

# MAPPING PARENTAL NEEDS IN A NEONATAL (INTENSIVE) CARE UNIT

## A FIRST STEP IN THE DEVELOPMENT OF THE NEOPARENT MOBILE APPLICATION

Inge Tency<sup>1</sup>, Liesbet Coopman<sup>1</sup>, Marie-Rose Van Hoestenbergh<sup>3</sup>, Sofie Verhaeghe<sup>4</sup>

<sup>1</sup>Odisee University College, Department of Midwifery, Sint-Niklaas <sup>2</sup>Ghent University, Master Nursing and Midwifery, <sup>3</sup>Intensive Neonatal Care Unit, Hospital Oost-Limburg, Genk, <sup>4</sup>Ghent University, Department of Public Health and Primary Care, Faculty of Medicine and Health Sciences, University Centre for Nursing and Midwifery

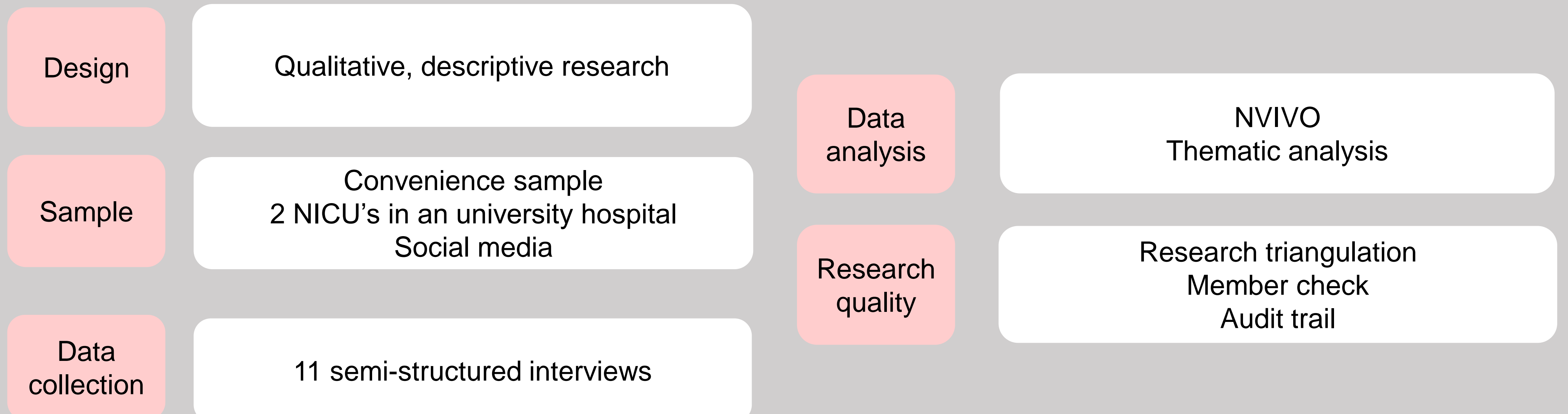
### BACKGROUND & OBJECTIVE

The admission of a baby on a neonatal (intensive) care unit (NICU) is often acute and unexpected, announcing the beginning of an **emotional, difficult period** for parents. Parents are **overwhelmed by a high amount of information**, medical jargon, the **critical care environment** and lots of unexpected, **stressful events**. Stress can be reduced when **parental needs** are met. Unfortunately, caregivers often respond to other than actual parental needs.

Therefore, as a first phase of the development of a NeoParent mobile application **parental needs** and **experiences** on a neonatal unit were identified. In addition, we explored to what extent a mobile application could be of added value to address these needs.



### METHODS



### RESULTS

#### KEY MOMENTS

Every far-reaching event seemed to be important for parents, in particular every progress or milestone however small, or any relapse in the situation of the child. Parents identified **four major key moments**: (1) Initial admission, (2) medical events, (3) moments of intimacy and (4) discharge to a local neonatal unit or at home.

#### COMMUNICATION

Parents attached great importance to an **open and honest communication** as well as **personalized, comprehensible** information. They actively searched for information and indicated the need of repetition by using different information sources (visual, written, oral).

#### EMOTIONS AND SUPPORT

Parents fell into a kind of **survival mode** and **emotional rollercoaster**, characterized by anxiety, uncertainty, stress and feelings of guilt. **Support** was experienced **mainly by caregivers**, peers and to a lesser extent by family and friends who had often difficulties to understand their situation.

#### ROLE OF CAREGIVERS

Parents showed **confidence** in the knowledge and expertise of **caregivers**. They expressed a need of **continuity of care** as well as **psychosocial support**. Interaction and communication with caregivers, their accessibility and humane touches were important. Nurses were considered as a **central point of contact** for parents. They were important to stimulate parent participation gradually and promote intimacy between parents and their baby.

#### INFRASTRUCTURE AND FACILITIES

The (high-tech) infrastructure and facilities of the neonatal unit were insufficient to meet privacy and intimacy needs of parents. They mentioned the lack of an individual room and distraction during their stay at the unit.

#### VALUE OF A MOBILE APPLICATION

A mobile application was regarded as a mainly **supportive, personalised** tool providing individualised as well as general (medical) **information** and giving **advices** about different relevant themes on a neonatal unit like parent participation or discharge.



### CONCLUSION

Similar to previous research, this study highlights **parental needs** on a neonatal unit including personalized, comprehensible information, interaction and communication with caregivers, need of intimacy and supportive environment from admission until hospital discharge. These parental needs should be addressed by health care providers on a neonatal unit.

The results of this study can guide the **development of a personalized mobile application** to support parents with a baby on a neonatal unit and promote information, communication and parent participation.

Further research is needed to explore pathology related parental needs within specific subgroups and to optimize the psychological support of parents on a neonatal unit.

### Contact

Inge Tency, Odisee University College, Midwifery Department, Hospitaalstraat 23, 9100 Sint-Niklaas, T +32 (0)3 776 43 48, Inge.Tency@Odisee.be