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LICENTIATE THESIS

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Fathers´ Experiences of Having an Infant Born Prematurely

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To Stig, Ida and Anna

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ABSTRACT

The overall aim of this licentiate thesis was to describe fathers' experiences of having an infant born prematurely, with specific focuses on fathers' experiences from the birth and the experiences of being a father to a prematurely born infant. Qualitative research interviews were conducted with eight fathers of prematurely born infants, and their infant had been cared for at a neonatal intensive care unit (NICU). Data were analyzed using a thematic content analysis. This study shows that the birth of the premature infant was experienced by fathers as suddenly being in a situation they had never reflected on. The experience was surreal and because the fathers could not comprehend what was happening, they wanted to be informed about everything. Fathers prioritized the mother and the infant, and were guarding for their best, and as a consequence fathers almost neglected their own needs. The birth was stressful and filled with worries about their infant and the outcome. Fathers wanted to be with both the mother and the infant, and from the beginning, fathers became the link between them. Being involved and seen as a natural part in the care of the infant was something they wanted. Although the mother and infant were prioritized, fathers needed attention and needed to share their experiences with someone who could understand them. Despite that it took time to feel like a real father, the preterm birth made it possible to be with and know the infant. Fathers described growing emotions for the infant and by time they also felt more confident as a father. Although it was a stressful situation, gains were experienced; they changed as a person and were strengthened in the relationship to their partner. However, even with all the strain, fathers felt being fortunate. It is important for fathers of prematurely born infants to be met with openness and understanding for what they have gone through and listen to their unique experience of having an infant. These findings will help nurses working with fathers of preterm infants, in terms of providing adequate and ample support to the fathers.

Keywords: preterm born, premature, preterm, infant, fathers' experiences, parenthood, fatherhood, birth, neonatal nursing, NICU, adjusting, qualitative thematic content analysis.

ORIGINAL PAPERS

This licentiate thesis is based on the following papers, which will be referred to in the text by the Roman numeral listing:

I. Lindberg, B., Axelsson, K., & Öhrling, K. (2007). The birth of premature infants: Experiences from the fathers' perspective. *Journal of Neonatal Nursing, 13,* 142-149.

II. Lindberg, B., Axelsson, K., & Öhrling, K. (Accepted). Adjusting to being a father to an infant born prematurely: Experiences from Swedish fathers. *Scandinavian Journal of Caring Sciences*.

The papers have been reprinted with the kind permission of the journal publications.

CLARIFICATION OF TERMS

Terms used in this thesis

Newborn infant, an infant less than 28 completed days after birth.

Premature refers to something that occurs prior to the expected or normal time.

Pre-term, less than 37 completed weeks (less than 259 days) (World Health Organization [WHO], 2004).

Preterm/prematurely born is the birth of an infant occurring earlier than 37 completed weeks of pregnancy.

Very preterm infants, born before 32 weeks' gestation (Tucker & McGuire, 2004).

Extremely preterm infants, born before 28 weeks' gestation (Tucker & McGuire, 2004).

Gestational age, the duration of gestation is measured from the first day of the last normal menstrual period. Gestational age is expressed in completed days or completed weeks (e.g. events occurring 280 to 286 days after the onset of the normal menstrual period are considered to have occurred at 40 weeks of gestation) (WHO, 2004).

Term, from 37 to less than 42 completed weeks (259 to 293 days) (WHO, 2004).

Neonatal intensive care unit (NICU), is a unit of a hospital specializing in the care of ill or premature newborn infants. NICU is providing a high level of technology and medical care.

INTRODUCTION

Experiences of having an infant born prematurely from the fathers' perspective, is in focus in this licentiate thesis. Having a prematurely born infant has a long-term impact on parents' experiences of having a baby and on parent-infant relationship. Several studies focus on mothers' experiences on having an infant born prematurely (e.g., Calam, Lambrenos, Cox & Weindling, 1999; Costello & Chapman, 1998; Davis, Edwards & Mohay, 2003; Heermann, Wilson & Wilhelm, 2005; Redshaw & Harris, 1995; Roller, 2005; Thomas, Renaud & Depaul, 2004; Wereszczak, Miles & Holditch-Davis, 1997; Younger, Kendell & Pickler, 1997). Other studies focus on parents' joint experiences of having prematurely born infants (e.g., Bissell & Long, 2003; Broedsgaard & Wagner, 2005; Hughes, McCollum, Sheftel & Sanchez, 1994; Jackson, Ternestedt & Schollin, 2003), but it is common that the mother is the voice for the parents. While there is extensive research on mothers' experience of preterm birth, there are only a few studies found about fathers' own experiences (Lundqvist & Jakobsson, 2003; Pohlman, 2005; Rimmerman & Sheran, 2001). Research concerning fathers' experiences of having an infant born prematurely is limited and this knowledge is fundamental to being able to meet and support the fathers' needs.

Preterm birth and care

Over the past 20–30 years, the incidence of prematurely born infants in most developed countries has been about 5–7% of live births and the rate of birth before 32 weeks' gestation is 1-2%. However, several factors such as multiple births, greater use of assisted reproduction techniques, and more obstetrics interventions have contributed to the overall rise in the incidence of preterm birth (Tucker & McGuire, 2004). Most of the preterm births follow spontaneous, unexplained preterm labor, or spontaneous preterm prelabor rupture of the amniotic membranes. Further, multiple pregnancy and assisted reproduction increase the risk of preterm delivery. A history of preterm birth or poor socioeconomic background of the mother is the most important predictor of spontaneous preterm delivery. About 15–25% of preterm infants are delivered because of maternal or fetal complications of pregnancy (Tucker & McGuire, 2004).

The number of surviving preterm born infants has increased since 1990s. However, increased numbers of morbidity and disability have also been observed (Rijken et al., 2003; Stoelhorst et al., 2005). Preterm infants born at or after 32 weeks' gestation have comparable outcomes as infants born to term. The most serious problems occur in very preterm infants born before 32 weeks' gestation, and particularly with the extremely preterm infants born before 28 weeks'

gestation (Tucker & McGuire, 2004). The majority of infants born in gestations week 23-25 have at least one severe medical complication such as lung disease, cerebral haemorrhage, or visual impairment, which can affect their future life.

Historically, the care of prematurely born infant was a new medical specialty, which has developed strongly in the latest decades (Davis, Mohay & Edwards, 2003). Over the past 20–30 years, advances in perinatal care have improved the outcomes for prematurely born infants. Survival of extremely low birthweight infants and extremely preterm infants increased in the early 1990s (Hack & Fanaroff, 1999). The number of weeks of completed gestation which defined if the birth is preterm or a fetal loss, has become smaller. The boundary that required registration of a preterm live birth varies internationally from about 20 to 24 weeks of gestations (Tucker & McGuire, 2004). Advances in neonatal care have resulted in increasing survival rates even for extremely preterm infants and the decline in neonatal mortality has been attributed to the improvements in neonatal care (Richardson et al., 1998; Rozé & Bréart, 2004; Socialstyrelsen, 2004; Stoelhorst et al., 2005).

In summary, research shows that the number of surviving preterm birth has increased. Nevertheless, advances in technology, medical management, and nursing care are conditions for survival and decreased risk of longlasting injuries for preterm infants.

Parenthood

It is well-known that the birth of an infant is a developmental stage of the family life cycle that brings out changes and challenges (McCourt, 2006). The moment an infant is born, a new relationship is created between the man and the woman: the parent relation, which results in changes in their previous relationship as a couple (Barclay & Lupton, 1999). Being a parent is a time of major adjustment, which could be experienced as living in a new and overwhelming world with major life changes during the child's first year (Nyström & Öhrling, 2004). Because the transition to parenthood and integration of an infant into the family is a time of developmental changes, it is also experienced with stress (Stephenson, 1999).

Fatherhood

New fatherhood is a time of great change, stress and transition. Nevertheless there are a few studies on the impact of the new fatherhood and limited understanding of the fathers' perspectives of their experiences (St John, Cameron & McVeigh, 2005). During the past decades, fatherhood has changed in many ways, as fathers and children interact more with each other (Plantin, 2001;

Pruett, 1998), and fathers nowadays take an active part in caring for their children (Fägerskiöld, 2006). Depending on the relations and circumstances affecting family life, men are greatly influenced in their construction of fatherhood (Plantin, 2001). Nyström and Öhrling (2004) show that while fathers describe feelings of confidence both as a father and as a partner, fathers also felt the strain from trying to live up to new demands.

In summary, becoming a parent creates new or changed relationship and roles for both mother and father, because it is a major transition in their life. However, mothers and fathers experience this transition differently and therefore further research on fatherhood is deemed necessary.

Parents of prematurely born infants

Being a new family causes anxiety, but having to cope with a prematurely born infant makes it much more difficult (Broedsgaard & Wagner, 2005) where the transition to parenthood may be strained by the preterm birth (Rimmerman & Sheran, 2001). Parents are not prepared psychologically, physically and emotionally for having a prematurely born infant and becoming a parent is hard to understand, because everything happens so fast and unexpected (Affonso et al., 1992; Jackson et al., 2003; Padden & Glenn, 1997). Having a preterm born infant means terminating the pregnancy, where the parents are not prepared for the birth of the child (Sydnor-Greenberg & Dokken, 2000). Parents can feel a sense of failure because of not being able to complete the pregnancy (Griffin, Wishba & Kavanaugh, 1998).

The birth of a premature infant means loss of the "ideal" baby (Sydnor-Greenberg & Dokken, 2000) and parents can also feel loss of the anticipated delivery of a healthy infant (Bruschweiler -Stern, 1998). The preterm infants' appearance and behavioural alteration can be experienced as a strain for the parents (Affonso et al., 1992; Bass, 1991; Franck, Cox, Allen & Winter, 2005; Holditch-Davis & Miles, 2000; Hughes et al., 1994; Miles, 1989; Perehudoff, 1990; Shields-Poe & Pinelli, 1997). Further, parents can experience uncertainty of their children's survival and outcomes (Holditch-Davis & Miles, 2000; Jackson et al., 2003; Padden & Glenn, 1997; Wereszczak et al., 1997). Parents are faced with great uncertainty about their own parental roles (Franck et al., 2005; Holditch-Davis & Miles, 2000; Miles, 1989; Wereszczak et al., 1997).

The birth of a preterm infant can result in disequilibrium for the family, particularly if the child needs intensive care and is hospitalized for a long time (Howland, 2007). Experiences of having their baby in the NICU are frightening and create uncertainty for the family (Sydnor-Greenberg & Dokken, 2000).

Being separated from their infant is related to a lot of stress (Affonso et al., 1992; Hughes et al., 1994; Padden & Glenn, 1997). The high technology environment at the NICU is often experienced as a stressor for parents of preterm infants (Bass, 1991; Miles, 1989; Perehudoff, 1990; Shields-Poe & Pinelli, 1997). Being discharged from the hospital can be an anxious time for parents of preterm infants (Broedsgaard & Wagner, 2005; Holditch-Davis & Miles, 1997; Jackson et al., 2003; Kenner & Lott, 1990). Feelings of sorrow and loss are sometimes so intense that it can be difficult to handle having a preterm infant (Bracht, Ardal, Bot & Cheng, 1998). A critical illness of newborn infants affects the family and the child for years after the discharge from hospital, even when the medical outcome is good (Rautava, Lehtonen, Helenius & Sillanpää, 2003). However, it is of importance to note that fathers' stressors after having a preterm infant often lay outside the NICU, as caused by the juggling of time for hospital visits, activities at home and work. This results in fathers' stressors which are often not visible for the personnel at the unit (Pohlman, 2005).

In summary, research shows that having a prematurely born infant mean being faced with many stressors and can have long-term impact on parents' experiences of having a baby and on the parent-infant relationship.

Attachment between parents and the infant born prematurely

The theory of attachment is embedded in the concept that when an infant signals its needs and adults respond appropriately, a secure infant-parent attachment ensues (Bowlby, 1994). An attachment can be defined as a unique relationship between two people that are specific and endures through time (Klaus & Kennell, 1976). All the strain related to having a child born prematurely can affect parents' possibilities to notice their infants' signals and their ability to interact with the infant (Griffin et al., 1998). However, it is of significance to be sensitive to the infants' signal for developing a mutual attachment; otherwise if the parents are not sensitive, difficulties in their relationship may be encountered (Bowlby, 1994).

To develop a mutual attachment, parents need to be close to their infant. Several studies show that mothers experienced frustration when they were separated from their newborn infant (Affonso et al., 1992; Calam et al., 1999; Hughes et al., 1994; Lupton & Fenwick, 2001; Nyström & Axelsson, 2002). According to other studies (Redshaw & Harris, 1995; Wereszczak et al., 1997), the most painful experience for mothers of preterm infant was being separated from their infants. Lundqvist and Jakobsson (2003) found that fathers experience feelings of helplessness when they are separated from their partner and preterm infant. According to Sullivan (1999), fathers are satisfied when they are given the

opportunity to be with the baby, despite the difficulties of interacting with the baby in the neonatal environment. Further, a loving relationship between parents and their infants supports the emotional well-being of both of them (Goulet, Bell, St-Cyr, Paul & Lang, 1998).

In summary, research shows that the contact between parents and their prematurely born infant is often not easy and as a consequence the ongoing attachment process can be affected. Thereby it is important to create the necessary condition for making it possible for parents to be close to their infant.

Parental support

Having support is essential for parents in managing a prematurely born infant (Hughes et al., 1994; Wereszczak et al., 1997). An important priority for neonatal nurses is to facilitate parenting after having an infant born prematurely (Fenwick, Barclay & Schmied, 1999). A developmentally supportive environment of the NICU includes helping parents to become competent in understanding their infants' capabilities and behaviors based on the infants' neurobehavioral functioning. This supports parents to participate in care and promotes a positive parent-infant interaction and infant development (Lawhon, 2002). When receiving help and support, mothers develop confidence in taking care of their newborn child admitted to a NICU (Wigert, Johansson, Berg & Hellström, 2006). According to Doucette and Pinelli (2004), the adjustment after having an infant at the NICU improved over time for the mothers, but not for the fathers. This implies that it is important to increase the knowledge about and be aware of the fathers' need of support.

According to Davis, Logsdon and Birkmer (1996), support has been described as multidimensional, and can be material, emotional, informational or comparison support. Sarajärvi, Haapamäki and Paavilainen (2006) found that families needed the staff to listen, to be present and available, and to give more information about the child's illness and treatment. According to Ward (2001), the perceived needs of parents of critically ill infants in a NICU include information about the infants' treatment plan and procedure. Parents also want to have questions honestly answered and someone who actively listens to their fears and expectations. Parents also need assistance in understanding the infants' responses in hospitalization and assurance that the infant is getting the best care possible. Caregivers have to demonstrate genuine concerns for the whole family, handling the infant gently, and providing comfort measures to the infant. Hynan (2005) stated that after having a prematurely born infant, a parent might temporarily be unable to process the information and be insensitive to caring and support.

However, knowledge about the parents' needs facilitate nurses to incorporate essential interventions that can help meet parental needs (Ward, 2001).

In summary, research shows that having support is essential in managing an infant born prematurely. Knowledge about the specific needs of the mothers and fathers are of outmost importance for personnel who are engaged with parents of preterm infants, so that they will be able to support and facilitate parenting.

RATIONALE FOR THE STUDY

The literature review shows that parents of infants born prematurely have to face with many stressors related to the preterm birth. To be able to manage and feel confident about caring for their infants, parents need support. Thereby parents need to be supported by skilled personnel, with expert knowledge in medical, technical and nursing care. However, fathers of premature infants are underrepresented in research today; with only a few studies focusing on the fathers. It is therefore important to gain more knowledge about fathers' own experiences of having an infant born prematurely to be able to provide the support they need. Increased knowledge about fathers of preterm born infants is a condition for improving and changing the nursing care to provide appropriate care and support to the parents as individuals, as well as a couple.

THE AIM OF THE LICENTIATE THESIS

The overall aim of this licentiate thesis was to describe fathers' experiences of having an infant born prematurely. It focuses specifically on the fathers' experiences from the birth (Paper I) and the experiences of being a father to a prematurely born infant (Paper II).

Paper I The aim of this study was to describe the experiences of the birth of premature infants from the fathers' perspective.

Paper II The aim of this study was to describe the experiences of being a father to a prematurely born infant.

METHODS

A descriptive qualitative method has been used in the research to achieve the overall aim of this licentiate thesis. Qualitative research involves an interpretative, naturalistic approach to the world and is a situated activity that locates the observer in the world. It consists of a set of interpretative, material practices that makes the world visible. Qualitative research study things in their

natural settings, attempting to make sense of, or interpret phenomena in terms of the meaning people brings to them (Denzin & Lincoln, 2000). Qualitative research is intended to approach the world 'out there' and to understand, describe and sometimes explain social phenomena 'from the inside' in a number of different ways (Flick, 2007).

Setting

This study was conducted in collaboration with a NICU in the northern part of Sweden. The research investigation included fathers of preterm born infants whose infants had been cared for at the NICU (I, II).

Participants and procedure

A sample of eight fathers of preterm infants participated in the study (I, II). The criteria for inclusion were twofold: the participant had to be a father of a premature infant born below gestation week 36 and their infant must have been cared for at a NICU. The fathers' ages ranged from 22 to 37 years (median=30.5). All of the eight fathers were married (n=1) or had common-law wives (n=7). The infants were born with a gestational age between 25 and 34 weeks (median=30). Six of the fathers were first-time fathers.

The fathers' participation was coordinated by the head nurse at the NICU, who contacted the fathers through phone, informed them about the study, and invited them to participate. After acceptances of further contact, fathers were sent written information. About a week after they received the written information, the researcher contacted the fathers through phone. More information about the study was provided and all of the contacted fathers agreed to participate. Thereafter arrangements for the interviews were made.

Data collection

As the overall aim was to describe fathers' experiences of having an infant born prematurely, qualitative research interviews were chosen for the data collection (I, II). Qualitative research interviews are a specific form of conversational technique in which knowledge is constructed through the interaction of interviewer and interviewee (Kvale, 1997). In the naturalist paradigm inquirer and objects of inquiry interact to influence one another; knower and known are inseparable (Lincoln & Guba, 1985, p. 37). Doing narrative interviews means asking the interviewees to tell the story of their experiences, instead of interrupting them to answer questions (Flick, 2007). By using narrative

interviews, researchers can get insight in how people comprehend their lives (Mishler, 1986; Sandelowski, 1991).

Narrative interviews were conducted with the fathers after the infants' discharge from the neonatal unit. At the time of the interviews the children ranged in ages between 1.5 and 12 month (median=3). The intention was to have the fathers' stories about their experiences of having preterm born infants, focusing on their experiences of the preterm birth itself (I) and their experiences of being a father to an infant born prematurely (II). All the interviews were conducted by the author. The interview started with the question: "Please tell me about your experiences of having a prematurely born infant". The fathers were encouraged to talk freely about their own experiences of having a prematurely born infant. When needed, the narration was supported by clarifying questions. Interviews were conducted at a time and place convenient to the fathers; all interviews took place in a quiet room in the fathers home (n=2) or in an office at the working place (n=6). The interviews lasted approximately between 30 and 90 minutes. The average length of each interview was 50 minutes. The interviews were recorded and later, transcribed verbatim.

Data analysis

Guided by the aims, a method appropriate for best meeting the aims of the studies was chosen (I, II). A qualitative thematic content analysis (cf. Baxter, 1991; Cantanzaro, 1988) was used to analyze the interviews (I, II). Content analysis is defined as a research technique for making replicable and valid interferences from the text to the context of their use (Krippendorff, 2004). It is the analysis of the content of narrative data to identify prominent themes and patterns among the themes (Polit & Beck, 2004). Qualitative content analysis is an appropriate method when the intention is to describe peoples' experiences or attitudes (Sandelowski, 2000).

All texts from the interviews were included in the analysis. Each interview was read through several times to comprehend the content. Then, the whole text was read to identify meaning units as guided by the aim of the study. In an early stage of the analysis, it became obvious that fathers described having an infant born prematurely, as two distinct experiences, namely, the birth of the premature infant and their experiences of being a father. Because of the rich data, the data was split into two different parts and analyses (I, II). In the analyses, meaning units were condensed and then grouped into categories, with the intention of reducing the number of categories by subsuming similar categories into broader categories. The meaning units were re-read and compared with the categories. The categories were then related to each other

and subsumed into themes. According to Baxter (1991), themes are threads of meaning that appeared in every category. Creating themes is a way to link the underlying meanings together in categories (Graneheim & Lundman, 2004). Together with my supervisors, we checked and reached agreement on the categories and themes (I, II).

Ethical considerations

Ethical aspects were continually and carefully considered from the early stages of the research project. Researcher must carefully weigh risk and benefit ratio in deciding to conduct a study or not. In this case the beneficial consequences was valued to be higher than the risks with the study, given the limited research in the area are that is a prerequisite for serving the best interests of fathers of prematurely born infants. The fathers who were interested in participating were provided with both verbal and written information about the study. The information stated that participation was voluntary and that they could withdraw from the study at any time without explanation. They were also reassured that the presentation of the findings will be performed in such a way that no one of them as individuals could be recognized by any other, except by themselves. Their informed consent was obtained both as verbal and written.

Researchers can never be certain about the consequences for the participants, but it is important to do as much as possible to minimize the risk of causing harm (Oliver, 2003). A potential risk for the fathers participating was that they might find it distressing to talk about their experiences of having an infant born prematurely. During the interviews I tried to be open-minded and as receptive as possible to signs indicating that the fathers were uncomfortable with the interview situation so that they could be offered the opportunity to decide whether to continue or not, but it never was needed. After the interviews, all the fathers were given time to reflect on their experiences. They were also informed of the welcome opportunity to discuss any concerns after or arising from the interview; in case the interview had awakened strong feelings and they wanted to talk to someone about it. None of the fathers expressed any need of further contact. It became apparent that the fathers were grateful for having the opportunity to tell their story and for somebody to have listened to them. The sharing of one's experiences can be positive if the sharing is with someone who is interested in listening (Oliver, 2003); however this was not the foremost purpose of the interviews.

The interviews took the form of a conversation, but according to Kvale (2007) research interviews are not a conversation between equal partners, it is a specific power asymmetry, researchers define and control the situation and uses the

outcomes for their own purposes. This was important for me as an interviewer to bear in mind and therefore act in a sensitive manner and be respectful to the fathers I was interviewing. The heads of the neonatal unit gave their permission for performing this study. Approval for carrying out the study was received from the Regional Ethical Review Board in Umeå (Dnr. 05-085M).

FINDINGS

The themes and categories in each paper are presented in Table 1. The results from the two papers are presented separately.

Table 1: Overview of themes (n=5) and categories (n=14) in Paper I and II

Paper	Theme	Category
I	Suddenly being in a situation never reflected on	Not grasping the situation Needing to know
	Putting mother and infant first	Guarding for mother and infant Being worried about the infant Wishing to be with both the mother and the infant Wishing to be seen as a natural part in the care
	Needing to be understood	Needing to be noticed every now and then Needing to share experiences with someone who can understand
II	Takes time to feel like a real father	Getting to know the infant Growing emotions for the infant Becoming more confident as a father
	Gains from the stressful situation	Going through change as a person Strengthening the relationship by undergoing strain Feeling fortunate despite all

Paper I

The birth of premature infants: Experiences from the fathers' perspective

Fathers described the birth of their premature infants as something they have never previously reflected on. Fathers did not have any experiences of prematurely born infants; it was something totally new and unexpected. Fathers described efforts to prepare mentally for the infant's birth, but it was difficult because they hardly understood how it was to become a father. Initially after the birth of the infant, everything felt surreal and fathers described not being able to grasp the situation. After the birth of the premature infants, fathers wanted to be in control over the situation of their child and they wanted to know what was happening. Although fathers were given a lot of information and explanation, the lack of knowledge about premature births led to having a lot of questions. Fathers wanted to have open, honest, and readily available information. They also appreciated the updated and repeated explanations. Available information was not always easy to comprehend because of all the concerns for the mother and the infant. Sometimes they described not receiving the information they wanted. Fathers needed to be aware of what might happen and how the preterm birth could affect the infant in the future.

Fathers described trying to guard both mother and infant, and providing for their needs first. However, fathers prioritized the mother initially, as the infant was cared for by professionals. Fathers strived to support the mothers by trying to conceal their own feelings, as they did not want to expose the mother to additional strain. Focusing on the mother and the infant caused fathers to neglect their own needs. Fathers expressed understanding the staffs' working conditions, but they still wanted their family to be prioritized first. The birth of a preterm infant was experienced as anxiety-filled and fathers were worried about the infant; they had thoughts about how it would turn out and if the infants would survive. Fathers were not prepared for the acute care needed right after the infants' birth, or for the care at the neonatal unit, which was initially experienced as stressful. They felt anxious although it was just routine care, and fathers could not stop worrying any abnormalities with the infant. Fathers were aware that medical care has improved and that most preterm infants grow up without disabilities, which made them try to be optimistic. Although the birth was experienced as stressful and overwhelming, happiness was also felt by fathers.

Fathers wanted to be with both the mother and the infant right after the birth. However, immediately after the delivery they felt caught in between mother and infant, as they wanted to be with the both at the same time. Fathers described how right after the delivery, they became the link between the mother and the infant. Fathers found it important to be close to the infant and to be able to touch or hold the infant. A lot of stress was described to be related to the

uncertainty of length of stay at the NICU. Fathers wished to play a natural part in the care of the infant, but they described not always having the ability to be involved in the care and in decisions, as much as they wanted to be. Sometimes fathers had to hand over decisions to professionals, because they did not have enough knowledge to make decisions by themselves; all for the infant's best interests. Being included in the care made fathers feel in control and it was described as significant. Not being involved in the care of the infant or when they had to leave the NICU, was described by fathers as losing control.

Fathers described needs of being noticed every now and than. They wanted to talk about the situation with somebody who was ready to listen to them. However, some fathers expressed no need of support, but were convinced that if they should need, they would be given support. These fathers believed that the staff had knowledge about the importance of fathers' presence at the NICU and some fathers stated that it was important that part of the routine care include how to take care of fathers in the acute phase. Needing to share experiences with someone who could understand what they had passed through was important for fathers, and talking to other parents of prematurely born children made them feel being understood. Sharing experiences with their partner was essential in being able to handle the situation well and it was also of necessity to talk with the staff at the NICU. Fathers could understand the personnel's lack of time and saw that as an explanation to why the staff did not talk to them as much as they wanted. Another opinion was that the staff took time for talking and fathers appreciated having these people to talk to.

Paper II

Adjusting to being a father to an infant born prematurely: Experiences from Swedish fathers

Fathers described that it took time to feel like a real father, even tough the preterm birth made it possible for fathers to be involved in their baby's care and to be with their infant. Fathers expressed being well cared for and having positive experiences from the unit. Fathers described being taught well by professionals in taking care of their child, which prepared them for the discharge. Compared to fathers who had babies born at term, they saw themselves as more skilled and thought that they knew their infant better. Fathers described being more sensitive and observant of their child's development and progress. Still, some of them could experience strain when they compared their child with babies born full term. However, fathers described trying to think of the positive side of being a father to a prematurely born infant.

Fathers described growing emotions for their infant and their attachment increased over time. Compared to their friends with children born term, fathers thought they might have a stronger bond to their infant. On the other hand, they also described the difficulty to feel like a father in the beginning. They had not previously understood the influence of having an infant and they had never imagined how much the child could affect them. Fathers thought that as their child gets older, their anxiety would decrease. However, they find themselves wanting their child to remain just like the infant that they cared for. Fathers described being more confident and secure in their role as a father as time passed. Taking more responsibility for their infant, was considered as an important step, but sometimes fathers experienced being forced to take over too soon and not yet being ready for it. Even though, fathers knew that they were able to manage, they still needed support from the staff. Fathers expressed being a little worried and had a sense that it was so unreal to go home with the infant. However, knowing that they could get in touch with the unit if they were in need or had any questions, gave them a sense of security. When the family finally was at home, life started to become more normal and the real sense of being a father was experienced. Fathers described that it was really nice to come home and just be together with the family.

Although being a father to a prematurely born infant was stressful, they felt many gains from the situation and their experience. Their values remained the same, but they felt being changed as a person in some ways. Life was experienced as being more complete and more in harmony. Fathers described being strengthened in the relationship by trying to work through the stressful situation together with their partner. With partners supporting each other, they could deal better with the happiness and sorrows of having a prematurely born infant. On the other hand, fathers were aware of that it also could have led to having a real crisis in their relationship. Despite all the strains related to being a father to a prematurely born infant, they felt fortunate. As time passed life, with their infant was normalised. Fathers felt lucky because their child developed as expected and they seldom remember that their infant was born premature.

DISCUSSION

The overall aim of this licentiate thesis was to describe fathers' experiences of having an infant born prematurely. The findings show that fathers described having a preterm infant as something totally unexpected and something they were unacquainted with (I). Initial fathers had difficulties coming to terms with the situation and could not grasp that the infant had already been born (I). Feeling like a father was difficult from the beginning, as the situation was experienced as surreal and they needed time to adjust to their new situation (I,

II). As time passed, they felt more confident as a father (II), and the real sense of being a father came when they finally brought their baby home (II). According to Stern and Bruschweiler-Stern (1998), motherhood, in the minds of mothers, does not mean giving birth to a human being; instead, it means giving birth to a new identity: the sense of being a mother. The sense of being a mother does not take place in one moment, but emerges gradually over a series of months. Therefore, it can be assumed that fathers go through the same process and that it takes time to "become a father". In the findings of this study, it became obvious that fathers needed time to feel like a father (I, II), which could be seen as a process or a transition. According to Chick and Meleis (1986), transition can be defined as "a passage or movement from one state, condition, or place to another" (p. 239). Transitions are periods between fairly stable states, and completion of transition implies that persons have reached a period of greater stability due to what had been experienced before (Chick & Meleis, 1986).

Over time, the fathers of prematurely born infants felt fortunate despite everything and felt that they did not want it to be any other way. Life with their infant normalized and they thought more seldom about the fact that their baby was prematurely born (II). A dimension in the nature of the transition process is a pattern indicating that the individuals involved are experiencing an increase in their level of confidence (Meleis, Sawyer, Im, Hilfinger Messias & Schumacher, 2000). This was in congruence with results found in this study. According to Nelson (2003), certain circumstances, such as the admission of a newborn into an intensive care unit, can cause a period of disruption in the transition to motherhood. Mothers of preterm infants go through a similar process as mothers of full-term babies, except for the fact that identity recognition is relatively delayed (Zabielski, 1994). Consequently, it must be assumed that fathers of preterm infants also have delayed identity recognition. Meleis et al. (2000) highlight the importance of preparation and knowledge for facilitating the transition experience. According to Hudson, Elek and Fleck (2001), nurses can develop interventions to assist parents during their transition to parenthood.

Having a prematurely born infant represents a crisis and, according to Stjernqvist (1992), most parents of preterm infants go through a crisis. When a certain life situation is difficult to handle, people can temporarily lose their foothold, and consequently, views about life gain significance, as a lot of existential questions are brought up (Kallenberg & Larsson, 2004). The findings show that fathers had many existential thoughts related to having an infant born prematurely (I, II). They tried to find meaning in what they had lived through, even though it had been stressful (I, II), and tried to lift up positive experiences (I, II). According to Antonovsky (1991), the most important part in the sense of coherence is meaningfulness. Antonovsky (1991; 1996) stated that, when confronted with a

stressor, a person with a strong sense of coherence would be motivated to cope, believing that the challenge is understood and that resources to cope are available. Therefore, it can be argued that a strong sense of coherence can help a parent to handle having a preterm infant and to give meaning to it.

Although fathers of prematurely born infants prioritized the mother and the infant, they also expressed the wish to be noticed and the need for someone to talk to, somebody who was ready to listen to them (I). For them, relatives and friends could not understand their situation, because only persons who had first-hand experience of having a premature infant could really understand (I). The need to be understood for what they had gone through was important for fathers (I). Verbal communication has the effect of making mothers feel confident about the nurses (Fenwick, Barclay & Schmied, 2001). A study by Lee, Miles and Holditch-Davis (2006) shows that mothers of medically fragile infants often perceive help from the father. This raises the question of where fathers can perceive help.

Findings show that fathers of preterm infants often experience a lot of strain, for example, when faced suddenly with the imminent birth (I), and also due to not having any knowledge about preterm birth (I), concerns for both the mother and the infant (I), worries about the outcome (I), and uncertainty about possibilities of their staying at the NICU (I). Further concerns include their initial inability to feel like a father (I, II) and anxiety when taking their infant home (II). For these reasons, it is important for healthcare professionals to have adequate knowledge about parents' experiences after having an infant born prematurely. Studies (Bruce & Ritchie, 1997; Shields, Kristensson-Hallström & O'Callaghan, 2003) confirm that there are differences between nurses and parents in terms of how they understand the caring relationship and in their perceptions as to the degree to which parents' needs are met. It is possible that nurses believe the parents' needs have been better satisfied than the parents themselves think. By understanding how situations can be experienced by others, nurses can have a better ability to help and support in stressful situations (Edwards, 2001). According to Robinson (1996), being a curious listener, compassionate stranger, non-judgmental collaborator, and mirror for family strengths is a significant intervention that invites healing. Overall, the fathers in this study felt that they had been treated by the personnel in a positive manner (I, II). Nevertheless, a low level of empathy has been reported among helping professions (Reynolds & Scott, 2000), which indicates that many professionals are not as helpful as they ought to be. As stated by Lindblad, Rasmussen and Sandman (2005), the support extended by professionals to parents of disabled children can never be underestimated; it leads to more confidence for parents as

they learn to see the child as valuable. Most likely, this result can be applicable to parents of prematurely born infants.

Some of the stress experienced by fathers in this study was related to not knowing if they could stay at the NICU (I). Fathers wanted to be with their infant and their partner (I), and wanted to stay at the unit as much as possible (I). They also were aware that the preterm birth made it possible for them to spend more time with their infant and to be more involved in their baby's care (I, II), which they might not have done in the same extension if the infant had been born full term (II). In a study by Schroeder and Pridham (2006), mothers of preterm infants expressed the importance of developing a relationship with their baby and of being with and getting to know their baby. This seems to be in accordance with results from this study, wherein fathers thought that they were able to get to know their infant better and that their emotions for their infant grew stronger and stronger (II). Although here, it is important to note that fathers also stated the significance of being together with the family at the hospital (I) and likewise back home, where they finally felt that they had truly become a family (II). Several studies (e.g., Hughes et al., 1994; Nyström & Axelsson, 2002; Redshaw & Harris, 1995) discuss mothers' experiences of being separated from their infant, but how they felt about not being able to be with their partner is never mentioned. This differs from our findings where fathers emphasized the desire to be with both mother and infant (I). The divergence between mothers' and fathers' experiences of closeness cannot be explained; instead, it highlights the need for fathers to be close to both mother and infant. McGrath (2001) emphasizes the implementation of a framework for providing care for families in the NICU.

According to studies (De Mier et al., 2000; Padden & Glenn, 1997; Wereszczak et al., Sydnor-Greenberg, Dokken & Ahman, 2000), it is important to create and develop family-centered neonatal care. Family-centered care has been reported as positive in several studies (McGrath, 2000; Van Riper, 2001). In some of these studies (Bruce & Ritchie, 1997; Petersen, Cohen & Parsons, 2004), nurses agreed that family-centered care is important, although they did not always incorporate that knowledge in their daily practice. According to McGrath (2001), families progress through three stages in the course of developing a relationship with the personnel at the NICU. First, they initiate the relationship based on naïve trust. Thereafter, differences in needs begin to surface and the family becomes disenchanted. The final stage is a guarded alliance, established because the family needs to somehow be involved and be in control of their member's care. The author claims that parents need to be strengthened to become more independent, and that nurses, by providing support and aid, must empower parents with the ability and intention to become

competent enough eventually to take care of the child on their own. Empowerment is a process of helping people to assert control over the factors that affect their lives (Gibson, 1991). The ideology of empowerment is based on the premise that all people have existing strengths and capabilities, moreover, that all people have the capacity to grow and become more competent (Dunst & Trivette, 1996). Hulme (1999) presents family empowerment as a nursing intervention designed to optimize the power of the family, thus enhancing the ability to effectively care for the child and sustain family life. However, it is worth mentioning that Rowe, Gardner and Gardner (2005) have shown that parents did not believe that their parenting skills or lay wisdom were highly valued by healthcare staff. This brings to focus the value of family-centered care, a philosophy of care giving in which the pivotal role of the family in the lives of children is recognized and respected. Families are supported in their natural care-giving and decision-making roles by building on their strengths both as people and as families (McGrath, 2000).

As findings show (I, II), fathers had positive experiences from the staff and a relationship was created wherein the parents and the personnel were mutually dependent on each other. According to Løgstrup (1997), "the demand implicit in every encounter between persons is not vocal but remains silent" (p. 22). People's lives are dependent on others, which means that each has a responsibility towards another and "it is therefore a demand to take care of that person's life" (p. 23). Thereby, healthcare personnel need to be sensitive to parents' needs, but they also have to see the parents as necessary for the creation of conditions that will give the infant the best care possible. On the other hand, parents should also believe in the ability of the healthcare personnel to give their baby the best care possible. Parents should be supported and encouraged to take an active part in the care of their child from the start, with the goal for them to take over more and more responsibility (Hedberg-Nyqvist & Hjelm-Karlsson, 1997; Kussano & Maehara, 1998). It is important to build a relationship based on trust, although according to Løgstrup (1997), when this trust is rejected or betrayed, the one who trusted becomes vulnerable. Therefore, every meeting includes an unspoken demand to not take advantage of others, instead "our existence demands of us that we protect the life of the person who has placed his trust in us" (p. 18). As experienced by the fathers in this study, the staff made themselves available; they were skilled and shared their knowledge with the parents (I, II). Showing sympathy, consideration and flexibility can be seen as virtuous especially within the healthcare environment, as there often is an imbalance between the parties involved (Silfverberg, 2005), which can result in misuse of power (Brinchmann, Forde & Nortvedt, 2002).

A study by Rimmerman and Sheran (2001) showed that fathers of preterm infants were significantly more stressed and depressed, and had lower involvement rates with their child than fathers of full-term infants. This highlights the importance for personnel at neonatal units to be more responsive to fathers' special needs. On the other hand, when fathers in this study compared their own experiences with their friends who had babies born full term, these fathers of premature babies stated that the preterm birth made it possible for them to be more involved in their infant's care (I) and also to get to know the infant better (II). For these fathers, it was of importance to be involved in the care of their own infant, which gave them a feeling of control (I). A study among women (Zabielski, 1994) showed that being involved in their infant's care contributed to the sense of being a mother. Studies (Mok & Leung, 2006; Raines, 1998) have also shown that, although parents appreciated the significance of being able to take part in making decisions about the care of their own prematurely born child, they sometimes also wanted the decisions to be made by professionals with knowledge. It is worth mentioning that the fathers in this study saw themselves as being well regarded by the staff and well educated by professionals in taking care of their infant (II).

The findings also show that fathers initially attempted to support their spouse and to protect her from further strain (I). As time passed, the couple tried to handle having a preterm infant together, sharing the experience of coping with this stress (II). By trying to work through the stressful situation together with their partner, fathers felt that the relationship was being strengthened (II). However, fathers were aware that the situation could also lead to a crisis in the relationship (II). Having a newborn admitted to the intensive care unit challenges parents' well-being not only as individuals but also as a couple (Affleck & Tennen, 1991). Marital happiness has been shown to be lower among couples with preterm babies, although if the parents are prepared during pregnancy, they can more easily handle the situation with the changed roles as a couple after the birth (Dalgas-Pelish, 1993). Further, fathers expressed lower levels of marital satisfaction than mothers (Pancer, Pratt, Hunsberger & Gallant, 2000). According to Knauth (2001), pediatric nurses can plan interventions with the couple to strengthen the relationship. Ahlborg and Strandmark (2001) declared that it is possible to assume that the period after the birth of the first child could be vulnerable for the couple. However, it is essential to be aware that parents of healthy children born at term also experience a lot of stress, while at the same time, be attentive to the fact that parents of prematurely born infants are exposed to a different kind of stress. According to Pancer et al. (2000), from the period before a baby is born to the time after its birth, both men and women demonstrate a significant increase in the complexity of their thinking about the impact of becoming a parent. Parents with more complex expectations about

parenthood experience better adjustment once the baby is born compared to those with less complex expectations. The relationship between complexity of expectations and adjustment is more pronounced for women than for men. An explanation for this might be that, with the birth imminent, parents devote more time to thinking and seeking information. It would be interesting to hypothesize on how this might influence parents of preterm born who are all of a sudden faced with the unexpected birth of their infant (I).

Although being a father to a prematurely born infant was generally regarded as stressful, the findings show that gains from the situation could be experienced and fathers described how they went through changes as a person (II). Their values remained the same, but they felt that they had changed in some way (II). After going through a life-changing situation, people often experience changes as a person and learn to value life in a different way (Kallenberg & Larsson, 2004). According to Edwards (2001), nurses have to find out what the individual person is concerned about and what is the most important for them, in order to have the ability to support and provide resources to handle the situation.

METHODOLOGICAL CONSIDERATIONS

When the studies (I, II) were conducted, I had a pre-understanding as a paediatric nurse, with experiences of working at a neonatal unit, and experiences as a doctoral student in nursing. Throughout the whole process I tried to be aware of this pre-understanding of clinical experience. During the interviews and analysis, I tried to disregard these biases and be as open-minded as possible, to avoid influencing the interpretations. Cappleman (2004) state that it might be a risk conducting research within one owns area, but according to Turill (2003) is it an advantage for the researcher to have knowledge and experiences from the research area. My pre-understanding has been helpful in conducting the interviews, as previous experiences and knowledge of meeting fathers of preterm infant helped in creating a safe atmosphere and fielding relevant questions. Previous concepts of neonatal care and neonatal nursing has also helped me in writing this study. Graneheim and Lundman (2004) state that a text always involves multiple meanings and there is always some degree of interpretation when approaching a text. Further, this is an essential issue, when discussing trustworthiness of findings in qualitative content analysis.

A sample of eight fathers participated in this study and one limitation could be the size of the sample. The results might have been different if there had been more participants. However, in qualitative research there are no criteria or rules for sample size. The sample size in qualitative research should be large enough to achieve variation of experiences, but small enough to permit a deep analysis of

the data (Sandelowski, 1995). The sample was not homogeneous, related to fathers' age, gestational age at birth, and different length of time since discharge from the NICU. These factors would certainly have had an impact in the results, but the most important factor was that these fathers had experiences of having an infant born prematurely and could share these experiences. The interviews were conducted for some of the fathers just a few weeks after discharge and for others, months after discharge, but all interviews took place during the infants' first year. Despite of this, all the fathers remembered and could clearly talk and narrate with richness their experiences. Morse (1991) states that the interviewee has to be willing to share their experiences, but it is also important to have the ability to reflect critical on their own experiences. According to Kvale (1997) the qualitative research interview attempts to understand the world from the subjects' point of view, to unfold the meaning of peoples' experiences, to uncover their lived world prior to scientific explanations.

Throughout the whole research process, attempts have been made to describe all the steps accurately. To increase trustworthiness, all the steps in the research process must be described as clearly as possible (Lincoln & Guba, 1985). Credibility was a consideration in the selected data collection and the data analysis method. Representative quotations from the transcribed text were chosen as a way to increase the credibility of the results (cf. Sandelowski, 1994). The result from this study cannot be generalized, and this is not the goal of qualitative research, but the results from this context can most likely be transferred to similar situations. According to Lincoln and Guba (1985) only time- and context-bound working hypothesis are possible. However, transferability means that it is the readers' decision if the findings are transferable to other context (Graneheim & Lundman, 2004).

CONCLUDING REMARKS

This thesis focusing on the experiences of fathers of prematurely born infants offers further knowledge that has been limited in previous research. Although there are similarities to being a father of a full-term and a preterm born infant, it is of the utmost importance to have a further understanding about the specific experiences of fathers of prematurely born infants. Furthermore, we must also be aware of the differences between mothers and fathers in terms of how they experience having an infant born preterm. It is essential for parents to feel supported as well as to have the knowledge that will facilitate and create the necessary conditions for them to handle a prematurely born infant. The results of the study have implications for nurses meeting fathers with a child born prematurely, but also the whole family. It is essential for nurses who are meeting the family to be aware of the effects of having a prematurely born infant; having

the openness to meet them and listen to their experiences of being a parent can help them both as individuals and as a couple. One of the most difficult issues faced by families during the first year of life with their prematurely born infant was the lack of qualified support (Mai & Wagner, 2005). It is of utmost importance not only to be able to improve and create conditions for giving qualified support to parents of prematurely born infants, but also to see them as individuals with different needs, thereby giving fathers more of the attention they need.

SUMMARY IN SWEDISH - SVENSK SAMMANFATTNING

Pappors upplevelser av att få ett barn som är fött för tidigt

Det övergripande syftet med denna licentiatuppsats var att beskriva pappors upplevelser av att få ett barn som är fött för tidigt. Tidigare forskning har till stor del fokuserat på mödrars erfarenhet av att få barn som är födda för tidigt. Det finns begränsad vetenskaplig kunskap när det gäller mäns upplever att få ett barn som är fött för tidigt. En sådan kunskap är viktig för att kunna möta och stödja dem utifrån deras unika upplevelser och behov. Detta visar på ett behov av forskning som belyser mäns upplevelser i samband med att få ett barn som är fött för tidigt.

Licentiatuppsatsen består av två delstudier, delstudie I, där syftet var att beskriva pappors upplevelse av barnets födelse och delstudie II, där syftet var att beskriva upplevelsen att bli pappa till ett barn som är fött för tidigt. I studierna ingår åtta män, som har blivit pappa till ett barn som är fött för tidigt och där barnet har vårdats på en neonatalavdelning. Kriterier för att få delta i studien var följande: att vara pappa till ett barn som är fött för tidigt och som därigenom krävt vård på en neonatalavdelning, dessutom skall barnet vara fött innan graviditetsvecka 36. Kvalitativa forskningsintervjuer har använts som datainsamlingsmetod. Papporna ombads berätta om sina egna upplevelser av att få ett barn som föddes för tidigt. Intervjuerna spelades in och skrevs därefter ut ordagrant. Utifrån syftet valdes kvalitativ tematisk innehållsanalys som metod för att analysera intervjuerna.

Resultatet visade att barnets födelse kom helt oväntad och beskrevs av papporna som att plötslig befinna sig i en situation som de aldrig tidigare hade reflekterat över skulle kunna hända. De hade ingen erfarenhet av för tidigt födda barn, vilket var något totalt nytt och helt oväntat. Männen hade svårigheter att förstå vad som hände, eftersom allt gick så snabbt och från början var det svårt för dem att hantera situationen. Bristen på egen kunskap medförde att de hade en mängd frågor. Att få veta vad som skedde och att få information beskrevs som nödvändigt och var en förutsättning för att känna mindre oro. Papporna såg det som viktigt att sätta mor och barn i första hand, de kände sig ansvariga för dem och vaktade för familjens bästa. Fokuseringen på mor och barn gjorde att de satte sina egna känslor åt sidan och glömde bort egna behov. Papporna oroade sig för att barnet inte skulle överleva, eller att barnet hade fått skador, samt hur barnet skulle påverkas i framtiden. Trots allt så upplevdes lycka och det var överväldigande att få bli pappa. Männen ville vara nära och mycket av stressen som upplevdes relaterades till att inte få vara tillsammans med mor och barn. Initialt så fungerade papporna som en länk mellan mor och barn. De ville vara en naturlig del i vården, men beskrev att de inte alltid fick vara involverade i den utsträckning som önskades.

Männen utryckte att de hade egna behov och ville ha någon att prata med och någon som lyssnade på dem. Att få prata gjorde att det var lättare att bearbeta det som de hade gått igenom. Det tog tid innan de riktigt kunde känna sig som pappa. Männen såg även det som hade varit positivt med att barnet föddes för tidigt, som exempelvis tillfälle att få längre tid för att lära känna sitt barn och att känslorna för barnet växte hela tiden. Den tidiga födelsen medförde att papporna hade möjlighet att vara med barnet och att vara involverade i vården. De upplevde sig vara utbildade av professionella i att ta hand om sitt barn. Männen blev med tiden mer trygga i sin roll som pappa, men kände trots det behov av stöd under tiden på barnavdelningen. När familjen slutligen kom hem kunde den riktiga känslan av att vara pappa upplevas och livet blev mer normalt. Trots att det var förenat med mycket stress och påfrestningar så kunde papporna uppleva att de hade vunnit erfarenheter av det som de hade gått igenom, de hade vuxit som person och värderade livet på ett annorlunda sätt. Relationen till partnern hade stärkts, samtidigt som medvetenheten fanns om att det hade kunna leda till en kris i förhållandet. Allt eftersom tiden gick så upplevde männen att livet mer och mer återgick till det normala, barnet utvecklades och de tänkte mer sällan på att barnet var fött för tidigt.

Trots att det finns likheter mellan att få ett barn som föds i fullgången tid och att få ett barn som föds för tidigt, så är det av stor vikt att ha kunskap och förståelse för de specifika upplevelser som pappor har efter att ha fått ett barns om är fött för tidigt. Det är även betydelsefullt att se till de skillnader som kan finnas mellan mäns och kvinnors olika upplevelser efter att ha blivit föräldrar till ett barn som är fött för tidigt. Resultatet från denna studie är viktig för föräldrar som har fått ett barn som är fött för tidigt, både för föräldrarna som enskilda individer, men också för dem som familj. Resultatet är även betydelsefullt för personal som vårdar barn som är födda för tidigt och deras familj. Det är av stor betydelse att förbättra och skapa möjligheter att ge kvalificerat stöd till föräldrar som har fått ett barn som är fött för tidigt, men även att se dem som individer i behov av olika sorters stöd och hjälp.

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Paper I

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The birth of premature infants: Experiences from the fathers' perspective

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KEYWORDS
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Thematic content analysis

Abstract *Aim:* The aim of this study was to describe the experiences from the birth of premature infants in the fathers' perspective.
Methods: Eight fathers participated; their infants were born prematurely and thereby needed care in a neonatal intensive care unit. Narrative interviews were conducted and a thematic content analysis was used to analyze the interviews.
Results and conclusion: Fathers described their experiences of having a preterm infant, as getting into the midst of something never previously reflected on. It was important to have information and to know what was going on, but it was difficult to understand what was happening. The fathers were protective over the mother and infant. They wanted to be with both the mother and the infant as much as possible and wished to be seen as a natural part in the care. However, fathers had their own needs and, therefore, needed to be cared for as well.

Introduction

The birth of a premature infant is considered stressful to the parents and affects the parent–infant relationship (Holditch-Davis and Miles, 2000; Hughes et al., 1994; Thomas et al., 2004; Younger et al., 1997). When an infant is born premature, the normal parental process and the mental preparation of parenthood are interrupted (Als, 1986). Parents are not prepared psychologically, physically, and emotionally for the preterm birth. Becoming a parent to a preterm infant is not easy because everything happens so fast and comes unexpectedly (Affonso et al., 1992; Jackson et al., 2003). Feelings of sorrow and loss for not completing the pregnancy or not having a healthy baby (Sydnor-Greenberg and Dokken, 2000) are sometimes so intense, which make situations difficult to handle (Bracht et al., 1998).

Men find their participation in childbirth much more demanding than what was expected because they were not prepared for the unpredictable

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process and experiences over time, pain, and woman's reactions (Hallgren et al., 1999). Fathers of preterm infants had never imagined how emotional the experience of delivery will be for them; this indicates that it is not enough to be prepared to become a father, but it is also important to feel mature for fatherhood (Plantin, 2001). Thus, it must be of interest to increase knowledge about the fathers' experiences in having a preterm infant.

Fatherhood is a challenge for most men because their sense of ''being in control'', is challenged by the loss of control associated with distress, frustration, and anxiety about dealing physically with a tiny infant. Likewise, being part of the family unit and taking responsibility for a child is experienced by fathers as a source of pleasure (Lupton and Barclay, 1997).

Fatherhood could be experienced as a disappointment and a frustration. For fathers who expected to be more involved in infant care and underestimated the impact of having a preterm infant, fatherhood was experienced as more difficult and distressing than what was expected before the infants' birth (Barclay and Lupton, 1999).

Increased knowledge about fathers' experiences of the postpartum period will facilitate the nurses' role in supporting and responding to the fathers' needs (de Montigny and Lacharite, 2004). A better understanding of the initiation to fatherhood may promote a more appropriate family-centred care. Health professionals must adjust to the challenge of fatherhood and be more helpful by taking a supportive approach to facilitate the fathers' participation in their new role (St John et al., 2005). However, it is crucial for neonatal nurses to increase knowledge about the experiences of fathers with preterm infants, to have the ability to meet the fathers' needs.

Previous research has been focused on mothers' experiences with little known about the fathers' experiences of having an infant (Barclay and Lupton, 1999; Finnbogadóttir et al., 2003; Nystrom and Ohrling, 2004; St John et al., 2005). Thus, the aim of this study was to describe the experiences of the birth of premature infants from the fathers' perspective.

Methods

A qualitative design and a thematic content analysis were used to achieve the aim of the study.

Participants and procedure

Eight fathers of preterm infants participated in the study. The infants had been cared for in a neonatal intensive care unit (NICU) in the northern part of Sweden. The criteria for inclusion were: the participant had to be a father of a premature infant born below gestation week 36 and the infant must have been cared for at a NICU. The participants who fulfilled the criteria were selected by the head nurse at the NICU. The fathers' ages ranged from 22 to 37 years. All fathers lived together with the child's mother during the interviews. The children were born with a gestational age between 25 and 34 weeks. Six fathers were first-time fathers. The head nurse contacted the participants by telephone, briefed them about the study and informed them that their participation in the study was entirely voluntary and that they could withdraw from the study at any time. Fathers who were interested to participate were sent written information. The first author contacted the fathers through phone after they received the written information. More information about the study was provided and appointments for the interviews were made. The participants were also guaranteed confidentiality and anonymity in the presentation of the results. The study was approved by the Regional Ethical Board in Umeå (Dnr. 05-085M).

Data collection

Narrative interviews (cf. Sandelowski, 1991) were conducted with the fathers after the infants' discharge from the neonatal unit. The intention was to hear the fathers' stories about their experiences of having preterm born infants. The first author conducted the interviews. The interview started with the question: ''Please tell me about your experiences of having a prematurely born infant''. The narration was supported by questions such as, ''How did you feel then?'' ''Can you explain more?'' ''What did you think then?'' The fathers were encouraged to talk freely about their own experiences of having a prematurely born infant. The interviews took the form of a conversation, where silence was also a part of the interview, to facilitate active listening (cf. Kvale, 1997). Interviews were conducted at a time and place convenient to the fathers; however, all interviews were conducted in a quiet room. The average length of each interview was 50 min. The interviews were recorded and transcribed verbatim; the transcriptions were reviewed for accuracy by the first author.

Data analysis

A qualitative content analysis (Baxter, 1991; Cantanzaro, 1988) was used to analyze the interviews. All texts from the interviews were included in the analysis, which in the present paper focuses on fathers' narratives related to their experiences at the birth of preterm infants. Each interview was read through several times to comprehend the content. Then, the whole text was read to identify the meaning units guided by the aim of the study. Before the material was revised, the authors read some parts to judge the credibility. The first analysis was made by creating a memorandum to bring out the character of the text. Consensus about the essence of the material was reached by the authors. The meaning units were condensed and then grouped into categories. During the analysis, the intension was to reduce the number of categories by subsuming similar categories into broader categories. Finally, the meaning units were re-read and compared with the categories. The categories were then related to each other and subsumed into themes, which are threads of meaning that appeared in every category (Baxter, 1991). The authors independently checked and reached agreement on the categories and themes. Quotations were chosen from every category of the text to support the credibility.

Results

The themes and categories are presented in Table 1.

Table 1 Overview of themes ($n = 3$) and categories ($n = 8$) constructed from the analysis of the interviews with fathers of preterm born infants

Theme	Category
Suddenly being in a situation never reflected on	Not grasping the situation
	Needing to know
Putting mother and infant first	Guarding for mother and infant
	Being worried about the infant
	Wishing to be with both the mother and the infant
	Wishing to be seen as a natural part in the care
Needing to be understood	Needing to be noticed every now and then
	Needing to share experiences with someone who can understand

Suddenly being in a situation never reflected on

Not grasping the situation

Having a prematurely born infant was described by fathers as something never previously thought about. Fathers did not have any experiences having prematurely born infant; it was something totally new and unexpected. Suddenly, fathers were confronted with the imminent delivery. Some fathers described it as shocking. Fathers made efforts to prepare mentally for the infant birth, but it was experienced with difficulty because they hardly understood how it was to become a father. Some of the fathers had denied the imminent delivery and expressed: ''it is not yet time for the infant birth, it is too early''. Initially, everything went by quickly with the fathers hardly realizing that they had become fathers. As a father explained ''I didn't know what to do after the delivery, so I ran after the paediatrician in the NICU''. Fathers described the first days of being a father as difficult, where everything felt surreal. Some of the fathers had not realized that the infant needed to stay at the hospital for weeks or months; it was described as not being able to understand the present situation.

Needing to know

Fathers wanted to be in control over the situation of their child, and to a greatest extent possible, they had to know what was happening. As a father expressed ''this is my child and I have the right to know''. Fathers experienced lack of knowledge about premature births which led to having a lot of questions. Even though fathers got information and explanations about what was going on, it was only a few days after the birth that all the questions and thoughts came. Fathers experienced being answered by staff in a positive way. One of the fathers said that the staff always had answers on all the questions. Fathers wanted to have open, honest, and readily available information, appreciating the updates and repeated explanations. Fathers also described as not always receiving the information they wanted. As a father said: ''in the beginning, the staff did not tell me anything, I knew nothing''. Available information was not always easy to comprehend because all the concerns are for the mother and the infant. Sometimes, it was too much information given and fathers described it as important to have information at the suitable time. All the given information

made the fathers aware of what might happen and how the preterm birth could affect the infant in the future.

Putting mother and infant first

Guarding for mother and infant

The fathers emphasized to provide the mother's and the infant's needs first, and to choose the best for the family. Fathers felt responsible for them, even though the mother can be responsible for herself. As a father said ''you have to be egoistical, that helps you to handle the whole situation, mostly, it is no big thing, but it is important to see from your point of view''. Fathers gave priority to the mother initially because they felt that the infant was cared for by professionals. Fathers also expressed anxiety about the mothers' health and how she might cope with the present situation. Realizing that the mothers' condition had improved, it made the fathers feel less distressed. Fathers strived to support the mothers by putting themselves aside and trying to conceal their own feelings.

Fathers understood the staff's working conditions, but they still wanted their family to be prioritized first. Focusing on the mother and infant caused the fathers to neglect their own needs and to almost forget the technical environment and the other infants at the NICU. As a father stated ''I am extremely focused on my wife and child''.

Being worried about the infant

Fathers described their worries about the injured infant and they had thoughts about how the infant will turn out. Fathers were not prepared for the acute care needed right after the infants' birth, or for the needed care at the neonatal unit, which was initially experienced as stressful. They tried to think that everything would turn out for the best because they were aware that medical care has improved and that most preterm infants grow up without disabilities.

Although the fathers were told that the care was just a routine, they still could not stop worrying that something was not normal with the infant. Attempts to convince themselves like ''it is not as bad, because the baby is alive and is feeling well, it could have been worse'' was expressed by fathers. They felt anxious whenever a procedure would be done on the infant without their full knowledge and understanding. Fathers described the fear from the risks involved and the fear that the infants would not survive. Having a preterm infant was experienced as anxiety-filled and as something they would not wish for others to experience. Although being a father was experienced as overwhelming, happiness was also felt by the fathers.

Wishing to be with both the mother and the infant

Fathers expressed the value of being together with the mother. Leaving her at the maternity ward was initially experienced as very stressful, more stressful than leaving the infant. The feeling of being caught in between mother and infant was common, immediately after the delivery, because the fathers wanted to be with both the mother and the infant at the same time. One father described it ''as the worse part of a father's experience because of the sense of always being at the wrong place''. Being with the infant made fathers feel like failing the mother and vice versa, they were divided between experiencing the stress of running to and from the mother and from the infant. Fathers described being deeply touched upon first sight of the infant together with the mother. They felt like ''this is something just the two of us has to cope with''. Fathers described how at first, they had to tell the mother about the infant and what was going on, and they became the link between mother and infant. Fathers described the importance of being close to the infant and also being able to touch or hold the infant. As a father said ''I want to sit next to the incubator and just hold a hand on the baby, just touching him''. A lot of stress was experienced by fathers who did not know if they could stay at the NICU or not. As a father expressed ''I had to fight for having a room at the NICU''.

Wishing to be seen as a natural part in the care

Fathers described feelings of not having the ability to be involved in the care and in the decisions, as much as they wanted to be. One father expressed ''sometimes the staff gave me the feeling that the infant was not ours, we just have her on loan''. Fathers knew that the child was theirs, but as a father said ''I cannot make decisions and I have to ask for permission to do anything with my baby''. Fathers had to hand over decisions to others who are more knowledgeable because they did not have enough knowledge to make decisions by themselves; all for the infant's best interests. It was a difficult experience not to be involved with infant care as much as they had wanted. One father expressed ''I want to be as active as I can in the care and I want to do as much as possible''. Being included

in the care made the fathers feel in control and it was described as significant. Losing control was also described by fathers, as not being involved in the care of the infant or when they have to leave the NICU. As a father stated ''I hate to leave the infant when I have to go home, it is a kind of losing control''.

Needing to be understood

Needing to be noticed every now and then

Although it was obvious for fathers to prioritize first the mother and the infant; fathers expressed wishes to be noticed by somebody sometimes. They wanted someone to talk to about the situation and somebody who were ready to listen to them. Such conversation confirmed fathers as having normal thoughts, as a father said ''I wanted to hear this is a normal reaction and you are going to handle it, but nobody spoke to me''. Another father said ''The staff asked how it was going on and they could notice if something was not ok''. Other fathers said that there was no need for support and were sure that should they need care, they will also be given support. For some, it was important that part of the routine included how to take care of fathers in the acute phase. Fathers believed that the staff had knowledge about the importance of fathers' presence at the NICU.

Needing to share experiences with someone who can understand

Fathers valued sharing the experiences with the mother, stating that at an early stage, they have decided together to talk about everything because it was imperative in being able to handle the situation well. There was a need to talk with someone with similar experiences because of the sense of being understood. Fathers described the feeling of not being understood when talking to somebody who has not had a preterm infant. Most fathers expressed that there was no need for talk with an almoner, but it was of necessity to talk with the staff at the NICU. As a father said ''I just wanted some of the staff to sit down and talk to me, maybe just sit down and have a cup of coffee''. Fathers observed the personnel's lack of time due to their infant care duties, and they find this as the reason as to why the staff did not chat as much as they wanted. Another said that the staff was excellent because they took time for talking. As a father said ''I could have all the time as I needed just for talking, it was great''. Fathers also described the closer relationship developed with some of the personnel and appreciated having even just a few people to talk to.

Discussion

The aim of this study was to describe the experiences from the birth of premature infants in the fathers' perspective. The result shows that fathers experienced everything as surreal, finding it difficult to grapple with the experience and not realizing that they have indeed become fathers. The first difficulty for fathers: understanding the infant's need for care at the NICU. According to Donovan (1995), the gains during pregnancy are difficult to realize for men, especially in the first half of the pregnancy when the baby is not yet experienced as real. Having a preterm infant is influenced by the short pregnancy and, therefore, it is difficult for a father to realize that the baby is born and he has become a father. In the traditional Swedish maternity welfare, often, it is only the woman who visits the maternity clinic during the first six or seven months of pregnancy (Plantin, 2001). Fathers of preterm infant have usually not had any contact with the maternity clinic, which might be a possible explanation to the fathers' lack of knowledge, because they had not yet understood what it entails to become a father.

The fathers in this study emphasized the importance of knowing what was going on and of having information. Moreover, they wanted to have the information repeated and to be made available at the appropriate times. Furthermore, fathers stated that the information must be open and honest. Even though they were given a lot of information; it was not always easy for fathers to understand what was told them. Hynan (2005) stated that after having a prematurely born infant, a parent might temporarily be unable to process the information and be insensitive to caring and support. Therefore, it is important for nurses to be aware of the importance of repeating information. According to Calam et al. (1999), it is not clearly understood how much information mothers of preterm infants can grasp. Those results may be similar to those of the fathers of preterm infants. There is a gap between perceived and received support; according to Mok and Leung (2006) mothers of preterm infants desire more information and supportive communication. Most parents do not want to have extensive and complex explanation. Parents just want to be informed and be able to ask questions, which make them feel included (Gordin and Johnson, 1999). More research is needed to understand the process by

which given information is understood and how it must be relayed to make the information comprehensible.

The fathers who participated did not talk much about the high technology environment at the NICU, but they saw the technology as important for giving the infant the best care as possible. This assumption must however be treated with caution, since it is contrary to several studies (e.g. Bass, 1991; Miles, 1989; Perehudoff, 1990; Shields-Poe and Pinelli, 1997; Shields et al., 2003) which show that the environment at the NICU is experienced as a stressor for parents of preterm infants. According to Miles et al. (1992), mothers experienced the environment as more stressful than did fathers. This can be seen as a possible explanation that fathers did not talk much about the environment. Gordin and Johnson (1999) stated the importance of focusing on the patients and to consider technology as the mere support. Caregivers need to be aware of parents different reactions on machinery and technology used in the NICU.

Fathers in this study consider themselves as responsible for both the mother and the infant, guarding the family's best interests. They prioritize the mothers and infants first and as a result, fathers almost forget their own needs. According to St. John et al. (2005), most of the fathers undertake the ''provider'' role of the family and the need to provide for the family becomes a major focus. Hallstrom et al. (2002) stated that the basic needs were not the first priority for the parents when the child was hospitalized. Parents found it easier to identify the infant's needs rather than their own needs. Fathers who participated strived to be a support for the mothers and tried not to show their own feelings. Pohlman (2005) discussed paternal stress as invisible for the health care provider, because most of the stress is related to experiences outside the NICU.

Fathers who participated in this study were worried about the infant and they did not even know if the infant would survive. They also tried to convince themselves that everything would turn out for the best. The anxiety of the fathers in the present study was apparent, and it is imperative that emotional support be provided to them. According to Edwards (2001), nurses have to find out what the individual person is bothered about and what is most important for them, to have ability to support and provide resources to handle the stressful situation.

Results of this study show the father's need to be with the mother and infant. Lundqvist and Jakobsson (2003) shows that when fathers are separated from their partner and preterm infant, they experience feelings of helplessness. According to Sullivan (1999), fathers are satisfied when they are given the opportunity to be with the baby, despite the difficulties of interacting with the baby in the neonatal environment. The ability to hold the baby in their arms as soon as possible was of great importance for the feelings of attachment to the infant (Jackson et al., 2003; Sullivan, 1999). Several studies (e.g. Hughes et al., 1994; Nystrom and Axelsson, 2002; Redshaw and Harris, 1995) discussed the mothers' experiences of being separated from their infant as very stressful, but they never mentioned not being able to be with their partner. This is not congruent with the results in this study where the fathers emphasize the desire to be with both mother and infant, as fathers expressed, struggling to be with both at the same time. The present study cannot give an answer to the divergence between the mothers' and fathers' experiences of closeness; instead this study highlights the importance for fathers to be close to the mother and infant. Nurses must play an important role in learning how to support parents while caring for the infant (Lee et al., 2006). Parents spend a lot of time with their infant and, therefore, staff should be involved in the experiences of the parents (Brinchmann et al., 2002). Nursing care can be seen as a mutual dependence between parents and staff. Nurses have to be attentive to the parents' needs, and also see parents as important to create necessary conditions for giving the infant the best care as possible.

The results indicate that fathers want to be involved in the care and they also want to be part of the decision making. On the other hand, fathers also want that the decision about the infants be made by professionals with knowledge. According to Vehvilainen-Julkunen and Liukkonen (1998) it is both a duty and of great importance in a man's process of becoming a father to be present in the care, immediately after the child is born. Mok and Leung (2006) and Raines (1998) highlighted that mothers should be involved in the daily decision related to the infant's care. The results in this study indicate the importance of the fathers' participation in such decision making. It is important to communicate with the fathers of preterm infants to make them aware of their important role as a caregiver at the NICU (Hynan, 2005). Furthermore, nurses must encourage parents to participate in the infant care and also see mother and fathers as individuals. According to previous studies (Hedberg-Nyqvist and Hjelm-Karlsson, 1997; Kussano and Maehara, 1998), parents should be supported and encouraged to take an active part in the care of the child from the start,

with the goal of taking over more and more responsibilities.

Results show that fathers wanted to be noticed; they needed someone to talk to and someone who could listen. Maybe similar ''small-talk'' or ''everyday-chat'', which Fenwick et al. (2001) found to be an important tool for nurses on NICU to be able to support mothers, can be useful also for fathers. Fathers participating in the study wanted to be understood as being normal in their reactions. To make it possible for fathers to express their own feelings and be understood, a trust-filled relationship should be created. According to Løgstrup (1994), we normally meet one another with natural trust; however, trusting in others is to lay ourselves open, which might be risky. When you trust others you also expect them to fulfil your expectations. Therefore, nurses have to be open to the fathers' need of being noticed and also be aware when fathers express their need to share their experiences with someone who can understand them.

The fathers talked about how important the communication with their partner was, but they also appreciated the easiness of talking to other parents who have a preterm infant and could understand them. According to Hughes et al. (1994), fathers often coped with the situation by communicating with others and also by seeking social support, while the mothers talked with their spouses and described it as emotional and psychological support. Nevertheless, nurses' support to parents can never be overestimated (Griffin et al., 1998) and parents desire more nursing support than they receive (Mok and Leung, 2006).

Conclusion

Compared to having an infant born full-term, fathers of preterm infants do not have the same opportunity to prepare for the infant's birth, which indicates that their experiences of being a father can be more difficult. Having a prematurely born infant is more stressful when fathers cannot be together with the rest of the family. This study shows how important it is for the fathers to be close to their partner and to the infant, as well as to be involved in the infants' care. Also, personnel support and available knowledge facilitate and create the necessary conditions for fathers to handle a prematurely born infant. The authors claim that it is significant for nurses to pay attention to the responses and needs of the parents as individuals and as a parental couple. Furthermore, nurses who are meeting fathers must be aware of the impact of the birth of preterm infant on them; therefore, nurses must be open to meet and listen to fathers' experiences of having a prematurely born infant.

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Paper II

ADJUSTING TO BEING A FATHER TO AN INFANT BORN PREMATURELY: EXPERIENCES FROM SWEDISH FATHERS

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AUTHORS' CONTRIBUTIONS

This study was conceived and designed by Birgitta Lindberg and Kerstin Öhrling, who together analysed the data and drafted the manuscript. Birgitta Lindberg performed and transcribed all interviews. Supervision and advice was given by Karin Axelsson.

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ADJUSTING TO BEING A FATHER TO AN INFANT BORN PREMATURELY: EXPERIENCES FROM SWEDISH FATHERS

ABSTRACT

The aim of this study was to describe the experiences of being a father to a prematurely born infant. Eight fathers of prematurely born children were interviewed using a narrative approach, and a thematic content analysis was used to analyse the interviews. The fathers described that the preterm birth gave them the chance to get to know their infant since they had to spend time at the intensive care unit. They also felt better educated by professionals who helped them take care of their infant. Their feelings and attachment for their infant increased over time and the fathers felt that they had a stronger bond with their child compared to friends who had babies born at term. As time passed, they became more confident as a father. In spite of the strain, the experience made them change as a person and they expressed having different values. The relationship with their partner was strengthened as they handled this situation together as a couple. However, the fathers felt fortunate despite everything and described having managed a prematurely born infant rather well. Although there are similarities between being a father to a child born at term and to one born preterm, it is significant to gain further knowledge about the specific experiences of fathers of prematurely born infants. The results of this study have implications for nurses working with families who have children born prematurely.

Keywords: preterm born, premature, infant, fathers' experiences, fatherhood, parenthood, neonatal nursing, thematic content analysis

INTRODUCTION

The moment an infant is born, a new relationship is created between the man and the woman: the parent relation. This new relation implies something else, and something more, than their previous relation as a couple (1, 2). Parenthood is developed by a mutual relationship between the parents and the child; it often means an in-depth relation, but also an addition of new and difficult tasks (2). Becoming a parent is a time of major adjustment, when the parents experience living in a new and overwhelming world with changes in their life during the child's first year (3). Transition to parenthood and integration of an infant into the family can be experienced as a time of not just developmental changes but also stress (4).

By tradition, fathers used to be the breadwinner of the family and mothers took care of the children and the household. Being a father has in many ways changed during the past decades as men and women are more equal: fathers and children have more to do with each other, as fathers spend more time together with their children (5, 6), and fathers nowadays, unlike their own fathers before them, experience taking an active part in caring for their child (7). However, differences between the roles of men and women in everyday family life are still associated with the gender perspective, and it is clear that traditional power structures still have influences on male parenthood (6). Traditionally the father often has the role of protector and provider of the family (3, 6, 8). Depending on the relations and circumstances affecting family life, men are greatly influenced in their construction of fatherhood (6). Despite all knowledge about fatherhood, many men still enter into it with little awareness of what the new role of a father is and how it might affect their own life (9).

Most infants are born healthy, and having a medically fragile newborn means a more complex transition to parenthood wherein parents have to cope with issues related to having a medically fragile infant needing care at a critical-care unit (10). Parents of prematurely born infants are interrupted in their process of becoming parents; in many ways, they can be seen

as being as premature as their infant (11). Being a new family causes worries, but the experience becomes much more difficult when one has to cope with being a parent to a preterm infant (12). Critical illness in a newborn has long lasting effects on the family and the family experiences less adjustment and the need for more support during the first year after the child's birth (13). Furthermore, results from a quantitative study (13) shows that fathers seem to be more affected than mothers are by the critical illness of their newborn. The fathers reported maladaptation to their infant and needed more help and support during the first year. This indicates the importance of gaining awareness about the various kinds of experiences of being a father, and implies new challenges for health care professionals working in parental support.

New fatherhood is known as a time of great change, stress and transition. Despite this, there are few studies on the impact and implications of new fatherhood, and limited understanding of fathers' perspectives of their experiences and needs in the initial period after their infant's birth (8). Even less is known about how fathers of preterm born babies experience their situation.

AIM

The aim of this study was to describe the experiences of being a father to a prematurely born infant.

METHOD

A qualitative design and a thematic content analysis were chosen to achieve the aim of this study.

Participants and Procedure

Eight fathers whose preterm infants had been cared for in a neonatal intensive care unit (NICU) in the northern part of Sweden participated in the study (Table 1). The criteria for inclusion were: being a father to a premature infant born below gestation week 36, and the infant must have been cared for at an NICU. The head nurse at the unit selected participants who fulfilled the criteria. The participants ranged in age between 22 and 37 years. At the time of the interviews, all of the fathers lived together with the child's mother. The children were born with a gestational age between 25 and 34 weeks. Six of the participants were first-time fathers. The head nurse contacted the participants by phone and informed them about the study and if they were interested, written information was sent. Thereafter, one of the researchers contacted them and gave more information; all of them were interested in participating. Later on, appointments for interviews were made.

Data Collection

After the infants were discharged from the NICU, narrative interviews (cf.14) were conducted with the intention of obtaining the fathers' stories about having a preterm born infant. All of the interviews were carried out during the child's first year, which varied from a few weeks to months after discharge. The interview started with the question: "Please tell me about your experiences of having a prematurely born infant." The narration was supported by questions such as, "How did you feel then?" "Can you explain more?" "What did you think then?" The fathers were encouraged to talk freely about their own experiences of having a preterm born infant, and of being a father (cf.15). Interviews were conducted in a quiet room in the fathers home (n=2) or in an office at the working place (n=6) at time and place in accordance to the participants' wishes. The average length of each interview was 50 minutes.

The interviews were recorded and transcribed verbatim; the transcriptions were reviewed for accuracy.

Insert table 1 here

Ethical Considerations

The study was approved by the Regional Ethical Review Board in Umeå (Dnr. 05-085M). The participants were provided with both verbal and written information about the study. The information stated that participation was voluntary and that participants could withdraw from the study at any time. They were also guaranteed confidentiality and anonymity in the presentation of the results.

Data Analysis

Qualitative thematic content analysis (16, 17) was used to analyse the interviews. All texts from the interviews were included in the analysis. Each interview was reviewed several times so that the researchers could gain a sense of the content (18).

The whole text was then re-read to identify meaning units, guided by the aim of the study. The meaning units were condensed and thereafter grouped into categories. During the analysis, the intention was to reduce the number of categories by subsuming similar categories into broader categories. Then the final six categories were related to each other and subsumed into two themes, i.e. threads of meaning that appeared in category after category (cf.16).

RESULTS

The themes and categories (Table 2) are presented in the following text and illustrated with quotations from the interview text.

Insert table 2 here

Takes Time to Feel like a Real Father

Getting to know the infant

The preterm birth made it possible for the fathers to be more involved in their baby's care and to be with their infant for a longer time. Fathers were encouraged by the staff to see their time at the unit as a way to become familiar with their child and to learn how to take care of the infant. One father said: "Compared to my friends with children born in fulltime I really think that I have had chance to be together with my child much more and thereby getting to know him." Being at the unit for an extended period allowed the fathers to see and observe their infant. At the same time, fathers felt they were in safe hands because the staff was close by also watching over their infant. Fathers spoke of being well cared for and having positive experiences from the unit, but as one father stated: "It was positive, but I think that it could have been better." Fathers described being taught well by professionals about taking care of their own child, which prepared them for the time when they can take the infant home. Compared to fathers who had babies born at term, they saw themselves as more skilled and believed that they knew their infant much better. From this point of view, they considered their stay at the hospital as a positive experience.

Fathers reported being more sensitive to their child's development and noticing every progress made by their child. Still, they admitted to experiencing strain as they compared their child with babies born full term. As one father said: "Sometimes I think about I wanted the baby to be born full term and I wish that the delivery have been normal." Other fathers were not worried that their infant had not had the same progress as other children, instead they tried to think of the positive side of being a father to a prematurely born infant.

Growing emotions for the infant

Fathers recounted that their feelings for their infant grew stronger and their attachment increased over time. They described longing for the infant when they were away and wanting to be back as soon as possible. Fathers talked about maybe having a stronger bond with their infant compared to friends with children born at term. One father stated: "When I compare to my friends, I think that I have a stronger sense for my baby." However, they also described the difficulty of feeling like a father right after their baby's birth.

Fathers stated that they had never previously understood the influence of having an infant, and that they never could imagine how the child should affect them. Some of the fathers said that there was no limit to what they wanted to do for their child. It became apparent that the fathers felt the need to protect their child and sometimes saw themselves as overprotecting. One father said: "I'm so afraid that he (the infant) will get ill." Another father stated: "I'm sure having a baby born preterm has affected me in my paternity, from the beginning I was extremely careful, I handled the baby as he was made of crystal." Fathers thought that as their child got older, their anxiety would decrease. Even so, they still did not want things to be any other way and wanted the infant to be just as it was.

Becoming more confident as a father

After having spent time caring for their infant at the NICU, fathers described becoming more secure in their role as a father. As time passed and the parents were supposed to take more and more responsibility for their infant, the fathers considered this as an important step, but sometimes they had the feeling of being forced to take over too soon and of being not yet ready for it. One father said: "You're being left alone, that's exactly the feeling, but maybe it was a strategy just before discharge." Another father related: "You got a sense that when the infant is getting healthier, the staff hasn't time for us anymore." Fathers knew that they were

able to manage, but they still needed support from the staff. Some of the fathers described being pushed by the staff to go home, but as a father explained: “It was because the staff knew that we had to let go from the unit.”

When the time came to take the infant home, fathers expressed being a little worried and had a sense that it was so unreal to finally go home. One father said: “It’s important to go home at the right time, not too early, because you have to feel safe when taking care of your child on your own.” Fathers explained that it helped to know that they could still get in touch with the unit if they were in need or had any questions. When the family was finally home, life started to become more normal. Fathers revealed that it was only after coming home with the family that the real sense of being a father came to them. One father stated: “It took time to feel like a father, about a week after discharge I could feel like a real father.” Coming home with the infant and taking responsibility on one’s own resulted in their being more confident as a father. Aside from this, it was really nice to come home and just be alone together with the family.

Gains from the Stressful Situation

Going through change as a person

Fathers described how the experience of fatherhood led to their development as a person and to a change in their values. Each one valued the experiences and strain they felt in different ways. Their deeper values remained the same, but they were changed in some ways. Fathers spoke about not being affected as much by trivialities and not taking things as seriously as they used to do. Furthermore, fathers spoke of life as being more complete and more in harmony. On the other hand, life was not the same as before. As a father stated: “You haven’t the time to do things as you used to do before the baby was born.” Fathers recounted

being busy taking care of the child, although they thought of the experience as exciting and fun.

Strengthening the relationship by undergoing strain

Fathers stated that having a good relationship with their partner was of great importance in managing a family with a preterm born infant. Talking about everything with the partner was essential. Their relation was strengthened by trying to work through the situation together. One father said: “I think that our relationship has grown into a more adult relation. We are much closer in our relationship and feel more secure together.” Fathers expressed that, with partners supporting each other, they could deal better with the happiness and sorrows of having a prematurely born infant. One father related: “It’s really great to share the experience of having a baby with your partner.” On the other hand, fathers also admitted to having some form of crisis in their relation. One father said: “This has brought us closer together, but it could have been the opposite, that we could have had a real crisis in our relation.”

Feeling fortunate despite all

Time passed and the fathers found life with their infant normalised, as most of the time, everything went well despite the fact that some of the infants had been in severe health conditions. Fathers felt lucky because their child developed as expected. They also reported that, as things turned out better, they didn’t think so much about the fact that their infant was born premature. One father said: “Everything is great and turns out well; the baby was just born too early.” When comparing their child with babies born full term, some of the fathers worried that their infant had not had the same progress. However, when they compared their own child to some other preterm infants who were critically ill and with disabilities, fathers felt fortunate to have such a strong and healthy infant. Meeting other parents with seriously ill

children made the fathers calm down; they did not want to tell the other parents about their child, and they felt guilty in front of those parents who had a child not as healthy as their own.

Initially, after the child was born, fathers took it one day at a time, but after a while, they tried to look forward. Fathers described how they tried not to think too much about what could happen. As a father said: “Regardless of what’s happening you have no other choice, we just keep going on and try to handle whatever it is.”

Fathers thought about whether the preterm birth would affect their child later on. Some of the fathers said that they would probably worry about their infant having disabilities for a long time, or that there might be delays in the child’s development. They had thoughts about how they would handle it if their infant had any injuries or should not develop as expected. On the other hand, they also realized that the life of the child was most important.

DISCUSSION

The results show that fathers of a preterm infant experienced opportunity to get to know their infant by virtue of the time they spent at the NICU. When parents get to know their infant, can read their behaviour and adjust to their care, a great partnership develops. As the relationship progresses, parents can feel competent in their ability to care for the child and feel satisfaction with their relationship to the infant (19). Parents need to notice the infant’s attempt to establish contact, which will enable them to acquire a better understanding of their child (20). Fathers who are highly involved in their infant’s care are more likely to be rooming in and to report positive interactions with both their infant and their partner (21). Those results may be congruent to fathers of preterm infants in this study who did, to a great extent, spend a lot of time at the hospital together with their infant and their partner. This finding highlights the importance of the fathers’ attendance in the care of the infant.

The results also show that the fathers involved in this study felt themselves to be well cared for and considered themselves as being well taught by professionals to take care of their own child. Moreover, they saw themselves as skilled fathers who knew their infant much better compared to fathers of infants born at term. According to previous research (22), a father's involvement may increase when a child is prematurely born and in such cases, these fathers become better adjusted to fatherhood. Most first-time fathers return to work within seven days after their infants' birth, which results in their having fewer opportunities as compared to mothers for experiences and encouragement with infant care (23). It should be noted that the social security system in Sweden (24) allows fathers to obtain leave from their job, with leave policies stipulating that parents can receive compensation equivalent to 80% of their salary while they are taking care of a sick child. This makes it easier for fathers of preterm infants to stay at the NICU with their infant and creates certain frames for mothers and fathers in Sweden to deal with having a prematurely born infant together.

Another result shown here is that, although it took time for the fathers of preterm babies to finally feel like a father, they nevertheless experienced growing emotional attachment for the infant that increased over time. A great number of fathers of preterm infants do have not real feelings for the infant in its first month of birth and, consequently, their attachment to the infant is delayed (25). Attachment theory is embedded in the concept that when an infant signals its needs and adults respond appropriately, a secure infant-parent attachment ensues (26). Fathers in this study considered themselves as maybe having a stronger sense for the infant, compared to their friends with children born at term. A possible explanation might be found in the results indicating that the preterm birth made it possible for the fathers to be more involved in the infant's care and to be together more often with the infant, which led them to get to know the infant better. Father-infant bonding is further facilitated by the development of fathering skills and involvement in infant care. Therefore, the extent of a father's

involvement in the care of an infant is related to the depth of his feelings of attachment to the infant. Nevertheless, feelings of love for the infant can still be delayed even when the infant is born at term (27). Fathers need to be reassured that their relationship with their infant may evolve more slowly than the mother-infant relationship (28). Nurses can develop early interventions to assist parents adjusting to parenthood through assessment of parents' needs (23).

Fathers in this study became more confident in their role as a father, although at the NICU they sometimes felt forced to take more responsibility than they were ready to do. Being on leave with the infant before discharge was seen as a positive experience. Transition to parenthood does not become a reality until the parents take the infant home, but the care-by-parents experience provides a positive transition from hospital to home for mothers of preterm infants (29). This seems to be similar for fathers according to the findings in the present study. Further, it is important to create conditions for parents to have continued communication with staff after discharge from the NICU.

Although the fathers longed to go home, their infant's discharge was met with mixed feelings of excitement and anxiety, because they were soon to take full responsibility for the infant. Similar results were found in a study about maternal concerns about infants' discharge (22). When the family was finally at home, life started to normalise and they felt like a real family. Fathers expressed their first real sense of being a father after coming home with the family. At the birth of the premature infant, the re-establishing of the family should begin and it is important to provide ongoing support for the bonding process and parenthood in the transition time from the neonatal unit to home. Transition to home is experienced differently by families: for some, it is a short transition from being a normally functioning family; for others it takes a longer time (12). After the first two to three weeks of being at home, the majority of parents of preterm infants felt ready to take on full responsibility and they also felt

confident to manage alone (30). This states the importance of the need for support by professionals in the transition from hospital to home. On the other hand, the fathers emphasized that after coming home they could feel like a real family again. This is congruent to a study (31) where the parents of preterm born did not feel like a family at the hospital, although after discharge they gradually felt more and more like a family. The effectiveness of nursing interventions to promote parenting in the NICU is indicated by the strength of the parent-infant relationship at the time of discharge from the hospital (32). Empowerment is a process of helping people to assert control over the factors that affect their lives (33). It is the author's claim that parents need to be strengthened and encouraged to become more independent. Nurses must empower parents to have the ability and the intention, with support and aid, of being competent to take care of their own child, and in time taking over more and more responsibility, with the goal of taking full responsibility in due time.

Fathers in this study described themselves as having grown as a person and valuing life as being more complete. However, their focus was on the infant and they had less time to do things for themselves. A study about the intimate relationship of first-time parents shows that the focus of attention shifted to the infant and the relationship was thereby influenced by the existence of the infant (34). Nevertheless, there must be a balance in the relationship between partners as they undergo the process of parenthood, and it is equally important to devote time to this relationship (35). Both men and women demonstrated a significant increase in the complexity of their thinking about the impact of becoming a parent. An explanation for this might be that with the birth imminent, parents devoted more time to thinking about the baby and seeking information about it (36). It would be interesting to hypothesize how this might influence parents of preterm born, who are all of a sudden faced with the unexpected birth of the infant.

The results show that fathers thought the relationship with their partner was significant in enabling them to handle having an infant born preterm. Furthermore, they emphasized that the relation had been strengthened by undergoing strain as they worked through their infant's situation together. Their mutual concerns for the infant and the common responsibility gave life a new meaning, and being a family created a feeling of togetherness, but the same situation can also be something that could separate parents in their relationship (34). The crisis parents experience when their infant needs care at an intensive care unit challenges not only the mother and the father as individuals but also their well-being as a couple (37). A preterm infant often requires prolonged hospitalization and this means a lot of strain for the family, strain that can affect the parents' relationship. Breakdown is more common in couples during the first months after having a prematurely born infant (38). Marital happiness has been shown to be lower among couples with preterm babies, although if the parents are prepared during pregnancy, they can handle the situation with the changed roles as a couple after the birth more easily (39). It must be said, however, that since having a preterm born infant means the birth was unexpected, therefore it would not be possible to be physically, psychologically or emotionally prepared for the birth during pregnancy. According to a study, a previous investigation is needed for preparing fathers for fatherhood and improving support provisions (40), but how it can be possible for fathers of preterm infants to be prepared for fatherhood is not suggested.

Despite the fact that some of the infants had had severe health conditions, the results show that the fathers mostly thought their experiences with their infant went well, they felt fortunate and did not want life to be any different. However, they did think about how they should have managed if the child were to have disabilities or if something else went wrong. It is common for mothers to think about how it would be like if something were wrong with the infant and if they should have the strength to give what the infant needs (41). Those results may be similar

to the results of the fathers participating in this study, who were confronted with issues related to not knowing how the preterm birth should effect the child later on, as it is often not until the child is a few years older that the outcome of their premature birth could be fully identified. It is, however, important to be aware of the long-term impacts and to treat parents with prematurely born infants with full respect and openness in listening to their experiences.

STUDY LIMITATIONS

One limitation of this study could be the size of the sample; the results might have been different if there had been more than eight participants. Although in qualitative research there are no criteria or rules for sample size (42), still, it should be large enough to achieve variation of experiences, but small enough to permit a deep analysis of the data (43). The results from this study cannot be generalised, and this is not the goal of qualitative research (44), but the result in one context can nevertheless be transferred to similar situations. Two of the researchers had a pre-understanding as paediatric nurses, which we tried to disregard when conducting interviews and during the analysis (cf.44).

CONCLUSION

This study reveals that it takes time to feel like a real father after having an infant born prematurely. However, fathers did have more chances to be together with their infant, thereby getting to know the infant better and developing an attachment that increased over time. By learning from professionals, they became more skilled in taking care of their infant. Being a father to a preterm born means a lot of strain; on the other hand, they also felt they had gained a lot by their experiences. Although there are a lot of similarities between being a father to a child born at term and one born preterm, it is of the utmost importance to also have an understanding about the specific experiences of fathers of prematurely born infants. The

results of this study have implications for nurses working with families that have children born prematurely.

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Table 1: Characteristics of the fathers (n=8) and of the preterm born infants in the study

The fathers
Age ranged between 22 and 37 years (md=30.5)
First time fathers (n=6)
Permanent job (n=8)
Married (n=1) or cohabitating (n=7) with the child's mother
Type of dwelling, one-family house (n=6) and blocks of flats (n=2)
The preterm infants
Gestational age at birth ranged between 25 and 34 weeks (md=30)
At the time of the interviews age ranged between 1.5 and 12 month (md=3)

Table 2: Overview of themes (n=2) and categories (n=6) constructed from the analysis of the interviews with fathers of preterm born infants

Theme	Category
Takes time to feel like a real father	Getting to know the infant
	Growing emotions for the infant
	Becoming more confident as a father
Gains from the stressful situation	Going through change as a person
	Strengthening the relationship by undergoing strain
	Feeling fortunate despite all