



Topic Expert Group: Birth and transfer

Collaboration with parents in ante- and perinatal care

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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-conceptual 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

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



attended by all healthcare professionals. (31,32)

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

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| 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

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| 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

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| 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

Further development	Grading of evidence
For parents and family	
<ul style="list-style-type: none">Women of reproductive age are informed about healthy lifestyle in preparation for pregnancy by healthcare professionals.	B (Moderate quality)
For healthcare professionals	
<ul style="list-style-type: none">Offer second opinions for important decisions.	B (Moderate quality)
For neonatal unit	
N/A	
For hospital	
N/A	
For health service	
<ul style="list-style-type: none">Provide public information concerning management, survival and outcomes for infants born at extremely low gestation deliveries or with major anomalies.	B (Moderate quality)

Getting started

Initial steps
For parents and family
<ul style="list-style-type: none">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
<ul style="list-style-type: none">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
<ul style="list-style-type: none">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
<ul style="list-style-type: none">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
<ul style="list-style-type: none">Develop and implement a national guideline on collaboration with parents in ante- and perinatal care.Engage parent representatives in perinatal healthcare planning.



Source

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First edition, November 2018

Lifecycle

5 years/next revision: 2023

Recommended citation

EFCNI, Schlembach D, Simeoni U et al. European Standards of Care for Newborn Health: Collaboration with parents in ante- and perinatal care. 2018.