Education Sessions Improve Knowledge and Attitudes of Parents in a Newborn Intensive Care Unit within a Low-Income Country

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Background

Parenthood can be overwhelming and anxiety generating for all parents including new ones. This is more pronounced for parents whose newborns are admitted to the newborn intensive care unit (NICU). In this environment, parents face complex information and are required to learn new skills to care for their infants, which can heighten their stress levels. Parental education in the NICU may help prepare parents for home transition, boosting their confidence and knowledge and reducing their stress.

Aim/Purpose

To evaluate the effectiveness of education sessions in enhancing knowledge and attitude among parents of infants admitted to the NICU of a tertiary care center in Lebanon.

Methods

Since August 2016, parent education sessions were held in the NICU as part of the unit's NIDCAP implementation process. Parents' readiness to care for their infants was assessed during their hospital stay and post-discharge. A parent education taskforce was formed to address parents' knowledge needs and readiness. The taskforce included a neonatologist, NIDCAP Professionals and NICU nurses. Baseline information was collected from ten NICU parents to identify topics of interest. Presentations were prepared on kangaroo care, breastfeeding, infant behavior cues and discharge process. Other topics were added later based on parents' feedback. Individual and group sessions were conducted, in person or online monthly and as needed. We took advantage of events' celebrations like Kangaroo Care Day, World Prematurity Day, and Breastfeeding Week. The sessions were interactive mostly when held in person. In January 2021, we began monitoring parental knowledge before and after each session.

The knowledge questionnaire included ten true/false questions about the topic of discussion. Open-ended questions were used to assess parents' needs, expectations and attitudes toward infant care.

Results

Over the last three years, 105 parents attended the sessions. The average knowledge score increased from 79% to 92%, reflecting a 16% improvement. Parents actively engaged in discussions, demonstrated keen interest in the content and acknowledged the sessions' significance for them. In the open-ended questions, parents reported that the educational sessions will change their misconceptions about breastfeeding and kangaroo care and equipped them with essential knowledge. One parent added *'I expect to have a wider knowledge regarding the "premature baby phase" in general and also to get ready emotionally and physically to take my baby home'* and another parent mentioned *'very valuable information to know about newborn care'*. Parents found the sessions particularly helpful when they addressed practical concerns such as storing breast milk, understanding their baby's behavior cues and post-discharge care.

Conclusion

Parent education sessions in the NICU play a pivotal role in nurturing a positive caregiving experience and promoting better health outcomes for both infants and parents. Overall, the knowledge gained from these sessions empowered parents, giving them a stronger sense of assurance in managing their caregiving responsibilities and preparing them more effectively for the transition home. Challenges remain in ensuring participation of all parents. Future directions include leveraging new technologies such as mobile applications. Additionally, involving former NICU parents to share their experience and perspectives during those sessions may be more welcoming.

Relevance to NIDCAP

Parental educational sessions align with the NIDCAP philosophy of promoting family-centered care and providing individualized support to parents, ensuring they are well prepared to care for their infants.