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Skin-to-Skin Contact Facilitates More Equal Parenthood - A Qualitative Study From Fathers' Perspective

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ABSTRACT

Design and Methods: A descriptive design was used where 20 fathers of premature infants were interviewed using a semi-structured interview-guide. The guide contained the following five topics: the fathers' feelings about and experiences of using skin-to-skin contact (SSC), the physical environment at the Neonatal Intensive Care unit, staff attitudes, and whether SSC had any impact on the relationship with their partner and other children in the family. The interviews were analyzed using directed qualitative content analysis and the results compared with those of a qualitative systematic review by Anderzén-Carlsson and colleagues.

Results: The result shows that the fathers' overall experience of SSC was positive and as in the aforementioned review, they described experiences that were both gratifying and challenging. They felt more included and just as important as the mother because SSC and the demands placed on them by the premature birth helped them to achieve more equal parenthood.

Conclusion: The fathers' overall experiences of SSC were positive as they felt included in their infants' care and just as important as the mothers. To a great degree the theoretical model tested was supported, although some weaknesses and differences were identified.

Practical Implications: It is important to include fathers in neonatal care and recognize that they feel equally important as mothers in caring for premature infants.

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Background

Skin-to-skin contact (SSC) between the premature infant and her/his parents is recognized as a beneficial caring method in neonatal units in major parts of the world. It is also known as Kangaroo Mother Care (KMC), where the skin-to-skin contact is used together with exclusive or nearly exclusive breastfeeding and early discharge from hospital (Moore, Anderson, Bergman, & Dowswell, 2012). The method started in Colombia due to a lack of incubators and has proven to have a range of beneficial effects on both the infant and the parents (Conde-Agudelo & Díaz-Rossello, 2014). SSC can provide the infant with more stable temperature regulation, better cardio-respiratory stability (Moore et al., 2012), and better weight gain together with increased breastfeeding. The method can also lead to a more positive attachment between the infant and the parents (Conde-Agudelo & Díaz-Rossello, 2014). Studies

indicate that SSC can also have a pain-relieving effect during blood sampling (Johnston et al., 2014; Olsson, Ahlsén, & Eriksson, 2016).

Despite the positive effects, some parents have concerns and can be reluctant to be skin-to-skin with their infant, even when supported by staff. Some are intimidated by the technology in the Neonatal Intensive Care Unit (NICU) and are afraid of hurting the infant (Anderzén-Carlsson, Lamy, & Eriksson, 2014a).

As most studies on experiences during SSC focus on mothers (Anderzén-Carlsson et al., 2014a), there is a lack of knowledge about the view of fathers. Blomqvist et al. interviewed seven first time fathers after their premature infants had been discharged from hospital and found that KMC helped the fathers to attain their paternal role but that both the physical environment and conflicting statements from staff could have a negative impact on their experience (Blomqvist, Rubertsson, Kylberg, Jöreskog, & Nyqvist, 2011). Helth and Jarden (2013) interviewed five first time fathers about their feelings regarding SSC and their results also indicated that SSC enhanced the fathers' care-taking ability and strengthened their role as a father. Nevertheless, the fathers considered themselves as less important in comparison to the mothers. In a study of SSC between full term infants and their fathers after a caesarean section, Erlandsson, Christensson, and Fagerberg

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(2007) concluded that the fathers assumed increased responsibility while getting to know their child.

Anderzén-Carlsson et al. (2014a) performed a systematic review and metasynthesis (Anderzén-Carlsson, Lamy, Tingvall, & Eriksson, 2014b) on studies about parental experiences of providing SSC. They included 29 original articles reporting experiences from 401 mothers and 94 fathers of both premature and full term infants. This resulted in a theoretical model of “Becoming a parent under unfamiliar circumstances”, which suggested that providing skin-to-skin contact could be a restorative experience but also energy draining for the parents. Restorative experiences comprised “Feeling good”, which encompassed parents’ emotions towards their infant, fascination with the infant’s competence, learning how to take care of the infant and appreciation of the support received from several sources. “Doing good” was also restorative with the parents providing protection for the infant and doing what was important for her/him, together with “Becoming us” where SSC had a relational component in that the infant and parents got to know each other, bonded, and became attached. The energy-draining sub-themes included “Feeling exposed” due to environmental obstacles, lack of privacy, as well as physical and emotional burdens while providing SSC, and “Hurting others” where the parents expressed both fear of hurting the infant but also feelings of inadequacy towards other family members.

In recent years, parents have become more and more involved in the care of their premature infant, and their presence at neonatal units is increasing. This is likely to be related to the fact that they provide SSC for substantial parts of the day. It is important for healthcare providers to understand how parents experience this type of care in order to support them adequately. However, little is known about fathers’ specific experiences of providing SSC and furthermore, if these experiences are similar to those expressed by parents (the majority of whom were mothers) in the years 1989–2013, as identified by Anderzén-Carlsson et al., 2014a. Thus, we wanted to test the applicability of the theoretical model “Becoming a parent under unfamiliar circumstances”, i.e. if it was supported by empirical interview data with fathers of premature infants, living in Sweden.

Aim

To describe fathers’ experiences of skin-to-skin contact with their premature infant.

Methods

A descriptive design was employed. A purposeful sample comprising 20 fathers of premature infants, cared for in two neonatal units (one in a county hospital and the other in a university hospital) in central Sweden, was interviewed using a semi-structured interview guide. Written consent was obtained from the participants and the study was approved by the Regional ethical review board (2013/061). The fathers were purposely selected by a designated nurse at each unit to achieve maximum variation in terms of age, severity of the infant’s illness, length of stay at the unit, and whether or not the fathers had other children at home. The fathers should have provided SSC for their infant on at least one occasion. The interviews were conducted by two of the authors, AAC and EO, who are both registered nurses with experience of neonatal intensive care. They took place between January 2014 and June 2015, 19 in a private room at the two NICUs and one in the father’s home. Because EO works clinically at one of the units, AAC (a senior researcher) conducted the interviews there so that the fathers would feel free to talk openly about their feelings and not be in a position of dependency.

The interview guide contained the following topics: the fathers’ feelings about and experiences of SSC, the physical environment at the NICU, staff attitudes, and whether SSC had any impact on the relationship with their partner and other children in the family. The interviews were recorded, transcribed verbatim, and analyzed by means of directed qualitative content analysis (Hsieh & Shannon, 2005). The categories in the

theoretical model by Anderzén-Carlsson et al. (2014a) were used as pre-determined codes for the analysis. At the end of the interview the fathers were also asked if there was any other information that they wanted to add which had not been asked about and which according to them were regarded pertinent to talk about. Hsieh and Shannon (2005) describe directed qualitative content analysis as a method for interpreting a text by a systematic classification process of coding and identifying themes or patterns. A deductive or directed approach to content analysis makes it possible to validate and expand an existing theory or model. In this study we were primarily interested in fathers’ experiences, but also whether they were congruent with findings from an earlier systematic review and qualitative meta-synthesis (Anderzén-Carlsson et al., 2014a, b).

First, the transcripts were read while listening to the recordings of the interviews to ensure accuracy and any errors in the text were corrected. The amended transcripts were then re-read and the parts of the text that related to the aim were highlighted with a marker pen. The highlighted text was read through several times and sections that represented the categories from Anderzén-Carlsson’s model were sorted and placed in the respective category. Initially, a small part of the text ended up in an “other” category but after careful deliberation in the research group all of the highlighted text was fitted into the existing categories, often as new and unique dimensions. The first author performed the analysis in close collaboration with the last author, who was involved in the design of the theoretical model used in the analysis. The second (a co-author of the model used) and last author read a random selection of the interviews to enhance credibility.

Results

The participating fathers were aged between 23 and 45 (median 32) years and the infants were born with gestational ages of between 25 + 0 and 35 + 3 weeks + days (median 30 + 1). At the time of the interviews the fathers estimated having had SSC with their infants between four and 80 times (median 18 times). All the infants were still hospitalized at the time of the interviews and were between 2 and 74 days old (median 20 days). Six of the infants had older siblings at home.

Below, the result will be presented in accordance with the categories described by Anderzén-Carlsson et al. (2014a) and is also visualized in Table 1.

A Heart-warming Experience

Almost all the fathers started the interviews with comments about the heart-warming experience of being skin-to-skin with their infant. A feeling of gratitude was expressed, as being relieved that the infant seemed to be doing well and an appreciation of being able to be skin-to-skin with her/him. For example, a sense of happiness during SSC was described by a father of twins, who recounted a situation where he was skin-to-skin with his daughter at the same time as his wife held their son: “... I looked at my son and then my daughter and then my wife and I just felt, damn I’m so happy (father 1).”

The fathers expressed a feeling of wanting to be close to their infant and that the closeness during SSC made them intensely aware of the infant’s breathing. They also described the closeness as a totally different experience to sitting beside the incubator and touching the infant through the openings. The word *cozy* was used by many of the fathers in the sense that it felt cozy being skin-to-skin with their infant.

The strongest emotions expressed were most prominent in the narratives of the early experiences of SSC. The fathers used different words such as “powerful”, “strong”, “fantastic”, “wonderful”, “amazing”, and “incredible” to describe these feelings. One father frequently used the word “cool” to describe the feeling of being skin-to-skin. While providing SSC the fathers felt warmth between themselves and their infants, both in terms of physical and emotional warmth. The feeling of love between the fathers and their infants was perceived as strengthened by the SSC.

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