

suggestions on promoting attachment between parents and their hospitalized newborn.)

The effect of a child with a serious heart defect on the family is complex. No member, regardless of the degree of positive adjustment, is unaffected. Mothers frequently feel inadequate in their mothering ability because of the more complex care infants with congenital heart defects require. They often feel exhausted from the pressures of caring for these children and the other family members. Fathers and siblings may feel neglected and resentful, which is a reaction similar to the feelings toward family members with other chronic conditions (see [Chapter 17](#)). Often, parents do not feel confident leaving the child in another person's care. This often sets up a trap for parents, especially mothers, who become locked into the child's care with no relief. Although the fears are justified, they can be minimized by gradually teaching someone (a reliable relative or neighbor) how to care for the child.

The need to maintain discipline and set consistent limits can be difficult for parents. Using behavior modification techniques, in the form of either concrete awards (e.g., a favorite activity) or social reinforcement (e.g., approval), can be effective. However, it is most beneficial if used *before* the child learns to control the family. To prevent later problems, it is necessary to begin discussions with parents while the child is in infancy regarding the need for discipline as the child gets older.

Another issue that may develop within family relationships is the child's overdependency. This is often the result of parental fear that the child may die. Parents need guidance to recognize the eventual hazards of continuing dependency and protectiveness as the child grows older, and the nurse can assist parents in learning ways to foster optimum development. Unless parents are shown what activities the child can do, they may focus on physical limitations and encourage dependency.

The child also needs opportunities for normal social interaction with peers. These children do not need to be prevented from playing with other children because of concern regarding overexertion. Children usually limit their activities if allowed to set their own pace. A child with CHD may constitute a long-term family crisis. Frequently, the continuing unremitting stresses of care—physical exhaustion, financial costs, emotional upset, fear of