The Neonatal Nurse’s Role in Parental Attachment in the NICU

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Parent/infant attachment or bonding is a naturally occurring event that begins during the prenatal period. The feelings of attachment strengthen when fetal movement is felt and grow stronger with parent/infant interaction after birth. Parents who have a newborn requiring intensive care can have a disruption or delay in this attachment process. Neonatal nurses are in a unique position to assess this process and intervene to promote attachment behaviors. Key words: attachment, bonding, parent/infant attachment, parent/infant bonding

ATTACHMENT PROCESS

Attachment with an infant begins long before birth. After learning that she is pregnant and if the pregnancy is wanted, the mother begins to confirm and accept the pregnancy. Once fetal movement is felt, around 16 weeks, there is confirmation that there is a separate life growing inside the mother. The mother begins forming a relationship with her baby by personifying it; having fantasies about what the baby will look like and what sex it will be, possibly giving it a name. The process of forming this relationship is referred to as maternal-fetal attachment and is the beginning of a lifelong bond between the mother and the child.

Labor and birth are the endpoints to pregnancy. The experience a mother has during labor and birth can have a profound effect on her initial reaction to her baby. Newton, as referenced in Siegel et al, found that mothers were more pleased with the newborn if their labor and birth experiences were calm and relaxed and if they felt that they had “received personalized, solicitous care.” Neonatal nurses should be aware of the importance of this event and its role in maternal/infant attachment, as labor and birth are often very unpleasant experiences for mothers who give birth to a premature or sick newborn. Women who experience a very chaotic delivery or who require general anesthesia, for instance, may have difficulty proceeding with bonding because they are unable to move beyond their labor and birth experience. There may be significant gaps in their memory that need to be filled before they can move on. The nurse should recognize this and be willing to fill in the events that occurred so that the mother can have a complete experience and be able to bond with her baby.

DISRUPTION OF MATERNAL/INFANT ATTACHMENT

Maternal/infant attachment can be disrupted or delayed when a baby is born premature or sick. As mentioned previously, the experience of labor and birth can play a significant role in the attachment process. Another major barrier to maternal/infant attachment is the physical separation of the newborn and the mother when the baby requires care in a neonatal intensive care unit (NICU). Often babies who are born ill or very premature may
be quickly taken out of the delivery room to stabilize. The mother and family may not see the baby for several hours after delivery and in the event of a transport, the delay may even be days. This delay in seeing or touching the baby can affect the attachment process.

Luckily, maternal/infant attachment in humans does not result from the first encounter. In some species, if a mother does not immediately bond with her newborn, she rejects him/her and refuses to care for him/her. Maternal/infant attachment does still occur for humans, but it has its own set of challenges. One study, done in a tertiary NICU in England, showed that attachment was not automatic for these mothers but rather was a very individualized process.3 Another study that looked at attachment behaviors in mothers of premature newborns in Thailand noted some newborns processes that the mothers of these infants went through on their journey to attachment. Some of these included touching, inspection, and eye-to-eye contact with the their baby.4 Many of these activities are not possible with an extremely premature or ill newborn. Some activities can occur with slight modification. For example, the neonatal nurse can encourage the parents to gently touch their baby in a firm, nonstroking manner. The nurse must explain to the parents the baby’s ability to respond to them and that the baby may not respond to them in the expected manner but that it is still important for them to talk to and touch the baby. Parents will have questions about their newborn’s condition and appearance and the neonatal staff must be open to answering these questions and supporting the parents in their concerns.

Grief is another barrier that may delay or alter the attachment process. Parents may suffer profound grief over the loss of the “normal” baby. The events that occurred are usually unexpected and parents will grieve the loss of the perfect pregnancy, labor and birth, the idea of their perfect child, and possibly the loss of the child’s future.5 The mother may mourn because she was not ready to end her pregnancy. There may not have been time for baby showers, which are a “rite of passage” into parenthood. The birth of the baby was probably altered as well. It may have been an emergency. There may not have been any labor, which is a natural progression to birth. Instead of a calm, joyful experience resulting in the birth of a happy, healthy baby, it may have been a frightening, chaotic one resulting in the birth of a sick or premature baby.

Some parents may purposefully delay attachment because they are afraid that their baby will not survive. In response to this, the parents may refuse to touch or hold the baby in an attempt to minimize their grief if the baby dies. Nurses must be able to recognize this behavior and engage parents in a discussion about this and encourage them as much as possible.

LABOR AND BIRTH

If at all possible, it is ideal for the neonatal staff to meet with the mother and family prior to delivery. This is especially important when there are questions of viability or survival due to anomalies. By talking about the events that will occur in the delivery room and right after birth, the staff can allay many of the parent’s fears. If possible, the mother and family can tour the NICU, see where their baby’s bed space will be, and actually meet the nurses who will be caring for their baby. This is a time for the family to get to know the staff and begin to build trust in them. It will also give them a familiar face to see the first time they enter the NICU.

After birth and once the baby is stabilized, it is ideal if the mother can at least see and possibly touch her newborn. Even for the extremely premature newborn on a ventilator, the transport isolette can be wheeled close enough to the mother for her to obtain a glimpse of her baby. Seeing and touching are 2 ways for the mother to immediately begin to feel positive maternal feelings toward her baby.1

THE NICU EXPERIENCE

The first visit to the NICU can be very frightening to the families. NICUs are very
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Parents are inundated with information about their baby, the equipment, the unit, the staff, the visiting hours, etc. The staff, in a well-meaning attempt to help inform the parents, often gives them too much technical information, which quickly overwhelms them. Instead, the nurse should try to give the parents enough basic information to explain the equipment and the surroundings, but focus mainly on the baby. Having a positive but realistic attitude will support the parents and facilitate their early attachment. The nurse should try to stay at the infant’s bedside during the first visit to answer any questions, to encourage the parents to touch and talk to their infant, and give them the emotional support that they need. All of this is an attempt to help the parents see past the equipment and the surroundings and begin to bond with their baby.

Another way that the neonatal nurse can facilitate early attachment behaviors is by helping the parents see the baby as “their” child. Congratulate the parents on the birth of their child. Even if the child is extremely premature, too ill to survive, or has severe anomalies, it is still their child and they love him/her. If there are anomalies, the parents should be made aware of these, but the nurse should comment on the baby’s normal features as well, such as his/her beautiful hair or eyes or inquire where a specific feature came from, “Who did he/she get these long fingers from?” Calling the baby by his/her name will also help the parents see this baby as a member of their family. In our unit, we make a colorful sign for the baby’s bed with his/her name on it to help identify the baby as an individual and as a member of the family.

If possible, it is important that the mother be able to hold her baby as early as possible. Studies have shown that early holding is one of the most important activities in promoting early attachment. Some NICUs encourage Kangaroo care as a method of early holding. Kangaroo care is when the mother wears an open shirt or gown and places the newborn, wearing only a diaper, directly on the skin of her bare chest. This skin-to-skin contact provides not only warmth but also tactile, olfactory, and auditory stimulation. Premature newborns are better able to maintain physiologic stability when compared to traditional holding, and it encourages a sense of closeness between the mother and the baby.

If the first visit is delayed because of the infant’s condition, the neonatal nurse can take pictures of the baby to give to the mother. Seeing the baby early will relieve some of the fear of the unknown for the mother. If the baby is stable enough, a visit to the mother’s room may be possible. If the baby cannot be taken to the mother’s room, the nurse who is caring for the baby can visit the mother in her room to answer questions and give her an update. If this is not possible due to maternal health, the picture and information can be sent with the father or other family members. Every attempt should be made to get information to the mother as quickly as possible.

In the event of a neonatal transport, the transport team should visit the mother’s room prior to leaving the hospital so that the mother can see and/or touch her newborn. The mother should be left with pictures, footprints, or other mementos. She should be given the phone number of the receiving hospital and encouraged to call as often as desired. Some parents will want items to be transported with their baby such as family photographs or special religious items. The transport team should be sensitive to this and allow these items to be taken with the baby as long as they do not interfere with safe transport.

Visiting on a regular basis can also be very stressful for parents. Some newborns stay in the NICU for weeks or even months. Visiting can be exhausting both physically and emotionally. For parents from out of town it can be financially draining as well. Units that are “family-centered” are, as a rule, less stressful on families. These units generally have less
restrictive visitation, allow families to participate in rounds, and include parents in decision making for their infant. Allowing parents to participate in their baby’s care as early as possible gets them involved and fosters parent/infant attachment.

The neonatal nurse is in a unique position to help parents deal with their stress in the NICU. The baby’s nurse has perceived control over the baby and ultimately makes the decision about when the family can visit or participate in care. It is important that the nurse be aware of this and that he/she makes every attempt to empower the parents to be in control of their baby’s care. Nurses should allow the parents to be the primary caregivers and to become advocates for their child.5 Parents should not be referred to as visitors. They are not; they are the baby’s parents. It is vital that the nurse reinforce the fact that, in every way, the baby belongs to the parents and not the neonatal staff.

The nurse can also help alleviate parental stress by supporting a welcoming environment for parents when they visit the NICU.5 Parents should be encouraged to visit as often as they like, allowing them to visit any time of the day or night. When parents enter the unit, the nurse should ensure that they are acknowledged, calling them by name. There should be privacy provided so that the family can visit uninterrupted. The nurse should encourage the parents to take over caregiving as much as possible, encouraging them along the way.

SPECIAL MOMENTS AND MEMORIES

Part of the attachment process for a family and its newborn is the building of memories and the experiences of special events in the baby’s life. Milestones in the infant’s growth and development are especially important. For example, in our unit, when the baby reaches a certain weight, the nurses celebrate the occasion by taking pictures and making signs announcing this great feat. Often the nurses will put the baby’s footprints on the sign, so that the parents can remember how tiny their baby once was. Birthdays, anniversaries, and holidays are other special occasions that should be remembered. It is always important to remember any cultural or religious practices when celebrating holidays. At Rush University Medical Center in Chicago, nurses in the NICU spend time with parents journaling and scrapbooking as a way of helping them build memories and bond with their baby.11 They also offer special holiday family photo opportunities to help solidify the family unit and facilitate the attachment process.

DISCHARGE AND HOME CARE

Follow-up after discharge is an important way for the NICU nurse to continue to support the family in its attachment process. In our unit, phone calls are made to families about a week after discharge. This has several benefits. First, it allows the nurse to determine how the baby and family are functioning at home. The nurse can inquire about feeding, weight gain, medicines, etc, and answer any questions. Second, it allows the nurse to have some insight into how the process of parent/infant attachment is going. If the family is bonding well, the parents will have positive things to say about their experience, and have many stories to tell. On the other hand, if the family is not bonding well, the parents may have little to say about the baby or they might express their disappointment in the baby.5 If this is the case, the nurse can assess the situation and intervene by suggesting the family contact their pediatrician for parenting resources.

SUMMARY

Many stressful events can delay or disrupt the parent/infant attachment process in the NICU. Neonatal nurses are blessed to have a special place in the lives of premature or sick newborns and families. This allows the nurse to be able to assess the family dynamic and be able to intervene to facilitate positive attachment behaviors.
REFERENCES