Community Neonatal Nursing


As we become more aware each day of how important it is to examine nursing from a global perspective, this research, conducted in the United Kingdom, examined a community neonatal nursing intervention that most assuredly has direct application to our practice in the United States. All neonatal intensive care unit (NICU) nurses readily can agree that while the unit is effective in providing the most sophisticated technology available to care for premature infants, it is not developmentally “friendly.” This study used a qualitative case study approach to describe how a community neonatal nursing team supported families of premature infants. Qualitative case studies are appropriately used when there is very little research available on a topic and when the researcher has little or no control over the situation to be explored. In this study, a community neonatal nursing network consisting of four experienced neonatal nurses and midwives was purposefully selected to participate in direct observation of their nursing interventions with families, in a review of their nursing notes, and in a series of semi-structured interviews, all conducted over 4 months. Data analysis was guided by the well-established protocols described by Tesch (1990) and Morse and Field (1996), including interpretational qualitative analysis and thematic content analysis. Validity and reliability (referred to as rigor by qualitative researchers) was achieved through prolonged observation, the use of three data sources, and verification of analysis by the nursing team. The work of the neonatal community network was best described by two broad themes: working with mothers and working with others. Working with mothers included keeping in touch with the family, the importance of confirming that the baby was well, ensuring that the mother was coping well and was competent as a caregiver, and developing close relationships with the families. Working with others involved developing and maintaining liaisons with the multidisciplinary neonatal team. As early discharge continues to be the norm, this model of community neonatal nursing may well serve to ease the transition from the NICU to the home for parents of premature infants.

Comment by Judy Beal

References

Feeding Issues for Mothers of Very Low-Birth-Weight, Premature Infants Through the First Year


Adequate feeding of very low birthweight (VLBW) premature infants is the primary concern for most parents and clinicians throughout the NICU stay and even the first year. This study explores the well-known belief that how parents describe their feeding experiences makes a difference in how both families and nurses approach feeding issues. The concept of internal working models of parenting as first described by Bowlby (1982) is applied to the feeding experiences of three families. This model proposes that parents have a mental model of expectations of how their feeding experiences should be and that this, in turn, impacts intentions, behaviors, and responses to these experiences. Using a case study approach, this study describes in great detail the feeding experiences of three mothers who are part of a larger randomized clinical intervention study designed to test the effectiveness of nursing interventions to support mothers’ competencies for feeding a VLBW premature infant through the first year of life. From this larger study, three mothers who represented variations in working models of parenting for whom feeding issues were most predominant were selected. Case analysis was conducted according to the methods described by Miles and Huberman (1994). Consistent with case study approaches, the results included rich narrative detail on the cases; in this study, this was the working model of parenting. The working models of the three mothers included, for one mother, expectations and the need to be a more successful feeder than others; in another mother, this included disappointment with herself and her infant and frustration and hopelessness about unsuccessful feeding and growth; and finally, for the third mother, the model focused on feelings of inadequacy and the inability to impact her baby’s successful feeding experiences. The authors concluded that it is critical for nurses to identify a mother’s working model to better understand what the barriers and facilitators of effective feeding for each mother are. Knowledge of these factors will assist the nurse in providing appropriate interventions for support and teaching. Future research is needed with larger samples to identify common working themes of parenting around feeding issues of VLBW premature infants.

Comment by Judy Beal

References
Gender, Ethnicity, and the Interactions of Prematurely Born Children and Their Mothers


The maternal-child relationship has been studied extensively in both full-term and premature infants. The association between maternal-child interaction and attachment has been well-established for many years. Research has also concluded that mothers of premature infants demonstrate fewer positive interactions and less social interaction than mothers of full-term infants, and that developmental disability and illness severity is also related to the quality and quantity of interaction and to the developmental outcomes of children. This descriptive, comparative study of 53 mothers and 3-year-old premature children dyads used the theoretical framework of Barnard, Bee, and Hammond (1991) and Bronfenbrenner (1989), which postulates that interaction between the mother and infant is a dynamic system that is modulated by several factors, including personal characteristics such as maternal education, age, and ethnicity, as well as the environment. All of the participants were part of a larger study exploring the relationship between prematurity and developmental outcomes. This is a common practice of researchers where smaller, focused spin-off studies are generated from larger, more expansive studies. Several valid and reliable instruments were used to collect data for this smaller study: naturalistic observation of mothers and children in home and daycare settings, the HOME (Home Observation for Measurement of the Environment) Inventory, the NBRS (Neurobiological Risk Score), IQ (Stanford-Binet Intelligence Scale), and PEET (Pediatric Extended Examination at Three) assessment of language delay. The sample dyads were divided into two groups based on gender and ethnicity. After controlling for maternal education and illness severity, mothers demonstrated more positive interactions toward girls, and White mothers also had more positive interactions and scored better on the HOME subscales of maternal responsibility, understanding of child behavior, and appropriateness of stimulation. These findings are well-supported in the literature, clearly support the theoretical framework, and point to the necessity for enhanced nursing interventions targeting poor, non-White mothers and mothers of children with severe disability/illness.

Comment by Judy Beal

References

Becoming a Mother Versus Maternal Role Attainment


Any nurse who has studied the specialty of maternal-child nursing knows the name of Ramona Mercer. Her seminal research on maternal role attainment is well-known to all of us, and a great deal of our practice today is based on what she found in the 1970s and 1980s. In this article, Dr. Mercer describes why the term “maternal role attainment” should now be replaced with a new terminology: “becoming a mother.” In coming to this conclusion, Dr. Mercer shows us that the term “maternal role attainment” encompassed multiple processes, including how the new mother replicates her own mother’s style of mothering, how she role plays to become comfortable with the new role, how she fantasizes about mothering, how she gathers information and seeks new expert models, and how she must grieve for the parts of her life she will have to give up to become a mother. We use all of these ideas when we help mothers-to-be and new mothers learn to cope with motherhood. As the decades have passed and more nurse scientists have studied this theory, questions have arisen, according to Dr. Mercer, about some of the constructs involved in maternal role attainment as originally conceptualized. A large number of studies are reviewed in this article that lend credence to Dr. Mercer’s argument. Many of these studies have shown that there are additional processes not originally considered in the development of the term “maternal role attainment” that should now be a part of the role. In addition, renaming the process would recognize that women continue to grow as mothers throughout their children’s lives; “attaining” the role is not “becoming” the role. Therefore, Dr. Mercer says, the former term “maternal role attainment” is no longer sufficient to describe the larger “life-transforming experience” women go through when they “become a mother.”

This article is important for anyone who is interested in the theory underlying our practice with mothers and children. Nursing is fortunate to have great thinkers like Dr. Mercer in its midst; the fact that she continues to write and contribute to our knowledge is a true treasure.

Comment by Margaret Comerford Freda
Influences of Income, Education, Age, and Ethnicity on Physical Abuse Before and During Pregnancy


This is an important study because it deals with abuse in pregnancy, an essential topic for all of us to understand more fully. These researchers included a large sample (1004 women) from six different postpartum sites, thus increasing the value of the study's results. The researchers wanted to discover if certain demographic variables were associated with abuse in pregnancy. We know that abuse occurs across all socioeconomic groups, but most studies have focused on women in the most disadvantaged groups, who are most readily available for research in public clinics. Few studies have used samples of women that cross all sociodemographic groups. Different studies have attributed different prevalence rates for abuse in pregnancy; the prevalence has been variously reported as occurring between 1% to 20% of the time, clearly a large range. The women in this study were between 15 and 43 years old, represented many Hispanic ethnicities and also contained Caucasians and African Americans, and had monthly family incomes from <$5000 to >$2000. All the women were assessed during the postpartum hospital stay with the five-question Abuse Assessment Screen. The results showed that 15.9% of the entire sample reported ever having been abused by a partner; 5.2% reported abuse in the index pregnancy. Women who had graduated from high school had lower incidences of abuse; women with monthly incomes of <$5000 had high levels of abuse. Employed women had less abuse than their counterparts who were not employed. In terms of significant relationships, the one significant demographic predictor of current partner abuse and abuse in pregnancy was less than a high school education. This research can help nurses to better understand risk factors for abuse in pregnancy and shows that education makes a huge difference. Women who have less education are at higher risk for being abused. When working with pregnant women, nurses should assess their educational level and be certain to assess for abuse.

Comment by Margaret Comerford Freda

Rate of Palivizumab Administration in Accordance With Current Recommendations Among Hospitalized Children


Recommendations can be made by professional organizations, but are they followed? The American Academy of Pediatrics (AAP) has recommended that certain children at risk for respiratory syncytial virus (RSV) receive palivizumab as prophylaxis for RSV. This study, a retrospective review of 264 children younger than 2 years with a diagnosis of RSV admitted to a pediatric unit of a children's hospital during the RSV season of October 2000 through April 2001, aimed to find out if the recommendations were being followed. Of these 264 children, 40 qualified to receive palivizumab according to AAP guidelines. Only 14 of them (35%) had received the drug. This was clearly a disappointing finding. When the researchers examined their data to attempt to discover why so few children had received the prophylaxis, they found even more disappointing results. There were no statistically significant differences for age, race, health insurance, or type of pediatric care between those who had received the drug and those who had not. Anecdotally, many of us would assume that the uninsured families would be the ones without the means to obtain the drug, but this was not the case. When the researchers contacted the parents whose children had not received the drug, the parents said they had no knowledge of its importance or the AAP guidelines. The results of this study are a wake-up call for all of us who work with families of premature infants and other at-risk infants. We need to make absolutely sure that these parents know about RSV and know about the need for the seasonal monthly administration of palivizumab as prophylaxis for RSV. This article points out that RSV is the leading cause of hospitalization in this group and the leading viral cause of death. We are our patient's educators. We can't afford to forget to teach about this.

Comment by Margaret Comerford Freda

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