

given to the family.

Perhaps most important, the parents should have some contact with the infant before the transport. Being able to see, touch, and (if possible) hold their infant may help decrease the parents' anxiety. Often a photograph or even a videotape of their infant can serve as tangible evidence of the newborn's existence until the parents are able to travel to the regional facility. When possible, it is often advisable to transfer the mother to the same institution as her infant.

Parents need to be informed of their infant's progress and reassured that the infant is receiving proper care. They need to understand the smallest aspects of the infant's condition and treatment. Parents need a realistic, honest, and direct assessment of the situation. Using nonmedical terminology, moving at a pace that is comfortable for parents to assimilate the information, and avoiding lengthy technical explanations facilitate communication with family members. Psychologic tasks that must be accomplished by parents during their infant's care are presented in [Box 8-2](#).

Box 8-2

Psychological Tasks of Parents of a High-Risk Infant

- Work through the events surrounding labor and delivery.
- Acknowledge that the infant's life is endangered and begin the anticipatory grieving process.
- Confront and recognize feelings of inadequacy and guilt in not delivering a healthy child.
- Adapt to the neonatal intensive care environment.
- Resume parental relationships with the sick infant and initiate the caregiving role.
- Prepare to take the infant home.

Modified from Siegel R, Gardner SL, Dickey LA: Families in crisis: theoretical and practical