



E-ISSN: 2664-1305  
P-ISSN: 2664-1291  
IJRPN 2019; 1(1): 05-07  
Received: 07-11-2018  
Accepted: 09-12-2018

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## Neonatal nurses role during hospitalization of preterm babies in reducing parent anxiety

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### Abstract

Hospitalization is stressful for families. Mothers of preterm infants may exhibit anxiety and symptoms of depression during the acute phase of the infant's hospitalization in the NICU. Specialized nursing interventions reduces parental stress and anxiety thus fostering the parent's abilities to cope with the difficulties and caring for their premature newborn.

**Keywords:** Parental stress, preterm infants, neonatal intensive care unit, stress, anxiety

### Introduction

Mothers of infants who require special care, begin their experience of parenthood in the unfamiliar and intimidating environment of the Neonatal Intensive Care Unit (NICU). Hospitalization is very stressful for families <sup>[1]</sup>.

**Psychological effects:** Hospitalization and of the premature infant in the NICU is considered as a psychological crisis in the family, causing feelings of powerlessness and stress <sup>[5]</sup>. Feelings of anxiety and depression in mothers of preterm infants are studied, as they appear to be more intense during the hospitalization of the child in the NICU <sup>[6, 31]</sup>. Mothers of preterm infants may exhibit symptoms of depression, during infant's hospitalization in the NICU <sup>[6, 23]</sup>. Premature birth with very low birth weight is a condition perceived by the mothers as highly generative of anxiety <sup>[31, 10]</sup>.

**Incidence:** Preterm infants are those infants who are born less than 37 completed weeks of gestation <sup>[26]</sup>. Approximately, 12% of infants are born, each year about 13 million families in the world experience preterm birth <sup>[2]</sup>.

In mothers of preterm infants high scores were found for anxiety which caused difficulties in confronting the situation of the infant's prematurity <sup>[24]</sup> Parents experience many stressful situations in connection with a preterm birth, which affects the possibility of them noticing their child's signals and their ability to interact with the infant <sup>[9]</sup>.

**Risks associated with hospitalization:** As the initial period of the infant's hospitalization is very stressful to parents they must cope with an infant who has more difficulties to care due to prematurity and associated illnesses <sup>[22]</sup>. The postponement of parenting results in extended emotional and psychological stress that can lead to parents not being emotionally attached to their infant at the time of discharge and may contribute to greater parenting risk and child vulnerability <sup>[8]</sup>. Risks exists in parenting related to weakness in parent-infant attachment, disturbance in parents sleep, and ineffective personal coping <sup>[21]</sup>. Also, they have altered parenting patterns affecting their children's pre-school and school-age years <sup>[12]</sup>.

**Importance of nurse in reducing parent's anxiety:** Parents need information from hospital staff in order to deal with stress and anxiety. From the moment an infant is placed in the NICU, parents should be engaged as partners with the medical staff in caring for their infant <sup>[11]</sup>. When parents have an infant in NICU, they bring with them their own unique characteristics and set of circumstances <sup>[15]</sup>. For the purpose of minimizing the immediate unfavorable impact on the mother-child relationship, the need for services that provide psychological support to the mothers of preterm babies during hospitalization in the NICU is highlighted <sup>[6]</sup>. Nonetheless, studies on clinical intervention with mothers of preterm neonates have not kept pace with technological advances, which have increased the survival rate for vulnerable infants <sup>[16]</sup>.

**Nurses role:** Most interventions targeted to parents of preterm have not been theoretically grounded and have not measured mediating variables that may explain the processes through which the interventions impact on key outcome variables which is important to advance science and translate efficacious interventions into clinical practice [17].

Nursing interventions reduces parental stress [29] and anxiety during a child's NICU hospitalization and therefore fosters the parents' abilities to cope with the difficulties they are facing [3]. In a study 36% of parents could not identify a staff person whom they felt they could talk to, 25% felt they could not ask too many questions, 29% identified a lack of privacy which stopped them from having discussions with the staff. Needs frequently identified by parents of hospitalized children includes the need to be informed, to be seen as a competent parent, to have some control, and to have competent caregivers [13].

Neonatal nurses have a pivotal role in facilitating the early mother-infant relationship [5] and should consider the mother's individual needs, as these are essential to their sense of well-being. As an important part of that process, parents should be actively involved in the care of their child from the start, with the goal of eventually taking full responsibility [14]. Intervention programs with mothers of preterm infants must promote concrete information regarding the NICU environment and the characteristics and behavior of preterm babies [4] and assurance to the parents [30]. Better education can often lead to early treatment at home and decreased need for hospitalization [7]. The hospitalization of a child disrupts a family's usual routines. Parental role change when a child is being cared by others in the hospital settings [27]. Nurses should individualize their care based on these specific needs [16]. Parents who have support from nursing staff have less anxiety and are better equipped to make decisions and participate in their child's care [28].

**Conclusion**

Concerning special stance of nurses and their duties in NICU, recognition of nurses and family's perception about stressors in NICU is needed. This will lead to facilitation of nursing investigations and to increase parental satisfaction.

**References**

1. Ball WJ, Bindler CR. Pediatric nursing Caring for children. (4<sup>th</sup>ed.) Pearson education publication, 2009.
2. Barnes CR, Adamson-Macedo EN. Wiley Online Library 2011, onlinelibrary.wiley.com Journal Home, 2007, 60(5).
3. Browne JV, Vanden Berg K, Ross ES, Elmore AM. The newborn developmental specialist: definition, qualifications and preparation for an emerging role in the neonatal intensive care unit, *Infants and Young Children*. 1999; 11(4):53-64. www.selu.edu/acad\_research/colleges/.../sped\_682syllabus.pdf -
4. Bruns DA, McCollum JA. Partnerships between mothers and professionals in the NICU: Caregiving, information exchange, and relationships. *Neonatal Network*. 2002; 21(7):15-23. www.ncbi.nlm.nih.gov/pubmed/12514985
5. Davis L, Edwards H, Mohay H, Wollin J. The impact of premature birth on the psychological health of mothers. *Early Human Development*. 2003; 73:61-70.

www.ingentaconnect.com/content/els/03783782/2003/.../art00073

6. Doering LV, Moser DK, Dracup K. Correlates of anxiety, hostility, depression, and psychosocial adjustment in parents of NICU infants. *Neonatal Network*. 2000; 19:15-23. www.medscape.com/viewarticle/507386\_2 -
7. Flores G, Milagros A, Chaisson CE, Donling S. Keeping children out of hospitals: parents and physicians perspectives on how pediatric hospitalizations for ambulatory care-sensitive conditions can be avoided. *Pediatrics*. 2003; 112(5):1021-1030.
8. ecommons.cornell.edu/.../PAM%20Honors%20Thesis%20Sloane%20Frost.pdf
9. Frank LS, Cox A Allen, Winter I. Measuring neonatal intensive care unit related parental stress. *Journal of Advanced Nursing*. 2005; 49(6):608-616. jpepsy.oxfordjournals.org/cgi/content/30/8/667
10. Griffin T, Wishba C, Kavanaugh K. Nursing interventions to reduce stress in parents of hospitalized preterm infants. *Journal of Pediatric Nursing*. 1998; 13(5):290-295.
11. Grimstad H, Schei B, Backe B, Jacobsen G. Anxiety, physical abuse, and low birth weight. *Scandinavian Journal Public Health*. 1999; 27:296-300. www.biomedexperts.com/Profile.bme/496362/H\_Grimstad
12. McGrath JM. Developmentally supportive caregiving and technology in the NICU: Isolation or merger of intervention strategies? *Journal of Perinatal and Neonatal Nursing, journals.lww.com Home*. 2000; 14(3):78-91.
13. Johnson S, Ring W, Anderson P, Marlow N. Randomized trial of parental support for families with very preterm children: Outcomes at 5 years. *Archives of Diseases of Childhood*. 2005; 90:909-915. www.ncbi.nlm.nih.gov/pubmed/15899921
14. Hallstorm I, Runesson I, Elander G. Observed parental needs during their child's hospitalization. *Journal of Pediatric Nursing*. 2002; 17(2):140-148. www.sid.ir/en/VEWSSID/J\_pdf/86520050508.pdf
15. Kussano C, Maehara S. Japanese and Brazilian maternal bonding behaviour toward preterm infants: a comparative study. *Journal of Neonatal Nursing*, 1998, 23-28. allnurses.com/united-kingdom-uk/family-centred-care-37495.html - Cached
16. Miles MS, Carter MC. Assessing parental stress in intensive care units. *American Journal of Maternal Child Nursing*. 1983; 8:354-359. pdfs.journals.lww.com/nursingresearchonline
17. Melnyk BM, Alpert-Gillis L, Feinstein NF, Crean H, Johnson J, Fairbanks E *et al*. Creating opportunities for parent empowerment (COPE): Program effects on the mental health/coping outcomes of critically ill young children and their mothers. *Pediatrics*, 2004. e597-607. pediatrics.aappublications.org/cgi/content/full/113/6/e597 -
18. Melnyk BM, Fineout-Overholt E. Putting research into practice. *Reflections on Nursing Leadership*. 2002; 28:22-25. jap.sagepub.com/content/14/2/107.full.pdf
19. Melnyk MB. Effect of COPE on maternal anxiety and depression 2 months following discharge of their premature infants from the neonatal intensive care unit.

- Nursing Research. 2008; 57(6):383-394.  
[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov) Journal List NIHPA Author Manuscripts
20. Melynk BM, Small L, Carno M. The effectiveness of parent-focused interventions in improving coping / mental health outcomes of critically ill children and their parents: An evidence base to guide clinical practice. *Pediatric Nursing*. 2004; 30(2):143-148.  
[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov) NCBI Literature
  21. Meyer EC. Psychological Distress in Mothers of Preterm Infants. *Journal of Developmental & Behavioral Pediatrics*. 1995-2007; 16(6):412-417.  
[journals.lww.com](http://journals.lww.com).
  22. Miles MS *et al.* Perception of Stress, worry and support in black and white mothers of hospitalized medically fragile infants. *Journal of Advanced Nursing*. 2002; 17(2):82-88. [journals.lww.com](http://journals.lww.com)
  23. Mok E, Leung SF. Nurses are providers of support for mothers of premature infants. *Journal of Clinical Nursing*. 2006; 15(6):726-734.  
[hea.sagepub.com/content/15/1/54.refs](http://hea.sagepub.com/content/15/1/54.refs)
  24. Padovani FHP, Linhares MBM, Carvalho AEV, Duarte G, Martinez FE. Anxiety, dysphoria, and depression symptoms in mothers of preterm infants. *Psychological Rep*. 2009; 104(2):667-79.
  25. Pinelli J. Effects of family coping and resources on family adjustment and parental stress in the acute phase of the NICU experience. *Neonatal Network*. 2000; 19(6):27-37.  
[findarticles.com/p/articles/mi\\_m0FSZ/is\\_6\\_31/ai.../pg\\_3/](http://findarticles.com/p/articles/mi_m0FSZ/is_6_31/ai.../pg_3/) - Cached
  26. Reid T. Maternal identity in preterm birth. *Journal of Child Health Care*. 2000; 4:23-29.  
[chc.sagepub.com/content/4/1/23.full.pdf](http://chc.sagepub.com/content/4/1/23.full.pdf)
  27. Singh, Meharban. *Care of newborn*, (ed.7<sup>th</sup>), New Delhi: Sagar Publication, 2010.
  28. Simons J. Parents support and satisfaction with their child's postoperative care. *British Journal of Nursing*. 2002; 11(22):1442-1449.  
[etd.fcla.edu/UF/UFE0024352/miller\\_h.pdf](http://etd.fcla.edu/UF/UFE0024352/miller_h.pdf)
  29. Thompson VL, Hupcey JE, Clark MB. The development of trust in parents of hospitalized children. *Journal for Specialist in Pediatric Nursing*. 2003; 8(4):137-147.  
[www.hhdev.psu.edu/nurs/faculty/hupcey.html](http://www.hhdev.psu.edu/nurs/faculty/hupcey.html)
  30. Turan T, Basbakkal Z, Ozbek S. Effect of nursing interventions on stressors of parents of premature infants in neonatal intensive care unit. *Journal of Clinical Nursing*. 2008; 17:2856-2866.  
[onlinelibrary.wiley.com/doi/10.1111/j.1741-6787.2009.00154.x/pdf](http://onlinelibrary.wiley.com/doi/10.1111/j.1741-6787.2009.00154.x/pdf)
  31. Vaskelyte A *et al.* Identifying needs of families with premature newborns in the Neonatal Intensive Care Unit, perceived by parents and nurses. *Archives Pediatric*. 2009; 23(3):320-41.
  32. Zanardo V, Freato F. Home oxygen therapy in infants with Bronchopulmonary dysplasia: assessment of parental anxiety. *Early Human Development*, 65, 39-46. September 11,  
[www.ingentaconnect.com/content/els/03783782/2001/..](http://www.ingentaconnect.com/content/els/03783782/2001/..)  
[/art00190](http://art00190)