



# **Provision of Safe Neonatal Care Position Statement**

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COINN (Council of International Neonatal Nurses, Inc) acknowledges that limited resources and/or personnel may restrict opportunities to implement the recommendations and action points. However, to improve health outcomes, the global neonatal care community must strive to uphold these recommendations. This position statement is applicable to any healthcare professional caring for the small and sick newborns and their families.

## **SUMMARY**

The Council of International Neonatal Nurses, Inc. (COINN) believes that neonatal nurses (and non-specialist nurses providing neonatal care) play an integral role in caring and advocating for safe neonatal and maternal care. This should be high quality timely care, that meets the physical, emotional, spiritual, cultural, and social needs of the neonate and family. Nurses who care for neonates and their family should be provided appropriate education and training to deliver safe care suitable to their setting (Maleki et al., 2022). Neonatal nurses have a critical role in protecting the maternal/neonatal dyad (Lavallée et al., 2023) and in facilitating the attachment process through the quality of their care (Kim & Kim, 2022).

## **BACKGROUND AND FACTORS**

All pregnant people are entitled to safe neonatal and maternal care however, this is not always available. Of an estimated 2.3 million neonatal deaths in 2021 (UNICEF, 2023a) and 1.9 million babies being stillborn in 2021 (UNICEF, 2023b), many are preventable with the delivery of high quality, evidence-based interventions. Associated factors related to risk can include the availability of resources, access to care and workforce. In some cases, nurses may not be appropriately trained, resourced, or supported to be able to deliver safe neonatal and maternal care. Reducing inequities necessitates investment in all aspects of a health system including the workforce, infrastructure, commodities and supplies, service delivery, health information systems, financing and good leadership and governance (WHO, 2014; WHO, 2020).

Safe and supporting working environments for neonatal nurses with appropriate training must be a priority for patient safety. A critical shortage of competent health workers remains a major challenge for the provision of quality care for mothers and neonates, particularly in low- and middle-income countries (Bolan et al., 2021).

Historic and persistent gender inequities can challenge the provision of safe neonatal and maternal care. With most nurses being women, gender discrimination risks constraining neonatal nurses' decision-making and leadership abilities and can negatively impact the perceived role of the nurse (Gauci et al., 2022) and potentially the provision of safe neonatal and maternal care. Ensuring nurses are integral in interprofessional healthcare teams, will advance quality and safety, fostering a safe and fair working environment built on mutual respect and shared decision-making.

Bias can affect the equitable delivery of safe neonatal and maternal care and is a factor that contributes to disparities in health and health care worldwide. Aspects of an individual's identity (e.g., race, ethnicity, age, ability, weight, gender), can influence the care received. For example, racial bias/racism in neonatal and maternal care or associated health systems can cause harm (Howell et al., 2018). Steps must be taken to ensure individuals and organizations can combat the potential harm caused by implicit bias in health care.

## **COINN RECOMMENDATIONS AND ACTION POINTS:**

1. Develop standardized orientation, training, and continual professional development for nurses caring for neonates and their mothers that anticipates complications and includes care for the small and/or sick neonate (refer to COINN Neonatal Competencies and other position statements).
2. Ensure safe staffing levels and resources in line with the numbers and acuity of neonates being cared for.
3. Involve neonatal nurses' participation in multidisciplinary neonatal and maternal morbidity/mortality potential preventability reviews to support a comprehensive approach to quality improvement throughout the care continuum.
4. Tackle gender bias and power imbalances to strengthen the nursing voice and participation in decision-making.
5. Develop leadership opportunities and capacity to enhance safe neonatal and maternal care.
6. Call for zero separation of mother and their neonates, recognize and empower families as partners in care.

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