Received: 14 January 2021 Revised: 25 January 2021 DOI: 10.1002/ijgo.13650

Accepted: 19 February 2021

First published online: 15 March 2021

Obstetrics

Parental perception of neonatal ICU visitation during the **COVID-19** pandemic

Aimen Ashini | Ahmed Alsoufi | Muhammed Elhadi 🛭

Faculty of Medicine, University of Tripoli, Tripoli, Libya

Correspondence

Muhammed Elhadi, Faculty of Medicine, University of Tripoli, University Road, Furnaj, Tripoli, PO. Box: 13275, Libya. Email: Muhammed.elhadi.uot@gmail.com

Keywords: COVID-19, depression, perinatal, policy, postpartum, psychiatry

The COVID-19 pandemic has produced considerable challenges for neonatologists working in intensive care units due to the fear of disease transmission from infected infants to their mothers or from infected mothers to vulnerable neonates. Therefore, neonatal units have implemented several changes to their daily routines and decreased parent visitations. This induces high psychological distress and concerns for parents of neonates.

Ethical approval was obtained from the Bioethics Committee at the Biotechnology Research Center of Ministry of Higher Education and Scientific Research in Libva. Informed consent was obtained from all participants in this study. A cross-sectional survey evaluated the concerns regarding neonatal unit visitation policy and postpartum depression among parents of neonates admitted to neonatal units in Tripoli, Libya from May-June, 2020. The survey contained two sections: the first section included items on sociodemographics, and attitudes and perceptions pertaining to visitation policy, which was adapted from a previously published study. The second section included the Edinburgh Postnatal Depression Scale (EPDS), which was translated into the local Arabic language by two independent translators and validated with a Cronbach's α of 0.82. The 10-item EPDS is scored on a 4-point (0-3) Likert scale with a maximum score of 30.2

The 41 respondents included 31 (75.6%) mothers, eight (19.5%) fathers, one (2.4%) grandparent, and one (2.4%) other. Participants' (SD) mean age was 32.02 ± 31 , ranging from 22 to 47 years of age. Approximately 20 (48.7%) respondents identified that the minor visiting restrictions were for established for safety purposes. Additionally, 19 (46.3%) did not receive status updates about their child, and 7 (17.1%) reported facing difficulties in bringing milk and other supplies to the hospital. Concerning breastfeeding, a total of 14 participants (34.1%) reported an inability to properly breastfeed

their child, while 10 (24.4%) reported severe effects of the visitation policy on breastfeeding. Table 1 provides the participants' basic characteristics and survey responses. Regarding post-natal depression, 35 respondents (85.4%) reported a score >10, which suggested a minor or major depression. The mean score of EPDS was 15.66 \pm 5.71, with a range from 0-26. Notably, four (9.8%) participants reported suicidal ideation.

Our study demonstrated a high prevalence of postpartum depression with possible minor/major depression in more than 85% of participants. Therefore, resolute actions and efforts to promote strategies, such as psychiatric teleconsultation or debriefing of parents, providing psychological counseling through perinatal care workers, personal protective equipment during visits, and support for separated parents, are needed to mitigate psychological distress. Moreover, visitation policies during the pandemic are needed in hospitals to reduce the burden on healthcare workers and parents of women and neonates admitted to neonatal intensive care units.

ACKNOWLEDGMENTS

We would like to thank Ali Alsuyihili for his help in translation.

CONFLICTS OF INTEREST

The authors have no conflicts of interest.

AUTHOR CONTRIBUTIONS

AAs, AAI, and ME contributed to the study conception and design, and material preparation. AAs and AAI participated in data collection. ME analyzed the data and prepared the first draft of the manuscript. All authors contributed to and approved of the final version of the manuscript.

TABLE 1 Participants' basic characteristics and their concerns regarding neonatal visitation policy (*n* = 41).

Variable/Question	n	%
Relation		
Mother	31	75.6
Father	8	19.5
Grandparent	1	2.4
Other	1	2.4
Education		
Primary	2	4.9
Secondary	4	9.8
University or equivalent	30	73.2
Postgraduate	5	12.2
Gestational age of the newborn		
Severe preterm (<28 wks)	2	4.9
Preterm moderate (28–34 wks)	9	22
Preterm mild (34–37 wks)	9	22
Term (37 wks)	21	51.2
Duration of stay in the NICU		
<1 weeks	20	48.8
1-4 weeks	17	41.5
>4 weeks	4	9.7
How would you describe the visitation policy at the N COVID-19 pandemic?	IICU dur	ing the
Appropriate	10	24.4
A little too restrictive, but understandable for the safety	20	48.7
Very restrictive	9	22
Not restrictive enough	2	4.9
What type of visitation restrictions are implemented during the COVID-19 pandemic?	to the N	ICU
No visitation	15	36.6
Only one parent allowed for less than 2 h per day	10	24.4
Only one parent allowed for between 2 and 4 h	1	2.4
per day		
Two family members allowed at a time for limited duration	8	19.5
Two family members allowed at a time for limited	7	19.5 17.1
Two family members allowed at a time for limited duration	7	17.1
Two family members allowed at a time for limited duration No restrictions How did the newly imposed visitation policy affect the	7	17.1
Two family members allowed at a time for limited duration No restrictions How did the newly imposed visitation policy affect th your visits to the NICU?	7 ne freque	17.1 ency of
Two family members allowed at a time for limited duration No restrictions How did the newly imposed visitation policy affect the your visits to the NICU? No effect	7 se freque 8 33	17.1 ency of 19.5 80.5
Two family members allowed at a time for limited duration No restrictions How did the newly imposed visitation policy affect th your visits to the NICU? No effect Decreased visitation What are your concerns regarding the new visitation	7 se freque 8 33	17.1 ency of 19.5 80.5

TABLE 1 (Continued)

ABLE 1 (Continued)		
Variable/Question	n	%
I feel like I am not receiving enough updates or information about my baby	19	46.3
I feel like my ability to bring my milk and other supplies to the hospital has changed	7	17.1
Has the new visitation policy affected your ability t your baby?	o breastfe	ed
No effect, I do not plan to breast feed	1	2.4
No effect	8	19.5
Minimal effect	8	19.5
Severe effect	10	24.4
Unable to properly breastfeed my child	14	34.1
Were the telephone updates helpful to address you your baby?	ır concerns	about
Did not help	14	31.1
Somewhat helpful	13	31.7
Very helpful	14	34.1
Are you requested to wear PPE during your visits to	o NICU?	
Not required	15	36.6
Facemask	2	4.9
Apron	3	7.3
Both	21	51.2
Do you have any concerns that your child might be COVID–19 during their hospital stay?	infected w	vith
Yes	26	63.4
No	15	36.6

Abbreviations: NICU, neonatal intensive care unit; PPE, personal protective equipment.

ORCID

Muhammed Elhadi https://orcid.org/0000-0001-6406-4212

REFERENCES

- 1. Muniraman H, Ali M, Cawley P, et al. Parental perceptions of the impact of neonatal unit visitation policies during COVID-19 pandemic. *BMJ Paediatrics Open.* 2020;4(1):e000899.
- 2. Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *The British journal of psychiatry: the journal of mental science.* 1987;150:782-786.
- 3. Gressier F, Mezzacappa A, Lasica P-A, Fourcade C, Corruble E. COVID outbreak is changing our practices of perinatal psychiatry. *Archives of Women's Mental Health*. 2020;23(6):791-792.

(Continues)