



ORIGINAL ARTICLE

Supporting the bereaved father in the NICU: A reflective case study



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Abstract Through the process of reflection, a neonatal midwife critically examines the issues involved in assisting a bereaved father to develop an attachment with his premature baby daughter. Bortons' Reflective model (1970) is used as a framework to explore issues such as advocacy and the role of the father in the neonatal unit.

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Introduction

This reflective paper seeks to explore some of the issues which arose in the Neonatal Intensive Care Unit (NICU) when a mother died soon after giving birth, resulting in a bereaved father attempting to form an attachment with his premature baby girl.

Schon (1983) described reflection as "in action" or "on action"; Boyd and Fales (1983) suggest that reflection "on action" challenges the concepts and theories we hold. Although numerous models exist to enable this process (Gibbs, 1988; Smyth, 1989;

Johns, 1995), Bortons' model (1970) "Framework Guiding Reflective Activities" is utilised in this instance as its simplicity incorporates all the core skills of reflection. This simple framework asks the questions, "What? So what? and Now what?" simplifying the structure of this complex scenario. The two aspects of this case discussed are the nurse acting as an effective advocate for the baby and empowerment of fathers in neonatal units. A review of the literature will also include discussion around fathers' experiences in the NICU. The names of all individuals have been changed to maintain confidentiality (NMC, 2008).

The scenario reflected on is the continued interaction between a father, Sean and his daughter Chloe who was delivered at 28 weeks gestation after her mother Aoife was diagnosed

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with terminal breast cancer. Aoife's diagnosis had been made 5 days before Chloe's birth and sadly she died 9 days later. Although Aoife was cared for in another hospital she did see Chloe briefly after her birth. I was grateful for the opportunity to visit Aoife with a present from Chloe which contained a blanket, photographs and a card with her footprints; sadly I did not have sufficient time to build a relationship with her in the NICU.

What?

Like many fathers, Sean was initially reluctant to hold Chloe. Due to family commitments he could only visit her every other day but he was actively encouraged to nurse Chloe and so she was laid on his chest during visits for a modified version of kangaroo care (KC). The benefits of the kangaroo care position were explained and reinforced; Chloe would be well supported, listening to her father's heartbeat and we kept her warm, so reducing oxygen consumption (Richardson, 1997). My role was twofold but first and foremost it was as Chloe's advocate. She was 3 weeks old, self-ventilating in room air and was in need of physical comfort and nurturing. Secondly, I felt compelled to encourage and support Sean in nurturing Chloe and empowering him in his role as a father. Lundqvist et al. (2007) suggests that on the journey of becoming a family, fathers feel their importance when they become more active in their infant's care. Kangaroo care was to prove an invaluable tool in enabling Sean to become more active in Chloe's care.

So what?

Thankfully this was an unusual situation but one which proved to be a steep learning curve for me as a neonatal midwife, requiring much consideration and reflection during and after the event. This scenario has enabled me to recognise the deficit in meeting the care needs of fathers of sick neonates – particularly fathers whose partners are ill or following bereavement. A review of the limited literature on fathers' experiences in neonatal units highlighted the fact that many parental studies have proportionately more input from mothers than fathers (Jones et al., 2007; Reis et al., 2010).

Sean was experiencing two major life stressors and at the centre of it all was a vulnerable baby who had an uneventful neonatal period but limited physical contact from her father. Rushton et al. (2007) when studying widower responses to the

death of a wife found that fathers were often preoccupied with their own needs and unaware of their children's needs, but still did not want to relinquish their decision making role. Sean was not just a father but a bereaved husband – every day he was at a new stage on the journey of grief described by Kubler-Ross (1995), be that denial and isolation, anger, bargaining, depression or acceptance. Sean intimated that the only good news during that period came from the neonatal unit and so it was important to build on that perception as well as facilitating and encouraging as much contact and parent craft as possible.

Bramlett et al. (1990) developed a consumer-centric advocacy model, the aim of which was to give the client ultimate power to implement his/her own decisions once they had become fully knowledgeable about their treatment and care. It was therefore essential to educate Sean in all aspects of developmental care, particularly those with an impact on bonding and attachment. My objective was to empower and facilitate Sean to carry out his role as father but in her father's absence I would act as Chloe's advocate. Cleveland's (2008) study in Texas found that parental empowerment was one of the support behaviours that helped both mothers and fathers to 'parent' in NICU.

The registered nurse is bound by The Code (NMC, 2008) to treat people as individuals and advocate for those in our care and to always gain informed consent for treatment. On one particular occasion Chloe was physiologically stable, in a state of quiet alert and her father was present, making this an ideal opportunity for some physical connection and interaction (Gardner et al., 2011). Chloe was leading this scenario indicating by non-verbal communication, her readiness to be touched and cuddled. If her innate needs were to be met then my role as her advocate was to inform her father of the physiological and psychosocial benefits of him providing kangaroo care on that occasion. Father and daughter enjoyed the contact that followed and Chloe remained stable throughout- reinforcing the benefits to Sean. Blomqvist et al. (2011) acknowledged that during the NICU period fathers described the incubator as a barrier and that the separation from their infant as stressful. The provision of kangaroo care not only provided an opportunity for being close to their infants, it also facilitated attainment of their paternal role in the NICU allowing them to feel in control - that they were doing something good for their infant. Sean held Chloe in a modified skin-to-skin position acknowledging the recommendations of Fegran and Helseth (2008) in recognising the different starting points and needs of parents;

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