. Accommodation is available for the partner in the hospital or nearby and other family members are allowed to visit. (5,33–35)  
    A (High quality) B (High quality) Audit report

13. Satisfaction with parent information and communication are regularly audited.  
    B (High quality) Audit report, parent feedback

For health service

14. A national guideline on collaboration with parents in ante- and perinatal care is available and regularly updated.  
    B (High quality) Guideline

15. Parent representatives contribute to the development of a guideline for high-risk pregnancies and infants.  
    B (Moderate quality) Guideline
Where to go – further development of care

<table>
<thead>
<tr>
<th>Further development</th>
<th>Grading of evidence</th>
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<tbody>
<tr>
<td><strong>For parents and family</strong></td>
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<tr>
<td>• Women of reproductive age are informed about healthy lifestyle in preparation for</td>
<td>B (Moderate quality)</td>
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<td>pregnancy by healthcare professionals.</td>
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<tr>
<td><strong>For healthcare professionals</strong></td>
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<tr>
<td>• Offer second opinions for important decisions.</td>
<td>B (Moderate quality)</td>
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<tr>
<td><strong>For neonatal unit</strong></td>
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<tr>
<td>N/A</td>
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<td><strong>For hospital</strong></td>
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<td>N/A</td>
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<tr>
<td><strong>For health service</strong></td>
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<tr>
<td>• Provide public information concerning management, survival and outcomes for</td>
<td>B (Moderate quality)</td>
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<td>infants born at extremely low gestation deliveries or with major anomalies.</td>
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Getting started

**Initial steps**

**For parents and family**
- Parents are verbally informed about the importance of healthy pregnancy and about
  the risks and symptoms of preterm birth by healthcare professionals.

**For healthcare professionals**
- Attend training on communicating clinical information to parents in ante- and perinatal
  care.
- Establish joint counselling between the neonatal and obstetric teams.
- Develop strategies to allow parents to take their parental role.

**For neonatal unit**
- Develop and implement a policy on collaboration with parents in ante- and perinatal
  care.
- Develop information material on pregnancy complications and preterm birth including
  relevant support groups.
- Facilitate prenatal visits to NICU.

**For hospital**
- Support healthcare professionals to participate in training on communicating clinical
  information to parents in ante- and perinatal care.
- Develop strategies and resources to support parents in their wider societal context.

**For health service**
- Develop and implement a national guideline on collaboration with parents in ante- and
  perinatal care.
- Engage parent representatives in perinatal healthcare planning.


26. Preterm labour and birth | Guidance and guidelines | NICE [Internet]. Available from: https://www.nice.org.uk/guidance/ng25


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**Lifecycle**
5 years/next revision: 2023

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