

## Conclusion

Using a novel analysis methodology, we have demonstrated a relationship between nurse DC education levels, nurse caregiving practices, infant physiological responses, and parent perceptions of caregiving in the sNICU. We identified several clinical care factors that influence the duration of caregiving, as well as infant characteristics that affect caregiving allocation. Providing neonatal nurses with DC education will help to ensure DC is embedded into everyday clinical care, supporting parent and infant outcomes within and beyond the hospital admission.

## Relevance to NIDCAP

This research offers NIDCAP Trainers, NIDCAP Certified Professionals, and neonatal clinician's valuable insights into the complex relationships, social processes, and social structures that interact in the sNICU, and influence nurse delivered care.<sup>1</sup> It underscores the significance of developmental care education in highly technical settings.

### Reference:

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# The Transformative Power of Video Interaction Guidance in Alleviating the Disenfranchised Grief of Preterm Infants' Mothers

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## Aims

Birth of a preterm infant is an unfortunate event and a critical situation for the family, which causes disenfranchised grief experiences in parents. Acute grief reactions occur when the parents realize that the newborn infant is not their ideal or fantasy child. Attention to this type of grief in parents and supporting them to interact with their infants is particularly important, specifically in mothers. Therefore, this study aimed to investigate the effect of applying video interaction guidance on disenfranchised grief severity in mothers with preterm newborn infants.

## Method

The study used a quantitative interventional approach with a semi-experimental method. The sample consisted of seventy-two mothers with preterm infants in the newborn intensive care unit, with thirty-six mothers in both the control and intervention groups. Participants were selected using the convenience sampling method and allocated to the groups using block randomization. The intervention group underwent a video interaction guide intervention along with routine care for one week. The researcher recorded 5 to 10 minutes of natural mother-child interaction on the first, third, and fifth days of the intervention. Then, on the second, fourth, and sixth days, the researcher edited the videos to highlight the best moments, or "golden moments," of the mother-child interaction. On the

third, fifth, and seventh days, the selected golden moments were shown to the mothers, who received positive feedback about their reactions and emotions. Meanwhile, mothers in the control group only received routine care. Both groups completed questionnaires for demographic information and prematurity grief before the intervention, immediately after, and one week later. The collected data was analyzed using SPSS version 25 and descriptive and inferential statistics such as the T-test, Chi-square, Fisher, Mann-Whitney, and Repeated Measures ANOVA.

## Results/Findings

This study revealed that before the intervention, two control and intervention groups were homogenous regarding demographic characteristics and grief severity scores. The result of the paired t-test showed that the grief score in the intervention group decreased profoundly immediately and one week after the intervention. Furthermore, the independent t-test revealed that this difference between the two groups was statistically significant ( $P$ -value $<0.001$ ). Also, in the intervention group, there was a statistically significant difference between the three measures of grief severity using repeated measures ANOVA ( $P$ -value $<0.001$ ).

## Conclusion

The findings of the current research highlight the significant impact of utilizing video interaction guidance in alleviating the

disenfranchised grief experienced by mothers of preterm infants. It underscores the crucial role of nurturing relationships between mothers and their infants for the Newborn Individualized Developmental Care and Assessment Program (NIDCAP) and infant- and family-centered developmental care. As a result, researchers recommended that healthcare providers in neonatal intensive care units consider incorporating video interaction guidance as an effective method to support mothers of preterm infants, leading to decreased feelings of grief and fostering secure interaction and attachment between mother and infant. This enhanced, secure attachment and increased emotional bonding can contribute to healthy infant brain development, reduced parental stress, and healthy family development.

### Relevance to NIDCAP

Infant- and family-centered developmental care is a fundamental principle of the NIDCAP Care Model. In the NIDCAP Model, mothers play a crucial role in developing the attention-interaction system and fostering healthy infant brain development. It is important to recognize that mothers of preterm infants, while caring for their live infants, require substantial emotional and empathetic support as they grieve for the loss of their ideal and imagined child. Encouraging staff to utilize video interaction guidance in the NICU can significantly reduce the severity of mothers' grief and enhance mother-infant attachment.

## Application of Observation Based Promotion of Oral Feeding Program in Very Low Birth Weight Infants: A Pilot Study

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### Aims

To explore the effect of an observation-based promotion of an oral feeding program (OBPOF) on shortening the time to achieve full oral feeding for very low birth weight infants (VLBWI). OBPOF refers to the evaluation of an infant's capacity to adapt to feeding using a dropper. Upon successful adaptation, the subsequent step involves transitioning to feeding with a rubber nipple, during which the infant's adaptability should be closely observed before advancing to bottle feeding. Once the infant has successfully adapted, the final transition will occur towards breastfeeding.

### Method

A prospective historical before and after control study design was used. Sixty-three very low birth weight infants (VLBWI) were included from the tertiary newborn intensive care unit (NICU) of Children's Hospital of Fudan University at Hainan from April 1, 2020, to November 30, 2021. The first stage (April 1, 2020, to November 30, 2020) was defined as the baseline stage (control group), followed by a four-month washout period (nurse training), and the second stage (April 1, 2021, to November 30, 2021) was defined as the intervention stage (experimental group). The OBPOF was applied in the experimental group (n = 29), and the traditional feeding program

was used in the control group (n=34). The postmenstrual age (PMA) at the time of attaining full oral feeding was compared.

### Results

During the implementation of OBPOF in the intervention group, the proportion of colostrum oral care increased significantly (100.0% vs 5.9%,  $P < 0.001$ ), the proportion of routine use of pacifier before feeding increased significantly (100.0% vs 0%,  $P < 0.001$ ), the proportion of oral stimulation increased significantly (100% vs 29.4%,  $P < 0.001$ ), and the observation time before and after feeding also increased ( $8.6 \pm 4.7$  vs 0,  $P < 0.001$ ). The PMA of achieving full oral feeding was designed as the primary outcome, which decreased from  $36.1 (\pm 1.0)$  w in experimental group to  $35.0 (\pm 0.7)$  w in the control group,  $P < 0.001$ . PMA of achieving full oral feeding was shortened by one week in the experimental group. Other indicators were not statistically significant.

### Conclusion

The observation-based promotion of oral feeding program can shorten the time for VLBW infants to reach full oral feeding. It is recommended that nurses should use the observation based promotion of oral feeding program in VLBWs in NICUs.