

**EFFECT OF NURSING INTERVENTION ON STRESSORS
AND COPING PATTERNS OF MOTHERS HAVING
PRETERM INFANTS**

Thesis

Submitted in Partial fulfillment of the
Requirement of the Doctorate Degree
in Pediatric Nursing

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**EFFECT OF NURSING INTERVENTION ON STRESSORS
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PRETERM INFANTS**

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LIST OF ABBREVIATIONS

Abbrev.	Meaning
AGA	Appropriate for Gestational Age
AOP	Anemia of Prematurity
BPD	Bronchopulmonary Dysplasia
CHIP	Coping Health Inventory for Parents
CNS	Central Nervous System
CS	Cesarean Section
EPO	Erythropoitin
GA	Gestational Age
GAS	General Adaptation Syndrome
GoR	Gastro-oesophageal Reflux
HMD	Hyaline Membrane Disease
ICP	Intracranial Pressure
IGA	Immunoglobulin A
IUGR	Intrauterine and Growth Retardation
IV	Intravenous
IVH	Intraventricular Haemorrhage
KAP	Knowledge, Attitude and Practice
KC	Kangaroo Care
LBW	Low Birth Weight
NEC	Necrotizing Enterocolitis
NICU (s)	Neonatal Intensive Care Unit(s)
PDA	Patent Ductus Arteriosus
PPT	Presentation Power Point
PT	Preterm
RBC	Red Blood Cells
RDS	Respiratory Distress Syndrome
ROP	Retinopathy of Prematurity
SGA	Small for Gestational
TPN	Total Parental Nutrition
USA	United States of America
VLBW	Very Low Birth Weight

INTRODUCTION

The preterm infant is an infant born before completion of 37 weeks of gestation, regardless of birth weight (*Gwin and Price, 2010*[2008](#)). In the normal pregnancy period, the last trimester is a time filled with great expectations and with physical and emotional effort preparing for the birth. It is a time when the unborn baby becomes very real to the parents and the couple gradually moves toward becoming parents. The unexpected arrival of a preterm infant deprives the parents of this gradual period of adjustment and preparation (*Guldenpfenning, 2000*).

The numbers of preterm infants who survive have increased substantially all over the world. This increase can be attributed to the many advances in neonatal intensive care, treatment of infections with antibiotics and clinical applications of innovative research. The incidence of preterm infants is one in six live births, or almost 25 millions per year all over the world. In Egypt, the estimated percentage of premature birth varied from 6-10% (*El-Sherbiny, 2003*).

For the last few years, preterm infants have been carried for in highly technological neonatal intensive care units (NICUs). It is extremely stressful for families to put their infants in NICU. When preterm infant admitted to the NICU, parents think they have lost control because of an unfamiliar environment. The physical environment is a

major source of stress with bright lights, noisy life support machines, monitoring equipment and chemical odours. Monitors, alarm noises and ventilators can be frightening. In particular, tubes and monitors attached to or next to the incubators (*Butler and Galvin, 2003 and Olds et al., 2004*).

The greatest source of stress often cited by these parents is loss of their expected and desired parental role. Parents report feeling of disappointment and frustration that they can not perform the normal parenting tasks (e.g., feeding as they had expected and also a feeling of extreme distress and helplessness about not being able to protect their infants (*Guldenpfennig, 2000*). Parents may not visit for many reasons, including financial difficulties, transportation problems, work schedules and feelings of fear or anxiety. Parents who have difficulty in visiting are perceptive about how nurses treat them therefore; non-supportive nursing behaviors cause them to visit even less (*Hummel, 2003*).

Coping is a strategy that refers to the specific efforts, both behavioral and psychological, that people employ to master, tolerate and minimize stressful events (*John and Catherine, 2008*). Some of the coping patterns utilized by the preterm infants' parents include trying to gain a deeper understanding of the problem, establishing a degree of control of the situation, seeking social support from other people and escaping from or minimizing the apparent severity of the situation. Mothers tend to look for support