

Evaluation of physical and Mental Health (MH) effects of children and their parents in new-born intensive care unit.

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Abstract

Parents may experience psychopathological symptoms after their preterm infant is admitted to the Neonatal Intensive Care Unit (NICU). The study's goal was to see how parental stress and mental health affect Posttraumatic Symptoms (PTTS) in parents over the first year after NICU discharge. Furthermore, the researchers wanted to see if there were any differences in psychological suffering between moms and fathers. Parents who have had their own child admitted to the NICU are more likely to acquire psychopathological symptoms. According to our initial hypothesis, using the SF-36 to assess parental psychophysical well-being can help identify parents who are more likely to have posttraumatic effects in the first year after NICU release. Furthermore, father depression should be considered since hospitalisation because it may influence paternal PTSD development. Finally, these data provide preliminary evidence of gender-related trends in the development of PTSD and psychological distress in mothers and fathers during their infant's first year.

Keywords: NICU, Mental health, Posttraumatic stress symptom.

Introduction

Infants' relationships with their parents provide the foundation for the development of self-confidence and security, emotional stability, readiness to learn, and social competence. The provision of sensitive, nurturing, stimulating and nonrestrictive actions fosters optimal development. Preterm infants are exposed to many of the risk factors associated with poor long-term outcomes. Preterm mothers are more likely to initiate and maintain an interaction with the infant. Mothers of preterm infants typically smile and engage in physical contact less with their infants. Such caregiving increases infant neurobehavioral organization and improves long-term outcomes. Post-Traumatic Stress Disorder (PTSD) is a psychopathological condition developed after exposure to a traumatic or stressful event. Posttraumatic Stress Symptom (PTTS) subtypes in parents of preterm infants after NICU discharge are not well known [1-3].

The aim of this study was to determine how parental psychological distress and psychophysical wellbeing affect PTTS development in parents during the first year after their baby's premature birth. The brain of the human newborn is larger and more adaptable, but also particularly immature and dependent on caregiving behaviours and a nurturing environment. Post-partum emotional response of both mother

and infant is rooted in instincts programmed by evolution to secure survival and safety of the off-spring. The number of NICU's with a single patient or single-family room design (SFR) is growing. There is evidence for both short- and long-term medical benefits of SFR care. Parents' participation in care may also be beneficial for parents' own mental health. This research backs up previous findings that suggest a short-term hospital-based intervention with low-socioeconomic-status moms of preterm infants had an impact on the mothers' understanding of new-born behaviour, interaction with the infant and parental stress. Previous research has shown that more active maternal participation leads to better parenting outcomes. Short-term interventions comprising simply hospital-based intervention during the new-born period have also been proven to be less effective than longer-term hospital plus home-based interventions. Although long-term, home intervention may assist high-risk populations, the significant financial and labour costs of providing such programmes may be prohibitive. This study demonstrates that even short-term therapies can benefit this high-risk demographic. This is the first study of emotional distress in a setting with documented continuous parental presence during their infant's medical care. Emotional distress did not increase, and the risk of depression and stress were actually decreased among parents in the SFR unit compared to the OB unit. Optimizing facilities

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for parents of preterm infants in the NICU may contribute to improved long-term outcomes. Parents may provide unique sensory stimulation to their infants through SSC, talk and singing. The possibilities of such positive stimulation are better when parents are present around the clock [4,5].

Conclusion

Parents who have had their own child admitted to the NICU are more likely to acquire psychopathological symptoms. According to our initial hypothesis, using the SF-36 to assess parental psychophysical well-being can help identify parents who are more likely to have posttraumatic effects in the first year after NICU release. Furthermore, father depression should be considered since hospitalisation because it may influence paternal PTSD development. Finally, these data offer preliminary evidence of gender-related patterns in the development of PTSD and psychological distress among mothers and fathers in the first year following NICU release. These findings highlight the need of promoting parental psychophysical wellness during NICU admission, particularly social support and paternal mental health, as it may have a significant impact on preventing psychopathological consequences in both mothers and fathers.

References

1. Montirosso R, Provenzi L. Implications of epigenetics and stress regulation on research and developmental care of preterm infants. *J Obstet Gynecol Neonatal Nurs.* 2015;44(2):174-82.
2. Pallás-Alonso CR, Losacco V, Maraschini A, et al. Parental involvement and kangaroo care in European neonatal intensive care units: a policy survey in eight countries. *Pediatr Crit Care Med.* 2012;13(5):568-77.
3. Feeley N, Waitzer E, Sherrard K, et al. Fathers' perceptions of the barriers and facilitators to their involvement with their newborn hospitalised in the neonatal intensive care unit. *J Clin Nurs.* 2013;22(3-4):521-30.
4. Singer LT, Salvator A, Guo S, et al. Maternal psychological distress and parenting stress after the birth of a very low-birth-weight infant. *JAMA.* 1999;281(9):799-805.
5. Provenzi L, Barello S, Fumagalli M, et al. A comparison of maternal and paternal experiences of becoming parents of a very preterm infant. *J Obstet Gynecol Neonatal Nurs.* 2016;45(4):528-41.