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REVIEW

Integrative Review of Factors and Interventions That Influence Early Father–Infant Bonding

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ABSTRACT

Objective: To report on the current state of research analyzing early father–infant bonding, including influential factors and interventions, to identify gaps in the literature.

Data Sources: CINAHL, MEDLINE, PubMed, and PsychInfo computerized databases were searched using the keywords *bonding, paternal, father, infant, relationship, engrossment,* and *postpartum.*

Study Selection: Twenty-eight articles were compiled on the basis of key inclusion criteria. Quality measures were undertaken using specific components of SQUIRE 2.0 to ensure quality of methodology and data.

Data Extraction and Synthesis: Each study was carefully dissected and initially arranged in a generic annotated bibliography. This process resulted in pattern recognition and identification of three major themes. The findings of every article were compared for commonalities and differences and were synthesized into an integrated review of father–infant bonding.

Results: The synthesis revealed three themes: *Father's Adjustment and Transition*, *Variables That Influence Father–Infant Bonding*, and *Interventions That Promote Father–Infant Bonding*.

Conclusion: There is an immediate need to perform studies on specific interventions aimed at the promotion of early father–infant bonding in the United States. More research is needed to better understand the timing of early father–infant bonding and how this bonding influences a provider's role, attitude, and priority for establishing successful bonding interventions for fathers.

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The concept of mother–infant bonding was first theorized in the late 1960s by Rubin and was later popularized in the mid-1970s by Klaus and Kennell (Altaweli & Roberts, 2010; Johnson, 2013; Kinsey & Hupcey, 2013). Since then an abundance of research has been dedicated to the study of mother–infant bonding. Lamb (1998) defined bonding as mental, emotional, and behavioral domains related to the "unparalleled experience in an adult's life involving the formation of a selective and enduring bond with an infant" (Altaweli & Roberts, 2010, p. 555). Researchers agree that bonding is a unique and complex phenomenon that occurs between a mother and infant during a sensitive period (Ataweli & Roberts, 2010; Johnson, 2013; Kinsey & Hupcey, 2013). Attachment is often used interchangeably with bonding (Altaweli & Roberts, 2010; Kinsey & Hupcey, 2013); however, researchers have recognized the difference. Altaweli and Roberts (2010) differentiated the two concepts by positing that bonding refers to feelings between a mother and her child, whereas attachment refers to an infant's behavioral response to these feelings. For the purpose of our review, the focus will remain on bonding behaviors rather than on a separate attachment phenomena. Q2

The literature supporting mother–infant bonding is rigorous and of strong quality with proven significance on infant growth and development. Researchers have effectively measured the effect of key interventions such as rooming in, immediate skin-to-skin contact, and breastfeeding on immediate mother–infant bonding with outcomes that are reproducible in the general population (Altaweli & Roberts, 2010; Johnson, 2013; Kinsey & Hupcey, 2013). The role of the provider in the establishment of mother–infant bonding is well

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defined, and an expectation exists that health care professionals ensure that the environment is favorable for bonding. Investigators measuring the quality of mother–infant bonding have attributed behaviors such as kissing, cuddling, providing infant care, holding the infant in an en face position, and prolonged gazing as positive bonding behaviors (Altaweli & Roberts, 2010; Johnson, 2013; Kinsey & Hupcey, 2013). Failure of effective mother–infant bonding can negatively affect the psychosocial and physical growth and development of an infant. Negative consequences for the mother include feelings of hostility toward the infant that lead to avoidance, neglect, and increased risk of child abuse (Altaweli & Roberts, 2010; Johnson, 2013; Kinsey & Hupcey, 2013).

The importance of establishing an immediate mother–infant bond has overshadowed and delayed the efforts of researchers to catalog factors and interventions that affect father–infant bonding. Mother–infant bonding theories include quality themes, interventions, and outcomes that may translate into the concept of father–infant bonding. For example, researchers analyzing positive bonding behaviors of fathers found that fathers exhibit some of the same behaviors as mothers but progress from passive to active involvement including prolonged gazing, vocalizing distinct characteristics of the infant, holding the infant in an en face position, smiling, and being in close proximity to the infant (Chally, 1979; Greenburg & Morris, 1974; Taubenheim, 1981; Tomlinson, Rothenburg, & Carver, 1991; Toney, 1983). However, despite similarities in bonding behaviors, fathers may require interventions that are unique to the phenomenon of father–infant bonding.

The examination of the process of father–infant bonding did not occur until the late 1970s and early 1980s, when researchers first questioned the importance of father involvement during the immediate postpartum period (Bowen & Miller, 1980; Greenberg & Morris, 1974; Tudiver, 1981; Weaver & Cranley, 1983). During the late 1990s researchers started to focus on factors that positively or negatively influenced the process of father–infant bonding (Anderson, 1996a; Ferketich & Mercer, 1995; Palkovitz, 1992; Tudiver, 1981; Weaver & Cranley, 1983). Finally, the recognition of childbirth being more than a female experience sparked interest in identifying specific interventions aimed at promoting father–infant bonding.

Successful father–infant bonding in the immediate postpartum period has been shown to reduce cognitive delay, promote weight gain in preterm infants, and improve breastfeeding rates (Bronte-Tinkew, Carrano, Horowitz, & Kinukawa, 2008; Garfield & Isacco, 2006). Interventions that establish an immediate father–infant bond may promote active paternal involvement as the infant grows and develops. The lack of direction for fathers in the immediate postpartum period may delay father–infant bonding, potentially altering the long-term course of paternal involvement as the infant progresses throughout childhood and adolescence. A father's involvement that continues throughout childhood development is associated with higher academic achievement, better socioeconomic status, and fewer behavioral problems among children (Garfield & Isacco, 2006; Howard, Burke Lefever, Borkowski, & Whitman, 2006). The U.S. Census Bureau (2011) estimated that more than 24 million children live in households without their biological fathers, and these children are 4 times more likely to live at or below the poverty level. Adolescents who lack paternal involvement have the greatest odds of becoming incarcerated and engaging in risky sexual behaviors that increase the rate of teenage pregnancy (Harper & McLanahan, 2004; Teachman, 2004).

Despite the substantial evidence to support the significance of father involvement, Healthy People 2020 does not include an objective for early father–infant (Centers for Disease Control and Prevention, 2015). In the last 5 years, there have been a limited number of studies on interventions that promote early father–infant bonding. Furthermore, most research pertaining to the concept of father–infant bonding, including the qualitative lived experiences of fathers, variables that affect the bonding process, and interventions aimed at promoting early bonding, have not been published in the United States. Typically, researchers examined only one small element of father–infant bonding in an attempt to identify the most influential factor or intervention (Brandao & Figueiredo, 2012; Cheng, Volk, & Marini, 2011; Erlandsson, Dsllna,

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