Mothers' perceptions of 'rooming-in' on a neonatal intensive care unit

Evidence has shown that some parents who are faced with taking home a baby from a neonatal intensive care unit (NICU) are anxious. 'Rooming-in', where parents have the opportunity to stay and care for their baby prior to discharge, has been shown to reduce certain issues relating to anxiety. This study elicits the perceptions of parents rooming-in within a District General Hospital (DGH) with the aim of exploring their views of this service.

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Keywords

preterm babies; information; environment; anxiety; support; communication

Key points

Bennett, R., Sheridan, C. (2005) Mothers' perceptions of rooming-in on a neonatal intensive care unit *Infant* 1(5): 171-74.

1. Mothers need more information about the NICU environment.
2. Poor communication can exacerbate mothers' postnatal stress.
3. Mothers of NICU babies could benefit from one to one interviews.
4. Mothers who room-in generally find it a positive experience.

Taking a healthy newborn baby home is an anxious and challenging time for parents, but when a preterm baby is discharged home, this anxiety may become magnified. As more and more preterm babies survive and receive lifesaving care, more parents are faced with this scenario.

Government initiatives including Changing Childbirth[1], the National Health Service Plan[2] and Getting the Right Start: Every Child Matters[3], promote parents as partners in the care of their children and encourage parent empowerment. In addressing these initiatives, The British Association of Perinatal Medicine (BAPM) Standards for Neonatal Intensive and High Dependency Care[4] advocates that parents should be actively encouraged to take part in the care of their baby. Prior to the discharge of a preterm baby from a neonatal intensive care unit (NICU), it is common for parents, at this anxious time, to be given the opportunity to develop their competence in caring for their baby by 'rooming-in'. However, despite this practice being common within NICUs, there is limited evidence exploring the perceptions of parents who are offered or take up this opportunity.

Evidence from the literature

The importance of parent/infant bonding has been well established for many years[5], with suggestions being made that mothers should stay with their babies if they required special care and help with that care under supervision. However, a barrier to this concept occurs if nurses are reluctant to add or adapt their role in order to include managing the needs of parents[5]. According to a study by Scharer and Brooks[6] in 1994, some nurses feel uncomfortable sharing their role with parents and some parents feel self-conscious and inhibited in front of staff.

Neonatal staff, whilst not usurping the parental role, must encourage and empower parents to care for and form an attachment with their new baby[7, 8]. This will not only boost parents' confidence in handling their babies whilst in hospital but will also increase their competence when the baby is discharged[9]. In addition, nurses need to negotiate involving parents in a professional manner to avoid parents perceiving that they are appearing difficult or demanding, as this may jeopardize their infant's care[10].

Anxiety arises from both the beliefs and actions of both carers and parents[11, 12]. Mothers perceive nursing staff as being the experts in charge of their infant's care and themselves as deficient. This can lead to a reliance on the nursing staff, who are skilled at handling fragile infants, which interferes with the development of a mother's own confidence level in caring for her baby[12].

All mothers are susceptible to postnatal emotional distress and this can be compounded in mothers of preterm babies[13, 14], resulting in implications for a mother's psychological well being and ability to parent and the infant's cognitive and emotional development. Admission of a baby to the NICU can further exacerbate the mother's distress as the environment is alien to the layperson. Nurses who work daily with very sick infants can sometimes lose their sensitivity as to how this environment appears to parents[15]. However, changes in nursing practice on NICUs has more recently endeavoured to address this.

Increased appreciation and understanding of the anxiety amongst parents on the NICU has led to an established philosophy for the nursing of preterm babies today – the principle of family-centred care. This philosophy assumes that all parents are willing and prepared to participate in their baby's care[16], but highlights that such assumptions and expectations are not always discussed with the parents[9, 16]. With the family being of central importance[12], care should focus on the family as a whole and nurses who are trained within a medical, paternalistic model of care need to put aside their prescriptive nature to adopt a more holistic role involving the family[17, 18].

Allowing parents to stay with their babies – 'room-in' is a way of addressing the problem of anxiety amongst parents of NICU babies, especially in their preparation for discharge. This concept provides an opportunity for parents to assume full responsibility for the care of their babies, identify behavioural changes and address their babies' needs[11]. It enables parental confidence to increase and prior to discharge parents may be able to confirm a readiness for independent parenting. Due to the importance of this facility it was considered that more research within the area was warranted.

The aim of the study

This study set out to elicit the perceptions of parents rooming-in on a NICU, within a District General Hospital (DGH), with the aim of exploring their views of this service. The method of data collection also resulted in inter-related findings emerging, that were not part of the initial study aim. These related to the experience of having a baby in NICU.

Methodology

Using a qualitative approach, face-to-face semi-structured interviews were conducted within the NICU in which the researcher was employed. Semi-structured interviews were chosen as an appropriate method to find out what was happening and to gain new insights[19]. They also allowed for the subjectivity of the responses from an individual to be incorporated within the overall picture through response and discussion[19]. To minimise any potential bias, the study aims were discussed with colleagues both within and outside the geographical region and the interviewer was aware that her personal position in regard to ontology and epistemology should not affect the research process[20]. Prior approval to undertake the study was sought and gained from the relevant ethical committees and interviews were conducted taking into account ethical principles related to interviewing[21,22].

A convenience sample of 10 mothers ranging in age from 23-38 years was interviewed. Of these, nine were living with partners and of the ten, seven had roomed-in. Four of the sample had given birth to twins, four were primigravida, and two were multiparus. All interviewees were guaranteed anonymity and could withdraw from the study at any point. They were asked to refrain from discussing the interviews with other mothers.

Question topics were developed from review of relevant literature and previous empirical observations made during clinical encounters with NICU parents. Having gained consent from the sample, tape recordings of the interviews were transcribed verbatim and analysed systematically to identify emerging themes. These themes were verified and cross-checked by means of the researcher showing and discussing transcripts with the research supervisor and peers, who agreed to maintain confidentiality.

Findings and discussion

A number of themes emerged from the interview transcripts and they fell into two categories: – Experiences of having a baby on NICU (**TABLE 1**) and Perceptions of rooming-in (**TABLE 2**). Findings are discussed against current literature and are supported by illustrative quotes from the interviewees.

Theme	Number of mothers with view (n=10)
Gained adequate support from staff	8
Felt emotional	8
Had general concerns with environment	7
Received adequate information	7
Felt scared	7
Gained help discussing personal experiences (present and past)	6
Experienced role conflict due to siblings	6
Felt guilty	5
Had to ask permission to perform tasks with baby	3
Was obliged to participate in care of baby	1

TABLE 1 Experience of having a baby on NICU.

Theme	Number of mothers with view (n=10)
Aided breast feeding	7
Caused feelings of isolation	6
Helped bonding with baby	5
Increased mother's confidence	3
Helped to feel like proper family	3
Promoted ownership of baby	2

TABLE 2 Perceptions of rooming-in.

Experience of having a baby on NICU

Research has shown that if parents perceive their baby is receiving a high standard of care on the NICU and they are kept informed about that care, then their stress levels will decrease[15, 21].

The current study revealed that seven (n=10) of the mothers felt that they had received enough information and eight felt happy with the support they had received from staff during their NICU experience. However, two had concerns regarding the conflicting advice that they had received from staff, with one participant referring to a lack of communication from staff.

> "It all concerns communication, or the lack of it, some people are very good at it, and some people are extremely poor, and it makes a difference to how competent you feel about leaving him, and how happy you are".
>
> (Participant 7)

Receiving advice from different staff members and having staff with different and sometimes conflicting approaches can be a concern for parents[10, 17]. Findings of this study discovered that these perceptions existed within the sample, as two of the mothers directly related their stress levels to lack of communication.

> "It's been difficult having so many different doctors and nurses… they all work slightly differently. And the advice that they give you is different…" (Participant 4)

However, further exploration of the perceptions of the sample revealed that other factors affected stress levels and it is not only the relationships that exist between parents and clinical staff that are important. Feeling scared within the environment can significantly add to stress levels[13, 14, 24]. Mirroring some of the earlier research, seven of the participants expressed feeling scared in the NICU environment, citing concern regarding the machinery as a factor.

> "It was very, very scary, I just didn't want to touch them and all the wires and all the noises and the beeps I found very daunting… It's like a 'roller coaster'… " (Participant 3)

Interestingly, despite seven of the mothers feeling adequately supported by the clinical staff they still felt 'scared' in the clinical environment. They expressed being in emotional turmoil, which is a factor that has emerged in a number of previous studies[23, 25, 26].

> "I felt distraught – mixed emotions really, upset obviously that he had been born early, guilty – you know…. " (Participant 1)
>
> "Scared, very scared, I thought I was going to lose her like the other two, so it was scary… it was scary, but a nice surprise". (Participant 2)

This emotional turmoil was compounded in mothers with other children and to some extent by the role played by their partner.

> "I feel guilty when I'm not there (at home), because I feel that I should be there with her (sibling), then when I'm at home with her I feel guilty because I should be here with ***". (Participant 8)
>
> "… he's been a rock really for me… he's back at work", (looks after daughter whilst mum visiting). (Participant 3)
>
> "I think he's finding it quite difficult… Yes, I think my husband has had it tough, because he's been worrying… " (about mum and baby; and looking after siblings). (Participant 7)

Most parents of preterm babies experience periods of emotional crisis[14], and even though the parents are not mentally ill they should be offered psychological support, which can be in the form of counselling.[23]

All mothers in this study were offered the option of a referral to the NICU psychologist, but they all declined. However, an interesting finding relating to psychological support was revealed during and from the interview process. Initially six mothers cried during their interviews and the interviewer was concerned that the interview process might be stressful for the mothers. Yet, despite some initial embarrassment experienced by both interviewer and interviewees, the mothers felt it was cathartic. They said it helped to talk about their experience within such a structure.

> "It helps to talk about it" (Mum crying). (Participant 8)

Solace relating to emotional upheaval can be found in talking to and empathising with parents who have been through similar experiences[8, 12, 23]. This study found that an opportunity to discuss issues in-depth on a one-to-one basis was also very beneficial to relieve emotional feelings.

Parental stress can have a short-term impact on the establishment of the parent-child relationship[27]. If establishment of this relationship is hampered in any way, then this can only be detrimental for all concerned. Power struggles for control over an infant's care and how mothers negotiate action with the healthcare providers are perceived by some to jeopardise their infant's care[10, 15]. Within this study three mothers expressed feeling that their baby did not belong to them, with one going as far as saying she felt intimidated by clinical staff. Some mothers felt that they needed permission to touch their baby.

Perceptions of rooming-in

A care-by-parent programme that can be initiated if a parent rooms-in has been found to be a positive and beneficial experience in preparing mothers for their babies' discharge from hospital[11]. It is known that many people do not like hospitals[28]. However this study showed that people are prepared to overcome this dislike if there are advantages to being within the environment. Six of the mothers in this study found rooming-in to be an extremely positive experience. This was despite three of them having felt obliged to stay at the hospital. A further three found the experience rewarding and overcame their dislike of hospitals (**FIGURE 1**).

FIGURE 1 Rooming-in gives parents an opportunity to get involved in the care of their child. *Photo: Eddie Lawrence.*

> "I don't really like hospitals, so from a selfish point of view it's difficult being away from my partner, but I know it's something *** needs me to do". (Participant 1)

"Bit scared to 'room-in' to start with, but then realised the opportunity… We know each other a bit more. I feel a bit more in charge, it's been good".
(Participant 4)

"…. Yes it's expected that you do it…" (Rooming-in)
(Participant 9)

The actual benefits of rooming-in were perceived by the mothers in this study to replicate previous studies[5, 11]. These were promotion of breastfeeding, and increased feelings of bonding and ownership of their babies. Importantly, rooming-in increased the mothers' confidence in taking their baby home.

Conclusions

The main outcomes of this small study arose from the inter-related information that emerged from the interviews and referred to how mothers are treated in the NICU rather than how they perceived rooming-in. However, it was revealed that the mothers who had roomed-in found it to be a positive experience (six mothers from n=7).

Two specific conclusions can be drawn from this small study. Firstly it is suggested that inclusion of more information on the environment in which preterm babies were cared for would have been beneficial for the parents. The mothers were generally happy with the information and support they had received from clinical staff, however it was a lack of information relating to the environment in the NICU that had resulted in seven of the mothers feeling scared.

When six of the mothers cried during their interviews there was an initial concern that the interviews could be damaging for the mothers' emotional well-being and may therefore be deemed unethical. However the study revealed that the interviews were perceived as a positive interaction. The mothers appreciated the opportunity to express their views and opinions and therefore it is suggested that such interviews could benefit mothers of preterm babies. They did not want a referral to the psychologist but found the one to one, semi-structured, face-to-face interactions between themselves and a knowledgeable clinician (nurse) alleviated concerns. Further research may reveal if there are advantages in incorporating this type of interaction into practice.

This study, being small, cannot be generalised, however it does further support previous studies. The information that emerged from the study is valuable to the DGH in which it was conducted. Other similar units may benefit from addressing the conclusions.

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