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## UK initiative launched to improve support for fathers on neonatal units

Two surveys have recently been sent to all 198 neonatal units in the UK by the charity The Family Initiative. They ask for advice and feedback on how support for fathers in neonatal units could be improved:

1. A survey for health professionals:  
[www.surveymonkey.co.uk/r/neonatal-units](http://www.surveymonkey.co.uk/r/neonatal-units)

2. A survey for fathers:  
[www.surveymonkey.co.uk/r/neonatal-fathers](http://www.surveymonkey.co.uk/r/neonatal-fathers)

The surveys follow a review of research recently published by an international working group of 11 researchers and research practitioners convened earlier this year by The Family Initiative.<sup>1</sup> A key recommendation in the research review is that fathers need better peer-to-peer support. In the UK, the only peer support on offer to neonatal parents at the national level is a forum for mothers on Netmums.

The research review explains why inviting fathers to a forum for mothers is unlikely to work. One of the key challenges faced by fathers is the social requirement to appear strong and to hide their stress, particularly from the mother. Such men won't expose vulnerability in a forum for mothers. Fathers are quoted in the research as saying:

"I don't want to be weak in front of my wife. I don't think she knows how bad I am hurting right now."

"I have to cheer her up, but no one helps me. It is difficult to bear. I do not show that I am burnt out instead I suppress my feelings."

"I wouldn't want my wife asking me how I feel."

A US research project looked at what neonatal fathers talk about to each other on social media groups.<sup>2</sup> Topics of conversation include the health of the baby, healthcare costs, the pressure of work and caring for older siblings, the lack of social support and the difficulty of having to be the strong one.

The international working group that carried out the review draws three key conclusions from over 50 articles:

1. Understanding and supporting father–infant bonding and supporting team parenting improves the baby's health and helps both parents to care for their baby and for each other.
2. Fathers start from a different place from mothers:
  - they are often not considered 'natural' carers as mothers are
  - they are often expected to continue working and to look after older siblings



**FIGURE 1** Skin-to-skin care with the father.

– they are under social pressure to appear strong and to hide their distress, particularly from the mother.

3. Communication with fathers is critical:
  - healthcare professionals should inform fathers directly, not just via the mother
  - peer-to-peer communication is important for fathers.

The research also identifies that fathers in neonatal units often feel marginalised.

"As a father, you feel left out."

"Everybody around the situation is focused on mum/baby. Dads are left to worry about everything and everyone. As a dad, you may feel lonely."

"It would have been helpful to have maybe more contact with NICU fathers such as men with children who were either currently or had been in the NICU at some point."

There needs to be a paradigm shift in maternal and newborn health from the widespread view that mothers are the primary carers of infants and fathers are helpers. In fact, neonatal care places a lot more emphasis on fathers than wider maternity and postnatal care. While the Baby Friendly Hospital Initiative (BFHI, a worldwide programme of the World Health Organization and Unicef) for general maternity care avoids any reference to the word 'father' (only 'families' are mentioned), the equivalent neonatal BFHI names

fathers explicitly and supports the father–infant relationship by recommending father–infant skin-to-skin contact. Here it would appear that engaging fathers is only ‘friendly’ for the baby when the baby is sick.

There is biological evidence for a direct father bond. Father–infant contact, particularly skin-to-skin care (FIGURE 1), stimulates strong hormonal changes in men: more oxytocin, more prolactin, less testosterone. All these are linked to caring activity (as in mothers). Neurobiological changes also take place, triggering emotional empathy and sociocognitive networks in the father’s brain (as in the mother’s). When these two networks are strongly activated, the baby is likely to have stronger emotion regulation

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**TABLE 1** The Family Initiative’s International Neonatal Fathers Working Group.

and social skills four years later. A parent’s brain and baby’s brain develop in a kind of symbiosis.<sup>1</sup> Healthcare professionals can help to improve infant health by supporting the father–infant bond and mother–father coparenting.<sup>1</sup>

Fathers frequently describe skin-to-skin care in terms close to ecstasy:

“I did a bit of kangaroo with him and when I looked at him... wow! I’m going to be paternal, I know.”

“When I first saw M., it was magic, a miracle!”

“The first time I held him skin-to-skin, it was really wow! It was like a communion.”

“I looked at my son and then my daughter and then my wife and I just felt, damn I’m so happy.”

The Family Initiative’s International Neonatal Fathers Working Group (TABLE 1) concluded its review with 12 recommendations for practice:<sup>1</sup>

1. Assess the needs of mother and father individually
2. Consider individual needs and wants in family care plans
3. Ensure complete flexibility of access for fathers to the neonatal unit
4. Gear parenting education towards co-parenting
5. Actively promote father–infant bonding, particularly skin-to-skin care, even in the presence of the mother
6. Be attentive to fathers hiding their stress from both professionals and their partners
7. Inform fathers directly not just via the mother
8. Facilitate peer-to-peer communication for fathers
9. Differentiate and analyse by gender in service evaluations
10. Train staff to work with fathers and to support co-parenting
11. Develop a father-friendly audit tool for neonatal units
12. Organise an international consultation to update guidelines for neonatal care, including those of Unicef.

## References

1. **Fisher D, Khashu M, Adama EA, et al.** Fathers in neonatal units: improving infant health by supporting the baby–father bond and mother–father coparenting. *J Neonatal Nurs* 2018 <https://doi.org/10.1016/j.jnn.2018.08.007>. 2018;192:53–59.
2. **Kim HN, Wyatt TH, Li X, Gaylord M.** Use of social media by fathers of premature infants. *J Perinatal Neonatal Nurs* 2016;30:359–66.

Please complete The Family Initiative survey and ask fathers in your care to complete the fathers’ survey.



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