

Committee on Fetus and Newborn

Postpartum (Neonatal) Sibling Visitation

A fundamental goal of maternal newborn care is to foster parent-newborn-family relationships; therefore, the concept of family-centered care should be integrated into every aspect of perinatal services.¹

Sibling visitation is consistent with the concept of family-centered perinatal care. Parents respond very favorably to the opportunity for sibling visits.² Children who visit their mothers after the birth of a sibling have been reported to be more responsive to their mothers and siblings than nonvisiting children.³ In two studies of sibling visits to neonatal intensive care units, there were no adverse effects noted.^{4,5}

Umphenour⁶ and Wranesh⁷ have both demonstrated no effect of bacterial colonization of neonates with the institution of sibling visitation to normal neonates. In a controlled study of sibling visitation to a neonatal intensive care unit, Maloney and associates⁴ demonstrated no increase in infectious disease rates in those infants who were visited.

Due to differences in hospital facilities and personnel, it is essential that each hospital develop its own set policies for sibling visitation. Guidelines should be developed with input from nursing, pediatric, obstetric, and infectious disease personnel.

The following guidelines can be used for institution of antipartum visitation by children:

1. Siblings should not have been exposed to known communicable diseases (eg, chickenpox).
2. Siblings should not have fever or symptoms of acute illness such as upper respiratory tract infection or gastroenteritis.
3. Children should be prepared in advance for their visit.
4. Children should be supervised by parents or a responsible adult during the entire hospital visit.

Because limited data are available, there is a need

for continued evaluation and reporting of the risks and benefits of sibling visitation. This should include both psychologic and infectious disease factors. Institutions that have not introduced sibling visitation should consider the opportunity to utilize controlled trials to study the effects of these programs.

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This statement has also been approved by the Committee on Obstetrics: Maternal and Fetal Medicine, American College of Obstetricians and Gynecologists.
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