Objective: to evaluate stress and coping in parents of newborns admitted to a Neonatal Intensive Care Unit. Method: cross-sectional, exploratory, analytical study with a quantitative approach, performed in a Neonatal Intensive Care Unit of a general hospital. Data will be collected through a research protocol, which consists of: socio-demographic and clinical data of the newborn; identification data, sociodemographic, collection of parents saliva samples; application range Parental Stress Scale: Neonatal Intensive Care Unit and Inventory Lazarus and Folkman Coping Strategies. Project approved by the Ethics Committee of the Regional State University of Northwestern Rio Grande do Sul, in the opinion of the number CAAE 50908915.0.0000.5350. Expected results: expansion of knowledge on the subject, in order to direct the look to the parents of the newborn, in order to qualify for assistance. Descriptors: Neonatal Intensive Care Units; Parents; Psychological Stress; Psychological Adjustment.
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INTRODUCTION

The hospitalization process is characterized by an unpleasant experience for those who experience it, which can lead to feelings of insecurity, fear, discomfort, anxiety, doubts and preoccupation. In addition to separating the patient from their family, they are subjected to invasive and painful procedures, which may contribute to the occurrence of stress.

Neonatal Intensive Care Units (NICU) are characterized by the provision of hospital services intended for the care of newborns (NB) in severe or life-threatening situations, with a specialized multidisciplinary team, own specific equipment and appropriate technology for diagnosis and therapy.

The complexity of the clinical picture of the newborn requires comprehensive and interdisciplinary care. The duties and responsibilities of this team must be formally designated for each act to quality care, based on the principles of humanization.

The expectation surrounding the birth of a child is linked to the idea of bringing a healthy baby home, however, in some situations this fact is not realized and that desire is interrupted by the NB needing hospitalization in a NICU. When a situation like this happens, parents often experience mixed feelings resulting from the frustration of idealized dreams, joy replaced by insecurity of an uncertain reality, permeating with various feelings, including grief. These feelings can be reduced through of individualized assistance to parents, which includes awareness to have their participation in the recovery process of their child.

In this sense, from the moment they receive the news that their child will need specialized care in a NICU, parents are overwhelmed by feelings arising from the birth of a risk baby, such as despair, anxiety, insecurity and uncertainty, fear and guilt of leaving their hospitalized child and not taking it home.

Parents’ reactions to hospitalization of their child range from organic changes to psychological problems, and are associated with difficulty in understanding what really happens with it, the need to stay in an unfamiliar environment, with noise, equipment and people jogging all the time, are considered triggering sources of stress to patients and family members.

Thus, it is observed that parents carry out an assessment before the stressor and define coping strategies to deal with the situation experienced. The coping is understood as a dynamic and scalable process, defined as a cognitive and behavioral change to handle the demands that are assessed as surplus to the individual’s resources. It is noteworthy that it comes from a coping response to stressors associated with a stimulus that the body seeks to adapt.

OBJECTIVES

- To evaluate stress and coping in parents of newborns admitted to a Neonatal Intensive Care Unit.
- To characterizing the newborns admitted to socio-demographic and clinical variables; To assess socio-demographic characteristics of newborns of parents admitted to a NICU.
- To evaluate the stress of parents of newborns assisted in neonatal intensive care as the occurrence of stress levels, general stress levels and total number of experiments, using a validated scale.
- To identify strategies for coping with the use of a valid scale and relating them to socio-demographic variables of the studied population.
- To analyzing coping strategies of parents and relating them to clinical variables of NBs;
- To measure salivary cortisol levels in the studied population.
- To relate the stress experienced with salivary cortisol levels and sociodemographic variables of the studied population.

METHOD

A cross-sectional, exploratory, analytical study with a quantitative approach, performed in a Neonatal Intensive Care Unit of a general hospital, port IV, located in the northwestern region of Rio Grande do Sul. Project approved by the Ethics Committee of the Regional Northwest University State of Rio Grande do Sul, in the opinion of the number CAAE 50908915.0.0000.5350.

The studied population consists of infants born to parents in the Neonatal Intensive Care Unit at said hospital. Inclusion criteria: newborn’s father and mother in a Neonatal Intensive Care Unit of the hospital; accept their informed consent.

Sociodemographic data, related to stress and coping mechanisms are being collected directly from parents of newborns and saliva samples, also with the use of oral swabs. Collection instruments are: socio-demographic and clinical data NB; identification data, sociodemographic, collection of parent’s saliva samples; application range Parental Stress Scale: Neonatal Intensive Care Unit (PSS:...
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NICU Inventory and Coping Strategies of Lazarus and Folkman - ICS. The collection of sociodemographic and clinical data NB was directly carried out using the medical records of newborns in the NICU, the researcher.

**EXPECTED RESULTS**

The relevance of this research focuses on the expansion of knowledge on the subject, in order to direct the look to the NB family, focusing on parents, in order to qualify to care based on principles of comprehensiveness and humanization. Also, evaluate the stress and how parents of NBs surveyed deal with it, it is equally important in order to subsidize reflections, discussions and health professional actions of the Neonatal Intensive Care Unit, in order to posture changes regarding assistance to families.

It is considered that the results can also be important in order to instigate for triggering public policy attention in neonatology, directed to the family since the child needs the presence of their parents in this time of special care and even can benefit from important segments of the population in terms of health promotion, recovery, prevention of complications, improving quality of life and possibly even can contribute in reducing NB hospitalization.

**REFERENCES**


