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Being a Father of a Premature Newborn: The Parental Experience and the Father/Premature Newborn Relationship: A Study Carried out in the Department of Neonatology Intensive Care Unit of Mohammed VI University Hospital

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Abstract

Introduction: Despite advances in obstetrics and pediatrics over the past 20 years, premature birth remains an unpredictable event that can have a devastating impact on parenthood. This study aimed to analyze the psycho-affective experiences of fathers of premature newborns. **Methods:** This was a descriptive cross-sectional study, carried out in the department of neonatology and neonatal intensive care unit of the CHU Mohamed VI in OUJDA, over 6 months from March 2022 to August 2022. It focused on 30 fathers of premature newborns hospitalized in our department. **Results:** The majority of fathers described a state of fear and stress, and attributed their negative experience to the unexpected nature of the premature birth. At the first meeting, half the fathers had a positive image of their newborn's physical appearance, while 22% of fathers reported feeling uncomfortable about their newborn's low weight. Most fathers reported that they appreciated the welcome they received, the skill with which they cared for their newborn, and the availability of the pediatrician to provide information on their child's state of health. Two fathers enjoyed skin-to-skin contact with their newborns. None of the fathers met a psychologist. When they returned home, half the fathers had a positive outlook, marked by happiness at being able to fully invest in their role as fathers, the other half reported being torn between the desire to see their child integrated into the family cocoon and the fear of not being able to manage delicate situations properly without a medical team. **Conclusion:** Bringing a premature baby into the world can be a difficult experience, leading to the development of even minor psychological distress in some fathers, and hence

the need for specific psychological care.

Keywords

Prematurity, Psychiatrist, Emotional Disorder, Depression

1. Introduction

The birth of a child is a source of joy for every parent, a project discussed and prepared, sometimes over a long period. Parents imagine their baby, the child he or she will become. A premature birth "breaks" the image, the representation they have of this baby [1]. And despite the progress made in obstetrics and pediatrics over the last 20 years, premature birth remains a sudden, often unpredictable event, threatening the newborn's survival and long-term developmental prognosis. Although mortality rates have fallen considerably in industrialized countries, the morbidity resulting from this type of birth is still significant. The severity of prematurity often leads to longer hospital stays and makes it more difficult for parents to meet their babies [2]. There are several sources of stress following a premature birth that can put a strain on incipient parenthood: pre-existing personal or family problems; the prenatal and delivery experience; the severity of the newborn's state of health, its physical appearance, the cost of care, concern about the newborn's future and possible after-effects. These sources of stress are often accompanied by feelings of failure and guilt, as well as distress at the thought of the child not surviving or having irreparable after-effects [3].

Several studies have shown that the parental experience of premature birth can be traumatic, with an impact on the quality of the parent-newborn relationship, but research on fathers and prematurity is still scarce. However, international studies are developing on the paternal experience and its specificity to that of mothers [4], but to our knowledge, there are no Moroccan studies on the paternal psychological experience of premature birth. Our study addresses the paternal experience and more specifically the father's relationship with the premature newborn and the general experience of "becoming a father", by analyzing the psychoaffective experiences of fathers of premature newborns and their relationships with the latter, their spouses, and health professionals.

2. Materials and Methods

2.1. Study Design

A descriptive study was carried out in the neonatology and neonatal intensive care unit of the Mohamed VI University Hospital of OUJDA, over 6 months from March 2022 to August 2022. The study combined an observational and descriptive approach to the results obtained from questionnaires completed by the fathers.

2.2. Study Participants

Our department is a hospitalization and continuous surveillance unit that receives premature newborns from all towns in the eastern region of Morocco. The study population consisted of 30 fathers of newborns hospitalized in our department for management of their prematurity. The inclusion criteria for participants were: to be a father of a premature newborn admitted to our department for management of prematurity and accepting to participate in our study.

2.3. Questionnaire

Each father was interviewed under optimal conditions of listening, confidentiality, and comfort. It focused first on the fathers' socio-demographic and socio-cultural background, current family life (presence of a wife, other children; lifestyle and living conditions, etc.), and socio-economic level. It also looked at fathers' psychological experiences of this unexpected prematurity, their immediate and subsequent feelings and attitudes, and the psychological support they received. Information was collected using a pre-established, structured questionnaire conducted directly with the fathers who agreed to take part in our study.

2.4. Data Analysis

Parameters were collected in an Excel spreadsheet. Data were encoded using SPSS version 24 and analyzed using Statistica version 7.1. Categorical variables were expressed as frequencies, while numerical variables (age, etc.) were presented as means. The existence of associations and comparisons between qualitative variables was highlighted by Chi^2 tests. Comparisons between quantitative variables were made using analysis of variance.

3. Results

30 fathers of premature newborns hospitalized in the neonatology and neonatal intensive care unit were interviewed in our department. Their average age was 34 years (min = 26; max = 42). 46% of their newborns were moderately premature. Table 1 shows the socio-demographic characteristics of the fathers in the sample. Most of them had obtained a diploma equivalent to or higher than the baccalaureate, and almost half the fathers were civil servants. The majority of parents have health coverage.

3.1. Prematurity: A Traumatic Experience for Fathers

The trajectory of becoming a father is a personal process that takes various factors into account, and all the more when one becomes the father of a premature baby. In our study, concerning the psycho-affective and sentimental experiences of fathers in the context of prematurity, we noted a feeling of loss of silk among several fathers, with a tendency to isolate themselves from their entourage and avoid any questions related to the care of their newborns.

Feelings of paternal incompetence and failure of the pregnancy project were noted in 10% of cases. Many fathers said they felt guilty for not being present at their wives' births in the delivery room, and for their absence from daily medical check-ups on the ward, due to their working conditions. In addition, most of the fathers mentioned feeling a state of fear of separation from the newborn in 100% of cases, fear of the baby's future and possible after-effects in 90% of cases, and of death in 70% of cases. The cost of care was a source of distress for fathers in 27% of cases (Table 2).

Table 1. Socio-demographic characteristics of fathers.

Socio-demographic characteristics of fathers	Numbers-percentage
Level of education	
- Less than baccalaureate	8 fathers—26%
- Baccalaureate	6 fathers—20%
- baccalaureate + 2	10 fathers—33%
- Baccalaureate + 5	6 fathers—20%
Socio-professional category	
- Farmer	2 fathers—7%
- Craftsman, shopkeeper	6 fathers—20%
- Manager	6 fathers—20%
- Clerk	10 fathers—33%
- Worker	6 fathers—20%
Health coverage	
- Compulsory health insurance	18 fathers—67%
- No health coverage	10 fathers—33%

Table 2. The different feelings of fathers.

The feeling	Percentage
Loss of self-esteem	Family isolation (40%) Avoidance of questions relating to the care of their newborn (10%)
Fear	Separation from the newborn (100%) Baby's future and possible sequels (90%) Death (70%)
Guilt	Previous conjugal problems (30%) Absence on the day of delivery (20%) Absence from daily medical check-ups (07%)
Failure	The pregnancy project (10%) Failure to assume the role of father (13%)
Distress	The cost of care (27%) Absence of family support (23%) Working conditions (10%)
Anger	The wife's difficult working conditions (13%) Family behaviour (10%) Premature delivery despite good pregnancy surveillance (10%)

3.2. The First Meeting

At the first meeting, and despite their apparent fragility, 19 fathers (64%) had a positive image of their newborns' physical appearance. 22% of fathers couldn't hold their babies, thinking they were fragile, and 14% couldn't accept their newborns' low weight.

3.3. The Hospital Environment

In the hospital environment, although 84% of fathers reported that they appreciated the welcome they received and the competence with which newborn babies were cared for, compared with other hospital structures, 16% of fathers complained about the treatment prescriptions issued on admission to the ward. 78% of fathers said that the pediatrician/neonatologist was accessible to provide information on their newborn's state of health, while the rest of the parents complained about not being able to answer the department's fleet outside the parents' daily visiting hours. The ward's technical environment (respirator, probe, monitoring, etc.) was an additional stress factor for 60% of fathers, while the remaining 40% considered it necessary for their care.

3.4. Skin-to-Skin: A Soothing Experience

For the skin-to-skin practice, 2 fathers benefited from skin-to-skin contact with their premature newborns and reported appreciating the privileged and exclusive moments of intimacy they had with their newborns. This gesture reduced the risk of depression in both fathers, reduced paternal stress, increased the feeling of paternal competence, fostered attachment, and contributed to the creation of the father-child bond.

3.5. Support from Family and Friends

The wife is the most important source of family support for the father in 49% of cases, followed by close family in 22% of cases. The family is absent for 10 fathers. There are many reasons for this absence, dominated by long geographical distances or fear of transmitting germs to the baby. None of the fathers met a psychologist during hospitalization, but they all felt supported by the nursing team and ward staff.

3.6. The Return Homes

When it came to returning home, almost half the fathers (49%) had a positive outlook, marked by happiness at being able to fully invest in their role as fathers. The other half of fathers (51%) were divided between the desire to see their child return to the family cocoon and the fear of not being able to manage delicate situations without a medical team.

4. Discussion

Pregnancy is defined as a period of normal maturative crisis. It is a dynamic pe-

riod on the psychic level, during which the psychic rearrangements for the future parents are multiple, dominated by the re-elaboration of infantile conflictuality and the modification of identifications, to set up their parenthood [5]. Bydlowski has described this period as one of "psychic transparency" [6]. In the event of premature birth, these stages, which help to strengthen the parent-child attachment bond, are disrupted and unfinished. Parents will have to grieve, which is all the more difficult as they cannot be present with their newborns permanently [1]. Several studies have shown that parents of premature newborns experience post-traumatic stress symptoms more frequently than parents of full-term newborns [4]. Symptoms of avoidance, intrusion, reminiscence, neurovegetative reactions, feelings of failure, and guilt have been highlighted by various studies, which have found that fathers show post-traumatic stress symptoms later (even four months after the birth of their baby) than mothers [2]-[7].

Regarding fathers' psycho-affective experiences in the context of prematurity, our results concur with those of the literature: the feeling of paternal competence appears strong, but paternal stress is high [3] [4]. The most important source of stress is the ward's technical environment. This, with the constant noise and equipment surrounding the newborn, induces stress in almost all fathers [8]. Fragile appearance and low birth weight also generate stress for the majority of fathers. Impaired paternal role includes feelings of being unable to care for or protect the baby, of being unable to hold the baby, and of being afraid to hug the baby [4].

4.1. The Nursing Team and the Family: Essential Support

In the neonatal unit, parents and nursing staff are in contact for weeks or even months at a time. The premature newborn needs specific care, in which the parents participate, and the relationship with the unit's professionals thus plays a key role in this care [9]. The relationship between the father and the nursing staff remains little explored to date, with studies focusing mainly on the relationship between the mother and the nursing staff [4]. In the literature, statistics indicate that the relationship is "satisfactory" or "very satisfactory" with nursing staff (doctors, nursery nurses, nurses) for practically all the fathers interviewed [9]. Analyses of the interviews in our study show that this satisfaction refers to the staff's skills in 84% of cases, and to their willingness to listen and availability in 78% of cases.

In the literature, family support is described as important by the majority of fathers [3]. In our study, the wife was the most important source of family support for almost half the fathers, followed by close family. Qualitative analyses of our results indicated that the absence of family support was due to long geographical distance. As for extra-familial support, friends and colleagues were not considered a significant source of support, whereas the healthcare team and close family were identified as the most essential and preponderant sources of support [4].

4.2. Returning Home: A Second Birth

For the fathers interviewed, the announcement that they were returning home was like a "second birth". However, the joy of bringing the newborn home is compounded by other feelings [10]. Indeed, the return home is both a source of joy and anxiety for many fathers, as our study has shown. M. Garel's study concluded that fathers show a greater ability to distance themselves from and overcome the trauma of very premature birth than mothers, and insist on their role in supporting the mother and the mother-newborn relationship [11].

This paternal experience at the time of the announcement of the return home is well documented in the literature. Pladys P *et al.* described this moment in their recommendations for preparing vulnerable newborns for discharge from the hospital: "This stage is above all perceived (...) as being associated with a strong emotional charge, sometimes described as a second birth. Families describe this period as one of joy, often combined with anxiety and fears for their child's future and a relative sense of insecurity or isolation. (...) They say that discharge can be accompanied by mixed feelings of relief and joy, but also of anxiety and insecurity in everyday life. It can be difficult for them to integrate the arrival of a vulnerable newborn into the family environment. In these situations, fathers can feel isolated with no opportunity to discuss their recent history and difficulties. All this can contribute to the occurrence of episodes of fatigue or depression, which seem to be frequent in the weeks following the arrival at home" [12].

Our cross-sectional study has its limitations, as it does not address the evolutionary nature of individual development, and it does not test the stability of results over time. Another important limitation is that we only surveyed fathers who were present in the department on a very regular basis, and not those who came only very occasionally (due to geographical distance, their work, other children in their care, etc.).

5. Conclusion

Even if the impact of preterm birth seems less traumatic for fathers, this work is a reminder that the birth of a premature newborn can be a difficult experience, leading to the development of psychopathological disorders in some fathers, however slight. The results suggest the need for specific psychological care for fathers whose experience appears to be different. And in terms of professional practice, the study also confirms the need to pay particular attention to this traumatic experience, by initiating intervention programs aimed, among other things, at improving paternal affective involvement in the baby's care. Despite a potentially traumatic initial situation, these interventions aim to support the feeling of paternal competence, encourage the establishment of an early father-newborn relationship, and thus promote and support the normal development of the newborn.

Conflicts of Interest

The authors declare that they have no competing interest.

References

[1] Sophie, G. (2017) Devenir Parents Prématurément... *Sciences du Vivant*. https://dumas.ccsd.cnrs.fr/dumas-01688255

[2] Gamba Szijarto, S., Forcada Guex, M., Borghini, A., Pierrehumbert, B., Ansermet, F. and Müller Nix, C. (2009) État de stress post-traumatique chez les mères et chez les pères d'enfants prématurés: Similitudes et différences. *Neuropsychiatrie de l'enfance et de l'adolescence numéro*, **57**, 385-391. https://doi.org/10.1016/j.neurenf.2009.04.001

[3] Goutaudier, N., Mansour, M. and Chabrol, H. (2013) Prématurément père: Étude exploratoire du vécu dans les premières semaines suivant la naissance. *Journal de pédiatrie et de puériculture*, **26**, 151-156. https://doi.org/10.1016/j.jpp.2013.02.002

[4] Koliouli, F., Raynaud, J.-P. and Zaouche, G.C. (2016) Être père d'un nouveau-né prématuré. Synthèse des résultats d'une étude en service hospitalier de néonatologie. *Revue des politiques sociales et familiales—Exercice de la paternité et congé parental en Europe*, **12**, 133-139. https://doi.org/10.3406/caf.2016.3170

[5] Morisod-Harari, M., Borghini, A., Hohlfeld, P., Forcada-Guexc, M. and Muller-Nixa, C. (2013) Influence d'une hospitalisation prénatale sur les facteurs de stress parentaux lors d'une naissance prématurée. *Journal de Gynécologie Obstétrique et Biologie de la Reproduction*, **42**, 64-70. https://doi.org/10.1016/j.jgyn.2012.07.004

[6] Bydlowski, M. (1997) La dette de vie. Itinéraire psychanalytique de la maternité. PUF, Paris.

[7] Habersaat, S., Peter, C., Borghini, A., Despars, J., Pierrehumbert, B., Muller-Nix, C., *et al.* (2009) Effets du stress sur l'évolution des représentations parentales au cours des premiers 12 mois de vie d'un enfant né avec une fente faciale. *Neuropsychiatrie de l'enfant et de l'adolescence*, **57**, 199-205. https://doi.org/10.1016/j.neurenf.2008.11.003

[8] Servel, A.-C. and Rideau Batista Novais, A. (2016) Les chambres familiales en néonatologie: Effets sur le nouveau-né prématuré, ses parents et l'équipe soignante. Revue systématique de la littérature. *Archives de Pédiatrie*, **23**, 921-926. https://doi.org/10.1016/j.arcped.2016.04.022

[9] Dupont, C., Gonnaud, F., Rubio-Gurung, S., Decullier, E., *et al.* (2010) Parcours de soins des prématurés: Satisfaction et vécu des parents. *Revue de Médecine Périnatale*, **2**, 131-139. https://doi.org/10.1007/s12611-010-0073-9

[10] Périne, S. (2020) Prématurité et parentalité. *Gynécologie et Obstétrique*. https://dumas.ccsd.cnrs.fr/dumas-03012610

[11] Garel, M., Bahuaud, M. and Blondel, B. (2004) Conséquences pour la famille d'une naissance très prématurée deux mois après le retour à la maison. Résultats de l'enquête qualitative. *Archives de Pédiatrie*, **11**, 1299-1307. https://doi.org/10.1016/S0929-693X(04)00379-3

[12] Pladys, P., Zaoui, C., Girard, L., Mons, F., Reynaud, A., Casper, C., le groupe GREEN de la SFN7 (2020) Recommandations pour la préparation à la sortie d'hospitalisation des nouveau-nés vulnérables (version longue).