

Closing thoughts

The motivation for working with a trainee can be many different reasons, including altruism and the desire to ensure that there will be the opportunities for careers in workplace counsellors in the future. Practical reasons may also include the simple need to ensure your service can see more clients, for your own self-preservation or as an act of self-care at work, if your client workload is becoming increasingly relentless.

‘While I share the view that workplace counselling is an area of real expansion, it seems that the path to achieving this remains unclear’

Working alongside people starting out in the profession can be challenging, and the questions that student practitioners ask, help me to think about the way I work. Students may need more support during critical parts of their academic year, such as when assignments or exams are looming, but often some reassurance from someone who has been through the process can help put academic worries into perspective. Watching students graduate and then gain employment as counsellors and to know that I've played a part, is particularly rewarding. The right trainee can bring benefits to your organisation and help you to grow as a counselling professional, giving something back to our profession and helping the workplace sector to create job opportunities for the future. ●

Your feedback please

If you have thoughts about any of the issues raised in this article or would like to write an article of your own, we would like to hear from you. Please email the editor: workplaceeditor@bacp.co.uk

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Better conversations about *When babies need extra care*



Jane Moffett looks at how employers can support parents when their baby starts life in a neonatal unit



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For parents faced with the anxiety of a baby being born and starting life in a neonatal unit, 'it's OK not to feel OK.'¹ Every year in the UK, one in every eight babies born spends some time in a neonatal unit for specialist care – either a Special Care Baby Unit (SCBU), a Local Neonatal Unit (LNU) or a Neonatal Intensive Care Unit (NICU) – with 95,000 families affected.¹ Babies who are born prematurely, or who have serious medical issues that cannot be catered for on a postnatal ward, will be accommodated in one of these units. These specialist, high-tech environments are, quite rightly, focused on saving lives; however, the effects of the experience of being a parent of a baby in a neonatal unit are also really important to consider.

Transition to parenthood

In *Birth of a Mother*, the authors Daniel Stern and Nadia Bruschiweiler-Stern² explore the stages that women go

through during pregnancy and early motherhood in terms of adapting psychologically to becoming a mother and developing a 'motherhood mindset'. The three key stages of pregnancy, early motherhood, and returning to work can all be affected by having a premature or sick baby. During pregnancy, women often imagine their growing baby and plan for the future within the expected time-frame of being pregnant for nine months. If a woman has a baby born early, as well as feeling worried and shocked, she can feel like her body has let her down and that she has been 'cheated' of the rest of her pregnancy.

Because of the highly medicalised environment, with the care of the baby being in the hands of specialists, many parents can feel under-confident and excluded, and that there isn't a clear role for them, and the transition to feeling like a parent can take longer.^{3,4} As one mum said:

'I've lost the chance to look after my baby, to do the things that are usually the norm with most mothers.³ Anger, shock, guilt, sadness and confusion are all common responses that can leave a woman feeling overwhelmed at this time; another mum said: 'You just don't know how you're feeling from one minute to the next, one minute you want to cry, next minute you want to scream!'⁵ For dads, too, ensuring that they get involved is important; as one father eloquently explains: 'I'd tell any dad on the neonatal unit to make sure that they don't leave everything up to Mum and get involved from the outset, make sure you ask the staff all the questions you need – even when you are scared of the answer – also make sure you hold your child as soon as you are able.'⁶ Because the outcomes are so unpredictable, some parents might keep an emotional distance from their babies for self-protection: 'I wanted to see him, but at the same

I didn't, because I didn't want to get attached. I thought he would die and I had to be prepared for that!'⁶

The importance of the presence of parents

If parents are supported and nurtured at this time, it can help with bonding and with the reduction of longer-term anxiety and trauma. Even very early babies can recognise their parents' smell and touch, and can be soothed by their presence. Hospitals that support parent-centred care have been shown to have better outcomes for both babies and parents – babies are able to leave hospital sooner, come off oxygen faster and have fewer re-admissions.⁷ Even if babies are not in hospitals with this approach, therapists working with parents who have returned to work, can encourage and empower them to get as involved in their baby's care as is possible, spending as much time with them as they can, talking to them and touching them if possible. Having skin-to-skin contact with their babies as soon as they are able, helps to reduce stress levels in both babies and parents, and helps with bonding – 'falling in love' with your baby.

I spoke to Catherine Neil, Family Support Practitioner at the neo-natal ward at the Royal Berkshire Hospital, who offers support to parents who have babies on this unit. She is a 'listening ear', providing a therapeutic outlet to the parents – either at the baby's cot-side or, if needed, in a private room. She is also an advocate for these parents, representing them at departmental meetings and is involved in the

education of staff – helping them to see things through the eyes of the parents. She explains: 'A neonatal experience is not just the time spent in hospital; it's ongoing and can have long-term consequences. Employers need to understand that the parents of a baby in a neonatal unit are in the middle of a crisis.'

Catherine has recently set up a Parents' Voice Forum for Thames Valley and Wessex Neonatal Network. The aim of this forum is for parents to be involved in decision-making in the future, including highlighting and recognising the central role that parents play in the care for their babies in neonatal units. Signposting parents to this, and other such forums, is one of the important things that workplace counsellors and therapists can do. Being involved in forums of this type can help reduce

feelings of isolation and empower parents to influence the experiences of parents in the future.

Being back at work

Despite what is known about the benefits to both babies and parents of having plenty of contact during the time a baby spends in a neonatal unit, many dads and

partners may need to go back to work after just two weeks' paternity leave. If babies need an extended stay in a neonatal unit, many parents use all their annual leave to be able to spend time with them in the hospital. In a survey of 700 parents conducted by BLISS (the major charity that supports parents of sick and premature babies), it was found that 66 per cent of dads had to go back to

work when their baby was still in hospital, 36 per cent were signed off sick so that they could be with their baby and 77 per cent of parents thought that their parental leave wasn't long enough.⁸ Currently, Rachel Reeves, MP for Leeds, is calling on the Government to introduce new plans that would allow an extra week of maternity leave for mothers of premature babies for every week that their baby spends in neonatal care.⁹

Due to the stress of being at work, when they feel they should be with their baby, many parents find it difficult to concentrate. Caroline Lee-Davey, Chief Executive of BLISS, says: 'Statutory paternity leave runs out long before many babies born prematurely or sick even come home from hospital. This forces many dads and partners to be signed off sick or to go back to work while their baby fights for their life. This is not good for babies or their parents – but it also is not good for employers when valued employees are either struggling to do their jobs while under immense stress, worrying about their sick baby, or having to sign off sick or leave work altogether, rather than take a planned leave of absence with their employer's full support.'¹⁰

As well as trying to perform at work, trying to spend as much time with their baby and supporting their partner, if the new baby is not the first child, dads might also be juggling looking after older children, too.

For women returning to work after becoming a mother, this is a time of reassessing attitudes, values and priorities, which often involves balancing the new identity of being a mother, responsible for the wellbeing of her baby, while re-establishing her 'viable employee identity'.¹¹ In the case of mothers who have had a baby in a neonatal unit, psychologically re-integrating into the workplace can be even harder. Firstly, if their baby has been in hospital for an extended

period (maybe even up to four months), their time at home with the baby will be much shorter than that of other mothers and they often describe feeling 'robbed' of this time. This can affect their transition to motherhood and their confidence in their mothering. Also, the baby, already more vulnerable to illnesses, will be going into childcare earlier than might be preferable, thus increasing the mother's anxiety about the baby's health.

Additionally, a lot of babies who have spent a long time in a neonatal unit have ongoing problems of sickness and/or disability, necessitating many ongoing hospital appointments that are in the working day. In a 2014 report, BLISS found that 10 per cent of women whose baby had needed neonatal care felt either unsupported or very unsupported by their employers.¹²

After-effects for parents

Because of the stress and anxiety of having a baby in a neonatal unit, there is an increased risk of postnatal depression and post-traumatic stress disorder. A survey of 600 parents by BLISS found that the mental health of 80 per cent of parents deteriorated after their time on the neonatal unit, and 45 per cent of parents said that, although they needed it, they didn't have access to psychological support once their baby had left the neonatal unit.¹³

If employers of parents who have had a neonatal experience, proactively offered them psychological support, this would help to overcome the stigma for parents and could provide much-needed help at this critical time in their lives. Having efficient systems

in place to support these parents could make a real difference, as evidence shows that being able to talk to someone about what you are going through, realising that you are not alone and that your feelings are common, can be an important first step.

'Employers need to understand that the parents of a baby in a neonatal unit are in the middle of a crisis'

How can colleagues, employers and workplace counsellors help?

It's important for work colleagues not to be shy of starting a conversation, which includes congratulations on the birth of a

colleague's baby, as well as an acknowledgement that things might be difficult.

It's important for employers to show compassion at this time of crisis, which might include:

- finding ways of providing extra paid leave so that annual leave does not need to be used up in this early stage;
- proactively offering any psychological support that your organisation provides;
- having an appreciation of the amount of stress your employee is under and reducing workload stress.

It's important for workplace counsellors to encourage parents to talk about their range of feelings; helping women to psychologically re-integrate into the workplace; and signposting parents to relevant local and national forums, including to the BLISS website, can all help parents at this critical time in their lives. ●

RESOURCES

The Bliss website: <https://www.bliss.org.uk/research-campaigns/campaigns/influencing-policy-and-working-in-parliament/parental-leave>

The Bliss podcast – 'NICU, SCBU and you' <https://www.bliss.org.uk/parents/support/impact-mental-health-premature-sick-baby>

Bliss Netmums forum

Bliss Facebook page

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For dads: <https://www.thedadsnet.com>

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