

# Guided Family-Centred Care - relieving parental stress related to preterm birth and hospital admission through guided communication between parents and health care professionals

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| <b>Submission date</b><br>21/06/2010   | <b>Recruitment status</b><br>No longer recruiting             | <input checked="" type="checkbox"/> Prospectively registered |
| <b>Registration date</b><br>13/07/2010 | <b>Overall study status</b><br>Completed                      | <input type="checkbox"/> Protocol                            |
| <b>Last Edited</b><br>07/09/2011       | <b>Condition category</b><br>Mental and Behavioural Disorders | <input type="checkbox"/> Statistical analysis plan           |
|  |   | <input type="checkbox"/> Results                             |
|  |   | <input type="checkbox"/> Individual participant data         |
|  |   | <input type="checkbox"/> Record updated in last year         |

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
N/A

## Study information

**Scientific Title**

A randomised controlled intervention study of patient-centred communication with neonatal nurses in parents of preterm children and their levels of parental stress

**Acronym**

GFC

**Study objectives**

Parental stress is reduced when communication with healthcare professionals is focused on individualised support. Using the method Guided Family-Centred Care communication will be based on the perspectives of the individual family-members resulting in individualised support. By relieving parental stress during hospital admission the transition to home is made easier as the parents confidence in parental skills are increased and managing the parental role in everyday life with the baby is strengthened.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

According to the Ethics Board of The Capital Region of Denmark there is no obligation to obtain approval of this kind of project.

**Study design**

Single centre interventional controlled study

**Primary study design**

Interventional

**Study type(s)**

Quality of life

**Health condition(s) or problem(s) studied**

Parental stress

**Interventions**

Intervention group:

Guided Family-Centred Care based on frequent conversations between the parents and healthcare professionals. Parents use semi-structured reflection sheets for some conversations.

Reflection sheets:

Three sheets have been developed:

1. Admission conversation - used when preparing for a conversation held in the initial critical phase. Consists of questions focused on parents experiences and needs - emotional as well as practical.
2. Follow-up conversation used when preparing for a conversation held in a more steady phase: Consists of unfinished sentences focused at values clarification.
3. Discharge conversation: Consists of questions focused on identification of the parents' worries and delights of going home. Weekly follow-up conversations without using reflection sheets are held throughout hospital stay. Conversations are registered in a Case Report Form.

Control group:

No special actions - must not at any time use reflection sheets.

The total duration of the intervention is the total admission period which normally lasts until the expected date of birth - corresponding to 6 - 17 weeks or longer.

## **Intervention Type**

Other

## **Phase**

Not Applicable

## **Primary outcome(s)**

Difference between the groups in reduction of stress level during admission. The Parental Stress Scale:NICU (PSS:NICU) will be administered at admission and at discharge. PSS:NICU is developed to measure parents experiences of stressors from the physical and the psycho-social environment in the NICU. Stress is measured on a 5-point Likert Scale rating from 1 = Not at all stressful to 5 = Extremely stressful. Measured within the first 72 hours of admission and within the last 24 hours of admission.

## **Key secondary outcome(s)**

1. Differences in parental stress score within the three subscales of the PSS:NICU
2. Difference in parents scoring experiences of collaboration with neonatal nurses using the Nurse Parent Support Tool (NPST). NPST measures parents experiences of support and collaboration using a 5-point Likert scale rating from 1 = Almost never to 5 = Almost always.

Measured within the last 24 hours of admission.

## **Completion date**

31/10/2012

## **Eligibility**

### **Key inclusion criteria**

1. Both parents (if possible) of premature babies born before 34 weeks of gestation admitted to the neonatal intensive care unit, Copenhagen University Hospital
2. Inclusion within the first 24 hours of hospital admission (when the condition of the baby is very critical inclusion can be postponed)
3. Must be able to speak, read and write in Danish

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Sex**

All

**Key exclusion criteria**

Parents of babies where the survival of the child is most doubtful

**Date of first enrolment**

01/10/2010

**Date of final enrolment**

31/10/2012

## Locations

**Countries of recruitment**

Denmark

**Study participating centre**

**Department of Neonatology, 5024**

Copenhagen

Denmark

DK-2100

## Sponsor information

**Organisation**

Copenhagen University Hospital (Denmark)

**ROR**

<https://ror.org/05bpbx46>

## Funder(s)

**Funder type**

Hospital/treatment centre

**Funder Name**

Copenhagen University Hospital (Denmark) - Department of Neonatology

## Results and Publications

## **Individual participant data (IPD) sharing plan**

### **IPD sharing plan summary**

Not provided at time of registration