

Nursing Interventions in Parents' Coping with the Death of a Premature New Born in Intensive Care Units

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Received: November 08, 2022; **Published:** January 25, 2023

Abstract

Goal: To describe nursing interventions in parents' coping with the loss of a premature newborn in neonatal intensive care units.

Method: Descriptive type review study. This information was collected through a bibliographical review of articles found in journals indexed in databases.

Results: 6 articles were included. According to the grouping of the results, the main themes emerged: nursing interventions that affect parents' coping with the death of a newborn in neonatal intensive care units.

Conclusion: Highlights the interventions led by nurses in NICUs for parents who have suffered a bereavement of a newborn were; Adequate environment, Assessment of the family identifying needs. Couple and family work out the duel functionally.

Keywords: *Premature Newborn; Fathers; Death; Neonatal Intensive Care Unit*

Introduction

In neonatal intensive care units, preterm newborns meet an important period until they reach the stability criteria that allow them to be discharged (discharge criteria), the personnel in charge of providing care to these patients must be trained in identifying the different manifestations, changes or situations that it presents during its hospital stay, hence it requires special training since its main manifestations are given by changes in its vital signs, or in its physical characteristics, with the great disadvantage of not being able to express it in words.

It is important that there are spaces (neonatal intensive care units), with a team of suitably trained people (neonatologists, nurses), who have at hand the different supplies and equipment necessary to provide optimal and quality care (entitlement to a NICU).

Death, in turn, has a great impact on both health personnel and the family, but it is extremely important that parents receive adequate support to deal with such a situation. Without this meaning that it will be in the best way.

Purpose of the Study

The purpose of this study is to determine the nursing actions that affect the reaction of parents to the death of their preterm newborn in neonatal intensive care units.

Methodology

For this review, articles published with research results from 2017 - 2019 to the present were selected; This search yielded as a result (10) articles, of which (6) were selected, said selection was based on (characteristics or requirements); those that did not meet these requirements were a total of (4), so they were discarded. The results were analyzed and the antecedents were incorporated into a database to show similarities and differences that help in the organization of this article.

The review was carried out through an electronic search of scientific articles related to lifestyles, in indexing sources Proquest, Ebsco, Scopus, Scielo, Science Direct, Pubmed, Redalyc, Dialnet, Access journals, considering with special emphasis those carried out in Practices of attention to the family in mourning before the death of the newborn in the neonatal intensive care unit, the role of the professional nurse in strengthening the initial postnatal bond between mother and child during hospitalization in the NICU, Therapeutic relationship: nurse-parents of the newborn hospitalized in the unit of neonatal intensive care of a national hospital.

Developing

The World Health Organization considers a baby born alive before 37 weeks of gestation to be premature. Premature infants are divided into subcategories based on gestational age: extremely preterm (less than 28 weeks), very preterm (28 to 32 weeks), moderate to late preterm (32 to 37 weeks), many of the surviving preterm infants. suffer from some form of lifelong disability, particularly learning-related disabilities and visual and hearing problems. which predisposes them to present a series of complications typical of their condition, due to the fact that they did not complete the remaining period of gestation, which was of the utmost importance for their growth and development [2].

The birth of a newborn constitutes for their parents well-being and expectation regarding the creation of a new life, in which they will show all their affection and care. In addition, at certain times the desire to reach their homes with this new being, after an arduous task during childbirth, has to be postponed by the hospitalization of their newborn in the NICU (Neonatal Intensive Care Unit), frequently due to their prematurity condition; This situation triggers uncertainty, concern, fear, stress and anxiety in parents regarding the evolution of the baby's health status and the personal and family implications derived from the constant visits they must make to the health institution; feelings that are intensified by the technological and restricted environment of these units [3].

Nursing practice involves living experiences that the nurse encounters when she provides care; Parents positively perceive the nursing care that their children receive in the neonatal unit. Likewise, the magnitude of the study is allowed to constitute the need to strengthen aspects such as interpersonal relationships and communication techniques, which are part of the dimensions: Explains and facilitates and anticipates. The findings allow directing concrete actions to improve quality in neonatal care [4].

As Triana describes [2] in the field of nursing, Watson's Theory of Humanized Care stands out, which offers a clear explanation of what the way of caring in practice means for nurses and refers that the objective of the profession is to promote the well-being of others, as well as to attend to the biopsychosocial and spiritual well-being of patients. Similarly, the author explains the four essential functions that constitute nursing performance to carry out the humanized care process, such as care, management, research, education; and that favors the strengthening of the bond with her newborn, during her stay in the NICU.

In addition, these authors refer that from “the nursing assessment, the professional must specify priorities, define objectives, establish interventions, execute planned actions and modify future plans and objectives based on the results obtained” [4].

These mediations “provide adequate information between the parents and the interdisciplinary health team; established in respect, empathy and trust, in order to ensure that families manage to cope with grief functionally, achieving optimal results for individuals affected by the environment” [4].

In turn, it is necessary for the nursing professional to allow parents to express their feelings and emotions, maintaining an attitude of empathetic listening, so that the onset of grief proceeds naturally and its resolution is enhanced by the support received by the care team health.

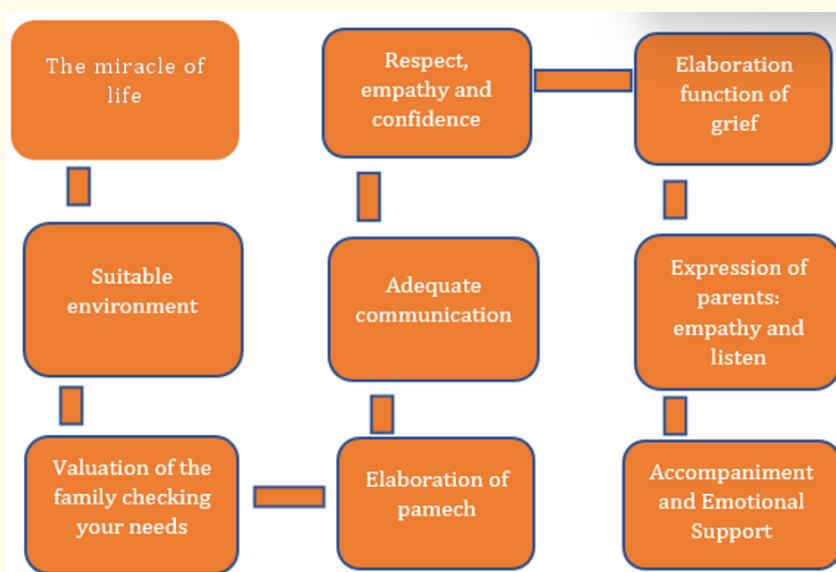


Figure 1: Nursing interventions for parents coping with the death of their premature newborn in neonatal intensive care units Norma Yaneth Noguera Ortiz, Catalina Pérez Ruiz. 2021. Own elaboration.

It is significant to bear in mind that nurses seek to have a comprehensive health that contains the mental and emotional aspects to appropriately respond to the challenges of human care as a comprehensive being, staying up-to-date with intervention methods for the safe accompaniment of newborns in their needs; above all, to prevent the labor threats of daily life from diminishing the humanitarian sense that determines nursing [5].

Jiménez [4] states that the arrival of a fragile and immature newborn will need highly specialized assistance to preserve and promote their survival, being hospitalized in the neonatal intensive care unit. Situation that must be addressed by the nursing professional since the parents are also subjects of nursing care, they must then take care of the health of both the newborns and their parents, through a therapeutic relationship that allows them to cross borders of the biomedical paradigm of assistance and to exercise care based on the philosophy of holism.

In addition, parents show ambivalent attitudes of acceptance, denial, sadness or aggressiveness, which hinder the relationship with the staff. It is necessary that professionals neonatal health are sensible and have knowledge of the phases of mourning, which parents go through. The role of the nurse as members of the health team is to know how to communicate, comfort and locate, to help and strengthen an adequate grieving process.



Figure 2: Supportive and non-supportive nursing interventions for parents coping with the death of their premature newborn in neonatal intensive care units Toro 2017. Own elaboration.

The purpose of these interventions is above all to respectfully deliver humane care and treatment to both the newborn and the family. Without interfering with aspects such as workload and remuneration, but rather tending to provide compassionate and empathic support to cope with the pain of losing a child.

According to Toro., *et al.* “the health personnel that are part of the NICU develop various practices in the care of grieving relatives after the death of the newborn or its imminence”.

This is how they exist: two categories: support practices, those that are aimed at providing genuine emotional support to the bereaved and that facilitate contact and processing of mental pain, facilitating approach to the deceased baby and photography postmortem and practices of non-support, those that imply the absence of support for the bereaved and this will have an impact on the parents’ grieving process [1].

Consequently, avoiding contact with mental pain and hindering the grieving process allows us to infer that it is all these interventions that, when implemented, will have a negative impact on parents’ coping with the loss of a newborn [1].

Overall, more research is needed to assess and understand the relationship between bereaved relatives and healthcare personnel during infant death in the NICU. López [5] in a study carried out in Spain, refers that there is little social and health consideration and that just 50 years ago the convenience of modifying paternalistic practices towards the mother, negligent towards the child, began to be considered in other countries. father and avoiders with the fetus.

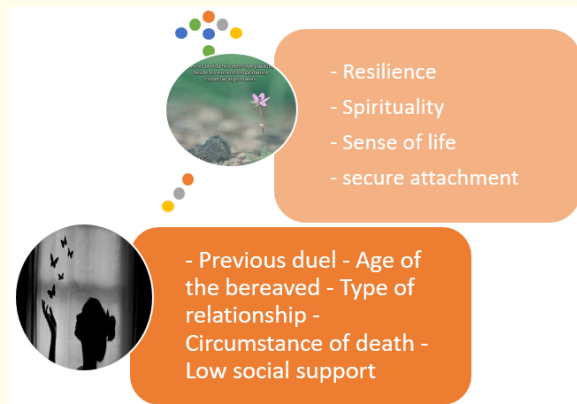


Figure 3: Positive and negative factors for parents' coping with the death of their premature newborn in neonatal intensive care units. Jorge Iván Toro Bermúdez- Lorena Mesa M- Javier F Quintero O. 2021. Own elaboration.

In the same way, Páez., *et al.* refers that in the face of perinatal and neonatal mourning, advances and new approaches have emerged, in an attempt to make it visible and provide adequate care to fathers, mothers, siblings and relatives who suffer the loss, as well as guidance to the health professionals who attend these situations [6].

Tobo., *et al.* state that the hospitalization of a child in the neonatal intensive care unit (NICU) provokes different reactions in the parents, generally intense and disturbing, so it continues to be necessary to identify the situations that produce threatening perceptions and, even frightening, and coping processes to adapt to the situation of loss of health of a child and in an unknown context, where sometimes the demands for parents can be overwhelming and unpleasant [7].

This article argues that each person is different, as is their attachment to the newborn or the unborn, and so is their way of coping with loss. In this way, the teaching of professionals to function in these circumstances has to do with knowing how to be, feel and understand the situation of others.

However, hospital intervention is very limited, and in most cases only “psychological first aid” is provided, which does not eliminate the pain of loss; but they do facilitate the beginning of the grieving process.

The hospital team must ensure that, after the death of the newborn, the parents have physical and emotional care that gives continuity to those initiated during admission and hospital stay, to progressively assimilate what they have experienced and move on with their lives. Professionals should know that fathers never forget the understanding, respect and trustworthy warmth they received from caregivers, which becomes as lasting and significant as the material memories of the lost pregnancy and the short existence of their baby.

Conclusion

Reports on the subject are scarce and authors from Latin American countries such as: Colombia, Argentina and Brazil predominate; in turn they were found from the United States and Spain. It is highlighted that the interventions led by nurses in NICUs for parents who have suffered a bereavement of a newborn are: Adequate environment, Assessment of the family identifying needs, Define objectives as a priority, Adequate communication, Respect, empathy and trust, Couple and family functionally elaborate grief, Expression of parents and

empathetic listening, Provide emotional support, Facilitate contact and pain processing, Resilience, Spirituality, Meaning of life, Secure attachment.

This bibliographic review allows to open a range of possibilities focused on providing adequate support and care not only to the patient but also to the family and their environment; both in the in-hospital and out-of-hospital settings, complying with recommendations that may be established in the institutional protocols of each NICU or promoting their implementation.

Each NICU must create a work team that is responsible for the development and periodic review of processes that allow the protocolization of nursing interventions that have an impact on parents' coping with the death of a premature newborn.

The authors recommend promoting research related to this topic, in order to expand the information regarding it to provide optimal care in this situation.

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Volume 5 Issue 2 January 2023

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