

From Uncertainty to Empowerment: A Nursing Imperative for Mothers of Preterm Infants

Mayelin Merconchini Machado and Juan Antonio Suárez González*

Specialist in Obstetrics and Gynecology, Full Professor, Hospital Materno Mariana Grajales, Santa Clara, Cuba

***Corresponding Author:** Juan Antonio Suárez González, Specialist in Obstetrics and Gynecology, Full Professor, Hospital Materno Mariana Grajales, Santa Clara, Cuba.

Received: September 14, 2026; **Published:** October 01, 2026

The birth of a preterm infant marks the beginning of a complex journey, often unfolding within the high-technology environment of a Neonatal Intensive Care Unit (NICU). This journey, however, is not solely the infant's; it is a profound and challenging experience for the parents, particularly the mother. While advances in neonatal care have significantly improved survival rates, the emotional and psychological well-being of the mother—the primary caregiver and advocate—remains a critical, yet often under-addressed, aspect of holistic care.

A cornerstone of this maternal experience is uncertainty. As defined by Merle Mishel's Theory of Uncertainty in Illness, this is a cognitive state arising when a person cannot determine the meaning of illness-related events [1,2]. For mothers of preterm, low-birth-weight neonates, this uncertainty is pervasive. It stems from the ambiguity of their infant's prognosis, the complexity of the NICU environment, and the lack of familiar cues that signify a "normal" start to motherhood [3]. The literature consistently highlights that this period is accompanied by significant psychological distress, including anxiety, depression, and stress [4,5]. The physical separation from their neonate, the inability to perform traditional caregiving roles, and the fear of causing harm all converge to create a state of heightened emotional vulnerability [6,7].

The work by Merconchini Machado, *et al.* [8] represents a significant stride in addressing this critical need. Their research is commendable for its systematic and rigorous approach. By adopting a sequential explanatory mixed-methods design, the study moves beyond simply identifying the problem to deeply understanding it. The initial quantitative phase provided a clear characterization of the mothers' uncertainty levels, while the subsequent qualitative exploration of their lived experiences and coping mechanisms offers invaluable context [8]. This dual-pronged approach ensures that the resulting intervention is not just theoretically sound but is also empathetic and grounded in the real-world needs of the target population.

The educational nursing program they propose, anchored in Mishel's theory, is a practical and actionable framework. It meticulously deconstructs the cognitive and stimulus-based sources of uncertainty, offering targeted modules that address cognitive capacity, event familiarity, and the stimuli frame [1,8]. The three thematic blocks—"Aprende a conocer un pretérmino," "Cuidados del neonato," and "Relaciones de apoyo"—clearly aim to rebuild the mother's cognitive schema by providing structure, knowledge, and support. This is precisely where nursing care can be most effective: transforming an unknown, threatening situation into one that is more predictable and manageable [2,9]. Furthermore, the program's emphasis on including the family unit and the multidisciplinary team (neonatologists, psychologists) aligns with global best practices in family-centered care, recognizing that support systems are crucial for effective adaptation [10,11].

The validation of the program by experts, with a Kendall's W coefficient of 0.901 [8,12] underscores its high relevance and quality. This strong agreement among specialists provides confidence in its potential for implementation. The editorial team at ECRONION Gynecology views this work as a beacon for future clinical practice and research. It champions a paradigm shift from a purely biomedical model to a biopsychosocial one, where the mental and emotional health of the mother is recognized as integral to the neonate's well-being and long-term family outcomes [13].

The importance of this work cannot be overstated. In a context where evidence-based interventions for maternal mental health in Cuban NICUs are scarce, this research fills a critical void. It provides a model for how nursing science can lead the charge in humanizing intensive care. We encourage our readership to consider the profound implications: a mother who is supported, educated, and empowered is better equipped to bond with her infant, provide high-quality care, and navigate the challenges of prematurity both in the hospital and after discharge [14,15].

In conclusion, the journey from uncertainty to empowerment is a pivotal narrative in the story of a preterm birth. The program developed by Merconchini Machado and colleagues [8] offers a clear and validated map for this journey. It is time for healthcare systems to adopt such structured, evidence-based nursing interventions, moving them from the realm of research into a standardized, compassionate, and effective standard of care.

Declaration of Potential Conflicts of Interest

The author of this editorial declares no conflict of interest regarding the publication of this article.

Bibliography

1. Mishel MH. "Reconceptualization of the uncertainty in illness theory". *Image: Journal of Nursing Scholarship* 22.4 (1990): 256-262.
2. Mishel MH. "Uncertainty in illness". *Image: Journal of Nursing Scholarship* 20.4 (1988): 225-232.
3. Díaz-Moreno LY. "Validación de la escala de valoración de incertidumbre en la enfermedad de Merle Mishel MUIS-A frente a procedimientos diagnósticos [tesis de maestría]". Chía-Cundinamarca: Universidad de la Sabana (2017).
4. Cordova-Rodas NL and Núñez-Odar AR. "Nivel de incertidumbre en los padres durante la hospitalización del neonato en un Hospital Público de Chiclayo, 2020 [tesis de grado]". Chiclayo: Universidad Católica Santo Toribio de Mogrovejo (2021).
5. Muñoz-Acuña D., et al. "La incertidumbre previa a la toma de una endoscopia o colonoscopia". *Enfermería Global* 22.72 (2023): 315-326.
6. Muñoz-Arenas J., et al. "Vivencias de madres ante la incertidumbre durante la hospitalización de su hijo en una UCIN". *Revista Chilena de Enfermería* 3.1 (2021): 1-13.
7. Romero-Castrillón YP. "Estrategia de cuidado que contribuya a modular la incertidumbre de padres de niños hospitalizados en la unidad de cuidado intensivo pediátrica en una institución de tercer nivel de la ciudad de Bogotá [tesis de grado]". Zipaquirá: Universidad de La Sabana (2021).
8. Merconchini Machado M. "Prácticas de enfermería basadas en teorías clásicas para la evaluación antropométrica en la atención prenatal". *Medicentro Electrónica* 30 (2026): 12.
9. Muñoz-Acuña D., et al. "La incertidumbre previa a la toma de una endoscopia o colonoscopia". *Enfermería Global* 22.72 (2023): 315-326.

10. Ambersi M., *et al.* "Percepciones de madres sobre vivencias de la maternidad y el cuidado del bebé". *Revista Cubana de Enfermería* 38.1 (2022): 1-12.
11. Guillén Berbel L. "Intervenciones enfermeras para disminuir la angustia emocional de padres con bebés ingresados en unidades de cuidados intensivos neonatales: una revisión integradora [tesis de grado]". Almería: Universidad de Almería (2022).
12. Herrera-Masó JR., *et al.* "Method for expert consultation at three levels of validation". *Revista Habanera de Ciencias Médicas* 21.1 (2022): 1-12.
13. Pérez-Navarro R. "Programa de educación para la salud dirigido a familias de prematuros ingresados: "Cuídate para cuidar" [tesis de grado]. Zaragoza: Universidad de Zaragoza (2022).
14. Enrique-González C., *et al.* "Escala de medición del proceso de afrontamiento y adaptación de Callista Roy en cuidadores". *Medicentro Electrónica* 24.3 (2020): 548-559.
15. World Health Organization. "WHO recommendations on newborn health: guidelines on maternal and newborn care". Geneva: WHO (2022).

Volume 15 Issue 10 October 2026

**©All rights reserved by Mayelin Merconchini Machado and
Juan Antonio Suárez González.**