

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





MONA MAGHRABY



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MONA MAGHRABY

Assessment of Maternal stress level associated with neonatal Intensive care admission

Thesis

Submitted for the Partial Fulfillment of Master's Degree in **Pediatrics**

By

Nagy Mahmoud Abdelazeem Nagy

M.B.B., Ch 2008 Faculty of Medicine, Ain Shams University

Supervised by

Prof. Manal Hamdy El-sayed

Professor of Pediatrics
Faculty of Medicine - Ain Shams University

Dr. Dina Essam AbdelHamid Rabie

Lecturer of Pediatrics
Faculty of Medicine – Ain Shams University

Faculty of Medicine Ain Shams University **2020**



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List of Contents

Subject	Page No.
List of Abbreviations	i
List of Tables	ii
List of Figures	iv
Introduction	1
Aim of the Work	3
Review of Literature	
Stress in NICU	4
Maternal stress in NICU	12
Prevention and treatment of maternal stress	25
Maternal education to deal with their stress	39
Neonatal stress scales	41
Patients and Methods	55
Results	59
Discussion	82
Summary	98
Conclusion	100
Recommendations	100
References	101
Appendix	I
Arabic Summary	

List of Abbreviations.

166r. Full-term Continuous positive airway pressure **CPAP**..... ETT..... Endotracheal tube. GA..... Gestational age. IVH Intraventricular hemorrhage. MHP Medical health personnel. MV Mechanical ventilation. NICU Neonatal intensive care unit NICU Neonatal intensive care unit NISS..... Neonatal infant stress-scale. NUPS Neonatal unit maternal stress-scale. PFCC..... Patient and family-centered care. PICU Pediatric intensive care unit. PPD..... Post-partum depression. PSS: NICU..... Paternal stress scale: neonatal intensive care unit Post-traumatic stress disorder PTSD **RDS**..... Respiratory distress syndrome. Single family room. **SFR** **STAI-T** State-trait anxiety inventory trait subscales. **VLBW** Very low birth weight

List of Tables

Table No.	Title Pag	ge No.
Table (1):	NICU Infant Stressor Record Sheet of NISS	
Table (1):	Demographic data of involved mothers in study.	
Table (2):	Characteristics of babies (Qualitative demographic data) whose mothers involved in study.	1
Table (3):	Quantitative variables of babies whose mothers involved in study.	
Table (4):	Mothers' ratings on PSS-NICU subclass items	
Table (5):	Mean subclass and overall maternal stress scores.	
Table (6):	Correlations among individual PSS-NICU subclass scores and overall maternal stress score.	S
Table (7):	Cumulative frequency of specific acute and chronic stressful procedures / events during the baby's stay at NICU.	3
Table (8):	Mean Cumulative frequency of acute and chronic stressful procedures / events during the baby's stay at NICU	3
Table (9):	Correlations among cumulative frequency of acute or chronic stressful procedures / events and individual PSS-NICU subclass scores of overall maternal stress score	s r

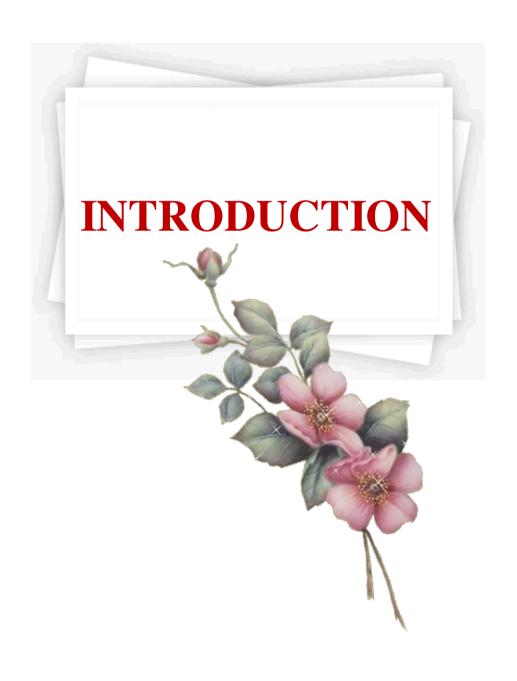
es

Table (10):	Relation between mean overall maternal stress score and other maternal or neonate's variables	74
Table (11):	Multivariable backward regression analysis for predictors of overall maternal stress level.	81

List of Figures

Page No.	Title Figure	No.
Figure (1):	Example of a traditional open bay (OPBY) NICU with 8 neonates in the same room with constant lighting, multiple items of equipment with alarms, staff conversations, and no room for parents	35
Figure (2):	Blueprint of an individual room in a single-family room (SFR) NICU	35
Figure (3):	Parents holding triplets in the single-family room (SFR) NICU	
Figure (4):	Photograph of a single-family room (SFR) NICU room with significant design features indicated.	37
Figure (5):	Mean PSS-NICU subclass and overall scores	65
Figure (6):	Scatter plot matrix showing correlations among individual PSS-NICU subclass scores and overall maternal stress score.	67
Figure (7):	Mean cumulative frequency of acute and chronic stressful procedures / events during the baby's stay at NICU	69
Figure (8):	Scatter plot matrix illustrating correlation between cumulative frequency of acute stressful procedures / events and individual PSS-NICU subclass scores or overall maternal stress score.	71
Figure (9):	Scatter plot matrix illustrating correlation between cumulative frequency of chronic stressful procedures / events and individual	

	PSS-NICU subclass scores or overall maternal stress score.	72
Figure (10):	Scatter plot matrix illustrating correlation between cumulative frequency of stressful procedures / events (acute and chronic) and individual PSS-NICU subclass scores or overall maternal stress score.	73
Figure (11):	Mean overall maternal stress score in mothers of babies receiving breast feeding or expressed milk / IV fluids	75
Figure (12):	Mean overall maternal stress score in mothers of preterm or term babies.	76
Figure (13):	Mean overall maternal stress score in mothers of babies with normal or low birth weight	77
Figure (14):	Mean overall maternal stress score in mothers of babies admitted to NICU for ≤1 week or >1 week.	78
Figure (15):	Mean overall maternal stress score in mothers of babies receiving oxygen therapy for ≤1 week or >1 week	79
Figure (16):	Mean overall maternal stress score in mothers of babies with or without congenital anomaly	80



Introduction

The stress of having a newborn hospitalized in the NICU raises a mother's risk for significant depressive symptoms. However, clinically significant depressive symptoms are common in the general population of mothers during their first three months postpartum a meta-analytic review found a 19% prevalence rate (*Gavin et al.*, 2005).

NICU mothers experience multiple stressors related to preterm birth, medical condition of the baby, complexity of the NICU environment and perceived vulnerability of the infant, in addition to stressors associated with the normal transition process to parenthood (*Chourasia et al., 2013*).

The Neonatal Unit Parental Stressor scale has good internal reliability and constructs validity when used with mothers and fathers within the first 2 weeks of their NICU experience. It appears to accommodate a changing situation, and discriminates between different domains of stress. A relationship between perceived family support and social/practical stress is identified, and the inclusion of a social and practical stressor subscale has been justified (*Reid et al.*, 2007).

The initial stress levels measured upon NICU admission are not influenced by infant factors, such as, birth GA, birth weight, Apgar scores and status of respiratory support.

However, it was influenced by psychological distress related to alterations in parental role is the most significant source of stress among NICU mothers. The health status of the infant might vary on a day-to-day basis and might affect maternal stress to different degrees at different time points during their infant's hospitalization (*Alkozei et al.*, 2014).

Elevated levels of stress and depressive symptoms are already present in mothers of preterm infants upon NICU admission (*Alkozei et al.*, 2014).

Parents' age and length of stay did not significantly affect the stress levels with NICU admission. However, gestation age of babies, parents' gender and education were associated with higher levels of stress. The stress level of fathers was found to be significantly higher than mothers in the sights and sounds domain (Ashwani et al., 2017).