Alleviate the Parental Stress in Neonatal Intensive Care Unit using Ontology

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Abstract

Parents of preterm infants are facing difficulties in lack of information, lack of understanding of medical terminologies, preterm infant’s risk factors and their feelings of emotional stress in Neonatal Intensive Care Unit (NICU). In order to release their stress, need to develop an automatic system that generates a clear and brief summary about the infant process and also generate a meaning of medical terms which is used at NICU. To accomplish the system properly, there is a necessity of ontology. In this paperwork, we present an ontology which holds few main concepts in NICU domain. This ontology was constructed through protégé 4.3. This ontology predominantly covers classes, data properties, object properties, individuals, existential restriction, and cardinality restriction on the relationship between classes and other description. At the end of this paper, HermiT Reasoner was used to examine inconsistencies and unsatisfiability.

Keywords: Infant, Medical Terminology, Neonatal Intensive Care Unit, Ontology, Protégé

1. Introduction

NICU mainly concentrates on preterm newborn infants. Neonatal Intensive Care Unit is a platform that has an action in information receiving and the ability of understanding. The central unit enclosed with an affiliated health professional with higher experience in patient responsibility. Such as (i) attending doctor - responsible for infant care, (ii) Neonatology fellow - a doctor who has a practice under Neonatology, (iii) Medical scholar - might audit and manage a patient in hospital, (iv) NICU caregiver - plays a vital role in monitoring infant and aiding and cultivating the family, (v) Pharmacologist - helps to prepare medications, (vi) Dietitian - helps to monitor what infants are fed, how their bodies react with their food and how they grow. For parents, the NICU exposure is an unexpected drive with fear, stress, and loss of control during the labor as they awaited the anonymous outcome of their preterm labor. In many situations, people express condolence to preterm infant parents fear and hardship living with an anonymous outcome to their baby. Now a day’s, the hospitals are providing facility to stay in the hospital that are convenient for preterm infant parents. However, providing the fair and summarized information is crucial for parents a sense of hope and an involvement towards their kids care. Therefore, the aim of this paper is to develop an interference which is an automatic summary generator to support parents. This system will generate textual concise in a number of steps; everyone admittance a domain called “ontology”. This ontology holds concepts and medical term description which is used by the staff in the hospital to speak about the infant treatment. In addition, relates properties and relationships between these concepts.

Ontology is a thesis of objects and their connections. It supplies criteria to categorize divergent types of objects and their ties. To compare conceptual information across two knowledge bases on the web, a program must have a path to detect the common meaning and solution to this is to collect in a common place is called “ontology”. There are number of ontology editors available to develop ontology (e.g.: protégé, cognitum, neon-tool kit, SWOOP,
A few cognate studies on Neonatal Intensive Care Unit. Many of the studies justify there is the necessity to boost parent involvement in infant management and also describe parental stress about their infants. This paper provides interpreting of the parent in infant pain management through some steps: (i) they separate parents into intervention and baseline groups and also afford brochure to print. The brochure consists of the details regarding infant and their treatment. In addition, provide procedures to infant parents about pain management. (ii) For understanding purpose, they explain Analysis, Enrollment follows and compliance, Parent attitude about infant pain and pain care, Parent pressure, nursing Pain assessment, Parenting tension at home, Parent belief and attention of Caregiving. This study provides new information on Parental experience, given the importance of infant pain management to parents. However, parents in the intervention group were able to take an active role in the infant pain care and had a more positive aspect about their role accomplishment in the post-discharge.

Neonatal care is a dynamic environment, the sources and profundity of stress for parents can vary over time and therefore, it’s necessary to acquire successive stress measurement to get a definite rating of parental stress (Reid et al., 2007).

The idea to Identify Internal and External Stressors in parents of Newborn neonate kids is to ascertain what internal stressors and to assess External stressors. They used Parental Stressor Scale: Neonatal Intensive Care Unit (PSS: NICU) to gauge parental stress over 20 years. Stress level reported by parents was scored from 1 to 5. In addition, they use (i) NICU External stressors and (ii) Stress reduction scale. These tools are used to describe parental stress and mechanism of parents used to cope with stress during the NICU stay. Finally, they evaluate (i) internal stressors are long term effect of NICU journey, (ii) external stressors strongly support to implement an assessment of outside stressors that affect the NICU parents experience due to lack of information.

The Neonatal Intensive Care Unit uses Baby Talk (BT) Nurse System to generate nursing shift summary in NICU. The BT-Nurse System uses data-to-text architecture is solely based on electronic data record with no additional data entry was not required. Natural language NlCU shift summaries automatically generated from an electronic patient record. BT-Nurse System constructs a standard data-to-text “pipeline architecture”. In which information is managed by modules which communicate via a domain on ontology. This ontology provides the following mechanisms (i) Data translation, (ii) Data preprocessing, (iii) Signal analysis, (iv) Data interpretation, (v) Data planning and (vi) Micro planning and Realization to implement BT-Nurse Shift summary system. They are not having enough time to ladder a system which generates a complete shift summary. From that summary, (i) 58% BT-Nurses who generates a helpful comment, (ii) 90% BT-Nurses generates a comment only for their understanding. The biggest challenge of this architecture is dealing with incomplete input data and generating good narrative text. This study shows only the possibilities to use data-to-text architecture. This study only a proof of concept and it considerably requires engineering effort before it realistically deployed.

The research aid is to explore, examine, chronicle and describe parent experience when their child is confessed in the hospital as apreterm infant. This study was processed at the NICU in King Abdul-Aziz Medical Health affairs organization in the kingdom. This research spoke that most of the parents were not agreed about the nurse underpin towards their intangible feelings and aegis. Additionally, findings specify that a decrease in support level being bounded with enlarged stress and anxiety level. The questionnaire survey was taken from parents. This survey contains, (i) Study area and setting, (ii) Study subject, (iii) Study design, (iv) Sample size, (v) Sampling technique, (vi) Data collection methods, an instrumented measurement, (vii) Data management and analysis. However, the main drawbacks in this research are (i) Small sample size, (ii) Cross-sectional study design, (iii) Statistical regression. The majority of respondents were mothers (76%), the remaining (24%) from fathers.

The stress and panic of having a sick child in Neonatal intensive care might also mean that a parent will not be able to ingress overwhelming information. Generally,
the goal of the baby talk project is to expand the system that generates a summary of babies' medical data. BT Family system provides strategies to develop medical text for parents of neonate baby. The BT Family uses Adaptive Natural Language Generation (ANLG) architecture. In this BT Family system, two types of text versions (Affective and Effective text versions) are available. More of parents in NICU prefer Affective Text Version. The BT Family system does not contain clinical data (Blood gas, Apnea, Sepsis and etc.) of infants.

3. Methodology

3.1 Determine the Domain and Scope

The domain of planned ontology presents the ideas and inferences for neonates in hospice. In order to support ontology application, we can fetch the information about Preterm Infant, the medical terminologies, and clinical data from the domain in which we can import the natural language processing. Due to the stipulation of this paper, the concept provides the information for parents related to preterm infant process and medical terminologies which are used in the NICU unit. In addition, it includes information related to the nutrition and treatment of preterm infant. It supplies the information to parents about their preterm infant treatment and clinical data.

3.2 Consider Reusing Extant Ontology and Ontology Salient Term Catalogue

The basic idea of this paper is to develop an automatic summary system. Ontology methods are already present and can be discovered from the internet for understanding. Such as Bioportal site (http://bioportal.bioontology.org/ontologies/) and the medical terminologies obtained from the internet through (http://www.urmc.rochester.edu/childrens-hospital Neonatology/parent-info.aspx) then the viewpoint of ontology can be created and developed. From the above site, we get only related information.

This ontology appends the following terms as a foremost term: Neonatal_Intensive_Care, Medical_Terminologies, Risk_factor, Nutrition and its subtypes Feed and Fluid, Carer (Nurse), Neonate_Infant (Preterm_ Infant), Treatment, Parents and its subtypes Mother and Father. Finding an important term will help to build ontology with minimum inconsistency.

3.3 Representation of Classes

There are many approaches available to develop a class hierarchy in the ontology. In this paper, the author applied a top-down approach to represent classes. Westart to develop a class hierarchy for the initial concept which is Neonatal_Intensive_Care and proceed further with specialized subclasses of Medical_Terminologies, Carer (Nurse), Nutrition, Parents, Risk_factor and Treatment. After that parent class divides into Mother and Father.

Similarly, Nutrition class divides into Feed and Fluids. Figure 1 shows the class representation via Protégé tool.

3.4 Formalizing Ontology Properties

3.4.1 Data Property

Ontology properties are used to represent relationships that exist in ontologies. Generally, data properties are used to connect the data with their properties. In this section, we are going to definedata properties for the neonatal intensive care unit. Initially start to expound the data properties for the class of Neonate_Infant (Preterm_ Infant) and it has the following data properties: "Neonate name, Medical Record Number, Cot, Weight, Admitted_date, Counselor, Length and Growth". Nutrition and Parent class embody "Name" as their data property. The Nutrition class includes "Calories and some of the treatment class property" as data properties. The Treatment class deploys the data properties of "Commence, Finish, Treatment name and Statement about Infant and Figure 1. Class Representation via Protégé. Each class has their corresponding subclasses and their instances.
Treatment”. The Nutrition subclass Feed contains “MI, Frequency and Route” as data properties. After commenting all the data properties, we should mention Domain and Scope for those data properties. The result of data property helps to understand the relationships between data and property. Table 1 shows the Domain and Range for the Data properties.

### 3.4.2 Object Property

Generally, object property narrates the relationship between an individual to individual. Object properties play a vital role in ontology. The “Understandby” property created to incorporate Medical Terminologies, Nutrition, and Parents. The “Typedby” property correlates Parents and Risk factor. The “Caredby” and “Nourished by” object properties fabricated to concatenate Neonate_Infant, Carer and Neonate_Infant and Nutrition respectively. The “Caredby” property used to retrieve information about the person who takes care of the infant child. The Nourished by property used to retrieve the information about food process of Infant child. The “Hasinfant” object property harmonizes the classes of Neonate_Infant and Parent. The “Hasparent” property is an inverse of “Hasinfant” property. If the property has an inverse functional then the inverse property is functional. The “Hasparent” property cleaves into “Hasmother” and “Hasfather”. The “HasA” property portrayed the entire classes of Neonatal_Intensive_Care. Every object property is used to correlate an individual to build an effective ontology. Table 2 shows the object properties and their relationship.

### 3.5 Medical Terminologies

New born preterm infants’ facing a number of problems and it varies based on the days of pre-birth. The problems may vary from short term to long term. Medical Terminologies consist of Medical terms which are used by NICU staffs to represent preterm infants’ problems. These terms are described for parents to understand the medical terms which relate to preterm infants. Because, the parents do not understand about medical terms. It increases their anxiety level. The medical terms are employed in this paper is to help parents of preterm infants at NICU. Table 3 shows that the sample of Medical terms with an explanation.

| Property | Domain | Range |
|----------|--------|-------|
| Neonate_name | Neonate_Infant | Integer |
| Medical Record Number | Neonate_Infant | Literal |
| Cot | Neonate_Infant | Literal |
| Weight | Neonate_Infant | Double |
| Admitted date | Neonate_Infant | Date time |
| Counselor | Neonate_Infant | String |
| Length | Neonate_Infant | Double |
| Growth | Neonate_Infant | Double |
| Name | Nutrition and Parents | String |
| Calories | Nutrition | Integer |
| MI | Feed | Integer |
| Frequency | Feed | Integer |
| Route | Feed | String |
| Commence | Nutrition and Treatment | Date time |
| Finish | Nutrition and Treatment | Date time |
| IV Fluids | Fluid | String |
| Treatment name | Treatment | String |
| Medical term | Medical Terminologies | String |
| Statement about Infant & Treatment | Nutrition and Treatment | String |

| Property | Relationship |
|----------|--------------|
| Caredby | Neonate_Infant, Carer |
| Nourished by | Neonate_Infant, Nutrition |
| HasA | Neonatal_Intensive_Care class to entire classes |
| Hasinfant | Neonate_Infant, Parents |
| Hasparent | Inverse of Hasinfant and link between Parents and Neonate_Infant |
| Hasmother, Hasfather | Sub properties of Hasparent |
| Treatedby | Neonate_Infant, Treatment |
| Understandby | Medical_Terminologies, Parents |
| Typedby | Risk_factor, Parents |
Table 3. Medical term explanation for parents

| Medical term | Explanation |
|--------------|-------------|
| Bagging      | Filling the baby’s lungs with air using a rubber bag, mask and oxygen. |
| Blood gas    | A measurement of the amount of oxygen, carbon dioxide and acids in the baby’s blood. |
| Sepsis       | An infection, symptoms may include fever, poor feeding, continued Apnea and bradycardia. |
| Apnea        | A prolonged pause (or) stopping of breathing. It’s a common problem in premature babies. |
| Cyanosis     | Blueness of the skin as a result of oxygen levels in the blood that is too low. |
| Residual     | The amount of formula remaining in a baby’s stomach before the next feeding. |
| NPO          | The Latin abbreviation for nothing by mouth. |
| Respirator   | Ventilator machine to help with breathing. |
| Vital sign   | Measurement of heart rate, breathing rate, temperature and blood pressure. In NICU also measure baby’s abdominal girth. |
| Intravenous  | Fluids given into a vein. |

3.6 Ontology Scrutiny

Protégé 4.3 with HermiT Java reasoner developed at the University of Oxford and it used to analyze whether the ontology is gratis from inconsistencies within the reasoning boundary of HermiT.

4. Result and Discussion

In this paper, ontology results comprise main concepts, sub concepts, object properties with sub object properties and their cardinalities and also embody data properties. In addition, this paper work accommodates sundry instances has been designed with correspondence. Found some inconsistency in data property value when the HermiT reasoner was applied. After that the inconsistencies of data property values are rectified. When the inconsistencies were corrected some SPARQL queries was executed to obtain required information.

The output result was anticipated and no dispute arises during the reasoner was applied, and then the ontology is accurate. Figure 2 shows the list of all individuals and the decryption of one of the individuals (Ahmad). This decryption is possible only when the ontology does not provide any discrepancies. (i.e. the reasoner does not provide any error message).

5. Conclusion

Several parents are facinga lot of negative feelings and bad experiences in NICU environment. They may not get enough information about their infant or not understand it. One way to support parents is to develop an automatic summary system. This paper projected, an ontology progressive development of NICU domain comprises Resource Development Framework (RDF) and the Web Ontology Language (OWL). In addition, the ontology method proposed the system of the automatic summary generator. It is designed actually for knowledge sharing purpose. At the end of this paper, Hermi Treasoner was used to scrutinize inconsistency of ontology and also executes some SPARQL queries to attain required information. Ontology knowledge demonstrates a successful path to the concept term based information retrieval. In future, this method can be extended into automatic validation of message exactness between the other healthcare framework and application.

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