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B 1717

Maternal Stress Response Among Mothers of Premature Neonates

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In Pediatric Nursing

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بسم الله الرحمن الرحيم

قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا
عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ

صدق الله العظيم

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List Of Abbreviations

LBW	Low Birth Weight
VLBW	Very Low Birth Weight
AGA	Appropriate for Gestational Age
LGA	Large for Gestational Age
SGA	Small for Gestational Age
WHO	World Health Organization
NICU	Neonatal Intensive Care Unit
RDS	Respiratory Distress Syndrome
NEC	Necrotizing Eterocolitis
IVH	Intraventricular Hemorrhage
ROP	Retinopathy of Prematurity
BPD	BronchoPulmonary Dysplasia
GER	Gastroesophageal Reflux
PDA	Patent Ducts Arteriosus
CNS	Center Nervous System
LES	Lower Esophageal Sphincter
CRH	Corticotrophin- Releasing Hormone
ACTH	Adrenocorticotrophin Hormone
GAS	General Adaptation Syndrom
APP	American Academy of Pediatrics
EDHS	Egyptian Demographic and Health Statistics

Abstract

This study was done to assess maternal stress of mothers having premature neonates, the study was carried out at Neonatal Intensive Care Units at Banha Hospitals. A descriptive design was utilized for this current study. The total sample was 200 mothers have premature neonates. Tow tools were used to collect the needed data; the first tool was interview sheet, consisted of demographic data about mothers, history of previous prematurity, prenatal and natal complaints, gestational age of the child, birth order of the child, and weight of the child. The second tool was parenting stress scale to measure mother's stress of their premature neonates. The study results revealed that maternal stress is highly affected by the mother's age, level of education, perinatal and natal complaints, the history of previous prematurity, as well as birth order of the child. The main psychosocial problem was financial problem, the responsibility of being a mother of premature infant, and physical appearance of infant, so several recommendation were regarding the role of health education helping the mothers to overcome their stress, effectively way to cope with stress and how to deal with their premature infants.

Introduction

Introduction

The birth of a premature infant is an unexpected and stressful event for which families are emotionally unprepared. They find themselves simultaneously coping with their own needs, the needs of their infant, and the needs of their families (especially when there are other children). They are faced with multiple crises and over whelming feelings of responsibility, expense, and frustration ***(Wong, 1997).***

A preterm infant is nearly always low birth weight, but can also be small for gestational age (SGA), appropriate for gestational age (AGA), or large for gestational age (LGA). Because of the immaturity of their body systems and lack of adequate nutritional reserves, preterm infants are at risk for a number of short and long-term problems. A lack of lung surfactant makes them especially vulnerable to respiratory distress syndrome. Separation from parents and prolonged hospitalization is additional stressors. An infant's long term outcomes depend on birth-weight, gestational age, underlying illness or abnormalities, and ability to feed and gain weight ***(Green, 2004).***

Pre-maturity accounts for the largest number of admission to the NICU. Immaturity places infants at risk for not only neonatal complications, RDS and hyperbilirubinemia, which is highest in the preterm infants, but also for other high risk factors, such as congenital anomalies in association with pre-maturity ***(Wong, 2003).***

All parents have some anxieties about the outcome of pregnancy, but following a premature birth the concern is heightened about both the viability and the intactness of their infants. Mothers see their infant only briefly before the newborn is removed to the intensive care unit or even to