



Skin-to-skin contact by fathers and the impact on infant and paternal outcomes: an integrative review



Shefaly Shorey, PhD, MSc, RN, RM (Assistant Professor)^{a,*},
He Hong-Gu, PhD, MD, RN (Associate Professor)^a,
Evalotte Morelius, PhD, MSc, RN (Associate Professor)^b

^a Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore; National University Health System, Singapore

^b Department of Social and Welfare Studies, Division of Health, Activity and Care, Linköping University, Norrköping, Sweden

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ABSTRACT

Objective: to summarise research evidence on the impact of father-infant skin-to-skin contact on infant and paternal outcomes.

Design: an integrative literature review.

Data sources: PubMed, ScienceDirect, PsycINFO, and Cumulative Index to Nursing & Allied Health.

Review methods: studies included were: (1) published in English between January 1995 to September 2015; (2) primary researches; and (3) focused on fathers providing skin-to-skin contact with their infants and its impact on infant and paternal outcomes. The Joanna Briggs Institute's Critical Appraisal Checklists were used to appraise the scientific rigour of the studies.

Findings: twelve studies (10 quantitative and two qualitative) were included in this review. Father-infant skin-to-skin contact had positive impacts on infants' outcomes, including temperature and pain, bio-physiological markers, behavioural response, as well as paternal outcomes, which include parental role attainment, paternal interaction behaviour, and paternal stress and anxiety.

Conclusions: a father's involvement in providing skin-to-skin contact seems to be feasible and beneficial to both infants and fathers. However, there has been a scarcity of literature that exclusively examines fathers' involvement and perceptions related to skin-to-skin contact in the postpartum period. Future research should examine skin-to-skin contact by fathers and its associated benefits, as well as fathers' perceptions on father-infant SSC among varied populations.

Implications for practice: a father's involvement in providing skin-to-skin contact should be promoted during the postnatal period. Father-infant skin-to-skin contact is a valuable alternative, especially during the unavailability of mothers due to special circumstances, including medical emergencies and caesarean section.

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* Correspondence to: Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore, Level 2, Clinical Research Centre, Block MD11 10 Medical Drive, Singapore 117597, Singapore.

E-mail addresses: nurssh@nus.edu.sg (S. Shorey).

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Introduction

Skin-to-Skin Care/Contact (SSC), also known as Kangaroo Mother Care or Kangaroo Care, involves a naked baby or a baby clad in only a diaper who is placed chest-to-chest with his/her parent or a substitute, such as a relative, immediately after birth (Whitelaw and Sleath, 1985; Martinez et al., 1992; Cattaneo et al., 1998). There are many well-documented benefits of SSC between an infant and his/her mother, including improved physiological stability for both the mother and infant in the immediate vulnerable period after birth, optimal brain development for healthy full-term infants, and increased breastfeeding rates and duration (Kennel and McGrath, 2003; Moore et al., 2012; Phillips, 2013). In addition, SSC has been found to improve maternal affection and bonding behaviours (Moore et al., 2012). Infants receiving SSC from their mothers tend to cry for a shorter duration and have better cardio-respiratory stability (Moore et al., 2012). It has been found that SSC has both a direct impact on infant development by contributing to neurophysiological organisation and an indirect effect by improving parental mood, perceptions, and interactive behaviour (Feldman et al., 2002).

Originally, SSC was developed in Colombia for preterm infants due to a lack of resources and an early discharge of preterm infants from the neonatal intensive care unit (NICU). A study reported that preterm infants benefitted from SSC with better weight gain among other benefits, such as reduced mortality and morbidity (Martinez et al., 1992). Seeing the well-established benefits of SSC for preterm infants, SSC has also been introduced to full-term infants. SSC has been found to be equally beneficial for full-term infants in enhancing their well-being and for a smooth transition from fetal to infant life (Ransjo-Arvidson et al., 2001; Feldman et al., 2002; Erlandsson et al., 2007; Bystrova et al., 2009; Moore et al., 2009; Nyqvist et al., 2010; Ludington-Hoe, 2013; Phillips, 2013). Full-term infants who received SSC from their mothers had better respiratory, temperature and glucose stability, and significantly less crying, indicating decreased stress (Christensson et al., 1992; Erlandsson et al., 2007; Phillips, 2013). The majority of studies on SSC focused on mothers and infants, and few studies examined the psychological effect of SSC on both parents. These studies found that family dynamics improved and the parental ability to respond to the needs of their infant also improved (Feldman et al., 2002; Anderzen-Carlsson et al., 2014).

Even fewer studies focused on fathers' involvement in SSC and their experience of SSC (Feldman et al., 2002; Fegran et al., 2008; Blomqvist et al., 2011). Fathers of both preterm (Hollywood and Hollywood, 2011; Feelay et al., 2013; Helth and Jarden, 2013) and term (Deave and Johnson, 2008; Premberg et al., 2008; Genesoni and Tallandini, 2009; Ellberg et al., 2010; Steen et al., 2012) infants have verbalized the need of involving them in early infant care. These fathers felt that some healthcare professionals, especially midwives, reinforced traditional gender role stereotyping, resulting

in their exclusion from infant care activities (Steen et al., 2012; Feelay et al., 2013; Helth and Jarden, 2013). Though some fathers experienced the birth of their children as a shock, the majority of them were ready to be involved and looked forward to the beginning of a new relationship with their infants (Fegran et al., 2008).

For fathers with infants in the NICU, separation from their infants was one of the most stressful events related to their parental role (Joseph et al., 2007). The risk of delayed attachment was higher when the infant required care in the NICU (Bialoskurski and Cox, 1999). However, fathers felt in control when they were involved in their infants' care as it enhanced their parental feelings (Lundqvist and Jakobsson, 2003; Lindberg et al., 2007; Fegran et al., 2008). SSC is one such way that may facilitate fathers' participation in their infants' care and consequently make fathers feel that they have a role as a parent (Leonard and Mayers, 2008). This also enhanced active fatherhood during infants' first year of life (Tessier et al., 2009). Through SSC, fathers felt close physical proximity with their infants that made them realise that their infants were real and made them feel like an important participant in their infant's care (Lundqvist et al., 2007; Fegran et al., 2008).

Despite the importance of involving fathers in providing SSC and fathers' personal experiences of a sense of lack of control in infant care (Arockiasamy et al., 2008), the common pattern for parents' involvement in infant care focuses on mothers and infants (Moore et al., 2012). Both published systematic reviews on outcomes related to SSC either focused on mothers in quantitative studies (Moore et al., 2012) or both parents with mothers' experiences dominantly reviewed (Anderzen-Carlsson et al., 2014). In summary, the focus on fathers providing SSC remains limited globally and the available studies have not been reviewed for their methodological quality.

No integrative review has been done on this topic, therefore the primary aim of this integrative review was to examine and critically appraise the available evidence on SSC by fathers and its impact on infant and paternal outcomes. The secondary aim was to contribute to evidence of involving fathers in the infant care to improve postpartum care for both infants and their fathers. The specific question that underpinned this review was: What is the impact of SSC by fathers on the infant and paternal outcomes?

Methods

Design

This was an integrative literature review examining the literature on SSC by fathers and its impact on infant and paternal outcomes. Both qualitative and quantitative studies were included in the review to avoid bias and maximise transparency (Polit and Beck, 2001). In addition, including the studies of diverse

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