Sibling Visits to a Newborn Intensive Care Unit: Implications for Siblings, Parents, and Infants

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ABSTRACT: A randomized controlled study of 38 families with 57 children was conducted to determine prospectively the psychological effects on siblings and their parents of sibling visits to a newborn intensive care unit. Assessment tools included the Missouri Behavior Checklist,1 a Modified Vernon Questionnaire,2 a Family Changes Questionnaire,3 a semi-structured child psychiatry evaluation, and a symptom log for newborn infections. Overall behavior and anxiety did not worsen in either group of children. Child and family functioning improved for both groups (p<.001). Parental well-being was enhanced significantly by the visit (p < .05). None of the study children were upset by the visit and some demonstrated benefit from the experience. The newborn infants who were visited exhibited no increase in symptoms of infection over the control infants.

The birth of a sick or premature infant into a family has profound effects of all members of the family. Parents and children experience individual but interrelated stresses, and premature and high-risk infants are at future risk for neglect and abuse.4,5 Although it is well known that parents require a great deal of support and have a need to visit the sick infant,6-8 there is no report of investigation into the psychodynamics of the older siblings of such families, or whether visiting rights should be extended to include them. The current trend of allowing siblings into newborn intensive care units is progressing.
without any data pertaining to benefit or harm on the siblings, parents, or newborns.

The purpose of the present study was to determine how sibling visiting to an intensive care nursery might affect sibling emotions, parent well-being, and newborn health.

Methods

The study was done between September, 1980 and December, 1981 in a regional, referral newborn intensive care unit which houses 55 intensive and critical care beds. All patients are transported from other hospitals in the tri-state area serving a delivery population of approximately 23,000 per year, and generating approximately 690 transfers per year.

All families were recruited, either verbally or by a letter which was included in each transport packet. Randomization into an experimental and control group was accomplished by shuffled cards drawn blindfolded from an envelope after informed consent was provided. All parents completed a demographic questionnaire which dealt with family size, parents' marital and employment status, and the parents' perception of their own emotional well-being and the infant's health status. The parents were asked to complete the Missouri Behavior Checklist (MBC) and encouraged to bring the sibling(s) to visit the newborn one time at their earliest convenience. Subsequent visits were postponed until after the study period. Two weeks later the parents completed the Modified Vernon Questionnaire (MVQ) and the Family Changes Questionnaire (FCQ), and repeated the MBC. The siblings and parents then underwent an unblinded, non-invasive, structured psychiatric interview by a certified child psychiatrist (M.M.).

The control families were asked to complete the MBC immediately but the siblings were not allowed to visit the Newborn Intensive Care Unit. After a two-week interval the control parents completed the MVQ and FCQ, repeated the MBC, and underwent the psychiatric interview with the control siblings. Control sibling visits were postponed until after completion of the study period.

Prior to entering the newborn intensive care unit (NICU) each child was prepared by means of a booklet illustrating types of equipment and patients on an NICU. After the infectious disease history, the children were examined by a physician. If they were found free of communicable diseases and of infectious contacts for at least three weeks, the children were assisted with the hand-washing and gowning procedures standard for the nursery. They were then accompanied into the unit by one or both parents and the nurse caring for the infant. During the 15 minutes of visiting, the siblings were allowed to touch, stroke or hold the infant, if the condition of the infant permitted. Family members entered and left the unit together. Behavioral observations during the visit were made by one of the investigators (M.S.).

The medical records of all newborn infants in the Intensive Care Unit in both groups were scrutinized for evidence of infectious illness during the week