Maternal Stress and Parental Competence for Care

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Prematurity is an exceptional situation both for children and parents, since it implies the increase of several vulnerability factors, which should be understood from the biological, environmental, social and parents’ emotional influences (Fleck, Piccinini 2013). The situational stress and parents’ perceptions about their babies generated by premature birth, added to the hospitalization necessity, contribute to a change in parental trust, constituting factors that influence the preterm infant care at home. The study aimed to identify the perception of maternal competence in the preterm care after hospital discharge. Qualitative study, 15 randomly mothers of preterm infants were interviewed during the follow-up clinic appointment, between three and six months after discharge. The interview was recorded in audio and guided by the following questions: How is taking care of your premature infant after Neonatal Intensive Care Unit discharge? How do you feel about taking care of your premature infant at home in those first months? Each question had a specific roadmap about the premature baby care at home, how difficult this care was, fears, anxieties, mother anguishing experiences after hospital discharge, changes in the daily family life, among others. The data generated a construct, providing subsidies for the logical understanding of phenomena under study. Then, they were analyzed by thematic content analysis. Maternal perception refers to two categories, such as: premature care - adapting to the new routine, and also the daily care and maternal stress. Among the 15 interviewees, it was observed most of the mothers were primiparous, aged between 20-24 years old, studied from 10-12 years, and family income from one-three national minimum wages. As for the premature baby, the majority was born by a caesarean section, classified as moderate or late, and very low birth weight. Facing the demands of adapting to the new routine and the preterm baby care difficulties, mothers reported experiencing suffering, sometimes becoming tearful and insecure. This situation triggers feelings as anguish; nervousness; anxiety; fear; sadness and concern. These elements can be considered as challenging for maternal and parental development in the premature baby care at home. In this experience, the family dynamics requires adaptations, which have emerged as an aggravating factor for maternal stress, such as conflicts with the spouse and the perception of maternal freedom deprivation, in order to stay home with the baby. The period the preterm baby remains hospitalized up to the discharge is faced by parents as a critical and stressful time. This situation leads them to feel less competent providing care bringing vulnerability to develop a healthy parenting. These findings maybe corroborated by another study (Valizadeh, Zamanzadeh, Mohammadi, & Arzani 2014). Consequently, parents need more attention from the health team, in order to support them, either in the hospital, or in the primary health care. Despite the stress and fears faced in the preterm care after hospital discharge, along the time at home, the adaptation to the new routine came out. Although the difficulties in taking care the preterm infant, parents could build healthy parental competence.

Keywords: Psychological stress; parents; preterm infant; parental power; care.
References
