

(and all data collection) was restricted to one geographic location in the United States. However, several of the themes are corroborated by other cited studies, which took place in a variety of locations.

Since mothers completed the survey at the end of their baby's NICU stay, it should also be noted that length of infant's NICU stay before discharge varied amongst participants. However, while length of stay varied, uniformly assessing women at infant discharge meant that all women had, at a minimum, several days experience in the NICU environment.

5. Conclusions

The link between maternal stress and infant health and development has been stressed in the literature [8]. According to Gonya et al. [11], women who exhibit higher levels of stress interact less with their infants in the NICU and are less likely to participate in skin-to-skin contact which has been proven to have beneficial effects on newborn health and recovery from complications [11]. This research as well as the results from the current study suggest a need for medical staff in the NICU to become more aware of the needs and feeling of the mothers and to make a viable effort to decrease maternal stress levels through communication and empathy, whenever possible.

One major implication of this study is that these themes are not mutually exclusive. Good bedside manner cannot be practiced without effective communication between patients and medical staff and effective communication is necessary for mothers to feel included and not alienated from their infant's care. Future research should focus on parsing out specific factors encompassed by the term bedside manner as well as those nuances in communication that impact maternal stress in the NICU environment since many of these factors likely have a direct or indirect impact on other themes discussed in this study. NICU interventions that are successful at increasing communication, empathy, and awareness should be considered essential continuing education for NICU medical staff. This report indicates that much work remains related to improving the NICU environment for families.

Clinical Implications

Clinical implications include the need for regular evidence-based training for medical staff on awareness, communication, empathy and other behaviors that might improve bedside manner and promote inclusion of mothers in infant care. Communication may also help with NICU rules and environment. Many mothers in the current study experienced frustration with NICU rules and did not always understand their relevance. Clearly communicating rules to mothers and explaining their purpose and importance in an empathetic and respectful manner may improve maternal satisfaction and reduce stress in the NICU. Revising outdated or unnecessary rules may also serve to reduce maternal stress. Results of the current investigation and previous literature also create a strong basis for implementation of in-house peer support programs for mothers of NICU infants in order to decrease maternal stress levels.

Practices may also want to consider models of Family Integrated Care (FIC) that are applicable to the NICU setting [33]. O'Brien et al. [33] describe a FIC model in which parents are considered an "integral part of the NICU team." In this model, the nurses are mentors to the parents who are trained to provide all forms of infant care with the exception of intravenous fluid and medication administration. This type of model may well address parents' concern of feeling alienated from infant care in the NICU setting. Parental self-care should be strongly encouraged by healthcare providers as self-neglect is a hazard of the postpartum period [34].

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