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Retningslinjer og kliniske oppslagsverk

Database/kilde	Prosedyrer i Nasjonalt nettverk for fagprosedyrer (obligatorisk)
Dato for søk	20.05.2016
Søkehistorie eller fremgangsmåte	Sett gjennom under emne barn
Kommentarer	Ingen relevante

Database/kilde	Nasjonale retningslinjer fra Helsedirektoratet (obligatorisk)
Dato for søk:	20.05.2016
Søkehistorie eller fremgangsmåte	Sett under emne graviditet, fødsel og barsel
Kommentarer	Barsel - Nytt liv og trygg barseltid for familien. Retningslinje for barselomsorgen Helsedirektoratet. 2014 http://www.helsebiblioteket.no/retningslinjer/barselomsorgen/forord Se kapittel: God start for familien http://www.helsebiblioteket.no/retningslinjer/barselomsorgen/god-start-for-familien

Database/kilde	UpToDate
Dato for søk	20.05.2016
Søkehistorie eller fremgangsmåte	Discharge planning for high-risk newborns (se under kapittel parental readiness and education) http://www.uptodate.com/contents/4974

Kommentarer	
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Database/kilde	National Guideline Clearinghouse
Dato for søk	20.05.2016
Søkehistorie eller fremgangsmåte	Keyword: newborn or neonat* or infant and mother* or parent* or family Intended Users: Nurses Publication Year: 2010, 2011, 2012, 2013, 2014, 2015, 2016
Antall treff	
Kommentarer	<p>Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Parent-infant interaction and non-organic failure to thrive. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Jun 28. 7 p. [27 references] http://1.usa.gov/1qyqNo6</p> <p>Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Skin to skin care in a level III-IV NICU. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2013 Apr 30. 6 p. [6 references] http://1.usa.gov/25dp2Qa</p> <p>World Health Organization (WHO). WHO recommendations on postnatal care of the mother and newborn. Geneva (Switzerland): World Health Organization (WHO); 2013 Oct. 62 p. http://1.usa.gov/1TjjwWF</p>

Database/kilde	NICE Guidance
Dato for søk	20.05.2016
Søkehistorie eller fremgangsmåte	Søkeord under Guidance and advice list: neonatal, infant, family, parent, newborn
Kommentarer	Neonatal specialist care NICE quality standard [QS4] Published date: October 2010 Quality statement 5: Encouraging parental involvement in care http://bit.ly/1NBEVbw

Database/kilde	Helsebibliotekets retningslinjebase
Dato for søk	27.05.2016
Søkehistorie eller fremgangsmåte	Sett under Gynekologi og fødsel
Kommentarer	Ingen nye relevante i forhold til tidligere treff

Database/kilde	Socialstyrelsen, Nationella riktlinjer
Dato for søk	27.05.2016
Søkehistorie eller fremgangsmåte	Sett på emneinndelingene
Kommentarer	Ingen relevante

Database/kilde	Sundhedsstyrelsen, Nationale kliniske retningslinjer
Dato for søk	20.05.2016
Søkehistorie eller fremgangsmåte	Sett gjennom liste
Kommentarer	Ingen relevante

Database/kilde	Center for kliniske retningslinjer
Dato for søk	20.05.2016
Søkehistorie eller fremgangsmåte	Sett gjennom liste
Kommentarer	<p>Klinisk retningslinje om hud-mod-hud-kontakt mellom præmature barn og deres forældre</p> <p>http://www.kliniskeretningslinjer.dk/retningslinjer/godkendte-retningslinjer/viden-og-udvikling/hud-mod-hud-praemat-(1).aspx</p>

Systematiske oversikter

Database/kilde	<p>The Cochrane Library</p> <p>Obligatorisk: Systematiske oversikter (Cochrane Reviews, Other Reviews) og metodevurderinger (Technology Assessments)</p>
Dato for søk	30.05.2016
Søkehistorie	<p>Lenke til søket: http://bit.ly/20QeQGL</p> <p>#1 MeSH descriptor: [Intensive Care Units, Neonatal] this term only</p> <p>#2 nicu or neonatal intensive care unit*:ti,ab,kw or (postoperativ* or "post operativ*") and (infant* or newborn* or neonat*):ti,ab,kw</p> <p>#3 #1 or #2 Publication Year from 2010 to 2016, in Other Reviews</p> <p>#4 MeSH descriptor: [Infant] explode all trees</p> <p>#5 neonat* or pediatric or paediatric or newborn* or infant*:ti,ab,kw</p> <p>#6 #4 or #5</p> <p>#7 MeSH descriptor: [Parents] explode all trees</p> <p>#8 MeSH descriptor: [Parent-Child Relations] explode all trees</p> <p>#9 parent* or mother* or family or families or father* or matern*:ti,ab,kw</p> <p>#10 MeSH descriptor: [Caregivers] this term only</p> <p>#11 caregiver*:ti,ab,kw</p> <p>#12 #7 or #8 or #9 or #10 or #11</p> <p>#13 #6 and #12</p> <p>#14 bonding or relationship* or attachment* or interaction* or "skin to skin care" or kangaroo:ti,ab,kw</p> <p>#15 #13 and #14 Publication Year from 2010 to 2016, in Other Reviews</p> <p>#16 MeSH descriptor: [Family Nursing] this term only</p>

	<p>#17 "family centered care" or "family centered nursing":ti,ab,kw or "family centred care" or "family centred nursing":ti,ab,kw</p> <p>#18 #16 or #17</p> <p>#19 #6 and #18 Publication Year from 2010 to 2016, in Other Reviews</p> <p>#20 MeSH descriptor: [Decision Making] explode all trees</p> <p>#21 #13 and #20 Publication Year from 2010 to 2016, in Other Reviews</p> <p>#22 #3 or #15 or #19 or #21</p>
<p>Antall treff</p>	<p>Cochrane Reviews: 149</p> <p>Other Reviews: 43</p>
<p>Kommentarer</p>	<p>Valgt ut:</p> <p>Non-pharmacological management of infant and young child procedural pain Rebecca R Pillai Riddell , Nicole M Racine , Hannah G Gennis , Kara Turcotte , Lindsay S Uman , Rachel E Horton , Sara Ahola Kohut , Jessica Hillgrove Stuart , Bonnie Stevens and Diana M Lisi Online Publication Date: December 2015 http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006275.pub3/full</p> <p>Interventions for promoting participation in shared decision-making for children with cancer Imelda Coyne , Dónal P O'Mathúna , Faith Gibson , Linda Shields and Greg Sheaf Online Publication Date: June 2013 http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008970.pub2/full</p> <p>Sound reduction management in the neonatal intensive care unit for preterm or very low birth weight infants Abdulraoof Almadhoob and Arne Ohlsson Online Publication Date: January 2015 http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010333.pub2/full</p> <p>Cycled light in the intensive care unit for preterm and low birth weight infants Iris Morag and Arne Ohlsson Online Publication Date: August 2013 http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006982.pub3/full</p> <p>Parental experiences of providing skin-to-skin care to their newborn infant - part 1: a qualitative systematic review (Provisional abstract) Centre for Reviews and Dissemination Original Author(s): Anderzen-Carlsson A , Lamy ZC and Eriksson M 2014, 24906 http://www.ncbi.nlm.nih.gov/pubmed/?term=25319746 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4197399/ (fulltekst)</p> <p>Not-patient and not-visitor: a metasynthesis fathers' encounters with pregnancy, birth and maternity care (Provisional abstract) Centre for Reviews and Dissemination Original Author(s): Steen M , Downe S , Bamford N and Edozien L Midwifery, 2012, 28(4), 422-431 http://www.sciencedirect.com/science/article/pii/S026661381100088X (fulltekst)</p> <p>A meta-ethnography and theory of parental ethical decision making in the neonatal intensive care unit (Provisional abstract) Centre for Reviews and Dissemination Original Author(s): Rosenthal SA and Nolan MT Journal of Obstetric, Gynecologic and Neonatal Nursing, 2013, 42(4), 492-502 http://www.sciencedirect.com/science/article/pii/S0884217515312934 (fulltekst)</p> <p>'Kangaroo mother care' to prevent neonatal deaths due to preterm birth complications (Structured abstract) Centre for Reviews and Dissemination Original Author(s): Lawn JE , Mwansa-Kambafwile J , Horta BL , Barros FC and Cousens S International Journal of Epidemiology, 2010, 39(Supplement 1), i144-i154</p>

	<p>http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12010003310/frame.html</p> <p>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2845870/ (fulltekst)</p> <p>Family-centred care in the paediatric intensive care unit: an integrative review of the literature (Provisional abstract) Centre for Reviews and Dissemination Original Author(s): Butler A , Copnell B and Willetts G Journal of Clinical Nursing, 2014, 23(15/16), 2086-2100 http://onlinelibrary.wiley.com/doi/10.1111/jocn.12498/abstract (fulltekst)</p> <p>The parents', hospitalized child's, and health care providers' perception and experiences of family centered care within a pediatric critical care setting: a metasynthesis of qualitative research (Provisional abstract) Centre for Reviews and Dissemination Original Author(s): Foster MJ , Whitehead L , Maybee P and Cullens V Journal of Family Nursing, 2013, 19(4), 431-468 http://jfn.sagepub.com/content/19/4/431.long (fulltekst)</p> <p>An integrative review of parent satisfaction with care provided in the neonatal intensive care unit (Provisional abstract) Centre for Reviews and Dissemination Original Author(s): Butt ML , McGrath JM , Samra HA and Gupta R Journal of Obstetric, Gynecologic and Neonatal Nursing, 2013, 42(1), 105-120 http://onlinelibrary.wiley.com/doi/doi:10.1111/1552-6909.12002/full (fulltekst)</p> <p>The effectiveness of music on pain among preterm infants in the NICU: a systematic review (Provisional abstract) Centre for Reviews and Dissemination Original Author(s): Polkki T and Korhonen A 2014, 354-373 http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12014038171/frame.html</p>
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Database/kilde	Epistemonikos
Dato for søk	23.05.2016
Søkehistorie	(infant* OR neonat* OR newborn* OR preterm* OR premature) AND (parent* OR mother* OR family OR families OR father* OR patern* OR matern*) AND (nurse OR nursing OR nurses OR postoperativ* OR post operativ* OR surgery OR surgical*) AND (bond* OR education OR family centred care OR family centered care OR counsel* OR kangaroo OR relation* OR participat* OR decision)
Antall treff	243 systematic reviews siste 5 år
Kommentarer	<p>Shields L, Zhou H, Taylor M, Hunter J, Munns A, Watts R. Family-centred care for hospitalised children aged 0-12 years: a systematic review of quasi-experimental studies. JBI Library of Systematic Reviews 2012; 10(39): 2559-2592</p> <p>http://www.ncbi.nlm.nih.gov/pubmed/25850518</p> <p>http://www.joannabriggslibrary.org/index.php/jbisrir/article/view/32</p> <p>Family-centred care for hospitalised children aged 0-12 years. Shields L1, Zhou H, Pratt J, Taylor M, Hunter J, Pascoe E. Cochrane Database Syst Rev. 2012 Oct 17;10:CD004811. http://www.ncbi.nlm.nih.gov/pubmed/23076908</p>

TI - Impact of the design of neonatal intensive care units on neonates, staff, and families: a systematic literature review... ceu ex pg 267-8.

AU - Shahheidari M AU - Homer C

AB - ABSTRACT: Newborn intensive care is for critically ill newborns requiring constant and continuous care and supervision. The survival rates of critically ill infants and hospitalization in neonatal intensive care units (NICUs) have improved over the past 2 decades because of technological advances in neonatology. The design of NICUs may also have implications for the health of babies, parents, and staff. It is important therefore to articulate the design features of NICU that are associated with improved outcomes. The aim of this study was to explore the main features of the NICU design and to determine the advantages and limitations of the designs in terms of outcomes for babies, parents, and staff, predominately nurses. A systematic review of English-language, peer-reviewed articles was conducted for a period of 10 years, up to January 2011. Four online library databases and a number of relevant professional Web sites were searched using key words. There were 2 main designs of NICUs: open bay and single-family room. The open-bay environment develops communication and interaction with medical staff and nurses and has the ability to monitor multiple infants simultaneously. The single-family rooms were deemed superior for patient care and parent satisfaction. Key factors associated with improved outcomes included increased privacy, increased parental involvement in patient care, assistance with infection control, noise control, improved sleep, decreased length of hospital stay, and reduced rehospitalization. The design of NICUs has implications for babies, parents, and staff. An understanding of the positive design features needs to be considered by health service planners, managers, and those who design such specialized units.

T2 - The Journal of perinatal & neonatal nursing

VL - 26

SP - 260-6

IS - 3

<http://bit.ly/1P2zL8T>

<http://bit.ly/1UhbuKW> (fulltekst)

TI - A systematic mapping review of effective interventions for communicating with, supporting and providing information to parents of preterm infants.

AU - Brett J AU - Staniszewska S

AB - Background and objective The birth of a preterm infant can be an overwhelming experience of guilt, fear and helplessness for parents. Provision of interventions to support and engage parents in the care of their infant may improve outcomes for both the parents and the infant. The objective of this systematic review is to identify and map out effective interventions for communication with, supporting and providing information for parents of preterm infants. Design Systematic searches were conducted in the electronic databases Medline, Embase, PsychINFO, the Cochrane library, the Cumulative Index to Nursing and Allied Health Literature, Midwives Information and Resource Service, Health Management Information Consortium, and Health Management and Information Service. Hand-searching of reference lists and journals was conducted. Studies were included if they provided parent-reported outcomes of interventions relating to information, communication and/or support for parents of preterm infants prior to the birth, during care at the neonatal intensive care unit and after going home with their preterm infant. Titles and abstracts were read for relevance, and papers judged to meet inclusion criteria were included. Papers were data-extracted, their quality was assessed, and a narrative summary was conducted in line with the York Centre for Reviews and Dissemination guidelines. Studies reviewed Of the 72 papers identified, 19 papers were randomised controlled trials, 16 were cohort or quasi-experimental studies, and 37 were non-intervention studies. Results Interventions for supporting, communicating with, and providing

information to parents that have had a premature infant are reported. Parents report feeling supported through individualised developmental and behavioural care programmes, through being taught behavioural assessment scales, and through breastfeeding, kangaroo-care and baby-massage programmes. Parents also felt supported through organised support groups and through provision of an environment where parents can meet and support each other. Parental stress may be reduced through individual developmental care programmes, psychotherapy, interventions that teach emotional coping skills and active problem-solving, and journal writing. Evidence reports the importance of preparing parents for the neonatal unit through the neonatal tour, and the importance of good communication throughout the infant admission phase and after discharge home. Providing individual web-based information about the infant, recording doctor-patient consultations and provision of an information binder may also improve communication with parents. The importance of thorough discharge planning throughout the infant's admission phase and the importance of home-support programmes are also reported. Conclusion The paper reports evidence of interventions that help support, communicate with and inform parents who have had a premature infant throughout the admission phase of the infant, discharge and return home. The level of evidence reported is mixed, and this should be taken into account when developing policy. A summary of interventions from the available evidence is reported.

T2 - BMJ open

VL - 1

<http://bit.ly/1RvLNBM>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3191395/> (fulltekst)

TI - Postnatal parental education for optimizing infant general health and parent-infant relationships

AU - Janet Bryanton AU - Cheryl T Beck AU - William Montelpare

AB - BACKGROUND: Many learning needs arise in the early postpartum period, and it is important to examine interventions used to educate new parents about caring for their newborns during this time.

OBJECTIVES: The primary objective was to assess the effects of structured postnatal education delivered to an individual or group related to infant general health or care and parent-infant relationships.

SEARCH METHODS: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (31 March 2013).

SELECTION CRITERIA: We included randomized controlled trials of any structured postnatal education provided to individual parents or groups of parents within the first two months post-birth related to the health or care of an infant or parent-infant relationships.

DATA COLLECTION AND ANALYSIS: Two review authors (JB, CTB) assessed trial quality and extracted data from published reports.

MAIN RESULTS: Of the 27 trials (3949 mothers and 579 fathers) that met the inclusion criteria, only 15 (2922 mothers and 388 fathers) reported useable data. Educational interventions included: five on infant sleep enhancement, 12 on infant behaviour, three on general post-birth health, three on general infant care, and four on infant safety. Details of the randomization procedures, allocation concealment, blinding, and participant loss were often not reported. Of the outcomes analyzed, only 13 were measured similarly enough by more than one study to be combined in meta-analyses. Of these 13 meta-analyses, only four were found to have a low enough level of heterogeneity to provide an overall estimate of effect. Education about sleep enhancement resulted in a mean difference of 29 more night-time minutes of infant sleep in 24 hours at six weeks of age (95% confidence interval (CI) 18.53 to 39.73) than usual care. However, it had no significant effect on the mean difference in minutes

of crying time in 24 hours at six weeks and 12 weeks of age. Education related to infant behaviour increased maternal knowledge of infant behaviour by a mean difference of 2.85 points (95% CI 1.78 to 3.91).

AUTHORS' CONCLUSIONS: The benefits of educational programs to participants and their newborns remain unclear. Education related to sleep enhancement appears to increase infant sleep but appears to have no effect on infant crying time. Education about infant behaviour potentially enhances mothers' knowledge; however more and larger, well-designed studies are needed to confirm these findings.

T2 - Cochrane Database of Systematic Reviews

<http://bit.ly/1Z5gYtH>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3191395/> (fulltekst)

T1 - Kangaroo mother care to reduce morbidity and mortality in low birthweight infants.

AU - Conde-Agudelo A AU - Díaz-Rossello JL

AB - BACKGROUND: Kangaroo mother care (KMC), originally defined as skin-to-skin contact between a mother and her newborn, frequent and exclusive or nearly exclusive breastfeeding, and early discharge from hospital, has been proposed as an alternative to conventional neonatal care for low birthweight (LBW) infants.

OBJECTIVES: To determine whether there is evidence to support the use of KMC in LBW infants as an alternative to conventional neonatal care.

SEARCH METHODS: The standard search strategy of the Cochrane Neonatal Group was used. This included searches in MEDLINE, EMBASE, LILACS, POPLINE, CINAHL databases (all from inception to March 31, 2014) and the Cochrane Central Register of Controlled Trials (The Cochrane Library, Issue 3, 2014) In addition, we searched the web page of the Kangaroo Foundation, conference and symposia proceedings on KMC, and Google scholar.

SELECTION CRITERIA: Randomized controlled trials comparing KMC versus conventional neonatal care, or early onset KMC (starting within 24 hours after birth) versus late onset KMC (starting after 24 hours after birth) in LBW infants.

DATA COLLECTION AND ANALYSIS: Data collection and analysis were performed according to the methods of the Cochrane Neonatal Review Group.

MAIN RESULTS: Eighteen studies, including 2751 infants, fulfilled inclusion criteria. Sixteen studies evaluated KMC in LBW infants after stabilization, one evaluated KMC in LBW infants before stabilization, and one compared early onset KMC with late onset KMC in relatively stable LBW infants. Thirteen studies evaluated intermittent KMC and five evaluated continuous KMC. At discharge or 40-41 weeks' postmenstrual age, KMC was associated with a reduction in the risk of mortality (typical risk ratio (RR) 0.60, 95% confidence interval (CI) 0.39 to 0.92; eight trials, 1736 infants), nosocomial infection/sepsis (typical RR 0.45, 95% CI 0.27 to 0.76), hypothermia (typical RR 0.34, 95% CI 0.17 to 0.67), and length of hospital stay (typical mean difference 2.2 days, 95% CI 0.6 to 3.7). At latest follow up, KMC was associated with a decreased risk of mortality (typical RR 0.67, 95% CI 0.48 to 0.95; 11 trials, 2167 infants) and severe infection/sepsis (typical RR 0.56, 95% CI 0.40 to 0.78). Moreover, KMC was found to increase some measures of infant growth, breastfeeding, and mother-infant attachment. There were no significant differences between KMC infants and controls in neurodevelopmental and neurosensory impairment at one year of corrected age. Sensitivity analysis suggested that the inclusion of studies with high risk of bias did not affect the general direction of findings or the size of the treatment effect for the main outcomes.

AUTHORS' CONCLUSIONS: The evidence from this updated review supports the use of KMC in LBW infants as an alternative to conventional neonatal care mainly in resource-limited settings.

Further information is required concerning effectiveness and safety of early onset continuous KMC in unstabilized or relatively stabilized LBW infants, long term neurodevelopmental outcomes, and costs of care.

The Cochrane database of systematic reviews

<http://bit.ly/1TE0qVW>

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002771.pub3/full> (fulltekst)

TI - A meta-synthesis related to infant feeding decision making.

AU - Nelson AM

AB - PURPOSE: The purpose of this metasynthesis was to synthesize the findings of qualitative research studies related to infant feeding decision making and contribute to an increased understanding of this phenomenon.

METHOD: Noblit and Hare's (1988) metaethnographic, comparative method of synthesizing qualitative studies was utilized.

SAMPLE: Computerized searches were conducted using the CINAHL, MEDLINE, PsycINFO, and the SocINDEX databases. Articles from indexed journals related to infant feeding decision making published from 1990 to 2011 were reviewed. Fourteen qualitative studies were identified, and all were included in the metasynthesis.

DATA COLLECTION/ANALYSIS: Findings were extracted from individual studies and organized in tables to place them in juxtaposition with each other. Comparisons were then made across studies and metaphors written to express a new, broader interpretation.

RESULTS: Two processes emerged as central to maternal infant feeding decision making: making a personal choice and defending the choice. In addition six themes were identified indicative of issues that influenced these two processes: knowing "breast is best", disapproval of public breastfeeding, sense of personal comfort, level of confidence/commitment, need for support, and perceived lifestyle compatibility.

CLINICAL NURSING IMPLICATIONS: There is a need for healthcare providers to support women with infant feeding decision making by helping them address issues suggested by this metasynthesis while at the same time respecting their right to self-determination.

T2 - MCN. The American journal of maternal child nursing

VL - 37

SP - 247-52

IS - 4

SN - 1539-0683

PY - 2012

<http://bit.ly/25pkqqd>

<http://bit.ly/20J8zvw> (fulltekst)

TI - Parent participation in decision-making in health-care services for children: an integrative review.

AU - Aarthun A AU - Akerjordet K

AB - AIM: To describe and synthesize previous research on parents' perceptions of their participation in decision making in child health-care services.

BACKGROUND: Health policy in the area of user involvement emphasizes parent participation in decision-making (DM), thus ensuring that services are provided in accordance with their

child's needs and enhancing parents' control over their child's health-care services.

METHOD: A systematic literature search, covering the period January 2000 to February 2011, found 18 studies that met the inclusion criteria. The analysis process involved data extraction, reduction, comparison and synthesizing.

FINDINGS: Three themes emerged: (1) relational factors and interdependence, (2) personal factors and attitudes and (3) organisational factors.

CONCLUSIONS: Parents highlighted the importance of the parent-health professional relationship, professionals' competence and the possibility of varying the degree of participation in decision making. Challenges involved asymmetry in authority and power, professionals' attitudes and competence and organisational shortcomings in health-care services. Health professionals need to become more aware of their critical role and responsibility in involving parents in DM.

IMPLICATIONS FOR NURSING MANAGEMENT: Health professionals' attitudes and competence can be improved by knowledge of user involvement and research and facilitating the inclusion of parents in decision making by influencing the culture, routines and resources in the health service.

T2 - Journal of nursing management

VL - 22

SP - 177-91

IS - 2

SN - 1365-2834

PY - 2014

<http://bit.ly/1OQQLta>

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2834.2012.01457.x/abstract>

(fulltekst)

TI - Does transitional care improve neonatal and maternal health outcomes? A systematic review

AU - Miah, Rukeya

AB - Current evidence has shown that transitional care benefits the health outcomes of moderately compromised infants and mothers in terms of de-medicalisation of care, improving mother and infant attachments, parenting skills for dependant infants and the potential for shorter length of hospitalisation. Transitional care units exist in a variety of forms in neonatal services, ranging from nurse-led to midwife-led units. This review establishes whether transitional care units improve maternal and neonatal health outcomes. **OBJECTIVE:** To review and synthesise published research on 'Does transitional care improve neonatal and maternal health outcomes?' **METHODS:** Systematic reviews of published literature from nine electronic databases were undertaken and a total of ten studies were reviewed that met the reviews inclusion criteria. **FINDINGS:** Five studies were rated as moderate strength, four studies were rated as very high quality and one study was rated as poor quality. Three overarching primary outcomes were identified. Within each outcome, a series of seven secondary outcome measures were reported. These included very positive benefits on one end of the scale and no benefits at the other end. The outcome measures report inconsistently across studies of the values of transitional care units for infants, 'shorter length of stay', 'transitional model of care' and the 'reduced risks of infection'. Family centred care, mother as main carer, and increased bonding and attachments featured strongly across studies and thus supported the benefits of transitional care units in improving neonatal and maternal health outcomes. **CONCLUSION:** This review highlighted the values of transitional care in increasing the 'mother-infant' model of

care. More studies are required for the evidence base for strategies to reduce the length of hospitalisation for moderately vulnerable infants. It was discovered that there are substantial variables in transitional care unit practices in the UK, as well as a need for well-conducted studies.

T2 - British Journal of Midwifery

VL - 21

SP - 634

IS - 9

SN - 09694900

PY - 2013

<http://bit.ly/1WoLLnB>

<http://www.magonlinelibrary.com/doi/10.12968/bjom.2013.21.9.634> (fulltekst)

TI - Separate care for new mother and infant versus rooming-in for increasing the duration of breastfeeding

AU - Sharifah Halimah JaafarAU - Kim Seng Lee

AB - BACKGROUND: Separate care for a new mother and infant may affect the duration of breastfeeding, breastfeeding behaviour and may have an adverse effect on neonatal and maternal outcomes.

OBJECTIVES: To assess the effect of mother-infant separation versus rooming-in on the duration of breastfeeding (exclusive and total duration of breastfeeding).

SEARCH METHODS: We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (30 June 2012).

SELECTION CRITERIA: Randomised or quasi-randomised controlled trials (RCTs) investigating the effect of separate mother-infant care versus rooming-in after hospital birth or at home on the duration of breastfeeding, proportion of breastfeeding at six months and adverse neonatal and maternal outcomes.

DATA COLLECTION AND ANALYSIS: Two review authors independently assessed the studies for inclusion and assessed trial quality. Two review authors extracted data. Data were checked for accuracy.

MAIN RESULTS: There were 23 reports from 19 potential trials identified. After assessment, one trial (involving 176 women) met our inclusion criteria.

One trial reported an overall median duration of any breastfeeding of four months. Exclusive breastfeeding before discharge from hospital (at day four postpartum) was significantly lower in the separate care group compared with the rooming-in group (risk ratio (RR) 0.58; 95% CI 0.42 to 0.81; one trial, 141 women).#160;

AUTHORS' CONCLUSIONS: We found little evidence to support or refute the practice of mother-infant separation versus rooming-in. Therefore, we see no reason to practise it. We recommend a well designed RCT to investigate full mother-infant rooming-in versus partial rooming-in or separate care on all of the primary and secondary outcomes suggested.

T2 - Cochrane Database of Systematic Reviews

VL - 9

SP - CD006641

IS - 9

SN - 1469-493X

PY - 2012

<http://bit.ly/25IHh4>

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006641.pub2/abstract> (fulltekst)

TI - Comforting touch in the very preterm hospitalized infant: an integrative review.

AU - Smith JR

AB - Infants born prematurely lose the protection of the uterus at a time of fetal development when the brain is growing and organizing exponentially. Environmental factors such as stress in the neonatal intensive care unit (NICU) may play a role in altered brain maturation and neurobehavioral outcomes. Strategies aimed at reducing stress and promoting infant well-being are essential to improve neurologic and behavioral outcomes. Infant massage is a developmentally supported strategy aimed at promoting relaxation. However, despite the well-documented benefits of infant massage, infants born very preterm (<30 weeks' gestation) are often excluded from these studies, leaving neonatal clinicians and families without guidance in how to provide a stress-reducing supplemental touch. Much of the touch in the NICU is a procedural touch, and infants born very preterm often miss out on comforting touch stimulation. A systematic review of the literature is presented with an aim to explore the research that examines the various comforting touch therapies used on hospitalized NICU infants born very preterm within the first few days of postnatal life. The purpose of this review was to identify appropriate stress-reducing comforting touch techniques for physiologically fragile very preterm infants in order to inform and provide guidance to neonatal clinicians and families.

T2 - Advances in neonatal care : official journal of the National Association of Neonatal Nurses

VL - 12

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PY - 2012

<http://bit.ly/1OQRxX6>

<http://bit.ly/1WQdsFw> (fulltekst)

TI - Skin-to-skin care for procedural pain in neonates

AU - Celeste Johnston AU - Marsha Campbell-Yeo

AB - BACKGROUND: Skin-to-skin care (SSC), otherwise known as Kangaroo Care (KC) due to its similarity with marsupial behaviour of ventral maternal-infant contact, is one non-pharmacological intervention for pain control in infants.

OBJECTIVES: The primary objectives were to determine the effect of SSC alone on pain from medical or nursing procedures in neonates undergoing painful procedures compared to no intervention, sucrose or other analgesics, or additions to simple SSC such as rocking; and the effects of the amount of SSC (duration in minutes) and the method of administration (who provided the SSC, positioning of caregiver and neonate pair).

The secondary objectives were to determine the incidence of untoward effects of SSC and to compare the SSC effect in different postmenstrual age subgroups of infants.

SEARCH METHODS: The standard methods of the Cochrane Neonatal Collaborative Review Group were used. Databases searched in August 2011: Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library); Evidence-Based Medicine Reviews; MEDLINE (1950

onwards); PubMed (1975 onwards); EMBASE (1974 onwards); CINAHL (1982 onwards); Web of Science (1980 onwards); LILACS database (1982 onwards); SCIELO database (1982 onwards); PsycInfo (1980 onwards); AMED (1985 onwards); Dissertation-Abstracts International (1980 onwards). Searches were conducted throughout September 2012.

SELECTION CRITERIA: Studies with randomisation or quasi-randomisation, double or single-blinded, involving term infants (> 37 completed weeks postmenstrual age (PMA)) to a maximum of 44 weeks PMA and preterm infants (< 37 completed weeks PMA) receiving SSC for painful procedures conducted by doctors, nurses, or other healthcare professionals.

DATA COLLECTION AND ANALYSIS: The main outcome measures were physiological or behavioural pain indicators and composite pain scores. A weighted mean difference (WMD) with 95% confidence interval (CI) using a fixed-effect model was reported for continuous outcome measures. We included variations on type of tissue-damaging procedure, provider of care, and duration of SSC.

MAIN RESULTS: Nineteen studies (n = 1594 infants) were included. Fifteen studies (n = 744) used heel lance as the painful procedure, one study combined venepuncture and heel stick (n = 50), two used intramuscular injection, and one used 'vaccination' (n = 80). The studies that were included were generally strong and free from bias.

Eleven studies (n = 1363) compared SSC alone to a no-treatment control. Although 11 studies measured heart rate during painful procedures, data from only four studies (n = 121) could be combined to give a mean difference (MD) of 0.35 beats per minute (95% CI -6.01 to 6.71).

Three other studies that were not included in meta-analyses also reported no difference in heart rate after the painful procedure. Two studies reported heart rate variability outcomes and found no significant differences. Five studies used the Premature Infant Pain Profile (PIPP) as a primary outcome, which favoured SSC at 30 seconds (n = 268) (MD -3.21, 95% CI -3.94 to -2.48), 60 seconds (n = 164) (MD -1.85, 95% CI -3.03 to -0.68), and 90 seconds (n = 163) (MD -1.34, 95% CI -2.56 to -0.13), but at 120 seconds (n = 157) there was no difference. No studies provided findings on return of heart rate to baseline level, oxygen saturation, cortisol levels, duration of crying, and facial actions that could be combined for analysis.

Eight studies compared SSC to another intervention with or without a no-treatment control. Two cross-over studies (n = 80) compared mother versus other provider on PIPP scores at 30, 60, 90, and 120 seconds with no significant difference. When SSC was compared to other interventions, there were not enough similar studies to pool results in an analysis. One study compared SSC with and without dextrose and found that the combination was most effective and that SSC alone was more effective than dextrose alone. Similarly, in another study SSC was more effective than oral glucose for heart rate but not oxygen saturation. SSC either in combination with breastfeeding or alone was favoured over a no-treatment control, but was not different to breastfeeding. There were not enough participants with similar outcomes and painful procedures to compare age groups or duration of SSC. No adverse events were reported in any of the studies.

AUTHORS' CONCLUSIONS: SSC appears to be effective, as measured by composite pain indicators and including both physiological and behavioural indicators, and safe for a single painful procedure such as a heel lance. Purely behavioural indicators tended to favour SSC but there remains questionable bias regarding behavioural indicators. Physiological indicators were typically not different between conditions. Only two studies compared mother providers to others, with non-significant results. There was more heterogeneity in the studies with behavioural or composite outcomes. There is a need for replication studies that use similar, clearly defined outcomes. New studies examining optimal duration of SSC, gestational age groups, repeated use, and long-term effects of SSC are needed.

Cochrane Database of Systematic Reviews - 2014

<http://bit.ly/1Tqstu>

	<p>TI - Early Intervention for Preterm Infants and Their Mothers: A Systematic Review.</p> <p>AU - Zhang X AU - Kurtz M</p> <p>AB - This systematic review evaluates the efficacy of various early interventions on maternal emotional outcomes, mother-infant interaction, and subsequent infant outcomes during neonatal intensive care unit admission and postdischarge. Key interventions associated with outcomes in both the neonatal intensive care unit and postdischarge (ie, home) settings are summarized. A comprehensive search of peer-reviewed randomized controlled trials involving early interventions for infants and their mother published between 1993 and 2013 in the electronic databases PubMed, CINAHL, EMBASE, PsychINFO, and Cochrane was undertaken. Methodological quality was assessed using the PEDro scale to evaluate internal and external validity of the study. Twelve randomized controlled trials were included in the review, and all used some form of parenting education. The interventions had limited effects on maternal stress and mother-infant interaction and positive effects on maternal anxiety, depressive symptoms, and maternal coping. There were positive effects on infants' short-term outcomes for length of stay and breast-feeding rate. Positive and clinically meaningful effects of early interventions were seen in some physiological/psychological outcomes of mothers and preterm infants. It is important for nurses to foster close mother-infant contact and increase maternal competence during and after the infant's hospitalization period.</p> <p>T2 - The Journal of perinatal & neonatal nursing</p> <p>SN - 1550-5073</p> <p>PY - 2014</p> <p>UR - http://bit.ly/1XBrKJx http://www.ncbi.nlm.nih.gov/pubmed/?term=25408293 (fulltekst)</p>
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Database/kilde	Nasjonalt kunnskapssenter for helsetjenesten – rapporter og notater
Dato for søk	27.05.2016
Søkehistorie eller fremgangsmåte	Sett gjennom under spesialisthelsetjenesten
Kommentarer	Ingen relevante

Primærstudier

Database/kilde	Ovid MEDLINE Database: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) <1946 to Present>
Dato for søk	27.05.2016
Søkehistorie	<ol style="list-style-type: none"> 1 (mother* or father* or parent* or matern* or patern* or famil*).tw,kf. (1425137) 2 (newborn* or infant* or neonat*).tw,kf. (603003) 3 (nicu or intensive care or critical* ill*).tw,kf. (131033) 4 1 and 2 and 3 (7013) 5 (bond* or stress or noise* or skin to skin or kangaroo or participat* or attachment or familycentred care or interaction* or education or counsel* or nursing or nurses or nurse or involvement or postoperative or post operative or decision*).tw,kf. (3754505) 6 4 and 5 (2656) 7 limit 6 to (english language and yr="2010 -Current") (1133) 8 limit 7 to ("reviews (best balance of sensitivity and specificity)" or "qualitative (best balance of sensitivity and specificity)") (467) 11 9 or 10 (78)

	12 exp Decision Making/ (158082) 13 4 and 12 (238) 14 13 not 8 (209) 15 limit 14 to (english language and yr="2010 -Current") (45) 17 (nurse and relation*).tw,kf. (10118) 18 1 and 2 and 3 and 17 (40)
Antall treff	552 ref.
Kommentarer	Valgt ut 14 reviews og 70 enkeltstudier se eget vedlegg

Database/kilde	OVID Maternity & Infant Care Database (MIDIRS) <1971 to April 2016>
Dato for søk	31.05.2016
Søkehistorie eller fremgangsmåte	1 (stress* and (infant* or newborn* or neonat* or premature* or nicu)).mp. 2 limit 1 to (yr="2010 -Current" and neonatal intensive care) 3 (stress* and (infant* or newborn* or neonat* or premature*)).mp. 4 (intensive care or critical* ill* or nicu).mp. 5 3 and 4 6 review.ti,ab. 7 5 and 6
Antall treff	63 treff, valgt ut 5 ref
Antall treff	1. The effect of kangaroo care on neurodevelopmental outcomes in preterm infants. Head LM. The Journal of Perinatal and Neonatal Nursing. vol 28, no 4, October/December 2014, pp 290-299. Preterm birth is associated with long-term deficits in executive functioning and cognitive performance. As advances in neonatal care enable more preterm infants to survive, development of strategies to address high rates of neurodevelopmental disabilities and poor academic achievement in preterm infants are crucial. Evidence suggests that infants' brains are plastic in nature and, therefore, can be shaped by the environment. Kangaroo care has become popularized as a means of modifying the stress of the NICU environment. However, few studies have examined whether kangaroo care affects neurodevelopmental outcomes in preterm infants. This review examined available literature that investigated the effect of kangaroo care on cognition in preterm infants. Current evidence suggests that short-term benefits of kangaroo care are associated with improved neurodevelopment. However, few studies have examined the long-term impact of kangaroo care on cognitive outcomes in preterm infants. To address neurological disparities in children born preterm, research using kangaroo care as a strategy to improve neurodevelopment in preterm infants is warranted. (40 references) (Author)

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

2.

**Parents' experiences of caring for their infant following surgery in the neonatal period:
A literature review.**

Diffin J. Shields MD. Cruise S. et al.

The Journal of Neonatal Nursing. vol 19, no 5, October 2013, pp 271-289.

Previous research with parents of preterm and low-birth weight infants admitted to the Neonatal Intensive Care Unit (NICU) has indicated the following: (i) parents are at risk of experiencing stress associated with the NICU environment; (ii) parents are at risk of short- and longer-term psychological distress; and (iii) the family is at risk of longer-term stress and strain. However, parents of infants admitted to the NICU for surgery are an under-researched population. This paper provides an overview of the current literature in relation to this issue. The results highlight the paucity of research conducted with parents of infants admitted to the NICU for surgery. A number of gaps and limitations were also identified in the current literature, including a lack of examination why some parents cope better than others, and a focus solely on parents of preterm and low birth weight infants. To conclude, further research with parents of infants who had surgery in the first few weeks of life is needed. Such information could help inform clinicians caring for these infants and their families, and would enable identification of those parents and families most at risk. (40 references) (Author)

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

3.

A developmental care framework for a cardiac intensive care unit: a paradigm shift.

Torowicz D. Lisanti AJ. Rim JS. et al.

Advances in Neonatal Care. vol 12, suppl, no 5S, October 2012, pp S28-S32.

Within the past several decades, medical and surgical advancements have dramatically decreased mortality rates in neonates and infants with congenital heart disease. Although patients are surviving in greater numbers, little research is reported on issues related to newborn care for these at-risk infants. A developmental care model was introduced to the nursing staff at the Children's Hospital of Philadelphia, which included 5 core measures to support evidence-based developmental care practices: (1) sleep, pain, and stress assessment; (2) management of daily living; (3) positioning, feeding, and skin care; (4) family-centered care; and (5) a healing environment. The care practices were adapted to the specific issues of the late preterm and full-term infant who has experienced neonatal cardiac surgery. The purpose of this

article is to review the process of implementing a development model of care in a cardiac intensive care unit. (9 references) (Author)

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

4.

Parent involvement in end-of-life care and decision making in the newborn intensive care unit: an integrative review.

Eden LM. Callister LC.

Journal of Perinatal Education. vol 19, no 1, Winter 2010, pp 29-39.

AN: 2010101432

Survival rates for very preterm and critically ill infants are increasing, raising complex ethical issues for health-care providers and parents who face the challenge of making end-of-life decisions for newborns. The purpose of this integrative literature review was to evaluate parental involvement in end-of-life care and decision making for their infant in the newborn intensive care unit. Findings revealed that establishing good relationships and clear communication between health-care providers and parents builds trust and eases stress placed on parents making decisions about the care of their infant. Palliative care programs provide support for parents and facilitate their decision making. Parents can be educated about how to communicate with health-care providers. Educating nurses on how to provide end-of-life care may also help improve support for parents during this difficult time. Additional research is recommended to examine parents' needs during and after end-of-life care decisions for their newborn.

(Author)

Link to the Ovid Full Text or citation:

[Click here for full text options](#)

5.

Experiences of fathers of babies in intensive care.

Deeney K. Lohan M. Parkes J. et al.

Paediatric Nursing. vol 21, no 1, February 2009, pp 45-47.

Around 2,000 sick or premature infants are admitted each year to intensive care units in Northern Ireland - 8.1 per cent of the live birth population. Studies show that having a premature or 'high-risk' infant is stressful for both parents, yet most research focuses on the mothers' experiences. A literature review was undertaken in preparation for a study exploring fathers' experiences of caring for an infant admitted to a neonatal intensive care unit. It identified seven papers reporting primary research on the fathers' experiences, and others in which their views were included or assumed. Among the

	<p>findings were that fathers react and cope differently from mothers, and may be burdened by having to take time off work. In addition, they may not perceive themselves as the primary caregiver to their sick infant, but rather providing a supporting role. (35 references) (Author)</p> <p>Link to the Ovid Full Text or citation: Click here for full text options</p>
<p>Annen relevant litteratur</p>	<p>Horne R S C, Hauck F R, Moon R Y. Sudden infant death syndrome and advice for safe sleeping. Clinical Review. April 2015.</p> <p>Tandberg B S og Steinnes S. Nyfødtsykepleie 1, syke nyfødte og premature barn. 2009. Kap 13. s.244-258</p> <p>Raiskala S, Lethonen L, Silnes-Tandberg B et. al. Parent and nurse perceptions on the quality of family-centred care in 11 European NICUs. Elsevier-Australien Critical Care, september 2016.</p> <p>Brandtzæg I., Smith L., Torsteinson S. Mikroseparasjoner, Fagbokforlaget-Heftet 2011.</p>