COVID-19 restrictions and fathers of infants in neonatal care

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We fully agree with the authors in terms of need for a paradigm shift. We have called it a 'pandemic' but response has been largely country centric and not at all global.

We would also like to highlight a typical reactionary response globally leading to exclusion of fathers from maternity and neonatal units.

The Covid-19 pandemic is dividing families all over the world, especially at a time when togetherness is particularly important, such as at the time of birth, death and illness. Many families are experiencing situations that are prone to leave life-long scars.
While the protection of the health of staff and mothers is of paramount importance, social distancing, curbs to travel and additional restrictions to presence of parents instituted by maternity and neonatal units across the world have created obvious difficulties for families. Having a sick baby in a neonatal unit during this pandemic is a particularly intense hardship for families. We are well aware of negative impacts of separation on children and families and the pandemic related restrictions have made this worse for the whole family, perhaps more so for parents of preterm and sick newborns.
We have previously highlighted, along with many others, the importance of optimising fathers' experiences in the neonatal unit (Ref 1-8) and suggested a focus on a co-parenting paradigm with a clear set of recommendations for neonatal and maternity services (Ref 1).
Even though we have seen some progress internationally on this front, concerns related to the spread of Covid-19 have led to restrictions, which many would argue, are significant backward steps in our journey to improve fathers' engagement, experience and enjoyment of their newborn. Beyond the father, these restrictions may also adversely impact the infant and the family. While we understand the rationale for considering the restrictions, the restrictions per se are concerning on many levels and raise many questions.

The restrictions on father's presence seem more like an 'easy' knee jerk reaction rather than based on evidence. If they were based on evidence, how can we explain the wide variation in restrictions across the world? There is no suggestion that the variation is based

on rates of community transmission and risk. This begs the question whether there is a lack of understanding of the negative impacts of the restriction.

In areas of low risk of community transmission it would have been useful to explore alternatives to blanket restrictions, for example, more vigorous surveillance in terms of history, temperature check and use of PPE (personal protective equipment).

In situations where restrictions were considered the most appropriate strategy, it would have been useful to put in place systems to try to mitigate some of the risks especially in very vulnerable families with very preterm and sick newborns where neonatal stay may last for months. In some places technology including apps have been used to minimise isolation and improve family bonding.

We urge healthcare providers to closely monitor how restrictions have disrupted the support that parents of a sick baby provide each other or how early father-baby attachment and development of co-parenting is being disrupted. They need to explore what measures need to be put in place for fathers and families to minimise any on-going risks and optimise outcomes.

We hope that these insights and the pandemic experience will help us to understand how better practices can be implemented in the future, when confronted with similar circumstances.

The overall economic and societal cost of the Covid-19 pandemic should not overshadow the psychological burden of parents with a preterm/sick newborn during the pandemic. Policy makers will need to consider inclusion of psychological reparation tools and actions within the recovery programmes as well as a more consistent evidence based strategy for any future pandemics.

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References:

1. Fisher D, Khashu M, Adama EA, Feeley N, Garfield CF, Ireland J, Koliouli F, Lindberg B, Nørgaard B, Provezi L, Thomson-Salo F, & van Teijlingen E. Fathers in neonatal units: Improving infant health by supporting the baby-father bond and mother-father coparenting. J Neon Nurs. 2018; 24(6): 306-312.
2. Stefana A, Padovani EM, Biban P, Lavelli M. Fathers' experiences with their preterm babies admitted to neonatal intensive care unit: A multi-method study. J Adv Nurs. 2018;74(5):1090-1098.
3. Arockiasamy V, Holsti L, Albersheim S. Fathers' experiences in the neonatal intensive care unit: a search for control. Pediatrics. 2008; 121(2):e215-22.
4. Sisson H, Jones C, Williams R, Lachanudis L. Metaethnographic Synthesis of Fathers' Experiences of the Neonatal Intensive Care Unit Environment During Hospitalization of Their Premature Infants. J Obstet Gynecol Neonatal Nurs. 2015; 44(4):471-80.
5. Valizadeh S, Mirlashari J, Navab E, Higman W, Ghorbani F. Fathers: The Lost Ring in the Chain of Family-Centered Care: A Phenomenological Study in Neonatal Intensive Care Units of Iran. Adv Neonatal Care. 2018; 18(1):E3-E11.
6. Noergaard B, Ammentorp J, Garne E, Fenger-Gron J, Kofoed PE. Fathers' Stress in a Neonatal Intensive Care Unit. Adv Neonatal Care. 2018; 18(5):413-422.
7. Chen YL, Lee TY, Gau ML, Lin KC. The Effectiveness of an Intervention Program for Fathers of Hospitalized Preterm Infants on Paternal Support and Attachment 1 Month After Discharge. J Perinat Neonatal Nurs. 2019; 33(2):160-169.
8. Ireland, J., Khashu, M., Cescutti-Butler, L., van Teijlingen, E., Hewitt-Taylor, J. Experiences of fathers with babies admitted to neonatal care units: A review of the literature. J Neonatal Nurs. 2016; 22 (4):171–176.