The Premature Parent

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Objectives

By the end of this presentation, participants will…

- Identify premature birth as a traumatic experience
- identify risk factors of parent perceived child vulnerability and the resulting negative impacts on child development
- integrate premature birth as a valuable piece of information in the child life assessment
- promote positive parent-child relationships and coping when interacting with families with a history of extreme prematurity

Key Terms

- Attachment
- Apgar Score
- Corrected Age/Gestational Age
- ELBW and VLBW
- Liminality
- PPCV (parent perceived child vulnerability)

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The NICU Experience

Premature Birth as a Traumatic Experience

Anticipated delivery	Emergent delivery
Baby is immediately placed on mother's chest	Baby is immediately resuscitated and brought to NICU
Baby and mom are guided through first feed	Central line is placed within first hour of life, first feed is via GI tube
Baby and mom are always within arms reach	Mom can visit baby once she has recovered enough for transport

First Moments in the NICU

- Pre-eclampsia and magnesium
- Everyone else has already met your baby (partner, grandparents, in laws, etc.)
- First hold
- Leaving baby for the first time

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What makes someone feel like a parent?

Liminality is Disrupted

- Premature birth interferes with the transition to parenthood
- Staff members perform care tasks
- Baby's fragility prevents typical parenting activities
- Feelings of powerlessness
- Infant appearance
- Physical and psychological separation
- Only negative feedback

Evidence Based Predictors of Parent Stress

- Gestational age
- Low Apgar scores
- Age of parents
- Length of stay

Opportunities

- Encouraging applicable parenting tasks
- Teaching how to soothe and safely interact with a baby
- Preparing parents for these tasks, the same way we prepare for procedures, and potentially debriefing after
- Empowering parents to participate in care

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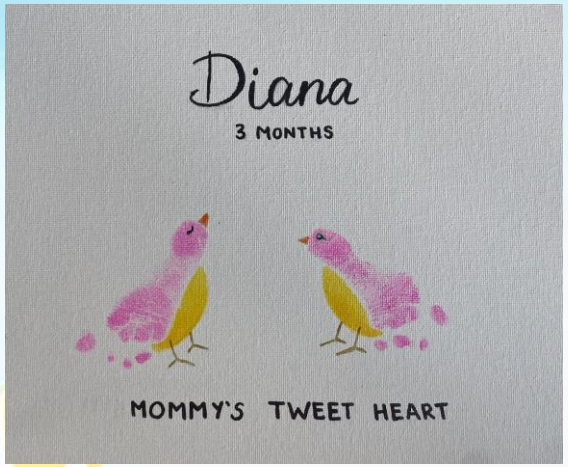

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Transition Home

Cognitive Development Implications

- Infant risk status and maternal psychological distress has been shown to impact maternal-infant interactions throughout the first year of life
- NICU moms are at higher risk for post-partum depression
- Frontal EEG studies using frontal EEG's have shown differences in the brains of infants of mother's who have depression vs infants of mothers who do not

Social/Emotional Development Implications

- Some parents become intrusive and withdrawn, while others become hyper vigilant
- One can leads to an insecure attachment, and the other can lead to high PPCV
- Highly anxious without constant monitoring
- Risk of high PPCV is increased if preemie was not the first child
- High PPCV leads to overprotective parenting style and limited opportunities for child autonomy and exploration

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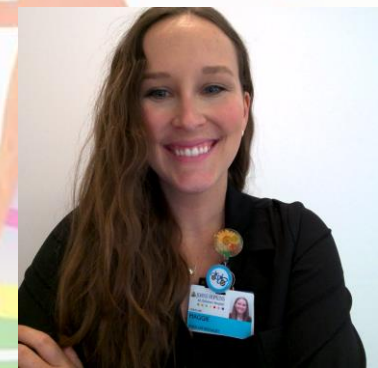
Readmissions and Future Healthcare Experiences

Comorbidities of Prematurity

- Heart disease and PPHD – persistent pulmonary hypertension
- Chronic lung disease
- Intraventricular hemorrhage
- NEC – necrotizing enterocolitis
- ROP – retinopathy of prematurity
- Developmental delay
- SIDS – sudden infant death syndrome
- Increased risk of ADHD, ASD, depression, anxiety, bipolar disorder, and nonaffective psychosis
- Higher prevalence of kidney disease
- Disruption of endocrine system

Discharge to Readmission Rates

- Infants born at <28weeks of gestation are 8x more likely to require readmission compared to a term infant in the first 5 years of life
- Infants <3.3 lbs. or <33weeks of gestation range from 42% to 72% in being readmitted our
- Infants with birth weights <1.65 lbs., <28weeks and chronic lung diseases are at the greatest risk for readmission



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Culture Clash

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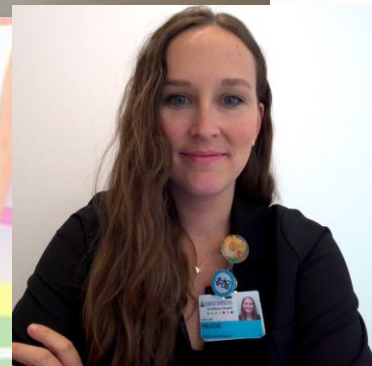

NICU Culture

- Environmental stimulation
- Staff ratios
- Primary nursing
- Obstacles
- Length of stay
- Peer bonding

PICU Culture

- Environment
- Nursing ratios
- Obstacles
- Staff turnover
- Patient turnover
- Population

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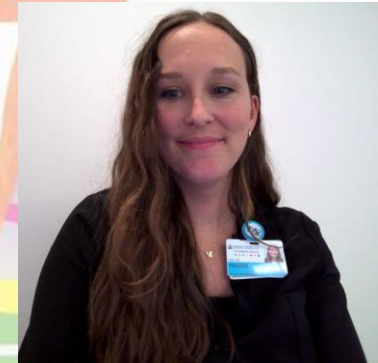
How We Can Help

Multidisciplinary Approach

- Effective communication with the NICU multidisciplinary team is essential during the transition stage
- Weekly discharge planning with staff and care conferences with family members
- Psychosocial rounds with: psychology, palliative care, nursing leaders, social work, child life specialist, chaplain, etc.

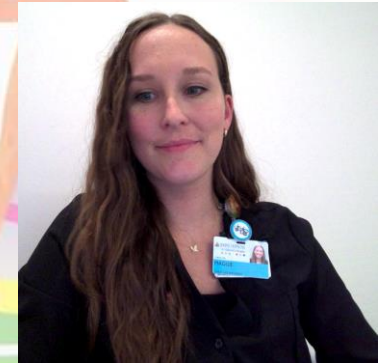
Family Involvement

- Parents or primary caregivers are an integral part of the team and are involved in the continuous planning for their child
- PICU staff encourages family support and participation in their patient's care



Psychosocial Support

- A variety of disciplines support in many ways during this transition
- Families are met where they are and staff works to support and walk along with them in their new journey
- At times, many staff recognizes there are more members of the family to support and makes family centered care a staple in their interventions



Example of Support from a CCLS

- NICU to PICU transition from an outside hospital
- 10-month-old girl admitted
- She is a twin
- Family lives two hours away and would split time at hospital and work
  - Sunday-Wednesday AM stayed at hospital in their camper (mom, dad, and twin sister that is not hospitalized)
  - Wednesday PM-Saturday traveled home to go to work

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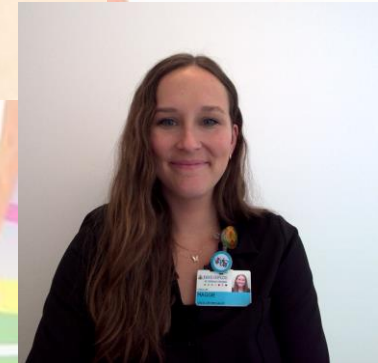
HELP SUPPORT MY DEVELOPMENT GROWTH

*PLEASE ENCOURAGE ONE OF MY FAVORITE ACTIVITIES AFTER MY FIRST CARE TIME

- SITTING UP IN BOPPY IN MY CRIB
- PLAYING WITH DIFFERENT SENSORY TOYS: RATTLE, CRINKLE BOOK, TEETHERS
- SPENDING TIME ON THE PLAYMAT WITH MY SISTER
- LAYING ON MY SIDE AND PLAYING WITH RATTLE, PLEASE HELP ME GRASP IT
- BEING HELD IN A SUPPORTED SITTING POSITION
- TIME IN MY MAMA-ROO
- LOOKING IN THE MIRROR ON MY SIDE OR WHILE SITTING UP

ACTIVITIES

- HELD IN A SUPPORTED SIT ON CAREGIVER'S LAP
  - HELP BRING SHOULDERS FORWARD AND HANDS TO MIDLINE
  - PROVIDE ONE VISUAL STIMULATION AT A TIME
    - RATTLE, MIRROR, BOOKS, LIGHT UP TOYS, MOBILE, SOOTHER, INFANT TOYS
  - PROVIDE ADEQUATE SUPPORT AT UPPER TRUNK TO ALLOW FOR ENOUGH SUPPORT, BUT ALSO ALLOWING JOCELYN TO WORK ON IMPROVING HEAD AND TRUNK CONTROL
- PLAY IN SIDE LYING
  - MAKE SURE SHOULDERS ARE ROUNDED FORWARD AND HANDS TO MIDLINE
  - ASSIST WITH HAND OVER HAND TO GRASP ONTO RATTLE OR REACH FOR MIRROR
- SUPPORTED/UPRIGHT SUPINE
  - PROVIDE ONE VISUAL STIM AT A TIME FOR SUSTAINED VISUAL ATTENTION/TRACKING
  - PROVIDE HAND OVER HAND ASSISTANCE FOR GRASPING RATTLE
  - ENCOURAGE HOLDING ONTO TOYS WITH TWO HANDS AT THE SAME TIME
- POSITION IN FEEDER SEAT
  - ADJUST THE ANGLE OF THE SEAT MORE UPRIGHT SO JOCELYN CAN WORK ON STRENGTHENING TRUNK AND NECK MUSCLES
  - CAN READ BOOKS OR ENGAGE HER WITH TOYS WHILE IN SUPPORTED SITTING POSITION
  - HAND OVER HAND WHILE SINGING SONGS LIKE PAT-A-CAKE AND WHEELS ON THE BUS



Premature Parents On Every Floor

- Extreme prematurity can be important assessment information for any healthcare setting
- Ex-preemies will likely have experiences in clinics, gen peds floors, radiology, surgery, and other areas

Premature Parents Beyond Healthcare

- Going to school
- Babysitting and daycare
- Sports and extracurriculars
- Comparisons with siblings
- Adolescent mental health

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Questions?

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