

# Neonatal Transport

*The Newsletter of the Maryland Regional Neonatal Transport Program  
March 2008*

## Barriers to maternal-infant attachment

Attachment is defined as the formation of a relationship between a mother and her newborn infant. Prematurity and sick full-term infants along with the maternal infant separation after birth can affect the attachment process. There has been an increase in the number of infants requiring neonatal intensive care as well as an increase in the length of stay due to lower gestational ages and weights. The neonatal intensive care unit (nicu) is a complex and technical environment that is structured to maintain and support the infant to achieve the desired outcome of sustained life.

During pregnancy, parents have an idealized picture of the baby they are expecting. When a premature or sick infant is born, there is an acute separation between the parents and infant when the infant is taken to the nicu. Qualitative studies involving interviews with mothers also feel that their main, if only, purpose during the nicu stay is to express milk for the infant. Some feel that this is due to the high tech environment of the nicu, the illness acuity of the baby, and the mother's feelings of helplessness. Often times mothers feel unneeded since the nurse is taking care of her baby.

There is also a psychological barrier regarding the appearance of the baby (tubes, wires, fragile state, size), lack of privacy, feelings of hopelessness and fear of attachment. Parents commonly experience anticipatory grief when serious treatment

decisions are required, as the necessity to make life and death decisions indicates to the parents that their infant's chances for survival are diminished. Parents could also be experiencing feelings of sadness over the loss of the expected, idealized child that they had wished for during the pregnancy. For some parents, attaching to a critically ill infant may be too overwhelming; parents may withdrawal from the infant in an attempt to protect themselves from their feelings of hurt, disappointment and guilt.

An additional barrier of the nicu environment is the mechanical equipment. Commonly, infants in the nicu require incubator care, which further disrupts the attachment process, resulting in part from maternal-infant separation, which exerts a negative impact, not only on the infant's physiology and behavior, but also on the mother's tie to her infant. It is also common to have a ventilator, intravenous pumps and pole at the bedside coupled with the close proximity of bed spaces, limits the bedside space available for parents. Most newly built nicu's are taking a family centered approach by incorporating private rooms to assist in the attachment-bonding process.



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Another barrier is the medicalization of parenting that occurs when parents learn to accept the priorities and values of the health care team and focus on the numbers and equipment rather than on the relationship with their infant. While this medicalization leads to disengagement of the parents from responsibility for the infant, it is important to involve parents in decision making from the beginning. But what happens when the parents do not desire greater involvement? The plan must be as individualized as the parents. More research is needed to promote the best outcomes for parents and infants.

Neonatal transport can cause a host of feelings within the parents, such as feelings of devastation, helplessness, despair and fear to mention a few. Studies have shown that the decision to transfer an infant to a nicu alone is likely to initiate an anticipatory grief reaction. The transport team makes every effort to ensure that the parents see their infant prior to leaving the referral hospital. Of course this is determined by the stability of the infant. Referral hospitals can assist with the attachment process by encouraging parents to see and hold (if appropriate) their baby before the transport team arrives.

#### References

- Bialoskurski, M., Cox, C.L., & Hayes, J.A. (1999). The nature of attachment in a neonatal intensive care unit. *Journal of Perinatal Neonatal Nursing*, 13(1), 66-77.
- Phillips, S.J., & Tooley, G. A. (November 2005) Improving child and family outcomes following complicated births requiring admission to neonatal intensive care units. *Sexual and Relationship Therapy*20(4).
- Rikli, J.M. (1996). Parenting the premature infant: Potential iatrogenesis from the neonatal intensive care experience. *The online journal of knowledge synthesis for nursing*. Volume 3, document 7.

## MRNTP Community Initiatives

Members of the MRNTP participated in the Maryland Special Olympics Polar Bear Plunge on January 26, 2008 at Sandy Point State Park. This year, the MRNTP is proud to report that \$978.00 was raised. Almost double the 2007 contribution of \$575.00. Our frigid ambassadors were Kathy Mallamo, Bill Tippet, Colby Millen and Wendy Tippet. The funds raised help athletes from around the State to train and compete on a year round basis. The MRNTP thanks you for your support!!



From L to R: Kathy, Colby, Bill

**March of Dimes Walk for Babies is now  
March for Babies  
May 3, 2008**

In appreciation for a \$100 donation to MOD for the MRNTP team you will receive a T-shirt with the MRNTP logo and custom design by our own Bill Tippet

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## WMANN

### Moving forward!

We are moving forward with all of our plans and have a year of activities in the works! Our first big event will be our March 11 dinner meeting with a presentation on a current hot topic- "Both ends of the thermometer:

Concepts in Neonatal Thermal Management". This timely presentation and discussion will feature one of our own WMANN Members, Webra Price-Douglas, PhD, CRNP. Dr. Price-Douglas is the Coordinator of the Maryland Regional Neonatal Transport Program and is known throughout our community for her presentations and lectures on a variety of topics including Neonatal Resuscitation Program and STABLE. In this lecture, we will discuss hypothermia and hyperthermia, and the effects on oxygenation and ventilation, circulatory patterns, glucose metabolism and growth and development; as well as the indications for controlled hypothermia in the neonate.

Continuing Education Units (CEU) will be provided as well as dinner and an opportunity to network with local neonatal nurses. The cost is free to WMANN Members (\$10 to join WMANN), and \$15 to nonmembers. WMANN is also continuing our efforts in Community Service. At our first dinner meeting, we are asking participants to bring a toiletry item for the House of Ruth. To RSVP to our Dinner Meeting and Presentation, please send an email to: [wmann.homestead@comcast.net](mailto:wmann.homestead@comcast.net)  
Many improvements have been made to our website, including a calendar for the

upcoming year. We are committed to rotating meetings throughout our constituent areas. As you will see from our calendar, we have events planned in Montgomery County, in the north Baltimore area, in Annapolis, and in Laurel.

We are actively recruiting enthusiastic Neonatal nurses to be part of our re-energizing efforts. If you would like to be on our Membership Committee, please send us an email. As a member of this Committee, you would be responsible for recruiting members from your place of work, as well as serving as a liaison for distributing information about meetings, publicizing events and being the spokesperson for the requests and needs of the Neonatal nurses who are WMANN members at your place of work. There is not a tremendous amount of time involved, but will impact the organization in a tremendous way. The meetings and events are always the second Tuesday of the month, odd months.

**May 13, 2008** Montgomery County Library (branch TBD) WMANN Meeting. A proposed budget will be presented.

**July 8, 2008** WMANN Meeting in North/Baltimore area.

**Sept 9, 2008** Dinner Meeting at AAMC. "Options and issues in Nursing Education" Panel discussion.

**November 11, 2008** WMANN Meeting at Maryland City Library in Laurel, Maryland. Elections will be held.

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## Welcome New Employees

MRNTP (JHH) is delighted to welcome Karen Dittman, CRNP. She has over 15 years NICU experience as a staff nurse and transport nurse in the Midwest and South. She recently completed her MS from the University of South Alabama in Mobile and passed her certification exam as a neonatal nurse practitioner. She moved from North Carolina. She resides in downtown Baltimore. Her husband, Gary, is a Lutheran pastor. They enjoy traveling. They have 3 cats, Oliver, Emma and Cally. Gary, Oliver and Cally hope to join Karen soon.



## Outreach Education

### STABLE

4.10.08 & 4.17.08-Easton Memorial  
4.30.08 & 8.21.08- Calvert Memorial

### STABLE- CARDIAC

5.2.08 & 6.11.08-Peninsula Regional  
Medical Center  
5.30.08-Frederick Memorial Hospital  
NRP  
4.22.08- MWCC- JHH Lifeline  
5.15.08- Baltimore Washington Medical  
Center- ED (BWMC) & MEC  
6.12.08-JHH Lifeline/MEC-pending  
7.24.08- BWMC & MEC

For more information contact Webra Price Douglas [wpdougl@jhmi.edu](mailto:wpdougl@jhmi.edu)

### STABLE Instructor Course

STABLE Courses to be taught by Kris Karlsen, NNP, PhD, author and developer of the STABLE Transport Program in Baltimore.

### STABLE Instructor Course

4.14-15.08 Mercy Medical Center

### STABLE CARDIAC

4.16.08 Mercy Medical Center

