

EMOTIONAL RESPONSE OF SIBLINGS

What do I tell my other children?

It is best to be honest with them. Provide them with the information they seek. However, give them the amount and detail that is appropriate for their age. Very young children ask simple questions and need simple answers. Refer to the new baby by his/her first name, as you would for any other member of the family.

What are some common reactions of young children to having a baby in the NICU?

Even very small children can sense that you are upset or sad. Their lives may certainly be altered by your emotional state and the time needed to be with your new baby. Common reactions include:

- Thinking *they* caused the baby to come early or be sick. Magical thinking is very common in children 2-6 years of age. This is believing that thoughts or wishes can make things happen. They will not be happy about sharing their parents with a new sibling even though the idea of a new brother/sister may be exciting. They may have wished for the baby not to be born, or they may have accidentally kicked your tummy when being held and think that is why the baby came early and is sick. Assure them that they did not cause this situation.
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- Thinking that they made you sad or upset by something that they did or said. Acknowledge that you are sad and unhappy, but assure them that it is not because of something that they did or said, but because the new baby is so small or sick.
- Acting out. Their family environment and their usual routines are changed, and they can sense that those around them are emotionally upset. This makes them feel insecure. They express this by acting out, the only way they know to get more attention. Try to find someone whom they know well and like (grandparent, close friend, favorite baby sitter) who can provide them with extra attention, not just when you are gone but when you are at home too. Also, stick to their usual routine as much as possible, such as time for naps, bed, meals and other activities. If they are in day care or preschool, let their teacher know what is going on so s/he can provide more understanding and attention.
- Feeling insecure, left out or alone. Try the approaches listed under 'acting out'. Assure your child that you still love him/her just as much as before the baby came. If you feel it would help your child, s/he may visit the baby in the NICU. Please be sure that the brother/sister is healthy. Check in at the desk before the sibling visits.
- Thinking they are sick too. Having more tummy aches, or other hurts. Try above approaches for increasing attention to them.
- Fearing that they will 'catch' the baby's illness. Many children know that illnesses can be spread by contact with someone who is ill (colds, chickenpox, etc.). Assure them that they and you cannot get the baby's illness. Explain that the baby is sick because he/she is so very small, but they are big so they will not get the baby's sickness.
- Wondering who will care for them when the baby comes home. Show them that they are still very important to you and to the family. Talk to them about ways that they can make the baby part of the family. Show them that you are proud of things that they can do for themselves.
- Regressing. When children are emotionally stressed, they often regress: that is, return to less mature behavior. For example, they may have more "accidents" if recently potty trained. They may stop using newly acquired words or refuse to dress themselves. They may start thumb sucking again, use a pacifier more often, want a bottle, or return to using a security blanket. Don't scold, punish, or talk negatively to them about these behaviors. They are a child's way of telling you that s/he needs more of

your love and attention. When the child feels secure again, he or she will return to the former level of development.

Should my other children visit my new baby?

We welcome the baby's brothers and sisters to visit. Studies have shown that children who visit are more responsive to their mothers and to the new baby than those who do not visit and for whom the baby remains a stranger while in the NICU. No negative effects have been identified. Children do not usually show signs of fear or anxiety and most want to, and should be encouraged to, come back again. The visits should be planned with the age of the child in mind. The length of the visit should be appropriate to the child's attention span. Often, very young children only want to stay a few minutes. Children over five may need more time to feel comfortable. They are more aware of how the baby is different from full term babies and may need to be encouraged to interact with the baby.

Some rules and guidelines apply to sibling visits.

- Children should be healthy-- not have fever, a cold, diarrhea, vomiting, coughing or sneezing.
- Children should not have recent exposure to communicable diseases such as chickenpox, roseola.
- Children should wash their hands, just as the parents do.
- Children should be supervised during the visit. It is best to have two adults when a child is visiting, so one can supervise the child once s/he is through visiting.
- Children should remain at the bedside of their own sibling, and not be allowed to go from bed to bed or run around the nursery.

Prepare your children in advance for their visits.

- Give them an idea of the size of the baby. Often small children expect a life-sized playmate. A photo of the baby will help.
- Describe where the baby will be (e.g., in a room with many other babies and people and sounds, including alarms; in an isolette or on a bed under a warmer). If you have a photo of the baby, go over some of the things in it and why they are there: The isolette keeps the baby warm, wires attached to the baby's chest with patches to be sure the baby is breathing OK, patches over the eyes to keep out the bright light, etc. If you don't have a photo, try drawing a picture for your children, or show them pictures from a book.
- Assure the children that the various things that are in, around, or attached to the baby don't hurt, but are needed to help the doctors and nurses take care of the baby.
- Tell the children what they can do to visit with their brother/sister. This includes talking to the baby and touching the baby.
- Encourage the children to bring something for the baby to help them feel the baby is really their brother/sister and a part of the family. This can be a picture of themselves, a picture they have drawn or painted, or something for the isolette such as a small toy or mylar balloon. (The balloon must not be latex.)

What are common concerns of children while visiting?

Pay attention to your children's comments and emotional reactions during the visit. Help them understand the things that worry them. Common worries include:

- Why are the baby's eyes covered? Why are the baby's eyes shut? Can the baby see?
- Does ____ hurt the baby (monitors, IVs, eye patches, etc.)?
- Worries about being in the isolette. Will they ever get out? How do they get out?
- Will the baby grow more hair?
- How does the baby eat? Can I feed the baby?
- Can I hold the baby, or, why can't I hold the baby?

After the visit, ask them if they have questions about the baby, about the nursery and how they feel about their brother/sister. Make them feel that their visit was important for the baby, that how they feel is important to you, and that they are as important to you as the baby is.