RESEARCH SUMMARY

Parents' experiences of emotional closeness to their infants in the neonatal unit: A meta-ethnography.

Thomson, G., Flacking, R., George, K., Feeley, N., Haslund-Thomsen, H., De Coen, K.., Schmied, V., Provenzi, L. & Rowe, J.
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This paper aims to compare existing research findings, from a variety of sources, in order to identify what both facilitates and enables parents' experiences of emotional closeness to their infants: and this while all are being cared for in a neonatal unit. The full text of 34 papers were reviewed, selected from 115 papers picked out of the original 7000.

Globally more than 10% of infants require admission to neonatal units (NUs) due to prematurity or ill health. High levels of stress and anxiety affect the mental health of parents of infants in NUs, regardless of culture and country, and they may report feelings of guilt and shame as well. The many triggers for these feelings include a stressful birth experience, and fears and concerns for the infant's well-being. Separation between parent and infant, plus the unfamiliar environment of an NU, can lead to the parents feeling estranged from their infant and lacking confidence in their parental role.

In the past, parents were only allowed to visit their infant for a few hours a day but, more recently, families have been put at the centre of the decision-making and care-giving processes and procedures for their infants. The aim now is to make positive and effective collaborations between the professionals on the NU and the parents. Previously, there were only open bays in the NU, but there has been a change to single family room designs. This has been associated with more parental presence and skin-to-skin contact, and lower rates of depression and stress in parents.

There is much variation from unit to unit and country to country. Emotional closeness reflects the experience of psychological bonding and ranges from strong and consistent between the parent and the infant, to the other end of the range, where more distant feelings of love, care, affection and/or connections are felt between parent and infant.

The authors used a search of the literature to identify studies (since 1990 only) which reported parents' experiences of how different care practices, or contexts of neonatal care, could influence parent-infant emotional closeness. All types of neonatal care were included from the mildest (neonatal nurseries) to the most intense care (Level 3 Neonatal units, used for critically ill new-borns of any gestational age and birth weight,

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as well as infants born less than 32 weeks gestational age and less than 1500g in weight). The databases chosen covered different studies of Neonatal Care concerning the perspectives of psychological, medical, nursing, and educational experiences. These studies included the views of 670 parents (467 mothers,180 fathers and 23 “parents” but sex not identified). The infants in the studies were between 1 day old to 5 years and the gestational age at birth varied from 24 to over 37 weeks.

Results: The ways parents formed emotional connections to their infants were sorted into themes.

1. **Emotional connectedness**

- Physical contact such as touching, holding, smelling, skin-to-skin or kangaroo care, or infant feeding was perceived as essential for parents to feel love and attachment towards their infants. It provided a sense of acute reality to them that the infant was theirs. Parents reported that holding and touching was a catalyst for experiencing a closer attachment and served to strengthen their emotional closeness, especially when the infant responded with eye-gazing and squeezing the parent’s finger. The infants learnt to recognise the parents by sight and smell.
- The closeness between baby and parent was increased when the partner was present and affirmed the relationship verbally. When a mother cleaned the baby and changed the nappy in front of the father, and he said well done, she felt more like a mother and the attachment felt stronger. When a father had skin-to-skin touch with the infant, and the mother encouraged him, he found this key for forging an emotional bond with the infant. When there were privacy screens, families were able to spend more time together.
- There were various strategies made by parents to leave something with the baby, when they had to leave and go home. Some would leave a tape of their voice, or a personal item like a photo or soft toy. In other cases mothers made contact with the NU to get reassurance about their baby by technological means; for example regular morning and evening calls could be made to the unit where one mother said it stimulated her breast milk release, so she could pump milk to be taken in to feed the baby.

2. Inner Knowing

- Parents felt emotionally closer to the infant when there was positive improvement in the health of their child. When the mother had been unwell, fathers reported that once they had news that their partner was improving in health, they felt more bonded to their baby.
- Parents felt more closeness as they began to understand the processes and norms of neonatal care and, through reading appropriately helpful literature, they understood more about prematurity and their infant’s condition.

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3. Evolving Parental Role

- Closeness was facilitated when parents believed that they were directly caring for their infant, through breast feeding, expressing breast milk, calming their baby using recorded music, physical touch, skin-to-skin and kangaroo care.
- Bathing the baby, changing the nappies and dressing the baby were caring activities which improved a feeling of closeness. Taking a greater part in knowing what their baby's needs were and working collaboratively with the NU staff were also important.
- Parents felt more of a connection to their children when the staff in the NU acknowledged and valued their role as the parent. Both parents, but particularly fathers, grew in confidence when they could manage the care of their infant without help from staff.

Discussion: Implications for best practice in NU's

- Reinforce family-centred care, putting the parents at the heart of the treatment.
- Promote positive parent-staff partnerships, where the staff provide education to the parents at an early stage, so they can be advocates for their baby and decision-makers for their treatment. NU policies must allow parents to be present.
- Provide either single rooms, or shared spaces with screens for privacy, to allow families time to bond together.
- Facilitate the use of technology, screens/phones in the NU so that parents can stay connected to their infants even after they have needed to leave the hospital.
- Neonatal nurses should help parents understand their baby's cues. Staff should be educated on the neurobiology of parenting, so that they understand, value and promote the importance of physical proximity for the well-being of both the infants and their parents.

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