

SUPPORTING THE PARENT-INFANT RELATIONSHIP: USING VIDEO INTERACTION GUIDANCE (VIG) WITH FAMILIES ON THE NEONATAL UNIT IN NORTH WALES

DR EMILY WALLIS, CLINICAL PSYCHOLOGIST

BACKGROUND

- Neonatal care presents unique emotional and relational challenges for parents and infants. Admission to neonatal units (NNU) can have significant psychological impact for families. Early attachments can be disrupted by medicalisation, separation, and traumatic experiences.
- Psychological support within NNUs is recommended in clinical best practice guidance (NICE, 2019; NHS England, 2019; ACP, 2022). Psychological input aims to support parent-infant relationships, parental adjustment, and promote parental confidence.

PREMATURE BABY COMMUNICATION

Despite their early stage of development, premature babies are capable communicators! They communicate differently to full-term infants - using subtle, brief and often less explicit 'micro-communications'. For example, they use gestures, anticipate parental attention and actively initiate contact with parents.

These subtle 'micro-communications' can be difficult to recognise and respond to which can impact parental confidence in communicating with their baby (AViG-UK).

"VIG helped me feel more confident. It reminded me that, even on the neonatal unit, I'm still my baby's parent—and that I matter in their care."
(Parent feedback)



VIG in the Neonatal Context

VIG is used across all age ranges, and its application in neonatal settings is emerging. In this context, VIG is adapted to support parents of infants who are premature, unwell, or physically separated. In neonatal units, it focuses on capturing brief but powerful moments of connection between parent and baby, and support parental confidence and parent-infant relationships.

The use of VIG on neonatal units can be seen across the UK and internationally, but this is it has not yet been introduced in NNUs in Wales.

This case study outlines the introduction and adaptation of VIG within a NNU in Betsi Cadwaladr University Health Board (BCUHB), which serves all of North Wales. Both VIG and psychological support are new initiatives being implemented and integrated into local neonatal services.



CLINICAL EXAMPLES

- VIG has been used with several **parent-infant dyads, each participating in 1-2 cycles**.
- Helping Questions** were developed collaboratively with parents and tailored to each dyad's context, goals and experience. Examples include:
"What am I already doing to help baby to soothe?"
"What am I already doing to comfort baby?"
"What am I already doing to identify my baby's communication with me?"



Parents asked for words to describe parent, baby and relationship, using the AViG-UK Evaluation Form (2013)



Adaptations for NNU



To allow flexible and accessible use of VIG, some practical adaptations were made:

- Recording:** a work mobile phone was used to allow flexible, unobtrusive recording in a range of clinical settings (ITU, HDU), whilst the baby was being held or in an incubator.
- Shared Review:** it was necessary for the shared review to be soon after the video, sometimes on the same day. Shared reviews sometimes only possible on the unit, with limited privacy, so sometimes emphasis on still-frames.
- Number of cycles:** fewer cycles often possible due to infant discharge, or limited time-window of care. Evidence for efficacy of briefer interventions, particularly when video feedback is used (Bakermans-Kranenburg et al., 2003).
- Location:** videos recorded on the ward to minimise disruption for parents, and capture interactions within everyday care.

REFLECTIONS AND FUTURE DIRECTION OF VIG

- Direct influence of parent feedback on wider NNU practice e.g., a family photo taken on admission and added to the infant's 'baby passport'.
- Ongoing implementation of VIG across NNUs in North Wales.
- Integration of VIG with trauma-informed practice, with focus on communication and observation of interactions.
- Use of VIG with teams to support reflection and awareness of interaction with infants and families, to promote relationship-focused care.

"This is the first time seeing myself holding, and together with my baby"
(Parent feedback, paraphrased)

Obstacles to using VIG on NNU

- Parents' sense of safety, readiness, and capacity to engage
- Physical barriers (e.g. incubators, restrictions on skin-to-skin contact opportunities) mean creativity and flexibility in filming and shared-review process
- Complex, busy and high-pressure NNU environment
- Shared review often not completed before discharge

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