

## PARENTAL MENTAL HEALTH: FACTORING FATHERS IN THE NICU

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# DISCLOSURE:

Dr. Singley and Dr. Jones have no relevant financial or nonfinancial disclosures to make.

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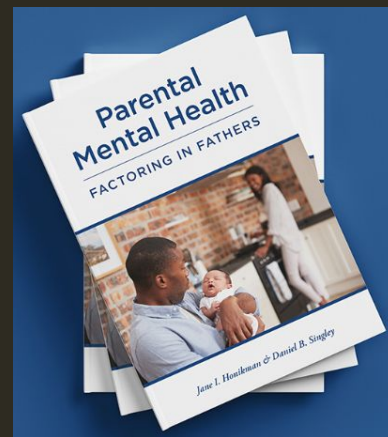
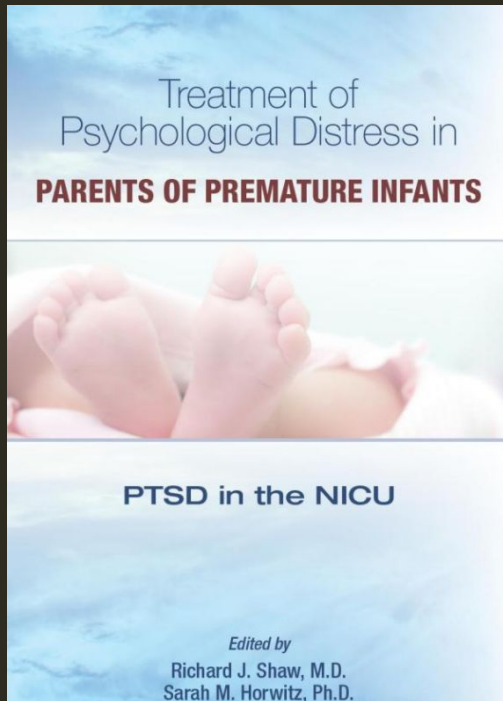


# LEARNING OBJECTIVES

- Describe common mental health issues for fathers with babies in the NICU.
- List typical stressors that fathers experience as parents and partners in the perinatal period.
- Cite research findings related to clinical and programmatic interventions with NICU fathers.



# A FEW SHAMELESS PLUGS...



- ❑ *Parental Mental Health: Factoring in Fathers*
- ❑ *Treatment of Psychological Distress in Parents of Premature Infants: PTSD in the NICU*
- ❑ International Fathers' Mental Health Day - June 20<sup>th</sup>, 2022

Web Page:

<http://www.postpartum.net/get-help/resources-for-fathers/ifmhd/>

Twitter: @dadsMHday

Facebook: [www.facebook.com/dadsMHday](http://www.facebook.com/dadsMHday)

- ❑ PSI Monthly Dads Chat AND new Dads Support Group

Web Page:

<http://www.postpartum.net/chat-with-an-expert/chat-with-an-expert-for-dads/>



# DADS' MENTAL HEALTH

Perinatal Mood and Anxiety Disorders (PMADs)

Depression, GAD, OCD, PTSD, Psychosis

10-20% of men experience PMADs during perinatal period

DSM-5 “with peripartum onset” specifier – 4 weeks postpartum

ICD-10 “with postpartum onset” specifier – 6 weeks postpartum

Stress brings elevated risk for new episode and relapses

Men’s socialization and expression of “weak” emotions

**Maternal PPD is the strongest predictor of paternal PPD**



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# MALE “MASKED” DEPRESSION/ MDD – MALE TYPE

(COCHRAN & RABINOWITZ, 2000; POLLACK, 1998)

Lower stress threshold

Substance use

Aggressiveness, low impulse control

Feeling of being burned out and empty

Constant, inexplicable tiredness

Irritability, restlessness, dissatisfaction

Difficulty making ordinary everyday decisions

Sleep problems

Feeling anxiety, especially, in the  
morning

Abusive, hyperactive, or antisocial

behavior

## ANGER, ADDICTION, AND WITHDRAWAL

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# PATERNAL ANXIETY DISORDERS

(LEACH ET AL., 2016; LEIFERMAN ET AL., 2021)

- Prevalence rates in the prenatal period range from 4.1% - 16.0%
- Postpartum prevalence ranges from 2.4% - 18.0%
- Contributing factors work/life balance, lower relationship satisfaction, fatigue, poor partner/infant health, witnessing birth trauma, and low parental self-efficacy
- High level of paternal anxiety predicts increased infant negative affect and child internalizing
- Highly comorbid with depression, so recommend assessing/measuring both anxiety and depression

Anxiety is common for new dads – assess and support both partners!

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# PERINATAL DEPRESSION IN NICU PARENTS

(GARFIELD ET AL., 2021)

- Mothers and fathers of premature infants are known to be at higher risk of postpartum depression compared with parents of full-term infants.
- On admission to NICU, 33% of the mothers and 17% of fathers had a positive EPDS screen.
- By the final assessment 30 days after NICU discharge, average EPDS scores had dropped by about three points in mothers but only one point in fathers
- Mothers were about 11 times as likely to screen positive on the EPDS following NICU admission compared with 30 days post discharge, whereas fathers had the same odds of screening positive at NICU admission and 30 days post discharge.

Mothers and fathers experience different depressive symptom trajectories from NICU to home.

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# TRAUMATIC STRESS IN NICU PARENTS

(LEFKOWITZ ET AL., 2010)

- Rates of acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) in parents of hospitalized infants were consistent with rates in other acute illness and injury populations
  - 35% of mothers and 24% of fathers met ASD diagnostic criteria at T1 (3-5 days after infant's NICU admission)
  - 15% of mothers and 8% of fathers met PTSD diagnostic criteria at T2 (30 days after infant's NICU admission)
- Rates of Traumatic Stress Symptoms Reported by Fathers at T1 and T2
  - Dissociating (T1, 63%)
  - Re-experiencing (T1, 56%) (T2, 20%)
  - Avoidance (T1, 70%) (T2, 12%)
  - Arousal (T1, 67%) (T2, 28%)
- PTSD symptom severity was correlated with number of concurrent stressors and family history of anxiety and depression
- Factors related to the illness itself were not associated with the severity of parental distress or the incidence of ASD/PTSD

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# TRAUMATIC SYMPTOM TRAJECTORIES

(SHAW ET AL., 2006) (SHAW ET AL., 2009)

- 33% of fathers and 9% of mothers met criteria for PTSD at 4-months after infant's NICU admission
- For both mothers and fathers, ASD symptoms at time of admission were significantly correlated with both PTSD and depression at 4-months follow-up
- Incidence of ASD symptoms was most associated with alteration in parent role: not being able to help, hold, or care for the infant, protect the infant from pain, or share the infant with other family members
- Fathers showed a more delayed onset in their PTSD symptoms, but, by 4 months, were at even greater risk than mothers

Fathers remain at-risk after the immediate crisis of  
the NICU hospitalization has resolved

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# LIVED EXPERIENCES OF NICU FATHERS

- NICU Dads report feeling torn between competing responsibilities during their newborn's stay in the hospital (Logan & Dormire, 2018)

- Father's have explained these needs to include (Beck & Vo, 2020)

- Needing to maintain the homefront

- Taking care of older siblings

- Working regular jobs/hours

- Being a supporting presence in the hospital for partners and infants

This is can be further complicated early on when birthing partners and newborns are both hospitalized separately

- Some fathers face the decision of saving paternity leave until after infants discharge from the NICU to provide support when the family returns home

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# FATHERS' RESPONSE TO NICU STRESS

- Fathers often minimize their outward emotional response to NICU experience and instead direct their energy toward supporting their partner (Roque et al., 2017; Affleck & Tennen, 1991; Deeney et al., 2012; Hugill et al., 2013)
- Fathers reported feeling they must stay strong for their families and some have opted not to share their fears, worries, or impatience with partners in an effort to protect them (Noergaard et al., 2017)
- Suggests that conformity to masculine gender roles may manifest as emotional repression (Eddy et al., 2019; O'Neil, 2015) and may contribute to gender role strain (Levant, 2016)



# THE IMPACT OF MENTAL HEALTH STIGMA

(JONES, 2023)

Pilot study examining the impact of mental health stigma on fathers of NICU babies

Fathers in the study reported access to support barriers due to stigma to a moderate degree

A wide range of experiences were reported, including:

Difficulty disclosing, fear of judgement, shame, worry what others would say, concern of being labeled as weak or lazy, a preference to "deal with it" or "get over it," fear that something was "really wrong"

Nearly all participating fathers (99%, N = 148) endorsed at least one stigma item, suggesting that mental health stigma was a nearly universal phenomenon affecting fathers' access to support during their infants NICU stay.

NICU Fathers are at-risk for underutilization of treatment due to mental health stigma which unnecessarily maintains risks for fathers, partners, and children

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# POST-TRAUMATIC GROWTH IN NICU FATHERS

(AFTYKA, 2020)

- Post-traumatic growth refers to when trauma lead to positive changes in interpersonal relationships, self-perception, life philosophy, and empathy and compassion
- Studies have demonstrated Post-Traumatic Growth in survivors of natural disasters, sexual assault, serious diseases such as breast cancer, and NICU fathers
- For NICU fathers, use of emotional social support (emotion-focused coping) and positive reinterpretation and growth (problem-focused coping) were positively correlated with post-traumatic growth

Connection to supports throughout the perinatal period may promote post-traumatic growth for fathers of NICU babies

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# SCREENING – DO IT!

“We take a whole-family approach to your baby’s well-being.”

- **Edinburgh Postnatal Depression Scale** (Cox, Holden, & Sagovsky, 1987)
- **Gotland Scale for Male Depression** (Zierau et al., 2002)
- **Patient Health Questionnaire -2 and -9** (Arroll, Goodyear-Smith, & Crengle, 2010)
- **Paternal Involvement with Infants Scale** (Singley et al., 2017)





- Sleep – Plan for it
- Diet – Weight gain/loss
- Exercise – 20-30 mins, 2-3 times/week
- Social Support:
  1. Time alone
  2. Time with friends
  3. Time with partner

# ESSENTIAL SELF-CARE





# PROGRAMS FOR NICU PARENTS

- Fathers with a child in a NICU are less involved with infant caregiving and tend to perceive their role as limited
- However, fathers do want to be involved, and their lack of involvement is an important source of stress (Feeley et al., 2013).

## **NICU fathers reported that they would like (Geller et al., 2015):**

- **An opportunity to talk with a person who has been through the NICU experience**
- Space within the NICU where they can escape (e.g., lounge with TV, internet)
- Activities to distract them to reduce stress (e.g., gym)
- Regularly scheduled events for fathers who are not staying overnight at the hospital
- More specific information regarding child's illness



# RESOURCES

- Padre Cadre — [www.padrecadre.com](http://www.padrecadre.com)
- Dope Black Dads — [www.dopeblackdads.com](http://www.dopeblackdads.com)
- Life of Dad — [www.lifeofdad.com](http://www.lifeofdad.com)
- Basic Training for New Dads — [www.menexcel.com](http://www.menexcel.com)
- FB Brand New Father Group - <https://www.facebook.com/groups/bnfsupport/>
- Postpartum Support International — [www.postpartum.net](http://www.postpartum.net) \*\*Dads Chat\*\*
- The Good Men Project - <http://goodmenproject.com/category/families/>
- Daddit - <http://www.reddit.com/r/daddit>
- Dad Labs - <http://www.dadlabs.com/>
- National Fatherhood Initiative — [www.fatherhood.org](http://www.fatherhood.org)



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# MEET THE PANEL



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# THANKS VERY MUCH!



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**“You can’t babysit your own kid –  
that’s called ‘fathering.’”**

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