Association
for the Care of
Children
in Hospitals

POSITION STATEMENT ON INVOLVEMENT OF PARENTS AND FAMILIES IN HEALTH CARE SETTINGS

I. PHILOSOPHY

Children are both individuals and members of the family. Medical care, acute or chronic, creates varying degrees of stress on a family unit (Vernon, et. al., 1965.) Since the health care system influences the child and the family, care involves the entire "family."

This position paper presents the general philosophy and goals espoused by the Association for the Care of Children in Hospitals in regard to parents and families. The general position taken in this paper is seen to apply to the wide range of health care settings, of staff situations and of economic conditions. Health care settings include hospitals and ambulatory settings regardless of size and function. Implementation of this philosophy necessitates individual and organizational decisions regarding involvement of parents and families. In providing for the care of parents and families, there are a number of concepts which are central for the organization of health care.

II. CENTRAL CONCEPTS

A. Maintenance of the tie between the child and family.
As Prugh (1953) stated in reviewing the emotional aspects of hospitalization on children, this continuation of the ties within the existing family unit is the most crucial aspect of meeting the mental health needs of the child in a health care facility. Maintaining the ties and bonds within the family preserves a major source of support for both the child and the family. Implementation can occur by a variety of activities. Examples might include: (1) rooming in, (2) providing varying degrees of physical care given by the parents either in the hospital or at home, (3) various visits by family members including siblings, (4) having pictures of family members, (5) encouraging telephone contacts. Regardless of the staffing patterns, the regulations of the particular health care setting, or the capabilities of the individual family unit, *some* of these opportunities can be arranged which facilitate and strengthen family ties and bonds.

B. Establishment of an environment where the child experiences a continued sense of parenting.
Continuing parenting by the parents is of highest priority to the child and his family. When a "parent" cannot be present, the child needs to experience a stable relationship with a responsive person in order to maintain the "mothering attitude" (Robertson and Robertson, 1973; A. Freud, 1973; Heinicke, 1965; and Yarrow, 1964.) An awareness of the child's individual needs based upon the developmental stage and family experiences is an integral aspect of planning and implementing care for children and families. An understanding of these needs must be present in order to establish this continued "sense of parenting."

C. Recognition of and respect for the means that the family has for adjusting and coping with the increased stress within the family system.
Such recognition involves a determination of the support system and coping strategies that the family uses to meet stressful events. Chronic illness, acute illness and/or hospitalization cause a change in family interactions and result in varying degrees of stress for that family. The family unit should be involved in both long and short term planning for care when possible.

D. Facilitation and support of the family's style of coping with stress.
Coping styles of the family may be enhanced by: (1) providing families with continuing understandable information regarding the child's condition and therapies, (2) asking parents to provide information about "what works best at home with this child?", (3) discussing the child's and family's reaction to a contact with health care facility, (4) providing parent education through anticipatory counseling and involvement in planning for discharge and follow-up. Some styles may be counter-productive, perpetuating further stressful events and may not help the family arrive at a solution of the stress. These situations may require the health care provider to assist the family by means of various parent education techniques to develop or expand their coping repertoire.

E. Management of conflict between family and health care systems.
Various family styles may be in conflict with styles advocated by the health care facility. The health care provider must recognize conflict between the family system and the professional care system. All of the preceding concepts must be employed by the health care provider in seeking resolution of such conflict.

III. RECOMMENDATIONS FOR IMPLEMENTATION

Implementation of the above philosophy and concepts on the involvement of parents and families in the various health care settings requires our commitment. ACCH may assist individuals and institutions in this implementation by the following provisions:

A. Educational programs at both the central and local levels, particularly programs concerned with initiating change.

B. Consultation and resources that assist with implementation.

C. Input into official policy making groups, such as the Joint Commission, state licensing, and other units to develop standards of care.

D. Support of research to determine various modalities of care, to assess attitudes toward family centered care, and to develop tools that measure the effectiveness of new approaches to child care.

E. Development of standards of practice for individuals working with parents and families in health care settings, which involves assessment of the individual and the health care setting in which he works.

F. Stimulation of more publications in professional and non-professional journals regarding family involvement in the child's health care.

G. Maintenance of ties with parent and advocate groups.

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PHILOSOPHY OF FAMILY CENTERED CARE

The philosophy at the Chicago Unit is a family centered care approach in the care of our children. This enables the child to feel the safety and security of his family structure in which his family has been, and will continue to be, a stabilizing force. Parents know and care more about their child than any other person involved with him.

Encompassing families in a child's care also benefits medicine and nursing. It helps us to provide better patient teaching, inpatient, outpatient, and follow-up care. Family involvement also shortens the child's recovery period.

Through the family centered approach, the whole child is treated. It is important to maintain and to enhance the child's development in the areas of physical, intellectual, spiritual, psychological and social needs.

Integrating the wholistic approach with a family centered environment provides the basis for supporting and promoting the growth and development of our children, their families, the pediatric staff, and for encouraging pediatric nursing excellence.

We incorporate a variety of programs and activities for groups of parents, patients, and sibling groups to meet our family centered care philosophy. Some of these groups include talk times for teenage patients who have special needs. The purpose of our teen talk times is to allow the adolescent an opportunity to express themselves during the care process. This support can take the form of counseling groups and referrals to assist the teen in handling the long term effects of an orthopedic handicap.

Our Preoperative Holding Room was established two years ago. It offers a thorough preop teaching program to patients admitted to the Chicago Unit. This room is used to teach all patients, according to their age and developmental level, the various aspects of their upcoming surgical procedure. It also provides a restful and supportive atmosphere for the patient and family prior to the surgical procedure. The patient receives the preop shot in this second floor room. Family members who are available are also encouraged to be there to support and assist the child prior to surgery. The child is then transferred to our Operating Room suite, and our staff family support group maintains a support system for parents waiting for children to return from the Recovery Room.

We have found that this comprehensive program of patient teaching, family involvement, and family support helps to lessen the anxiety of the surgical procedure and hospitalization for the entire family unit.

We are intensely involved with the family, and through a variety of means we try to maintain strong contacts with them. Our patient clinic talk times were established almost two years ago. These talk times offer educational seminars of topics of interest to families caring for a handicapped person. Some topics include: legal rights, school rights, parent assertiveness, as well as other information on specific diseases.

We combine these programs with separate talk time seminars for our inpatient parents to form a consistent link with both outpatient and inpatient parenting groups.

In the last year we have selected three days throughout the year as "Family Days". The purpose of Family Day is to encourage the family unit to join us for a day of parent, sibling, and patient workshops. Most of the parents who join us for these days are awaiting future surgical procedures for their children, or are on our outpatient waiting list for admission.

The services we offer are an integral part of our care and philosophy, and because of these services the family then feels support, much more secure and better able to deal with their own handicapped child.

Ideas from this

1. Holding rooms (Keeping rooms)

2. ~~Clinic~~ Talk Times

3. Family Days 3 x yr ~~for~~ ~~those~~ workshops for those awaiting admission + future surgical procedures.

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MATERNITY-GYNECOLOGY NURSING/MACDONALD 5

INFORMATION FOR MOTHERS

FAMILY CENTERED CARE: The important part of family-centered care is the close contact and interaction between you and your baby. For this reason, we encourage you to keep the baby with you as much as possible. While you are napping the baby can stay with you - either in the crib or in bed with you with the side rails up and padded with a pillow or blanket. You are encouraged to take a rest period at 3:00 p.m. or more frequently. The only time that the baby must return to the Nursery is during general visiting hours (7:15-8:30 p.m.) and briefly in the night or early morning so that he or she may be weighed and examined. You may want to keep your baby with you throughout the night or you may have the baby remain in the Nursery until morning and be brought to you for night feedings. Babies not brought to mothers at night are fed in the Nursery unless orders to the contrary are given.

While the baby is with you a nurse will show you how to care for your baby and may be called at any time to give you additional help. If you leave your room for a shower, please return the baby to the Nursery or ask to have him/her picked up. For safety purposes, take your baby from place to place in the bassinette rather than carrying baby through the hallways.

A nurse will also be talking with you about your own care and your needs. Please do not hesitate to talk with us about any concerns you may have.

VISITING: Our visiting program has been developed to meet your needs and those of your family members. At the same time, our program is also designed to protect your baby from large numbers of people coming in contact with him/her when baby's own defenses against infection have not yet been fully developed. Our policies must also be in accord with the Ohio Health Code for Maternity Hospitals.

Fathers or Special Visitors: Fathers are encouraged to be with you and share in baby care at any time from early morning to late evening (10:00 p.m.). A family member or special friend who will help with baby's care at home is welcomed if father does not visit. We request that the father or special visitor please check at the desk upon arrival so that we may assist him/her with finding your room, obtaining a cover gown, and receiving instructions about handwashing prior to handling the baby. We request that your special visitor handle only your baby.

In the event that the father or special visitor cannot be with you for several days or can only visit for very short periods, please check with your nurse about arranging for another person to be with you during the day.

Grandparents: Baby's grandparents are invited to visit you and the baby on a scheduled basis and may visit for one hour. Please schedule this visit with the secretary at the desk or with your nurse so that the time of the visit may be entered in the Grandparent Visiting Book and may be communicated to the attendants in the lobby of MacDonald House. Please tell grandparents to check at the desk when they arrive so that we may direct them to your room and also assist them with finding a cover gown and the place for handwashing prior to visiting with the baby. We request that only two grandparents at a time visit with you and the baby. You may wish to have the visit less than one hour, dependent upon your own needs for rest.

VISITING (CONTINUED):

Children's Visitation: We are happy to inform you that your children at home are able to visit you during your stay at MacDonald 5. In order to carry out such a program in an orderly fashion, we kindly request that you follow our stated policy.

Children must be well and free of infection in order to visit. The nurse will question you about your children's health. A specific date and time will be assigned for the visit based upon your preference and times available. More than one visit during your stay is also possible and again is dependent upon your preference and times available. According to the Ohio Health Code, only one family with children under 12 years may visit on a maternity floor at a time. For this reason, children's visits must be scheduled. The assigned visiting period will be during the hours between 8:00 a.m.-7:00 p.m. and 8:30 p.m.-9:00 p.m.

During the visiting period, you may be with your children in the waiting room for 30 minutes. You may also take your children to the Nursery window to see the new baby during that time. You are requested to follow the time limit so that other families may visit. If you wish to have your children visit more than once during your hospitalization, you may request additional visits from your nurse, who will be happy to arrange another visit.

Please talk with us about any feelings you have before or after the visit. Some children may act differently or strangely with you in the beginning, some will cry when it is time to leave, some are disinterested in the baby or seem more interested in other babies. These are all normal behaviors but can be upsetting to you. Some mothers feel sad after the visit, some mothers even cry, some mothers worry about how they will manage with another child, some worry if they will have "enough love to go around." Please share your thoughts and concerns with us and let us help.

Guests for Meals: The father or special visitor is welcome at any meal. A request for a guest must be placed at least two hours in advance. Please contact the secretary on the intercom, or speak to her at the nurses' station. She will give you a request slip and tell you about the cost. Some parents select a meal time for their children to visit, in which case you may order a tray for your child if you wish. Another option would be if the father or special visitor would prefer to bring his or her own sandwich or snack.

BABY PICTURES: A commercial photography studio will photograph your baby in the Nursery. The pictures will be brought to you for your consideration, and if you are interested in them you will be given an explanation about how they may be purchased.

TELEVISION: A television set is in every patient room and can be operated at a charge of $2.95 per day. If you wish to have the television turned on, please fill out a card at the desk requesting television service (your special visitor may fill out this card for you). You will need to pay for the service when someone comes to turn on your television set.

There are two free channels which are education channels. You may turn to channel 12 and obtain information about the hospital as well as about the programming. Programs are also posted on your bulletin board. Of particular interest to you would be the programs about child care and parenthood, such as "The Amazing Newborn."

PARENT CLASSES: We are eager for you to attend.

Class Schedule: (May be subject to change.)

Monday - Wednesday - Friday - Feeding (Breast 1:00 p.m.; Bottle 11:00
Tuesday - Thursday - Saturday or Sunday - Infant Care (1:00 p.m.)

You are encouraged to bring your baby to class, but to leave the bassinette outside the classroom.

Infant Care Class: A nurse talks to parents about newborn babies and how to care for them. Parents are shown how to bathe and dress a baby - questions are encouraged. Discussion of infant needs and behavior is included. Fathers or family visitors are welcome to attend this class.

Bottle Feeding Class: Mothers and fathers (or family visitor) are invited to learn how to prepare formula, what types of formula preparations and bottles are available on the market, and to discuss nutritional needs of infants. Questions related to how individual babies are feeding are encouraged. Fathers are encouraged to come.

Breast Feeding Class: Discussion is on developing your milk supply and individual questions and concerns are addressed. Behavior of breast fed babies is discussed. Both mother and father are welcome.

Family Planning Information: Information on family planning on an individual basis is available from the Nursing Staff.