



## Practice Guidelines

## Child Protection in the neonatal unit



## ARTICLE INFO

## Keywords:

Prematurity  
Child protection  
Abuse  
Parental behaviour

## ABSTRACT

It is estimated that 5000 babies each year in the UK have their names added to the At-Risk Register by local authorities; Ashleigh Rogers and Sharon Nurse discuss the role of the neonatal nurse in identifying families who present with potential indicators of abuse and neglect as well as identifying those parents who display maladaptive behaviours which might make those babies more vulnerable to abuse and neglect. The paper will also entwine the current safeguarding policies and procedures in place across Northern Ireland that aim to reduce the incidences of abuse to this vulnerable group.

## 1. Introduction

Identifying babies at the risk of significant harm induced by parental caregivers has become a vital aspect of neonatal nursing. It is estimated that 5000 babies each year in the United Kingdom are placed on a Child Protection register (Department of Education, 2015). There has been increasing evidence to show that those at most risk are premature babies or those who have spent the initial phase of their life in a neonatal unit (NNU). These babies have been identified as being at risk of significant harm that can be in the form of emotional, sexual, physical abuse and neglect. Nandyal et al. (2013) reported that in their study of 2463 infants who were discharged from a neonatal unit, those that required a higher level of care were more susceptible to neglect. These destructive occurrences can significantly impact the direct and long-term wellbeing of the infant as it has been shown that maltreatment can have a damaging effect on the developing brain from a very small age (Zero to Three: National Center for Infants, Toddlers and Families, 2014). Merrick and Latzman (2014) suggest that one quarter of children who are subjected to neglect do not have any long term complications, however Brandon et al. (2014) argue that infants who experience neglect (without any other form of abuse) have been shown to have worse developmental outcomes later in life compared to those who have suffered from other forms of abuse.

Attachment and bonding between infant and mother begins in the antenatal period (Johnson, 2008) and maternal behaviours during this time, such as smoking, alcohol and drug abuse, can be a significant indicator to health care professionals of potential risks in the postnatal stage. At birth, emphasis is usually placed on immediate maternal-infant bonding with the facilitation of kangaroo care and parental involvement in changing and feeding. However, infants who are admitted to the neonatal intensive care unit do not have the opportunity of this important initial bonding phase and mothers can feel they have begun motherhood in a very daunting and frightening environment (Heermann et al., 2005). Phillips and Tooley (2005) explained that these feelings can be due to physical barriers such as the incubator and the equipment that the baby is connected to limiting contact in the

intensive care setting. Lack of parental understanding regarding the reason for admission to the NICU (Neonatal Intensive care Unit) can also be a factor. A small qualitative study by Fegran et al. (2008) showed that mothers who had a premature baby felt like ‘outsiders’ because what they imagined the birth process to be like was replaced by a traumatic ordeal in which their baby was separated from them at birth, diminishing their opportunity to bond.

Neonatal nurses must empower parents in caring for their babies; however nurses may assume a paternalistic role unintentionally affecting the maternal-infant relationship. Johnson (2008) explained that a proportion of mothers felt that they required permission to interact with their infant. However, Flacking (2012) found that mothers of infants in the NNU could be more “controlling” and “intrusive” due to possible feelings of guilt that they were not able to provide care in the early days. It is important for the neonatal nurse to distinguish between parents who feel vulnerable and anxious due to the NNU environment and those who could potentially harm their babies. The Centre for Abuse and Trauma Therapy in California, USA (2011) identified possessiveness and controlling behaviour as a potential sign of emotional abuse. It is the role of the neonatal nurse to have a sound knowledge of the policies within her hospital regarding the reporting and documenting of suspected abuse whilst adhering to the Nursing and Midwifery Council Code of Conduct (2015).

Babies discharged from the NNU may have ongoing complex health needs which impact on their behaviour and overall quality of life, but these may also impact on the wider family; for example inconsolable crying can be distressing for both the baby and the parent. Reijneveld (2004) identified a correlation between crying and the increased risk of abuse in that 6% of parents admitted to using physical force upon their baby when crying was inconsolable. An American study revealed that 70% of parents involved in the study had hostile feelings towards their baby when he/she was inconsolable (Patrick, 2010). Both studies agree that the peak age for excessive crying is in the first 4 months of life and that Shaken Baby Syndrome was more likely to occur during this period. The National Society for the Prevention of Cruelty to Children (NSPCC, 2014) pioneered a DVD that provides parents with education

<https://doi.org/10.1016/j.jnn.2018.09.007>

Received 13 August 2018; Accepted 26 September 2018

Available online 04 October 2018

1355-1841/ © 2018 Published by Elsevier Ltd on behalf of Neonatal Nurses Association.

in preparation for discharge; it is prudent to observe the behaviours that parents display whilst watching this DVD and to be ready to provide support, as it has been reported as 'shocking' and 'upsetting' to watch by some parents (NSPCC, 2014). Nurses should also observe parents' reaction to their baby's crying in the NNU. The parent may deal appropriately and calmly towards the infant or they may place the infant back into the cot and excuse themselves from the unit; if this becomes a repeated behaviour then nursing staff should offer support while exploring possible reasons. A discussion with the parents regarding their response to the infant's behaviour may be all that is required to reassure the parents and alleviate concerns.

It may be difficult for the neonatal nurse in the early days to identify babies at risk of harm but when the baby progresses from intensive care to special care and parents participate more in care delivery, the nurses should watch for cues and behaviours that might predict potential problems in parenting. There are also numerous opportunities for nurses to encourage parents to participate more in baby care, play and bath times as well as feeding. In the Special Care unit nurses have more opportunities to interact with parents and their babies whilst observing behaviours and characteristics. During the early days in the NNU the nurse may or may not be aware of socio-economical factors such as domestic violence, financial problems, drug or alcohol abuse or a history of mental health issues (Wu et al., 2004). Drugs, alcohol and smoking are common risk factors in parental behaviours (Palusci, 2011) so nurses should be aware of any addiction to these substances; liaising with the community midwife or health visitor would result in these issues being highlighted earlier and resolved at a more appropriate juncture.

Young parents may feel overwhelmed and unsupported when coping with their baby's admission to the NNU so it is vital that staff educate and empower in a non-judgemental and non-patronising manner, enabling them to feel sufficiently at ease to talk openly and honestly about their anxieties (Sheeran et al., 2013). Domestic violence is a difficult indicator to detect due to its very nature. Subtle signs might include arguments between parents whilst in the unit, non-communication or only one parent visiting consistently but limiting contact with the baby. Financial issues can have a major role to play in the cause of infant maltreatment. The World Health Organisation (2014) identifies financial difficulties as being one of the top causes of child abuse; this could be due to the child being born into a large family already in debt or because the parents have associated issues like drug or alcohol addiction, or long term unemployment. Nurses should make contact with social services to gain more insight into the family's background but more importantly to provide help with travel and food expenses while their baby is in the unit and monitor any improvement in the frequency of parental visiting and behaviours.

Caneira and Myrick (2015) stressed that the main barrier for abuse was lack of education for professionals regarding diagnosis of abuse. Many factors may not initially be obvious to the nurse; behaviours such as not phoning to enquire about the baby, not being involved at feeding times or missing feeding times can be subtle indicators that there may be potential risk involved. However, the nurse must be aware that sometimes parents have other children at home or have transport difficulties so may not be on time for visits as planned. It is important for the nurse to gain clarity on this before making assumptions and to devise a family-integrated plan of care which considers parental difficulties. To address the issue of nurse education it is vital that all NHS trusts engage in current safeguarding education for their staff and update policies and procedures accordingly. The Solihull Approach (NHS, 2016) aims to increase emotional health and well-being through both practitioners and parents through resources and training across the child and family workforce. Child and family practitioners from midwives to schools to social workers cross the UK are being trained in the model.

There are many policies and guidelines in place, both regionally and locally for nurses to follow in order to protect infants. The NSPCC

published a 10 year strategy designed to promote the safety and well-being of children in Northern Ireland (NSPCC, 2016). The Understanding the Needs of Children in Northern Ireland (UNOCINI) (Dept. Health, 2015) assessment framework is a process in which health professionals can identify the needs of an individual and how support services can assist. The nurse must also be aware of unit policy in regards to reporting suspicious behaviours or witnessed abuse activity. The Department of Health also have a 'Co-operating to Safeguard Children' (DoH, 2010) policy in which it advises all professionals on how to report and proceed with child abuse cases.

## 2. Conclusion

Research has revealed that the smallest babies are more than twice as likely to be placed on the at-risk register as the largest. Preterm infants, or those with poor fetal growth, may have characteristics that make them more vulnerable to abuse. It is possible that such infants may be more likely to provoke hostile parental feelings due to the separation and anxiety associated with premature births and long stays in the NNU (Nandyal et al., 2013).

Although health care professionals may find it difficult to assess parental maladaptive behaviours nurses can use their experience and clinical judgement to make informed decisions in relation to the safety of babies. Through continued education and professional development, nurses can increase their knowledge on potential indicators for infant abuse and preventative measures. As Brandon et al. (2011) highlighted in their report, there are many factors of parental circumstances that can impact the treatment of a child. Therefore, creating an environment in which not only the baby feels secure but also the parents can promote a healthy start to their relationship. The neonatal nurse can be seen as the facilitator in providing this environment in order for parental confidence to grow. Continuity of care and support from hospital to home is vital in providing support for families whilst monitoring the proviso of safe and loving care of all newborn babies but especially those who started life as premature babies.

## References

- Brandon, M., Glaser, D., Maguire, S., McCrory, E., Lushey, C., Ward, H., 2014. Missed Opportunities: Indicators of Neglect – what Is Ignored, Why, and what Can Be Done? Department of Education, London.
- Brandon, M., Sidebotham, P., Ellis, C., Bailey, S., Belderson, P., 2011. Child and Family Practitioners' Understanding of Child Development: Lessons Learnt from a Small Sample of Serious Case Reviews. DFE-RR110. Department for Education, London.
- Caniera, L., Myrick, K., 2015. Diagnosing child abuse: the role of the nurse practitioner. *J. Nurse Pract.* 11 (6), 640–646.
- Department of Education, 2015. Characteristics of Children in Need in England 2014–15. Department of Education, London.
- Department of Health, 2015. Children's Social Care Statistics for Northern Ireland 2014/15. Social Services and Public Safety XLSX. Belfast: DHSSPS. Available from: <https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/child-social-care-14-15.pdf>, Accessed date: 23 March 2016.
- Department of Health, 2010. Co-operating to Safeguard Children. Department of Health, London Available from: <https://www.health-ni.gov.uk/publications/co-operating-safeguard-children>, Accessed date: 17 July 2018.
- Fegran, L., Helseth, S., Fagermoen, S., 2008. A comparison of mothers' and fathers' experiences of the attachment process in a neonatal intensive care unit. *J. Clin. Nurs.* 17 (6), 810–816.
- Flacking, R., Lehtonen, L., Thomson, G., Axelin, A., Ahlqvist, S., Moran, V., Ewald, U., Dykes, F., 2012. Closeness and separation in neonatal intensive care. *Acta Paediatr.* 101 (10), 1032–1037.
- Heermann, J., Wilson, M., Wilhelm, P., 2005. Mothers in the NICU: outsider to partner. *Pediatr. Nurs.* 31 (3), 176–200.
- Johnson, A., 2008. Promoting maternal confidence in the NICU. *J. Pediatr. Health Care* 22 (4), 254–257.
- Merrick, M., Latzman, N., 2014. Child maltreatment: a public health overview and prevention considerations. *Online J. Issues Nurs.* 19 (1), 2.
- Nandyal, R., Owora, A., Risch, E., Bard, D., Bonner, B., Chaffin, M., 2013. Special care needs and risk for child maltreatment reports among babies that graduated from the NICU. *Child Abuse Neglect* 37 (12), 1114–1121.
- National Health Service, 2016. Solihull Approach; NHS. Available from: <https://solihullapproachparenting.com/quick-guide-to-the-solihull-approach/>, Accessed date: 17 July 2018.
- National Society for Prevention of Cruelty to Children, 2016. 5 Goals to make 5 Million

- Children Safer: 2016-2021 Strategy. NSPCC, London.
- National Society for Prevention of Cruelty to Children (NSPCC), 2014. Baby Steps Programme. NSPCC, London.
- Nursing and Midwifery Council, 2015. Code of Conduct: Professional Standards of Practice and Behaviour for Nurses and Midwives. Nursing and Midwifery Council, London.
- Palusci, V., 2011. Risk factors and services for child maltreatment among infants and young children. *Child. Youth Serv. Rev.* 33 (8), 1374–1382.
- Patrick, S., Garcia, J., Griffin, L., 2010. The role of family therapy in mediating adverse effects of excessive and inconsolable neonatal crying on the family system. *Fam. Syst. Health* 28 (1), 19.
- Phillips, S.,J., Tooley, G.,A., 2005. Improving child and family outcomes following complicated births requiring admission to neonatal intensive care units. *Sex. Relatsh. Ther.* 20 (4), 431–442.
- Reijneveld, S., van der Wal, M., Brugman, E., Sing, R., Verloove-Vanhorick, S., 2004. Infant crying and abuse. *Lancet* 364 (9442), 1340–1342.
- Sheeran, N., Jones, L., Rowe, J., 2013. The relationship between maternal age, communication and supportive relationships in the neonatal nursery for mothers of preterm infants. *J. Neonatal Nurs.* 19 (6), 327–336.
- The Centre for Abuse, Trauma Therapy, 2011. Understanding the Emotional Effects of Emotional Abuse in Childhood. Available at: [http://www.centrefortherapy.ca/Effects\\_of\\_emotional%20abuse\\_in\\_childhood](http://www.centrefortherapy.ca/Effects_of_emotional%20abuse_in_childhood), Accessed date: 13 April 2016.
- World Health Organisation, 2014. Child maltreatment. Available at: <http://www.who.int/mediacentre/factsheets/fs150/en/>, Accessed date: 1 May 2016.
- Wu, S., Ma, C., Carter, R., Ariet, M., Feaver, E., Resnick, M., Roth, J., 2004. Risk factors for infant maltreatment: a population-based study. *Child Abuse Neglect* 28 (12), 1253–1264.
- Zero to Three: National Center for Infants, Toddlers and Families, 2014. Child Abuse and Neglect. Available at: <http://www.zerotothree.org/maltreatment/child-abuse-neglect/child-abuse-and-neglect.html>, Accessed date: 12 March 2016.

Ashleigh Rogers<sup>a</sup>, Sharon Nurse<sup>b,\*</sup>,

<sup>a</sup> Regional Neonatal Unit, Royal Jubilee Maternity Service, Belfast, UK

<sup>b</sup> School of Nursing & Midwifery, Queens University, Belfast, UK

E-mail address: [s.nurse@qub.ac.uk](mailto:s.nurse@qub.ac.uk) (S. Nurse),

\* Corresponding author.