

Restricting Parents at the Bedside During the COVID-19 Pandemic

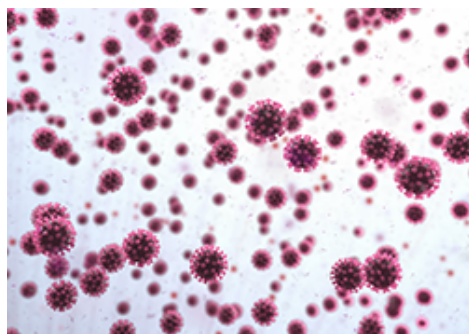
May 6, 2021

In pediatrics, we take care of children and families. A core value, irrespective of the specialty we practice, is our partnership with the child's parent or guardian. The parent, guardian, or family member at the bedside are critical members of the care team.

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In pediatrics, we take care of children and families. A core value, irrespective of the specialty we practice, is our partnership with the child's parent or guardian. The parent, guardian, or family member at the bedside are critical members of the care team. Although restrictions to visitation during influenza season, for example, or in intensive care settings are not uncommon, hospital-wide visitor restriction as a result of COVID-19 is different. Our adult colleagues instituted a no visitor policy during the first surge in our region and the children's hospital limited visitation to 1 parent or guardian to mitigate risks of community and in-hospital transmission of COVID-19. Key stakeholders continue to revise the visitation policy as cases decline or surge with limited evidence-based guidance.

The impact of restricted parental visitation on family centered care in the hospital setting is important to understand. A first step is to recognize the extent to which parents and guardians of hospitalized children were restricted from being with their child during the COVID-19 pandemic. In this month's *Hospital Pediatrics*, investigators reviewed visitor policies in 239 children's hospitals in the United States (US) during one week in 2020. They found that 49% of hospitals restricted visitation to one parent during the COVID-19 crisis and, almost a year later, the majority of 55 randomly selected hospitals had not changed their policies. Not surprisingly, there was wide variation in visitor policies across US children's hospitals. In the article ([10.1542/hpeds.2020-005772](#)), investigators share details on changes to some visitation policies over time and by factors such geographic location, hospital type, among others. In some cases, 2 parents or caregivers were allowed together, or 1 at a time and in 7 hospitals, parents were not allowed at all.

Although we do not know how hospital administrators arrived at their individual visitor policies, this study provides valuable insight and highlights how a child and family's experience may be very different depending on which hospital the child is admitted to. The investigators make important points about the potential negative effects of lack of parent or guardian at the child's bedside. They suggest that a better balance to maintain infection control and patient and family centered care in pediatrics is needed. And finally, as a key stakeholder, I am often asked to weigh in on iterations on our institution's visitation policy and these

decisions are difficult to make. I agree with the authors call to action to professional organizations including the American Academy of Pediatrics to offer evidence-based guidance to hospital administrators for a more unified and consistent approach across children's hospitals.

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