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Parents' Experiences of Their Premature Infants' Transportation From a University Hospital NICU to the NICU at Two Local Hospitals

Marie Dahlen Granrud RN, MSc[a,b], Elin Ludvigsen RN, MSc[b], Birgitta Andershed RNT, PhD[c,*]

[a]*Department of Nursing, Hedmark University College, Elverum, Norway*
[b]*Neonatal Intensive Care Unit, Innlandet Hospital Trust, Norway*
[c]*Department of Nursing, Gjøvik University College, Norway, and Department of Palliative Research Centre, Ersta Sköndal University College and Ersta Hospital, Stockholm, Sweden*

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The aim of this study was to describe how the parents of premature infants experience the transportation of their baby from the neonatal intensive care unit at a university hospital (NICU-U) to such a unit at a local hospital (NICU-L). This descriptive qualitative study comprises interviews with nine sets of parents and two mothers. The qualitative content analysis resulted in one theme: living in uncertainty about whether the baby will survive, and three categories: being distanced from the baby; fearing that something would happen to the baby during transportation; and experiencing closeness to the baby. The results also revealed that the parents experienced developmental, situational and health–illness transitions.
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A PREMATURE BABY presents a challenge for the majority of parents, who are plunged into a reality for which they are unprepared. They may therefore be in a vulnerable situation and feel both disappointed and guilty about failure to achieve a full-term pregnancy (Shin & White-Trout, 2007) as well as fearing that their baby will die. Being unprepared for the premature birth may make it difficult for them to feel like parents (Lindberg & Öhrling, 2008). Many expectant parents prepare themselves for a fully developed infant and grieve over the lost 'dream baby', which may hinder the attachment between parents and child (Tandberg & Steinnes, 2009). In addition, the bonding may be negatively affected by the parents' stay in a technologically intensive clinical environment where they observe their child's struggle to survive. As a result, such parents often experience more stress and anxiety than those of full-term infants (Aagaard & Hall, 2008; Kaaresen, Rønning, Ulvund, & Dahl, 2006; Tandberg, Pettersen, Vårdal, & Rönnestad, 2013; Turan, Basbakkal, & Özbek, 2008).

Being the parent of a premature infant involves transitions that differ from those of parents with a healthy, full-term baby. These transitions often occur simultaneously within a fairly short period. Schumacher and Meleis (1994) described three common types of transition: developmental, situational and health–illness. A situational transition is the transportation of the infant from the neonatal intensive care unit to a local hospital (Fowlie, Booth, & Skeoch, 2004). This can entail a risk, for example cerebral haemorrhage (Mohamed & Alv, 2010). Parents often fear that their child will not tolerate the transfer and that it will cause her/his condition to deteriorate.

* Corresponding author: Birgitta Andershed, RNT, PhD.
E-mail address: birgitta.andershed@hig.no.

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The parents also worry that the local hospital does not possess the necessary expertise (Hall, 2005). Studies have found that parents would like the infant to be closer to home but are anxious and troubled about the unknown (Donohue, Hussey-Gardner, Sulpar, Fox, & Aucott, 2009; Hall, 2005). Communication at an early stage prior to transportation combined with good preparation of the parents can improve their experience (Hall, 2005; Hanrahan et al., 2007; Rowe & Jones, 2008). Ensuring contact with healthcare professionals from the local hospital while the baby is still at the university hospital is described as important for the parents (van den Berg & Lindh, 2011). In addition, it is vital that the healthcare professionals who accompany the baby in the road ambulance are highly experienced (Peitersen, Arrøe, & Pryds, 2008).

Although premature infants are often transported in road ambulances between neonatal care units and hospitals, few studies describe the parents' experiences. This study was motivated by the lack of research describing how parents experience the transportation of their premature infant and what this separation can entail. Another reason is the authors' long experience of transfers by road ambulance leading to challenges for new families. It is therefore important to deepen our knowledge and increase understanding of the parents' situation. Consequently, the aim of this study was to describe how the parents of premature infants experience the transportation of their baby from the neonatal intensive care unit at a university hospital (NICU-U) to such a unit at a local hospital (NICU-L).

Design and Method

This descriptive qualitative study comprises qualitative interviews analysed by means of content analysis (Graneheim & Lundman, 2004).

Participants

From April to June, 2011, seven sets of parents were consecutively selected at two neonatal intensive care units at two different local hospitals. The interviews took place at the local hospitals and were conducted by MG and EL as close to the discharge date as possible. Additional four sets of parents were chosen retrospectively due to the lack of premature babies during the period. These interviews were held at the parents' home 3–8 months after discharge. The inclusion criteria were parents of a premature baby born at a university hospital and transferred to a local hospital and ability to speak Norwegian. The exclusion criterion was prior experiences of pre-term delivery. Two fathers declined to participate, thus 11 mothers (22–40 years, median 28) and nine fathers (23–40 years, median 32) took part in the study. The infants, some of whom were multiple-birth siblings, were born in weeks 26 + 0–32 + 0 (median 28 weeks) of the gestation period.

Context

The NICU-U in the study is a high-tech medical care unit for babies born as early as gestational week 23 + 0. This means that it treats many extremely premature infants and employs a great deal of advanced technology. The babies are underdeveloped and often very ill. When their health status is sufficiently stable, they are transferred to NICU-L where they remain hospitalised for periods ranging from weeks to months. The NICU-L treats babies from gestational week 28 + 0 and upwards and is also characterised by advanced technology although to a lesser extent than the NICU-U. The parents in the study had a premature baby who was born at the NICU-U where it remained for a period ranging from several days to a few months, after which it was transferred to the NICU-L at one of two local hospitals. On transfer the infants were at different gestational ages, and their medical condition varied, but in general they had less need of advanced monitoring. The transportation took place by road ambulance, and the infant was placed in a transport incubator. A nurse and a pediatrician from the NICU-L accompanied the baby during transportation, which took between 2 and 3 hours.

Data Collection

Qualitative interviews (Kvale & Brinkmann, 2009) were conducted with both parents simultaneously. As the mother and the father might have a different focus and reactions after a premature birth (Fegran, 2009; Jackson, 2006), it was decided to interview them together so that they could complement each other in order to elicit variations in their experience. In view of the fact that two fathers declined to participate, two interviews were conducted with only the mother present. Two of the authors conducted the interviews. The opening question was: "Can you please tell us about your experiences of your child's transfer to the local hospital?" An interview guide was used to cover specific areas of the parents' experiences before, during and after the transfer of the infant. Probing questions (e.g. Can you describe that more clearly? and How did you feel?) were posed to obtain a deeper understanding, and the parents were encouraged to speak freely about their experiences. Three of the interviews took place in the home of the parents, and the others were carried out in the respective care units at the local hospital. The infant was present during four of the interviews, which at times created some disturbance. The interviews, each of which lasted for about 1 hour, were audiotaped and later transcribed verbatim.

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