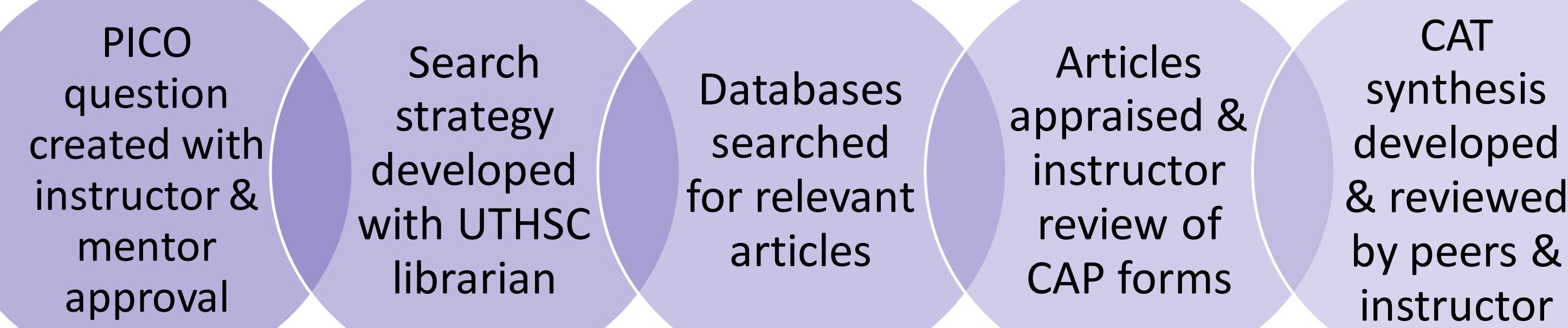


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BACKGROUND & RATIONALE



REVIEW PROCESS



PICO QUESTION

What practices are effective for reducing stress, anxiety, and depression for parents with infants in the NICU?

SEARCH METHODOLOGY

Databases & Sources Searched	Search Strategy	Limits Used
PubMed, CINHAL, Embase, Scopus, BioMed Central, Medline @ OVID	(NICU) AND (parent OR mother OR father) AND (treatment OR intervention OR program OR practice) AND (stress OR anxiety OR depression)	Last 10 years, Humans, RCT, Meta-analysis, Systematic Review, Neonatal Intensive Care Unit
Inclusion Criteria <ul style="list-style-type: none"> Occupational therapy interventions Interventions for parents In the NICU Quantitative or mixed-methods design 		Exclusion Criteria <ul style="list-style-type: none"> Nursing interventions Not in NICU Qualitative designs Published > 10 years ago
Initial: 278 → After duplicates removed: 205 → Excluded by title and abstract: 176 → Full-text excluded: 23 → Included in CAT: 6		

MAIN FINDINGS

Citation & Quality Score	Intervention	Stress	Anxiety	Depression
LEVEL I				
Villamizar-Carvajal et al. (2018) - 92%	Creating Opportunities for Parent Empowerment (COPE)	0		
Mendelson et al. (2017) - 91%	Cognitive Behavioral Therapy (CBT)	0	0	+
	Educational Programs	0	0	0
	Kangaroo Care (KC)	0	0	0
LEVEL II				
John et al. (2018) - 80%	Activity-Based Group Therapy (ABGT)		+	
Zhang et al. (2018) - 73%	Family-Centered Care (FCC)	+	+	+
LEVEL III				
Hunter et al. (2019) - 71%	HUG Your Baby Program (HYB)	+		
Mendelson et al. (2018) - 65% (Quantitative), 86% (Qualitative)	Mindfulness-Based Intervention (MBI)	+	+	+

Key: (0) Non-statistically significant (+) Statistically significant result

LIMITATIONS

- Level I**
 - Small sample sizes
 - Fathers not included
 - Only two of four phases of COPE implemented
- Level II**
 - Confounding variables not assessed
 - High attrition rates
 - Studies conducted in single NICU
- Level III**
 - Lack of control and randomization
 - No long-term follow-up assessment
 - Self-reports used
 - Limited assessment of confounding variables

CLINICAL BOTTOM LINES

All interventions, except for the educational programs and KC, resulted in a statistically significant reduction of either stress, anxiety, and/or depression.

Only 3 studies measured all 3 outcomes, and of those studies, FCC and MBI reduced all barriers of interest.

There is strong, high-quality evidence for the effect of CBT on depression, moderate evidence for the effect of ABGT on anxiety, and promising evidence for the effect of HYB on stress.

RECOMMENDATIONS

Monitoring Barriers

Self-report Likert scale can be used to informally track parents' feelings of depression, stress, & anxiety.

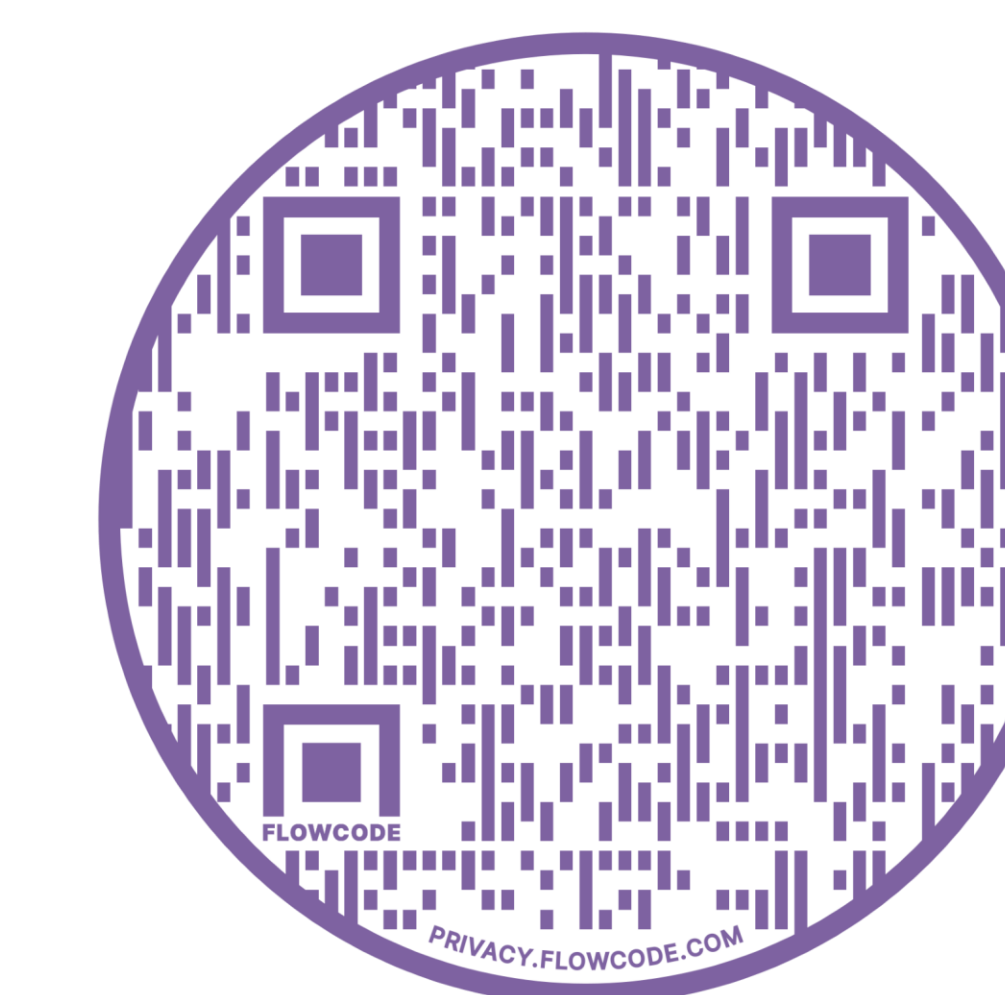
Monitoring Engagement

A weekly log can be used to track parent performance of infant-care behaviors.

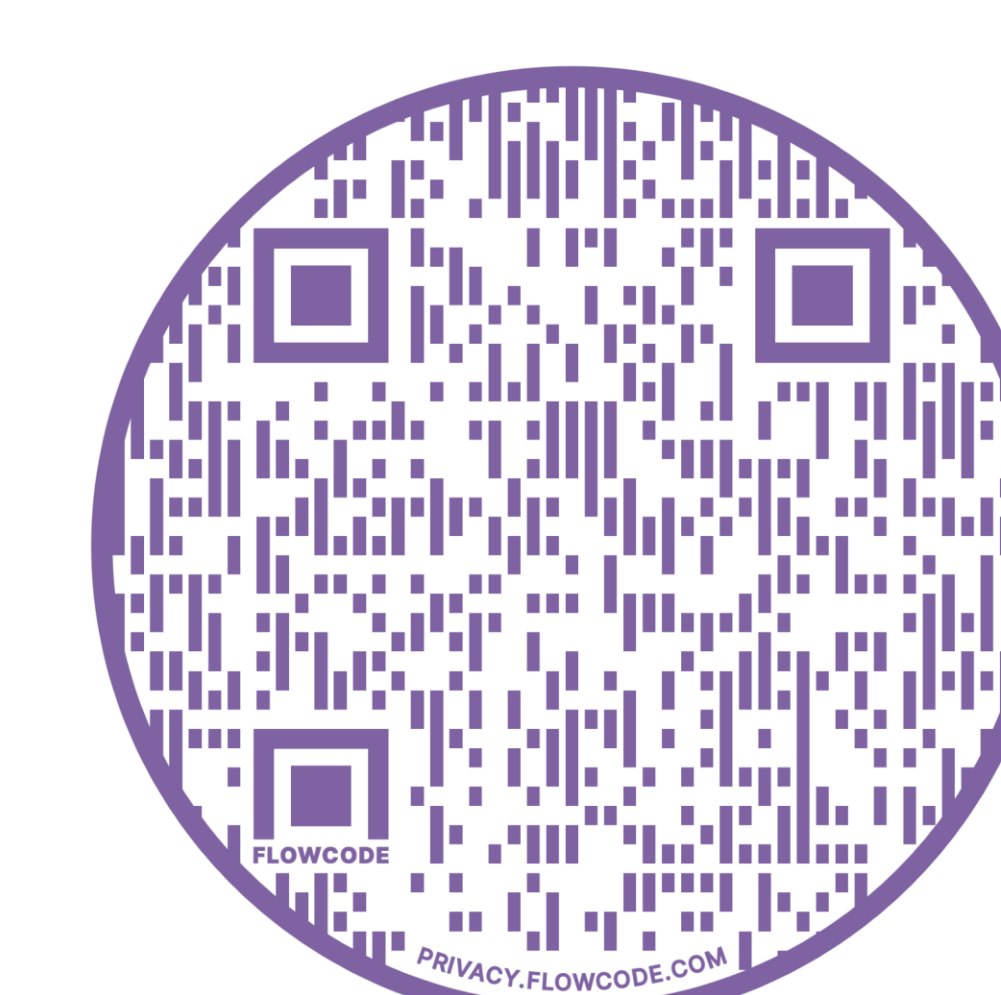
Monitoring Relationship

A bar graph can be used to visually depict the expected inverse relationship between barriers and engagement.

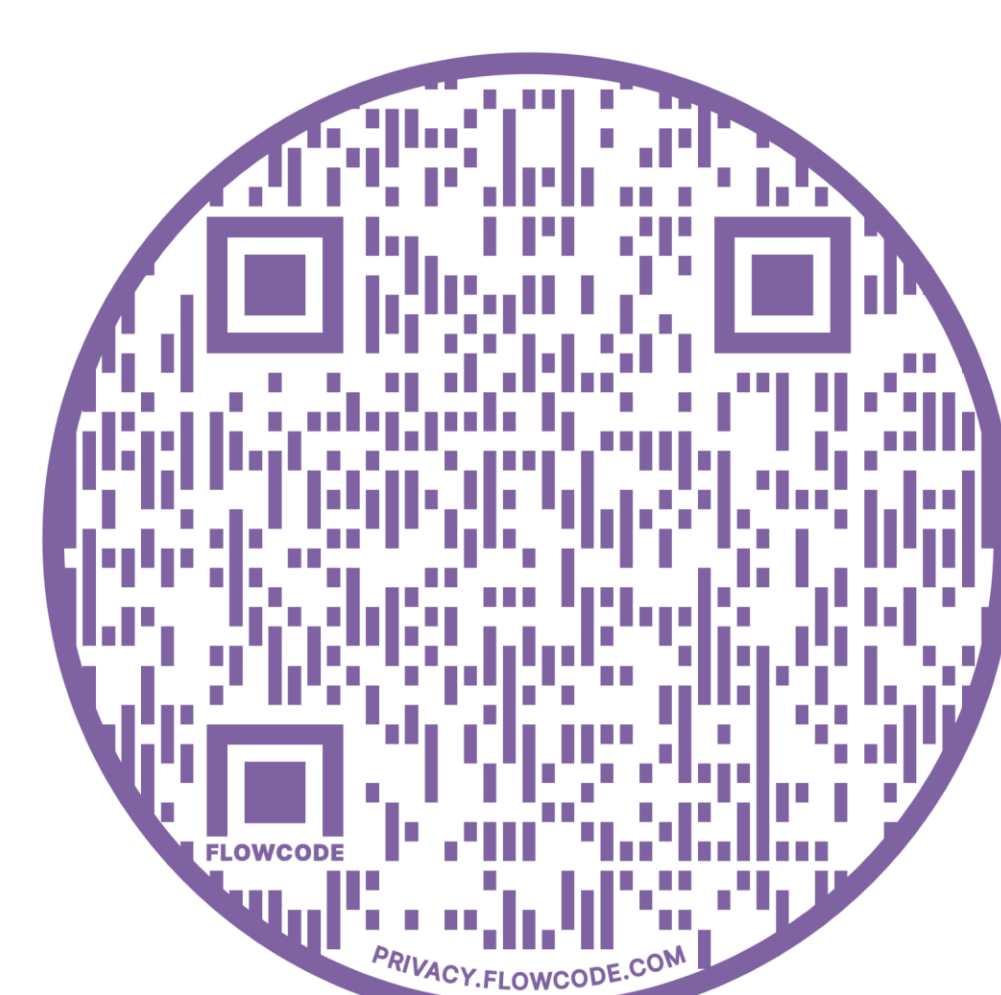
REFERENCES



HANDOUT

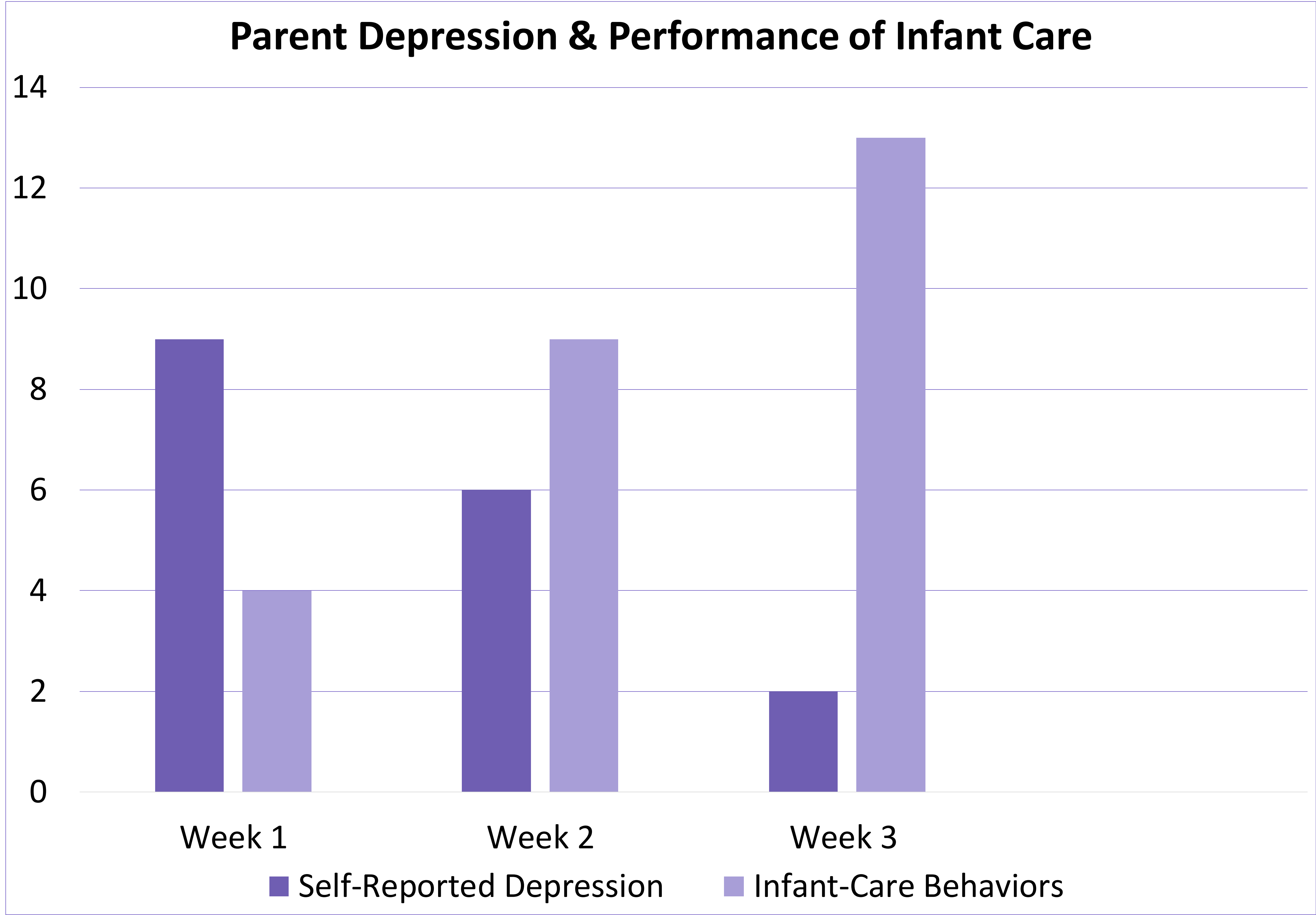


PRISMA



Parent Performance of Infant-Care Behaviors Weekly Log					
	Feeding	Bathing	Kangaroo Care	Pain Management	Reading
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

*Insert a tick mark for each parent behavior observed to monitor engagement



*As barriers (stress, depression, anxiety) are reduced, engagement is expected to increase
 *The graph above is an example of monitoring parent depression and engagement in infant care

Parent Depression Scale										
<i>On a scale from 0-10, please rate how depressed you feel today.</i>										
0	1	2	3	4	5	6	7	8	9	10
Min Max										

*The scale above is an example strategy for monitoring parents' feelings of depression daily