Bliss position paper: in-cot cameras

November 2026

About Bliss

Bliss exists to give every baby born premature or sick in the UK the best chance of survival and quality of life. We champion the right of every baby born premature or sick to excellent neonatal care, experiences and outcomes. We achieve this by improving care, giving voice to babies, and supporting parents to be partners in care.

Summary

- The final report of the Thirlwall Inquiry was published on 15 September 2026. Recommendation 1 sets out that: *"All cots and incubators in all neonatal units should be fitted with baby monitors (in-cot cameras with livestreaming video), so that parents can observe their baby remotely at any time. The funding for this should be centrally managed and ring-fenced, to ensure consistency and implementation across all neonatal units at speed. By 31 March 2027, NHS England should set out a roadmap for how this will be implemented."*
- The recommendation is largely drawn from the powerful testimony of families whose babies were killed and harmed at the Countess of Chester, and who have experienced unimaginable and incomparable harm.
- There is currently limited detail on how this proposal is to be implemented so it is safe, protects the dignity and privacy of babies in neonatal care, fully resourced, and minimises the impact on neonatal staff.
- Bliss is a champion of parents being partners in delivering their baby's care and we know how reassuring current methods of keeping connected to their baby can be when parents are unable to be physically present on the neonatal unit. However, we are concerned that implementing this recommendation rapidly and at scale could create significant unintended consequences if these issues are not carefully considered.
- The proposal conflates two separate aims – improving safety and supporting parental involvement – without evidence that it will effectively deliver either. It risks undermining trust in neonatal care and increasing parental anxiety, and should not be treated as equivalent to home baby monitors.
- There are a number of other specific concerns and key questions detailed in this paper, covering ethical and relational aspects of the proposal, and practical implications for implementation. This paper also sets out alternative ways to meet the stated aims of the intervention.

Introduction

Bliss is the UK's leading charity for babies born premature or sick. Every year, around 90,000 babies across the UK will require specialist, often life-saving neonatal care, immediately after they are born. While many babies will only need neonatal care for a few hours or days, others require a prolonged hospital admission of weeks or months.

For parents, this experience is life-altering and frequently unexpected. While Family Integrated Care (FICare), a model of care in which parents are partners in delivering their baby's care and making decisions about their care, is a priority for every neonatal unit to be implementing, it is common for babies to be separated from their parents for prolonged periods – often for hours at a time – frequently throughout their admission. There are a multitude of factors which contribute to this, including: long travel times to the neonatal unit, lack of parent accommodation, increased household costs, parental need to return to work and other caring responsibilities.

While the final Thirlwall Inquiry Report assumes that access to a livestream for parents to "observe their baby remotely at any time" will be universally reassuring, we do not believe this will be the case for all families. The proposal represents a significant change of practice and, if not considered carefully, risks undermining the trust required for parents to engage in FICare practices which are so beneficial to their baby.

While the sections below explore our concerns in detail, our overarching concern is that this recommendation conflates two distinct aims, and in doing so fails to demonstrate that it meets either of them effectively:

- Improving safety by deterring the rare instances of intentional harm to babies receiving neonatal care
- Supporting parental involvement when parents cannot be present on the neonatal unit.

Bliss is involved in work across the neonatal and maternity sector, including through the Maternity and Neonatal Taskforce and related stakeholder groups, and we know there is a strong emphasis on prioritising evidence-based interventions with measurable benefits for babies and families. At present, the proposal does not meet that threshold, either as a safety intervention or as a means of supporting parental involvement.

An unhelpful narrative is also forming which compares in-cot cameras to home baby monitors. The two are fundamentally different. Unlike baby monitors, in-cot cameras are framed as a safety and surveillance measure, which may undermine trust in neonatal staff and increase parental anxiety, particularly as – unlike with home use baby monitors – parents will not be able to act immediately if they see their baby upset, or anything which causes concern.

We set out below our key concerns and questions, falling broadly into two categories - ethical and relational, and practical challenges for implementation.

Ethical and relational

- Maintaining patient privacy, dignity and consent for the baby receiving neonatal care
- Babies' well-being, neurodevelopment and implications for FICare
- Parental well-being
- Parent and healthcare professional (HCP) relationships
- Impact on HCPs and the working environment

Practical challenges for implementation

- Scope of what is videoed, and whether it is recorded
- Data protection and safeguarding
- Security, storage and live-stream access
- Risk of technology failure
- Use during procedures

We have also surveyed parents to understand their views regarding the proposal, and to build an understanding of what parents would find acceptable on elements of the proposal which are currently unclear. Insights from this survey are presented throughout this paper; as well as relevant findings from the recently published National Neonatal Care Experience Survey.

Ethical and relational concerns

Maintaining patient privacy, dignity and consent for the baby receiving neonatal care

Babies in neonatal care are hospital inpatients who are particularly vulnerable. The sickest babies are particularly prone to rapid and unexpected deterioration, while even more stable babies will be subject to daily cares which may be painful (e.g. heel pricks). For many babies, all of their personal care relating to toileting and hygiene is undertaken within the incubator or cot. In our view, the current proposal significantly compromises the ability for babies to receive dignified and private care, as is their right.

This patient group is protected by information sharing, privacy and confidentiality laws that protect all healthcare patients. Babies cannot consent for themselves, yet there is little detail about how parental consent would be obtained, managed or respected if it is withheld. The introduction of continuous livestreaming is also more likely to compromise the dignity and privacy of care for babies who are already more likely to experience poorer outcomes as a result of health inequalities. For instance, babies who are in the care of the Local Authority may be at risk of being livestreamed, even if that livestream is unlikely to be viewed as intended. Similarly, where there are barriers to obtaining full parental consent – for instance, where there are language barriers - this may compromise the legitimacy of the consent obtained.

Outstanding questions:

- What assessment has been made in relation to laws relating to information sharing, privacy and confidentiality, as described in the NICE *Babies, children and young people's experience of health care* guideline?
- When and how would consent be sought from parents? And how would this be managed if:
    - Parental responsibility is shared with the local authority?
    - There are barriers to obtaining fully-informed consent? E.g. language barriers.
    - Parents refuse consent?
- Will the footage form part of the baby's medical record, and what rights will ex-neonatal patients and/or their parents have to access the footage, or be notified of its destruction?
- Is a similar approach used for other vulnerable patient groups, such as unconscious patients in paediatric or adult intensive care? If not, why are babies in neonatal care considered to require continuous monitoring of this nature?

Babies' well-being, neurodevelopment and implications for FICare

FICare is proven to support babies' neurodevelopment and their longer-term outcomes across numerous physical, psychological and social domains.[1] For babies to achieve these benefits, their parents need to be with them for long, uninterrupted periods of time, so they can pick up their baby's cues and respond accordingly.

There is a risk that presence of a camera may become a tool to assure parents that they should go home or limit their time on the unit, particularly if parents are overwhelmed, juggling other responsibilities, or finding the unit difficult - but the babies themselves will not benefit from this observation. Parents may also feel inhibited by the presence of a camera – indeed, there is strong evidence that when parents feel judged on the neonatal unit, this has an impact on caregiving.[2] Staff may also become more self-conscious about physical interaction with babies, further reducing babies' access to human interaction.

Supporting parents to spend more time with their baby is significantly more beneficial for babies and parents in terms of parental involvement, as well as being likely to be a more effective safeguard against harm than in-cot cameras. Yet, the financial and practical barriers preventing parents from being with their baby as much as they want are significant, with the level of financial support and on-unit facilities available to parents being insufficient and inconsistent in availability across the country.[3] For instance, lack of

[1] BAPM (2021) Family Integrated Care: A framework for practice, p.7 and Appendix 1
[2] Bliss (2026) Equity for Every Baby: Tackling inequalities in neonatal care linked to ethnicity and socioeconomic deprivation
[3] Bliss (2022) Bliss briefing: Impact of cost-of-living crisis in neonatal care

accommodation or space for parents to stay overnight is a significant barrier to parental presence, with Bliss research finding that for every 10 babies that need to stay overnight in neonatal care, there is only one room available for a parent to stay with them.[4]

The significant impact of this insufficient infrastructure to support parental presence and partnership in care has been highlighted in the recent *National Neonatal Care Experience Survey*. Nearly a fifth (17.6%) of mothers stated that financial pressures limited the amount of time they could spend with their baby to some extent while a third (32.4%) were never provided somewhere to sleep – rising to 40.8% for the baby's other parent.[5]

Use of video diaries are already in widespread use across neonatal settings in the UK and provide a valuable tool to keep parents connected to their baby when they cannot be physically present, which families find reassuring, and do not pose the same level of risk as constant livestreaming.

Outstanding questions:

- What assessment has been made of both the initial cost to introduce in-cot cameras, and the ongoing costs associated with keeping the scheme running?
- What consideration has been given to ensure equitable access to existing technology to support video diaries across neonatal settings?
- What assessment has been made of the cost and likely benefits to parental involvement of the introduction of a financial support fund, similar to the Young Patients Family Fund in Scotland, to support more parents to spend longer with their baby in neonatal care, including overnight?

Parental well-being

Far from being reassuring for families, in practice this proposal could exacerbate parental anxiety and stress. Framing the livestream as a safety measure risks placing an implicit responsibility on parents to monitor their baby's care when they cannot be on the unit. This may affect parents' ability to rest and could increase anxiety, stress and emotional burden during an already traumatic period.

Indeed, some parents participating in Bliss' survey have stated that the continuous nature of the livestream may have heightened their anxiety. Parents may also experience psychological harm in the highly likely scenario that they are at home and see their baby looking uncomfortable or distressed and are unable to do anything about it. Indeed, with 1:2 nursing ratios in high-dependency and 1:4 in special care, it is quite a likely scenario that a nurse may take some minutes to respond to an upset (but not deteriorating) baby due to needing to provide more urgent care to another baby first.

[4] Bliss (2024) Families Kept Apart: Parent accommodation on the neonatal unit in England
[5] Picker and NHS England (2026) National Neonatal Care Experience Survey 2025 National repot

Parents have also expressed concerns about the possibility that in-cot cameras would continue to livestream while they are with their baby, with 45% (22/49) expressing in Bliss' survey either that cameras should be stopped when parents are with their baby, or that they were unsure of the best way to approach this. In open-text comments, parents have expressed concerns about their own caregiving being surveilled, as well as the importance of privacy, as being with a sick baby can be incredibly upsetting.

Parent and HCP relationships

Neonatal services are striving towards implementing a Family Integrated Care culture and ethos, where parents are partners with the healthcare team in all aspects of their baby's care delivery and decision-making. Central to the success of this approach for each individual baby and family is trust, and there is a high degree of trust in neonatal staff with 80.5% mothers recently reporting that they always had confidence and trust in those looking their baby, and a further 17.1% had trust and confidence sometimes.[6] However, in how it is framed the Thirlwall Inquiry report is clear that this recommendation is intended to deter harm – the implication being that neonatal services and staff cannot be trusted to provide safe care to babies without constant surveillance.

Results from Bliss' engagement work so far suggest that most parents feel their introduction would change relationships between parents and staff 79% (38/48) but there is no consensus on what this change would look like with 63% (30/48) feeling the impact would vary in each individual circumstance or be harmful to relationships.

Impact on HCPs and the working environment

The impact of these proposals could also have a significant impact on the neonatal workforce, and we have heard from health professional colleagues that it is causing significant unease. These concerns relate primarily to privacy, workplace rights, and the impact of feeling continuously monitored. At a time when staff wellbeing and retention is already identified as a significant cause for concern, the implications this may have for neonatal staffing must not be overlooked.

Evidence from trials has shown that when in-cot cameras are used there is a knock-on impact on staff behaviour and that it creates more work.[7] None of the studies, or international work, upon which this recommendation has drawn evidence has had 24-

[6] Picker and NHS England (2026) National Neonatal Care Experience Survey 2025

[7] Kubicka Z, Zahr E, Clark P, Williams D, Berbert L, Arzuaga B. Use of an internet camera system in the neonatal intensive care unit: parental and nursing perspectives and its effects on stress. J Perinatol. 2021 Aug;41(8):2048-2056. doi: 10.1038/s41372-021-00934-w. Epub 2021 Jan 28. PMID: 33510415; PMCID: PMC7841755.

hour a day livestreaming,[8] and so the implications for workload have likely been significantly underestimated.

Outstanding questions:

- What assessments have been made of the impact on workload and workforce retention in relation to implementation of this policy?

Practical challenges for implementation

Scope of what is videoed, and whether it is recorded

The recommendation and publicly available details about its implementation contain little detail on how the in-cot cameras would work in practice, including whether they will only transmit video (images), or if they would include audio.

As the proposal is that the camera will be *in* the cot or incubator, it is highly likely that equipment, including medicine lines, monitoring equipment and breathing apparatus, would all be out of view. Similarly, it is likely that identifying a specific HCP caring for a baby would be difficult, as typically only their (frequently gloved) hands would be in view. Therefore, it is unlikely to be effective in deterring deliberate harm - or identifying who was the perpetrator when this is suspected.

There is also a lack of clarity over whether the intention is for the livestream to be recorded and stored, or not. The phrase 'livestream' implies it would not, but the focus of the recommendation on safety means it is being understood this way and needs urgent clarification. For instance, 81% (39/47) of parents who have responded to Bliss' survey believe the livestream should be recorded, and 38% (15/39) of these believe it should be recorded and saved securely for a long period of time.

If in-cot cameras are intended only as a livestream and footage isn't recorded – in line with the Thirlwall recommendation – then we would anticipate that any support there may be for the proposal amongst families would rapidly disappear, as this would not meet the primary safety objective they have been led to believe it is for.

Outstanding questions:

- Will the in-cot cameras record audio? And if so, how will the impact relating to maintaining privacy and confidentiality of cotside conversations be maintained?
- Will the livestream be recorded?

[8] Lady Justice Kathryn Thirlwall (2026), Report of the Public Inquiry into events at the Countess of Chester Hospital, 2015-2018, Vol. 2 ch.33

- Given the likelihood that it will be difficult to identify staff – and indeed, misidentify staff – what other safeguards will be in place to enhance security on the unit, to protect staff, babies and families from livestream footage being interpreted erroneously?

Data protection and safeguarding

The footage being live streamed will contain highly sensitive personal data, and it is essential it is protected robustly against misuse or data breaches, including by hacking or leaking of the footage. It is also unclear how the livestream will be accessed and if there will be capability for the livestream to be screen-shot, allowing images or video from the stream to be saved and shared.

It is also not uncommon for babies in neonatal care to move cot, particularly if they are stepping down to a less intensive level of care, or conversely requiring more intensive input. These changes can happen quite quickly. We believe there is a risk that parents may see that their baby has been moved, before they have been told – which is likely to be incredibly upsetting and stressful – and also a risk that a parent may accidentally view a baby who is not their own if cameras follow a cot, rather than a baby.

Outstanding questions:

- What security measures will be in place to prevent hacking, data breaches or sharing of footage?

Security, storage and live-stream access

If the livestream is to be recorded and stored in any way, there needs to be urgent clarification of how this will be managed. There also needs to be clarification of the purpose of storing any recording – is it intended that it could only be used if needed for evidence, or would it be more immediately accessible to resolve disputes or clarify incidents?

Bliss' survey shows that while there is an expectation among parents that this footage is to be recorded – as this is seen as integral to fulfilling the recommendation's focus on improving safety and deterring harm – there is a lack of consensus regarding how those recordings should be managed. While around half feel footage should be stored securely for a short period of time (24/49) a third (16/49) believe it should be stored for a much longer period, with a further fifth (9/49) either being unsure of what the best approach is (4/49), or being supportive of there being no recordings at all (5/49).

There are also varying parental views on who should have access to the livestream: while most agree parents and carers should, more than half (26/48) believe neonatal unit staff should have access and nearly a fifth (9/48) would like access to be extended to wider family or friends who are chosen by the baby's parents or carers.

This not only presents practical challenges for designing the policy for implementation, but also for ensuring informed consent is obtained as acceptability is likely to be highly variable to each individual parent.

Outstanding questions:

- If footage is to be recorded, how and where would footage be stored? And how long would it be stored for?
- Who would have access to the livestream?
- What process will be in place to design the practicalities of the policy so it is acceptable to families?

Risk of technology failure

Parents and staff alike frequently report poor signal and access to Wi-Fi on neonatal units, and experience with similar technology would suggest that regular technical glitches – including the live feed dropping or the camera malfunctioning – would likely occur regularly. Indeed, the Angel Eyes study reports several instances of parents alerting the unit to technical issues.[9]

There is no detail on whether NHS Trust IT Support teams have the capability to support with fixing technical issues arising with the equipment, how quickly fixes would be expected, or if resourcing would be made available to support the additional workload generated by in-cot cameras.

As a result, there is the potential for there to be inequities in access for units where their Wi-Fi capability is poor – in addition to inequities for parents who do not have access at home to sufficient Wi-Fi or data. Further, it is extremely likely that technical glitches would cause stress and panic for families who turn on the livestream only to find they are unable to see their baby.

Use during procedures

There must be clear protocols developed to define when the livestream should be paused. As outlined above, babies in neonatal care frequently undergo painful procedures. For the sickest babies this may include emergency, life-saving interventions,

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Kubicka Z, Zahr E, Clark P, Williams D, Berbert L, Arzuaga B. Use of an internet camera system in the neonatal intensive care unit: parental and nursing perspectives and its effects on stress. J Perinatol. 2021 Aug;41(8):2048-2056. doi: 10.1038/s41372-021-00934-w. Epub 2021 Jan 28. PMID: 33510415; PMCID: PMC7841755.9

including intubation, resuscitation and even surgery in their cot. Some babies will also receive end-of-life care in their cot or incubator.

Bliss' survey suggests parental views on when the livestream should be paused are mixed. While 43% (21/49) felt the livestream should continue when a baby is receiving any clinical care, 39% (19/49) believed it should be paused, either when a serious procedure was taking place (14/49) or if the baby was receiving any hands-on care (5/49). Nearly a fifth of respondents (9/49) were unsure of the best approach.

A significant area of tension for respondents is revealed in the free-text comments and is clearly linked to the assumption that the livestream will be recorded, as this is how it has been presented. Many parents expressed concerns with continuing the recording due to the level of anxiety and upset it would cause, and also because they may witness treatment happening that hadn't been discussed with them (as can happen in an emergency). However, they ultimately felt the livestream should continue because it is in these direct caregiving moments where harm may occur, and the recording might be needed.

Conclusion

Bliss recognises the profound impact of the crimes committed at the Countess of Chester Hospital, and the understandable desire to strengthen neonatal safety and parental confidence. We also recognise that many parents value ways to remain connected to their baby when they cannot be physically present on the neonatal unit.

However, there is currently insufficient evidence that continuous livestreaming would effectively prevent deliberate harm, or support parental involvement in the way the proposal intends. Instead, there remain many unanswered questions around privacy and dignity, consent, safeguarding, workforce impact, data protection, cost and implications for FICare. It is critical that these outstanding areas of concern and gaps in the policy are fully resolved.

Bliss strongly believes that implementation should not proceed while the evidence base remains so limited, and while alternative interventions to support strengthened parental presence – which will deter harm – exist. Any consideration of how to implement livestreaming in-cot cams must be independently evaluated and developed with families and professionals, with the rights, dignity and wellbeing of babies remaining paramount.

Recommendations:

1. DHSC and NHS England must undertake an assessment of alternative uses of the proposed investment and prioritise interventions with a stronger evidence base for improving patient safety, parental involvement and neonatal outcomes. This should consider measures such as strengthening FICare through increasing levels of parental accommodation and/or extending financial support for families, improving workforce capacity, and increasing equitable access to existing

technology to keep parents connected to their baby when they are unable to be present, such as video diaries.

2. There must be urgent clarity as to whether the intention is for livestream footage to be recorded and stored, including the purpose, legal basis, retention period and access arrangements for any recordings.
3. DHSC and NHSE England should convene a multidisciplinary working group, including parents, charities, neonatal clinicians, and legal experts to assess the feasibility and implementation of this recommendation.
4. Babies' own rights, privacy and dignity must be central to policy development. Any further work should include specialist expertise in children's rights, consent, data protection and human rights law.
5. Parents with lived experience should be centrally involved in the design, testing and evaluation of any proposed model.
6. No national rollout should take place until the proposal has been piloted and independently evaluated. Any pilot should not only assess technical feasibility, but also impacts on parental wellbeing, FIcare, staff workload, safeguarding and neonatal outcomes.