

MODIFIED SPIKES, A NOVEL APPROACH TO COUNSELLING PARENTS OF

PREMATURE BABIES

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Introduction:

Counselling of parents expecting a preterm baby is a challenging experience that requires special expertise and knowledge. Because of its importance, antenatal counselling has been emphasized as the initial step in the standard flow charts of neonatal resuscitation. The principles and contents of the counselling session has been the subject of several reviews and statements. However, there is no specific standard approved approach to conduct it.



STEP 6: (S) Strategy and Summary

empathic responses.

The antenatal counselling session must conclude with a clear summary. Drawing up an agreed plan reduces anxiety and uncertainty. Providing written information assists to achieve the goals of the discussion. The main outline of the conversation and any agreed plan should be documented for future reference.

can offer support to parents by making relevant



Aims:

- To highlight the importance of effective communication with parents
- · To suggest a structured approach for counselling

Methods:

Colleagues in Oncology have suggested several protocols to disclose the details of the clinical condition to their patients. Some of these protocols appear to be suitable to be adopted for use in counselling parents. The chosen protocol is called SPIKES. Each letter of the abbreviated acronym represents one step in a six-step model for consultation. The SPIKES protocol has been carefully modified (with kind permission from Professor W Baile) to be suitable for antenatal counselling.

The six steps of Modified SPIKES

- **S**-Setting up the interview
- P—Assessing the parents' Perception
- —Obtaining the parents' Invitation
- K—Giving Knowledge and information
- E—Addressing the parents' Emotions with empathic responses
- **S**—Strategy and Summary

Demonstration video clips demonstrating the Modified SPIKES of counselling are uploaded for demonstration. They were recorded with real parents of a premature

Conclusion:

baby.

A structured standard approach will help the healthcare professional to perform such a stressful task efficiently in a reproducible model. This may serve as a training tool too. Further research will be required to validate the use of this protocol as a standard tool for antenatal counselling.

STEP 1: (S) Setting up the interview

The consultation must be conducted in a private venue. The presence of a member of the nursing staff will be a valuable source of support for parents and the clinician. It is important for the clinician to be aware of the cultural background of the parents prior to the consultation.

STEP 2: (P) Assessing the parents' Perception

The assessment of how the situation is perceived by parents may be best achieved by posing direct question(s) to the parents. For example, "What is the information that you have been given about your baby's situation?'

STEP 3: (I) Obtaining the parents' Invitation

The aim of this step is to give the parents the choice about the amount of information that they wish to have. The parents may wish to avoid some of the information in the discussion.

STEP 4: (K) Giving Knowledge and information to

The main areas of this information are related to survival, outcomes and neonatal care.

There are several communication skills that may improve the delivery of the information. Giving the information in parts and checking the parents understanding periodically has proved effective. Avoiding the use of medical jargon is another important communication strategy.

STEP 5: (E) Addressing the parents' Emotions with empathic responses

This challenging part of the counselling interview requires expert verbal and non-verbal skills. The emotional reactions of parents may vary from anxiety, shock and silence to crying, or denial. The counselling practitioner

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