

Royal Hospital for Women (RHW)
NEONATAL BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

Ref: T25/38491

NAME OF DOCUMENT	Visiting Policy to Newborn Care Centre
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN147
DATE OF PUBLICATION	7 July 2025
RISK RATING	Low
REVIEW DATE	2030
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR	Sally Wise, Nursing Co-Director Neonatal Services Srinivas Bolisetty, Medical Co- Director Neonatal Services
AUTHOR	A Scott- Murphy (NUM3)
SUMMARY	To provide clinicians a structured approach to visitation within Newborn Care Centre
Key Words	Visitor, visit, visitation, neonate, family, carer, staff

Contents

1	BACKGROUND.....	2
2	RESPONSIBILITIES	2
2.1	Staff	2
3	PROCEDURE	2
3.1	Clinical Practice	2
3.2	Documentation.....	3
3.3	Education Notes.....	3
3.4	Related Policies/procedures.....	3
3.5	References	3
4	ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION.....	4
5	CULTURAL SUPPORT	4
6	NATIONAL STANDARDS	4
7	REVISION AND APPROVAL HISTORY	4

Visiting Policy to Newborn Care Centre

RHW CLIN147

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to provide a structured approach to parent visitation that balances the need for parental presence with the requirements for patient safety, privacy and the need for strict infection control practices.

2 RESPONSIBILITIES

2.1 Staff

- 2.1.1 Medical – Advise families on visiting policy.
- 2.1.2 Nursing Unit Manager- provide parent/carer visitation considerations for special circumstances and document in eRIC.
- 2.1.3 Nursing – Advise families on visiting policy.

3 PROCEDURE

3.1 Clinical Practice

Note

All visitors must comply with Bare Below the Elbows and remove jackets/jumpers and roll up sleeves when in Newborn Care Centre (NCC).

All visitors MUST wash their hands thoroughly at the trough sink as they enter NCC.

- Parents/caregivers and siblings are able to visit NCC at all times.
- Parents/caregivers are encouraged to be present and participate in ward rounds.
- Only 2 visitors are allowed at the bedside at any one time. One of these must always be a parent/caregiver.
- Support persons:
 - In some circumstances a support person may be nominated, they may visit alone or with parent/caregivers but cannot bring additional visitors
 - Should be over 18 years of age
 - Should not be present at ward rounds
 - Will not be given patient information

Visiting Policy to Newborn Care Centre

RHW CLIN147

- Will be identified in nursing short summary on eRIC
 - Must remain at neonates bedside when visiting
- Quiet Time:
 - This occurs between 1-3pm to provide rest time for neonates
 - This time is limited to breast or bottle feeding, kangaroo care or parents sitting quietly by the bedside
- Non-Parent/Carer Visitors
 - NCC is open to non-parent/caregiver/support person visitors between 3-7pm
 - Visitors must always be accompanied by a parent/caregiver while maintaining the 2 at the bedside rule
- If visitors, including parents/caregivers and siblings, have cold/flu symptoms, diarrhoea or vomiting, they are to promptly inform staff and not visit the NCC until the symptoms have resolved and as advised by the NCC staff.
- Children other than siblings are not to visit NCC.
- No food or hot drinks may be kept or eaten at the bedside.
- All drinks must have lids.
- Mobile phones and drink containers must be cleaned with neutral detergent wipes upon entry to NCC.
- Visiting guidelines may be changed at short notice as directed by Public Health.

3.2 Documentation

- eRIC

3.3 Education Notes

- Parental involvement during their neonates hospitalisation in the NICU is a crucial aspect of developmental care.
- Research has shown that separation after birth can impact attachment and bonding between neonates and parents¹⁻³.
- Parents can play a vital role in recognising signs of deterioration in their neonate's condition. Involving parents/caregivers in monitoring their babies health can improve care and outcomes.
- Educating and empowering parents in the NICU enhances their neonates care and outcomes, supports emotional wellbeing, strengthens parent-neonate bonding, promotes infection control, and fosters a collaborative family-centred approach to care.

3.4 Related Policies/procedures

- RHW NCC CBR- Admission of a Neonate to Newborn Care Centre
- RHW NCC CBR- Mobile phones and other communications devices - cleaning

3.5 References

1. Reynolds LC, Duncan MM, Smith GC, et al. Parental presence and holding in the neonatal intensive care unit and associations with early neurobehavior. J Perinatol. 2013;33:636-41.
2. O'Brien K, Robson K, Bracht M, et al. Effectiveness of Family Integrated Care in neonatal intensive care units on infant and parent outcomes: a multicentre, multinational, cluster-randomised controlled trial. Lancet Child Adolesc. 2018;2:245-54.

Visiting Policy to Newborn Care Centre

RHW CLIN147

3. Ulger F1, Esen S, Dilek A, et al. Are we aware how contaminated our mobile phones with nosocomial pathogens? Ann Clin Microbiol Antimicrob. 2009;8:7.
4. Trivedi HR, Desai KJ, Trivedi LP, et al. Role of mobile phone in spreading hospital acquired infection: A study in different group of health care workers. NJIRM. 2011;2:61-6.
5. Broom M, Cochrane T, Cruickshank D, et al. Parental perceptions on the impact of visiting restrictions during COVID-19 in a tertiary neonatal intensive care unit. J Paediatr Child Health. 2022;58:1747-1752.

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 NATIONAL STANDARDS

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 3 Preventing and Controlling Infections
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
19.5.2015	1	H Dando (Nursing Co- Director)
17.3.2020	2	KB Lindrea (CNC), NCC LOPs Committee
10.4.2025 22.05.2025	3	A Scott- Murphy (NUM3) Endorsed by NCC CBR Committee
23.6.25	3	RHW BRGC

BUSINESS RULE

Name of Business Rule	RHW CLIN147
-----------------------	-------------