

overwhelming. A book of photographs or pamphlets describing the NICU environment (infants in incubators or under radiant warmers, monitors, mechanical ventilators, and IV equipment) provides a useful and nonthreatening introduction to the NICU.

Parents are encouraged to visit their infant as soon as possible. Even if they saw the infant at the time of transport or shortly after birth, the infant may have changed considerably, especially if a number of medical and equipment requirements are associated with the infant's hospitalization. At the bedside, the nurse should explain the function of each piece of equipment and the role it plays in facilitating recovery. Explanations may often need to be patiently repeated because parents' anxiety over the infant's condition and the surroundings may prevent them from really "hearing" what is being said. When possible, some items related to therapy can be removed; for example, phototherapy can be temporarily discontinued and eye patches removed to permit eye-to-eye contact.

Parents appreciate the support of a nurse during the initial visit with their infant, but they may also appreciate some time alone with the infant for a short while. It is important during the early visits to emphasize the positive aspects of their infant's behavior and development so that the parents can focus on their infant as an individual rather than on the equipment that surrounds the child. For example, the nurse may describe the infant's spontaneous behaviors during care, such as the grasp reflex and spontaneous movement, or make comments about the infant's biologic functions. Most institutions have open visiting policies so that parents and siblings may visit their infant as often as they wish.

Parents vary greatly in the degree to which they are able to interact with their infant. Some may wish to touch or hold their infant during the first visit, but others may not feel comfortable enough to even enter the nursery. These reactions depend on a variety of prenatal and postnatal factors, such as the parity of the mother and her preparation before birth; the infant's size, condition, and physical appearance; and the type of treatment the infant is receiving. It is essential to recognize that the individualized pacing and quality of the interactions are more important than an early onset of these interactions. Parents may not be receptive to early and extended infant contact, because they need time to adjust to the