



Exploring the mental health needs and experiences of support of parents involved in the Early Supportive Discharge for Late Pre-term Infants (ESDLPI) intervention: A grounded theory study

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Researchers Background



Background in Psychology and Childrens Nursing



Previous research experience working with children in hospital and implementation studies.



PhD student within the ARC working with IMPACT

Research Background

Rates of preterm birth are at 10% and rising (Chersich et al, 2020).

Majority of neonates are born between four and six weeks early and often need intensive treatment within a neonatal unit (Rolnitsky et al,2021).

Parents of premature and/or sick infants are reported to be at risk of poor emotional functioning, anxiety, and mood disorders (Soghier et al, 2018).

Postpartum depression (PPD) is one of the most common complications of childbirth among mothers who have term or pre-term births (Rafferty et al, 2019)

To provide parents with an easier and safer discharge from the NICU to home, an evaluation of existing discharge processes for late preterm infants was undertaken by Collaboration for Leadership in Applied Health Research and Care North West Coast (CLAHRC NWC).

A key part of what is missing within ESDLPI interventions is the lack of support for parents and inconsistent support for parent mental health within the NICU and particularly on discharge (Roque et al, 2017)

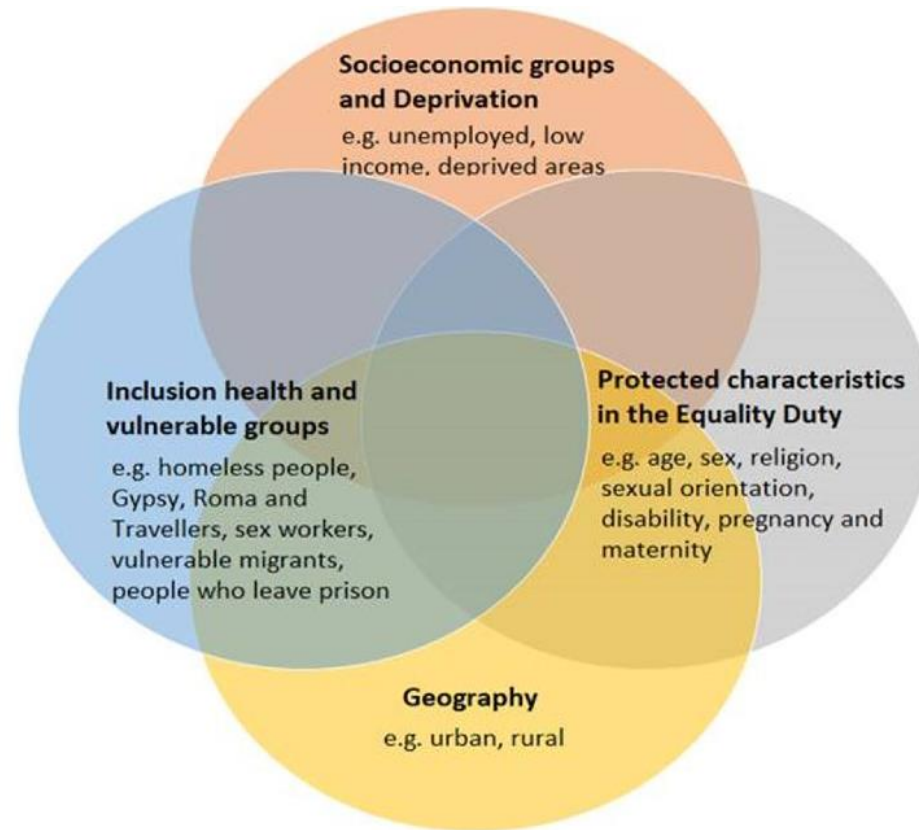
Proposed Research

Research has stemmed from NEST@Home beneficial changes network being discussed in presentations today.

Proposed grounded theory study to understand the emotional needs and overall wellbeing of parents and carers involved in the Early Supportive Discharge for Late Preterm Infants intervention.

Also, to engage with health care workers to understand their views around what emotional support parents with infants in the neonatal unit and neonates at home need.

Health Inequalities Assessment



Patient and
Public
Involvement

Recruitment of PPI.

How they have helped.

Future PPI work for
research.

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Thank you for listening

ANY QUESTIONS?