



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



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**INTERNAL MEMO**

Date:	14 September 2020		
To:	<b>The Honorable Dr ZL Mkhize, Minister of Health</b>	From:	<b>Ministerial Advisory Committee (MAC) on Covid-19</b>

**PARENTAL ACCESS TO HOSPITALISED CHILDREN**

**Request for Advisory sent to MAC/Problem/Concern**

The Human Rights Commission lodged a complaint with the Ombud about lack of parental access to hospitals due to Covid-19-related policies or guidelines, prompting a MAC advisory.

**Review**

- Childhood is a period of physical, psychological and social vulnerability. Illness and admission to hospital are traumatic events with the potential for physical, emotional and social harm to young children. The potential trauma of admission may be exaggerated by the need for social distancing, infection prevention and control (IPC) measures, and non-pharmaceutical interventions (NPI) including the use of personal protective equipment (PPE).
- Studies report that the stress levels of parents are reduced by being more informed and involved in caring for their children while in hospital.<sup>1</sup> Furthermore, in a post-tonsillectomy unit, parent satisfaction was higher when they were involved in caring for their children.<sup>2</sup> Systematic reviews have demonstrated that parents and health care providers recognize the value of parents being with their children during hospitalisation.<sup>3</sup>
- A systematic review and meta-analysis of kangaroo mother care (KMC) showed that those in the KMC group performed significantly better on the following outcomes than those without KMC: overall length of hospital stay (significantly shorter), frequency of readmission and patient satisfaction.<sup>4</sup>
- Parental stress has been linked to poorer developmental outcomes in preterm infants.<sup>5</sup>
- In the context of Covid-19, the proper application of PPE can contain and reduce spread.<sup>6,7</sup> However, the prospect of allowing potential asymptomatic carriers, who could be contagious, into the NICU is daunting. The risk of transmission from mothers to their own babies is however low. Consequently, it is completely reasonable to keep infants with their mothers even if the mother is Covid-19 positive, provided the mother is well enough to care for her baby and follows strict IPC measures.
- The ethics of having contrasting hospital policies (whereby some hospitals allow parental access whilst others do not) is disingenuous because the guiding principle is not based on facts particular to the case or the community, but instead on hospital protocol.<sup>8</sup>

## References

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3. Watts, R., et al., *Family-centered care for hospitalized children aged 0-12 years: a systematic review of qualitative studies*. *JBI Database of Systematic Reviews and Implementation Reports*, 2014. **12**(7): p. 204-283: doi: 10.11124/jbisrir-2014-1683.
4. Jafari, M., et al., *Effect of Kangaroo Mother Care on hospital management indicators: A systematic review and meta-analysis of randomized controlled trials*. *J Educ Health Promot.* , 2019. **8**(96): p. doi: 10.4103/jehp.jehp\_310\_18.
5. Turpin, H., et al., *The interplay between prematurity, maternal stress and children's intelligence quotient at age 11: a longitudinal study*. *Sci Rep*, 2019. **9**: p. 450.
6. Cook, T., *Personal protective equipment during the coronavirus disease (COVID) 2019 pandemic—a narrative review*. *Anaesthesia.*, 2020. **75**(920-927).
7. Chu, D., et al., *Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis*. *Lancet*, 2020. **395**: p. 1973–87:[https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9).
8. Murray, P. and J. Swanson, *Visitation restrictions: is it right and how do we support families in the NICU during COVID-19?* *Journal of Perinatology*, 2020: p. <https://doi.org/10.1038/s41372-020-00781-1>.

## Recommendations

*Refer to full document: Advisory on Parental Access to hospitalized children*

### **Health establishments should be guided by these four principles:**

- First do no physical, emotional or social harm.
- Maximise the good for the highest number, whilst causing no harm.
- Apply the least restrictive measures of interference and disruption to achieve the public health goal.
- Consider the feasibility of implementing recommended protocols in different social, cultural and geographic contexts, including settings with limited resources.

### **Recommendations**

1. Avoid separation of mother/primary caregiver and child – explore all options and be innovative to avoid separation. Only separate in exceptional circumstances, such as where adequate facilities do not exist to jointly accommodate parent/primary caregiver and newborn/young infant/child in hospital. Both parents should be allowed access to hospitalized children, under strict infection prevention and control (IPC) measures and non-pharmaceutical interventions (NPI) including hand sanitisation, face masks, and physical distancing.
2. Newborns/ young infants and their parents / primary caregivers have a reasonably high likelihood of having a similar Covid-19 status, and should be managed as a single dyad rather than as two separate individuals. A positive SARS-CoV-2 result in either member of the dyad should prompt management of each as potentially infectious. Cohort dyads based on their Covid-19 status: Covid-19 negative dyad (both negative), Covid-19 positive dyad (either positive).
3. Promote, support and encourage breastfeeding, or breastmilk feeding, and discuss skin-to-skin care of newborns with the mother/primary caregiver. Ideally, promote breastfeeding and skin-to-skin contact, with IPC measures and NPI, including that the mother/primary caregiver dons a surgical mask and practices hourly hand hygiene and respiratory etiquette. Kangaroo mother care (KMC) units should continue only if cohorting is possible, IPC and NPI should be maintained and the physical space facilitates isolation of infected dyads with distancing from uninfected dyads. With regards to the continued running of KMC units, individual health establishments may tailor local decisions after consultation with district-level and paediatric experts, based on local availability of space, IPC and NPI. Individual health care providers may

tailor skin-skin decisions for an individual dyad after counselling a mother/primary caregiver, based on choice, and ability to implement IPC and NPI.

4. Provide surgical masks to all parent(s)/primary caregivers, accompanying a child to hospital. These should be replaced daily throughout the hospital stay.
5. Every hospital is mandated to provide lodger/boarder mother facilities for Covid-19 positive, Covid-19 negative and PUI mothers (separately). Stringent IPC measures and NPI should be implemented (see points 6-7 below). If facilities are limited, prioritise breastfeeding mothers in the following order: (i) Covid-19 negative, (ii) PUI (iii) COVID-19 positive.
6. Implement administrative controls to reduce infection risk:
  - Identify an infection control marshal (staff member) in each children's ward, during every shift, to encourage and enforce IPC measures and NPI amongst staff, patients and parent(s).
  - Identify a mother / peer champion or staff member to orientate new lodger others and oversee compliance with IPC measures and NPI including strict hand hygiene - hourly handwashing/sanitization with alcohol based hand rub; 12-hourly symptom screening, surgical face masks at all times except when bathing, eating or sleeping – these should be changed daily. Mothers should eat outside, weather permitting, or in a well ventilated area, away from other boarders (preferably 2 metres or at least 1 metre apart). Restrict movement to between the lodge and the child's ward.
7. Reinforce engineering controls to reduce infection risk: Ensure at least 1 metre, and preferably 2 metre spacing between mothers' beds and hospital beds/incubators/bassinet with sanitizer at the foot of every bed/incubator/bassinet.
8. If parental separation is unavoidable, limit it to as short a period as possible, and implement innovative methods to facilitate contact including daily phone calls, photographs and video/WhatsApp calls, and skin-skin interactions by a caregiver or staff member designated to care for the newborn/young infant/child. Assist with lactation/re-lactation after the acute illness.
9. Engage with communities to explore the repurposing of homes/ community halls around the hospital to accommodate dyads.
10. Policies and practices (e.g. IPC measures/ NPI) around parental access to hospitalized children during COVID-19 could cause or exacerbate stress. Link parents to local community resources or facilitate access to grants. Additionally, obtain feedback on hospital processes/systems/policies to optimize processes, systems and practices.

Thank you for consideration of this request.

Kind regards,



**PROFESSOR SALIM S. ABDOOL KARIM**

**OVERARCHING CHAIRPERSON: MINISTERIAL ADVISORY COMMITTEE ON COVID-19**

**DATE: 14 September 2020**

**CC:**

- » **Dr S Buthelezi (Director-General: Health)**
- » **Dr T Pillay (Deputy Director-General: National Health Insurance)**
- » **Dr S Zungu (Project Lead: Sectoral Response to Covid-19)**
- » **Incident Management Team**