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NICU Experiences of Adoptive Parents & Desired Preparation

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NICU EXPERIENCES OF ADOPTIVE PARENTS & DESIRED PREPARATION

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Master of Science, Child Life Studies

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Catherine Howe

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ABSTRACT

Parents who have newborns admitted into the Neonatal Intensive Care Unit (NICU) have multiple experiences and emotions. Additional social and emotional layers are experienced by adoptive couples when the infant they wish to adopt needs specialized care. This research study was completed to find out what adoptive parents experience in the NICU and what preparation would have been helpful. The method included semi-structured, open-ended interviews with seven couples who adopted a newborn at a Midwestern adoption agency within the past three years and had a NICU experience. The results described adoptive couples' experiences on the unit, bonding and attachment, fears and stressors experienced, coping, experiences with the birth family, preparation desired, and unexpected findings. Education of hospital staff regarding the impact of the NICU experience on adoptive parents could assist these professionals in providing psychosocial care to the adoption triad. In addition, policies should be created to clearly define what medical information can be given to adoptive parents so they can feel informed and valued.

KEYWORDS: neonatal intensive care unit (NICU), adoption, infant, attachment, birth parent, fears, coping, preparation, adoptive parent, drop-in delivery

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I dedicate this thesis to the selfless, brave women who choose to place their infants in the arms of adoptive families, providing an answer to their prayers for a child. Also, to the adoptive parents who put their hearts on the line and trust in the adoption process.

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INTRODUCTION

It is not uncommon for newborns to be admitted to the Neonatal Intensive Care Unit (NICU). There are over half a million infants prematurely born each year, and ten to fifteen percent of these newborns receive care in the NICU (Altimer & Phillips, 2016). Parents may not naturally know how to interact with a neonate who is hooked up to multiple machines. In addition, there may be medical barriers limiting physical touch and other interactions, which restrict parents from physically touching or even speaking with their child. A parent's first visit to the unfamiliar NICU to visit their child can be extremely traumatic, as they witness their newborn surrounded and hooked up to unfamiliar medical equipment, an experience that was unexpected (Altimer & Phillips, 2016).

If an infant's parents are unfamiliar with how to act, this could affect the bonding and attachment with their child in the first few hours or days of life. These unsettling circumstances can also affect the relationship between the parents and hospital staff, a key component in parents' confidence in their child's care (Phuma-Ngaiyaye & Kalembo, 2016).

Further complexities arise in these situations when a newborn is being adopted, as a hospital experience itself can induce many mixed emotions for new parents. Unplanned critical care of a newborn infant will likely add several social and emotional layers. Although prospective adoptive parents may have been prepared for the hospital experience in which a healthy infant is born, they are rarely given insight into what to expect when a critically ill child is placed in the NICU.

Infants being placed for adoption can sometimes to be admitted into the NICU for care. Statistics from the National Council for Adoption show that in 2014 there were 18,329 unrelated

domestic infant adoptions in the U.S., resulting in less than one percent of all live births (Jones and Placek, 2017). The purpose of this study is to explore the experiences of adoptive parents who cared for their baby in NICU. The areas examined included attachment opportunities, fears, stressors, coping mechanisms, and what support was utilized by the parents. The research gathered will provide evidence for improving preparation and support for adoptive parents, which will decrease their fears and stressors, thus enhancing the potential for early attachment with their infant.

Parents of NICU infants often experience a large amount of stress, and in an adoption situation, many additional pressures are present for the adoptive parents. These couples often enter the NICU with many fears and a variety of coping mechanisms as well as the added concerns about the potential relationship with the biological family and the risk of the adoption process. A newborn child placed in NICU has the same need to bond and attach to their caregiver, whether it is a biological family member or an adoptive family member. Alleviating barriers to bonding is helpful to both the parents and the neonate.

Although the adoptive mother did not give birth to her baby, she still has the same needs for social and emotional support as a biological mother. The new mother and father have a desire to be a part of the healing process for their child as well as develop the tools to cope and interact with the infant they are hoping to adopt (Foli, 2012). In addition, biological mothers are often involved in the care of their child while in the NICU. This interaction is facilitated by adoption agency staff, as mothers making an adoption plan for their child are encouraged to bond with their baby, if they desire to, during the hospitalization. These added circumstances can result in additional stress for the adoptive family who may be bonding and attaching simultaneously with the biological parents as well as with the infant in the NICU. This outlines how both sets of

parents are connected with the infant, also known as an adoption triad, which includes the birth parent(s), adoptive parent(s), and child (Foli, et al., 2013). These emotional connections which begin at birth, will continue throughout the child's lifetime, each bringing with it specific gains and losses. It has been found that birth mothers experience better psychological healing when they were involved in an open adoption (Rezaei, et al., 2019).

It is important to explore the experiences of adoptive parents caring for an infant in NICU to determine how preparation for this scenario could be of benefit. Parents experience a wide range of mixed emotions including fear, anxiety, powerlessness, loss of control, worry, and confusion when their newborn is placed in the NICU (Craig, 2019). Preparation for the unknown including what they will see, hear, feel, and touch can help each parent assimilate to the environment and anticipate what they might experience. Although one of the goals of child life specialists is to reduce anxiety and stress for children and their families in the hospital setting, for NICU patients, most of the preparation and support is focused on the caregivers. Providing information assists parents in learning their infants' cues and needs in order to provide for them, thus strengthening their parenting skills and improving the quality of physical contact with their child.

Many studies have been completed regarding the attachment, fears, coping, and preparation of the parents of NICU patients; however there has been no emphasis of the added concerns and dynamics of an adoptive mother and father. Understanding what support and intervention these parents need in the NICU will provide a basis for future preparation programming for this member of the adoption triad. Furthermore, policies could be created to provide tools for adoptive families to ensure their needs are met alongside the biological parents of neonatal patients, thus addressing the added dimension of the above stated adoption concerns.

Parents have a need for preparation for the NICU experience (Franck et al., 2012). This includes insight into the environment, staff interaction norms, medical terminology, and hospital equipment. Adoptive parents should be prepared for these along with the social and emotional impact regarding the impending adoption. Couples in the process of adoption are usually prepared for the infant's delivery at the hospital, but not necessarily for a critical care unit experience. Knowing what adoptive parents experience in the NICU will be helpful to the medical team, including neonatologists, physicians, nurses, child life specialists, as well as other professionals such as hospital case workers and agency adoption specialists, as each have the potential to positively or negatively impact adoptive families in the NICU.

This is a phenomenological qualitative study that will answer the following research questions: What do adoptive parents experience in the NICU? What type of preparation do adoptive parents with a child in NICU desire?

LITERATURE REVIEW

This qualitative study seeks to look at the impact of the experiences on parents within the context of adoption, when the newborn they hope to adopt is admitted into the NICU. In addition, this study will explore the experiences of adoptive parents within the NICU and what preparation would be helpful for them. The literature review will provide context for this research by focusing on: attachment, the NICU and adoption experience regarding parent fears, reactions, coping, and support, and adoption openness.

It is apparent that research specific to adoptive parents and their experiences in the NICU is not readily available. In order to provide relevant research for the variables, non-adoptive parent research is noted. This lack of data shows the need for research with the added dimension of the adoption process.

Parent/Infant Attachment

Attachment Theories. Infants are born with the need to attach to another human being and it is an important process (Young, 2013). Attachment Theory by Bowlby and Mary Ainsworth indicated that attachment is a continuous process and impactful on future relationships throughout a child's life (Young, 2013). As an infant has limited abilities, he or she depends on the caregiver to provide for their needs (Thompson, 2018). If the caregiver responds to a child's needs, a heathy attachment cycle is promoted where a child expresses a need, the need is met, and trust is built (Thompson, 2018). The cycle of attachment begins at the birth of a child and is ongoing throughout their lives; however, this bonding can be endangered when a newborn infant experiences loss of care, loud sounds, or abrupt movements (Thompson, 2018).

Attachment in NICU. Bonding and attachment are critical for a newborn and their mother in the first few hours following birth (Phuma-Ngaiyaye & Kalembo, 2016). In addition, bonding efforts were found to increase if a child is born prematurely (Hoffenkamp, et al., 2012). This is due to the emotional and time investment parents put into caring for their medically fragile infant (Hoffenkamp, et al., 2012). Newborn infants are helpless and rely on others to care for them and meet their needs. This is a continuous process that begins at birth and continues through a child's life (Hoffenkamp, et al., 2012). It is vital that parents are knowledgeable of how to bond with their children in NICU, which includes having permission and support from medical staff to provide care and comfort (Phuma-Ngaiyaye & Kalembo, 2016; Kearvell & Grant, 2008). This interaction with their child helps mothers feel like they are truly a parent and gives them confidence (Guillaume, et al, 2013; Kearvell & Grant, 2008; Obeidat, et al., 2009; Phuma-Ngaiyaye & Kalembo, 2016). Some barriers to providing care could include not being able to hold baby due to medical concerns, fears of doing something wrong with baby's care, needing to take care of siblings at home, and work responsibilities.

After a mother delivers a baby, the two are affected physically, emotionally, and psychologically (Barker, et al., 2017). The mother has been bonding with the baby she carried for nine months. At first look, the emotional bonding dance between she and baby begins (Purvis, et al., 2007). A mother's interaction with her infant assists her child in learning how to regulate their emotions (Leahy-Warren, et al., 2020). In addition, how a child reacts to the caregiver can enhance and encourage this interaction (Hoffenkamp, et al, 2012). A parent, specifically a mother who meets the needs of an infant through affection and attachment, will provide the groundwork for a child to feel trust and safety (Barker, et al., 2017). A parent and child's physical and emotional closeness is important in the NICU. Physical closeness can be

established through skin-on-skin holding (kangaroo care), touch, massage, stroking, singing, or by talking in a soft tone (Barker, et al, 2017; Flacking, et al, 2012). Skin-to-skin care is specifically known to help provide warmth, closeness, and a sense of serenity for infants (Kearvell & Grant, 2008, Phuma-Ngaiyaye & Kalembo, 2016). Mothers reported having more attachment with their baby through physical contact, while fathers had more connection verbally and by watching them (Guillaume, et al., 2013). Emotional closeness is demonstrated by consistent love and care provided to the infant. When this is not present, the caregiver may feel distant and unattached (Flacking, et al, 2012).

One study found parents maintained the ability to bond with a prematurely born infant who was placed in the NICU (Hoffenkamp, et al., 2012); however, other studies expressed that the process of bonding and connection can be negatively affected when a newborn is ill (Phuma-Ngaiyaye & Kalembo, 2016; Kearvell & Grant, 2008).

Attachment in Adoption. Parent and infant attachment is critical in a normal delivery scenario; and is even more important in an adoption situation (Fallon & Goldsmith, 2013). Attachment is important for any newborn, and adoptive parents who have not carried a child for nine months, need to have knowledge of how attachment connections are formed gradually (Fallon & Goldsmith, 2013). As a birth mother has had time bonding and attaching to their baby in her womb, so has the baby bonded as well by hearing her voice and learning her smell. This is what is familiar to a newborn and what brings a feeling of safety and familiarity (Fallon & Goldsmith, 2013). Adoptive parents needs to learn to bond quickly with the newborn, as they may have known about them for a few months, or just found out about them within the last few hours. Therefore, knowledge of how to form an attachment is crucial to both the baby and the parent (Fallon & Goldsmith, 2013).

Attachment techniques are the same, whether the parent is biological or an adoptive parent. Skin on skin care, soft touch, calm voice, feeding, and holding are all helpful for a parent providing the support needed in the bonding process (Barker, et al, 2017; Flacking, et al, 2012). It is believed infants who are away from their biological parents experience a sense of loss, as they learn who their new parents are and must adapt to the unfamiliar situation. A child is born with the faculties to adapt. Their cognitive and physical inborn abilities naturally progress when they are surrounded by a healthy environment (Fallon & Goldsmith, 2013). In addition, although infants experience a loss of relationship, there is less effects on attachment if the child is adopted when they are younger (Fallon & Goldsmith, 2013). Infant's bond and attach to those who provide care for them, including feeding, changing, holding, and comforting. As the adoptive parents respond to the need of the infant, the infant will gain trust. This attachment cycle happens hundreds of times in the first weeks of life and is ongoing (Purvis, et al, 2007). The infant's brain is stimulated with each caring interaction (Purvis, et al, 2007). This interaction is crucial as adoptive parents bond with an infant who has been admitted into the NICU.

NICU Experience

Parental Fears and Stressors. Many sources of stress for parents were identified while attempting to bond with their infant admitted to the NICU. This included anxiety over not being able to see them, medical risks such as infections, painful experiences they were unable to help with, and inability to feed their infant (Mendelson, et al., 2018). Furthermore, fear, loss, guilt, and grief over having their newborn admitted to NICU was found to be overwhelming for parents (Heidari, et al, 2013; Mendelson, et al., 2018; Wraight, et al., 2015). This also included the uncertainty of their child's medical diagnosis (Mendelson, et al., 2018). Parents also

experienced mixed emotions such as optimism while also grappling with the reality of the outcome if treatment was not successful (Wraight, et al, 2015).

McNair et al.(2020) reported that daily hospital infant care frequently included multiple painful procedures (Cruz, et al, 2016). Parents can assist in nurturing and caring for their infant during these procedures by providing skin-to-skin care, providing a pacifier for sucking, or giving them sugar water (McNair, et al., 2020). Nurses may not always be aware that most parents desire to be a part of their infant's comfort and support even during the most uncomfortable, painful procedures (McNair, et al., 2020).

Fathers and mothers encounter many areas of stress while caring for a baby in the NICU. Not only are they unexpectedly placed in an unknown environment, they may not be able to touch or hold their children immediately, like they would have been able to if their baby had not been quickly taken into intensive care. This can create a sense of helplessness and trauma (Mendelson et al, 2018). As their child continues to be in the NICU day after day, their infant's health can fluctuate, creating a "roller coaster" of emotions for parents (Mendelson, et al., 2018). Moms reported they are often in shock while also managing what they are feeling, learning medical terms, meeting new staff, assessing instructions and reactions from hospital staff, and coming to terms that their baby is medically fragile (Klawetter, et al., 2019). In addition, mothers are experiencing many emotions, including trauma and shock, and the loss of the normal experience with a newborn (Klawetter, et al., 2019). Some additional emotions they might experience include failure, fear, confusion, and being overwhelmed. However, they can also be hopeful and thankful (Craig, 2019).

It is important that the medical staff has awareness of a parent's reaction to stress. Stress in defined as a major experience that creates increased burden, emotional strain, and uneasiness

(Heidari, et al, 2013). Similar studies found that mothers tended to have more stress than fathers (Weis et al., 2013, Matricardi, et al., 2016). Couples tend to have varying stressors, as the mother may be more focused on their parenting role and the father may be more focused on providing for the family and emotionally supporting the mother. Fathers also can have fears that they could hurt their child as they are so small and fragile (Feeley, et al., 2012).

The NICU can be noisy, which also increases stress (Mendelson, et al, 2018). There is an increase in sensory overload due to medical equipment including IV's, feeding tubes, breathing tubes, monitor wires, and constant observation (Klawetter, et al., 2019; Mendelson et al, 2018). This creates another layer of concern for adoptive parents who are already dealing with the unknown of their adoption, the potential interaction with the birth family, and a sick infant.

Parental Reactions and Coping. Things that encouraged parents to be present with their infant in the NICU included the ability to gain knowledge about their baby, their belief that their child would know them better, and that the nurses would give quality care to their child if they were present (Craig, 2019). Additionally, providing care helped them feel more like parents and built confidence (Guillaume, et al., 2013; Kearvell & Grant, 2008; Phuma-Ngaiyaye & Kalembo, 2016). Knowledge provided to parents of how they could care and interact with their child through touch, infant massage, and a quiet voice reduced stress. In addition, parents reported that they were more assured when they had information about the NICU environment including what to expect, the purposes of the medical equipment, and what was happening to their newborn (Guilliame, et al., 2013).

There is much more research on maternal versus paternal reactions in the NICU. Fathers often see their relationship as secondary to the mother's role, as she often teaches the father about the care of their infant (Feeley, et al., 2012; Kim, 2018). Men with children in the NICU

want to be informed about what is happening with their infants and have strong feelings about their involvement in the process. It is helpful when fathers are invited to engage and help make decisions regarding their child's care, aiding them in feeling successful in their role as a parent (Feeley, et al., 2012). Although dads desire to be present physically and emotionally in the NICU, they also have duties surrounding their job, finances, and household duties, all while supporting their spouse, baby, and other children who may be in the home (Feeley, et al., 2012). It is also important for fathers to receive positive feedback from their infants so they do not feel that they are doing something wrong (Feeley, et al., 2012). Therefore, it is important that NICU medical staff share achievable expectations fathers should have regarding interactions with their infants (Feeley, et al., 2012). Men reported that they prefer to be educated at their child's admission into the NICU, to receive equal support, and to be kept informed (Kim, 2018).

Relationships with nursing staff who provide medical information and allow parents to ask questions encourage mothers to become more involved with their infants, increasing self-esteem, decreasing anxiety, and increasing trust (Klawetter, 2019, Phuma-Ngaiyaye & Kalembo, 2016). This is also evidenced in parents' desire to be involved in pain management of their infant in NICU (Franck, et al., 2012). Research shows parents want to be informed of the what, why, and how related to painful experiences of their infants as well as how they can best comfort them during and after procedures (Franck, et al., 2012). A study that provided this information to parents, including infant pain cues to watch for, as an addition to basic NICU explanations showed that while it did not reduce parental stress, it did increase their satisfaction and fostered an increased desire to be involved in their child's care (Franck, et al., 2011). Adoptive parents can be provided with information of how to care for their infants when they experience painful procedures in the NICU.

Supports Helpful. Family-Centered Care (FCC) in the NICU encourages parents to be consistently involved in the care of their infant (Axelin, et al., 2014). This includes providing an inviting environment, freedom to ask questions, praise of involvement, empowerment of care, and understanding the diversity of families (Axelin, et al., 2014). When FCC is not consistently provided, it can lead to negative relationships with NICU staff and parental feelings of failure that can interfere with a parent's bonding experience (Lilo, et al., 2016, Axelin, et al., 2014).

Other techniques that may be helpful for parents includes teaching them mindfulness. This includes learning to take a breath, paying attention to their body reactions, and being helpful to others (Mendelson, et al., 2018). These techniques reduced anxiety and stress in parents and helped them to identify when they became stressed in the NICU (Mendelson, et al., 2018).

The Adoption Experience

Parental Fears and Stressors. Adoptive parents often choose to adopt after a long journey of infertility, miscarriages, and a loss of dreams of birthing a biological child (Fallon & Goldsmith, 2013). Unless they have had a successful pregnancy, they have often not been able to have the sensory experience of carrying a child to term (Swartz, et al., 2012). This includes not hearing a continuous heartbeat, watching a baby grow, or feeling movement that are all normal pregnancy experiences (Swartz, et al., 2012).

Not only has an adoptive couple hoped for a child, they may be navigating feelings of prior loss, fear of the unknown, and a new relationship with the birth family (Fallon & Goldsmith, 2013). Oftentimes they have only had weeks or days to prepare for this new life, not nine months that biological families have (Swartz, et al., 2012). As biological mothers and fathers have an extended time to plan, imagine their child as they feel movement, and experience

all the joys of pregnancy, adoptive families have awaited the unknown timing, what their child will look like, and what it will feel for their dreams of parenting to finally come to fruition (Swartz, et al, 2012). Additionally, the legal part of the adoption, including the possibility that the biological mother might change her mind and choose to parent, overshadow their thoughts even after a child has been placed in their arms (Fallon & Goldsmith, 2013).

Although not typical, some infants who are in the process for adoption may have a need for additional care due to having prescription or illegal drugs in their system. Just as parental support for their child undergoing a painful medical procedure, a child diagnosed with NAS (Neonatal Abstinence Syndrome) also needs added support (Howard, et al., 2017). Lower NAS scores and smaller number of days for opioid pharmacological treatment were due to parental infant support in the NICU (Howard, et al., 2017). In addition, the study showed parents desire to be present and provide caring, however, they feel the need to receive permission from medical staff (Howard, et al., 2017; Guillaume, et al., 2013). Another important finding was that parents want nurses to be caring in both their verbalization and their actions, and to provide physical and mental support. Medical staff who acted in this manner showed encouragement for parents to grow closer to their infant, for it reduced stress.(Guillaume, et al., 2013; Obeidat, et al., 2009).

Parental Reactions and Coping. The journey of adoption is a process that entails infertile couples moving from loss and despair toward the hopes of having a child (Freundlich, 2007). In the research by Sandelowski in 1995, adoptive parents experience a unique process as instead of fulfilling their biological parenthood, they are achieving a social one (Freundlich, 2007). Adoptive parents experience many emotions when the child they are to adopt is born. These expressions can range from excitement and pure joy, to fear and uncertainty (Fallon & Goldsmith, 2013). Bonding between adoptive parents and their infant child is gradual (Swartz, et

al., 2012). These parents are encouraged to bond and attach just as if they had birthed the baby including skin-to-skin contact, changing, feeding, holding, and comforting (Barker, et al., 2017; Flacking, et al., 2012).

As Freundlich confirmed, there is not much research completed on adoptive parent reactions to receiving a child or what they experience in the hospital, including the NICU (2007). This continues to be a gap in research.

Supports Helpful. It is important for adoptive parents to have support, as the emotional and legal process of adoption can be overwhelming at times. Adoptive parents need to be prepared for adoption before a child is added to their home (Bergsund et al., 2018). This is legally required in most states as it gives parents wishing to adopt knowledge including and not limited to what social, legal, and emotional aspects of adoption they may experience, cultural and ethnic awareness that is crucial when adopting a child of another ethnicity, education of prenatal factors, and how to support the adoption triad relationship. Parents feel it is helpful in their adoption journey to receive information to prepare them for their experience including tools for parenting, hearing peers share their adoption stories, and receiving insight about children with special needs (Bergsund et al., 2018).

New parents experience a broad range of emotions as they walk through the hospital experience after their child is born. They often do not know what to expect, may not have medical experience, and are unsure. With the added layer of adoption, they may have concerns about the adoption process, including whether the adoption process will continue. It is important that both birth parents and adoptive parents to be supported through reassurance and respect of their adoption choice with the adoptive parents having a need to feel like they are parents as they manage their child's medical and emotional needs (Foli et al., 2012). As explained earlier, open

adoption is common within adoptive families, birth families, and the child being adopted, also called the adoption triad (Foli, et al., 2013). Each of the three parties has individual emotional and physical needs (Foli, et al., 2013). It is important that medical staff have adoption competence when they have the potential to work with adoptive families or birth families (Foli, et al., 2013). This knowledge should include understanding of the range of emotions each may be experiencing; from loss to joy; and from grief to healing (Foli, et al., 2013). It is also important for staff to recognize each family has an individual story that should be respected, and all should receive support and advocacy (Foli, et al., 2013). Both Foli studies agree that when nursing staff have encounters with members of the adoption triad, they should be aware and have a plan of how to best meet needs within the context of family-centered care. Furthermore, caregivers should recognize that care extends to all members of the adoption triad (Foli, et al., 2012, Foli et al., 2013). Although these two studies did not include the NICU, the themes are similar.

Adoption Openness. There are three types of openness in adoption. The most common is open adoption, or "fully disclosed" adoption. This includes ongoing contact between the adoptive parents, child, and biological family (Siegel & Smith, 2012). A second choice is closed adoption, where there is no contact between parties with little or no knowledge of one another. In-between these two types is semi-open or "mediated" relationships. This encompasses exchanges of non-identifying information, with pictures, updates, and possible visitation medicated through a third party, such as an adoption agency (Siegel & Smith, 2012). In each of these adoption types, the amount of contact varies and is usually agreed upon before placement of a child (Siegel & Smith, 2012).

Open adoption has steadily gained acceptance since the 1980's (Rezai, et al., 2019; Siegel & Smith, 2012). In early adoptions, secrecy was common as it was thought to protect children

from illegitimacy (Siegel & Smith, 2012). This secrecy was known to have caused mistrust and the inability of adopted adults to have access to family and medical histories (Siegel & Smith, 2012). Open adoptions are now the norm in the majority of adoptions. The research also indicated that openness in adoption is currently perceived as a positive experience, one that is important for the entire adoption triad in an infant adoption (Clutter, 2017; Clutter, 2020). Each member presents with different emotional and physical needs that are established through the relinquishment of a child (Foli, et al., 2013).

Adoptive parents and birth parent contact with one another can lead to positive outcomes. Adoptive parents participating in an open adoption were more satisfied with contact with the biological family than those that were not in contact (Grotevant, et al., 2013). In addition, open contact instilled increased empathy toward the birth family and reduced fear of the adoptive parents. Further, it encouraged them to share about adoption with their child (Siegel & Smith, 2012). Regarding birth mothers and fathers, open adoption has been a positive experience. Birth mothers and birth fathers have gains and losses, but they feel positive of their decision to place their child for adoption (Clutter, 2017; Clutter, 2020). Biological mothers showed less unresolved grief when they had contact with the child and adoptive parents through an open adoption and were more satisfied and had better psychological outcomes than those with a closed adoption (Rezaei, et al., 2019). This contradicts earlier thoughts that birth mothers experience high amounts of grief when participating in an open adoption (Grotevant, et al., 2013). As for the children, at adolescence and young adulthood, satisfaction in an open adoption predicted better adjustment (Grotevant, et al., 2013). In this study, the openness relationship between the adoptive parents and the biological family will be explored.

Conclusion

There is much research literature regarding the experience of parents in the NICU regarding parent and infant attachment, parental stress and coping, interaction of parents with medical staff, open adoption, and the adoption triad, however there is not specific research found regarding the NICU experience and adoption combination. The research was clear that parents of infants who enter the NICU experience stress, fear, and anxiety (Heidari, et al., 2013; Mendelson, et al., 2017; Wraight, et al., 2015). In addition, these parents need encouragement from medical staff to engage with their children which is important for attachment. Studies also show the importance of a positive relationship with the medical team and that parents want to be involved and educated (Guilliame, et al., 2013). Regarding adoption, studies show the importance of the relationship between the biological family and the adoptive family and that openness is a positive experience. In addition, the medical team should have adoption awareness and encourage all members of the adoption triad.

Ultimately, there is a great need for research to be done in this area. Rectifying the deficit involving NICU patients and adoptive parents will bring further holistic care to both the adoptive community as well as the health care industry.

METHODS

This phenomenological qualitative study was designed to learn about the lived experiences of adoptive parents in the NICU. Creswell's Research and Design (2014) was used as the framework for this study. The qualitative face-to-face interviews, whether virtually or in person, with open-ended questions provided the participants the opportunity to share their views and thoughts of their hospital experience and what would be helpful to parents who may experience the same in the future (Creswell, 2014, p. 190). In addition, an emergent design allowed for questions to be fluid and open to change to gain the personal experiences of the participants (Creswell, 2014, p. 186).

Participants

All adoptive couples who had adopted from a Midwestern private adoption agency within the past three years and who had an NICU experience when their child was born were eligible for this study. Seven out of the nine eligible participants responded they would take part in the study. The sample included seven adoptive couples who are parenting a child they adopted from a Midwestern private adoption agency within the past three years, and who had a NICU experience when their child was born. At the time of their adoption placement, the parents were between the ages of 21 and 45 years of age. All couples live in the United States, six out of seven were in the same state and one was in an adjacent state. A total of 13/14 participants were Caucasian, one Italian. There was also an evaluation to see if there was any ethnic bias, meaning whether or not any ethnicities other than white participated in the study. Efforts to recruit adoptive couples of other ethnicities were not successful.

Five out of the seven couples had either biological or adopted children already in the home during the NICU experience (see Table 1). Two families had previous experience with having a child in the NICU, one of these experiences ended with a disrupted adoption, meaning adoption proceedings could no longer move forward as the result of personal choice of one or both of the birth parents. This family discussed both experiences during their interview, as both were within the last three years. Six out of the seven adoption placements were from drop-in deliveries; this is when an adoption placement is made by a birth mother after the birth of an infant, with no prior contact or relationship with the adoption provider or the adoptive family. The newborns placed included five girls, including a set of twins, and four boys. Infants were in the NICU from a range of two days to six weeks. All of the adoptive families were required to attend a two-day educational seminar in order to be certified for adoption. This seminar included information concerning the legal and emotional aspects of adoption, as well as bonding and attachment, pre-natal exposures, multi-racial adoption, and the importance of the relationship between the adoption triad. Although parents were prepared for what they might experience in the hosptial during a delivery, they were not given information on what they might encounter if the child they wish to adopt is admitted into the NICU.

Procedures

After obtaining Institutional Review Board approval (Study # IRB-FY2021-583) on June 11, 2021(see Appendix), permission was granted by the Executive Director of the agency to contact adoptive families who fit the criteria of the research study. Participants were initially contacted by a phone call/text and followed-up by an email which included an informed consent form. If the parents were not available by phone, an email was sent with both introductory

Table 1. Demographics of adoptive couples (prior to adoption).

Adoptive couple	Total # children	Total # biological children	Total # adopted children	Previous NICU experience	Type of adoption notice
1	0	0	0	no	drop-in
2	1	0	1	yes	planned
3	2	2	0	no	drop-in
4	2	1	1	no	drop-in
5	0	0	0	no	drop-in
6	1	0	1	no	drop-in
7	1	1	0	yes	drop-in

information and the informed consent form. It was explained to them that the interviews would be conducted in a manner of their choice, either in-person or over the Zoom platform. Once the couple responded by phone or by email that they would like to be involved in the research study, they indicated if they would like to have the interview at their home or via a Zoom call. Four couples chose to be interviewed over a Zoom call, and three preferred to conduct the interview at their home.

A semi-structured interview was completed with adoptive parents who had the experience of adopting a newborn admitted into the NICU. Field observations were written during the interviews, and audio recordings were collected during in-person interviews while audio and visual materials were collected during Zoom calls. The participants were asked for permission before video and audio recordings were enabled. The interviews conducted were between twenty minutes and 1.5 hours in length and were all completed within a five-month

period.

Measures

Semi-structured joint interviews were conducted with each adoptive couple. This researcher started with six major questions, relating to their NICU experience regarding attachment with their infant, fears experienced, coping mechanisms both individually and as a couple, what interactions they had with the birth family, and NICU preparation that would have been helpful. The participants were allowed to lead the interview and the researcher asked additional probing questions.

The open-ended semi-structured interview concepts included:

1. What was your first experience like as you entered the NICU?
2. Which bonding interactions did you do with their infant?
3. What were some of your concerns, both medically and adoption related?
4. What were some of the coping techniques you used while in the NICU, both individually and as a couple?
5. What were your experiences with the birth family?
6. What medical/adoption information would have been helpful to know before entering the NICU?

Analyses

A phenomenological qualitative approach was used for data analysis aligned with Creswell's Research Design (2014). The interview data was reviewed multiple times, transcribed verbatim, then common themes were noted that emerged utilizing an inductive coding approach. The information from the interviews were then coded into themes and subthemes. The themes were compared and contrasted to find common themes for the phenomenon. The purpose of the analysis was to gain knowledge from the participant's experiences. In order to enhance validity

and reliability, the researcher kept a reflexive journal throughout data collection to remain aware of personal reflections and bias. In addition, member checking was utilized to maintain the participants experience in analysis. The participants were emailed the themes that emerged from the research, the results, and a list of their quotes used in the study from their interviews. Four out of seven participants responded through email, all indicated they were accurate. It is relevant to know that the researcher is a Certified Child Life Specialist and has worked for the adoption agency for fifteen years. In addition, this researcher regularly interact with all families throughout their adoption process, including limited contact with 6/14 participants while in the NICU, four of these interactions were when baby was being discharged from the hospital.

RESULTS

This study was conducted to explore the experiences adoptive couples have when the child they desire to adopt is admitted into the NICU. The research questions included: What do adoptive parents experience in the NICU? What type of preparation do adoptive parents with a child in NICU desire? The results included adoptive couples experiences on the unit, bonding and attachment, medical and adoption fears, coping individually and as a couple, experiences with the birth family, and what preparation for the NICU would have been helpful.

Experiences on the Unit

The Importance of Recognition as Parents. As parents were questioned about their first experiences, participants talked about the process of entering the NICU, including their experiences with signing-in to the unit. Multiple participants shared that they were told to use the name, "BUFA" (Baby Up for Adoption) in order to enter the unit. One adoptive mother voiced, "It felt a little cold, like there's no people involved." Another parent expressed, "Baby up for adoption doesn't make you feel super comfortable, it would have been better probably under a name or just baby girl…It just feels weird." A third participant said, "Tell them we were there to see baby BUFA. In my mind was like not even close to her identity."

Upon entering the room of the baby, some parents shared that they were greeted warmly, while others said they did not feel welcomed or recognized as adoptive parents. One adoptive mother said, "We didn't know anything, so when we walked in, like that whole rollercoaster of emotions." It was indicated that at times there may have been confusion of who they were in relations to the baby." An adoptive mom shared, "You're walking into an ICU environment, you

almost feel like a total stranger coming-in and you have to really think and put yourself in that mindset of, I am this baby's mom. And it's really important for the nurses to treat you like that too." Other parents said, "I think that it's really important for the nurses to treat me like that parent, as opposed to what you have custody of right now." and "He is our son now." One parent wondered if the staff was unsure if they were the biological parents or the adoptive parents. A participant shared, "I do remember a nurse asking, 'So are you the birth mother or the adoptive mother,' and that was really nice."

Nursing Interactions. All parents reported that they felt the majority of nurses were kind and celebrated their adoption once it was realized that they were adoptive parents. A participant shared, "Most nurses did not give us a hard time at all…90% of our experience was amazing." On the other hand, a couple said, "Nobody wanted to talk to us, I didn't know if they felt poorly about adoption, or poorly about the birth parent, or poorly about us?" A few parents indicated they felt like they were in the way of the nurse during the first encounter on the unit. Some parents felt encouraged by their child's nurse to form a first attachment, while other parents said it felt as if the nurse did not want them to be involved. One adoptive parent relayed, "There was a good 50% of the time that you would walk in after shift-change and you didn't know what you would get. Whereas, I feel like in a more standard (non-adoption) situation, that wouldn't even be a question." One adoptive father talked about why it was important for both of them to be at bedside. He said, "'Even though she's not in an ideal state, this is our journey starting now, we're not going to wait five days, but for them that's not important." Some parents were given permission to hold their baby immediately, while others felt that the staff was not encouraging them to bond and attach. These parents recognized that nurses have a job to do, and it appeared that some nurses did not seem as concerned with the parents beginning the

attachment journey.

NICU Rules. Spending time with their newborn was very important to adoptive parents. Depending on the hospital, parent visiting hours varied. This shortened bonding time for some adoptive couples. Visiting time was definitely affected during the start of the COVID-19 pandemic in which some the families were involved in the NICU. Some parents reported coming to and from the NICU without any problems, which provided choice and rest. One adoptive parent commented, "We had a pretty good rotation where she would get there early in the morning, stay there until her noon feeding. Then we would get lunch together and trade off because we had the two kids at home, so I would stay through the afternoon and evening." Others shared they had specific hours they would need to leave the unit during doctor rounds, shift change, or due to other restrictions due to the COVID-19 pandemic. One parent said, "you could only go up a couple times a day." Another participant shared, "If we came in, we couldn't leave as we could only come in once (into the hospital) in a twenty-four hour period. Then you had to leave during shift change." This did not affect parents of infants who had a shorter NICU admission. Parents who experienced a longer stay said they got into a rhythm once they learned the timing of when they could and could not be there.

Bonding and Attachment

Regarding a first attachment, all parents reported they were able to participate in feeding, bathing, changing diapers, holding, swaddling, and skin-to-skin care. It was stated, "I would request, 'Can I please do that,' because we wanted to be the ones to do it." A father commented, "She's so fragile, she's hooked up, she's in her little incubator, you can get a hand in there to maybe touch her skin." Parents indicated they also talked to their infants. One mother said she

knew it was important that her baby learn your voice. One adoptive mother reported, “Just being there and being able to touch her or doing feedings was really where I felt like the focus was, you know, to really bond.” The interaction between adoptive parent and child varied due to the baby’s medical condition. This was especially limited if the baby was in an isolatte. In this case, parents reported they could only touch their infants on the arms or legs, and stroking and touching was common in these instances. An adoptive mother shared, “Talking to both my boys, stroking cheeks, rubbing heads and anything we could do to let them hear our voices and know that someone was in there with them, and not just beeping monitors.” As far as skin-to-skin care, an adoptive parent shared, “They always helped us, so we did skin-to-skin every day with both of them for an hour, sometimes two.” Another participant shared, “It’s so easy to bond with a baby, they need you.” One adoptive parents shared, “We were just very hands on from the beginning. I felt like we bonded really quickly with him and it went really well. I remember that was a fear of mine, just an adoption in general and it went really well.”

A few adoptive fathers shared that their bonding was more gradual. One adoptive father shared, “I don’t think attachment was the same feeling for both of us…It was hard to know what attachment should feel like, but I liked them and I enjoyed taking care of them.” Another parent voiced, “I struggled with it, like I struggled early on to try to connect. I was more afraid that she was going to be taken away from us, so I didn’t want to get attached and have that pain.”

Fears/Stressors Experienced

Medical Explanations. Multiple adoptive parents used the words shock, stress, overwhelmed, fear, weird, scary, rollercoaster and unknown to describe their initial encounter with their infant in the NICU. One adoptive parent shared, “We were just shocked.” Another

participant stated, “We didn’t know anything, so we walked in, like that whole roller coaster of emotions, and then just trying to learn, trying to make sure we were out of their way while they were trying to take care of her.” An additional adoptive parent shared, “We met the girls, and it was awesome, but pretty scary at first because they were covered in tubes.” All participants shared that they were greeted upon arrival to their child’s bedside by a nurse or nurses who explained what was hooked-up to their baby, if anything. One participant shared, “So prior to your NICU experience, all you are picturing is worst case scenario when you hear that word, and you don’t realize or understand, as she was never in danger.” Some parents were told information concerning their baby’s condition and plan of care, while other families were told what they termed as “vague information.” It was unclear to some parents what questions they had the right to ask. One parent reported, “You kind of know your not privy to all of the medical information, but you’re not sure how much, you’re there for the baby, they let you in, the baby’s hooked-up, you’re the one they’re like ready to hold the baby, bathe the baby, feed the baby, but you can’t, you’re not privy to all the medical information. So you don’t even know.” Numerous parents reported one of their major fears was that they did not have all the information throughout their child’s NICU stay. One adoptive parent voiced, “As adoptive parents, you don’t ever really know the whole story…We didn’t know any of the medical terminology for what she was struggling with, so it almost became like this daunting thing…It got heavier and heavier as time went.” They shared they sought out information from nursing staff as well as from physicians. They indicated that they felt at times they were given details, and at other times they felt in the dark from what was happening. One mom voiced, “We didn’t have all of the puzzle pieces, and it’s kind of hard.” Some parents found this frustrating, although they understood why this was the case. An adoptive mother voiced, “It’s a weird experience. Some (nurses) are very,

very helpful and are so kind and give you a ton of information, while others are kind of standoffish. It goes back and forth depending on who the nurses are, because the human element comes, whether they should or shouldn't feel one way. They have their own feelings too, so I can appreciate that dynamic makes their job harder."

Hard to Leave Baby. Parents indicated that leaving their baby at the hospital was hard. This was especially true for adoptive mothers. An adoptive mother shared, "It was hard for me to leave ever, so I think I think I felt pretty attached." As parents immediately see their adopted baby as their own, parents wanted to be there for them. An adoptive mother voiced, "Do we go home at night and just come back early in the morning. I don't want to go home and just have a good night's sleep and then come back, I'd like to be close by." One father voiced, "Having to leave is very hard. You don't get to be with baby the whole time. So that was a hard part of the attachment process." A adoptive mother talked about leaving her infants, sharing, "Probably fifty to seventy percent of the time I would cry every time I left." Several adoptive mothers voiced that they had thoughts of their baby crying alone, as the nurses have so many babies to attend to. An adoptive mother stated, "It could be traumatic, like laying in the NICU crying and nobody's attending to you because they have rounds to do, and there's multiple babies crying. That is stress about the NICU. It's good because you are forced to recharge, bad because you feel like you're leaving your kid to possbly cry and nobody's attending."

Exposures. Five out of the seven families relayed that they had initial concerns over drug exposures adding to the health issues of their child. Some said they knew their birth mother had drug exposures, while others had fears that it was a possibility. One participant voiced, "Because she was a drop-in and we didn't have time with her before. Is there anything we need to be concerned about? How was her pregancy or her exposures?" Another adoptive parent

relayed, “What all was she exposed to? You compare what you know, you kind of don’t know if they are telling the truth…you just don’t know anything.” Several of these parents shared they would ask the medical staff if they saw any signs of drug withdrawal. The parents who reported this shared they were reassured by the nursing staff during this period.

Medical Equipment. Another fear of some parents was that they might do something wrong in the room and cause their child harm. This included tripping over the tubes and cords. In addition, the first time any alarms went off in the room, this was startling to parents. Some said they were also surprised that the nurses were not immediately attending to them. One adoptive father commented, “So I can remember the first time when I am holding her and she had an episode and everything beeping and I’m like frozen, like somebody come help. And then the nurse comes in and said you got to pat on the back and I had no idea, and so the fear of, oh my gosh, like her life is in my hands, I don’t want to mess this up, like it was real.” Over time, the parents said they learned that if the nurses were not stressed, then they should remain calm themselves. They indicate they learned how to hold their infants while attached to multiple cords and/or tubes, while making sure to not pull on them. Another parent referred to concern over the lights to treat jaundice. He explained, “They kept ripping off their jaundice glasses and I was freaked out they are going to be blinded by the jaundice lights.” A participant also talked about how cords can sometimes come off the infant, he voiced, “They were really feitsy, which they kept telling us was great, because they were ripping out all their cords, which in not great, but the fact that they were really fighting was a good thing.”

Biological mother deciding to parent. Adoptive parents voiced they knew the risks of adoption and that a mother could change her mind. A majority of the parents had a natural stress and fear that the mother would decide to parent, in which they would have to say goodbye to the

baby. One adopted mother stated, “I didn’t feel she was going to change her mind, so that wasn’t a fear, but I think in any adoption that’s underlying, that’s kind of why it is stressful to begin with.” Another adoptive parent voiced, “Whenever it was that she could change her mind at any point, but all trajectory is pointing in the right direction, it’s not our job to decide, for it’s our job to love the girls until we were told not to.” Some parents indicated they felt more secure, as they did not think the baby’s birth mother was emotionally attached or there were legal reasons the mother would not be able to parent the baby. Others were uncertain and were afraid if the biological mother saw that her baby was getting well, she may choose to parent. A participant shared, “It felt like the birth mom was there every day, you didn’t know when she would be there and how attached she was going to be…how quickly she could change her mind….it was overwhelming, I really struggled with it.” Another parent said, “When they realize they’re better, then they change their mind, so that was kind of some of the thought process that I went through.”

Coping

Parents relayed they experienced varying amounts of stress while their child was in NICU. The longer the NICU stay, the more they had to rely on each other as a couple and access their support systems. Added to this, six out of the seven parents experienced a drop-in delivery, so they were not even emotionally prepared to receive a baby that week. One adoptive parent who experienced a long NICU stay relayed, “I think we survived, I don’t think we coped.” Another parent relayed, “As far as coping goes, I don’t know that we went out of our way to do much that was helpful.” The couple who had been placed with twins shared, “We were just in go mode. I was making a baby registry. Basically everything we had didn’t make sense now

because we had twins."A parent who had a short NICU stay with their child commented, "I know it wasn't an issue…I would have been totally different if he was actually going through some medical stuff while we were there." An adoptive mother shared, "The tension that I should be there with them all the time, but that I physically can't was hard for me. But then it was also really nice to be able to come home and go swim, relax, and decompress from the day at the hosptial. But then there was always the guilt of I shouldn't be enjoying this, I should be with them. So I think I wrestled with that." Adoptive parents utilized their support systems. One adoptive parent who had to relocate closer to the hosptial said, "Good friends had this mother-in-law suite so we were going to be able to have privacy and a place to ourselves. They provided food for us and they would buy us dinner sometimes and check up on us." Another participant shared, "We had a really good support system because our parents knew and they brought us food and had stuff ready for us when we got home."

Communication. Adoptive couples said that communication was very important during the NICU stay. One adoptive parent commented, "I think we go into our normal life go mode, we are just planners, so it's 'Okay, you've got to do this and this, and I'll do this.' I'll tell you after day one, we have the routine down and high five on the way past each other as we go out the door." Another parent shared, "Would leave for thirty minutes together…just talking a lot…and I remember praying over him pretty early. We both left together a couple of times…it gave us some space to talk and kind of clear our thoughts. We just communicated together a lot." A couple also talked about what they could have done better to cope, they said, "I think some things we could have done better to cope is take some more time to intentionally go on dates. We were just trying to be at the hospital or we were at home recovering or planning the next thing."

Extra Care in NICU. Several adoptive fathers expressed they were thankful for the extra care NICU provides so they felt comfortable to go home and recharge. One father commented, "I took advantage of the blessing…someone is taking care of them and that means I get to sleep and prepare better for her." Another shared, "I felt secretly almost like relieved because the extra care." As almost all of the families found out about their baby after they were born and in NICU, the fathers mentioned they used the time away to make preparations to bring the baby(s) home. On father said, "It was like doing what we needed to do, trying to start being a good dad, but also we had so much time to prepare." A second father voiced, "The separation was almost like a coping mechanism, but it was because I was separating from her or from her challenges, I was separating from the situation from the hospital. I just wanted to be out of sight, out of mind to recharge for a minute knowing that eventually you do get to bring her home." A third father explained he did not know a lot about babies until their child was born and he was so thankful for all the nurses taught them.

Experiences with the Birth Family

Bonding and Attachment Affected. Biological parents were present at the NICU with the adoptive parents in five of the adoption situations. Two adoptive families had birth mothers and extended birth family who were very involved, and three had birth mothers who they only had an interaction with on the day they arrived at the hospital. Adoptive parents who had a very involved biological mother present shared that it was harder and took longer to bond and attach to their child. One adoptive mother commented, "Bonding with baby took a little bit longer because the birth family was so present." This was due to the fact they spent less time with their infants, as only two people could be in the room at a time. If the birth family was present, then

the adoptive family had to wait until they were finished. This meant that they shared feeding and holding scheduled times. In addition, there could be some medical information that was shared with both biological and adoptive families. One adoptive parent commented, “I mean they would tell us everything they were doing, and I feel bad for them too because they were doing it twice. They would do it for the birth mom and then they would do it for us.”

Emotions Experienced. The participants who had interactions with the birth family at the NICU said that they made sure the birth mother held the baby before they did. They also expressed they recognized when the biological mother was experiencing grief and were affected by the emotion. One adopted mother said, “You don’t say it because they do act happy for you. so you don’t have to verbalize, ‘Hey, this is a really sad thing for you.’ But it is there…they did a good job of not making us feel, they didn’t say anything that was like, ‘You better take care of that baby.’ ” One participant voiced, “It’s such a roller coaster of emotion of what you really want, because we came into this with this idea of an open adoption because it is what is best for the baby.”

Preparation Desired

Explanation of the NICU. When asked, the participants said it would have been helpful to know what the NICU was, why an infant might be admitted there, and what happens when infants are there. One father commented, “Knowing the protocols for the NICU, how they normally operate with any baby, versus because it is an adoption, only these things were different….So we know what the treatment is. Are we getting equal treatment? Are we getting equal information?” Several fathers talked about their perception of the ICU, and thinking that the NICU was similar. This caused a lot of fear for them at the beginning. A father suggested,

"Understanding why and when NICU happens so that you understand the threshold…if baby goes through the NICU, is likely because of these reasons. To me, intensive care means, 'Oh my gosh, it's the worst possible thing,' but maybe it's not, maybe it's just that they need intensive care and it's different."

Description of Medical Equipment. Parents indicated it would have been helpful to have information regarding the big machines that were in the room, as well as the noises that they would experience with the beeping monitors and alarms. One adopted father stated, " Big, big machines, taking care of little bodies." It was indicated that it would help parents to not be as stressed the first time the monitor's sound. One adoptive mother shared, "It was startling to me to hear these little alarms go off and it made me jump, but the nurses who are trained with all these things, they weren't running to go to these babies, and I'm ready to jump up. I think if I had a little experience seeing that or hearing about that you might hear a bunch of noises and alarms and things and not to panic."

NICU Education at Adoption Seminar. It was relayed that the parents did not remember being told about the possibility that a baby may be admitted into the NICU. They suggested that this information should be provided along with a chance to hear the experiences of parents whose newborn they adopted was admitted into the NICU. As one participant shared, "I can imagine that adoptive parents who hadn't had a NICU experience beforehand, would probably have the same thought, "The baby I am adopting is in the NICU, is he dying?" Another parent shared, "At least you would say, 'Okay, this is real,' because as a parent that's going to adopt, I want to know the horror stories with the good stories, and I want to see the success that she went through the worst of the worst and came out with a beautiful kid, and is extremely happy."

Additional Insights

COVID-19 Pandemic Impact. Three adoptive participants said that their child was in the NICU during the COVID-19 pandemic. This changed visiting times and increased security and safety measures for both they and their children. Each of the hospitals had different protocols in place. One of the families shared the rules kept changing and led to some confusion during their time in NICU. They were permitted to enter the hospital once in a twenty-four hour period. The adoptive parent voiced, "The rules because of COVID, which were if we came in, we could not leave, and we could only come in once in a twenty-four hour period…and they didn't want us to leave campus when we left for an hour after shift change." It was also shared, "It would have been a huge help if we could have said 'Okay, we're going to leave for two to three hours and go home and eat lunch, and then come back for four hours,' " In addition, the parents had to keep masks on at all times, and they felt that they were not able to interact with their child(ren) as much in the beginning due to health safety. One parents shared, "They weren't out as much because of COVID; it was even more strict that normal...it definitely seemed like they were on high alert…any of this we are explaining, we were wearing masks the whole time." One of the hospitals had strict visiting policies for parents, and they were not allowed to stay past visiting hours. One adoptive parent commented, "You could only go up a couple times a day…ten in the morning, and then late afternoon. The other couple's hospitals were different, and they allowed the family to come and go.

Other Infants in NICU. Five out of the seven families shared they were emotionally impacted by seeing other infants in the NICU. This was due to several reasons including; the infants were more critical or the infants were alone. An adoptive mother relayed, "I saw a lot of babies and moms in there that were really sick, and so that was a lot harder to see and watch and

hear." Another adoptive mother shared, "It was kind of sad, their little cries and stuff, and mom's not right there."

DISCUSSION

The research conducted outlined the experiences that adoptive couples have when entering the NICU to see the child they hope to adopt and what preparation would have been helpful for them and future adoptive families to know. Each area provided insight from a range of circumstances surrounding the infant and the adoption situation. Adoptive parent emotional reactions to their infant being in NICU were very similar to a biological parent; however there were added layers due to the adoption process. Parents of infants who enter the NICU experience stress, fear, and anxiety (Heidari, et al., 2013; Mendelson, et al., 2017; Wraight, et al., 2015).

One main theme was that it was important for adoptive parents to be recognized as the newborn's parents. This included how they were treated by the nursing staff, the name given to the child (especially if the baby's name was indicated as baby "BUFA"), the rules of the NICU, and how they were permitted and/or encouraged to provide care to their child in order to promote bonding and attachment. It was found that parents who were encouraged by staff to interact with their child and who were acknowledged as the child's parents, felt like their presence was wanted and that they were not in the way. Participants whose infants were given the pseudo-name baby "BUFA" were very vocal on their disapproval of their infant being referred to by this name. Parents indicated they did not feel comfortable using that name to gain access to the NICU, and admitted that it felt "cold." This is not something biological parents would experience as their infants are usually referred to by the mother's last name. As family-centered care is promoted in the hospital setting, it would be important to listen to the research found regarding this label and change the name to another acronym that is supportive to adoptive families.

Regarding attachment, adoptive parents were able to bond and attach with their infants

while they were in the NICU. In most cases, the parents were encouraged to bond and attach just as if they had birthed the baby including skin-to-skin care, changing, feeding, holding, and comforting (Barker, et al., 2017; Flacking, et al., 2012). This study demonstrated that like biological parents, adoptive parents also need to feel accepted and approved to interact with their child, and providing care helped them feel more like parents and built confidence (Guillaume, et al, 2013; Kearvell & Grant, 2008; Phuma-Ngaiyaye & Kalembo, 2016). Some couples indicated that it took a little time for the medical staff to recognize them as parents, and to be comfortable in talking to them about the infant's medical condition. This lack of information created a sense of stress for the adoptive parents, as they did not know what questions they could ask and what information they were privy to. As adoptive parents see themselves as the infant's parents, it is hard for them to not have access to medical information. In the research, relationships with nursing staff who provide medical information and allow parents to ask questions encourage mothers to become more involved with their infants, increasing self- esteem, decreasing anxiety, and increasing trust (Klawetter, 2019, Phuma-Ngaiyaye & Kalembo, 2016). Policies regarding adoptive parents receiving medical information regarding their child should be clearly defined so staff can release information once the couple enters the NICU for the first time. Child Life Specialists who work in NICU could coordinate with Adoption Specialists to provide added support for adoptive parents who are creating a bond with their children. As support is needed for all parents with infants in the NICU, hospital disciplines should be aware of the extra layers that adoptive parents experience. In addition, this support should also be provided to the birth family who chooses to be involved while their baby is in the unit. NICU staff should be provided education on the complexities of the experiences of adoptive parents in the NICU and gain training in how to provide psychosocial care to the adoption triad.

Concerning fears and stressors experienced in the NICU, all parents acknowledged they were greeted at bedside and provided with information regarding what medical equipment was involved with their infant. It was also shared by all parents that medical information regarding their child's reason for being in the NICU and plan of care was equally important. Some parents reported they were given this information, while others said they received "vague" information. This research showed that if adoptive parents are not informed about their child's medical condition, it creates an extra layer of stress. Additionally, not knowing whether their child had been exposed to drugs and might experience withdrawal symptoms created fear. Both of these stressors would be unique to an adoption situation as a biological parent would have the right to information about their child and would know if their child had been exposed to drugs in utero.

As expected, there were added layers of adoption related concern for adoptive parents in the NICU. Adoption fears consisted of the worry that the birth mother or father will change their mind about the adoption. This related to this adoption research, that it is an underlying fear that a birth parent will choose to parent, thus the adoption would be disrupted. The legal part of the adoption, including the possibility that the biological mother might change her mind and choose to parent, overshadow their thoughts even after a child has been placed in their arms (Fallon & Goldsmith, 2013). In addition, for the adoptive couples whose birth parents were very active in their visitation with the infant, they found that this affected their bonding and attachment. It is important for medical staff to be aware that many adoptions are not complete until after the infant leaves the hospital, meaning the parents fear of losing a child through a disrupted adoption may cause additional anxiety.

Another fear of a majority of the families was concerning a drug exposure that might cause withdraw symptoms. As adoptive families rely on the biological mother to share any

exposures during pregnancy, parents were still worried, especially since they were admitted into the NICU. Some parents were aware that their child had been exposed and experienced periods of concern, as they were not sure of what withdraw symptoms to look for. They looked to the medical staff for reassurance. The former research did not mention this as a common fear for biological parents, as they would be aware of what had been exposed to their child.

With the regards to coping, one of the common themes was that it was hard for the adoptive parents to leave their child. Adoptive couples felt fear or stress in leaving their infant at the hospital. The anxiety of leaving their child related to their concers that their infant would be alone and not be attended to as nursing staff may have multiple children to care for simultaneously. Adoptive mothers also expressed that they felt attached to their infant and did not want to be away from them. As adoptive couples have often gone through an emotional and painful journey leading to adoption, once they have been introduced to an infant, they are committed to that child and see them as their own.

The birth family is a critical piece of the adoption process. In this type of agency adoption, the birth mother had a legal right to visit and spend time with her infant and provide care in the NICU. Adoptive parents who had an experience with the birth family actively engaging in their baby in the NICU acknowledged sharing visiting times with the biological family affected their bonding and attachment. Couples who were adopting also shared it was roller coaster of emotions as they were joyful to be parents, while also recognizing that the birth family was experiencing grief. This is specific to the adoption process as biological parents would not have to share bonding time with other people. A parent not involved in the adoption process would also not be experiencing this added layer of emotion toward the birth families' grieving process. This agrees with former research that it is also important for staff to recognize

each family has an individual story that should be respected, and that they should receive support and advocacy (Foli, et al., 2013). It would be beneficial for the medical staff to recognize this adoption dynamic is in play and that many emotions are being felt by both the adoptive and biological parents.

With regards to preparation desired, multiple adoptive parents discussed how they wish they had an explanation of what the NICU is and what happens there before they entered the NICU. In addition, adoptive parents relayed that it would have been helpful to know what medical equipment they may experience in the NICU, with the focus on "beeping" from the machines, and tubes that were surrounding their infants. It was indicated that this preparation could be done at an adoption preparation seminar that this agency has each family go through before they are available for adoption placement. Many adoptive parents relayed this foreknowledge would have provided reassurance. Adoption agencies and providers should provide education to adoptive parents during their training seminars on what the NICU is, why an infant might be admitted, what medical equipment they can expect to see surrounding their child, and who they can contact for information and support. Other training tools such as preparation albums which show pictures of infants in the NICU may also be helpful.

Other themes included the impace of the COVID-19 pandemic on visiting hours and interactions with their infant, and how other infants in the NICU affected adoptive parents. These themes could be researched further.

Data Limitations

A limitation to this study could have been that the essence of the participant's experience may not have been described as they had intended.

Applications

The family-centered care medical team should be aware of the extra stressors of adoptive parents while their child is in the NICU. This includes the short-time they may have known that they are parents in a drop-in situation, experience with the birth mother, desire to feel like parents, and the need to have medical information in order to know how their infant is doing. Future studies could look further into whether members of the adoption triad feel respected and/or cared for by the medical staff, whether or not in NICU, as former research is focused on what is important from the perspective of nurses and medical staff. Further, looking into what birth mother's experience when the child they are placing for adoption in placed into the NICU at birth, including how they could best be supported by the adoptive parents and medical and adoption professionals.

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APPENDIX: IRB APPROVAL

Missouri State
UNIVERSITY

To:
Lindsey Murphy
Childhood Ed & Fam Studies
Cara Smith, Elizabeth King

RE: Notice of IRB Approval
Submission Type: Initial
Study #: IRB-FY2021-583
Study Title: NICU EXPERIENCES OF ADOPTIVE PARENTS & DESIRED PREPARATION
Decision: Approved

Approval Date: June 11, 2021

This submission has been approved by the Missouri State University Institutional Review Board (IRB). You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented. Should any adverse event or unanticipated problem involving risks to subjects or others occur it must be reported immediately to the IRB.

This study was reviewed in accordance with federal regulations governing human subjects research, including those found at 45 CFR 46 (Common Rule), 45 CFR 164 (HIPAA), 21 CFR 50 & 56 (FDA), and 40 CFR 26 (EPA), where applicable.

Researchers Associated with this Project:
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