



Because of nursing research, there is a program to help the parents of a premature infant learn about prematurity. As a result, they feel more confident and empowered when their infant is in the hospital. This program empowers parents to be more involved in their infant's care, leading to better infant outcomes.

The problem of premature births

Each year in the U.S., over half a million infants are born prematurely (before 37 weeks gestation). These infants are often very small, Most have not been able to put on the expected layers of "baby fat," so they tend to look very thin. Their skin is often shiny and translucent. They have not had time to develop, and their behaviors and reactions may be very limited.

Premature infants often face immediate life-and-death concerns and require highly specialized care in a Newborn Intensive Care Unit (NICU). Their health may remain fragile throughout infancy. In the long term, they are at risk for a wide range of physical and developmental problems.

Parental stress and anxiety

Most expectant parents look forward to the arrival of a healthy, well-developed baby. A premature birth drastically alters this expectation. Parents worry about their infant's survival. They are unfamiliar with the thin and frail appearance of a premature infant. Rather than taking their infant home, they must deal with the noisy, busy, and technical environment of the NICU. As time passes, new concerns often arise about the effect of their child's premature birth.

Many parents of premature infants experience high levels of stress, depression, and anxiety. Some may respond by avoiding the NICU. Others may try to over-stimulate their infant in hopes of getting a reassuring response. Such parental behaviors may interfere with and hinder the growth and development of the infant.

A solution from nursing research: helping parents cope

In studying the reactions of parents to a premature birth, nurse scientist Dr. Bernadette Melnyk (*pictured, left*) found that they are often overwhelmed in the NICU. They typically do not know how best to parent their preemies in the NICU or how to touch, comfort, or soothe their infant.

Dr. Melnyk and her associates designed a program called Creating Opportunities for Parent Empowerment, or COPE. COPE helps parents gain the confidence needed to improve their caregiving abilities, as a way to alleviate stress. Her reasoning was simple, "If we can decrease depression and anxiety in parents, then the outcomes of the children should be better."

The COPE program provides the parents with a series of CDs and workbooks that provide information on the typical physical characteristics of premature infants. Nurses work with the parents in the NICU to help them understand this information and how it relates to their own child. The program teaches the parents to read behavioral cues – open eyes and an attentive gaze often signals the infant is alert and ready to interact, while a closed eye and averted gaze indicates the infant is tired and needs to rest.

Does COPE Work?



To test the effects of COPE, Dr. Melnyk conducted a clinical trial involving over 200 families of premature infants. The program improved the knowledge and beliefs parents had about their premature infants. This helped the parents to interact with their infants in a way, appropriate to the infant's developmental level. Fathers in the COPE program tended to be more involved in their infant's care than fathers not in the program; while mothers in the COPE program had lower stress in the NICU and lower anxiety when their infant came home than mothers who did not receive COPE.

When compared with standard care, this intervention decreased the length of NICU hospitalization for the infants. It also reduced associated hospital costs of about \$4,800 per infant. In infants under 32 weeks gestation, the net savings was about \$10,000 per infant, or nearly \$10,000.

Discussions with the NICU staff indicated two possible reasons for these shortened hospital stays: the infants were healthier and the parents were better prepared and more confident to provide care at home.

The impact of COPE

After publishing these results, Dr. Melnyk received calls about COPE from neonatal units across the country. She learned that if used, the program could help premature infants and their parents across the country, and result in a large savings in health care costs. Melnyk and her team are continuing to follow these infants, to examine the impact of COPE on long-term developmental and behavioral outcomes.

According to Dr. Melnyk, "The COPE program helps parents feel more confident with their special babies and interact more appropriately with them. This translates to less stress, less depression, better parenting, and healthier children."

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Additional resources for information on COPE:

American Academy of Nursing, Edge Runners profile:

"Creating Opportunities for Parent Empowerment (COPE): Reducing Parent Stress and Hospital Costs for Preterm Infants Through Parent Empowerment Available

at: http://www.aannet.org/assets/docs/RaisetheVoice/EdgeRunnerProfiles/2012NewProfiles/rtv_creating%20opportunities%20for%20pa

COPE for Hope

Information available at: www.copeforhope.com

Glossary:

COPE: Creating Opportunities for Parent Empowerment, a nurse-led educational and parenting skill building program for parents of a p

Premature (or preterm) birth: The birth of an infant before 37 weeks of gestation. The normal length of pregnancy is around 40 weeks high risk for a wide range of physical, developmental, and behavioral problems.

Newborn Intensive Care Unit, or NICU: A highly specialized and technical hospital unit for the care of premature infants.

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