



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 psycho-social -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

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