New Research Highlights How Fathers and Mothers of Babies with Congenital Heart Disease Experience Stress Differently

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NEWARK, Del. (PRWEB) June 13, 2018 -- A study published recently in Pediatric Critical Care Medicine highlights the stressors on families and the differences between mothers and fathers in their experience of having a child with congenital heart disease (CHD). CHD is the most common birth defect, affecting 9/1,000 births worldwide. These findings could help healthcare providers to better serve affected families. While most of the research to date has focused on maternal stress, this study emphasizes the importance of understanding the paternal perspective as well, and the need for supportive interventions for fathers. The lead author is Erica Sood, PhD, clinical psychologist with the Nemours Cardiac Center at Alfred I. duPont Hospital for Children, Wilmington, Delaware. The study involved collaboration with Allison Karpyn, PhD, in the University of Delaware’s Center for Research in Education and Social Policy (CRESPP).

Participants in the study included 20 mothers and 14 fathers of children who underwent cardiac surgery for CHD at less than 6 months of age. All children were between the ages of 1 and 3 years at the time of study. A cohort of families was selected to represent clinical and demographic diversity, and 84% of invited families chose to participate. Parents took part in one-hour interviews conducted in private by a pediatric psychologist. Consistent themes related to emotional states, stressors and supports emerged.

Parents described feeling unprepared for the emotional impact a CHD diagnosis had on them, siblings and the family unit as a whole.

Highest stressors for fathers
Changes to role as parent
Insufficient preparation for impact on family
Balancing responsibilities (employment vs. care of child and partner)
Burden of parenting medically complex child

Highest stressors for mothers
Insufficient finances
Burden of parenting medically complex child (medical/feeding equipment, insurance denials, etc.)
Changes to role as parent
Insufficient preparation for impact on family
Problems with support network

The authors suggest that critical care providers must direct information and questions to both mothers and fathers, even if the mother is more often at the bedside or more vocal about the child’s care. An interaction style that doesn’t include the father may intensify feelings of parental role change and helplessness. One father said: “While mom and baby were [at the hospital] they got support and they got help, but I was pretty much fending for myself.” Providers must work to increase access to support for fathers, even when they are not physically at the hospital, by accommodating fathers’ schedules and using technology to include fathers virtually, for
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