

Skurzak Agnieszka, Iwanowicz Palus Grażyna, Korzyńska Piętas Magdalena, Kicia Mariola, Żółkiewska Beata. Social support for parents of premature infants. Journal of Education, Health and Sport. 2018;8(3):220-227. eISSN 2391-8306. DOI <http://dx.doi.org/10.5281/zenodo.1193305> <http://ojs.ukw.edu.pl/index.php/johs/article/view/5346>

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part b item 1223 (26/01/2017).
1223 Journal of Education, Health and Sport eissn 2391-8306 7

© The Authors 2018;

This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland

Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license

(<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 05.02.2018. Revised: 10.02.2018. Accepted: 07.03.2018.

Social support for parents of premature infants

Wsparcie społeczne rodziców noworodka przedwcześnie urodzonego

Agnieszka Skurzak¹, Grażyna Iwanowicz Palus¹,

Magdalena Korzyńska Piętas¹, Mariola Kicia¹, Beata Żółkiewska²

¹ Zakład Podstaw Położnictwa, Wydział Nauk o Zdrowiu, Uniwersytet Medyczny w Lublinie
Department of Basics of Midwifery, Faculty of Health Sciences Medical University of Lublin

² Samodzielny Publiczny Wojewódzki Szpital Specjalistyczny w Chełmie

Independent Public Provincial Specialist Hospital of Chełm

Key words: social support, premature infant

Słowa kluczowe: wsparcie społeczne, noworodek przedwcześnie urodzony

Abstract

Prematurity is still an actual medical problem. Significant increase in the survival rate of premature babies is observed due to the progress in perinatal care. Usually, parents are not prepared for a premature birth, for the majority of them the hospitalization of a child in neonatal intensive care unit is a source of fear, moreover parents often blame themselves for the situation. Appearing emotions and questions require a compatible response from the therapeutic team. The most important activity in the practice of the team is emotional, informative, evaluative support.

Streszczenie

Wczesniactwo należy do wciąż aktualnego problemu medycznego. Znaczący postęp w opiece perinatalnej spowodował, że obserwuje się istotny wzrost możliwości przeżycia noworodków przedwcześnie urodzonych. Zazwyczaj rodzice nie są przygotowani na przedwczesne narodziny stąd dla większości hospitalizacja dziecka w OITN, budzi lęk, często połączony z obwinianiem się za zaistniałą sytuację. Pojawiające się emocje i pytania, wymagają kompatybilnej reakcji ze strony opiekującego się dzieckiem zespołu terapeutycznego. Wsparcie emocjonalne, informacyjne, wartościujące jest kluczowym działaniem w praktyce zespołu terapeutycznego.

Introduction

The improvement of quality of care for premature infants is the effect of neonatology and medical knowledge development.

Progress in medical technology and development of diagnostic methods allows to reduce perinatal mortality, simultaneously causes an increase in the occurrence of complications resulting from the immaturity of the infants, which is a serious problem in neonatology.

The aim of the study

The aim of the study was to present the importance of social support for parents of premature infants.

Description of the state of knowledge

Prematurity is a current medical, psychological and socio-economic problem that intensifies the interest of many specialists. According to the fact that there is a worldwide increase in the survival rate of prematurely born infants, including fetal newborns, the attention is focused not only on medical complications, but also psychological aspects [1,2].

Along with the improvement of medicine, the goal of the modern neonatal nursing is a creation of a perfect, similar to the intrauterine environment for a newborn, that ensure proper development. By using special techniques that minimally interfere with the physiological adaptation and defense mechanisms of the newborn and minimally aggressive developmentally targeted therapy, it is possible to improve not only the condition of the newborn, but also reduce the complications resulting from the immaturity of the body. Along with the improvement of

the effectiveness of medical activities, ethical dilemmas concerning these appear in medical practice and nursing [3].

In literature parents experiences in the situation of prematurity or diagnosis of their child's disability are described in terms of psychological trauma. Post-traumatic stress disorder occurs almost in half of mothers, which adversely affects the realization and functioning of their role as a mother in relation to their own child and the environment. Mothers of premature newborns experience negative emotions such as anxiety, helplessness, depression, guiltiness. The situation of insufficient information is particularly traumatic, it raises fear among parents, exaggeration of the perception of the negative consequences of the problem. Parents' reactions to the negative diagnosis of the child's development might be different: obscuring, perceptual deformation, objectification of the child, support - seeking. These reactions have protective functions and help parents with surviving the difficult period [4-7].

Child's hospital treatment in the Neonatal Intensive Care Unit is an event for which parents are not prepared, because during pregnancy, they imagine a baby as a healthy offspring. Hence, for most parents, hospitalization of a child in NICU is a source of fear, which is often accompanied by self-blaming. Emerging emotions and questions require a compatible response from the therapeutic team. Midwives and nurses cooperation with the child's parents should be professional, and based on the good communication skills, empathy. Midwives and nurses provide emotional support. They are the main link in the relationship between other members of the therapeutic team [8,9].

Members of therapeutic team should understand and accept the behavior of parents whose child is a patient of NICU. This attitude gives parents the opportunity to express their doubts. An important element in the relationship between medical staff and parents is gaining trust. Medical staff actions such as encouraging parents to contact with the newborn, persuading them to perform nursing activities, providing clear understandable information about the child's condition and proper psychological support prevent the occurrence of iatrogenic mistakes [2,10].

The care of a prematurely born infant is multidisciplinary. Moreover, it requires cooperation and constructive dialogue between the therapeutic team members and the parents of the child. The doctor, nurse and midwife's work in the Neonatal Intensive Care Unit entails a multidirectional operations [11, 12].

The holistic care over the premature infant and its parents is a collaborative responsibility of the therapeutic team members. Doctors should ensure positive contact with the child's parents, while informing about the health condition of baby, moreover he should control the

way parents understand and interpret the information. Doctor should inform both parents about infant's health. Conversation should take place in a quiet room in the atmosphere of trust and respect with the permission to express feelings. The main midwives and nurses' functions are helping parents with the process of acceptance the situation by familiarizing them with the environment in which the newborn resides, encouraging them to build the relationship with the child through touching, kangarooing , breastfeeding, and supporting parents in such difficult moments. A psychologist plays a crucial role in creation the right relationship between the child and parents by educating them on how to use personal resources and skills in the situation of a premature birth [13].

In addition to the medical aspect of prematurity, the psychological element is important. The stress experienced by the parents of a prematurely born child is determined by researchers as a trauma. This situation requires the mobilization of complex coping in difficult situations processes and defense mechanisms [14,15].

The proper relationship between midwife, nurse, doctor and the infant's parents regarding the child's health status as well as its treatment is an important element of care for the newborn. Every behavior of the midwife, nurse or the lack of a specific procedure is an information for parents. The way in which a child is looked at, how medical staff approach it, how much time is devoted to newborn by midwife, nurse, the tone of doctor's voice all these elements give parents the base on which they create their own situational picture. Positive contact with the parents could be used for supporting and shaping the emotional bond between them and the child through preparation for care. Midwives, nurses are creators of the care environment; they nurse, provide psychological security, educate parents in the care of the newborn baby. By serving professional nursing, they are responsible for the quality of the service. Ethical requirements impose on them an obligation of conscientious, reliable care, adapted to the needs of a small patient [16-18]. Very often, parents want to participate in the decision-making process regarding treatment and care of the child. Education aimed at reducing the feeling of helplessness and strengthening competences as parents is an important element of cooperation and communication with parents [19].

The birth of a premature baby is a special moment for parents and the staff of the NICU. In order go through a period of treatment and adaptation safely, social support both given and received is needed. From the perspective of the person who is waiting for help, the scientific name of support does not matter, but the fact that everyone can give it by showing emotions, listening, presenting interests. The support is described as provision of information which

indicate specific ways of acting in a proper situation, provision of advice, explanation, presentation of different perspective of the problem [20].

The social support involves all stages in person's life, who is in specific, difficult, critical moment that require the supportive presence of other people. It is a kind of social interaction that is undertaken in a problematic and stressful situation. The main goal of the interaction is sustaining, reducing stress, controlling the crisis through a social exchange. The support activity could reduce the tension or change the perception of a difficult situation. Types of social support are emotional support, material and informational support [20].

In the face of the birth of a premature baby, social support carried out by the immediate environment of the parents, e.g. family, friends, is very important. In relation to the hospitalization of a prematurely born infant, the available social network is expanded by the representatives of the medical staff taking care of the child. The emotional support results from the social interactions in which positive reference is shown. The source of it might be relatives, family, as well as professionals psychologists, doctors, midwives, nurses who working in the NICU. Information support carried out by the therapeutic team of the NICU could help in perceiving the situation and dealing with problems related to the birth of a premature baby. Information provided to parents at particular stages of the diagnosis and treatment influence the improvement of parents' awareness, trust and facilitate the processes of making the right decisions. Through the right way of providing information, respecting parents' autonomy, their right to information is respected. Medical staff as well as other parents who experience similar experiences are the source of information and instrumental support for parents of a premature newborn. In the situation of premature birth trauma, information combined with the support of the society enable parents to accept the necessity of infant's hospitalization and facilitate the process of making decisions of the treatment process [7,18,21].

According to the available researches on the patients and their families' expectations, the emotional and informational supports are the most desirable types of assistance provided in the situation of illness. Emotional support is related to the degree of empathy exhibit by the doctors, midwives and subjective approach to the patient. The activities are focused on the patient. Evaluative support received from medical staff is extremely important. The parents expect from physicians, midwives, nurses not only information, but also appreciation of their efforts in care for their prematurely born child. The lack of such behavior of the therapeutic team may be the cause of parents' negative feelings and resignation from untaken actions which goal are child's benefits [21, 22].

Summary

Contemporary comprehensive nursing is based on the implementation of professional functions, which goals are strengthening and sustaining health behaviors and providing broadly understood support for patients and their families. The holistic care for a prematurely born infant is individualized, moreover it enables parents to acquire the ability to use their own resources in a crisis situation.

References:

1. Bielenik Ł., Bidzan I., Bidzan M. Wcześniactwo a trudne rodzicielstwo w okresie pre i perinatalnym. *Annals Pedagogies*. 2013; 5(41), 3: 39-70.
2. Pilewska-Kozak A., Dobrowolska B., Łepecka-Klusek C., Bałanda-Bałdyga A., Pawłowska-Muc A., Stadnicka G. i wsp. Postępowanie terapeutyczno-opiekuńcze wobec noworodka na granicy przeżycia w opinii studentów uczelni medycznych. *J Educ. Health Sport*. 2017;7(3):258-272.
3. Glińska J., Bera A., Brosowska B., Stańczyk J. Analiza przyczyn hospitalizacji oraz wyników leczenia noworodków na oddziale patologii i intensywnej terapii noworodka. Rola pielęgniarki neonatologicznej. *Probl Pielęg*. 2011; 19(4):431-438.
4. Mariańczyk K., Libera A., Oleszczuk J. Poczucie beznadziejności a style radzenia sobie ze stresem u kobiet po porodzie przedwczesnym. *Ginekol Pol*. 2010; 81:342-346.
5. Napiórkowska-Orkisz M., Olszewska J. Postawy rodziców i pracowników ochrony zdrowia wobec noworodków urodzonych na granicy zdolności przeżycia. *Pol Prz Nauk Zdr*. 2017; 1(50):91-96.
6. Discenza D. Supporting parents with Mental Health Support in the NIUCU. *Journal of Neonatal Nursing. Neonatal Network*. 2016; 35(1):42-44.
7. Ghorbani M., Dolatian M., Shams J., Alavi-Majd H. Anxiety, post-traumatic stress disorder and social supports among parents of premature and full-term infants. *Iran Red Crescent Med J*. 2014; 16(3):1-8.
8. Napiórkowska-Orkisz M., Olszewska J. Wpływ holistycznej opieki nad pacjentem OITN na psychologiczne i fizyczne aspekty wcześniactwa. *Pol Prz Nauk Zdr*. 2017; 1(50):97-101.
9. Porada E., Raś R., Pasierb D., Wała J. Rola położnej w kontakcie z rodzicami dziecka przebywającego na Oddziale Intensywnej Opieki Neonatologicznej. *Pielęg XXI w*. 2013; 1(42), 33-37.
10. Pilewska-Kozak A., Dobrowolska B. Piasecka I. i wsp. Problem moralne nad noworodkiem przedwcześnie urodzonym. *Probl Pielęg*. 2013; 21(4):542-550.
11. Rutkowska M. (red.). Rekomendacje dotyczące postępowania z matką oraz noworodkiem urodzonym na granicy możliwości przeżycia z uwzględnieniem aspektów etycznych. *Perinatol Neonatol Ginekol*. 2012, 5(1): 5-13.
12. Kopec A., Aftyka A., Humeniu E., Rybojad B., Rozalska-Walaszek I. Hospitalization of a child in the Neonatal intensive Care-parent's experiences. *Curr Probl Psychiatry*. 2016; 17(1):24-30.

13. Łuczak-Wawrzyniak J., Czarnecka M., Konofalska N., Bukowska A., Gadzinowski J. Holistyczna koncepcja opieki nad wcześniakiem lub (i) dzieckiem chorym – pacjentem Oddziału Intensywnej Terapii Noworodka i jego rodzicami. *Perinatol Neonatol Ginekol.* 2010; 3(1): 63-67.
14. Aftyka A. Stres u rodziców dzieci hospitalizowanych w Oddziale Intensywnej Terapii Noworodka doniesienia wstępne. *Pielęg XXI w.* 2014; 13(48):5-10.
15. Libera A., Leszczyńska-Gorzela B., Oleszczuk J. Zastosowanie Skali Stresu Rodziców: OITN (SSR:OITN) w diagnostyce klinicznej kobiet po porodzie przedwczesnym. *Ginekol Pol.* 2013; 84: 281-285.
16. Glińska J, Bera A, Brosowska B. Analiza przyczyn hospitalizacji oraz wyników leczenia noworodków na o dziele patologii i intensywnej terapii noworodka. Rola pielęgniarki neonatologicznej. *Probl Pielęg.* 2011;19(4):431-438.
17. Bednarek A., Mianowana V., Jachorek M. Oczekiwania rodziców hospitalizowanych noworodków w zakresie realizowanej opieki. *Probl Pielęg.* 2011; 19 (1):27-33.
18. Aliabadi F., Kamali M., Borimnejad L., Rassafiani M., Rasti M., Shafaroodi N. i wsp. Supporting-emotional needs of Iranian parents with premature infants admitted to Neonatal Intensive Care Units. *Med J Islam Repub Iran.* 2014; 28(53):1-8.
19. Paszkiewicz-Mes E., Mielczarek J., Głowacka A., Brosowska B. Postawy etyczne pielęgniarek pediatrycznych w opinii rodziców dzieci hospitalizowanych. *Pielęg XXI w.* 2013; 2(43):29-35.
20. Sęk H., Cieślak R. Wsparcie społeczne sposoby definiowania rodzaje i źródła wsparcia wybrane koncepcje teoretyczne. W: Sęk H., Cieślak R., (red.) *Wsparcie społeczne stres i zdrowie.* Warszawa Wydawnictwo Naukowe PWN; 2017:11-29.
21. Ladani M.T., Abdeyazdan Z., Sadeghnia A., Hajiheidari M., Hasanzadeh A. Comparison of nurses and parents viewpoints regarding the needs of parents of premature infants i Neonatal Intensive Care Units. *Iran J Nurs Midwifery Res.* 2017; 22(5):367-371.
22. Bednarek A., Mianowana V., Jachorek M. Zakres funkcji profilaktycznej i promocji zdrowia w pracy pielęgniarki pediatrycznej a oczekiwania rodziców hospitalizowanych noworodków. *Probl Pielęg.* 2011; 19(3):296-302.