

such grief be allowed and that nurses attend the funeral or memorial service as a part of working through the grief process. Nurses may fear that showing emotion is unprofessional and that the expression of grief indicates “loss of control.” These fears are unfounded. Studies have demonstrated that to continue to be effective managers and providers of care, nurses must be allowed to grieve and support each other through the process ([Gardner and Dickey, 2011](#)).

Baptism

Because many Christian parents wish to have their child baptized if death is anticipated or is a decided possibility, this may become a nursing responsibility. Whenever possible, it is most desirable that a representative of the parents' faith (e.g., a Roman Catholic priest or a Protestant minister) perform such a ritual. When death is imminent, a nurse or a physician can perform the baptism by simply pouring water on the infant's forehead (a medicine dropper is a convenient means) while repeating the words, “I baptize you in the name of the Father and of the Son and of the Holy Spirit.” This includes a birth of any gestational age, particularly when the parents are Roman Catholic.

When the parents' faith is uncertain, a conditional baptism can be carried out by saying, “If you are capable of receiving baptism, I baptize you in the name of the Father and of the Son and of the Holy Spirit.” The baptism is recorded in the infant's chart, and a notice is placed on the crib or incubator. Parents are informed at the first opportunity.

High Risk Related to Dysmaturity

Preterm Infants

Prematurity accounts for the largest number of admissions to NICUs. Immaturity of most organ systems places infants at risk for a variety of neonatal complications (e.g., hyperbilirubinemia, respiratory distress syndrome [RDS], intellectual and motor delays). According to the Centers for Disease Control and Prevention, low birth weight and prematurity were the second leading cause of infant mortality in the United States in 2011