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## Fathers' experiences of the newborn life support for their baby at delivery room

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The purpose of this study was to describe fathers' experiences of the newborn life support for their baby at delivery room. In earlier studies, parents have valued the opportunity to be present in immediate neonatal care and resuscitation at birth bedside the mother (Sawyer et al., 2015) and in resuscitation in a pediatric intensive care unit (Tinsley et al., 2008). However, parents have also felt fear at resuscitation (Tinsley et al., 2008).

The data was collected during a period of five months in a Finnish central hospital with interviews (n = 8) and a questionnaire (n = 11). The data from the interviews and open-ended questions of the questionnaire were analysed by a qualitative content analysis. The multiple-choice survey data was analysed by using descriptive statistics.

Of the interviewed fathers, five had been beside the resuscitation platform during the newborn life support. Of the fathers filling in the questionnaire, eight had been present in the situation.

In the interview data, most of the fathers who had been present during the newborn life support situation felt that the staff members had informed them well during and after the neonatal life support. The fathers expressed that they were frightened during the neonatal life support but after it, they felt relieved. Despite of feeling scared, they had, however, also felt that the baby was in safe hands and that they should not worry. All three fathers who had not been present at the newborn life support situation reported that they were not offered any opportunity to be present. However, they were not dissatisfied with that. They had felt themselves lonely and uncertain about the mother's and the newborn's condition. They had received information from the staff. However, they would have expected to be better informed about the newborn life support and the reasons why it was needed.

In the questionnaire data, of the eight fathers who had been present at the newborn life support situation, five would have wanted to touch the baby. Seven had been offered the opportunity to touch and six fathers had touched the baby. Of those who had not touched the baby, neither one would have wanted to do that. One of them had been offered this opportunity. All the eight fathers who had been present at the newborn life support situation, felt that they had been psychologically supported and comforted during the situation and that the support and comfort was sufficient. Of the three fathers who had not been present at the situation, one felt that he was psychologically supported and comforted when his child received life support, whereas two felt that they were not. All of these three fathers felt that the support and the comfort was insufficient. Two of them had felt lonely and that they did not know what happened. However, one father felt that he had not needed any support or comfort. Of the eight fathers who had been present at the newborn life support situation, seven felt that the information from the neonatologist was sufficient. One reported that it was difficult to get information, as there were two medical doctors who discussed with each other, not with the father. All eight fathers felt that the information from the midwives was sufficient.

The sample size was small, thus the results cannot be generalized. However, the study produced important information about fathers' experiences of their newborn's life support at delivery room. Fathers who are present, as well as those who are not present, need information and support.

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