



Parenting stress in families with very low birth weight preterm infants in early infancy[☆]



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ABSTRACT

Taking care of a premature infant adds an extra burden to already stressed parents. Previous studies have shown that parental stress occurs during the initial hospitalization. However, there is little information on parental stress over time, and the few existing results are conflicting. In addition, many studies have focused on maternal stress but there is little information about a father's long-term adaptation to stress. The purpose of this study was to examine the degree and type of parenting stress in the families of very low birth weight (VLBW) preterm infants over the first two years of life. We compared parenting stress in families with preterm infants with control families, while also comparing the stress in mothers to that in fathers. Furthermore, we explored the relationship between parenting stress in the preterm group with identified factors that included the infant's age, medical complications, and parents' perceived feeding issues after they had been discharged from the hospital. This was an exploratory study with a cross sectional design. Participants included a total of 505 mothers from Tainan, Taiwan; 297 with preterm children (239 mothers, 58 fathers) and 208 with full-term children (181 mothers, 27 fathers). Assessments including the Parenting Stress Index, Neonatal Medical Index and Behavior-based Feeding Questionnaire were used to measure parental distress, infants' medical complications and parents' perceived feeding issues, respectively. Results of the study, though not statistically significant, indicated the presence of increased parenting stress in parents of preterm infants as compared to parents of full-term infants. 13.1% of mothers with preterm infants demonstrated total stress levels that warranted clinical intervention. We also found that mothers of preterm infants presented different parenting stress patterns than fathers of preterm infants. Fathers of preterm infants tended to have overall higher stress scores than mothers. On the other hand, mothers of preterm infants tended to report more health related difficulties, more depression, higher social isolation and role restriction, and less support from their spouses, than reported by fathers. Moreover, as time went on, parents with preterm infants continued to experience greater parenting stress than those with full-term infants. Understanding the experiences

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of parents with preterm children is important for health care providers while interviewing parents for information regarding their children and designing intervention programs to improve children's outcomes.

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1. Introduction

Taking care of an infant who has been born prematurely adds an extra burden to already stressed parents. Previous studies have documented that parental distress occurs during initial hospitalization (Baker, 1994; Carter, Mulder, Bartram and Darlow, 2005; Ho, Chen, Tran and Ko, 2010). During the hospital stay, parents not only have to cope with various stressors from the environment of the neonatal intensive care unit, but also with the medical crisis of their newborn baby, the uncertainty of their baby's survival, the physical and emotional isolation from their baby, and the normal stresses of parenthood (Baker, 1994; Dudek-Shriber, 2004). Studies have reported that mothers of preterm infants experience increased levels of stress in the neonatal period compared with mothers of full-term infants, and they are more likely to suffer from depression and anxiety at the time of hospital discharge (Carter et al., 2005; Holditch-Davis, Bartlett, Blickman and Miles, 2003; Kaareesen, Rønning, Ulvund and Dahl, 2006).

Parents may continue to experience distress as they attempt to care for a biologically fragile infant. After discharge from the hospital and during the first few years, the daily care of preterm infants may be more time consuming and laborious than full-term infants. An estimated 31–45% of preterm infants experience feeding problems in the first two years of life (Hawdon, Beauregard, Slattery and Kennedy, 2000; Rommel, De Meyer, Feenstra and Veereman-Wauters, 2003; Thoyre, 2007). These feeding-related difficulties could persist throughout the first five years of life (Howe et al., 2010). Parents of preterm infants may have to deal with possible feeding difficulties, special nourishment requirements, and increased medical attention. In addition, uncertainties about the future may continue after the neonatal period, as the preterm child grows and encounters new problems, developmentally. While there are a small number of studies on parental outcomes of preterm children beyond the immediate postpartum period, there is little information on the parental stress over time (Kersting et al., 2004), and the few results are conflicting (Halpern, Brand and Malone, 2001; Singer et al., 1999; Tommiska, Östberg and Fellman, 2002). Some studies have reported that mothers of preterm infants continue to experience depression and anxiety for a long time after their babies are discharged from the hospital (Gray, Edwards, OCallaghan and Cuskelly, 2012; Singer et al., 1999), while others have reported that the increased distress experienced by mothers of very low birth weight (VLBW) preterm infants during the newborn period may diminish over time (Halpern et al., 2001). In addition, most of the studies have focused on maternal stress in general; there is even lesser information about a father's long-term adaptation (Gray et al., 2012; Kaareesen et al., 2006) or about stress related to feeding problems.

The purpose of this study was to examine the degree and type of parenting stress in families of VLBW preterm infants over the first two years of life. We compared parenting stress in families with preterm infants with that in control families; we also compared the stress in mothers with that in fathers. Furthermore, we explored the relationship between parenting stress in the preterm group with identified factors, including an infant's age, medical complications, and parents' perceived feeding issues of their infants after discharge from the hospital.

2. Method

2.1. Participants

Participants included a total of 505 parents, 297 with infants born premature (239 mothers, 58 fathers) and 208 with infants born full-term (181 mothers, 27 fathers). Parents with preterm infants were recruited from a developmental follow-up clinic for preterm children at a large urban hospital in the southern region of Taiwan, consisting of referrals of preterm infants from six regional hospitals. 297 parent–preterm infant pairs were invited to participate in this study after being screened for predetermined inclusion criteria. In order to be eligible for the study, parents needed to be at least 18 years old, able to read and complete questionnaires, and involved in the daily care of their babies. All recruited preterm infants had a gestational age of less than 37 weeks, a birth weight equal to or less than 1500 g and no documented congenital anomalies. A convenience sample of 208 parents with full-term infants was recruited from outpatient well-baby clinics at the same hospital as a comparison group. The inclusion criteria were comparable to the studied group except for the infants' gestational age, which was equal to or greater than 37 weeks.

2.2. Instruments

2.2.1. Parenting Stress Index (PSI)-Chinese version

The PSI (Abidin, 1995) is a self-report instrument designed to assess parental perceptions of the degree of stress related to the different dimensions of parenting roles. The Chinese version of PSI was translated from the original PSI and

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