

5 Myths about the NICU and Parental Mental/Emotional Health

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Introduction:

Being a parent in the NICU is a challenging and often scary experience. This article looks at 5 common myths parents experienced about the NICU and how it affects them, mentally and emotionally. These myths often cause parents in the NICU to feel frightened, traumatized and not confident in caring for their baby. The article also is going to discuss ways to dismiss these myths and coping methods to support parental mental and emotional health, as well as their confidence as a parent during their time in the NICU and beyond.

Myth One: You did something wrong during your pregnancy to cause your child to be born preterm or critically ill, requiring a NICU hospitalization.

Myth one contributes to guilt and feelings of shame and those emotions interfere with the parent's relationship with their baby, their family and the NICU staff. Parents often blame themselves for the situation and while this is an expected response, but it is rarely, if ever, true. The parents are the most important people in their baby's life. No matter what happened before the child's birth, they are doing the best they can as a mother or father. Parents need to be encouraged to forgive themselves and move on. Parents having difficulty getting past myth one or feel family members are blaming them, often find that talking to a NICU team member, parent support staff, spiritual advisor or supportive family members can be helpful. Myth one is often hard to let go of and can increase parental stress level significantly.

Myth Two: Because your child was in the NICU, your relationship will be impacted because you were separated during a critical time for attachment.

Myth one and two are related, but both incorrect. The relationship that develops between a parent and their child is an ongoing process. The concept of "bonding" at birth as being the only time for the relationship to begin in a healthy way has been disproven by research (Seigel, 2012). Parents being there for their child, talking to them, holding them, caring for them and singing to them over the next years will build that relationship to be strong and supportive of the child's physical, psychological and cognitive development. Being sensitive to the child's needs and wants is the basis of healthy attachment, not just in the NICU, but throughout their childhood.

Myth Three: If you are not nice to the NICU staff and do not act positively all the time, the staff will think you are not a good parent or person. They will not take good care of your baby.



Myth three has been around a long time. This myth has caused more problems for more families and NICU staff members than any other myth. So let's destroy this one, once and for all. No one on the NICU staff should expect parents to be positive and upbeat all the time. Parents are going through a scary experience with their child and they are going to feel a wide range of emotions, all of which are appropriate and should be accepted by the NICU team. It is important that the NICU team help the parent to understand that no one expects them to be comfortable being in the NICU and taking care of their baby immediately. The NICU team need to communicate to parents that they are there to help them and teach them about the NICU and their baby. Parents having a bad day or who are feeling negative, should be encouraged to talk to their baby's team members. NICU staff need to acknowledge and support that the most important members of the team are the parents. Parental frustration, anger and feelings of helplessness are important for the team to hear and to try to help parents resolve. Parents need to feel supported when they are uncomfortable and encouraged to ask for help in learning to care for their child.

Staff members should be caring and empathic as parents express their emotions and concerns. Parents have the right to feel respected, understood and appreciated as the baby's parent. Families who are verbally or physically abusive of the NICU staff cannot be tolerated and need to be removed from the NICU for safety reasons. Discourage parents from "putting on a performance" of being positive and upbeat all the time. Encourage them to be themselves, share their feelings and concerns and build a relationship with their fellow team members in the NICU. It will be very rewarding for both family and staff

Finally, the concept that staff will not take good care of your baby if you are not nice to them is just wrong. The NICU staff are professionals and they give the best care they can to every baby in the unit, no matter how the parents and family are behaving. Even babies with the most challenging family situations are treated with the highest respect and dignity. Some NICU staff members may not seem as sensitive or empathic as others (everyone has different personalities and approaches to life), but they are all NICU professionals because they care about parents and their infants. This concept keeps families from working together with their baby's team in a respectful and trustful manner far too often.

Myth Four: Once your child is doing well, everything will be okay and get back to normal.

Myth four is often used by families and some staff to try to get life "back to normal". The problem is that now there is a "new normal". The life parents had before their child's birth is gone. The reality is that it is true for all parents, not just parents whose children required a NICU hospitalization. Many times grandparents, other family members and friends will say that everything is going to be okay now and parents can move on with their lives. They say this out of love and wanting all the difficult and bad feelings and experiences to go away.

The truth is that while the child is doing well, parents are going to need time to recover and deal with the new normal of being a parent. Sometimes, fathers go back to work and seem to have



“forgotten” the NICU experience. That is not true and they need to be asked how they are feeling and they need to be supported, just as much as the mother and other family members. The child’s siblings, if over the age of five, will also remember this experience and they need to be listened to and offered support for their feelings and concerns.

Myth Five: Once you leave the NICU, you will forget the experience.

Myth four and five are related and both offer a solace that is not true. Parents will never forget their NICU experience, no matter the age of the child (parents whose NICU child is now 40 and 50 years old still have vivid memories and discuss the impact on their lives). The feelings become integrated into who the parents are and how they view the world. It takes years to process what has happened to the family. Often, talking to other parents who have had a child with a NICU hospitalization can be helpful. Parents who are not sleeping well, eating properly, or are feeling depressed or confused, need to be encouraged to tell someone they trust. There are many people who can help parents during the difficult times. Myth four and five occur because it is natural for us to want the difficulties, feelings and concerns to go away, so we don’t have to deal with them anymore. But trying to make the experience “go away”, often makes it much harder to accept what happened.

Taking Care of Parental Mental/Emotional health in the NICU and After Discharge

With the 5 myths debunked, being an NICU parent still has an impact on parental mental and emotional health. There are skills and techniques that can help parents through the hospitalization and after discharge.

NICU mental health professionals know that having a baby in the NICU is very stressful and often traumatic for not only the parents, but all family members. It is an experience that takes away the dreams parents had for their pregnancy and birth. Families often express feelings of powerlessness, anger, guilt and loss. These are all expected and valid emotions. They can overwhelm families and make it difficult for them to parent their child and be a member of the NICU team.

It is clear that certain skills and techniques support dealing with these emotions in a manner that is mentally and emotionally healthy for the parent. The most important process or skill is resilience. Resilience is the ability to adapt not only in positive situations, but most importantly when the situation is stressful or difficult. Resilience means being able to “bounce back” from stressful and/or traumatic experiences. Resilience is a skill, with behaviors, thoughts and activities that anyone can learn.

Research (Siegel, 2012) has shown that resilience develops when a person has caring and supportive relationships both in their family and with others in the world around them. Whom within the parent’s family, friends, and the NICU team do they feel is comfortable with sharing their feelings, concerns and fears? Families may be surprised who those people are, these are often the people they trust and love. Encouraging parents to be open and honest in their



feelings to their support network. Parents can let these people know how they can support them during the NICU hospitalization and beyond. This is a difficult situation for everyone and no one can read the parent's mind. Parents need to tell others specifically what they can do to help them.

Resilience is also a series of built skills one can develop on one's own. Resilience takes time to build, but techniques such as the following are foundational to the process:

- Learn how to make plans that are workable and can be accomplished. Determine what steps you need to take to carry out the plans successfully.
- See yourself as capable and confident in your abilities and your strengths. Write them down somewhere that you can see them every day.
- Learn to talk about your thoughts, feelings and concerns. When you know what these are, you can work on how to solve the problems. Problem-solving skills involve defining the problem, determining workable solutions, putting together a plan to implement those solutions and implementing the solutions. We all need help with problem-solving. That's where those people we trust and love are important in helping us put our solutions into practice.
- Learn how to manage your strong emotions and impulses. This is called self-regulation and it is a skill humans begin to learn at birth. Yelling, screaming, hitting and throwing things are behaviors that reflect a lack of self-regulation. Learning to talk about these feelings, and "taking a break" is important to self-regulation. Just as important is not seeing yourself as a victim and being healthy in your sleeping, eating and not using drugs or alcohol to deal with your emotions. Be confident in your strengths and abilities and be in close relationships with the people who can support you.
- The more you problem solve, deal with your emotions, thoughts, fears and concerns, and gain more knowledge about your child's needs and wants, the more resilient you will be.
- If you feel like you are not making progress, talk to a mental health professional. They can help you with the resilience process, skill development and problem-solving.

Another technique to help with parental mental and emotional health is to take time for themselves. Parents do not feel guilty for needing time away from their baby and other people in their life. Each of us needs to find a way to nourish ourselves mentally as well as physically. Parents should be encouraged to do what they like to do to feel rested and comfortable. Exercise, meditation and hobbies all are restorative activities. Sometimes, just sitting in a quiet place and concentrating on one's breathing will help clear one's mind and relax.

The hardest technique sometimes is the one where we understand that change is part of life and we accept it and embrace it. Flexibility is essential to relationships and parenting. The NICU experience is a major change and being flexible and optimistic can help parents with its challenges.



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