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# To Feel Abandoned in an Insecure Situation

## Parents' Experiences of Separation From Their Newborn Due to the Mother Being COVID-19 Positive

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### ABSTRACT

**Background:** The COVID-19 pandemic resulted in changes in neonatal care, sometimes resulting in a separation between parents and their newborn. Knowledge about parents' experiences of this separation is limited.

**Purpose:** To explore parents' experiences of separation from their newborn due to COVID-19.

**Methods:** Interviews with parents (n = 11) separated from their newborn.

**Results:** The parents' experiences of being separated from their newborn were expressed under 3 themes: "To create a sense of safety in an insecure situation"; "Unexpected start to parenthood"; and "To be reunited." Parents felt abandoned and alone, even if they had support from significant others. Although they considered the separation as undesired, wanting to be with their newborn infant, it was secondary to not wanting to infect the infant with COVID-19. Furthermore, lacking information about a potentially lethal virus adds to the uncertainty that comes with having a newborn. The separation affected the whole family, some for a long time afterward.

**Implications for Practice and Research:** If a new situation with potentially life-threatening effects, like the COVID-19 pandemic, occurs again, considering the experiences of these parents is paramount. Precautions should be taken to minimize the potential harm. If a separation between newborns and parents is inevitable, parents need preparation and transparent information prior to the separation and before the reunion. Well-thought-out policies must be in place to minimize the impact of a separation on both parties. Parents should be able to have a deputy parent present during an undesired but necessary separation from their newborn.

**Key Words:** COVID-19, neonatal intensive care unit, parents, perinatal, separation

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At the end of 2019, the coronavirus 2 (severe acute respiratory syndrome coronavirus 2; SARS-CoV-2) generated a global pandemic.<sup>1</sup> In the beginning of the pandemic, knowledge about COVID-19 and its effects on newborns of COVID-19-infected mothers was sparse, and there were concerns about how to protect the newborns from being infected. The guidelines and recommendations for the care of infected mothers and their newborns varied between countries, within countries and over time; some guidelines promoted mother–newborn separation at birth, while others recommended non-separation and early lactation.<sup>2,3</sup> The recommendations shifted between separating or not separating the COVID-19-infected mother and the newborn and protecting the newborn from potential harm from postnatal infection and at the same time enabling mother–child bonding and attachment.<sup>4-6</sup>

Furthermore, Shaw et al<sup>7</sup> found that neonatal intensive care unit (NICU) nurses were concerned about the distress experienced by parents when some NICUs restricted parental presence around the clock, because of COVID-19, thereby resulting in a separation between newborns and their parents. This situation was very problematic for the nurses as it contradicted family-centered care, which they were accustomed to.

The recommendations for the care of mothers and newborns have not only differed between and within

countries<sup>8</sup> but also changed during the pandemic. A Swedish study recommended that the COVID-19–infected mother and her full-term and healthy newborn could be cared for together without endangering the newborn's health.<sup>5</sup> This study was congruent with the current Swedish guidelines.<sup>9</sup> Specifically, the guidelines recommend that newborns and mothers are to be cared for together, unless neonatal cardiopulmonary resuscitation (CPR) or care at an NICU is expected. If, on the other hand, the newborn needs neonatal CPR and/or care at an NICU immediately after birth, the newborn is to be separated from the mother in order to protect him or her from infection and also to protect other infants, parents, as well as staff at the NICU. Parents have an essential role in neonatal care. However, there is limited knowledge about parents' views and experiences of separation from their newborn due to the global pandemic.<sup>8</sup> Thus, this study aimed to address this knowledge gap from a Swedish context.

### What This Study Adds

- In a future, new, unique situation with potentially life-threatening effects, like the early phase of the COVID-19 pandemic, it is important to take the experiences of these interviewed parents into account. Precautions should be taken to minimize the potential harm.
- If a separation between newborns and parents cannot be avoided, parents need to be prepared and provided transparent information prior to the separation and before the reunion.
- Well-thought-out policies must be in place to decrease the impact of a separation on both the parents and the infant.
- Parents should be able to have a deputy parent present during an undesired but necessary separation from their newborn.

## METHODS

### Design and Setting

About 10% of all (~10,000) newborns in Sweden need care at an NICU. This study was conducted at 2 NICUs, at university hospitals, in central Sweden. Both NICUs have open bays, where very preterm and critically ill newborns are cared for, and single-family rooms for more mature and healthier infants. Parents are usually present at all times and are included in caring for their newborns from the start. Skin-to-skin contact with the parents is the standard care. Deputy parents, that is, family members such as aunts and uncles, were able to be with the newborn if the parents were positive for COVID-19. The NICUs and the maternity wards have a close collaboration. The mother is enrolled at the maternity ward but cared for at the NICU, together with the newborn and partner/father, as soon as she is stable. Midwives are in charge of the individual maternal care and examinations at the NICU. Newborns who have been at home or some newborns who due to lack of space are not cared for in the NICU.

The study follows the Standards for Reporting Qualitative Research<sup>10</sup> and is reported according to

the Consolidated criteria for REporting Qualitative research (COREQ) checklist.<sup>11</sup>

### Sample and Procedure

Parents who had been separated from their newborn after birth because of COVID-19 were eligible. All participating mothers as well as some fathers were diagnosed with COVID-19 before delivery and some postpartum. Two negative tests were required before they were allowed to return to the NICU. The newborns were admitted to and treated at the NICUs and/or the pediatric intensive care unit. In total, we approached 18 eligible parents, out of which 11 agreed to participate. All eligible parents received information about the study, sent to their home address. Parents who agreed to participate returned the written consent form. Thereafter, the authors (E.B. and M.G.) contacted the parents, scheduling an appointment for the interview. Interviews were conducted according to the parents' choice: digitally, that is, Zoom (Zoom Video Communications Inc, San Jose, California), by phone, or at the parents' home. All interviews lasted 60 to 75 minutes and were audio-recorded. Interviews were conducted during the first year following discharge. The interviews were transcribed verbatim, and no repeat interviews were conducted. All interviews were conducted by the authors (E.B. and M.G.), with documented experience in qualitative methods.

### Interview Guide

We used a semistructured interview guide, based on the authors' clinical experience with separation between newborns and parents at the NICU. In summary, the questions focused on the informants' experiences of being separated from their newborn. Additional questions were asked to clarify the parents' statements. Before the start, we conducted one pilot interview; afterward, no changes were made in the interview guide (see Supplemental Digital Content 1, available at: <http://links.lww.com/ANC/A206>).

### Analysis

We used qualitative content analysis with an inductive approach. The transcripts were read repeatedly to get an overall picture of the data. Units of meaning were extracted, condensed, and coded. These codes were then sorted into subthemes and themes, as described by Lindgren et al.<sup>12</sup> All authors discussed the subthemes and finally the themes until a consensus was reached.<sup>12</sup> The analytic process was dynamic, going back and forth. We used the computer program Excel (Microsoft Inc, Redmond, Washington) to manage the data.

## RESULTS

### Participants and Interviews

We conducted interviews with 11 participants between November 2020 and April 2021. Three

TABLE 1. Demographic Characteristics of the Parents (n = 11) and the Newborns (n = 7)

Characteristics	Mean (Range) or n (%)
<i>Parent (n = 11)</i>	
Age, y	34 (28-50)
Sex	
Female	7 (64%)
Male	4 (36%)
Civil status	
Married	5 (45%)
Cohabitant	6 (55%)
Deputy parent present	3 (27%)
Highest education	
University/College	7 (64%)
High school	3 (27%)
Compulsory school	1 (9%)
Occupation	
Paid work	9 (82%)
Studying	2 (18%)
Country of birth	
Sweden	8 (73%)
Outside of Europe	3 (27%)
Previous children	5 (45%)
<i>Newborn (n = 7)</i>	
Birth weight, g	1572 (771-3880)
Gestational age at birth, wk	30 (26-38)
Sex, Female	4 (36%)
After birth, cared for at the NICU	6 (85%)

Abbreviation: NICU, neonatal intensive care unit.

interviews were conducted with both parents (n = 6) present, and 5 were conducted separately. All parents were fluent in Swedish or English. For more information about the participants, see Table 1.

The parents' experiences of being separated from their newborn due to COVID-19 included feeling abandoned, lonely, and uncertain in an insecure situation. Three themes emerged from the analysis. These themes were "To create a sense of safety in an insecure situation," "Unexpected start to parenthood," and "To be reunited," as well as subthemes (Table 2). The themes and subthemes are presented in Table 2 along with quotes from parents.

### To Create a Sense of Safety in an Insecure Situation

#### *The Importance of Significant Others*

If the family received practical and emotional support from significant others and staff during the separation, then they felt a sense of security in an uncertain situation. Having a deputy parent present with the newborn

TABLE 2. Overview of Themes and Subthemes

Themes	Subthemes
To create a sense of safety in an insecure situation	The importance of significant others
	The importance of communication
	Previous experiences facilitate an otherwise difficult situation
	The well-being of the infant firsthand
Unexpected start to parenthood	Hope and faith
	Constant anxiety
	Difficulties in feeling like a parent
	A wish for a different situation
To be reunited	Loss of early contact
	A need to feel prepared before the reunion
	To be affected a long time afterward
	Practical and emotional parenting

during the separation was considered helpful, resulting in a calming effect. The parents expressed that the deputy parent was there just for the newborn, since the staff could have many other patients to attend to.

We humans are dependent on each other, and we must support each other in such situations. I think that is important. If you get situations like this, you have to be more helpful, both physically and mentally. It's very important. (Informant #8)

#### *The Importance of Communication*

Informants viewed communication as an essential part during the time of separation. Communication could, for example, encompass phone calls, video calls, photographs, and exchange of information between the staff, parents, and the deputy parents. Parents described that when they were talking to the newborn via phone or video call, they could tell that the newborn recognized their voice, which was described as emotional and important. If the exchange of information was of good quality, they felt more involved in the newborn's care. Furthermore, the parents felt that they were being listened to and could have a say in the care. This helped them to feel a sense of control and involvement. In contrast, parents who experienced a lack of information from the staff believed it was because of the individual staff's ability and communication skills, rather than the NICU's guidelines and routines.

The staff often placed the phone next to her so that I could talk to her. Clearly she recognized my voice since she reacted by starting to cry. One of the nurses told me she was so struck by this she also wept. (Informant #1)

Parents also mentioned that receiving photographs and/or video calls did not help them in understanding how big the newborn was getting. Instead, they wished they could see the newborn through the window during the separation. This one intervention would have

eased all their worries, fears, and anxieties. Another parent did actually watch his newborn's first bath through the window, standing in the garden outside the NICU: "To make sure you can see the child in any way possible, even if you can't physically hold him or her; I think that is important (informant #4)."

### *Previous Experience Facilitates an Otherwise Difficult Situation*

The parents mentioned a few strategies that helped them to endure the feeling of being in an uncertain situation. Previous experience of being admitted to the NICU with an older sibling was a factor that improved some parents' well-being. Moreover, the experience of being a parent and having a child before was mentioned as another aspect, which helped them to understand the newborn's needs. It was also beneficial if the parents could meet with the staff who cared for the newborn beforehand, that is, parents who were not immediately separated after birth or had met some of the staff before delivery: "Because I have previous experience (care at NICU), it was much easier for me to relate to it. To be able to separate" (informant #5).

### *The Well-being of the Newborn Firsthand*

Furthermore, parents expressed that putting the well-being of the newborn firsthand helped them to accept the situation. The separation was undesired, but given the situation at that time, with little knowledge about the effects of the virus, they thought it would have been worse to stay together, with the risk of infecting the newborn with COVID-19.

We have both tried to think that we are doing it for his sake, that "this is why we left." To know ... yes god, that if he had become ill because of us; it would have been even worse to live with that. (Informant #2)

### *Hope and Faith*

The parents stated that hope and their faith were what helped them through this difficult situation. Notably, these thoughts and views were only gathered from parents who had met their newborn prior to the separation. Parents who were separated directly after birth described that they did not dare to hope that the newborn would survive prior to their potential reunion. Moreover, the parents with a religious belief mentioned that their faith was empowering.

We are happy with prayers; I really think God brought him back. That is what we believe in; in our lives, God. I always thought it was faith in God that brought our son back to us. (Informant #7)

I was hopeful from the start, although he was so tiny. When he started gaining weight I felt "yes I am right about this, it is ok to feel joy." (Informant #11)

### *Unexpected Start to Parenthood*

#### *Loss of Early Contact*

The parents described that they had an unexpected start to parenthood. Several mothers had

complications during their pregnancy that did not proceed, or end, as they had expected. Several became ill during the pregnancy, and they revealed that having a preterm birth was something unwanted, which they feared. Consequently, this was described as a turbulent start to parenthood. The parents who were infected with COVID-19 were deprived of the early contact with their newborn, and they expressed grief about losing this opportunity to have early contact with their newborn. Feelings of sadness over missing the newborn's first moments in life, such as the first bath or first skin-to-skin contact, were shared.

Then we just sat there and had given birth to a baby and were supposed to celebrate; we got a tray with coffee, a small Swedish flag, and some pear cider but no baby; so, it was a little strange. (Informant #6)

### *Constant Anxiety*

During the separation, the parents experienced constant anxiety and were stressed about both their newborns and their own well-being, as they were infected with a potentially deadly virus. However, most of their apprehension was related to the newborn's well-being. These concerns varied from fear that the newborn would not survive to thoughts that the newborn would forget and/or not recognize his or her parents. Situations of being separated from the newborn and going home or to a different ward at the hospital were described as bizarre. They felt alone, even if they had support from significant others. Moreover, having older children at home, who needed attention as well, was described as adding to their anxiety. Finally, there were thoughts about a sense of existential loneliness and feelings of powerlessness: "You wait for them to call and say that she's dead. That's what you sit and wait for ... she was so small, and you weren't there" (informant #1).

### *Difficulties in Feeling Like a Parent*

The parents described difficulties in feeling like a parent during the separation and they lost trust in themselves as parents as a result. During the interviews, parents also described difficulties in replacing a feeling of closeness; they mainly mentioned the newborn's need to be close to a parent as a reason for these thoughts. In contrast, parents who had a deputy parent present during the separation did not share these same thoughts: "It was surprisingly quick to lose all confidence in myself [as a parent]" (informant #3).

### *A Wish for a Different Situation*

Even if things turned out alright in the end, the participants expressed that they had wished for a different situation. They found themselves in an unwanted situation that they could not change, but still they accepted it. Furthermore, parents described feelings



of physical pain when being separated from their newborn: “It did not feel good, and my heart ached. But the situation was like that, and I couldn’t do anything about it” (informant #9).

## To Be Reunited

### *A Need to Feel Prepared Before the Emotional Reunion*

The reunion with the newborn was very emotional. When the reunion took place, it was described with different emotions, but a common aspect that was considered to be helpful was being close to the newborn, preferably skin-to-skin. Some parents described that it was not until they met the newborn that they realized it was for real.

Parents also expressed a need to feel prepared before being reunited. This could entail practical preparations, such as being able to express human milk in order to breastfeed, or an exchange of information with the staff or the deputy parent to prepare oneself before the reunion. The information could relate to routines regarding the newborn, such as when to feed him or her or how to provide comfort when he or she is upset. Furthermore, parents stated that it should be the staff who are responsible for this exchange of information.

It was very important to have her near when we were reunited. To feel her scent, feed her, to cuddle and kiss her. Having her close next to me conveys a rush of happiness and I can fully relax. All tension is relieved and you allow yourself to feel, to one hundred percent. (Informant #5)

### *To Be Affected for a Long Time Afterward*

The participating parents explained that the separation affected their relationship with the newborn. They described varying effects on their relationship with the newborn, including both emotions of joy and sorrow. Parents described the newborns as unfamiliar to them when they were reunited. Furthermore, all parents were affected by the separation, and some expressed being distressed even 1 year after the separation had occurred: “It hurt so much inside because he wasn’t close; then after a couple of days, it was as if he had been cut off, and after three or four days, it felt like I didn’t have a child anymore” (informant #3).

The most common effects were not only feelings of sorrow when they thought about the separation but also difficulties being away from the newborn, even if needed. Some talked about the separation as an experience that will stay with them for the rest of their lives. Afterward, parents expressed thoughts about how they were actually able to manage the separation: “Sometimes, it feels like you can focus more on the individual and think that this is our life and our experiences; this, we will carry with us for the rest of our lives” (informant #10).

## *Practical and Emotional Parenting*

Because of the separation, the parents lacked basic practical parenting skills when they were reunited with the infant. One mother described how she felt she had to practice parenting on her own when they reunited, although she felt that the father took better care of the newborn. Even here, physical closeness to the newborn was viewed as favorable when overcoming this problem.

So when I knew how he moved and all that stuff, that was when I felt that now it’s okay to change the diaper, be involved in changing the CPAP machine, be involved in the process, that he will survive. (Informant #11)

## DISCUSSION

To summarize, although the parents considered the separation as undesired and they wanted to be with their infant, it was secondary to their fear of infecting the newborn with COVID-19. In these uncertain times, with little knowledge about the virus, they had to accept the situation. However, the separation affected the whole family, and they were deeply distressed for a very long time, even a year later, when the interviews were conducted. They felt abandoned in an uncertain situation.

The parents expressed that it was not enough to receive photographs and/or video calls. Instead, they wished they could see their newborn through a window, even if it was not possible to be physically close to the newborn. Another facilitating factor was the possibility of having a deputy parent present during the separation. This was described as calming and helpful. Regarding the preparations prior to the reunification, the parents described this as an important part, comprising both practical aspects and an exchange of information. Parents expressed a need for more information from the staff, both during the separation and when they were reunited with the newborn.

Our results are congruent with previous studies,<sup>4,5</sup> stating that separation should be avoided if possible and that the mother–newborn dyad should be cared for together. The parents described the separation as traumatic, and they want the staff to be aware that the separation is something that can have a lifelong effect on those involved. Parents who have been through a separation should not be disregarded, and measures should be taken to ease the long-term effects, for example, practical and emotional support prior to and during the reunion. Shaw et al<sup>7</sup> stated that NICU nurses experienced the separation as problematic, something that goes in line with the aforementioned statement. Everyone involved viewed separations as undesirable. If a separation is inevitable, precautions should be taken to minimize the potential harm.

In clinical practice, in most NICUs until the 1970s, parents were not allowed in the NICU until shortly

before discharge; research conducted since then has resulted in current policies. Today, parents are present and engaged in caring for the newborn all the time, even in the NICU. Thus, it is essential to set up a system that provides the utmost possibilities for the parent/mother to be involved. If separation of the newborn and parent cannot be avoided, it is important to have opportunities for the parents to see the newborn prior to the separation and during the separation, such as through a window. Other facilitating factors include sharing photographs of the infant; providing a “smell cloth” to the mother, that is, a blanket or clothing, which has been with the infant; and having regular “meetings” with the contact staff, neonatal nurses, the doctor, curator/social worker; and lactation support. Furthermore, videos, FaceTime calls, or recording the mother’s voice for the infant to listen to may help decrease the trauma of separation.

The staff are responsible for the information and communication with the parents during and after the separation. Parents expressed a need for guidelines regarding this, rather than depending on the individual staff’s ability and engagement. Furthermore, the staff should inform the parents that a deputy parent may be present during an undesired but necessary separation. Having solid policies is vital; however, to ensure they are enacted, it is important to have well-informed and well-supported staff, including offering regular in-service and education opportunities, and involving families who share their experiences. As one parent said, “How well a challenging admission/discharge goes should not depend solely on how good or not so good a nurse is.”

It is well known that separation between parents and their newborn should be avoided and that COVID-19 has had a negative impact on parental presence and participation in the child’s care. Moreover, COVID-19 has a negative effect on parents’ mental health and lactation rate when having a newborn in need of care at an NICU.<sup>13</sup> Immediate and uninterrupted skin-to-skin contact following birth is recommended by the World Health Organization.<sup>14</sup> Moreover, zero separation is in line with the Sustainable Development Goals, specifically numbers 3, 5, and 10: Good health and well-being; Achieve gender equality and empower all women and girls; and finally, Reduce inequality within and among countries.<sup>15</sup> Skin-to-skin contact and zero separation after birth have many advantages; specifically, it helps regulate the infant’s temperature, facilitates lactation, and promotes the mother–infant bonding and attachment.<sup>16</sup> This is of utmost importance for the most vulnerable, newborn with low birth weight and the preterm infants.<sup>14</sup> Therefore, future studies should focus on clinical interventions to avoid separation, that is, zero separation, between parents and

newborns in clinical practice. More work also needs to be done on parents, specifically the mother who has/had COVID-19 during pregnancy and delivery, and also how separation affects the mothers’ mental health.

### Strengths and Limitations

This study was conducted with parents who had experiences of separation during the COVID-19 pandemic. The interviews were extensive and provided rich data; thus, we believe that we reached information power, that is, saturation, as described by Malterud et al.<sup>17</sup> The criteria for assessing trustworthiness were considered. To avoid lone researcher bias, all authors individually read the transcripts and discussed all the categories and themes until a consensus was reached.<sup>12,18,19</sup> However, the interviews were conducted with a limited number of informants having experience with separation from their infant. The severity of the mothers’ health issues could have impacted their state of mind and alter the information provided in the interviews. Nonetheless, the included parents represent various sociodemographic statuses, and they openly shared their diverse experiences. Although the purpose of this study was not to generalize, the results might be transferrable to similar settings, including perhaps situations when the mother–newborn dyads are separated from each other for other reasons.

### CONCLUSIONS

If a separation between newborns and parents is inevitable, precautions should be taken to minimize the potential harm. Well-thought-out policies must be in place to decrease the impact of a separation on both the parents and the infant. Parents need opportunities to prepare, both practically and with transparent information, in connection with the separation as well as before the reunification. Utilizing FaceTime and photographs, as well as allowing the parents to see the newborn through a window, is helpful. Parents should also be able to have a deputy parent present during an undesired but necessary separation from their newborn.

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## Summary of Recommendations for Practice and Research

### What we know:

- Separation between parents and their newborn should be avoided.
- Immediate and uninterrupted skin-to-skin contact following birth is recommended by the World Health Organization.
- Skin-to-skin contact after birth has many advantages and helps regulate the infant's temperature, facilitates lactation, and promotes the mother-infant bonding and attachment.

### What needs to be studied:

- Associations between neonatal intensive care and effects in the mother-newborn dyads focusing on depressive symptoms, anxiety, and stress and on bonding to the infant.
- More work also needs to be done on parents, specifically the mother who has/had COVID-19 during pregnancy and delivery, and also how separation affects the mothers' mental health.

### What can we do today that would guide caregivers in the practice setting considering the use of this evidence for guiding practice:

- If a separation between a newborn and parents is inevitable, precautions should be taken to minimize the potential harm.
- Having good solid policies is vital; however, to ensure they are enacted, it is important to have well-informed and well-supported staff, including offering regular in-service and education opportunities, and involving families who share their experiences.
- Parents need preparation and transparent information prior to the separation and before the reunion.
- Parents should be able to have a deputy parent present during an undesired but necessary separation from their newborn.

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