

Experiencing nightmare scenarios before discharge boosts confidence of parents of premature babies

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Credit: University at Buffalo

Anxiety is a common emotion experienced by first-time parents, one that is felt even more so among parents of newborns being treated in the neonatal intensive care unit (NICU).

But the key to improving confidence among parents of ill or premature infants may lie in simulated care, according to new research led by University at Buffalo nursing researcher Deborah Raines.

The study, published in the April issue of *The American Journal of Maternal Child Nursing*, found that when parents performed simulations similar to those designed to train [health care professionals](#), they reported a nearly 30 percent increase in confidence in their abilities to care for their children.

The simulations, which used the Premie HAL, an infant simulator that can cry, spit up and demonstrate variations in cardiac and respiratory activity, were developed through Raines' new Neonatal Home Environment Learning Program (HELP). The program is the first to design care simulations for parents of infants in the NICU and is a stark departure from the preparation parents receive in the hospital from nurses.

"When teaching a parent to do something, the nurse doesn't allow the baby to get into trouble because they don't want to hurt the child. So mom has never seen the bad things that could potentially happen or the problems that could develop during the procedure," says Raines, associate professor in the UB School of Nursing.

"The simulations allowed them to experience something going wrong. We could allow the babies to throw up, stop breathing or turn blue. And the parents couldn't turn to the nurse for help."

The study gathered 15 sets of parents who had their child in the NICU at one of four Florida hospitals. Of the group, 13 couples were first-time parents.

The parents were given three half-hour simulations that increased in difficulty. The tasks included moving their child and any medical equipment from the car seat to the crib, preparing and delivering daily medication or treatment, and performing emergency resuscitation after the infant stops breathing.

The activities were performed in an apartment setting to simulate the [home environment](#). Aside from the emergency resuscitation, during which the couples worked together, the parents performed each simulation individually. The simulations were completed within a week of their child's discharge and tailored to each child's health needs. Tasks ranged from delivering tube feedings to suctioning a tracheostomy.

"Parents who are taking babies home from a NICU are not only are taking home a new baby who they need to be parents to, but they are frequently taking home a baby who has health care needs," says Raines. "You're mostly a parent, but you're a little bit of doctor and nurse, too."

Each participant scored their confidence in their ability to perform the activities on a scale between one and 10. The scores were recorded before and after each simulation.

Before the simulation, mothers recorded an average score of 6.93, while fathers averaged 6.06. Confidence rose after the simulations to 9.93 for mothers and 8.8 for fathers.

Scores on the emergency response [simulation](#), where parents were required to perform CPR and call paramedics, were the lowest but expected since parents are typically more anxious. Mothers increased from a score of 4.8 to 6.93 and fathers rose from 4.46 to 6.53.

Parents frequently commented on how the simulations were more difficult than they expected without the aid of a nurse.

"Simulation has become accepted as a method to increase confidence among health care professionals. We felt it might have similar benefits for parents," says Raines. "These simulations allow [parents](#) to rehearse and experience behaviors, consequences and outcomes of caring for a child with various health needs."

Raines hopes to bring the HELP simulations to hospitals in Buffalo and believes that simulations could improve care transitions for various types of patients.

Provided by University at Buffalo

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