

## Letter to the Editor

Another lesson learned: A commentary on “Montes et al (2020) Neonatal Nursing in the COVID-19 pandemic: Can we improve the future?”

Dear Editor,

We are writing in response to your article “Neonatal Nursing in the COVID-19 pandemic: Can we improve the future?” by Monte et al (2020). This article addresses a current and extremely relevant issue. After reading it, we were able to make an interesting reflection about neonatal nursing practices and their relationship with the impact of the pandemic crisis on these practices.

As discussed, the Covid-19 disease is the biggest public health emergency that has affected and continues to affect us all and has highlighted the gaps that the public health system already had and made it more unstable. Health services also had to adapt to this new reality and re-organize services, guidelines, and care. Health professionals were mobilized to services more affected by the Covid-19 disease and thus other services were left with fewer resources available. The recommendations of best practices were and are extremely dynamic, so the contingency plans were issued and perinatal and neonatal care in NICUs also underwent changes.

In our reality the presence of parents was limited by institutional rules that aim to defend the common good. In our reality, at the beginning there was a predominant philosophy to stand for the common good of the society instead of focusing on each child’s best interest. And this was particularly challenging for the NICU babies. In the first pandemic waves, the lack of evidence-based knowledge underpinned that in some NICU, COVID-19 newborns, born from infected pregnant women were indicated to remain in isolation until they tested negative. Consequently, they were deprived of human touch (without PPE), maternal contact (or both parents contact) in the first minutes of life, skin-to-skin contact, breastfeeding and contact with parents, which might probably influence their comfort and neurodevelopment as well as the development of the parental role. This aspect was identified by the authors which the impact of contingency plans in distinct areas: “(...) *organization and workflow of*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

*neonatal units, (...) perinatal and neonatal care, including breastfeeding, (...) communication-collaboration with parents” (Montes et al, 2020, pg. 248).*

Therefore, to meet the overall needs of the community and decrease the rate of contagion of this infection sometimes the individual needs (in this case of newborns and families) are not met. So, it is more understandable that in an institution that does not have the resources to provide the recommended conditions, that an apparently healthy newborn is isolated from a mother infected with Covid-19. Sometimes the common good takes special precedence over the individual good.

The authors in the conclusion of the article the setback seen in neonatal care during the covid-19 pandemic, as well as the mission and care values implemented for decades in NICUs (Montes et al, 2020). So, as for health professionals, they must act in constant balance with ethical and deontological principles, with institutional norms, respecting national and international guidelines, and always respecting the vulnerability and the supreme needs of newborns and families. We agree that this is a great opportunity for health care providers to further study the impact of contentious measures on professionals, parents and newborns. Nurses are the professional group that can best ensure this reflection over time (Verma, Gedam & Pakhide, 2020; Shaw, Gallagher, Petty, Mancini & Boyle, 2021).

Reflecting on neonatal nursing in the pandemic of COVID-19, we value the important role of health policies implemented in health services. These policies have considered the available hospital resources, resulting in different realities across the country and from an international perspective. It will be very important that we share and discuss different care realities, different ways of managing care, and disseminate best practices.

Living in a new Covid world challenged NICU professionals to be creative and dynamic, to turn threats into opportunities. Soon, neonatal nurses realized the importance of balancing individual interests with the great society good. Allying clinical expertise with new research topics. Nurses found new ways to explore compassionate to support babies and families. Technology was used in an innovative way, to promote alternatives to face to face interaction. Nurses advocated for parent’s presence as often as possible to promote bonding and enhance parental role in NICU.

## References

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65

Montes, M. et al (2020). Neonatal Nursing in the COVID-19 pandemic: Can we improve the future? *Journal of Neonatal Nursing*. Vol. 26 (5), 247-251. Accessed at: 19/07/2021. Available in: <https://doi.org/10.1016/j.jnn.2020.07.005>

Shaw, C., Gallagher, K., Petty, J., Mancini, A. & Boyle, B. (2021). Neonatal Nursing during the COVID-19 global pandemic: A thematic analysis of personal reflections. *Journal of Neonatal Nursing*. Vol. 27 (3), 165-171. Accessed at: 19/07/2021. Available in: <https://doi.org/10.1016/j.jnn.2021.03.011>

Verma, M., Gedam, D S. & Pakhide, V. (2020). Neonatal Nursing Challenges in Covid-19 Pandemic. *The Nursing Journal of India*. Vol. CXI (6), 243-248.