

Supporting the emotional wellbeing of parents/carers of preterm babies who have experienced the neonatal unit



This Good Practice Point aligns to the [Nursing and Midwifery Council \(NMC\) 2022 Standards of Proficiency for SCPHN Health Visitors](#), in particular: Sphere of influence C: Promoting human rights and addressing inequalities: assessment, surveillance and intervention; and Sphere of Influence D: Population health: enabling, supporting and improving health outcomes of people across the life course.

Having a baby on the neonatal unit (NNU) can be a difficult and frightening experience for parents. Parents of preterm babies (babies born before 37 weeks gestation) often report a complex mixture of emotions, including sadness, fear, grief, guilt, and insecurity¹. Many parents also feel overwhelmed by anxiety, frustration, anger and lack of confidence when participating in their baby's care².

This GPP aims to highlight ways that health visitors and their teams can support the needs of parents/carers of babies transitioning home from the NNU.

The effects of preterm birth and the NNU on parental mental health

Research shows that parents of babies who have spent time in the NNU have an increased risk of mental health problems³, including elevated levels of post-traumatic stress disorder-like symptoms, depression and anxiety¹. The risk of developing a mental health problem following a preterm birth is also increased in those who have pre-existing mental health conditions⁴. In addition, parents who perceive a lack of support from clinical staff are more likely to report mental health problems.

Good parental mental health is crucial for the short- and long-term outcomes of babies and children born prematurely. In the short term, parents with positive mental health are more likely to provide consistent, responsive care, which supports the baby's physical recovery, emotional regulation, and developmental milestones. Positive mental health supports parents to navigate the stress of medical appointments, feeding challenges, and early interventions. Long-term, positive parental mental health contributes to children forming secure attachments, resilience, and experiencing improved cognitive, social, and emotional outcomes⁵.

N.B. For more information on common mental health problems, see [iHV Mental Health GPPs](#)

[More information on page 2](#)

For additional resources see www.ihv.org.uk

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Common feelings and conditions which parents can experience may include:

■ Feeling deskilled⁶

Parents/carers can report feeling that they have had little opportunity to get to know their baby, or as if they do not 'own' their role as a parent. This may be a result of them having had few opportunities to make decisions about their baby's care or spending very little time alone with their baby.

■ Feeling like a failure⁷

Having a baby arrive earlier than expected can lead parents to feel they have let their baby down. [The forgotten mothers of extremely preterm babies: A qualitative study - Fowler - 2019 - Journal of Clinical Nursing - Wiley Online Library](#)

■ Feelings of guilt⁷

Parents may feel that they could have done something differently which may have avoided a preterm birth, or feeling guilty that their baby survived while other babies in the NNU did not, one of their own babies died, or feel guilty about not spending enough time with other children.

■ Experiencing a great sense of loss or grief⁸

Feelings of loss may include not experiencing the latter part of their pregnancies, not being able to make first decisions for their baby, and not being able to take their newborn home from the hospital.

■ Feeling anger, frustration, or a lack of trust towards some healthcare professionals⁹

Particularly as they become experts in their baby's

specific condition and may notice differences between their own knowledge and the broader knowledge of healthcare professionals.

■ High levels of stress or trauma

Trauma impacts the brain's ability to encode and retrieve memories. Due to this, it is common for parents to report 'incomplete' or 'spotty' memories of their time on NNU. These fragmented memories can be sensory in nature - for example, not being able to recall the events surrounding their baby's birth, but very distinctly remembering certain smells or the beeping of a machine. Trauma can be compounded by being faced with an unfamiliar environment with an overwhelming, continuous flow of new information, procedures and faces.

■ Lack of confidence in their ability to understand or care for their baby

Returning home and being away from the expertise of NNU staff can be unsettling or worrying for parents and they may lack confidence in their ability to understand their baby's cues or care for them. This can lead to them frequently checking baby or continuously looking for new information/updates. Although this is normal, research shows that overly repeated checking leads to more, not less, distress¹⁰.

■ Not sleeping

Parents may report disturbed sleep or difficulty sleeping. This is often due to anxiety and increased vigilance/checking of their baby during the night, being unable to switch off and feeling anxious. Parents may also experience strange and upsetting dreams. Disrupted sleep (caused by hyperarousal) can increase the chances of waking during REM sleep, which makes recalling dreams more likely¹¹.

How health visitors can support parents

Every family has unique support needs and offering them time to talk, whilst actively listening and acknowledging the challenges they have faced during this time, is important. Perceived roles of mothers and fathers, and differences in how mothers and fathers may exhibit signs and symptoms of poor mental health, can lead to different difficulties and challenges. Additionally, LGBTQ+ families often feel underrepresented in available neonatal support¹². It is important that health visitors and their teams work in partnership with families to tailor their support to meet individual needs; this is crucial in achieving good outcomes.

It's important that parents are offered reassurance that it is okay to share their feelings, as they may be worried about being perceived as not coping, and that help is available. Consider referral to formal counselling or bereavement services which may be of help to some families - this may not be offered routinely in NNU and therefore parents will need to be asked about this.

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What may help support parents' mental health:

- **Invite parents to tell their story** and experience of the NNU in their own time. Encourage and facilitate reflection on their experiences of the NNU. This may be the first opportunity to help them to make sense of what happened. Remember that some families will not want to relive this or find repeating their story upsetting.
- **Keeping a diary** about their experiences of the NNU can be beneficial for some parents. This can improve mental health outcomes as it may help parents process difficult feelings by capturing the journey they have been through.
- **Continuity of carer** during this period will be very important to support building a trusting relationship. This is an opportunity to listen to parents and value their knowledge about their baby. Where needed, health visitors should seek further knowledge from colleagues and research.
- **Mental health enquiry:** At every contact, enquire about mental health using [NICE guidance](#) screening tools for anxiety and depression. Enquire about previous history of mental health problems, how they coped during their baby's time on the NNU, and whether they have any concerns at present.
- **Reinforce positive coping strategies** that they have found useful, reminding them that revisiting old techniques may be helpful.
- **Support infant/carer interactions:** Encourage parents to observe their baby's personality, their likes and dislikes, and how they interact with family, siblings or the environment, and write about it. Suggest they keep a development journal - this can help reassure parents that they are experts in understanding their baby and build their confidence.
- **Strategies to manage worrying:** Encourage parents to focus on the here-and-now, on their baby's wellbeing in the immediate term. This can be done by asking questions such as: "What do I know about my baby's health/feeding/breathing today?" and "If my baby became unwell today, how would I respond?" Advise setting aside time to worry or working out which worries are useful for them to have, and which are not. If parents are reporting excessive checking of their infant or searching for new information, encourage parents to reduce the number/frequency of checking/looking. Consider specialist support if this is impacting their daily life. A useful resource of worry-management techniques can be found [here](#).
- **Stress management techniques:** There are a variety of stress management techniques such as relaxed breathing, visualisation and [mindfulness](#), which can help parents to focus on the present. However, mindfulness takes patience, time and practise and may not be suitable for all parents/carers. Mind shares [tips for managing stress](#).

Top tips to support families of babies on the NNU and the transition home:

- **Build up a good rapport with parents/carers.** If possible, meet them whilst they are on the NNU; if this is not possible, then arrange to talk to them on the telephone. Work in partnership to agree on preferred communication methods and frequency.
- **Support families with understanding the role of the health visiting team,** support offered, and share contact details, making it clear on how to contact the health visiting team.
- **Work in partnership with other professionals** on the NNU and in the community to support and provide joint working with the family. If possible, attend the discharge planning meeting. Support families to navigate the health system both in the NNU and when they are home.
- **Recognise the expertise of parents,** especially if they have had a prolonged stay on the NNU and discuss their mental health.
- **Connect families with local and national support groups and organisations** such as [Bliss](#).
- **Ensure health promotion topics are discussed,** including immunisations, introducing solid foods and sleep, as these may not be covered by other professionals involved with the family.

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Further information and resources

- [NHS Education for Scotland- Perinatal and Infant Mental Health](#)
- [NHS Wales - Perinatal mental health support](#)
- [Northern Health and Social Care Trust- Perinatal Mental Health:](#)
- Bliss - [Going home from the neonatal unit – a guide](#)
- Bliss - [Parents mental health info card](#)
- Bliss - [Information about parents' mental health](#)
- Mind - <https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/ptsd-and-birth-trauma/>
- Tommy's - <https://www.tommys.org/pregnancy-information/premature-birth/your-premature-baby-hospital/your-mental-health>

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