Psychosocial Care of the Family in the neonatal Unit

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Admission to NICU

• It is well documented that admission of the new-born to the Neonatal Unit results has a significant impact on the family with many negative effects

  • Cleveland, 2008; Bystrova et al, 2009
We need to understand & consider......

- Attachment theory & principles of bonding
- Needs of the family in the Neonatal unit
- Causes of anxiety & stress
- Effects of admission to the Neonatal unit
- Strategies to reduce anxiety – including Developmental care and stimulation
- Promotion of Family centred care
- Cultural & religious considerations
Causes of parental stress

- Disruption to family life / ‘discontinuity’ & separation
- Conflicts in partnership & lack of clarity in roles
- Loss of control / powerlessness reported by parents & ‘suspended mothering’
  - Hall and Brinchmann (2009)
Sources of stress

- Personal / family factors e.g. personality, coping mechanisms, previous experiences
- Situational – the illness and uncertainty of the outcome
- Environmental - the Neonatal unit (physical environment) and psychosocial - appearance of the baby, communication / relationships

(Heermann et al, 2005)
The negative effects

- Significant fear & anxiety before and after discharge
- Interference with child-parent relationships & bonding
- Isolation
- Social and financial consequences of having a neonate in long term care
  - (Wigert et al, 2006; Tran et al, 2009)
Cultural considerations

- Translation services
- Information sheets
- Cultural differences in bonding behaviours across cultures
- Ethnicity & diversity to be acknowledged and considered in care planning
- Advocacy is vital in nursing care
Culture and belief

• Consider the religious and cultural background of the family
• Particularly important in bereavement care
• Do not impose your own beliefs
• Written information in different languages is important
• Treat parents as individuals
  • (NICE, 2010)
What can we do?

- Individualised developmental care to include the family
- Participation with parents – enable empowerment in parents to prevent loss of role (Mundy, 2010)
- Specific interventions- Positive touch & Skin-to-skin contact, parent diary, parent groups
- Community issues and support
  - (Beck et al, 2009; Blunt, 2009, Britton, 2009)
What can we do?

- Neonatal nurses need to reduce stress to avoid unresolved negative experiences, fearfulness and inexperience to provide proper nurturing.
- Be aware of the potential negative effects.
- Work within a model of care for parent participation.
- Integration of FCC in Neonatal Nursing.
- Include family at all times.

Cockcroft, 2012
Recommendations

• BLISS ‘POPPY’ Study (POPPY Steering Group, 2009)
• Providing a positive physical environment for babies, parents and staff (Redshaw and Hamilton, 2010)
• Developing policies to support parental contact and effective communication with parents.
• Facilitating effective information-giving to all parents, including asking parents for feedback on what works well for them (Blunt, 2009)
• Enabling parents to find the support they need from professionals and other parents.
• Focusing on bridging the gaps in care, using benchmarking to reduce variation in policies and practice and improve quality.
Bereavement Support

• Providing bereavement support and involving parents in the care of their baby is good practice and of vital importance

• Guidance is now based on what bereaved parents have said they need

• What happens in hospital can affect severity and length of grieving as well as the ability to resume normality
Further Reading

Further Reading - continued

- Tran C, Medhurst A, O’Connell B (2009) Support needs of parents of sick and/or preterm infants admitted to a neonatal unit. *Neonatal, Paediatric and Child Health Nursing* 12 (2): 12-17