



# Experiences of fathers with babies admitted to neonatal care units: A review of the literature

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## KEYWORDS

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**Abstract** There is a growing understanding of the role and place of men in maternity care generally and for fathers of babies in neonatal care in particular. This review offers a systematic narrative review on issues affecting fathers, whose babies are admitted to neonatal units. Twenty-seven papers in the review highlighted four key themes: stress & anxiety; information; gender roles and emotions.

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## Introduction

With improved survival of preterm and sick infants, the psychological experience of families is receiving increasing attention including the role of fathers in

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childbirth (Fatherhood Institute, 2011). In addition, mental health is high on the policy agenda and the importance of the father–child bond is well recognised (Nelms, 2004; Devault et al., 2005). However, little is known about the effect on this relationship when the infant is in a neonatal intensive care unit (NICU) (Davis et al., 2003). Since most NICU studies have focused on mothers, our review consolidates the findings of research involving fathers of babies being cared for in such units.

## Review statement

This review highlights current evidence in terms of fathers' experiences of their infant's stay in a NICU, focussing on the major themes. This will help in the planning and development of an intervention study to explore ways and means of improving fathers' experiences of neonatal care.

## Method

### Document search strategy

This literature review focuses on developed world, English language studies without limit on year of publication. Studies from less developed countries may have originated from different neonatal unit/nursery circumstances and were excluded. The following databases were searched: MEDLINE; CINAHL; AMED (via NICE British Nursing Index, EMBASE); Cochrane Library; ERIC; Intermed BJM; Web of Knowledge; ZETOC; Emerald; Psycarticles; MIDIRS; and PubMed. Reference lists and bibliographies were further searched for relevant publications. Once the papers were assessed as passing the inclusion criteria they were not graded, as our scope was mainly to outline the range of issues.

## Results

The electronic search retrieved 166 articles, hand-searching resulted in 20 more articles. After initial assessment, 74 were included for further scrutiny and after review 27 papers made it to the final review.

Four major themes were identified: stress & anxiety; information; gender roles and emotions.

### Stress and anxiety

Birth of a preterm or sick baby can be very distressing for parents. Several studies have explored

the implications for parents and how they cope while their babies are being looked after in NICUS (Jotzo and Poets, 2005; Shaw et al., 2006; Carter et al., 2005). Most of these studies have focussed on mothers, though a few have either compared mothers and fathers or focussed specifically on fathers' experiences and stress. These studies are discussed below.

Carter et al.'s (2005) large-scale study in New Zealand (NZ) found that a small but significant group of the 300 parents needed some intervention to help with their symptoms. Fathers of babies born before 30 weeks' gestation reported significantly higher depression scores than those of term babies. They concluded that the combination of a parent's personal psychological resources; contextual sources of support; stress and infant health status interact to determine parental responses to parenthood. Levkowitz et al. (2010) looked at the severity of post-traumatic stress disorder (PTSD) symptoms in parents and found a correlation with concurrent stressors and family history of anxiety and depression, as did Schappin et al. (2013). In most studies fathers reported less stress than mothers.

Feeley et al. (2012) identified three stressors for fathers: (1) infant factors (size, health status, feedback); (2) interpersonal factors (rewards, attitudes and beliefs regarding fatherhood; family management; previous experience); and (3) NICU environment (physical and social).

'Open' visiting times reduces stress as fathers have other commitments (children at home, work, distance to travel) which mean that they visit less frequently and for shorter periods (da Costa Cuhna et al., 2013; Latva et al., 2007; Franck and Spencer, 2003). The majority of fathers return to work during their baby's NICU stay (Helth and Jarden 2013; Garten et al., 2013). Some studies have suggested that this adds to fathers' stress (Feeley et al., 2012) while others described work as therapeutic (Hollywood and Hollywood 2011); a useful distraction (Helth and Jarden, 2013) and part of the return to reality (Lundqvist et al., 2007). Jackson et al. (2003) reported that fathers are happy to leave care to staff and have other concerns outside the NICU (i.e. work, home life). Franck and Spencer (2003) found that fathers felt 'better' when participating in their babies' care.

Some studies suggest that having an infant in the NICU appears to be associated with a similar level of stress and anxiety to becoming a parent to term-born babies (Schappin et al., 2013; Carter et al., 2005) and it is not necessarily an intrinsically distressing event.

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