Stress Reduction Interventions for Families with Preterm Infants Post-NICU Discharge
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Background
90% of preterm infants are admitted to NICU
• Lower cognitive and neurologic function
• Slower bone and muscle growth
• Higher complexity of care
• Higher infant mortality
Parents experience significant levels of stress
• Negatively impact parent-infant bonding
• Lower breastfeeding rates and retention
Lack of support and resources during transition from NICU to home
Inadequate parent education at discharge

Purpose
To comprehensively determine post-NICU discharge interventions that may reduce stress in families with preterm infants

Method
PubMed, CINAHL, PsycINFO, Web of Science
Keywords: stress, reduction, interventions, NICU/neonatal intensive unit, parent distress, (preterm) infant, post discharge

Results
17 studies were reviewed

Stress assessments:
• Parental Stressor Scale: NICU
• Neonatal Behavioral Assessment Scale
• Impact on Family Scale
• Infant Toddler Quality of Life
• Parenting Stress Index
• Neonatal Medical Index
• Behavior-based Feeding Questionnaire

Post-Discharge Interventions and Outcomes

<table>
<thead>
<tr>
<th>Stressor</th>
<th>Intervention</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>1. Complexity of Community-Based Resources</td>
<td>Telemedicine, Telephone Support, Social Networking,</td>
<td>Reduced hospital visits, more support from families with similar experiences</td>
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<td>2. Lack of Emotional Support</td>
<td>Family, Friends and NICU staff, Home Visits</td>
<td>Eased financial burden and stress, increase emotional support</td>
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<td>3. Lack of Readiness</td>
<td>Mother-Infant Transaction Program (MITP), structured discharge education on maternal confidence and caring knowledge</td>
<td>Enhanced guidance, increased confidence, reduced postpartum depression and increased duration of breastfeeding</td>
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Limitations
• Limited research on interventions in the NICU
• Limited research on stressors in the NICU
• Limited focus on interventions post-discharge
• Small sample sizes decrease generalizability
• Potential non-compliance with intervention
• Potential modification of intervention sessions
• Cross-sectional and exploratory designs

Implications for Research and Practice
Empower families by increasing their competency and confidence
• Improve parental education at discharge
• Improve support and resources during transition from NICU to home
Ensure therapeutic continuation of complex neonatal care
• Provide home visits by a nurse and MITP
• Utilize telemedicine
• Telephone support
• Social Networking
Educate health care professions on social support and coping mechanisms
References

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17. Willis, 2008 parenting preemies- A unique program for family support and education after NICU discharge