Mothers' Adjustment for Their Children Post Congenital Heart Surgery

Thesis

Submitted in Partial Fulfillment of the Master Degree in Nursing Science (Community Health Nursing)

By

Eman Hassan Shehata

B.Sc.1998 in Nursing Sciences

Faculty of Nursing - Ain Shams University

Faculty of Nursing

Ain Shams University

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Supervisors

Prof. Dr. Sabah Abd–El mobdy Radwan

Professor of Community Health Nursing

Faculty of Nursing- Ain Shams University

Dr. Ferial Fouad Melika

Lecturer of Community Health Nursing

Faculty of Nursing- Ain Shams University

Faculty of Nursing

Ain Shams University

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List of Abbreviations

Abb.	Mean
AACN	American Association of Colleges of Nursing
ACSQHC	Australian Commission on Safety and Quality in Health Care
ANA	American Nurse Association
AS	Aortic Stenosis
ASD	Atrial Septal Defect
AV canal	Atrioventricular canal
CHDs	Congenital Heart Diseases
COA	Coarctation of the Aorta
DTaP	Dipththeria, Tetans and Pertussis
ECG	Electrocardiogram
E'S	Ebstein's Anomally
HF	Heart failure
IE	Infective Endocarditis
IGF	Insulin Growth Factor
IPV	Inactivated Polio Vaccine
MMR	Mumps ، Measles and Rubella
MMR	Mumps Measles and Rubella
MVP	Mitral Valve Prolapse
PDA	Patent Ductus Arteriosus
PH	Pulmonary Hypertension
PS	Pulmonary Stenosis
RTIs	Respiratory Tract Infections
SPSS	Statistical Package For Social Science
TAPVC	Total Anomalous Plumonary Venous Connection
TAPVR	Total Anomalous Pulmonary Venous Return

TGA	Transposition of The Great Arteries
TOF	Tetralogy of Fallot
VPS	Valvular Pulmonary Stenosis
VSD	Ventricular Septal Defect
WHO	World Health Organization

ABSTRACT

Mothers 'Adjustment for their Children Post Congenital Heart Surgery

By

Eman Hassan Shehata

Mothers experience considerable distress when their children are subjected to cardiac surgery. **Aim:** Assess mothers' adjustment for their children post congenital heart surgery through: Assessing knowledge of mothers about congenital heart surgery for their children post hospital discharge, assessing mothers care provided to their children post congenital heart surgery post hospital discharge and evaluating mothers 'adjustment toward their children post congenital heart surgery. **Design:** A descriptive analytical study was used to conduct this study. **Setting:** The study was conducted at outpatient clinics of cardiovascular diseases and surgeries Hospital of Ain Shams University. **Sample:** A purposive sample was used. Included 102 mothers had children underwent congenital heart surgery. **Tools:** Fourth tools were used, *The First tool:* An interviewing questionnaire, *The Second tool:* Medical analysis record **of children.** *The Third tool:* **An** observation check-list for assessing mother's activities through the six months, *The Fourth tool:* Physical examination of child growth and development. **Results:** The result showed that 75.5% of mothers had unsatisfactory knowledge about congenital heart disease**,** 89% of them didn't do the care practice to their children after congenital heart surgery post hospital discharge and 69% of mothers were non adaptive**.** There was a highly statistical significant relation between the mothers' total care practices and their educational level, where X^2= 25.140, at P <0.001.There was a statistical significant relation between the mothers' adjustment and their total care practices for their children post congenital heart disease after hospital discharge X^2= 5.636, at P <0.05. **Conclusion:** More than two third of mothers had non adaptive level of adjustment with their children post congenital heart surgery. **Recommendations:** Health education and discharge plan should be advocated for all mothers had children underwent congenital heart surgery about care at home.

Keywords: Mothers adjustment**,** Congenital heart**,** Children post congenital heart surgery**,** Role of community health nurse toward care of children post congenital heart surgery.

INTRODUCTION

The word "Congenital" means existing at birth. The terms "Congenital heart defect" and "Congenital heart disease" are often used to mean the same thing, but "defect" is more accurate. The heart ailment is a defect or abnormality, not a disease. A defect results when the heart or blood vessels near the heart don't develop normally before birth ***(American Heart Association, 2015)***.

Congenital heart disease is the most common congenital disorder in newborns. It is defined as requiring surgery or catheter based intervention in the first year of life, occurs in approximately 25 percent of those with CHD. Although many newborns with critical CHD are symptomatic and identified soon after birth. Others are not diagnosed until after discharge from the birth hospitalization. In infants with critical cardiac lesion, the risk of morbidity and mortality increases when there is a delay in diagnoses and timely referral to a tertiary center with expertise in treating these patients ***(Altman, 2015).***

Treatment can include medications, catheter procedures, surgery, and heart transplants. The treatment depends on the

type of the defect, how severe it is, and a child age, size, and general health ***(Ville, 2015)***. Heart surgery in children is done to repair heart defects a child is born with and heart diseases a child gets after birth that need surgery ***(Schumacher, 2015).***

During the first years of life, physical growth, maturation, acquisition of competence and psychological reorganization occur in rapid, discontinuous bursts. Neonatal period is a highly vulnerable time for an infant, who is completing many of the physiologic adjustments required for extra-uterine existence. Infancy is a precious stage during which many vital changes occur and they are at risk for various health problems ***(Ibrahim, 2013)***.

Children with congenital heart disease may grow or develop more slowly than other children, for example, child may look much younger, thinner, and, perhaps, frailer than other children the same age. Child may be slower to reach developmental milestones than healthy children, such as rolling over, sitting, walking, talking, and toilet-training. Having a congenital heart defect can increase the risk of developing certain medical condition, pulmonary hypertension, arrhythmias, infective endocarditis,