

# Mindfulness may help mothers cope with stress when their babies have a heart condition

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Mindfulness may offer an active coping mechanism for mothers faced with the stress of having a newborn diagnosed with congenital heart

disease (CHD). Mindfulness, which aims to increase a person's awareness and acceptance of daily experiences, is currently used in a variety of healthcare settings as a potentially effective skill for stress reduction, emotion, affect and attention regulation.

A team of nurse-researchers from Children's Hospital of Philadelphia (CHOP) and the University of Pennsylvania School of Nursing (Penn Nursing) published a study in the *Journal of Pediatric Nursing* in which they gathered perspectives on coping mechanisms from focus groups with 14 [mothers](#) of critically ill infants, and explored the feasibility of mindfulness as a [stress-reduction](#) technique.

"Mothers of infants with complex [congenital heart disease](#) are exposed to increased [stress](#), which has been associated with numerous adverse outcomes," said Barbara Medoff-Cooper, PhD, RN FAAN, principal investigator and nurse scientist in the Cardiac Center at Children's Hospital of Philadelphia and at Penn Nursing. "The coping mechanisms these mothers use critically impacts the family's adaptation to the illness, and most likely infant outcomes as well."

"Thus far, parental interventions in the CICU generally are informative or educational, aiming to increase parental abilities to actively manage the caretaking demands of an infant with CHD," said Nadya Golfenshtein, PhD, RN, lead author of the study and a researcher at Penn Nursing. "Mindfulness can be a helpful tool that assists mothers during an incredibly stressful time for them, and for their family by allowing them to pause and be present in the moment rather than wishing something different was happening or worrying about tomorrow."

The researchers collected data during [focus groups](#) between July 2015 and March 2016. The sessions included a short introduction to mindfulness as a stress reduction intervention, led by a moderator who is a psychotherapist experienced in group formats.

"In the study, mothers described the post-diagnostic period, surgery and the cardiac intensive care unit stay as extremely stressful," said Amy J. Lisanti, PhD, RN, CCNS, CCRN-K, nurse researcher at CHOP and NRSA postdoctoral fellow at the University of Pennsylvania. "Many expressed concerns regarding the post-discharge period when they would need to independently handle their infant's condition. Their increased stress often led them to feel out of control, lethargic and not like themselves. They acknowledged the importance of stress reduction, recognizing that relief from stress could help them sleep better, recharge energy, focus and think clearly."

After experiencing a brief guided session of mindfulness in a focus group, one mother said, "Most meditation is about clear your mind and lose focus, but this is to focus on now. I think it works for me, I was never able to do the clear mind thing. This is more accessible to me." Another noted, "This is something I'm doing for myself, remembering I'm part of this too. Sometimes you are on autopilot, making sure everyone else is ok. Yes, this is a moment when I'm doing something for myself."

The mothers agreed that mindfulness should start early, preferably immediately after the prenatal CHD diagnosis. That way, they felt, that they would have time to learn and practice the skill by the time the baby is born. There was also a general agreement that the worst time to begin the practice is around surgery, as that is an overwhelming time and mothers are too busy to learn a new skill. The mothers preferred engaging in mindfulness in a private, quiet room as the sounds of the CICU stress them and may prevent them from relaxing.

"We hope to design a program that draws from these findings and more research on [mindfulness](#) meditation is needed in a larger cohort of mothers," added Golfenshtein.

**More information:** *Journal of Pediatric Nursing*, [DOI: 10.1016/j.pedn.2017.08.021](https://doi.org/10.1016/j.pedn.2017.08.021)

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