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MATERNAL ADJUSTMENT TO PREMATURE BIRTH: UTILIZING THE ROY ADAPTATION MODEL AS A THEORETICAL FRAMEWORK

By Ivy Razmus The purpose of this study was to ascertain whether the adjustment for primiparous mothers of preterm infants was

less positive than for primiparous mothers of term infants utilizing the Roy Adaptation Model as a conceptual framework.

Maternal Adjustment to Premature Birth: Utilizing the Roy ... MATERNAL ADJUSTMENT FOLLOWING

PRETERM BIRTH 179 data suggest that child sociability is an inherently desirable characteristic that both evokes and reinforces parental responsiveness, warmth, and perceived competency as a caregiver (Buss & Plomin, 1975, 1984; Crockenberg & Leerkes, 2000; Roth-

bart & Bates, 1998; Solomon & George, 1996).

Maternal adjustment following preterm birth: Contributions ...

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The purpose of this study was to ascertain whether the adjustment for primiparous mothers

of preterm infants was less positive than for primiparous mothers of term infants utilizing the Roy Adaptation Model as a conceptual framework. This secondary analysis utilized data from a larger longitudinal study. The data was collected at three months post birth in

the homes of the mothers.

"Maternal Adjustment to Premature Birth: Utilizing the Roy ... This article examines whether preterm newborns' behavior and their mother's adjustment to the premature birth and infant hospitalization have an influence on

subsequent infant development and behavior, maternal adjustment, and mother–infant relationship. The behavioral competencies of 42 well, singleton preterm infants (mean gestational age=31 weeks) were assessed, as were their mothers'

adjustment (depression and coping) and competencies (knowledge of child development).

Preterm behavior, maternal adjustment, and competencies in ...

The birth of a preterm infant has been linked with parental distress

and adjustment difficulties, yet little is known about the psychosocial factors contributing to this association. Using a...

Maternal adjustment following preterm birth: Contributions ... Confounders found to have the greatest impact were placenta praevia, hypertensive

complications, and maternal medical history. Conclusion Even after adjustment for confounders, advanced maternal age (40 years and over) was associated with preterm birth. A maternal age of 30–34 years was associated with the lowest risk of prematurity.

Effect of maternal age on the risk of preterm birth: A ...

Maternal stress during pregnancy was more common among women who delivered preterm ($p < 0.000$) compared to the control group and was still evident after adjusting for premature contractions, tobacco

use, previous preterm delivery and genital tract infection (Table 4). The difference also remained in the multiple logistic regressions with the same adjustment after excluding the 24 cases of twin pregnancies from the total study population.

Effect of maternal

stress during pregnancy on the risk for ...

Findings to date suggest that maternal stress may be influenced by a range of factors spanning infant, maternal, and family social background characteristics. 2 These include the severity of infant

illness, 1, 11 pregnancy planning and previous pregnancy loss, 1 maternal trait anxiety and mental health history, 11, 12 exposure to other stressful life events, 13 maternal education, 14 and ...

VERY PRETERM BIRTH: MATERNAL

EXPERIENCES OF THE NEONATAL ...

After adjustment, associations with younger maternal age remained for low birthweight (odds ratio [OR] 1·18 (95% CI 1·02–1·36)], preterm birth (1·26 [1·03–1·53]), 2-year stunting (1·46 [1·25–1·70]), and failure to complete

secondary schooling (1·38 [1·18–1·62]) compared with mothers aged 20–24 years.

Association between maternal age at childbirth and child ... After adjustment for parity, maternal age, BME group and index of multiple deprivation,

postpartum mothers of very preterm babies were significantly more likely to suffer from anxiety at 10 days, fatigue and flash-backs at 3 months and at 3 months feel that their baby belonged to them only recently or not quite yet, and that their baby was more

difficult than average.

Impact of preterm birth on maternal well-being and women's ... Even after adjustment for confounders, advanced maternal age (40 years and over) was associated with preterm birth. A maternal age of 30-34 years was associated with the lowest risk of

prematurity. Effect of maternal age on the risk of preterm birth: A large cohort study

Effect of maternal age on the risk of preterm birth: A ...

Adjustment for first trimester SBP and gestation length at the time of assessment did not attenuate the association between

preterm birth and SBP (3.99 [0.82, 7.16] mmHg; Table 2 Model 2). Accounting for hypertensive disorders of pregnancy (Model 3) attenuated the estimate for SBP by approximately 30% to 2.78 (−0.30, 5.87) mmHg, while the estimate for HDL was only slightly

attenuated (−6.67 [−12.13, −1.20] mg/dL).

Preterm birth and long-term maternal cardiovascular health Variables included in the adjusted models were maternal age, history of previous preterm delivery, height, body mass index, marital status,

parity, smoking, maternal education, household income, and total energy intake.

Maternal dietary patterns and preterm delivery: results ...
A natural log-unit increase in maternal preconception BPA (RR 1.94; 95% CI: 1.20, 3.14) and BPS

(RR 2.42; 95% CI: 1.01, 5.77) concentration was associated with an increased risk of preterm birth. These associations remained after further adjustment for maternal prenatal and paternal preconception biomarker concentrations.

Paternal preconception Parabens concentrations showed a possible elevated risk of preterm birth (RR 1.36; 95% CI: 0.94, 1.96).

Maternal and paternal preconception exposure to phenols ...

Even after adjustment for confounders, advanced maternal age (40 years and over) was associated with preterm birth. A maternal age of 30–34 years was associated with the low- est risk of prematurity.

Effect of maternal age on the risk of preterm birth: A ...

Generalized estimating equations for logistic regressions with covariate adjustment were applied to relate ROP to preeclampsia among the full cohort and in a subcohort of P-VLBW infants born at younger than 31 weeks' gestation and weighing less than 1500 g.

Association of Maternal Preeclampsia With Infant Risk of ...

levels) and preterm birth outcomes. Primary outcome Preterm delivery status. results Adjusting for the other maternal CVD risk factors of interest, all categories of

hypertension led to increased odds of preterm birth, with the strongest magnitude observed in the pre-eclampsia group (adjusted OR (aOR), 13.49; 95% CI 6.01 to 30.27 for preterm birth;

The increasing

prevalence of preterm birth in the United States is a complex public health problem that requires multifaceted solutions. Preterm birth is a cluster of problems with a set of overlapping factors of influence. Its causes may include individual-level behavioral and psychosocial factors,

sociodemographic and neighborhood characteristics, environmental exposure, medical conditions, infertility treatments, and biological factors. Many of these factors co-occur, particularly in those who are socioeconomically disadvantaged or who are members of racial

and ethnic minority groups. While advances in perinatal and neonatal care have improved survival for preterm infants, those infants who do survive have a greater risk than infants born at term for developmental disabilities, health problems, and poor growth. The birth of a

preterm infant can also bring considerable emotional and economic costs to families and have implications for public-sector services, such as health insurance, educational, and other social support systems. Preterm Birth assesses the problem with respect

to both its causes and outcomes. This book addresses the need for research involving clinical, basic, behavioral, and social science disciplines. By defining and addressing the health and economic consequences of premature birth, this book will be of particular interest to

health care professionals, public health officials, policy makers, professional associations and clinical, basic, behavioral, and social science researchers.

Each year in the United States approximately

440,000 babies are born premature. These infants are at greater risk of death, and are more likely to suffer lifelong medical complications than full-term infants. Clinicians and researchers have made vast improvements in treating preterm birth; however, little

success has been attained in understanding and preventing preterm birth. Understanding the complexity of interactions underlying preterm birth will be needed if further gains in outcomes are expected. The Institute of Medicineâ□□s

Roundtable on Environmental Health Sciences, Research, and Medicine sponsored a workshop to understand the biological mechanism of normal labor and delivery, and how environmental influences, as broadly defined, can interact with the processes of

normal pregnancy to result in preterm birth. This report is a summary of the main themes presented by the speakers and participants.

Flexible, easy to integrate into everyday practice, and based on more than 25 years of research and clinical

experience, this observational tool and handbook gives clinicians a systematic way to help parents respond with confidence to their newborn's

This guide is designed to help parents emotionally adjust to having a premature baby.

Describes the crises caused by a premature birth, medical complications, and the extended hospitalization of both mothers and babies. The book also details the normal, but painful, emotional reactions to prematurity, including panic, guilt,

anticipatory grief, frustration, depression, and anger.

Worldwide, more than 1 million infants die as a result of premature birth. In the United States, where 1 in 10 births occurs preterm, premature birth is the leading cause of infant mortality.

Premature infants have high rates of mortality and morbidity, with the highest rates seen in those infants born extremely preterm□prior to 30 weeks gestation. Severe morbidity in these infants often contributes to life-long health problems. Maternal hypertension

(HTN) is one contributor to preterm birth and also contributes to fetal growth restriction, resulting in birth weights which are small for gestational age (SGA, and generally within the lowest 10th percentile). Within this high risk population, SGA infants have

increased risk of mortality compared to appropriate for gestational age infants. Therefore the impact of maternal HTN on neonatal outcome might be presumed to be negative. Previous studies however, have been contradictory, with both higher and lower

rates of infant mortality reported in infants born to mothers with HTN, as well as differing reports analyzing the relationship between serious morbidity and maternal HTN. Utilizing the Vermont Oxford Network Very Low Birth Weight database, a collaborative

database of Level III Neonatal Intensive Care Units across the world, 88,275 North American infants born between 22+0 and 29+6 weeks gestational age between 2008 and 2011 were identified. This dissertation explores the relationship between maternal HTN and

gestational age at time of birth within this population, and the reported rates of morbidity and mortality in infants born prior to 30 weeks gestation. The independent contributions of maternal HTN with neonatal morbidity and mortality in our population were

estimated using logistic regression and adjusting for factors previously known to be associated with risk, including birth weight, antenatal steroid exposure, infant sex, maternal race/ethnicity, prenatal care, inborn/outborn status, and birth year. We

hypothesized that mortality rates would be lower for infants born to mothers with HTN compared to those born due to other factors, when corrected for the noted confounding variables and surviving infants would have better prognoses, as evidenced by lower

rates of severe morbidity, including bronchopulmonary dysplasia, intraventricular hemorrhage, periventricular leukomalacia, necrotizing enterocolitis, and infection. Within the higher-risk SGA population, we hypothesized that

mortality rates would be higher than observed in appropriately grown infants, but decreased in those born to mothers with HTN, despite the association between maternal HTN and SGA. This dissertation begins with an explanation of current knowledge

about preterm birth, maternal HTN, and their associations. Chapter 2 focuses on the relationship between maternal HTN and infant mortality in extremely preterm infants. Chapter 3 examines the risk associated with severe morbidities in surviving infants. In

addition, we also use a combined morbidity risk assessment score which has previously been used to determine future risk of long term disability. In Chapter 4, SGA infants are separately evaluated for their risk of mortality and the association with maternal HTN. These analyses support the

high mortality and morbidity rates seen in extremely preterm infants. Maternal HTN, after adjustment, results in reduced risk of both mortality and severe morbidities in infants compared to infants born to mothers with other underlying contributors to preterm birth. This

suggests that clinical practices and parental counseling should reflect differing risk profiles in sub-populations of extremely preterm infants.

Compact and consistent, this book focuses on the essentials of nursing practice and theory

while integrating the conceptual framework of the Model into contemporary practice.
Standardized nursing NANDA diagnoses are used consistently throughout the book.

Influence of Pregnancy Weight on

Maternal and Child Health: Workshop Report summarizes a one and a half day workshop convened in May 2006 that reviewed U.S. trends in maternal weight (prior to, during, and after pregnancy) among different populations of women; examined the emerging research

findings related to the complex relationship of the biological, behavioral, psychological, and social interactions that affect maternal and pregnancy weight on maternal and child health outcomes; and discussed interventions that use this complex relationship to

promote appropriate weight during pregnancy and postpartum. Given the unprecedented environment in the United States in which two-thirds of the adult population meets the criteria for being overweight or obese, the implications for women in the reproductive age

period are unique in the history of the country. The concerns for maternal and infant health are real. The questions and answers tackled by committee members and workshop participants were not easy. Nevertheless, having an opportunity to explore what is known, examine the

gaps in knowledge, and explore what to do now and in the future build a pathway for further inquiry and action. This report summarizes the workshop proceedings and highlights key themes that deserve further attention. The participants in this workshop describe

what is known about recent trends in maternal weight gain and the impact of maternal weight during pregnancy on the health of mothers and their children. The workshop provided a valuable opportunity to assess trends that have occurred since the publication of an

earlier study by the Institute of Medicine (IOM), which included guidelines for recommended weight gain during pregnancy.