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A Comparison of Maternal and Paternal Experiences of Becoming Parents of a Very Preterm Infant

Livio Provenzi, Serena Barello, Monica Fumagalli, Guendalina Graffigna, Ida Sirgiovanni, Mariarosaria Savarese, Q18 and Rosario Montirosso

Correspondence
Livio Provenzi, PsyD, PhD, 0-3 Centre for the Study of Social Emotional Development of the At-Risk Infant, Scientific Institute, IRCCS Eugenio Medea, Via don Luigi Monza, 20, 23842, Bosisio Parini, LC, Italy.
livio.provenzi@bp.lnf.it

Keywords
fathers
mothers
neonatal intensive care unit
qualitative methods
very preterm birth

ABSTRACT

Objective: To compare maternal and paternal experiences of very preterm (VPT) birth (gestational age < 32 weeks) and the NICU stay.

Design: Qualitative study.

Setting: Data collection took place at parents' homes 3 to 6 months after NICU discharge.

Participants: Ten parental couples participated in the study (20 parents). All VPT infants were healthy, without any neonatal or postnatal complications or injuries.

Methods: Computer-assisted content analysis was used to highlight thematic clusters from parents' narratives, which were labeled through qualitative interpretation.

Results: Two main dimensions (*Adjustment Process to Preterm Birth* and *Parental Role Assumption*) and three main thematic clusters (*Facing the Unexpected*, *Learning to Parent*, and *Finally Back Home*) described the parental experience. Mothers focused mostly on the *Finally Back Home* cluster, which was characterized by moderate levels of adjustment to preterm birth and by awareness of their own maternal roles. Fathers focused mostly on the *Learning to Parent* cluster, which was characterized by low to moderate levels of adjustment to preterm birth and by a limited assumption of paternal role.

Conclusion: To our knowledge, this study is unique in that we compared mothers and fathers who experienced the VPT births of their infants and described their experiences of the NICU stay. We found that the VPT birth experience for parents involves a dynamic adjustment. Differences in maternal and paternal experiences may indicate the need for tailored supportive interventions in the NICU.

JOGNN, ■, ■–■; 2016. http://dx.doi.org/10.1016/j.jogn.2016.04.004

Accepted April 2016

UNCORRECTED PROOF

Livio Provenzi, PsyD, PhD, is a developmental psychologist, researcher, and psychotherapist for the 0-3 Centre for the Study of Social Emotional Development of the At-Risk Infant, Scientific Institute, IRCCS, Eugenio Medea, Bosisio Parini, Italy. Q1

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The authors report no conflict of interest or relevant financial relationships.

Very preterm (VPT) birth (gestational age < 32 weeks) is a major health care issue worldwide, occurring at a rate of 13.2 per 1,000 live births in Europe and having clinical and economic implications for the health and well-being of infants and families (Field et al., 2013). Even in the absence of severe illness, VPT infants are especially fragile and present neurobehavioral immaturity; thus, they require long-term hospitalization and specialized intensive interventions in the NICU (Lester et al., 2011). Although the NICU is designed to foster the survival of fragile infants, this environment is clearly not a surrogate for the maternal womb, and it has been found to be distressful for VPT infants (Aita, Johnson, Goulet, Oberlander, & Snider, 2013; Valeri, Holsti, & Linhares, 2015) and their parents (Franck, Cox, Allen, & Winter, 2005; Miles, Funk, & Carlson, 1992; Montirosso, Provenzi, Calciolari, Borgatti, & NEO-ACQUA Study Group, 2012). During recent decades, NICU practices have been greatly improved with the introduction of developmental and family-centered care. Q2 Q4 These practices aim to engage mothers and fathers in NICU caregiving activities for VPT infants and to reduce the distress of infants and parents during the hospitalization (Altimier, Kenner, & Damus, 2015; Westrup, 2007). Q3 To adequately support tailored family-centered care interventions, it is critical to conduct research to highlight the specific maternal and paternal features of the NICU experience (Ortenstrand et al., 2010). Nonetheless, previous research on NICU parents has

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Previous research on the parents of very preterm infants focused mainly on mothers, with limited attention given to fathers.

Serena Barello, PsyD, PhD, is a postdoctoral research fellow in the Department of Psychology, Università Cattolica del Sacro Cuore, Milan, Italy.

Monica Fumagalli, MD, is an assistant professor in the Department of Clinical Sciences and Community Health, Università degli Studi di Milano, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy.

Guendalina Graffigna, PsyD, PhD, is an associate professor in the Department of Psychology, Università Cattolica del Sacro Cuore, Milan, Italy.

Ida Sirgiovanni, MD, is a neonatologist in the Department of Clinical Sciences and Community Health, Università degli Studi di Milano, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy.

Mariarosaria Savarese, PsyD, is a research consultant in the Department of Psychology, Università Cattolica del Sacro Cuore, Milan, Italy.

Rosario Montirosso, PsyD, is a developmental psychologist, psychotherapist, and director for the Centre for the Study of Social Emotional Development of the At-Risk Infant, Scientific Institute IRCCS Eugenio Medea, Bosisio Parini, Italy.

focused mainly on mothers, with limited attention given to fathers and with little comparison of gender-related experiential features (Provenzi & Santoro, 2015). In this study, we report a comparison of maternal and paternal experiences of VPT birth and the NICU stay. This comparison has the potential to cast a new light on the different perceptions and needs of mothers and fathers of VPT infants and provide relevant insights for NICU nurses about effective ways to tailor supportive interventions.

Previous researchers reported that parents of VPT infants face various sources of distress in the NICU. First, the environment includes bright lights, noisy devices, monitoring equipment, and chemical odors, which constitute a set of physical and perceptual stressors for mothers and fathers (Franck et al., 2005; Miles et al., 1993). Moreover, these parents are generally prevented from being the primary caregivers for their own infants; they generally watch as specialized staff care for the infant (McGrath, 2008; Obeidat, Bond, & Callister, 2009). Consistently, the major source of emotional distress is the delayed onset of the longed-for parental role (Montirosso et al., 2012), which might further affect the parents' bond with the infant and the quality of parent–infant interaction during the first year life (Feldman, Weller, Leckman, Kuint, & Eidelman, 1999; Harel, Gordon, Geva, & Feldman, 2011; Korja, Latva, & Lehtonen, 2012). As such, the quality and specific characteristics of the NICU stay should be of particular concern for clinicians and researchers, because they might interfere with infants' and parents' well-being long after NICU discharge (Trombini, Surcinelli, Piccioni, Alessandroni, & Faldella, 2008).

Unfortunately, although mothers and fathers might face NICU-related emotional burdens (Franck et al., 2005), previous research has focused mainly on mothers. The use of the word *parents* in the title of a number of articles in the literature does not guarantee that fathers were actually represented (Pohlman, 2005). Indeed, researchers highlighted specific features of the maternal experience of VPT birth and the NICU stay. These features included the emotional reaction to preterm birth (Arnold et al., 2013), the benefit of engagement in caregiving activities and skin-to-skin contact throughout the hospitalization (Anderson, Chiu, Dombrowski, Swinth, Albert, & Wada, 2003; Flacking, Thomson, Ekenberg, Lowegren, & Wallin, 2013), and the difficulties in the establishment of a bonding relationship with the infant (Guillaume et al., 2013).

Conversely, in a limited number of studies, researchers documented features of the paternal NICU experience. For example, fathers were shown to be reluctant to interact with the infant, engaging in fewer intimate behaviors compared with mothers, presumably because of fear that they might harm the fragile VPT infant (Feeley, Waitzer, Sherrard, Boisvert, & Zelkowitz, 2013). Consequently, fathers might feel more comfortable compared with mothers in allowing the NICU staff to take over infant care while they attempt to balance family life and work (Pohlman, 2005). However, previous studies on the NICU experience of VPT infants' fathers suffer from a number of limitations.

First, even when studies included mothers and fathers, they were not equally represented in the sample (e.g., 32 mothers and seven fathers [Arnold et al., 2013], nine mothers and one father [Reis et al., 2010]). Additionally, fathers of late preterm and VPT infants (Feeley, Sherrard, Waitzer, & Boisvert, 2013) or of ill and healthy preterm (Arockiasamy, Holsti, & Albersheim, 2008) infants were considered eligible in previous research. Studies that compare both parents' experiences of VPT birth and the NICU stay are limited.

Fegran, Helseth, and Fagermoen (2008) conducted a comparison study in which they interviewed mothers and fathers of VPT infants and reported that although they shared a shock reaction to the unexpected birth, fathers were more available to be involved immediately in NICU-related caring activities. However, mothers were found to be more engaged in the establishment of an intimate relationship with the infant during the NICU stay. The study by Fegran et al. (2008) sampled mothers and fathers from the same parenting couples and focused on a specific population of preterm infants (i.e., VPT infants). Unfortunately, infants enrolled in the study were not screened for illness condition; thus, the features of parental experience highlighted by the authors might at least partially reflect the effect of perinatal morbidities rather than VPT birth and NICU stay per se. In the present study, both parents of VPT infants were

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