

早产儿母亲的负性心理状态及护士支持干预研究进展

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摘要

早产儿母亲由于与患儿分离, 缺乏对疾病认知等, 常常经历焦虑、抑郁等负性心理问题。近年来, 信息支持、心理干预和社会支持干预等护士支持措施被广泛应用, 有效减轻了家长的焦虑和抑郁情绪, 提高了其育儿能力。本文综述了早产儿母亲的负性心理状态并探讨了护士支持干预在缓解这些心理状态方面的研究进展, 为医护人员进一步优化干预措施提供依据和参考。

关键词

早产儿母亲, 负性心理, 焦虑, 护士支持, 研究进展

Research Progress on Negative Psychological State of Mothers of Premature Infants and Nurse Support Intervention

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Abstract

Mothers of premature infants often experience negative psychological problems such as anxiety and depression due to their separation from their children and lack of awareness of the disease. In recent years, nurse support measures such as information support, psychological intervention and

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social support intervention have been widely used, effectively reducing parents' anxiety and depression and improving their parenting ability. This paper summarizes the negative psychological state of mothers of premature infants and discusses the research progress of nurse support intervention in alleviating these psychological States, so as to provide basis and reference for medical staff to further optimize intervention measures.

Keywords

Mothers of Premature Infants, Negative Psychology, Anxiety, Nurse Support, Research Progress

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1. 引言

早产儿是指胎龄 >28 周但不足 37 周且出生体质量 <2500 g 的新生儿[1]，其与足月新生儿相比，机体器官及生理功能均未发育成熟，抵抗力及代谢能力差且常伴有低体重，这增加早产儿病死风险[2]与致残率[3]，目前已成为严重的公共卫生问题之一[4]。近年来早产儿总体发生率具有上升态势，2019 年我国早产患病率为 6.34% [5]。根据《柳叶刀》的一项研究分析了来自 103 个国家数据得出，2020 年有 1340 万新生儿早产，发病率从 6.8%到 16.2%不等，其中我国排在第四位[6]。新生儿重症监护室(NICU)是对高危新生儿进行病情监护、及时有效救治和护理的危重疾病集中病室[7]，为预防院内感染、实施保护性隔离并保障患儿治疗措施顺利实施，我国大多数医院的 NICU 采取全封闭式管理模式以及严密的探视制度。家长对患儿往往有正向期待，尤其对母亲来说，早产可以看作是一件创伤性应激事件，早产儿与母亲的分离及 NICU 的环境限制了母婴间视觉、听觉、触觉等多感官的互动[8]。加之产后住院时间较短[9]，缺乏对疾病认知[10]，对出院后的护理知识和能力缺乏信心等[11]，患儿母亲容易产生焦虑、抑郁等不良情绪，医护人员常会忽视与患儿家长的交流，来不及接收家长的心理需求反馈，更加重其负性情绪。同时，对患儿的认知、情感和身体发育产生长期影响，甚至导致医患纠纷发生[12]。本文对早产儿家长的负性心理状态进行综述并探讨了护士支持干预在缓解这些心理状态方面的研究进展，为医护人员进一步优化干预措施提供依据和参考。

2. 早产儿母亲的负性心理状态

据统计，目前全球范围内焦虑症的终身患病率约为 7.8%，抑郁症约为 6.8%。在我国这两类疾病的患病率也呈现明显的上升趋势。根据卫健委 2019 年数据显示，我国抑郁症患病率达到 2.1%，焦虑障碍的患病率为 4.98%，抑郁症和焦虑症患病率接近 7%。焦虑主要表现为烦躁不安、紧张、不愉快等行为的控制能力减弱，所带来的痛苦以至于难以自制，很难集中精力做事，也可伴有植物性神经系统功能失衡。抑郁障碍是以情绪消沉，情感低落、思维迟缓等为典型症状，并可以由闷闷不乐演变到悲痛欲绝，以及木僵的发生，甚至悲观厌世、企图轻生[13]。NICU 住院患儿家长普遍存在负性情绪，焦虑抑郁发生率大大高出正常人群。与健康婴儿的父母相比，在 NICU 住院的婴儿的父母患多种情绪和精神障碍的风险更高，包括创伤后应激障碍、急性应激障碍、抑郁症和焦虑症[14]-[16]。新西兰一项使用医院焦虑抑郁量表的研究发现，无论患儿是否入住 NICU，母亲的焦虑与抑郁评分均高于父亲[17]。近期一项系统评价也支持这一结论[18]。根据一项横断面研究发现，在 NICU 中的母亲中，焦虑和抑郁的患病率分别为 66.2%和

45.4% [19], 合并焦虑抑郁发生率 38.46%。巴西的一项研究显示, 母亲抑郁可能是父亲抑郁的主要预测因素[20]。在 NICU 住院的婴儿的母亲睡眠障碍率很高, 包括平均每晚睡眠时间少于 7 小时, 并伴有严重的疲劳感与整体健康水平下降[21]。McGowan 等人发现, 有心理障碍的母亲不太愿意将早产儿带回家, 从而导致住院时间延长。这不仅影响婴儿的立即康复, 也对其长期心理健康及母婴联结产生不利影响[22]。长期暴露在焦虑、抑郁情绪下, 会削弱母亲的照护能力, 引起母乳喂养率下降, 影响亲子关系的建立, 对家庭内外活动、人际关系、责任心等社会功能产生不同程度的影响[23]。

3. 早产儿母亲负性心理状态的影响因素

研究证实, 产妇焦虑、慢性精神病史是负性心理的预测因素, 而社会支持和分娩满意度被确定为保护因素[24]。此外, Mukabana 等人确定住房条件差和长期服用药物是 NICU 早产儿母亲心理健康结局不良的预测指标[25] [26]。该群体特有的焦虑相关因素包括早产(≤ 33 周)、极低出生体重儿以及 NICU 环境中的压力源[27]。年龄为焦虑的决定因素, 其他相关因素还包括父母的教育水平、家庭收入、就业情况、患儿住院时间、疾病严重程度以及临床医生对婴儿健康状况的评估[28]-[30]。胎龄 ≤ 33 周的早产儿母亲在分娩后表现出更高水平的焦虑状态。妊娠并发症与 NICU 住院期间母亲的状态和特质焦虑评分升高显著相关[31]。与 26 周后自然阴道分娩相比, 剖宫产与更严重的焦虑症状相关, 产前检测到的婴儿健康风险是母亲产后 2~3 周焦虑的重要危险因素。居住在经济更发达地区的父母, 出现焦虑的可能性反而更高[32]。与农村地区相比, 居住在城市母亲在患儿出生后第一周的焦虑评分较低; 同项研究还发现, 没有医疗保险的母亲焦虑评分更高。

4. 护士支持干预研究进展

既往干预对早产儿及其母亲主要关注生理功能方面的变化, 对心理健康的重视程度较低, 忽视了焦虑抑郁情绪对母婴健康的影响[33]。母亲通常是新生儿护理的主要承担者[18], 母亲的心理状态直接影响其照护能力和婴儿的发育环境。新生儿护理人员与母亲有着独特的关系, 为早期识别症状并及时提供转诊和支持创造了关键窗口。针对早产儿家长的负性心理问题, 近年来国内外学者进行了大量的护士支持干预研究, 旨在通过有效的护理干预, 缓解家长的负性心理问题, 提高其育儿能力和生活质量。

4.1. 信息支持

信息支持是缓解早产儿母亲焦虑的重要基础。及时、有效的信息沟通有助于母亲更好地适应医院环境并增强其心理适应能力[34] [35]。对母亲进行新生儿护理技术教育, 鼓励早产儿母亲与 NICU 护士分享信息, 有助于提升其照护能力, 减少对护理的恐惧, 提高参与度[36]。加拿大一项研究为干预组的母亲提供母乳喂养、挤奶训练和支持性干预, 改善了母乳分泌状况[37]。瑞典的个体化新生儿父母支持计划包括支持性沟通、家庭护理指导、新生儿互动技巧以及父母反应等教育内容, 有效减轻了母亲压力[38]。根据日本及挪威的护士-家长支持调查研究中得出护理支持需考虑父母的感受、处理特定需求的能力以及提供父母友好的视觉信息; 强调增加 NICU 患儿母亲在医疗决策和查房中的参与度, 并强化情感支持, 包括对患儿母亲的指导、信息和关怀[39] [40]。鼓励母亲参与早产儿护理实践, 不仅有助于提升其照护技能, 还能增强其作为主要照顾者的自信心。多项研究表明, 针对护理技能的培训干预能显著降低母亲的痛苦水平[36]。韩国和法国的研究探讨了袋鼠护理对早产儿生理功能、母婴依恋和母体压力的影响, 证实该干预可改善母婴依恋, 减轻母亲压力, 降低产后抑郁症的风险[41] [42]。住院期间的恰当咨询和家长参与提高了父母的满意度[43]。伊朗的一项干预通过培训课程和手册发放, 减轻了早产儿母亲的应激水平[44], 各种干预计划(例如教育、沟通和个性支持)降低了父母的焦虑情绪, 提高他们在入院和出院后的经验、幸

福感、关怀和养育子女的信心[45]。此外，为父母制定的参与改进计划以及涵盖新生儿生长发育、母乳喂养技巧等内容的远程教育对提升父母的育儿能力和幸福感均具有积极意义[46] [47]。

4.2. 心理干预

心理干预是改善早产儿母亲负性情绪、促进其心理健康的核心路径。研究表明，NICU 护士支持可以减轻父母的压力，能有效降低其负性情绪[48]。应用引导式意象放松干预可改善母亲的睡眠质量，降低其痛苦程度[49]，并帮助父母控制情绪压力，增强其在照护决策中的能力[50]。意大利研究制定的护士支持方案旨在减轻早产儿母亲压力和提高其发展性支持能力[51]。约旦的一项情绪支持计划分两个阶段实施，第一阶段以信息提供与观察为主，第二阶段向母亲发放教育手册，结果显示该计划有效减轻了早产儿母亲的心理压力[52]。远程支持教育内容包括新生儿生长发育、治疗方法、婴儿放松、母乳喂养技巧及舒缓音乐干预，改善母体产后依恋，减轻产妇压力。多种研究证实护士支持方案均可提高早产儿母亲对社会支持的感知，减少焦虑，增加母体角色适应[47] [53]。

4.3. 社会支持

社会支持对增强母亲的角色适应和满意度具有关键作用。简短的小组支持性教育干预对 NICU 患儿母亲具有可行性，有助于减轻与 NICU 相关的压力[54]。伊朗描述早产儿母亲所感知的新生儿护理支持的范围和类型，及其与母亲对 NICU 婴儿护理满意度的关系，护士在肯定、具体援助、情感和总体社会支持方面提供的中等水平的社会支持；护士的社会支持与母亲对 NICU 母亲接受的早产儿护理的满意度之间存在显著关系[55] [56]。韩国[46]为 NICU 中的父母制定父母参与改进计划，改善母婴依恋和母亲与护士的伙伴关系；增加父母陪伴婴儿的喜悦和兴奋，使父母更有信心与责任感。土耳其根据母亲的兴趣，提供包括阅读《古兰经》等精神支持，减轻了 NICU 中患儿母亲的压力水平，改善焦虑程度[57]。

综上所述，国内外通过信息支持、心理干预及社会支持等多种护士主导的干预方案，在降低早产儿母亲负性情绪、提高育儿信心及改善母婴结局方面取得了显著成效。然而，现有研究在方法学、样本代表性及文化适用性方面仍存在一定局限性。多数研究样本量较小，缺乏大规模、多中心的随机对照研究[58]-[61]。未来研究需进一步扩大样本量、开展多中心合作，以增强证据的可靠性。

5. 结论与展望

早产儿母亲的负性心理状态是一个复杂而重要的问题，不仅影响家长的心理质量和生活质量，还可能对早产儿的成长发育产生不良影响。近年来，护士支持有效缓解了家长的负性心理问题，提高了其育儿能力和生活质量。但目前对早产儿母亲提供护士支持的相关研究大部分来源于国外，国内相对较少，且多以描述性研究或小样本干预试验为主。国内逐步关注家长心理需求，引入袋鼠护理、家长参与等支持模式；但干预方案的系统性、规范性和长效评价机制尚未完善。因此，未来研究应构建符合我国 NICU 环境与家庭特点的结构化护士支持框架，将心理评估与支持常规纳入 NICU 护理流程，以更好地促进早产儿父母的心理健康，改善早产儿康复结局。

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