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Fathers in the NICU: what type of support do they want?

Evidence from research into the experiences of fathers in neonatal intensive care units (NICU) is limited^{1,2} but shows that fathers face unique challenges. Fathers frequently report that they feel they are not treated as equal partners by staff and others, suggesting a complex interplay of gender roles and perceptions of masculinity.³⁻⁵

This occurs despite the fact that fathers may have greater insight in the immediate period after birth compared to mothers, who often describe the initial period as feeling surreal.⁶ Fathers frequently report feeling out of control⁷ or powerless⁸ and many experience significant stress when they have a baby in the NICU.^{2,6} The levels of stress experienced by fathers of premature babies range from moderate to high,⁹ although some fathers can experience ambivalence and typically appear to have different needs and coping strategies to mothers.¹ A recent interview study suggested that fathers were concerned by the lack of social support available to them and felt challenged when interacting with other fathers, as well as describing the 'emotional rollercoaster' of having a baby in the NICU and the importance of social media access.¹⁰ Recognising these unique challenges, we aimed to scope available resources for supporting fathers in the NICU.

We began by searching the internet to ascertain whether specific NICU support groups for fathers were available. Despite contacting neonatal networks across the UK, and liaising with Bliss, the charity for babies born premature or sick, we only identified one fathers' support group in Melbourne, Australia, which was established in 2013.¹¹

Fathers (and mothers) often feel they are cared for or 'protected' by the healthcare team,¹² but fathers often feel they lack direct and specific support. Some reported that support was available online, either through Facebook or other social support networks.¹⁰ Despite this, we were unable to identify other specific and widely available support systems available for fathers.

We conducted a questionnaire survey of fathers in our NICU at the Royal Victoria Infirmary, Newcastle upon Tyne, in order to ascertain whether a support group would be beneficial. Many suggested that it would be appreciated, for example:

"Someone for fathers to talk to either peer-to-peer or independently"



Father Steve with baby Phoebe.

"Chatting with people to find out how they coped and created a bond with their baby."

We therefore launched Dads' Group, which has met monthly since December 2017.

Dads' Group

The support group was initially held on the unit but we soon moved it to a separate space following discussion with the senior nursing team who felt that an off-unit environment would work better. We use a seminar room adjacent to the special care baby unit (SCBU) and the large central table surrounded by chairs works well for sharing experiences.

The funding for Dads' Group comes from the unit budget. Matthew is allocated two hours to facilitate the group in addition to his transport role; the only other cost is for tea, coffee and biscuits, which are funded out of the SCBU budget. Future costs are hard to predict but as the group develops there may be areas where further investment might help.

Posters advertising the events are displayed in the two parent areas and at the entrance to the SCBU. On the night of the meeting any fathers on the unit are invited to attend. Our plan is to incorporate details about Dads' Group into the unit's information sheet, which is given to parents on admission. One key change that we would like to see is for staff to discuss the support group with families early on, thereby offering help to fathers as soon as possible. Enthusiasm for the group is growing among the nursing and medical staff; we intend to represent it at the staff unit meeting.

The Dads' Group meetings are very informal; the fathers sit around the table and chat over drinks with Matthew acting as a facilitator, although usually discussion flows well and not much facilitation is required. The presence of former NICU fathers is a huge benefit. At the time of writing, four previous NICU fathers attend the meetings and their enthusiasm is amazing. They say the reason they come is to give something back; they want to offer help to other fathers currently experiencing the NICU. The new dads learn a lot from the former NICU dads and our hope is that numbers will increase as the group grows.

Emerging themes

The main theme that has emerged from the group sessions is that of collective shared experience. Although every father's journey is individual, common experiences are evident as the men talk to each other – especially the feeling of being torn between wanting to support their partner and being there for the baby. Fathers who attended reported:

"It's been great to meet with other fathers and realise that what I am experiencing is normal"

"Being able to share what I'm going through with fathers who have been there too is really helpful."

Based on their experiences, we made a request for fathers to write their stories by working with our local charity Tiny Lives Trust (www.tinylives.org.uk). We intend to use these to create a storybook for other fathers (and mothers) to read. One father wrote:

"Try and take everything day-by-day. Don't forget to take care of yourself... I know you're trying to be strong and support everyone else but remember that you're experiencing it as well and you need to stay healthy – physically and emotionally."

Another father wrote:

"The overwhelming emotion through most of the early journey was helplessness. I'm his dad, I should be able to help him but all I could do was sit and stare through the side of an incubator."

Meeting the needs of all fathers

It is our hope that, as the group continues and we collect more of these fathers' stories, we will be able to identify more themes and eventually reach a point where we can target support to address these specific needs.

While it is clear that many fathers report they would like more support, the nature and form of that support is not clear. Although face-to-face support groups may benefit some fathers, others may prefer electronic or written media and some may benefit from support from trained counsellors or psychologists. It is therefore important to be aware of wider cultural and social dimensions – what works in one location may be less useful in others. Current literature suggests that despite invitations to attend face-to-face peer support in the NICU, these sessions may not be well attended when aimed purely at fathers.

The reasons for the varying support needs of fathers are likely to be complex but may, in part, be due to issues of gender and masculinity with fathers not wanting to appear as if they are not coping:

*"Being a guy, you don't want to cry or show your emotions."*²¹³

Recent developments in the UK include DadPad – information cards aimed specifically at fathers in neonatal units (<https://thedadpad.co.uk>), although full evaluation will be required to know whether it meets needs.



Father Richard with baby George and his brothers.

In summary, while evidence of fathers' experiences and unique needs exist, support specifically aimed at them is not widely available in the UK, and the role of support groups in the neonatal unit, or other forms of support, will require careful evaluation to ensure they meet the needs of all fathers.

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Do you offer any support for fathers on your unit?

The authors welcome ideas and advice from other units. Do get in touch and share your experiences matthew.cray@nuth.nhs.uk