The Experiences of Fathers in Alberta Family Integrated Care (FICare™)



Amy Shafey MD, FRCPC
Neonatologist
Clinical Assistant Professor, University of Alberta







Land Acknowledgement

I respectfully acknowledge that I live and work on Treaty 6 territory, the traditional lands of the Metis, Nêhiyaw-Askiy (Plains Cree), and Niitsítpiis-stahkoii (Blackfoot/Niitsitapi) peoples

Learning Objectives

- 1. Identify barriers of positive experiences of fathers in the NICU
- 2. Describe 3 ways FICare may improve the experiences of fathers in the NICU
- 3. Discuss future practice implications and potential for further research

Outline

- Review of the literature on fathers
- Research question
- Research methodology
- Findings
- Conclusions
- Future directions

Fathers and Parenthood

Fear, excitement, joy

Establish an immediate bond



Antenatal shutout

Lack skills and knowledge

Work-life balance

Changing relationship with partner

Struggling to find a role

Fathers and Infant Development

Heightened, arousing, playful

Engagement, involvement, cohabitation

Security as parent and partner



Photo credit: Amy Shafey

Lower odds of behavioral problems

Enhanced cognitive development

Infants with medical risk

Impact of the NICU

- Traumatic childbirth: 'fear, helplessness, horror'
- Lack of control
- Overseers, protectors, earners
- Fear of doing harm through physical interactions
- Feeling a lack of information exclusive to them but needing information to gain control
- Isolation mothers take precedence
- Post-discharge parenting competence and confidence

Review of the Literature

- Infants born 32^{0/7}- 34^{6/7} weeks gestational age (GA)
- Generalizability
- Lack of definitions 'involvement, engagement'
- Study of interventions that integrate all components shown to be beneficial to fathers
 - Physical contact
 - Caregiving
 - Education

Alberta FlCare[™] Model

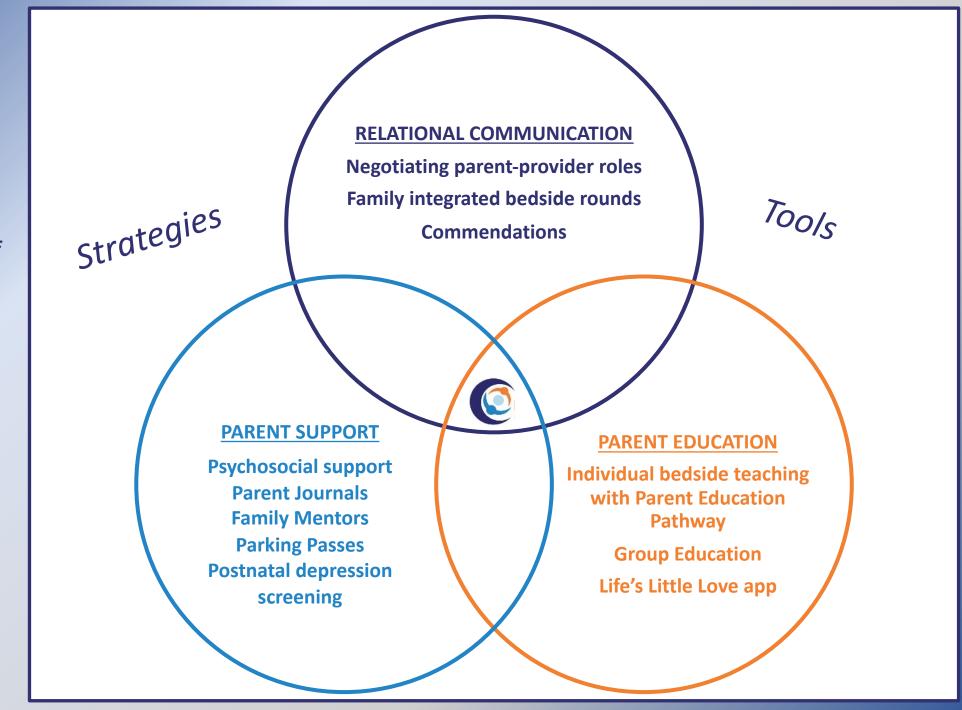
Alberta FlCare™ was

designed for the Alberta

context upon the advice of

Alberta health care

providers.



Research Question

What are the experiences of fathers of preterm infants born at 32^{0/7}- 34^{6/7} weeks GA admitted to a Level II NICU and enrolled in a cluster randomized controlled trial (cRCT) evaluating Alberta FICare™?



cRCT 10 Level II NICU sites across Alberta

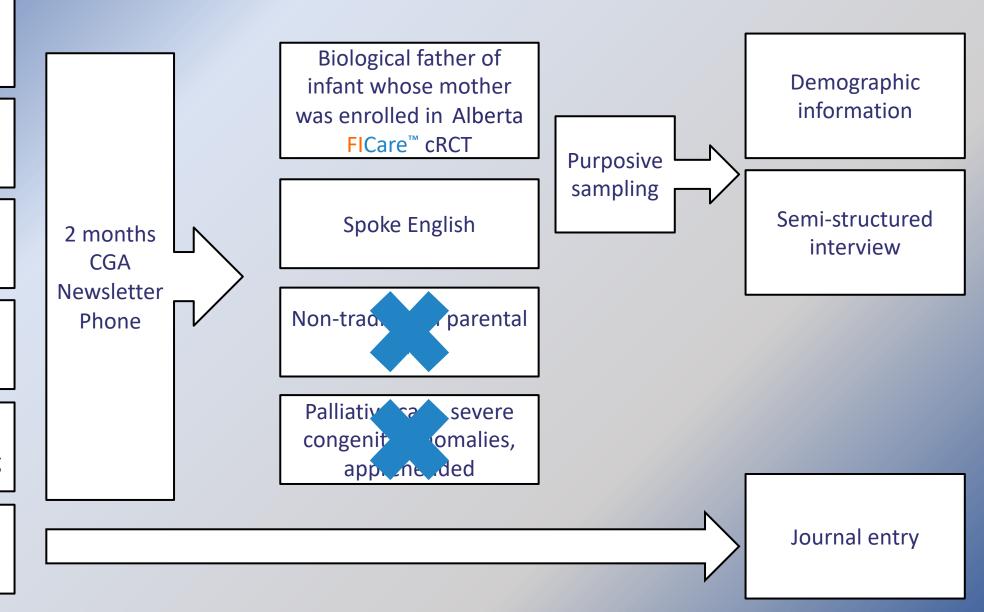
Sites randomized to Alberta FlCare[™] or standard care

Infants born 32^{0/7}- 34^{6/7} weeks GA

Caregiver present 6 hours/day

Group education and support from nursing

Journal entries



Findings

Demographics

	Alberta FICare [™] (N = 9)	Standard care (N = 4)
Age, mean (SD)	35.2 (3.5)	41.5 (11.7)
Marital Status		
Married, n (%)	8 (89)	3 (75)
Common-Law, n (%)	0 (0)	1 (25)
Divorced, n (%)	1 (11)	0 (0)
Number of children		
1, n (%)	3 (33)	1 (25)
2, n (%)	4 (44)	3 (75)
3, n (%)	2 (22)	0 (0)
Gestational age, mean (SD)	34.0 (0.9)	33.1 (0.8)
Employed, n (%)	9 (100)	4 (100)
Income		
60-80,000, n (%)	2 (22.2)	0 (0)
>80,000, n (%)	7 (77.8)	4 (100)

Triangulation

Semi-structured interviews

Expected early delivery lead to greater preparation

Unexpected early delivery lead to surprise and fear

Unexpected early delivery

Quick delivery

Fear and anxiety

Mental preparation affects the emotional experience of early delivery

Journal entry

Generated Themes

- Fear of the unknown
- Mental preparation
- Identifying the fathers' role
- Parenting with supervision
- Effective communication
- Post-NICU transition
- Family life

Fear of the Unknown

Overwhelming and rushed birthing environment

Many individuals in birthing environment

Uncertainty in infant birthing outcome

Medical complications

Medical realities of prematurity

Stressful awareness of the lack of medical oversight

Urgency creates relative seriousness of the situation

Ongoing concerns surrounding having a preterm infant

Continued worry over infant outcome after NICU stay

Fear of the unknown creates an emotionally terrifying experience

Mental Preparation

Expected early delivery lead to greater preparation

Unexpected early delivery lead to surprise and fear

NICU preparation around infant expectations

Logistical onboarding

NICU involvement

Determination of discharge and communication

Support from medical staff

Faith in child's achievements

Gaining confidence and readiness for discharge

Preparation for an early delivery

Preparation for an NICU stay

Preparation for discharge home

Mental preparation
affects the emotional
experience of early
delivery, and involves
a holistic approach
around infant medical
care, routine
processes of the NICU,
and events leading up
to discharge

Identifying the Father's Role

Perception of being in the way

Feeling lost and out of place

Support for early involvement

Positive effect of holding

Dad as secondary parent

Support role

Information gatherers

NICU involvement

Searching for a role

Finding a place when baby is first born

Wanting more involvement in the NICU and equal support to their partners

Fathers searching for and identifying their role, wanting more involvement, and equal support to their partners

Parenting with Supervision

Encouraged involvement as a positive

Supported independence increased comfort and reduced anxiety

Inclusive environment and nursing attention

Needing permission to parent and wanting more independence

Physical environment

Fathers' support and benefit from parenting with supervision in a positive NICU environment that encourages parental independence

Effect of Alberta FlCare™: Standard Care Group

"That first little bit was a little bit tough to kind of find what the proper routine should be. Cause at the same time we want to be there but there's also you know when he was feeding on the feeding tube all the time there's not, other than holding him there's not much we can do. And some of the nurses kind of made it seem like it was an inconvenience for them to bring him out of the isolette to allow us to hold him. Other nurses were a lot more easy about it and definitely encouraged it. So we were trying to balance out. Are we interfering with them? I know they have a busy schedule and lots of babies to look after versus wanting the care and be there for our child." (Interview 4)

Effect of Alberta FlCare™: Intervention Group

"The ability that we had [to] be a little bit closer with a couple of the nurses. Because they would come and you know, check on him specifically and take more of a ... interest ... because of the FICare program. They wanted to follow up and different things like that. So, umm, given that — if we were in the same situation again, for sure we would absolutely sign up again."

(Interview 8)

"My nurses were just, they were all up front with everything that it was. If we needed something, we'd go get it. If you need this, you go get it....It helped speed up. It, it was good...We were basically parenting, with supervision. For, nine days, while we got ready to go home." (Interview 7)

"We are starting to get comfortable picking the twins up now without relying on the nurses to pass them off to us. This was a big step since we were hesitant." (Interview 609)

Effective Communication

Communication around medical care a positive experience

Lack of communication creates a negative experience

Knowledgeable

Personal touch and attention

Supportive and reassuring

Perceived mistreatment

Communication and explanation

Engagement

Information gathering

Communication around discharge

Medical staff support for discharge

Level of communication helps ease uncertainty and increases assurance by medical care

Effect of medical staff

Communication with fathers as the information gatherers

Discharge preparation

effective
communication to
gather information
to help reduce
their anxiety,
facilitate their
support role for
their partners, and
to gain trust with
the medical team

Post-NICU Transition

Stressful awareness of the lack of medical oversight

Post-discharge follow-up

Starting over

Gaining confidence

Adjusting to 24/7 care

Post-NICU medical care and support

Recalibrating the care and establishing a new routine

Post-NICU transition benefits from a gradual separation from the NICU and a re-integration to home life

Effect of Alberta FlCare™: Intervention Group

"But once we got home ... the transition was natural. ... because of the, you know the encouragement for kangaroo care and feeding and changing and doing regular things with him, he didn't feel like a stranger by any means when we got home. You know, and he was our son, so I think there was a lot of positive stuff that happened at the NICU that helped with that transition." (Interview 8)

Effect of Alberta FlCare™: Standard Care Group

"So it was probably like about a month and we kind of got into a good rhythm. Its like all those things like. Double checking car seats. Just not having the confidence yet like lets feel the bath water right." (Interview 3)

Family Life

Impact of external support

Competing demands between home and hospital

Establishing a routine

Working through the challenges of stress and fatigue on partner relationships

Relationship strengthening

Communication

Physical separation

Positive view of child irrespective of prematurity

Bonding correlated to level of involvement

Anxiety over health and wellbeing of child post-NICU

Balancing home, work, and hospital life

Teamwork through adversity

Relationship to child

Fathers' perspective of family life involves a balancing of competing demands between work, hospital, partner, and child

Conclusions

- Fathers of preterm infants born between 32^{0/7} to 34^{6/7} weeks GA enter the NICU with heightened levels of stress, uncertainty, and fear with little expectation of the NICU environment
- Fathers gain confidence when they feel supported, are involved, and are communicated with
- The positive effect carries over post-discharge
- Fathers in the Alberta FlCare[™] group attributed their confidence and positive
 NICU experience to Alberta FlCare[™]

Future Directions

- Father-specific programs
 - Aimed to reduce stress and anxiety
 - Increase their involvement with their infants
 - Communication with health professionals
- Post-NICU follow-up process to help with the transition home

Acknowledgements

- Families of moderate and late preterm infants
- Drs. Vibhuti Shah, Karen Benzies, Reshma Amin and Tom Stelfox
- Alberta Innovates-PRIHS (cluster RCT, 2-month follow-up)
- AHS/Covenant Health Directors, Executive Directors, Patient Care Managers, and Super-Users
- Maternal Newborn Child and Youth (MNCY) and Critical Care Strategic Clinical Networks (SCN)
- Pilar Zanoni, Project Manager
- Jana Kurilova, Data Management
- Corrinne Wilson, Transcriptionist
- Many Research Assistants
- My kids











Questions