

The Work of HPS at a Premature Baby Care Unit

Tomoko Terada*

I . Introduction

In our “Premature Baby Care Unit”, there are 15 beds in NICU (Neonatal Intensive Care Unit) and 18 beds in GCU (Growing Care Unit) *¹⁾. Many infants for various reasons including infants with severe medical conditions and/or with extremely low birth weight (less than 1,000g at birth) are brought to our unit by ambulance.

I have worked for the Premature Baby Care Unit for a year and half. Since I was working for other sections of the hospital for a while, I was able to work for infants only two days a week. Fortunately I have been assigned to the Premature Baby Care Unit on a full time basis since June, and I am mostly engaged with the work of the GCU. In this article, the work of HPS including preparations for infants is reported.

II. Medical environment with a friendly and bright atmosphere

The first work at the unit was to create a suitable environment for play intervention. When I came to the unit for the first time, it was just after the construction of the ward and walls and corridors were blank and empty. There is a long corridor right in front of the entrance of the ward: NICU on the left and GCU on the right. I wanted to make the long corridor bright and cheerful.

Further, I wanted to alleviate families’ anxieties when they came into the ward. I created the image of animals and their babies talking together near trees and made the space as if you were in the open air. The material was cut-out stickers. The silhouette-like images of animals made the whole atmosphere peaceful. After the completion of the work, a mother and a child, who were walking along the corridor, were pointing at the wall and talked about animals on the wall. Some healthcare staffs said to me “it makes me feel at peace”.



Picture 1. Images on the wall of the ward

III. Toys designed corresponding to a level of one's development

Most babies in the ward had been in our unit since birth. Some were required to stay in the hospital for longer than 6 months or even a year. It is, therefore very important to promote one's development through playing because they were staying in such limited environment. Since babies there often had a problem with handling commercially available toys because they were too weak, we designed and created toys based on the level of one's development and conditions.

For example, we used light materials such as thin tubes, handles of a jumping rope, clips and a small plastic bottle to make a rattle, filled by beads and spangles. We often use a toy made of a washing board attached with beads on a string rubber that would make some sounds when you touched it gently. Toys were made to let babies feel changes when they touched them. We encourage them to have some interest in various things around them through playing. It is important for the babies to continue practicing every day play so that eventually they would try to reach out their favorite toys when they gained enough physical strength.



Pictures 2. Hand-made toys

IV. Communication with siblings

There is concern in cases where a child has been in the hospital since birth. The longer the baby stays in the hospital, the more natural for siblings and even for the family to live their day-to-day life without the baby even though they know their younger sibling was there somewhere. To solve the problem, a role to communicate with siblings about their younger sister/brother was considered to be important.

Since there are visitation restrictions due to infection prevention, children especially under school age have difficulty with visiting their sibling(s) on a continuous basis. Accordingly, we invited siblings for continuous participation in the "group of siblings" organized by HPS, children's nurses and CLS. Eventually the group became the bridge to reach out to their younger siblings.

In the group, we came up with the idea of how to communicate with each other. We took videos of both sides and showed it to each other. The video of children in hospital showed scenes when they were playing and the video of their siblings showed that they talked to and sent messages to their siblings in hospital. In the future, we would like to provide messages from other healthcare

professionals involved in the Premature Baby Care Unit to the siblings in order to indicate our recognition of their efforts and cooperation. The continuation of such communication between children in hospital and their siblings is worth the investment since it is a preparation for the day when a baby in hospital finally goes home and joins the team “home”.



Picture 3. Communication with siblings

V. Play preparation for an infant: Case example of a type of play that strengthens a bond between a girl and her mother

1. Subject: 5 months old female
2. Family: Father and Mother
3. Medical/physical status

The girl was born with neonatal asphyxia and with severe impairment. Though the girl was not able to move any part of her body, occasionally it had been seen that she opened her eyes slightly.

4. Work of HPS

I sang various children's songs to her. Because her feet were very rigid, I softly touched her shoulders that were less stiff, I touched her initially with one finger then two and more fingers. Since the attending nurse requested me to teach a kind of play that the mother and the child could play together, I introduced this “sing and touch” communication. When I had an opportunity to meet the mother and we played together with the girl, the mother said to me “it is really fun” with a smile on her face. Since then it had been seen that the mother singing quietly for her daughter while giving the baby's limbs a gentle massage.

Since it was obvious that the girl had to stay in hospital for some time, staff in the ward often held a conference to discuss any other way for mother to communicate with her child. Based on the discussion result, at least one new type of toy at a time such as soap bubbles, balloons, and a pinwheel was to be offered to them in order for the mother to create a new atmosphere when with her child.

On the monthly birthday of the girl, staff decorated the girl's room with play-dough hand-prints and put the image of fireworks on the wall by a projector. Many staff in the hospital gathered in the girl's room and celebrated her monthly birthday together. The major focus as the work of HPS was how we could help her mother make a bond through playing.

5. Discussion

Because of the specific physical conditions that the girl was suffering, even very simple caretaking behaviors including carrying her in our arms were not easily provided to her. Under such circumstances and because of the long-term hospitalization, to construct a firm bond between the mother and the child through playing seemed crucial. Matsudaira (2012) states that play preparations are not for the infant but for the mother since it provides an opportunity to build confidence as a parent. Playing together with the child may loosen the mother's tension and eventually it contributes to the establishment of good parent-child relationship that may eventually promote the mother's confidence in child rearing.

There are very few previous studies and literature regarding play preparation based on the perspective described above. Additionally, in the current medical situation, the importance of treatment is heavily prioritized to the importance of playing and communication with one's siblings. Further studies in a practical manner are surely required in this field.

VI. Conclusion

In the Premature Baby Care Unit, the role that bridges between a baby in hospital and his/her parents, siblings, and other related people seems crucial. Initially, to make an efficient approach as HPS to the already established team consisting of medical staffs and baby's parents seemed a challenge, especially to the mother. Throughout the involvement in the baby's case however, it was revealed that the actual role of HPS was not to cut into the established staff-parent team but to provide opportunities for parent-child communication through playing.

Cited reference

Chika Mastudaira (2012). *Practical Use of Hospital-Play*, SOUHEKI-SHA

Remarks

*1) GCU (Growing Care Unit): A care unit that observes and treats infants who recover from a critical condition(s) at and/or after birth. In many cases infants are treated at NICU initially. Once their conditions become stable, they are transferred to GCU.

*2) The group of siblings:

The group gathering for siblings has been held 8 times a year since three years ago. The objectives of the group gathering are 1) to acknowledge efforts of siblings and families, 2) to create a place where siblings can express their feelings openly, 3) to share their experiences and feelings with those who are in similar situations and 4) to help members release their stresses through playing. So far we have held many events including handicraft sessions, festivals and hospital tours.

With time, more and more people are participating. Currently more than ten people attend the group gathering each time. Ages of participants vary from toddlers to around grade 4,5. When a child

participates once, he/she often comes to the next meeting. As a result, many people in the hospital have recognized the gathering as a regular hospital event.