



*Topic Expert Group: Infant- and family-centred developmental care*

**Clinical consultation and supervision for healthcare professionals on supporting families**

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*Target group*

Infants, parents, families, and healthcare professionals

*User group*

Neonatal units, hospitals, and health services

*Statement of standard*

Healthcare professionals receive counselling and regular clinical supervision in communicating with and providing emotional support for parents.

*Rationale*

Parents of preterm infants often experience stress levels, anxiety, and depression during their infant's admission in a neonatal unit (1,2) and are at risk for prolonged symptoms during the first years after birth. (1,3) These parental psychological symptoms are associated with a compromised parent-infant relationship (4,5), child's lower cognitive performance, and behavioural problems. (6,7) Several interventions, in turn, have shown to have positive influence on parental psychological factors, parenting, and child outcomes. (8–14) Effective components of these interventions are: active involvement of the parents in their infant's care and psychological support for parents (13). Communication between healthcare professionals and parents is a critical factor in involving parents to the day-to-day care and in provision of emotional support for parents.

Support for an infant and the family through a process of involvement and participation (15) should be a part of high-quality neonatal intensive care. (16) As these skills are strongly related to individual attitudes (17), professionals should receive support that enables reflection on their current communication and collaboration skills. Reflection is a technique for reinforcing professional development on collaboration and emotional support. Reflective supervision, in turn, is a technique that is commonly used among professionals working with parent-child relationships and parenting. (18) Staff often experience the provision of emotional support as stressful, especially when supporting mourning or traumatised parents (16), therefore their need for debriefing, counselling, or clinical supervision should be recognised. (19,20) While debriefing and counselling can be case-based one-off sessions, the supervision is usually a process of frequent meetings scheduled in advance.

*Benefits*

*Short-term benefits*

- Improved staff self-efficacy in supporting parents (20)
- Reduced emotional stress for healthcare professionals related to supporting parents (21)
- Improved work satisfaction (21)



- Improved care practices and attitudes supporting infant- and family-centred developmental care (22)
- Improved quality of care (1,22)
- Improved family support for bonding with infant (22,23)
- Improved involvement of parents in care (3,19,20)
- Improved sense of parenthood and responsibility for the infant during hospital stay (24)
- Prolonged duration of skin-to-skin care (25)
- Reduced stress during hospital stay (consensus)

#### *Long-term benefits*

- Decreased staff turnover (consensus)
- Decreased parental depression, anxiety, and stress (13)
- Improved child outcomes (13)

#### *Components of the standard*

| <b>Component</b>  | <b>Grading of evidence</b>               | <b>Indicator of meeting the standard</b>   |
|---|--|--|
| <b>For parents and family</b>   |  |  |
| 1. Parents receive psycho-social and pastoral support and interact with a team of healthcare professionals who receive supervision to provide sensitive and relevant support to care for their infant. (26,27)    | A (High quality)<br>B (Moderate quality) | Parent feedback, patient information sheet |
| <b>For healthcare professionals</b>   |  |  |
| 2. A unit guideline on participation in supervision and/or counselling is adhered to by all healthcare professionals. (28)  | A (High quality)<br>B (High quality)     | Guideline                                  |
| 3. Training on family support strategies is attended by all responsible healthcare professionals.   | B (High quality)                         | Training documentation                     |
| 4. Regular supervision on within team communication and interactions with parents faced with critical decision-making situations or bereavement are attended by all responsible healthcare professionals. (29,30) | A (High quality)<br>B (Moderate quality) | Audit report                               |
| <b>For neonatal unit</b>  |  |  |
| 5. A unit guideline on participation in supervision and family support strategies is available and regularly updated. (28)  | A (High quality)<br>B (High quality)     | Guideline                                  |



|  |  |                                  |
|--|--|----------------------------------|
| 6. A unit guideline on communication and support for parents is available and regularly updated, to include the strategy for debriefing and developing skills in sensitive communication and emotional support around critical care and bereavement. (29,30) | A (High quality)<br>B (Moderate quality) | Guideline                        |
| <b>For hospital</b>  |  |                                  |
| 7. Training on family support strategies is ensured.   | B (High quality)                         | Training documentation           |
| 8. Support for healthcare professionals within neonatal services from mental health professionals is ensured.  | B (Moderate quality)                     | Healthcare professional feedback |
| <b>For health service</b>  |  |                                  |
| 9. A national guideline on supervision and counselling or debriefing practices is available and regularly updated.   | B (Moderate quality)                     | Guideline                        |
| 10. Sensitive communication skills and palliative care are part of continuing professional development.  | B (Moderate quality)                     | Training documentation           |

*Where to go – further development of care*

| <b>Further development</b>  | <b>Grading of evidence</b>                  |
|---|---|
| For parents and family<br>N/A   |   |
| For healthcare professionals<br>N/A   |   |
| <b>For neonatal unit</b>  |   |
| <ul style="list-style-type: none"> <li>Implement, monitor and study impact of quality improvement projects related to healthcare professional skills to support parental involvement during neonatal care. (31,32)</li> </ul>   | A (High quality)                            |
| <b>For hospital</b>   |   |
| <ul style="list-style-type: none"> <li>Develop feedback systems that are specifically focused on parents' experience on the collaboration with the healthcare team in relation to the infant care and received support.</li> <li>Establish career development programmes for healthcare professionals to become practice development experts, debriefing facilitators, and clinical supervisors.</li> </ul> | A (Low quality)<br><br>B (Moderate quality) |
| <b>For health service</b><br>N/A  |   |



## *Getting started*

### **Initial steps**

#### For parents and family

- Parents are facilitated to provide feedback to staff about their experience of communication and support while their infant is in the neonatal unit.

#### For healthcare professionals

- Attend training on supportive collaboration and communication with parents and on the effects of the support on parenting and parental well-being.
- Attend training on benefits of multi-professional counselling and clinical supervision.
- Conduct an audit to understand how parents experience the received support from the staff and their expectations related to the support for their involvement to the infant care from the staff or from the hospital.

#### For neonatal unit

- Develop and implement a unit guideline on regular counselling and clinical support for staff, debriefing, and the management of palliative care and bereavement.
- Develop information material about unit policies and practices to promote staff skills on parent support by multi-professional team for parents.
- Establish a designated team, including both doctors and nurses, that is specially focused on developing staff's skills to communicate and collaborate with parents and support parents.

#### For hospital

- Support healthcare professionals to participate in training on supportive collaboration and communication with parents and respective benefits.

#### For health service

- Develop and implement a national guideline on staff counselling and supervision.
- Provide evidence-based reasoning of benefits of parental support during the perinatal care among infants born preterm or ill.

## *Description*

Healthcare professionals working in neonatal care provide care for parents who are frequently anxious, frightened, traumatised or even mourning. This is an emotional burden for healthcare professionals that should be recognised and managed within the neonatal intensive care setting. Furthermore, it is important because infant- and family-centred developmental care, a key feature of modern neonatal care, is defined as a partnership between parents and healthcare professionals, including shared responsibility for infant care, collaboration, open information sharing, and joint decision-making. (15) The quality of the relationship between the healthcare professionals and parents seems to be important in support parenting and early parent infant relationship during the hospitalisation. Open communication and a supportive relationship between staff and parents facilitate parents' feelings of inclusion, which increases parent-infant bonding and parental sense of control.

Professional support for the healthcare team may comprise:



### 1. Case-based consultations or supervision

Multiprofessional (e.g. parent-infant relationship focused mental health specialists, social workers, psychiatrists, psychologist) counsellors are available for the healthcare team.

- Enables the NICU team to gain wider professional understanding about psychological well-being of parents, parenting, parent-infant relationship or family situation.
- Debriefing after patient's death or critical situation
- Provides emotional support for the staff members
- Provides staff members with opportunity to analyse communication within health care teams and between the health care team and parents

### 2. Regular consultation

A counsellor is integrated into the healthcare team

- Provides direct emotional support for the parents (19,30) and integrates that knowledge to the work of whole health care team e.g. by participating in the medical rounds frequently

### 3. Regular supervision

Group or individual supervision sessions enable professionals to reflect on their current communication and collaboration skills (e.g. how they facilitate the inclusion of parents in the collaboration, open information sharing with parents, and engagement of parents in decision-making, and how they receive information parents provide and worries they express)

- Provides support for healthcare professionals to acquire skills to collaborate with parents (communicate, negotiate, make shared decisions) and supports them emotionally
- Enables professionals to maintain and develop skills to provide support to parents.
- Enables professionals to reflect complex interaction situations between staff and parents.

## Source

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First edition, November 2018

### *Lifecycle*

5 years/next edition 2023

### *Recommended citation*

EFCNI, Ahlqvist-Björkroth S, Westrup B et al., European Standards of Care for Newborn Health: Clinical consultation and supervision for healthcare professionals on supporting families. 2018.