Journal of Neonatal Nursing

Mothers of sick babies dare not cause trouble: A commentary on Hassankani et al. (2020)

--Manuscript Draft--

Manuscript Number:	
Article Type:	Letter to the Editor
Keywords:	Neonatal; pain; ethics; family-centered care
Corresponding Author:	Denise Harrison, RN, PhD University of Melbourne North Melbourne, Victoria AUSTRALIA
First Author:	Denise Harrison, RN, PhD
Order of Authors:	Denise Harrison, RN, PhD
	Catherine Larocque, MScN
	Shokoufeh Modanloo, PhD
Abstract:	This letter to the editor reports on the article by Hassankhani et al., (2020), which reports on an ethnographic study of mothers' role during painful procedures in a neonatal intensive care unit (NICU). Participants were mothers (n=18) and NICU nurses (n=15) caring for medically stable newborns in a NICU in Iran. Much of what was reported goes against known and recommended best evidence of neonatal pain management, as well as the bigger picture of family-centred care (FCC) in the NICU.

December 23rd, 2020

Leslie Altimier
University Boston, Massachusetts, USA.

Breidge Boyle
Queen's University Belfast Belfast, United Kingdom

Dear Dr. Altimier and Dr. Boyle

I am pleased to submit a letter to the editor titled 'Mothers of sick babies dare not cause trouble: A commentary on Hassankani et al.' (2020)' in response to the following paper - Hassankhani, H., Negarandeh, R., Abbaszadeh, M., Jabraeili, M., 2020, The role of mothers during painful procedures on neonates: A focused ethnography. *Journal of Neonatal Nursing*. 26, 340–343. <https://doi.org/10.1016/j.jnn.2020.03.002>

This paper published by Hassankani et al. (2020) in the March 2020 issue of *Journal of Neonatal Nursing* reports on an ethnographic study of mothers' role during painful procedures in a neonatal intensive care unit (NICU) in Iran. Much of what was reported goes against known and recommended best evidence of neonatal pain management, as well as the bigger picture of family-centred care (FCC) in the NICU.

We feel this letter to the editor is warranted to highlight the issues addressed in the paper, resulting in newborn pain being untreated and parents being denied rightful opportunities to comfort their sick newborns.

Yours Sincerely,

Denise Harrison (RN, RM, PhD)
Professor, Department of Nursing,
School of Health Sciences,
Faculty of Medicine, Dentistry and Health Sciences.
University of Melbourne.
Email: deniseh@unimelb.edu.au
Adjunct Professor, School of Nursing,
Faculty of Health Sciences,
University of Ottawa.

Catherine Larocque (RN, RM),
PhD Candidate, School of Nursing, Faculty of Health Sciences,
University of Ottawa
Email: claro007@uottawa.ca

Shokoufeh Modanloo (RN, PhD)
School of Nursing,
Faculty of Health Sciences,
University of Ottawa.
Email: smoda044@uottawa.ca

This letter to the editor reports on the article by Hassankhani et al., (2020), which reports on an ethnographic study of mothers' role during painful procedures in a neonatal intensive care unit (NICU). Participants were mothers (n=18) and NICU nurses (n=15) caring for medically stable newborns in a NICU in Iran. Much of what was reported goes against known and recommended best evidence of neonatal pain management, as well as the bigger picture of family-centred care (FCC) in the NICU.

Letter to the Editor

Title: Mothers of sick babies dare not cause trouble: A commentary on Hassankani et al. (2020)

Denise Harrison (RN, RM, PhD)
Professor, Department of Nursing,
School of Health Sciences,
Faculty of Medicine, Dentistry and Health Sciences.
University of Melbourne.
Email: deniseh@unimelb.edu.au
Adjunct Professor, School of Nursing,
Faculty of Health Sciences,
University of Ottawa.

Catherine Larocque (RN, RM),
PhD Candidate, School of Nursing, Faculty of Health Sciences,
University of Ottawa
Email: claro007@uottawa.ca

Shokoufeh Modanloo (RN, PhD)
Postdoctoral Fellow,
School of Nursing,
Faculty of Health Sciences,
University of Ottawa.
Email: smoda044@uottawa.ca

Mothers of sick babies dare not cause trouble: A commentary on Hassankhani et al. (2020)

Dear Editors. We read with great concern the article by Hassankhani et al., (2020) which reports on an ethnographic study of mothers' role during painful procedures in a neonatal intensive care unit (NICU). Participants were mothers (n=18) and NICU nurses (n=15) caring for medically stable newborns in a NICU in Iran. Much of what was reported goes against known and recommended best evidence of neonatal pain management, as well as the bigger picture of family-centred care (FCC) in the NICU. What is particularly worrisome is that despite the lack of evidence-based pain management used during newborn blood sampling in this study, the authors do not even mention the internationally recommended evidence-based pain management strategies of breastfeeding if the infant is medically stable (Benoit et al., 2017), holding skin-to-skin (Johnston et al., 2014), or giving small volumes of sucrose or glucose (Harrison et al., 2017). Further, fathers are only allowed to visit for one hour per day, obviating any discussion of the role a father can play in the NICU.

The first theme in this study focused on the determinants of maternal presence during painful procedures. The very first statement under this theme concerns gatekeeping by the NICU nurses: "Prior to beginning the procedure, neonatal nurses indicated that they conducted an assessment before making a decision regarding the mother's presence and possible involvement" (page 321). This speaks clearly to the power relationships in this NICU which result in mothers having very little say in decisions. Statements such as "permitted to be present" and nurses "opposing the mother's inclusion" clearly situate the mothers of babies in the NICU as visitors, only welcome

when the nurse deems it acceptable. There is obviously little guidance for mothers about staying with their baby and how they can support their baby during painful procedures.

As briefly mentioned by the authors, FCC is essential for the provision of pediatric and neonatal care. Yet it is evident that FCC is not practiced, and current practices are in fact indicative of a much larger problem. This is not just a case of “undermining” FCC, it is a complete lack of engagement with its core philosophy of partnership. In comprehensive models of FCC, such as the Family-Integrated Care (FiCare) model (O’Brien et al., 2018) or the Integrative Developmental Care (IDC) model (Altimier and Phillips, 2016), parental presence and involvement in care is paramount. Further, these models both stipulate that parents should be the primary care providers for their infant, with nurses in a supportive-educative role. In this paper’s results, there is an evident preoccupation with the mother’s emotional state, situating the ‘problem’ squarely on the mother’s shoulders which has the dual effect of precluding any sort of equal partnership and interrupting the process of bonding and family formation, which may have far-reaching negative effects for parents and infants.

The decisive aspect is that study is set in Iran. Despite many efforts to implement FCC in Iranian NICUs (Mirlashari et al., 2020), the concept of parental engagement in newborn care is a recent and not well-established practice. In most clinical settings in Iran the accepted standard of care involves separating mothers from their newborns during care. Mirlashari et al. (2020) reported that key challenges with the implementation of FCC in Iran include medical authority and unquestioned physician power. In fact, many physician participants in a study of FCC in NICUs in Iran (Mirlashari et al., 2020), shared their perception that parental participation in care was not

required nor desirable. It follows that participating NICU nurses discussed power relations as key challenges for implementing FCC in the Iranian context. Considering the findings of Mirlashari et al., (2020) and Hassankani et al., 2020, sociocultural context clearly plays a decisive role in mothers' lack of involvement in the NICU. This is despite most mothers reporting that they *did* want to be present and involved. With fathers virtually excluded from the NICU, and mothers treated as visitors, mothers receive insufficient information, little or no information of upcoming procedures, and have few, if any, chances to communicate about their babies with the healthcare team. It is no wonder that recommended pain management strategies, especially those involving parents, are not used in NICUs in Iran.

The question must also be asked, are these findings indicative of deeply embedded traditional attitudes, cultural, and religious views (Mirlashari et al., 2020), or are they also related to lack of access to evidence concerning best pain management for sick, preterm infants, as well as including families as partners in care? Issues of access to knowledge, which in the most cases is published in English, in countries where English is not the first language, has been raised before (Huang et al., 2019). In this scenario, would available and linguistically appropriate knowledge result in improved pain management? For example, could the parent-targeted teaching tool in Farsi (<https://youtu.be/5h73b9QrhIQ>) (Harrison and Children's Hospital of Eastern Ontario [CHEO], 2015) encourage mothers to advocate for their baby during painful procedures? Is such 'publicly accessible' information actually publicly accessible in countries such as Iran which has restrictive social media access (Yalcintas and Alizadeh, 2020). And if this video could support mothers, would they still be powerless if the NICU nurses are not aware of best practices, or the unit and organisation does not embrace mothers as partners in all aspects of care?

The findings by Hassankani et al. (2020) are disturbing on many fronts, resulting in unnecessary suffering of sick babies in a NICU due to lack of use of evidence-based pain management strategies. Reasons for this are multifactorial and complicated; however, not providing pain care in a NICU is unethical and not supporting parents to be present and involved is unacceptable. On a positive note, this paper brings to light challenges that Iranian nursing scholars can act on. Constructive recommendations can be proposed by this group, to address prevailing challenges and barriers, answer questions raised in this letter, and in doing so, move towards a system where families and frontline workers are able to provide best evidence-based care for sick newborns.

- Altimier, L., Phillips, R., 2016. The Neonatal Integrative Developmental Care Model: Advanced Clinical Applications of the Seven Core Measures for Neuroprotective Family-centered Developmental Care. *Newborn Infant Nurs. Rev.* 16, 230–244.
<https://doi.org/10.1053/j.nainr.2016.09.030>
- Benoit, B., Martin-Misener, R., Latimer, M., Campbell-Yeo, M., 2017. Breast-Feeding Analgesia in Infants. *J. Perinat. Neonatal Nurs.* 31, 145–159.
<https://doi.org/10.1097/JPN.0000000000000253>
- Harrison, D., Children's Hospital of Eastern Ontario (CHEO), 2015. Reduce your infant's pain during newborn blood tests (updated). Canada.
- Harrison, D., Larocque, C., Bueno, M., Stokes, Y., Turner, L., Hutton, B., Stevens, B., 2017. Sweet Solutions to Reduce Procedural Pain in Neonates: A Meta-analysis. *Pediatrics* 139, e20160955. <https://doi.org/10.1542/peds.2016-0955>
- Hassankhani, H., Negarandeh, R., Abbaszadeh, M., Jabraeili, M., 2020. The role of mothers during painful procedures on neonates: A focused ethnography. *J. Neonatal Nurs.* 26, 340–343. <https://doi.org/10.1016/j.jnn.2020.03.002>
- Huang, R.-R., Xie, R.-H., Wen, S.W., Chen, S.-L., She, Q., Liu, Y.-N., Harrison, D., 2019. Sweet Solutions for Analgesia in Neonates in China: A Systematic Review and Meta-Analysis. *Can. J. Nurs. Res.* 51, 116–127. <https://doi.org/10.1177/0844562118803756>
- Johnston, C., Campbell-Yeo, M., Fernandes, A., Inglis, D., Streiner, D., Zee, R., 2014. Skin-to-skin care for procedural pain in neonates. *Cochrane database Syst. Rev.* 1, CD008435.
<https://doi.org/10.1002/14651858.CD008435.pub2>
- Mirlashari, J., Brown, H., Fomani, F.K., de Salaberry, J., Zadeh, T.K., Khoshkhou, F., 2020. The

Challenges of Implementing Family-Centered Care in NICU from the Perspectives of Physicians and Nurses. *J. Pediatr. Nurs.* 50, e91–e98.

<https://doi.org/10.1016/j.pedn.2019.06.013>

O'Brien, K., Robson, K., Bracht, M., Cruz, M., Lui, K., Alvaro, R., da Silva, O., Monterrosa, L., Narvey, M., Ng, E., Soraisham, A., Ye, X.Y., Mirea, L., Tarnow-Mordi, W., Lee, S.K., 2018. Effectiveness of Family Integrated Care in neonatal intensive care units on infant and parent outcomes: a multicentre, multinational, cluster-randomised controlled trial. *Lancet Child Adolesc. Heal.* 2, 245–254. [https://doi.org/10.1016/S2352-4642\(18\)30039-7](https://doi.org/10.1016/S2352-4642(18)30039-7)

Yalcintas, A., Alizadeh, N., 2020. Digital protectionism and national planning in the age of the internet: The case of Iran. *J. Institutional Econ.* 16, 519–536.

<https://doi.org/10.1017/S1744137420000077>

.

Conflict of Interest: Letter to the Editor

Title: Mothers of sick babies dare not cause trouble: A commentary on Hassankani et al. (2020)

The authors have no conflicts of interests to Declare

Denise Harrison (RN, RM, PhD)
Professor, Department of Nursing,
School of Health Sciences,
Faculty of Medicine, Dentistry and Health Sciences.
University of Melbourne.
Email: deniseh@unimelb.edu.au
Adjunct Professor, School of Nursing,
Faculty of Health Sciences,
University of Ottawa.

Catherine Larocque (RN, RM),
PhD Candidate, School of Nursing, Faculty of Health Sciences,
University of Ottawa
Email: claro007@uottawa.ca

Shokoufeh Modanloo (RN, PhD)
Postdoctoral Fellow,
School of Nursing,
Faculty of Health Sciences,
University of Ottawa.
Email: smoda044@uottawa.ca

Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Harrison, D;Larocque, C;Modanloo, S

Title:

Mothers of sick babies dare not cause trouble: A commentary on Hassankani et al. (2020)

Date:

2021-02

Citation:

Harrison, D., Larocque, C. & Modanloo, S. (2021). Mothers of sick babies dare not cause trouble: A commentary on Hassankani et al. (2020). *Journal of Neonatal Nursing*, 27 (4), pp.304-305. <https://doi.org/10.1016/j.jnn.2021.01.003>.

Persistent Link:

<http://hdl.handle.net/11343/259682>