



Common Parent Reactions to the NICU

The NICU is a wealth of sensory input. You may be overwhelmed by the amount of equipment. Many of these machines have unique operating noises and alarms that may frighten you or make you feel something is not right with your baby. The NICU staff are specially trained to interpret and respond to any concerning alarms and explain what they mean. As you spend more time in the NICU, you too will begin to distinguish among various alarm sounds.



Depending on the time of day, the unit may be a flurry of activity. More people tend to be in the NICU during the day because this is when most physicians, nurse practitioners, and physician assistants make rounds (visit each patient) and most diagnostic testing is performed. Many different health care providers involved in your baby's care will introduce themselves to you. Don't worry about remembering their names or what they do.

The staff understand that you are taking in a lot of new information and will continue to introduce themselves as you get to know each other and develop your NICU partnership.

Parents report a range of reactions and emotions following their first moments in the NICU. How you feel may depend on whether you were expecting your infant to need NICU care after birth, your baby's condition, your own condition, and if you have had any past NICU experience.

Fear

Fear is a normal reaction to the unknown. Most parents have little previous experience with sick newborns; many are uncomfortable in the NICU environment and concerned about their baby. They may also fear the possibility of serious illness, disability, or even death. They may even begin to question their own abilities to take care of this ill or premature baby.

Some parents also fear their friends' and relatives' responses to the birth. Mothers sometimes fear their partner will blame them for a complicated birth and fear the loss of the relationship. Often mothers feel that their mother or their partner's mother is judging them as responsible for the baby's problems. It helps to know that most pregnancy and birth complications are not anyone's "fault" and many NICU admissions are unforeseen. Fears and misgivings usually decrease over time, but most NICU parents feel apprehensive in the early part of their NICU stay.

Anger

Anger is also a common reaction to the initial NICU experience. Many parents feel angry at the hospital staff—both the labor and delivery staff and the NICU staff. You may feel angry that your birth experience did not go as expected, or you may be angry at your inability to control events in the NICU ("They just don't know what they're doing."), at your family and friends ("They just don't understand."), and even your partner ("How can he go to work and just forget about the baby?"). You may even be angry at yourself ("Why couldn't I carry this baby to term?" or "What did I do/not do to make this happen to my baby?"). As uncomfortable as it may be, you may also feel angry at your baby ("Why couldn't you have waited for just a few more weeks?").

Most parents of NICU babies feel some anger, and they express it in different ways. Some are openly angry, demanding, and looking to blame others. Some want to retreat or run and keep their anger hidden inside. It may be difficult to acknowledge any anger, especially if that anger is directed toward your baby or partner.

To cope with anger, begin by acknowledging it to yourself, your partner, and those around you. Realize that anger is a normal, expected emotion common to most NICU parents. By discussing your feelings with NICU staff, you may begin to understand why you feel this way. Are you upset with someone in particular, or is the situation itself the problem? By discussing your feelings, you can begin to make a plan to address the problems you want to confront or things you want to try to change.

Anger requires a tremendous amount of energy. As NICU parents, you will spend a great amount of energy just getting through each day—getting to and from the hospital, absorbing the vast amounts of information you receive, spending time with your baby, caring for yourself and your household, and coping with the common emotional ups and downs of having an ill or premature baby. Dealing with your anger can give you more energy to care for yourself and your baby.

[Back to Top](#)

Guilt

"It took us a long time to resolve our guilt. We asked the 'what if' and 'why us' questions for months. But we did nothing wrong. We had good prenatal care. What happened to us was nobody's fault."

Most parents express feelings of guilt after the birth of a sick or premature baby. You may ask yourself, "What did I do to cause this?" or "What could I have done to prevent this?" And nearly every parent unnecessarily laments, "If only I hadn't...." Mothers, especially, examine their lives since the day they became pregnant—wondering if they could have changed the outcome by making different decisions or if their circumstances had been different.

For most babies in the NICU, the reasons they were born sick or premature are not known. If necessary, let go of guilty feelings, which will give you more energy to care for yourself and your new baby. It is also important to try and share these feelings with the NICU team. Often the NICU team can provide answers and comfort.

Loss

Throughout your pregnancy, you probably had an image of your baby. For most parents, this picture was that of a healthy full-term infant. Seeing your premature or ill baby for the first time may lead to feelings of loss for what you had expected. Most mothers of term infants report that they are glad their pregnancy is over; however, mothers of premature babies often mourn the end of their pregnancy. Mothers of premature babies frequently find that they miss feeling the baby inside of them and did not feel ready to give birth. Neonatal intensive care unit mothers may also feel jealous of women who are still pregnant, or of mothers who have given birth to healthy term babies.

If your birth didn't happen as you planned, you and your partner may also mourn the loss of that planned birth experience. Many couples today plan who will attend the birth, how the environment will look, how they will manage the labor process, and how much medical intervention they desire. Some write detailed birth plans to convey their desires to their care providers. Unfortunately, your preterm or complicated birth may have required an abrupt, unplanned change to your experience.

You may also feel the loss of your parenting role. Throughout pregnancy, you envisioned yourself as a parent. You pictured yourself and your partner playing with and caring for your baby. Now you must spend time with your baby in a foreign environment, touch your baby through an incubator porthole, and wait for someone else to tell you when it's appropriate for you to hold or feed your baby. Letting go of what has been lost is an important part of your transition to parenthood. Now you must develop a new dream of your growing family and different goals for marking progress. These new goals may be quite different (such as weaning off of oxygen or breastfeeding for the first time), and parents cannot set these new goals until they let go of the old dream of a healthy full-term infant.

It may take time to get over these feelings of loss. Many revisit these feelings frequently—sometimes for years—often around the time of their baby's birth. Again, this is a normal reaction for many NICU families. As with anger, it often helps to discuss and acknowledge these feelings of loss. You may find it helpful to talk with other parents who have had a baby in the NICU. Your NICU team can help you identify possible support in your area.

Powerlessness

You find yourself in a strange environment, surrounded by high-tech equipment and a multitude of people caring for your baby. You want to comfort your baby, but you may not know what to do. These feelings of powerlessness are common in the NICU.

Begin by understanding that most NICU parents feel powerless, and acknowledge those feelings: "I feel like I can't do anything for my baby." If you are not yet comfortable with your baby's nurses, you might begin by making observations and asking questions: "My baby looks uncomfortable. What can I do to help her?" or "My baby's lips are dry. What can I use to moisten them?" As you become more comfortable with the NICU environment and have experience touching and interacting with your baby, feelings of confidence will begin to replace your initial feelings of powerlessness.

Discuss your feelings with your baby's nursing staff. They can often suggest unique ways for you to communicate with the NICU team and participate in your baby's care. For example, providing breast milk for your baby is an important contribution to your baby's care. Even if you had planned to formula feed later, you may want to consider breastfeeding now. Breast milk is especially important for sick or premature infants because it provides ideal nutrition and other benefits that help your baby heal and grow.

Feeling “On Display”

[Back to Top](#)

Unlike most hospital rooms for children and adults, several NICU babies and their parents may share space in the same large room. Many parents say that this exposure makes them feel like “fish in a tank” during their early experiences in the NICU. You may feel that others are watching your every move, and this loss of privacy can be stressful. The staff in the NICU are observing you to help you learn to care for your baby. They have special training with premature and ill infants and can observe the baby for signs of stress that you may not yet understand. In addition, other NICU parents may be watching you to identify you with your baby and to compare your circumstances to theirs. This socialization is part of the getting-to-know-you process in the NICU. The more familiar you become with the environment, the more comfortable you will be with the NICU staff, the routines, and your ability to care for your baby. Your care and presence are known by your baby and are vital to your baby’s growth and healing.

Last Updated 11/21/2015

Source Newborn Intensive Care: What Every Parent Needs to Know, 3rd Edition (Copyright © 2010 American Academy of Pediatrics)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.