

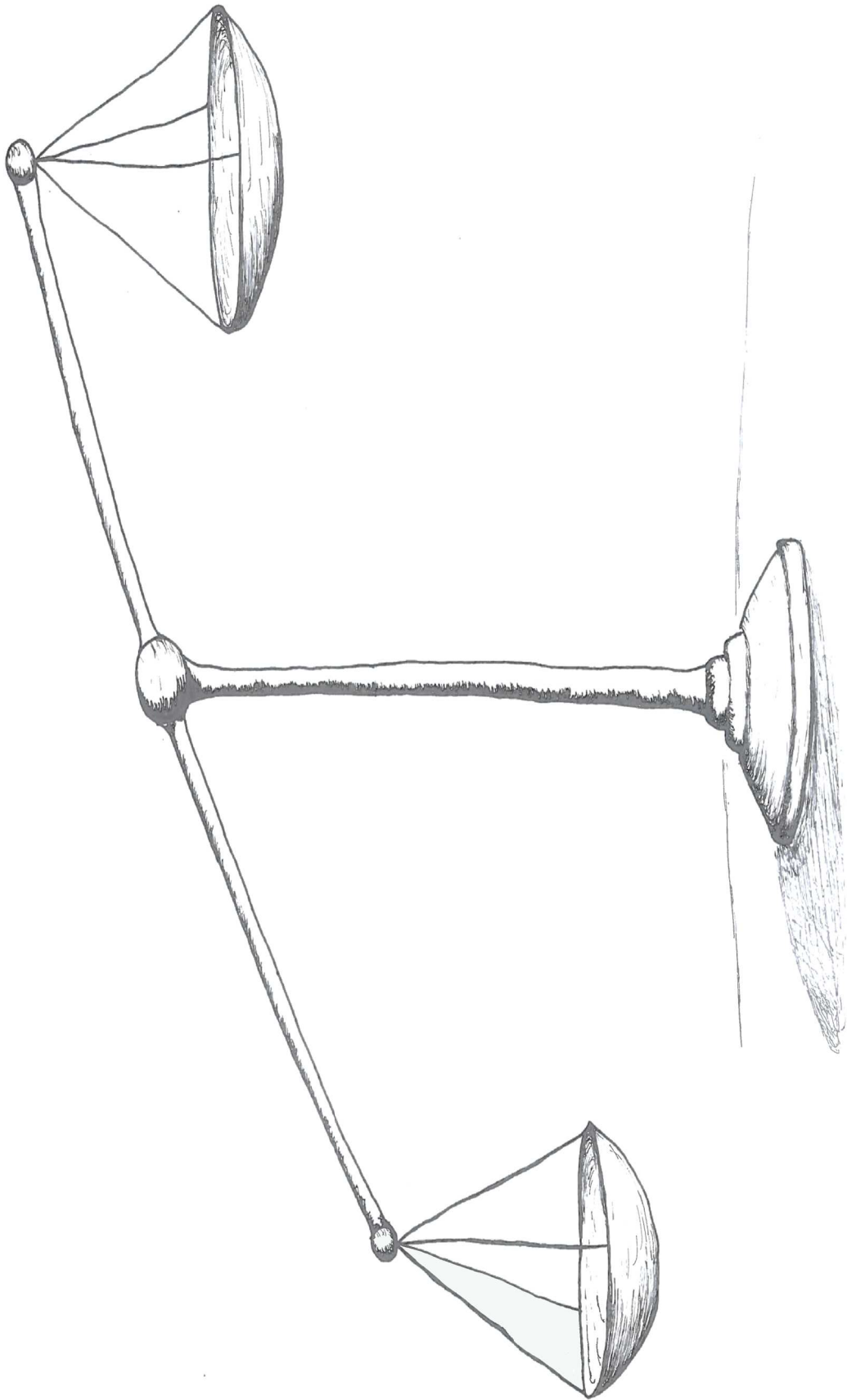
# Drawing health services together: the health service/ graphic medicine interface

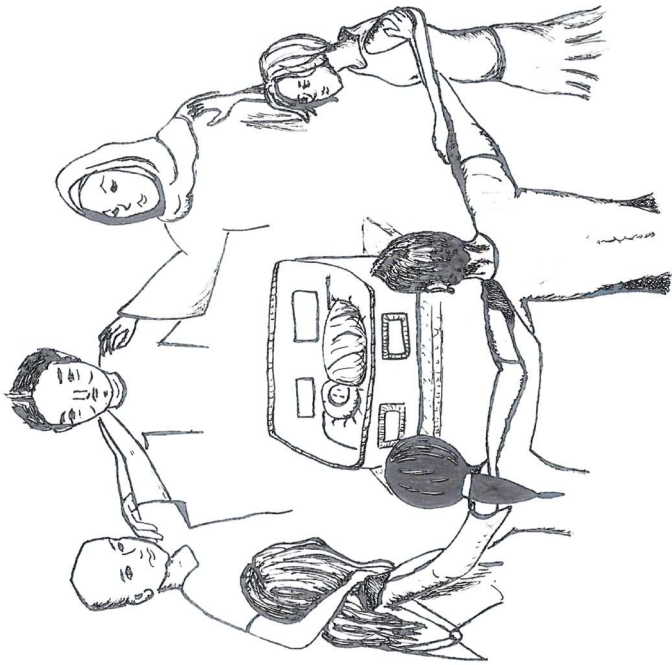
Jo Thompson Coon

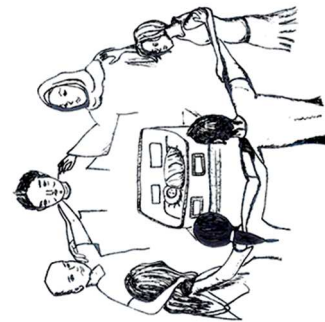
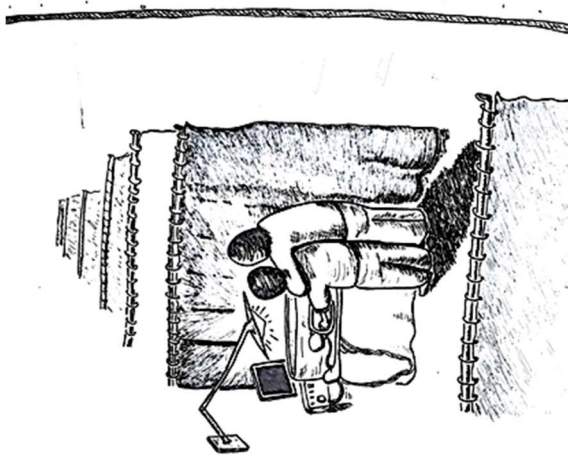
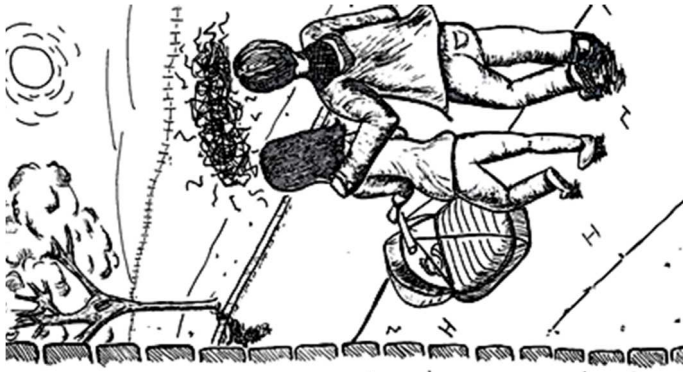
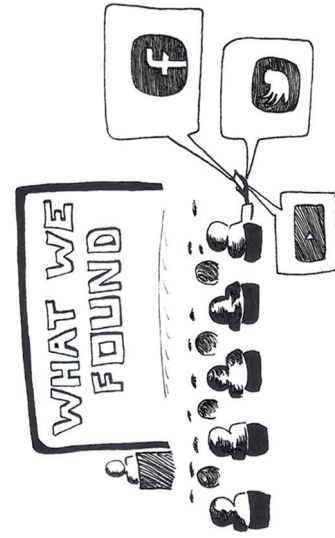
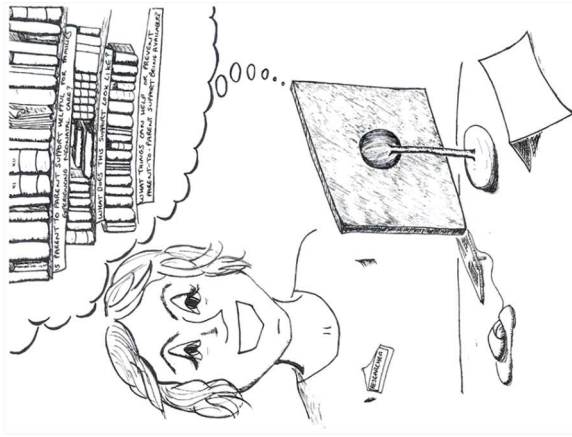
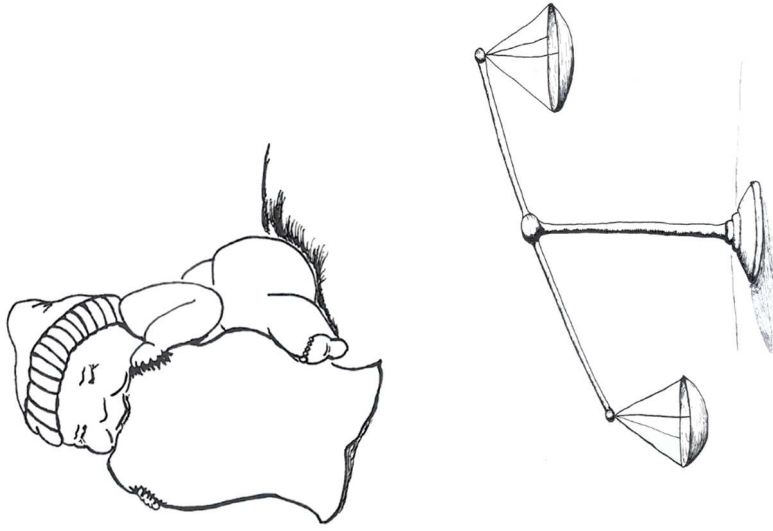
University of Exeter Medical School

@jog13 @alittlebitofliz @evidsynthteam

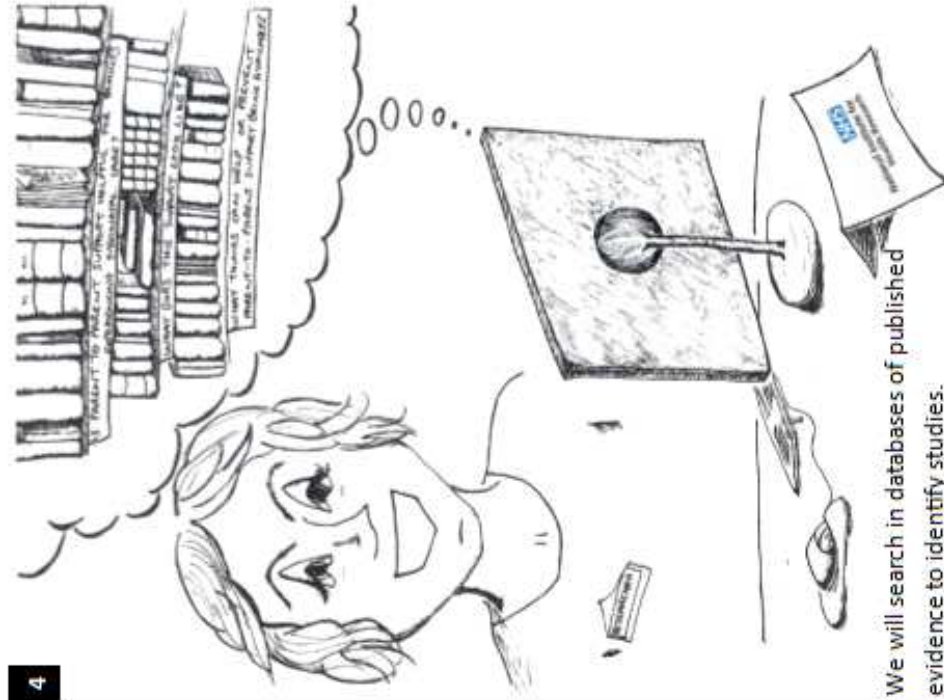
<https://shawillustration.wordpress.com/>







We will carry out a systematic review to see if this approach works:



4

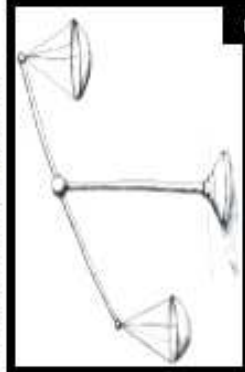


5

**MM/YY:** We will gather the information we need from the included studies. We will collect the same data from each paper. This will help us to compare data across different studies.

**MM/YY:** The research team and parent advisory group will read summaries to see which studies should be included in our research.

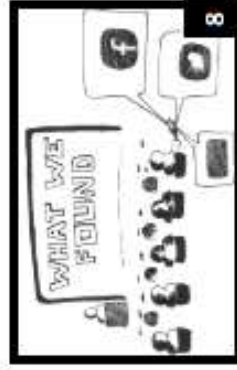
6



7

**MM/YY:** We will bring our findings together and publish them in peer-reviewed journals. We will also present our results at conferences and use social media to make sure our research reaches a wide audience.

**MM/YY:** We will judge how useful each included study is to answer our research questions.



8

For more information about our project, please visit our webpage:

**MOTHERS VISITED MORE  
& HAD INCREASED  
INTERACTION WITH  
THE BABY.**





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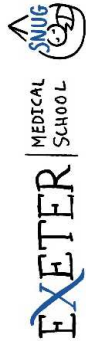
# PARENT-TO-PARENT INTERVENTIONS FOR PARENTS OF BABIES IN NEONATAL UNITS

## A SYSTEMATIC REVIEW OF QUANTITATIVE EVIDENCE

HARRIET HUNT, REBECCA WAKELY, CHRISTOPHER MORRIS, SUSAN PROSSER, ANDREW COLLINSON, JENNIFER KURINCZNIK, JO THOMPSON-COON



NON-JUDGMENTAL UNDERSTANDING



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Review

"They've walked the walk": A systematic review of quantitative and qualitative evidence for parent-to-parent support for parents of babies in neonatal care

Harriet Hunt<sup>a</sup>, Rebecca Wakely<sup>b</sup>, Rebecca Whelan<sup>c</sup>, Leanna Wakely<sup>d</sup>, Alison Bethel<sup>e</sup>, Christopher Morris<sup>f</sup>, Susan Prosser<sup>g</sup>, Andrew Collinson<sup>h</sup>, Jennifer Kurinczik<sup>i</sup>, Jo Thompson-Coon<sup>j</sup>

<sup>a</sup>NIHR Clinical Research Network, University of Exeter Medical School, St Luke's Campus, Exeter, EX2 1TE, UK  
<sup>b</sup>Faculty of Nursing, Exeter University, University of Exeter, Exeter, EX2 1HW, UK  
<sup>c</sup>Level 6 Maternity, Royal Devon & Exeter Hospital, Barrack Road, Exeter, EX2 1HW, UK  
<sup>d</sup>Qualitative Psychology Unit, School of Psychology, Royal Cornwall Hospital, MKT, Truro, Truro, Cornwall, TR1 1LL, UK  
<sup>e</sup>Director of the Neonatal Research Programme, Royal Cornwall Hospital, MKT, Truro, Cornwall, TR1 1LL, UK

### ARTICLE INFO

**Keywords:** Neonatal; Parent-to-parent support; Peer support; NICU; Postnatal; Postpartum; Systematic review

### ABSTRACT

The aim of this systematic review was to explore the effectiveness and experiences of parent-to-parent support in neonatal care from the perspectives of those giving, receiving, or implementing support. Literature searches (14 databases; February 2016) were supplemented with forward and backward citation chasing. Study selection, data extraction and quality appraisal were performed independently by two reviewers. Features making (1) quantitative and (2) qualitative research more likely to be included in the synthesis (literature 'trust', 'rigor', 'heterogeneity', and 'connectivity'). Quantitative studies showed parent-to-parent support increased perceptions of support, reduced maternal stress, and increased mothers' confidence in the ability to care for their baby. Whilst the rich qualitative evidence suggested mostly positive experiences of parent-to-parent support from all perspectives, whilst trial evidence was lacking, furthermore, differences in reasons for implementing parent-to-parent support provided limited opportunities to develop recommendations to guide best practice.

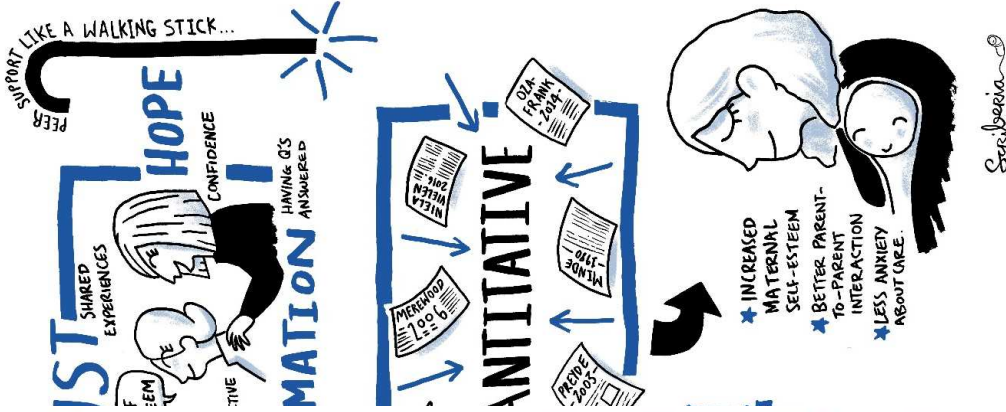
The protocol for this study was registered on PROSPERO, registration number: CRD420160304.

### 1. Background

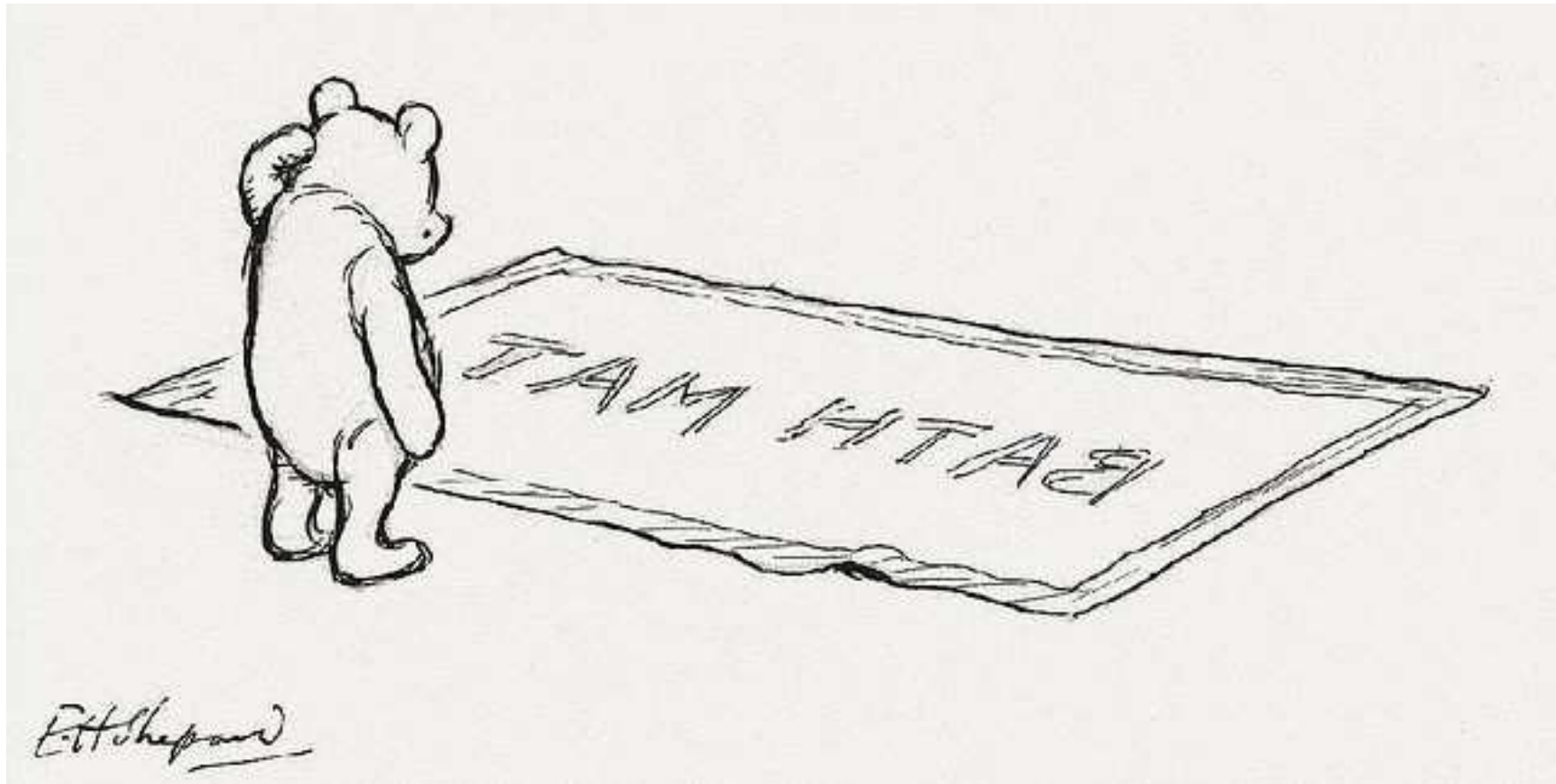
Perinatal mental health problems carry a total economic and social long-term cost to society of almost £8.1 billion for each one-year cohort of babies in the UK (Hazeu et al., 2014). Improving support for parents of premature babies is an important priority for parents, carers, health care professionals and relevant clinicians. Two priorities identified at the 2014 James Lind Alliance Pre-Term Birth Priority Setting Partnership workshop (Hunt et al., 2016) relate to improving support for parents when admitted to hospital, and support for parents and families/careers when a premature baby is discharged from hospital; and when emotional and practical support improves attachment and bonding and whether the provision of such support improves outcomes for premature babies and their families. The Preterm Institute National Survey, conducted in 2011 (Hawthill and Graham, 2011), also highlighted

the need for improvements in parental support, suggesting there needs to be more clarity about how best to support the parent and how parents can best interact with staff in the neonatal intensive care unit (NICU). It has been suggested that parents may not feel welcome on the unit, may struggle to understand what is happening and find it difficult to watch others care for their baby (Collinson et al., 2013).

Unsurprisingly there are higher levels of anxiety, depression and post-traumatic stress in mothers of pre-term babies than those whose children are born at term, and these challenges may persist long after discharge from the unit (Hilborn-Davis et al., 2020; Phillips-Pain et al., 2013; Vogel et al., 2015; Miles et al., 2007). Combined with high levels of parental stress, these issues can affect the quality of the early parent-child relationship with long term implications for the health and well-being of both the parent and child (Collinson et al., 2013). Reducing parent stress and improving self-esteem within the unit and beyond







**“It is more fun to talk with someone who doesn’t use long, difficult words but rather short, easy words like “What about lunch?”**

# Thank you

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The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

Hunt, H., R. Abbott, K. Boddy, R. Whear, L. Wakely, A. Bethel, C. Morris, S. Prosser, A. Collinson, J. Kurinczuk and J. Thompson-Coon (2019). They've walked the walk": A systematic review of quantitative and qualitative evidence for parent-to-parent support for parents of babies in neonatal care. *Journal of Neonatal Nursing*. <https://doi.org/10.1016/j.jnn.2019.03.011>