

Experiences of fathers in caring for preterm infants in the Australian neonatal unit



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What have we learned?

- Hospitalization of a newborn in the NICU or SCN due to preterm birth can have a psychological impact on fathers, who often do not seek professional help.
- Fathers are willing to participate in the care of their preterm infants in the NICU alongside health professionals.
- Many fathers wish to participate in the post-discharge care of their preterm infants.

Background

Studies have shown that emotional difficulties are common among fathers during the perinatal period, especially when their infants require admission to the neonatal intensive care unit or special care nursery. Taking care of a newborn in an acute clinical setting can be quite overwhelming for fathers. There is limited evidence on the experiences of fathers with preterm infants in Western Australia.

Aim

To explore the experiences of fathers with late preterm babies in neonatal intensive care units or special care nurseries in Western Australia.

Methods

The study was guided by the Narrative Inquiry methodology. Semistructured face-to-face or telephone interviews were conducted to gather data from 10 fathers who had been discharged from special care nurseries in an Australian health facility.

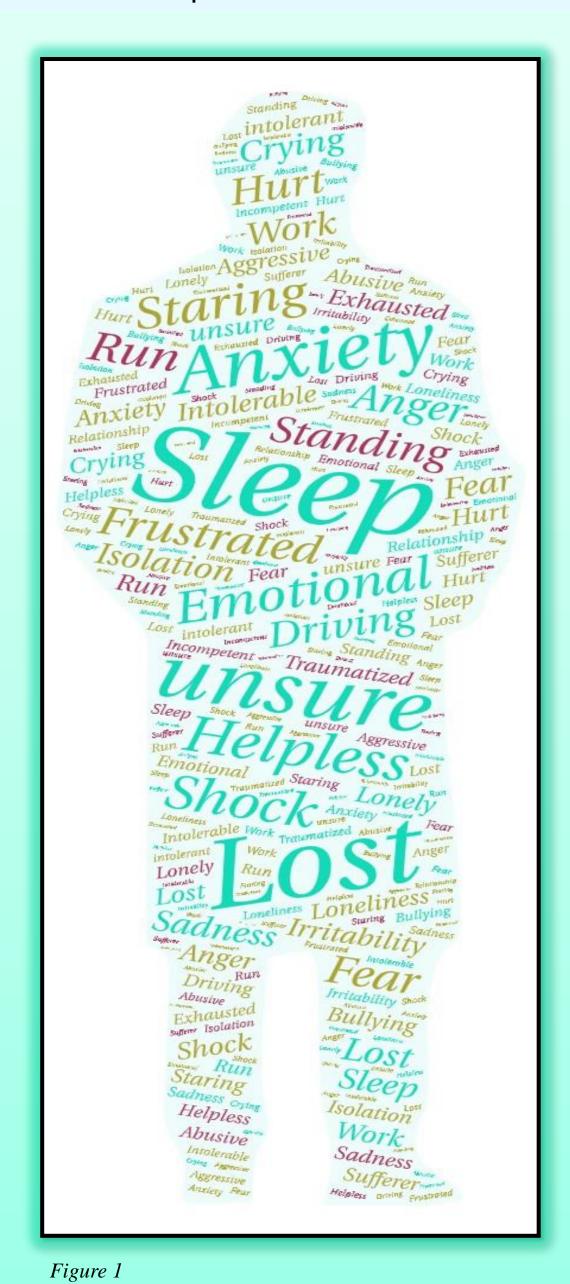
Table 1 Characteristics of Participants (n=10)

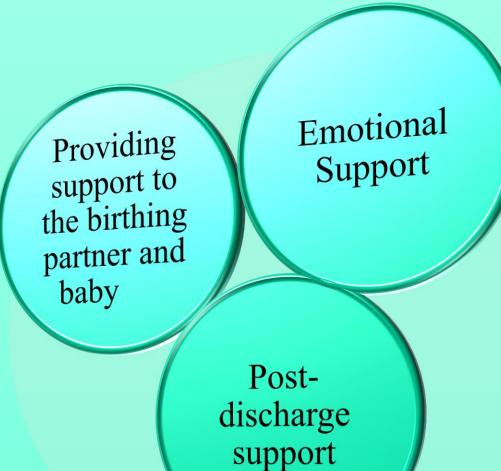
N	Father age range	Infant birth gestation	N of NICU /SCN admit	Days in NICU /SCN	Days after discharge to home	sibling	Length of interview (minutes)
1	30-35	28+2	2 (WA)	65	7	0	60
2	35-40	34	2 (WA)	26	14	0	50
3	25-30	34+2	2 (WA)	23	23	0	39
4	25-30	34+1	2 (WA)	28	5	0	56
5	35-40	37+5	1 (WA)	8	8	0	31
6	35-40	34+1	2 (WA)	5	5	0	58
7	30-35	36+5	1 (WA)	6	6	0	22
8	35-40	34+3	1 (WA)	35	168	0	25
9	40-45	36+6	3 (WA)	10	10	1	32
10	35-40	34+5	2 (WA)	21	1	0	73

- Experience of being a father
- Emotional experiences of having a preterm infant
- How did you learn to care for your baby in NICU
- Best Part of experience during hospitalisation
- The difficulties/challenges of having a preterm baby in the hospital
- Your involvement in the ward, leading to your baby's discharge
- At the point of discharge, could you please describe your feeling in relation to being ready to care for your baby
- How have you been supported, since you were discharged?
 Was the support that you expected or needed?
 The difficulties/challenges of providing care to your baby
- since you came home?Could you describe the effect of having a preterm infant on
- your relationship with your partner

 For fathers who have other kids: could you please describe
- the emotional differences between parenting a term baby and a preterm infant?

Figure 2 Interview Guide









Findings

Four themes were obtained from the data analysis: (a) providing support to the birthing partner and baby, (b) emotional support, (c) post-discharge support and (d)the needs of fathers. These themes highlighted the unique experiences of fathers. It appears that fathers experience emotional difficulties. The lack of control experienced by fathers of premature babies in their roles as dads and husbands can often lead to devastating feelings. Many fathers tend to deal with their emotional struggles on their own. However, some fathers have discovered that engaging in task-oriented activities can help them regain a sense of control. Although many fathers felt excluded from sharing infant health information, they remained supportive and committed to fulfilling their roles (Figure 1).

Theme 1: Providing support to the birthing partner and baby

"I kind of share the work with my wife and I'm doing the bath of the baby as well like I would hold her while my wife gets the cloth and bath. I pretty much share half-half with my wife or...the things that need to be done" (Father 2).

"We split between [wife] and myself, so when it is due for a feed, something we do share.. so like usually if I do the feed and I will go changing nappy and [wife] change clothes and then I will give her bottle and set her to bed, (Father 1).

Theme 2: Emotional support

"Did had a couple of spouse of tears in the car, that just one of those society stigmas, I guess. I can cry like enthusiasm for that stuff, but I did try to hold it in the general public. And I am so surprised even I am so proud myself I didn't cry." (Father 10)

"I really don't want to take the whole head scribal into my house. Because I was by myself after everything happen." (Father 3)

Theme 3: Fathers' needs

"When my baby is in the nursery, I just think... what can I do anything now? I just want to get the job done! These people have been trained to save the baby's life, what can I do to assist these people to help the baby alive?" (Father 9)

"I have the first couple of days, I was terrified, I didn't even know how to open the incubator" (Father 2)

"After few exercises, I feel I regain the control over, there is anything I can do, something, and to get help at the same time. The feeling of back to control is really helpful" (Father 8)

Theme 4: Post-discharge support

"...with my [wife], she gets all the phone calls from the nurse and all that sort of stuff. I don't think I got one phone call. Yeah, no one's specifically said I wanna talk to [you]." (Father 1)

"I think there is a gap because once you are out of hospital you lose all support so.... If you lose support, you lose confident, you lose any reassurance that has been established" (Father 6)

Clinical implication

Based on data gathered from 10 fathers, the following recommendations are suggested for clinical practice. **Prior administration:**

- Involve the father in the orientation of the NICU/SCN both before the birth and after admission.
- Provide fathers with clear and detailed instructions for any task.
- Actively involve fathers in caregiving tasks and decision-making processes.

During hospitalisation:

- Educate staff to identify signs of perinatal anxiety or depression in fathers.
- It is crucial to provide guidance for staff when communicating with parents who have depression or anxiety.

Transfer to peripheral hospital / Discharge home

- Ensure seamless transfer of fathers' care competency between units
- Equally share the infant's health information with fathers and mothers
- When making discharge or transfer plans, try to involve the father in the discussion and decision-making process either in person or through audio communication.

Conclusions

This study highlights the roller-coaster journey of fathers in the neonatal unit. By understanding fathers' experiences, healthcare professionals can better identify their unique needs and provide targeted support.









