

**MINISTRY OF HEALTH OF UKRAINE
NATIONAL MEDICAL UNIVERSITY
by O.O.BOHOOLETS**

**GUIDELINES
to practical classes for students**

Elective discipline: "BASIC COMMUNICATION WITH A CHILD"

Lesson topic: Peculiarities of communication between a medical worker and parents of a newborn child.

Field of knowledge: 22 "Health care"

Specialty: 222 "Medicine"

Department of Pediatrics No. 2

Approved at the department meeting dated "___"____2024, protocol No.____

Head of Department,

Corresponding member of the National Academy of Sciences of Ukraine,

Professor Volosovets O.P.

Considered and approved:

Central Medical Center for Pediatric Disciplines from "___"____2024, protocol No.____

Head of the Central Committee, Professor Pochynok T.V.

Specific goals:

1. Know the principles of effective communication between a medical worker and the parents of a newborn child
2. Know the peculiarities of the communication of a medical worker with the mother of a newborn child in the delivery room, ward for the common stay of mother and child, neonatal intensive care unit
3. To be able to apply the principles of effective communication between a medical worker and the parents of a newborn child

Learning outcomes

Integral competencies: the ability to apply the principles of effective communication between a medical worker and the parents of a newborn child

General competencies:

- Ability to abstract thinking, analysis and synthesis
- Ability to learn and master modern knowledge
- Ability to apply knowledge in practical situations
- Knowledge and understanding of the subject area and understanding of professional activity
- Ability to adapt and act in a new situation
- Ability to work in a team
- Ability to interpersonal interaction
- Ability to communicate in a foreign language
- Ability to use information and communication technologies
- Ability to search, process and analyze information from various sources

- Determination and persistence in relation to assigned tasks and assumed responsibilities
- Awareness of equal opportunities and gender issues
- The ability to realize one's rights and responsibilities as a member of society, to be aware of the values of a civil (free democratic) society and the need for its sustainable development, the rule of law, the rights and freedoms of a person and a citizen in Ukraine

Special professional competences:

- The ability to collect medical information about the patient
- Ability to solve medical problems in new or unfamiliar environments in the presence of incomplete or limited information, taking into account aspects of social and ethical responsibility
- The ability to assess the impact of the environment, socio-economic and biological determinants on the state of health of an individual, family, population
- Compliance with ethical principles when working with parents of a newborn child
- Observance of professional and academic integrity

Practical skills:

- Be able to establish trusting relationships when communicating with the parents of a newborn child
- To be able to address correctly, show respect, take care of the physical and emotional comfort of the parents of a newborn child
- Be able to identify problems that concern the parents of a newborn child and provide explanations
- Be able to listen carefully and encourage communication, use the technique of open and closed questions

- Be able to recognize verbal and non-verbal signals when communicating with a child and his parents

Teaching methods:

- verbal (explanation, conversation, discussion)
- visual (demonstration)
- practical (practical work)
- method of clinical cases
- problem-oriented method
- "business game" method

Control methods:

- test control of the initial level of knowledge
- oral individual survey
- interview in groups
- control of practical tasks (communication)
- final knowledge level control (situational tasks)

Basic training level:

Studying the discipline does not require basic special training. School knowledge of subjects anatomy, biology, basics of life safety

Questions for the lesson:

1. Peculiarities of a woman's psychological state after childbirth, which must be taken into account when communicating with her.
2. Communication of medical workers with the mother of a newborn child in the delivery room.
3. The procedure and principles of communication between a neonatologist and the mother of a newborn child in a joint ward.

4. Communication of a nurse with the mother of a newborn during the care of a child in a joint ward.
5. Peculiarities of communication between medical workers and parents of sick newborn children who are being treated in the intensive care unit
6. Psychological aspects of reporting the death of a newborn child

Practical tasks:

1. Building a trusting relationship during the communication of a medical worker with the parents of a newborn child
2. Identifying problems during child care
3. Attentive and active listening and encouraging communication
4. Analysis of situational tasks regarding the communication of a medical worker with the parents of a newborn child

Content of the topic and materials for use in the practical session

Effective communication between the mother of the newborn and the health workers (midwife, neonatologist, nurse) who provide care for the baby is crucial in building the confidence of the mother, who lacks the knowledge and skills, to help establish a bond with her baby and have long-term benefits for the health and well-being of both mother and child.

Each medical worker must not only possess effective communication methods, but also take into account the psycho-emotional state of the woman in labor in order to establish a trusting relationship.

Childbirth is a natural process, but on the other hand, it is stressful for a woman, accompanied by certain changes in her thoughts and behavior.

Despite the fact that the birth of a child is happiness for parents, at the same time, the mother feels anxiety for the life and health of the child, insecurity in providing proper care, feeding, ability to provide protection for her child, especially in the conditions of martial law.

What worries the mother of a newborn child the most : constant fear for the child, fear that something will happen to him (for example, he will stop breathing in his sleep), fear of accidentally harming the child (for example, dropping him), nervous breakdowns (for example, when the child cries for a long time), increased vulnerability.

The condition, which is called "postpartum sadness", manifests itself in the form of emotional lability, that is, frequent mood swings, increased tearfulness and sensitivity of women in the first weeks after childbirth. They cry because "the fingers are so small." This condition is caused by a hormonal explosion in the body, and it passes a few weeks after childbirth. This has nothing to do with postpartum depression, which is accompanied by a significant decrease in mood, depression, sleep disturbances and more.

The main task of the medical staff is to help the mother provide the necessary care for the child, explaining to her the expediency of each action.

Delivery room.

An extremely important factor in the formation of maternal competence is early and fairly long postpartum skin-to-skin contact with the baby, which must necessarily be accompanied by attachment to the breast. It contributes both to the establishment of lactation in the mother and to the harmonization of the mental and somatic state of the newborn, soothes and warms him.

Mothers in labor are helped to start breastfeeding in the first minutes after the birth of the child (provided the mother and child are in a satisfactory condition). Immediately after cutting the umbilical cord, the newborn is dried with a diaper, the child is put on a hat and socks and placed on the mother's bare stomach, covered with a blanket. In this position, the woman in labor holds the child by herself. Then the midwife

helps to carry out the first attachment to the breast. It should not be violent, the desire to suck may not appear in the child immediately.

After 30 min. after birth, the child's body temperature in the axillary area is measured with an electronic thermometer.

After making eye-to-eye contact between the mother and the child, the midwife treats the hands and administers the prophylaxis of conjunctivitis (inflammation of the mucous membrane of the eye) to the newborn, which can occur as a result of infection with bacteria that are in the birth canal of the woman giving birth, using eye drops.

Skin-to-skin, eye-to-eye contact lasting at least 2 hours. contributes to a positive feeling of psychological comfort in the woman giving birth, the emergence of emotional closeness with the child.

After skin-to-skin contact, the midwife transfers the baby to the changing table, processes and clamps the umbilical cord, measures height, head and chest circumference, and weighs.

Before transferring the child and the mother to the ward, the neonatologist conducts an initial medical examination of the newborn and informs the mother about the condition of her child.

After the examination, the midwife dresses the child in clean rompers and a shirt.

The child, together with the mother, is covered with a blanket and transferred to a shared room.

Shared room

A neonatologist examines the child every day, noting changes in dynamics and informs the mother about the child's health, gives recommendations on child care.

Procedure and principles of communication:

- Greet the woman and learn her name
- Introduce yourself
- Clarify the mother's medical history

- Find out what concerns the mother has about her child's condition
- Use an alternation of closed (which cannot be answered with "yes" or "no") and open questions (these are the so-called questions "what?", "Who?", "How?", "How much?", "Why?"). Accordingly, moving from open to closed
- Listen carefully, do not interrupt
- Show interest and respect
- Clarify the patient's unclear statements or answers (For example: "Could you explain what you mean by ...")
- Evaluate verbal and non-verbal signs of the mother's behavior
- Periodically summarize what was said in order to clarify whether you have understood correctly
- Explain the process during the child's physical examination
- Check your understanding of the explanations
- Respond favorably to questions both verbally (words) and non-verbally (eye contact, facial expression, posture, position in space, vocal cues)

The child's body temperature is measured twice a day. During the first day of life, the nurse teaches thermometry to the mother, and then the mother herself measures the child's body temperature.

takes care of the skin and washes the newborn under warm running water during the first day, teaches the mother, who later does it herself.

All appointments and manipulations (vaccination against hepatitis B and tuberculosis, screening) are performed in the shared room by a nurse in the presence and compliance with the requirement of informed written consent of the mother.

Sometimes there are problems with obtaining parental consent to vaccinate a child.

Possible moments

- Parents want to know more about vaccinations for children
- Parents do not agree with vaccination of their children

- Parents have heard some information in the news (for example , cases of autism in vaccinated children). (it's not!)

Entire conversations

- Empathize and do not use evaluative statements
- Identify what may be troubling parents
- Explore their beliefs
- Explain how the advantages of vaccination outweigh the disadvantages
- Communicate the importance of vaccination

Neonatal screening is a comprehensive examination of newborns, which is carried out to detect hereditary and congenital pathology in babies. Earlier in Ukraine, examinations were conducted for 4 diseases, and since last year - for 21 rare diseases. Extended neonatal screening makes it possible to detect laboratory signs of the disease in a child early and prevent their clinical manifestations as soon as possible. It is the early identification of risks and the appointment of treatment that prevents the development of the disease and creates all the conditions for a long and fulfilling life of the child.

When explaining the need for manipulations UNDESIRABLE:

1. Use medical terminology
2. Argue with the mother of the newborn
3. Avoid questions, stay silent

REQUIRED:

1. Use a simple speaking style
2. Listen carefully to the child's mother

Neonatal Intensive Care Unit (NICU)

Parents of children (mostly premature babies) who are being treated in the intensive care unit require special attention.

Medical workers must adhere to the following rules of communication with parents of sick newborns:

1. Provide emotional support to parents of a sick child (be sensitive, ready to listen carefully, show understanding of the situation).
2. Regularly inform the child's parents about changes in the child's condition, examination results, treatment methods, prognosis, while being frank, but at the same time delicate.
3. Easy to explain without using a lot of medical terminology.
4. Parents should receive the necessary information first of all from the doctor, and not from nurses or other personnel.
5. Nurses and doctors should be professionals: competent, calm, self-confident, knowledgeable.
6. Encourage mothers to participate in child care (if possible). Insufficient participation of the mother in the care of the child can lead to a violation of the relationship between them and, as a result, a violation of the physical and mental state.
7. Succession of medical personnel.
8. Privacy.
9. Respectful attitude of medical staff towards parents.
10. Obtain informed consent from parents regarding certain procedures.

As recent studies have shown, the negative experience of communication between medical professionals and parents of children can lead to the development of PTSD in parents after discharge from the intensive care unit (50% of mothers and 30% of fathers).

Psychological aspects of reporting the death of a newborn child

In the event of the death of a newborn child, it is important to follow a number of rules:

- adjust psychologically, that in response to the news of death, the mother will show a violent emotional reaction;
- think about what exactly you will say;

- apply the introduction technique of "warning" ("the child's condition since birth was very serious, we used all available means and involved the best specialists, but, unfortunately, it was not possible to save his life);
- express sympathy for the loss;
- do not confront in response to insults, accusations of a relative;
- think about who you can involve in the conversation if you expect an extremely negative reaction from a person (a psychologist, another relative, a more experienced colleague);
- give time to understand the news, after which clarify further actions related to the resolution of procedural issues (death certificate, statement of refusal of autopsy, etc.);

Most often, a person who receives information about death sits down on a chair, couch, sofa or, on the contrary, stands up. In order to establish visual contact with the parents of the deceased child, the doctor must lower or raise yourself so that your eyes are level.

What not to say in such situations:

"You will still have children"

"Time heals"

"It's a good thing the baby died before you got used to it"

What is desirable to say:

"I'm sorry. I can't even imagine how you feel now"

"I would like things to happen differently"

"I don't know what to say"

"I sympathize with you"

Situational tasks for independent work

Task 1

For the first time, the neonatologist came to the room where the mother and child are staying together. Where to start communication. What questions should be asked to the child's mother?

Answer: Greet the woman and learn her name. Introduce yourself. Does she still have children, what is their state of health, was the mother sick during pregnancy, were there any complications, what problems does the mother worry about her child's condition.

Task 2

The mother of a newborn child refuses vaccination. What should be the doctor's tactics in such a situation?

Answer: Empathize and do not use evaluative statements. Find out the reason for the refusal. Explain how the advantages of vaccination outweigh the disadvantages. Communicate the importance of vaccination.

Task 3

The mother of a newborn child asked the doctor why the child should undergo a screening examination. Your explanation?

Answer: Advanced neonatal screening makes it possible to detect laboratory signs of the disease in a child in advance and prevent their clinical manifestations as soon as possible. It is the early identification of risks and the appointment of treatment that prevents the development of the disease and creates all the conditions for a long and fulfilling life of the child.

Task 4

The father of a prematurely born child, who is being treated in the intensive care unit, asked the doctor on duty over the phone about the state of his child's health. The doctor replied that the child was diagnosed with

respiratory distress syndrome and was being treated for CPAP. What mistakes did the doctor make?

Answer: It is not necessary to provide information over the phone. Do not use medical terminology. It is advisable to arrange a meeting with the child's father in the department, explain the specifics of the child's condition, treatment methods, examination results, and at the same time provide emotional support as much as possible, show empathy.

Task 5

A premature baby, who was being treated in the intensive care unit, died as a result of severe pathology. The father of the dead child appealed to the head of the department with a request to explain the reasons for the child's death. What words should be used to start communication?

Answer: "I'm sorry. I can't even imagine how you feel right now."

Tests

1. What feature of the psycho-emotional state is characteristic of a woman in the first weeks after childbirth?
 - a) low mood
 - b) emotional lability
 - c) oppression
 - d) sleep disturbance

Correct answer: b)

2. Under what conditions is early breastfeeding carried out?
 - a) satisfactory condition of the mother
 - b) satisfactory condition of the child
 - c) manifestations of desire to suck in a child
 - d) all of the above

Correct answer: d)

3. In what case is the informed consent of the mother required?

- a) vaccination of the child
- b) weighing the child
- c) carrying out resuscitation measures
- d) thermometry

Correct answer: a)

4. Which question is open?

- a) Do you understand my question?
- b) Is that all you wanted to find out?
- c) Is it important to you?
- d) What else did you want to ask me?

Correct answer: d)

5. What should be avoided when communicating with the parents of a sick newborn child?

- a) providing emotional support to parents
- b) regular information about the child's condition
- c) available explanation of the situation
- d) ban on visiting the child in the intensive care unit

Correct answer: d)

Literature

Main:

1. Communicative skills of a doctor: a textbook / Collective of authors in general. ed. O.S. Shepherd. - K.: Medprint, 2022 - 400 p.

Auxiliary:

1. Perinatal psychology / A.M. Skrypnikov, L.O. Gerasimenko,

R.I. Isakov — K.: Medknyg Publishing House, 2017. — 168 p.

Information resources:

1.

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2.

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5. <https://bmcpediatr.biomedcentral.com/articles/10.1186/1471-2431-13-71>

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