

Emotional Roller Coaster

Parents' experiences on the way to parenthood and to an independent life with their preterm infant from neonatal intensive care hospitalization to home: A narrative review

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Background & Aim

Worldwide, 15 million infants are born preterm (prior to completion of the 37th week of gestation) on an annual basis¹. Preterm birth is linked to increased health-related risks and morbidity both on the short- and long-term². For parents, a preterm birth represents a traumatic event³ unexpectedly interrupting the preparation for parenthood and placing parents into an extreme situation with high psychological and emotional burden⁴. In scientific literature, there was no recent publication of a narrative review describing the experiences, enablers, and barriers of parents with preterm infants in the NICU and the home environment in 2019. Therefore the aim of this narrative review was to present recent findings on parents' experiences in transition to parenthood and to an independent life with their preterm infant from the neonatal intensive care unit (NICU) to home as well as perceived enablers and barriers during this time.

Theoretical Background

The experience of pregnancy and the birth of a child represents a considerable change in a couple's life⁵ and is experienced with mixed feelings⁶. While experiencing joy and happiness, parents go through the change process of transitioning to the parental role. After birth, new parents are challenged by having to care for a baby 24/7, managing the household, and finding a work-life-balance⁷. This radical modification in their time schedules⁸ leaves little time for leisure activities and time with the partner⁹. The changes in the early postbirth period tend to result in a declined relationship satisfaction¹⁰. The relationship quality impacts parents' well-being¹¹, the parental role¹², and the child's adjustment¹⁰. The Transition to Parenthood Model¹³ provides a theoretical framework for developing support interventions for new parents. Figure 1 shows the factors influencing the process of transitioning to parenthood¹³ as well as the relationship satisfaction with infant characteristics and child health status being critical elements¹⁰.

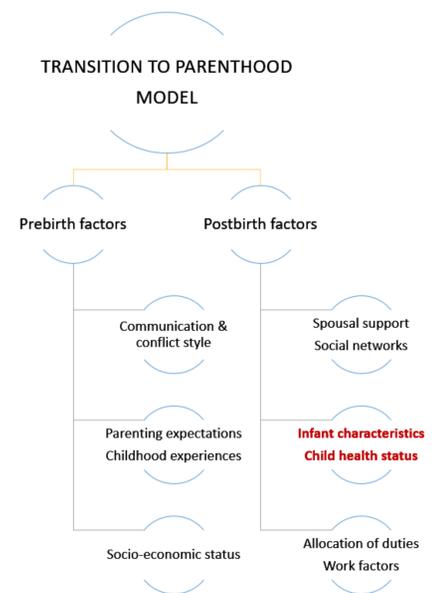


Fig. 1: Transition to Parenthood Model¹³

Method

A narrative review was conducted in January, November, and December 2018 as well as from April to September 2019. In order to identify suitable literature published between 2008 and 2019, the scientific online databases Academic Search Elite, CINAHL Complete, ERIC, MEDLINE, and PsycINFO via EBSCO-Host as well as MEDLINE via PubMed were used. Relevant sources were selected by applying inclusion and exclusion criteria as well as a critical review of studies using the critical appraisal checklists provided by the Joanna Briggs Institute¹⁴. The literature research process was based on the three phases described by Kleibel and Mayer¹⁵. Figure 2 outlines the PRISMA flow chart¹⁶ of the research process.

Results

A total of 24 qualitative studies were included in this narrative review. The results are visualized in Figure 3 presenting the three core- and nine subcategories that emerged from the synthesis. Parents' journey to parenthood and to an independent life with their preterm infant involves three major phases: preterm birth and NICU admission, the NICU period until discharge, and the time at home. Following preterm birth, parents experience an emotional roller coaster^{17,18}. Preterm birth and the infant's NICU admission represents an unexpected^{17,19} and traumatic event for parents²⁰. Parents experience threatening situations and the omnipresent risk of changes to the child's health condition reinforces the emotional ups and downs²¹. The NICU environment is seen both as a source of distress and comfort²² generating feelings of closeness and separation²³. The NICU discharge represents an important milestone on the journey^{22,24}. In the home environment the emotional roller coaster continues^{18,20} and parents are faced with new challenges being the primary caregivers of their child^{20,25} and having to manage various other responsibilities in the private and working life^{17,25}. Over time, parents start to establish home routines^{26,27}, identify community resources^{17,19}, become more independent, and feel empowered to take their own decisions^{26,28}. They continue to strengthen the bond with the child²⁶, begin to settle in parenthood^{20,28}, and look into the future with a positive view^{22,29}. Supportive factors on the way to parenthood and to an independent life with their preterm infant are seen in trusting relationships with staff²⁶, tailored information and training^{30,31}, involvement in the baby's care^{27,32}, interprofessional consistency and coordination^{19,32}, support from social networks^{33,34}, and the exchange with other parents of preterm infants^{35,36}. Barriers include communication issues with staff^{22,34}, inconsistent care^{26,32}, insufficient parent-child interactions^{19,23}, involvement^{31,37}, and discharge preparation^{18,38}, lacking health, social, and educational resources^{18,24} as well as the infant's recurring health problems post-discharge^{18,22}.

Discussion

Preterm birth is a traumatic^{3,20}, emotionally and psychologically challenging event in a family's life⁴. The child's transfer to the NICU can negatively affect the bonding process^{22,39}, parents' attainment of the parental role^{26,39} as well as the relationship satisfaction^{17,24}. The infant's vulnerable condition puts another strain on parents^{10,40}. Once the child's condition is stable enough for discharge, new challenges arise in the home environment with parents having to cope with everyday life without the NICU support^{20,29}. In addition to findings identified as part of the results, studies stress the impact of the infant's NICU admission on the whole family^{41,42} generating feelings of stress and depression, and resulting in a change of normal daily routines⁴². A neonatal tour, preparing parents for their first NICU visit is seen as an important step in positively influencing parents' experience^{43,44}. In order to ensure a successful transition from the NICU to the home environment, an effective information transfer between the NICU and the health care providers post-discharge⁴⁵, ongoing and tailored support by a multi-disciplinary team^{45,46}, and the use of new technology to facilitate the access to health services is emphasized⁴⁷. These measures should avoid readmissions and foster an optimal development of the preterm infant as well as the well-being of the entire family⁴⁸.

Conclusion

Parents' experiences during the NICU period and post-discharge influence the bonding process, the development into parenthood, parent-child interactions as well as the child's development. The process of transitioning to parenthood is impaired by the psychological and emotional burden as well as the instability of the child's health status. It is crucial for healthcare professionals to understand parents' feelings and needs, to view parents as partners in care, and to empower them in their parental role. Further research should focus on exploring parents' views on enablers and barriers after NICU discharge with an emphasis on fathers' experiences.

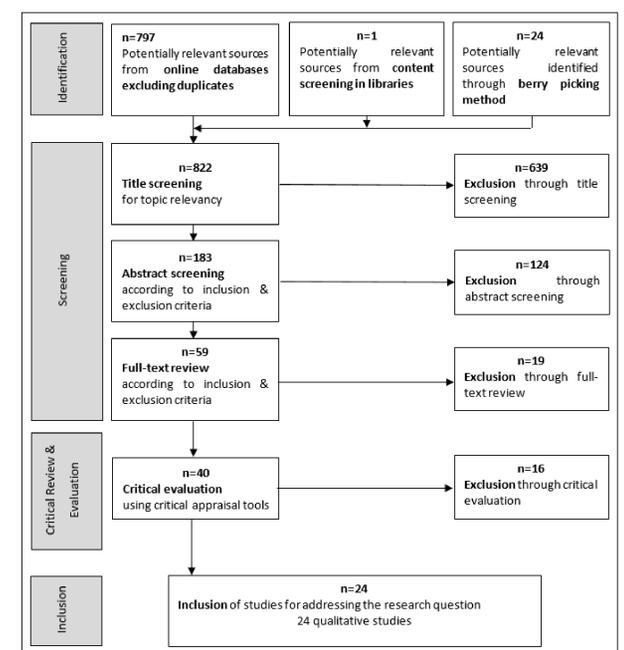


Fig. 2: PRISMA flow chart¹⁶ of the research process

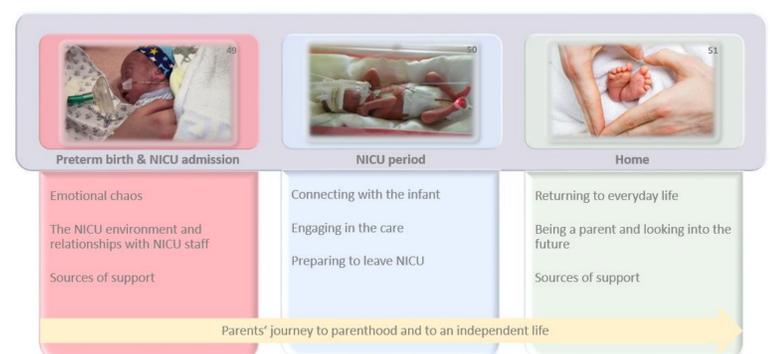


Fig. 3: Core- and subcategories: parents' journey to parenthood and to an independent life

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