

“The Smaller, The Scariest:” Factors Impacting Parental Self-Efficacy in the NICU

Emily K. Walsh,¹ & Victoria A. Grunberg, PhD ²

¹Division of Newborn Medicine, Boston Children’s Hospital

²Center for Health Outcomes and Interdisciplinary Research & Division of Newborn Medicine, Massachusetts General Hospital



Where the world comes for answers

BACKGROUND

- About 1 in 10 infants born in the U.S. are admitted to Neonatal Intensive Care Units (NICU).
- For parents, NICU stay is stressful, often unexpected, and disrupts expected transition to parenthood.
- Parents must rely on staff to care for/teach them how to parent their baby—which can lead to feelings (e.g., gratitude, inadequacy).
- **Parental self-efficacy** (confidence/competency in parenting) is important for parent-child interactions and, child behavioral/cognitive development.
- **We examined factors associated with parental self-efficacy. Finding can help inform parenting interventions for the NICU.**

METHODS

- We conducted a prospective study of parents who had babies in the Mass General NICU (N=165).
- Parents reported demographics (age, race, ethnicity, education) and reproductive history (number of kids, awareness they would be in the NICU).
- Parents completed validated measures of anxiety (Hospital Anxiety and Depression Scale), post-traumatic stress (PTS; Impact of Events Scale 6-item).
- We extracted baby medical record data (gestational age, neurobiological risk).
- We conducted a hierarchical regression to examine which demographic, reproductive, mental health, and baby medical factors are associated with NICU parental self-efficacy.

Parents with babies born at later gestational ages and who endorse more positive interactions with staff reported more parental self-efficacy.



For questions, please contact:
emily.walsh@childrens.harvard.edu

RESULTS

- Parents with babies born at **later gestational ages** ($\beta = 0.36, p = .005$) and who endorsed **better interactions with NICU providers** ($\beta = 0.45, p = .012$) reported greater self-efficacy.
- Demographics (race, ethnicity, education, age), baby neurobiological risk, reproductive factors (number of children, awareness of a potential NICU stay), and mental health (anxiety, PTS) were **NOT** associated with parental self-efficacy.



CONCLUSIONS

- Parents who have smaller (more preterm) babies may require more support from staff on how to care for their baby.
- Positive interactions with staff also help build parental self efficacy. Medical staff play a unique role in providing informational, emotional, and parenting support in the NICU.
- It is notable that neurobiological risk was not associated with parental self-efficacy, while gestational age was associated. It may be that smaller babies are perceived as more fragile by parents, which makes them less confident in how to care for them.