

Listening matters for mothers

October 1 2013, by Richard C. Lewis



Cassie Howard of Cedar Falls, Iowa, spends time with her son Kason in the Neonatal Intensive Care Unit at UI Children's Hospital. A University of Iowa study found that mothers of prematurely born babies benefit mentally and emotionally from one-on-one sessions with a NICU nurse. Credit: Susan McClellan, University of Iowa

For most women, childbirth is an intense experience, culminating in the joy of delivering a newborn, swaddled and sweet, resting in the mother's arms within hours. Yet for those who deliver their babies prematurely, the experience is bereft of such bonding, laden with anxiety, confusion,

and doubt.

"Having a prematurely born baby is like a nightmare for the mother," explains Lisa Segre, assistant professor in the University of Iowa College of Nursing. "You're expecting to have a healthy baby, and suddenly you're left wondering whether he or she is going to live."

These new moms have a tremendous need for help while they're in the hospital's neonatal intensive care unit (NICU). So, Segre and a longtime NICU nurse, Rebecca Siewert, decided to find out whether women who delivered [babies](#) prematurely would benefit from having a nurse sit with them and listen to what they had to say. In a new study, published in the *Journal of Perinatology*, Segre's research team writes that pre-term baby mothers who participated in a series of personal sessions with a NICU nurse reported lower [anxiety](#) and depression symptoms, while their self-esteem improved.

Segre says it's the first proof-of-concept study conducted that enlisted NICU [nurses](#) in "listening visits" with mothers of pre-term infants. The research shows that "listening matters," says Segre, who is a psychologist. "These mothers are stressed out, and they need someone to listen to them," she adds.

Some 15 million babies are born prematurely worldwide, of which one million die, according to the World Health Organization (WHO). In the U.S., more than half a million babies are pre-term each year, WHO reports.

The listening visits concept comes from the United Kingdom, where post-partum mothers are screened in the home for depression. In 2007, the British National Institute for Clinical Excellence recommended the visits as an evidence-based treatment for mild to moderate postnatal depression. Segre found similar, positive results in home visits stateside

for full-term infants' mothers in a study published in 2010.

But no one had taken the idea into the NICU, much less had the sessions led by hospital nurses. The closest parallel was a study, published in the journal *Pediatrics* in 2006, which examined whether intervention in the NICU would reduce premature infants' length of stay and better prepare moms and dads to care for the preemies when they took them home. That study did not address mothers' mental and emotional states, and nurses were not involved, Segre says.

Yet the need seems to be there: Last year, a different research team found that when leaving the hospital, 1 in 5 mothers still had elevated depression levels and more than 4 in 10 reported at least moderate anxiety.

The trial at University of Iowa Children's Hospital involved 23 mothers with pre-term infants and ran from 2010 through the first half of last year. The women received an average of five one-on-one sessions lasting about 45 minutes each with Rebecca Siewert, an advanced registered nurse practitioner who has worked in NICUs for three decades and is a co-author on the paper. The mothers chose the setting—their room, an outdoor patio, or the cafeteria. The first sessions generally focused on the birth, in which the women described the emotional roller coaster of giving birth to a baby they hardly saw afterward and whose health was compromised.

"The mothers wanted to tell their birth stories," Siewert recalls. "They wanted someone to understand what it felt like for their babies to be whisked away from them. They were very emotional."

Subsequent sessions allowed the mothers to focus on themselves and their needs, which many tend to consider subsidiary or perhaps even trivial when compared to their newborns' plight, Siewert maintains.

"A lot of times they suffer in silence because they don't want to sound as if they're weak and not doing well, and because all the focus is on the baby, they become secondary," says Siewert, an associate clinical professor in the College of Nursing. "But the mother needs to be healthy to be able to take that baby home and for that baby to do well."

The mothers' depression level dropped from a mean of 14.26, considered elevated as measured by the Edinburgh Postnatal Depression Scale, before the listening visits to a mean of 9.00, below the standard for professional help, after the sessions ended. Anxiety levels also fell, from a mean of 16.57 as measured by the Beck Anxiety Inventory to a mean of 9.13, according to the study. Both drops are considered statistically significant, the authors write.

The participants also felt better about themselves and their situation, according to the Quality of Life, Enjoyment and Satisfaction Questionnaire they filled out before and after the listening sessions. A follow-up assessment one month after the last listening visit showed further declines in [depression](#) and anxiety on average, and higher quality of life feelings.

The trial has sparked debate whether nurses, rather than mental-health professionals, should be the first line of help for post-natal [mothers](#). Segre acknowledges the study is preliminary and would like to test the results in a larger randomized controlled trial.

Still, she and Siewert think nurses are well suited for the job.

"Listening is what nurses have done their whole career," Siewert says. "We've always been the ones to listen and try to problem solve. So, I just think it was a wonderful offshoot of what nursing can do. We just need the time to do it."

Provided by University of Iowa

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