

Luncheon Seminar of The 28th Japan Academy of Neonatal Nursing Academic Conference

Psychological Support for Mothers of Late-Preterm Infants

—An Interview with Mothers of Infants Hospitalized at NICU/GCU—

Chairperson

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Speaker

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Part 1

The Feelings and Thoughts of Mothers Delivering Late-Preterm Infants

(Report from the Pigeon Smile Lactation Research Institute)

Part 2

Thoughts on Psychological Support for Mothers of Late-Preterm Infants

The contents of this material are a summary of the lectures from the Luncheon Seminar of The 28th Japan Academy of Neonatal Nursing Academic Conference, held on Saturday, November 24, 2018.



Background of this Study

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Introduction (from Dr. Kazuhiko Kabe, Chairman)

In Japan, the ratios of preterm infants or low birth weight are on the rise¹⁾, and the ratio of infants who are hospitalized in an NICU is also on the rise²⁾³⁾. Late-preterm infants born between 34 and 36 weeks gestation make up about half of all low birth weight infants, and around 80% of preterm infants are late-preterm infants¹⁾. However late-preterm infants in the NICU have relatively less severe complications than extremely low birth weight infants, very low birth weight infants or infants with congenital disease and their hospital stays are shorter. Therefore, the care of late-preterm infants and the emotional responses of their mothers have basically not been the subject of study, and only a small amount of previous study is available. This study focuses on late-preterm infants admitted to NICUs or GCUs, which are thought to have not drawn sufficient interest from health care providers, despite their larger ratio of low birth weight infants and preterm infants; and clarifies the feelings and thoughts of mothers delivering late-preterm infants.

Study overview

Objective

Clarify the feelings and thoughts of mothers delivering late-preterm infants

Study design

Qualitative descriptive study

Methods

- Semistructured interviews lasting approximately 1 to 1.5 hours
- During the interview, mothers were asked about background information (including their family composition and the presence/absence of siblings of the infant); their gestation, hospitalization and delivery of the infant, whether the infant was hospitalized in an NICU/GCU, and the how things went for both infant and mother after discharge from the hospital.
- Based on their answers, we asked various open-ended questions to learn about their feelings on different occasions.

Results

- We used the recorded interviews to create a collection of statements by each of the mothers who delivered late-preterm infants. Meaningful descriptions of mothers' feelings such as joy, happiness, anxiety, and conflict were extracted and assigned codes.
- 208 codes indicating mothers' feelings were assigned and classified into 48 sub categories, 25 categories, and seven periods and events.

Background of study participants

- Mothers whose youngest child was a late-preterm infant who had been hospitalized in an NICU or GCU.
- Mothers whose most recently delivered child was still under two years old.

ID	B	C	D	E	F	H	I
Mother's age	31 years	36 years	36 years	38 years	31 years	34 years	32 years
Gestational age	35 w, 3 d	34w, 0d	36 w, 6 d	36 w, 1 d	35 w, 4 d	36 w, 3 d	36 w, 6 d
Delivery	Vaginal delivery	Cesarean section	Cesarean section	Cesarean section	Cesarean section	Vaginal delivery	Cesarean section
Youngest child's birth order	First	Second (twins)	First	First	First	Third	First
Birth weight	1,926 g	First child, 1,728 g Second child, 1,258 g	2,764 g	2,135 g	1,763 g	1,776 g	2,565 g
Duration of infant's hospital stay	20 days	38 days	7 days	17 days	31 days	38 days	8 days
Reasons for infant's hospitalizations in NICU	Premature delivery, low birth weight, jaundice	Low birth weight	Premature delivery	Premature delivery, low birth weight	Premature delivery, low birth weight, breech	Premature delivery, low birth weight, transient tachypnea of the neonate, jaundice	Premature delivery, respiratory failure
Mother's discharge date	16 days post-delivery	7 days post-delivery	7 days post-delivery	9 days post-delivery	8 days post-delivery	4 days post-delivery	8 days post-delivery

Organizing the feelings of the mothers who delivered late-preterm infants: periods and events, categories, sub-categories

Periods and events	Categories	Sub-categories
Feelings during gestation	Desire to prolong gestation	I want my baby to stay inside me for as long as possible.
	Negative feelings toward controlled hospitalization	Anxiety and dissatisfaction about controlled hospitalization
	Confusion about schedule changes	I couldn't deliver in the hospital of my first choice. I was confused because something unexpected happened.
	Insufficient awareness and readiness	I was not fully aware of the obstetric risks. I was not ready for cesarean section.
	Giving up "ordinary gestation and birth"	Unscheduled hospitalization and birth were inevitable.
	Wishing for the safety of my baby	Anxiety and relief about safe delivery of the baby
Feelings at birth	No room in my mind	I am scared of surgery. I can't afford to think of my baby.
	Giving up visitation and early contact with my baby	My baby was transferred to the NICU before having contact with me. It couldn't be helped that early contact with my baby was impossible.
Feelings about breastfeeding	Ideal and reality of breastfeeding	Vague positive image of breastfeeding Desire to give breastfeeding to my baby Impossibility of giving breastfeeding to my baby
	Joy of breastfeeding	Joy of the baby drinking breast milk
	Burden of breastfeeding	Feeling down after poor breastfeeding Difficulties of breastfeeding Emptiness of pumping Anxiety about the infant's weight gain
	Affirmation of feeding my baby formula	I thought feeding my baby formula might be OK. Feeding my baby formula made me feel at ease.
Events and feelings in NICU	Comparison of status with other infants at NICU	I can't help comparing my baby with other babies.
	Hard time at the unfamiliar NICU	Caring about what others think and holding my feelings back Following NICU rules Difficulties for mothers attending NICU after discharge

Periods and events	Categories	Sub-categories
Feelings about their babies	Priority to my baby's life	I put top priority on my baby's life rather than my hope.
	Fear of having contact with my baby	I'm scared to touch my baby.
	Apologetic feeling toward my baby	I'm sorry for my baby being hospitalized in the NICU.
Feelings about support for mothers	Feeling conflict about mother-infant separation	Mother-infant separation can't be helped, but is sad.
	Adequate family support	Support from my family encouraged me.
	Giving up on family support	No expectation of family support
Feelings about the actions of health care providers	Can't afford to seek support by myself	I can't afford to seek support from anyone outside my family.
		I was glad for their actions.
		Their actions made me feel relieved.
	Satisfaction with health care providers	Their actions encouraged me.
		They taught me kindly.
		Satisfaction with and gratitude for their cooperation
	Reserved attitude towards health care providers	Hesitant or reserved about asking questions and consultation Insufficient explanation Since they said nothing, I had no choice but to accept it.
		My needs took a backseat to the hospital's needs. Dissatisfaction with their poor cooperation
	Dissatisfaction with health care providers	They spoke to me harshly. They handled me unemotionally, as if I was just one more item on a check list.
		I gave up because my requests were left unanswered. I distrusted the response of the health care providers.
	Requests to health care providers (afterwards)	Requests to health care providers

Part 1 The Feelings and Thoughts of Mothers Delivering Late-Preterm Infants

1. "It's unavoidable"

Unexpected changes and feelings of "failure"⁴⁾ experienced by mothers of late-preterm infants

Looking back on their gestation, delivery, breastfeeding and their feelings about their babies, the mothers of late-preterm infants that we interviewed this time talked about how various things had progressed in a way that left them without options concerning the unexpected changes that they had to undergo, which differed from the "ordinary course of events." We suggest that they felt a sense of "failure"⁴⁾ when faced with these changes.

Two feelings why "it's unavoidable"

Regarding the situation described above, their mothers of late-preterm infants used the words "it's unavoidable" here and there. We suggest that there are two feelings inherent in these words.

① "No choice but to accept reality," owing to the inescapable realities of keeping both baby and mother safe

The mothers felt that it was "unavoidable" that they needed to be hospitalized or deliver with an unexpected method, or that they could not have early contact with their babies. The mothers reflected how they felt "there were no other options" and that "it was unavoidable" amidst the pressing life-or-death situation affecting themselves and their babies that left them with no other alternatives.

② "No choice but to accept the situation," in that they still carried feelings of regret about what they really wanted to do

For the situations that posed less urgency, we saw that the mothers expressed a sense of regret, such as "I actually wanted to do something else," or "wasn't there actually a way to do such-and-such?", in regard to situations where they had a strong maternal desire to do something, such as early contact with their babies or breastfeeding.

Sorting out feelings through reflection during the interview

We suggest that when the mothers we interviewed talked about their events as being "unavoidable," they did not mean that they had agreed that this was so at the time they were faced with the matter. Rather, we suggest that through reflecting on the matter during their interviews, they were able to associate that event as having been "unavoidable" after time had passed.

2. Breastfeeding is a self-affirming opportunity for mothers

An outpouring of ambivalent feelings about breastfeeding

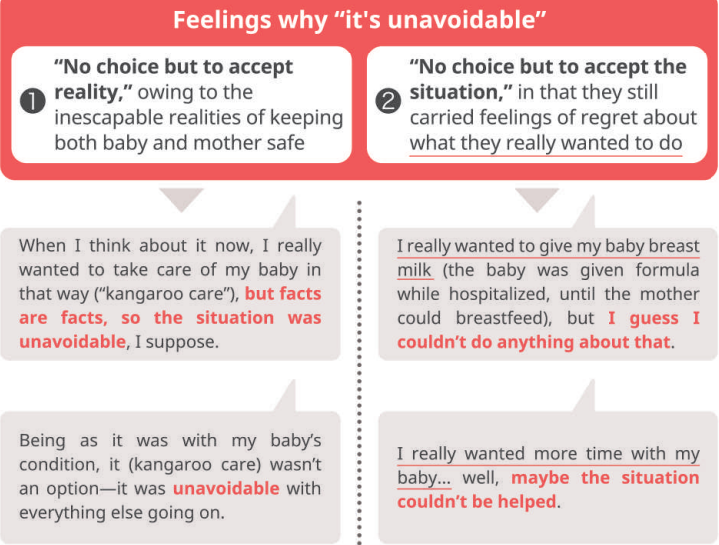
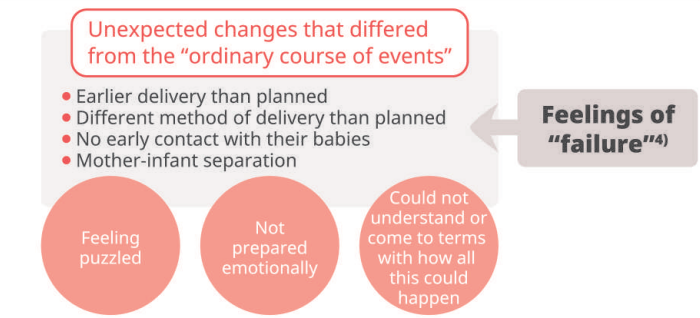
- Mothers had a "vague positive image of breastfeeding" and felt "they wanted to breastfeed their baby."
- On the other hand, mothers talked about the burden of breastfeeding, as they feel down after poor breastfeeding; they feel the emptiness of pumping or encounter difficulties in breastfeeding; and they have anxiety about the infant's weight gain.

References

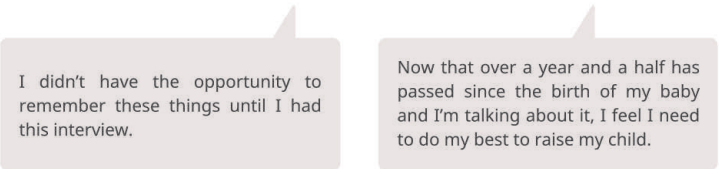
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Through our interviews this time, we recognized three common feelings that mothers have and the situations they face: (1) the feeling that "it's unavoidable" (2) the self-affirmation of breastfeeding; and (3) the reticence to call upon health care providers, and feeling isolated.



The above are words from the study participants.



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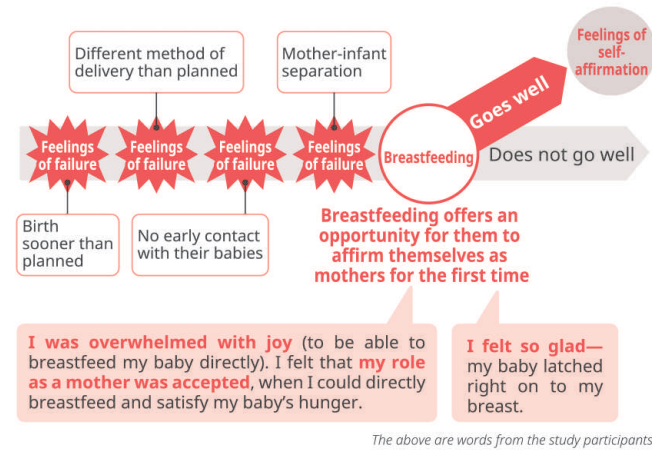
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Part 1

The Feelings and Thoughts of Mothers Delivering Late-Preterm Infants

Breastfeeding is a self-affirming opportunity for mothers

Further, mothers also felt a deep feeling of joy during breastfeeding, despite the fact that they were plagued by feelings of ambivalence. For mothers of late-preterm infants who had felt like a failure due to having been forced to change all their plans, owing to an earlier delivery than planned, a different method of delivery than planned, no early contact with their babies, mother-infant separation and so on, the opportunity to breastfeed their baby offered a maternally self-affirming opportunity.



3. Reticence to call upon health care providers and feeling isolated

It could be said that mothers of late-preterm infants feel a sense of reticence towards the health care providers in the NICU, and that they are “isolated” in that their own position is uncertain.

Feeling reticent to call upon health care providers

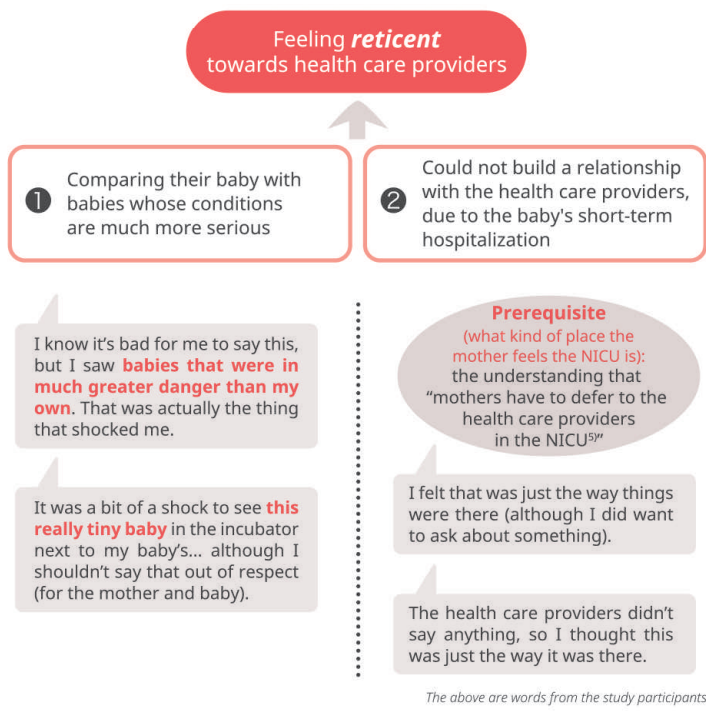
We suggest there are two factors involved in the feeling of reticence that mothers experience.

1. Reticence, as they compare their baby with other babies whose conditions are much more serious

Mothers often see babies in the NICU whose conditions are much more serious than those of their own baby. We have found that in such an environment, mothers are reticent to ask questions or make requests for their baby or themselves, having compared their situation to that of other babies.

2. Reticence brought about by the baby's short-term hospitalization

- It is possible that mothers believe that “mothers have to defer to the health care providers in the NICU⁵⁾” when their babies are hospitalized there.
- For mothers of late-preterm infants, it is more difficult to establish a relationship between the mother and the health care providers, up to the point where the mothers would feel comfortable making requests or asking questions. This is due to the fact that the baby's hospitalization in the NICU is comparatively shorter than that of other babies. We suggest that this in turn could lead to a further feeling of *reticence*.



Mothers of late-preterm infants who feel “isolated”

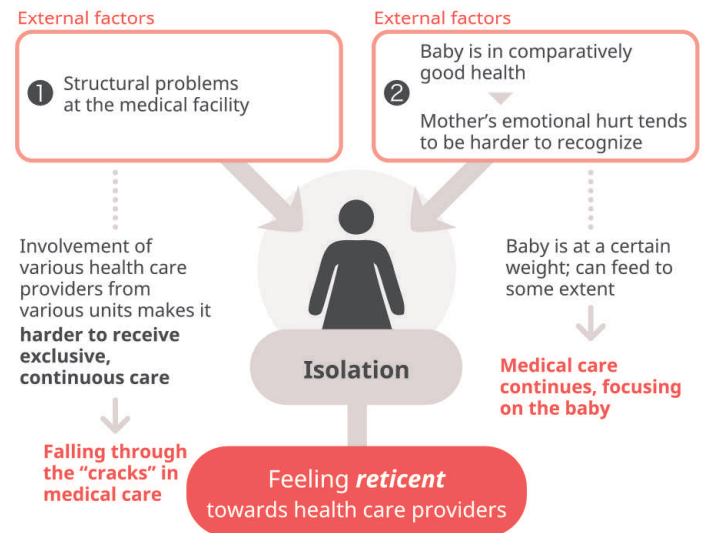
Further, we suggest that there are two other external factors that contribute to the “isolation” felt by mothers of late-preterm infants.

1. “Isolation” caused by structural problems at the medical facility

We suggest that structural problems may exist, in that mothers fall through the “cracks” in medical care because they could not get exclusive and continuous care since many health care providers from various units were involved during the rapid passage of time from their gestation to delivery.

2. “Isolation” stemming from the difficulty of recognizing the mother's emotional hurt

- Although late-preterm infants tend to have more problems such as feeding and breathing than babies born at full term, they are at a certain weight and can feed to some extent.
- Due to the characteristics of late-preterm infants mentioned above, we speculate that the mothers of these babies are called upon to raise and breastfeed their babies at an earlier stage following birth, as with babies born at full term. In this way, as care continues focused on the baby, we suggest that any feelings of hurt carried by the mother are difficult to recognize, and that the mother tends to become “isolated” as a result.

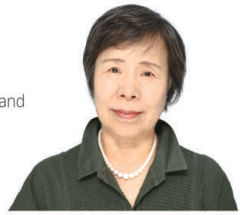


Part 2

Thoughts on Psychological Support for Mothers of Late-Preterm Infants

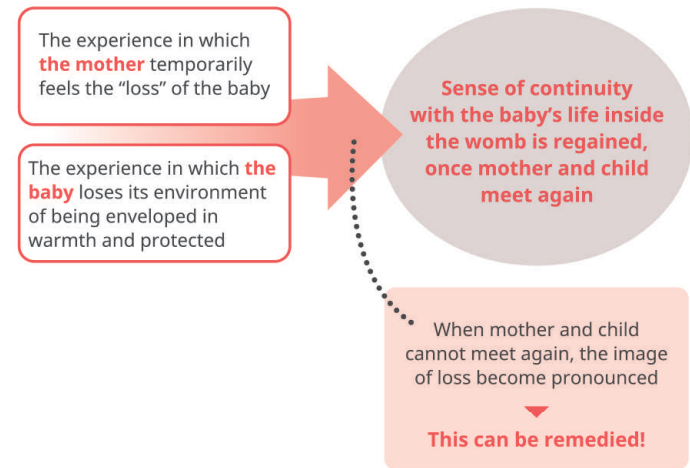
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Yoko Hashimoto



An image of childbirth: birth and loss

- Childbirth is an experience in which the mother “loses” the baby as it leaves the womb, and in which the baby loses its world in which it was held in warmth and protected. When mother and child meet again after birth, a sense of continuity with the baby's life inside the womb is regained. However when mother and child are separated due to an early birth or other factors, the image of loss becomes much more pronounced.
- Although the actual amount of time that they are separated is limited, they may feel that the time is endlessly long.
- However, the experience of loss can be remedied once the mother holds the baby or experiences breastfeeding.



The perinatal period is a critical time

The perinatal period is a critical time. Just as when we traverse a suspended bridge across a bottomless valley with fog all around us, the perinatal period can be passed through without realizing the crisis that one is facing; but when something happens, the fog suddenly lifts and we become aware of the crisis. I suggest that in the event that a baby is born prematurely and is admitted into the NICU, this can lead to an experience like looking down into the depths of the valley after the fog has lifted, regardless of the severity of the baby's conditions or how many days they need to be hospitalized.

Allowing parent and child to meet, and their relationship to grow

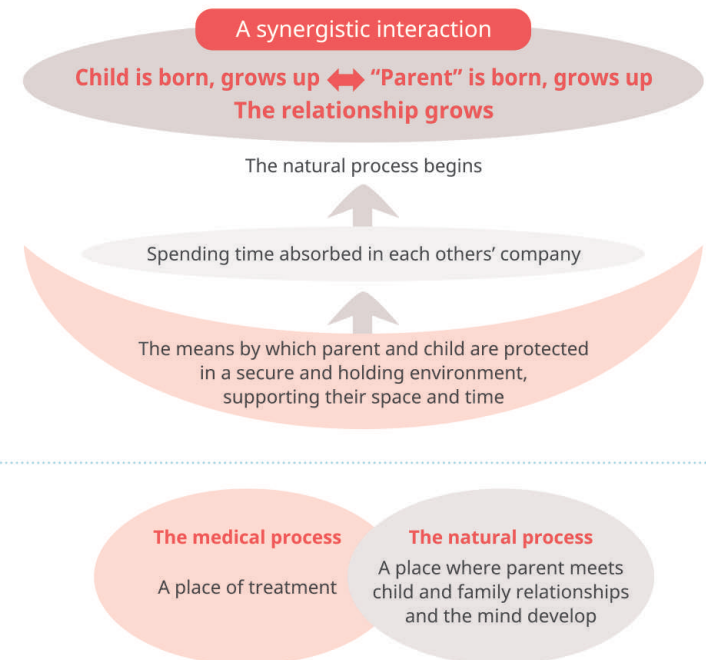
- The process of allowing parent and child to meet and their relationship to grow is the natural process of parent and child mutually drawing from each other, thus growing together.
- This natural process begins when parent and child spend time absorbed in each others' company, protected in a secure and holding environment.

Although **all of us are experiencing the dangers of walking across a deep valley**, the fog has not lifted for many of us and we do not recognize how deep the valley is, and thus are able to traverse the suspended bridge without difficulty. **For those who have by chance seen the depths of the valley**, making it through their “adolescence” is **an exceptionally difficult task**.

Reference: Hayao Kawai, “Shishunki ni tsuite”

Precisely the same thing can be said about the perinatal period.

The experience like looking down into the depths of the valley when a baby is born prematurely and is admitted into the NICU, regardless of how serious the baby's conditions is or how many days they need to be hospitalized



- The foremost thing is solid medical and nursing skill
- That said, we cannot overlook support of the family (care and support of the mind)

→ It is important to strive for each of these things

5) Yoko Hashimoto, “NICU to Kokoro no Kea: Kazoku no Kokoro ni Yorisotte”, 2nd edition, Osaka, Medicus Shuppan, 2011

Part 2
Thoughts on Psychological Support
for Mothers of Late-Preterm
Infants

The structure of psychological care in the NICU

At the NICU, it is important to care for the parents and baby respectively, and to protect and support the natural processes of the parents and child. At the same time, it is necessary to support the internal processes within the minds of the parents, who may be feeling hurt. In the case of late-preterm infants and their mothers, even though it may be hard to offer detailed care at all levels, it is desirable to offer a level of care that deals with the key issues.

Psychological support for late-preterm infants and their mothers

- When I consider the situation of the late-preterm infant and the mother from a psychologist's perspective, they really do not belong to the same group as full-term infants and their mothers, nor extremely low birth weight (ELBW) infants and their mothers; neither do they come between them.
- I can say that the seriousness of the baby's condition does not necessarily correspond to the severity of emotional hurt that the mother feels.
- In the case of late-preterm infants and their mothers, I suggest that they require elements of the care extended to full-term infants and their mothers, as well as that of ELBW infants and their mothers.

The following are suggestions regarding the results of the study done in part 1, from the perspective of a psychologist.
Dealing with the feeling that “it’s unavoidable”

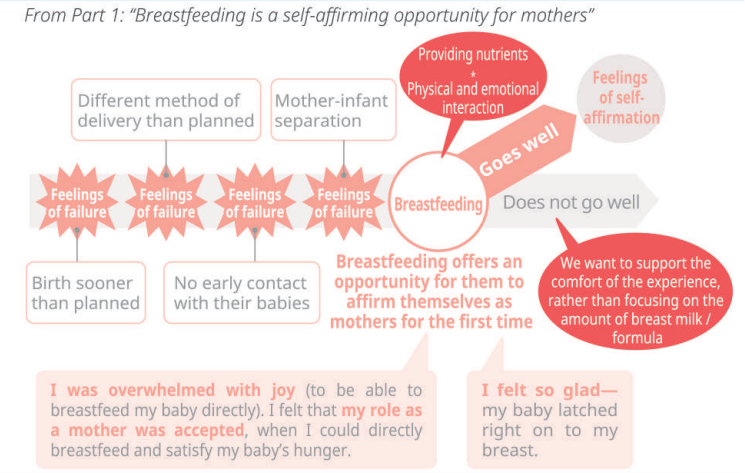
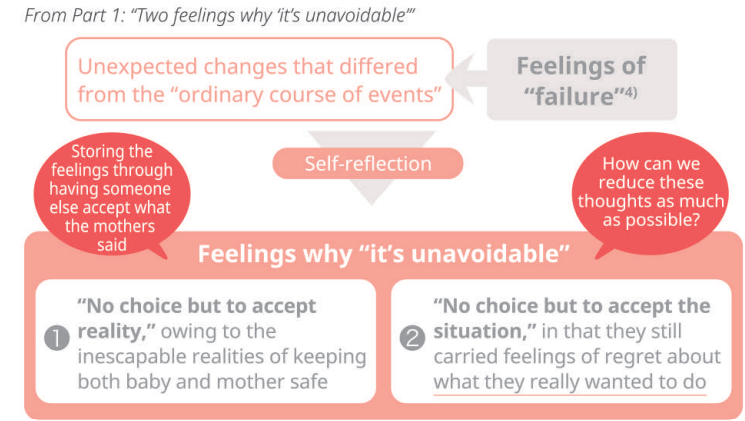
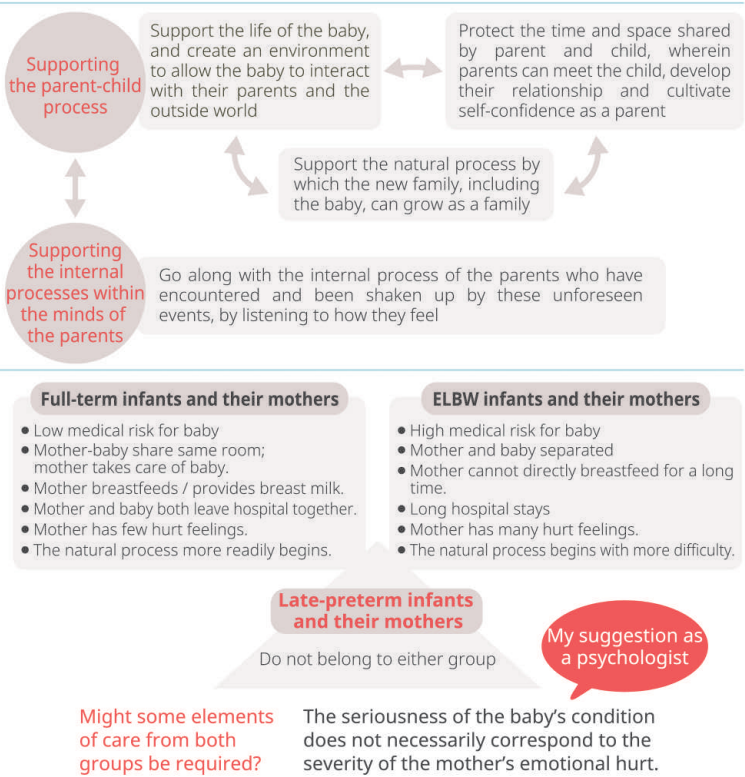
- For a mother who has no choice but to accept the reality that arises regarding the safety of their child, it can be helpful to have someone to listen to their feelings. By talking to someone about feelings of being overwhelmed or other unresolved feelings and having that person listen, the mother can accept those feelings as something they can hold within themselves.
- When a mother who has no choice but to accept the situation about something that they wanted to do but could not, rather than caring for their babies without involving the mothers, I suggest it can often be helpful to the mothers for the health care providers to say something, even if it is not possible for them to explain everything and have the mothers make a choice at that point in time.

Care regarding “the self-affirmation of breastfeeding”

- Breastfeeding carries the dual meaning of both *providing nutrients* and *physical and emotional interaction*. If health care providers overemphasize the nutrient side and focus on the measurable “amount” , it is most likely the mother that will suffer.
- As a psychologist, I suggest that mother and baby spend time absorbed in each other's company through the act of breastfeeding, finding comfort in this physical and emotional interaction. As a result, it is my hope that the amount of milk expressed will increase, which will make mothers feel that breastfeeding is going more smoothly.

Care regarding “the reticence to call upon health care providers and feeling isolated”

Regarding the results of the study done in part 1 by the Smile Lactation Research Institute, we have carefully discussed the subject of reticence towards health care providers and the feelings of isolation and we want to continue thinking about what we can do in these circumstances.



Suggestion

These may or may not be the right answers, and this isn't a user's manual. I would be grateful if this serves as an opportunity for the reader to reconsider late-preterm infants and their mothers, who tend to get deprioritized at the NICU.

1 Sharing an understanding of the importance of care for late-preterm infants and their mothers

It is important for the entire medical team, including obstetrics and neonatal care to have a common understanding of the importance of care for late-preterm infants and their mothers.

2 Specific examples of care during the initial meeting of mother and baby

Many late-preterm infants tend to recover more quickly and have shorter hospital stays than ELBW infants. For this reason, care is more important during the initial stages, such as when the mother first meets her baby, than cordial care over an extended period of time.

The cold, mechanical feeling and the emotions akin to fear that the NICU gives can be alleviated by the gentle smiles of the hospital staff when they welcome families, regardless of how busy the staff may be.

If possible, a staff member should be on hand to explain about how the baby is doing and about the machines that are used.

If the mother is focusing on her baby, we might watch the baby together and say things like “it's OK to touch your baby if you want.”

If the mother appears distracted, we could say something like “it was really tough, wasn't it.” After giving attention to her physical condition, we might also try asking the mother how she is feeling mentally, Whatever the case, it's important to speak out slowly, with an awareness of the situation.

3 Explain what the mother can and cannot do right now in the NICU, giving the mother a general outlook (the schedule of how things will go until being discharged from the hospital)

Explain what the mother can and cannot do right now in the NICU. For instance, the mother might be able to touch or hold the baby right away; and perhaps after the baby has stabilized, the mother can give the baby kangaroo care, breastfeeding and so on.

It's a big help for mothers to know what the general outlook is like, up to their babies being discharged from the hospital.

Even while in the NICU, the natural process that the family relationship develops can begin, provided that the parents feel a sense of safety that they are receiving support. In this way, the mother regains an awareness of her central role in the baby's rearing. She feels certain that she is raising the baby, not the NICU.

Our Philosophy

The Smile Lactation Research Institute aims to achieve a society that places value on helping more babies to grow up healthy, and on more mothers to find the joy in raising children. The word “smile” in our institute’s name expresses our wish for the smiles of both babies and their mothers to have a mutual effect and for both babies and mothers to experience the breastfeeding period with even greater happiness.

Our Activities

The Smile Lactation Research Institute focuses on all issues regarding the breastfeeding period. We offer solutions during this period by understanding the current situation and clarifying issues based on evidence and studies.

— Issues regarding the breastfeeding period —

Baby-dependent factors

Growth and development
Individuality
Safety and hygiene, other factors

Mother-dependent factors

Physical condition
Psychological condition
Lifestyle and other factors

External environmental factors

Societal environment
Interpersonal relationships
Support from specialists, other factors

1. Interactions with various specialists

In order to solve the various issues that arise during the breastfeeding period, and to strive for a society where *more babies grow up healthy, and more mothers find the joy in raising children*, we exchange information and carry out discussions with specialists in a number of fields.

2. Interactions with the media

There are many issues regarding child rearing that society as a whole needs to be interested in and think about. Our institute provides the latest information to the media that take an interest in childrearing during the breastfeeding period, and carries out active communication.

3. Interactions with pregnant women, mothers and their families

We provide information regarding breastfeeding to general customers, through events and other opportunities.

Specific activities

- Breastfeeding surveys and presentations on our study results
- Symposiums
- Seminars for health care providers
- Informational events for mothers and their families