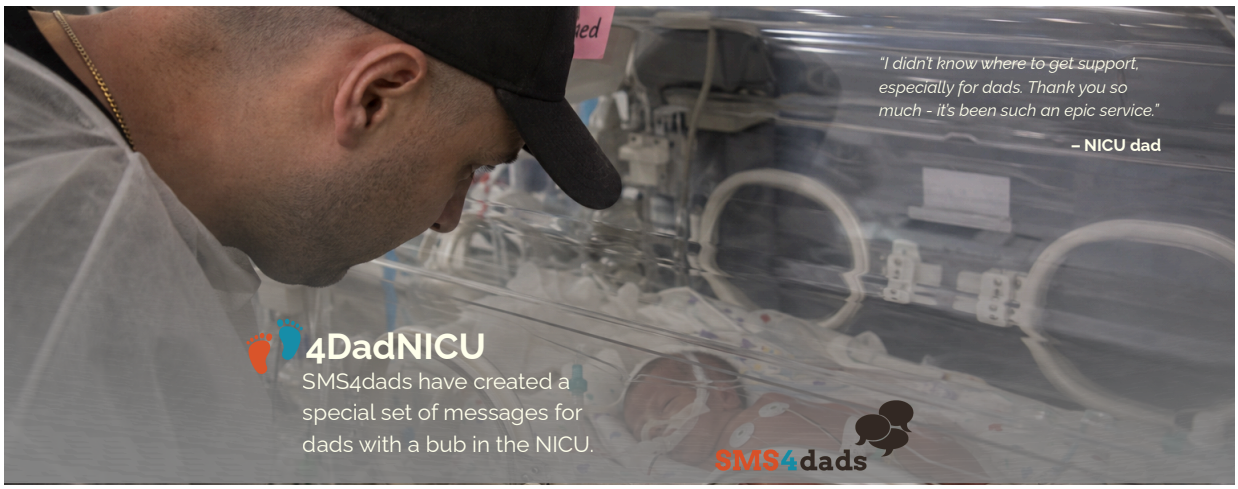

Welcome to the SMS4Dads NICU Newsletter

Neonatal intensive care provides life-saving support for vulnerable babies, but parents also need care and support during this difficult period. In this edition, we highlight the SMS4dads NICU text messaging program for fathers and hear from researchers, clinicians, and fathers about innovative approaches to helping fathers cope with the emotional challenges of having a baby in intensive care.

Menu:

4DadNICU

These specialised messages were designed in collaboration with **Life's Little Treasures Foundation** and **Miracle Babies Foundation**, who gathered parents with lived NICU experience and clinicians working in neonatal settings to help develop the texts.

The 4DadNICU texts focus on 3 key themes:

Bonding:

4DadNICU: *Singing, talking, and reading to your baby will help you connect to each other. Your voice can calm and comfort them.*

Partner Support:

4DadNICU: *Companionship is a key pillar of partner support. If you can't be there, you can always let her know that she is on your mind.*

Selfcare:

4DadNICU: *Focusing on things you can control will help you cope with the NICU. Such as being physically active, eating well, and looking for the positives.*

What NICU dads say:

'At first I wasn't sure if I would get anything from the messages but then as we progressed through our time at the NICU they helped me to deal with and vocalise emotions when they came up. We left the NICU but then had to be re-hospitalised when our baby caught gastro, and the messages continued to

be helpful in the paediatrics ward. thank you for putting this together!'

What clinicians say:

"I think a service like SMS4dads for NICU is probably one of the few services that would be for dads in isolation. The Dad's I have spoken to are at a bit of a loss as to 'how they can support their wife?', 'how can they support mum?', and the last question they think of is 'how do I support myself?"

Read more about the NICU Messages

NICU video resource for clinicians and dads

This video resource features parents and clinicians with lived experience of NICU and grief, who worked alongside SMS4dad's to design 4DadNICU messages and ultimately shape support for future NICU families.

**Trigger Warning: Video resource includes discussions about grief, loss, and personal NICU experiences*

Watch the Video

Read the Research

Facilitating Family Centred Care: The co-design development of text messages for fathers with an infant in NICU

Actively engaging fathers is an important but often overlooked component of Family Centred Care in the NICU. This study showed that fathers have specific support needs that can be identified through collaboration with parents and clinicians. By co-designing tailored text messages based on fathers' experiences, the intervention aimed to increase fathers' involvement in their infant's care, strengthen family participation, and better achieve Family Centred Care goals. The strong endorsement of the messages by both fathers and clinicians highlights the value of including fathers as active partners in neonatal care.

https://doi.org/10.1080/17538157.2025.2542123 Fletcher, R., May, C., Liackman, R., StGeorge, J., Regan, C., & Stark, M. (2025). Facilitating family centred care: the co-design development of text messages for fathers with an infant in NICU. Informatics for Health and Social Care, 50(3-4), 101-113.
Free to download at:
https://www.tandfonline.com/doi/full/10.1080/17538157.2025.2542123

Miracle Babies Foundation

"The impacts of having a baby in neonatal care can affect the entire family unit and often, Fathers can feel lost, confused, and scared and risk mental health challenges as a result."

Miracle Babies Foundation is a parent-led organisation built from lived experience, with a national *Nurture*Line available 24/7, 365 days a year for families with a bub in the NICU. The support workers are all parents themselves, and their advice helps dad navigate the NICU. Support doesn't end when families arrive home – it remains available for a lifetime.

The Miracle Babies Foundation ***Nurture*Line** ensures that fathers have access to help that supports them to;

- Feel their emotions. Are they feeling sad or scared?

- Cope with going home... With, or without their baby.
- Manage feeling torn between supporting their partner, baby, siblings, or other day-to-day responsibilities.
- Cope with uncertainty and the loss of control that can come with a NICU admission.
- Find practical ways to maintain routines and take care of themselves while caring for their family.

Miracle Babies also provides face-to-face peer support for families in partnering hospitals and free resources to help parents feel prepared and informed during every stage of their journey.

The *Nurture*Line can be accessed by anyone, at any time: 1300 622 243

Learn more about Miracle Babies Foundation

Life's Little Treasures

"At LLTF, we recognise that dads often experience unique challenges during the NICU and post-discharge journey, and our resources provide connection, understanding, and peer support from others with lived experience."

Life's Little Treasures Foundation supports families with a sick or premature baby in the NICU, and they are committed to providing both emotional and practical support that acknowledges fathers as an essential part of their bubs' NICU journey.

They offer **NICU Connections for Dads**, which brings men together who have cared for a sick or premature baby in the NICU. Volunteer fathers with lived

experience nurture a safe and welcoming space for other dads to ask questions, celebrate milestones together, and be there for each other – through hospital discharge and beyond.

The foundation also offer free, informative guidebooks with dedicated sections for dads, family stories from a father's perspective, and practical tip sheets available online and in many neonatal units across Australia.

Learn more about Life's Little Treasures Foundation

Support from other dads (Peer Support)

Having other dads who are going through the same experiences or have already been there can help manage the most stressful encounters and be a source of support and encouragement.

Support Groups for NICU dads

Melbourne

Dr. Zamir Yahya is a consultant Neonatologist at the Mercy Hospital for Women, Heidelberg

"The dads' group gave me a place to admit that I was scared, alone and felt pressure to hold it all together for everyone else without feeling judged. Sitting down with other fathers, I realized I wasn't the only one struggling and that gave me strength." - **A member of the NICU dads group.**

“I come to this work with a little bit of personal experience with loss. My wife and I lost our firstborn at 34 weeks, slightly different from NICU but I experienced the grief.

In fact, I had a slightly delayed reaction. I think dads and men in general assume the protector role, provider role, and make sure mum's alright. I went back to work maybe a month after the whole ordeal, and then I crashed when Shura, my wife, was picking up. So, that's where my passion comes from.

I noticed, in a large maternity hospital, where you're treating a baby as a part of the extended family unit, the father tends to be forgotten. There's not much there. The perinatal mental health clinicians don't have a hospital number for the dads. You can't refer them on for

anything else. And I've always had an issue with having to ultimately say, “Oh, just make sure you touch base with your GP”, or “Here's a list of people you can contact”. That never really sat well with me.

The dads are always the first one with the baby in the NICU. It's never the mums, they're still recovering, they're still in the birth suite. The babies come up to the NICU and then we bombard the dads with this whole load of information, like, can you sign consent for your baby to get vitamin K, hepatitis B, can you consent for blood, everything.

And then once the mum comes up, we completely forget them, and they're this entity who is like a deer in headlights, and suddenly you don't see them anymore. Even for updates we call the mum. So that's where this came about, an idea to start something, just provide a space for the fathers to be heard and just to get them together, as a start to support them.

Initially, I put a little flyer up in the unit inviting the dads in the NICU to come over for a chat, and we ordered some pizza and drinks. The idea was to get them together, and I was hoping not to do all the talking, it's just for them to start chatting about stuff and getting to know each other.

Because I also noticed in the NICU, the layout and structure weighs in heavily as well. For example, our unit is quite open, there's no single rooms, and I've noticed that some dads who come into the nursery and sit by their bub’s bedside, and the mums are having their kangaroo cuddles, and the mums are chatting away, but dads are on their phone, either playing games or just swiping something.

We started in the parent hub, which is a room next door to the nursery, from 5.30 onwards, hoping to capture dads after work. First we go around and say, in a brief couple of sentences, how your journey started in the NICU? That's how it usually starts, and ultimately there'll be someone who says, “Oh yeah, I felt like that too”, and then “Oh, yours is 24 weeks, or mine's 500 grams” and you see how the penny drops in terms of people putting things into perspective, people sharing the load a little bit. And sharing little tips, even simple things such as the location of the Centrelink close to the hospital. Little nuances which, if you didn't get them together, they might not have known.

And I keep note of anecdotal things, because you have a myriad of circumstances, first-time dads, dads who have got 2, 3, 4 children, rural dads versus city dads and maybe they are far from home, away from their supports. And then I share some of their stories from previous groups. One dad maybe shared, that he thought he was doing alright, and he needed to go back to Shepparton to take out the bins or just feed the dog. And then he sat by the curbside as he took the bins out and cried for a good 3 hours. I share that just to say that they have to check in with themselves.

I have good buy-in from the nurses, because they may identify a dad who maybe is showing signs of different affects or unusual coping mechanisms. They will say “Hey, you know, Zamir's doing this group, you should go just have some pizza, just have a chat” . And I'm conscious that I'm not a mental health clinician, and my job is not to treat or address their mental health concerns, however I guess I have the responsibility to at least provide information and provide avenues to follow. It’s an aspect which could be built into this, having a psychologist who sits in with us, but this is a peer support group, I try to always go back to the aim, which is just to provide this safe space for them to share, to connect.

Because I'm the only one running it, I've held it only once a month since I started in the middle of 2024. This year, we've been trying to do it at least fortnightly, because you'd like to capture a lot of the dads, and sometimes there's a lot of value in having repeat offenders, because their experience is invaluable, and they become the big brother in the group. They can be the calming presence with “You're all right, don't worry about that”. And you can see them grow and gain confidence, and I think there's a lot of value in that, even if it's just providing peer support.

There was one dad who came in, you could see he was distressed. His baby had just come into the nursery, and after hearing the size and circumstances of all these other small, premature babies, his was a big-term baby who just needed some antibiotics, you could see his shoulders just drop. And you could imagine that he was feeling he was in the wrong room, because his baby was not 'that bad'. But I try to make sure that everything they're feeling is valid, because each experience is valid for them, and to recognise that the NICU is an intense space, and a confronting space, but you're not alone.

In every group I make this point: when you tell family members and relatives and friends what you're going through at the NICU, and they mean very well, and it comes from a good place, and they’ll say, I know how you feel, or I can imagine how you feel. But if you look around the room to the person next to you, these guys actually know how you feel. A lot of them resonate with that. Dads will say “You're right, no one actually knows except for these guys, because they're actually going through it”.

And it's been quite well received. A lot of the nurses have told me they get excited about finding a dad who they think will be great for this dad's group, who they encourage to go. And then it's those incidental corridor chats where you see dads who've never talked to each other before suddenly check in, like, “Oh, your baby's now 1.5 kilos, yeah, mine's 1.5 kilos too”, it's just those little things which, to me, feel invaluable.

The aim is to run the group more frequently and ultimately to have dads facilitating, because I think their experience is invaluable. I've managed to recruit 5 fathers who have graduated the NICU to go through our volunteer program, to come back and sit in with me. The aim is ultimately for them to be the ones who facilitate it, and so we can run it more frequently.

The other aim is to have a pack of resources for them to take home with them. I’ve ordered a lot of flyers from the SMS4dads website to add to the Miracle Babies and Life's Little Treasures flyers. Perhaps an information pack for every dad would help. Dads are expected to take in a lot of information. What's the next milestone, ‘We're aiming for one kilo and going to come off the breathing tube, that's our next aim’. There's a lot to learn from the dads in terms of how we can disseminate this information.”

The NICU Buddy: A New Model of Support

Perth

Vincent Mancini is a Senior Research Fellow at The Kids Research Institute, Perth, Western Australia

"What we're NOT trying to do is tell clinicians all the ways they are failing fathers. Instead, what we're saying is, 'we've spoken to families. We've spoken to dads. And here are some things that these dads remember about their experience."

Through my research program at the Kids Research Institute Australia, I do a lot of work with dads across the continuum of child development and I was getting a bit of a profile working and engaging with dads. I was approached by the people at King Edward Memorial Hospital who said that they had been running NICU dads groups, and saw it as a really important part of their work, but also saw the need for structure, and ideas about how we to continue to engage the dads and support them.

At that stage I wasn't especially focused on NICU dads, even though I was actually one of the NICUs babies at King Eddies and also my sibling, a 24-weeker who didn't make it, was in this NICU.

So, there is a kind of family history there that's made me aware of dad's experience in the NICU, especially because my dad, who's now in his 70s, doesn't really talk about the perinatal loss of my younger sister.

The start of the project back in 2022 involved talking to the people who were facilitating the dads groups and to clinicians who are on the ground, who are doing a great job at engaging with fathers already.

Certainly, you hear this from the families, that some of the clinicians do a really great job at engaging with fathers. And what we've been trying to do is quantify what I would call a 'secret sauce', that allows them to engage the dads. Something they've developed without any formal training. Now, four years later, we've got a pretty good idea of the 'sauce' and now we're building

training and an intervention to share this ability to engage fathers.

What we're not trying to do is tell the clinicians all the ways that they are failing fathers. Instead, what we are saying is "We've spoken to families, we've spoken to dads, and here are some of the things that these dads remember about their experience, particularly for those nurses or those neonatologists who engaged them really well".

The aim is to see if we can help those other clinicians recognise, that “Hey, this is actually possible for me, and it's not some big, complex training or intervention, It's really just, How you going, Dad? Is there anything that we can do to help you support your partner or support yourself?"

Part of the work is going to be working with the system, the health professionals who are there, but then the other component, and we heard this really clearly from the dads, but also from their partners as well, was the power of peer support. A clinician, whether or not they're a dad themselves or a parent themselves, they play a particular role in the story of this family's NICU journey, and the hat that they're always wearing is the one of the neonatologist or the social worker, and that's a very important hat. But at the same time, there are many dads who are wearing their NICU dad hat, and they just want to talk to another dad who's wearing the same hat. So the other part of our work is the groups at the hospital.

The intention of this project is to build up and sustain these groups, but we are exploring a concept that we've heard from families, a buddy model rather than a peer group. And the reason they brought that up is because when we're doing the groups at the hospitals, all new dads, all in the NICU, a lot of these men have to clear a lot of hurdles to be able to get there. They had to be available, to sort out work, other kids, and be comfortable enough that their partner was doing okay.

The acute NICUs here in Western Australia are both in the metropolitan region, but you've got families and fathers who might live an hour and a half, two hours away. A lot of these hurdles that kept coming up meant that, although the groups are incredibly powerful, some dads will miss out.

So the alternative model that we've been co-creating with the dads is the idea of what you could call a ‘NICU dad buddy’, a liaison-type person, a NICU dad who works as part of the hospital system, who will reach out to every dad that comes through the NICU door and introduce himself and explain the

resources and information that is available.

We are currently partnering with the Consumer Involvement Team here at Perth Children's Hospital. They have established programs, protocols, training and governance, all built around bringing community together. Former parents who have had sick kids in the past. They've never done it in a dad context, and they've never done it in a NICU context. So this is a real meeting of the minds. We've got our dads who are going to be those peer support people ready to go. We've got a system that specializes in connecting former parents who have unwell children to current parents, and so it's a no-brainer for us.

Now it’s just a question of funding. We have had enormous help from Healthway and from Helping Little Hands, which is a small not-for-profit here in Western Australia, but now we need help from other sources.

How Lived Experience is Changing the NICU for dads

Perth

Kabe Redfern is a Consumer Academic for the NICU Dads Project at The Kids Research Institute, Perth, Western Australia

"Whilst in the battle and during the journey we didn't have a chance to reflect on our selfcare and mental health. My wife was and is amazing, but the first thing she said was; 'I failed as a woman. I failed as a mother. I couldn't keep my baby in"

I worked in law enforcement (Western Australia Police Force – WAPF) for 15 years, and now I work as a firefighter as my second trade. Having been involved in trauma, witnessing and picking up the pieces as a first responder. I am now working part time at the Kids Research Institute with the NICU Dads Project.

My two children who were both born premature and required extended NICU stays, and the subsequent fall out and knowledge of the damage that can occur to families, were my driving factor to become part of the project.

My first child was born 4 months early, in 2021. We were living in regional West

Australia at the time. From the moment we knew there was a problem, to when the baby arrived was a matter of hours. The Royal Flying Doctor Service was tied up so my wife was whisked away on a 3 hour drive up to the King Edward Memorial Hospital. Normal pregnancies follow prenatal appointments where you discuss how the birth will go, what music to pick, choices on umbilical cord. This was our first child, we had no idea, let alone the world of the NICU.

And then the nature of our son's birth was touch-and-go. We lost him, got him back, we had him at hospital, we were in the NICU for 4 months, and then we had one more surgery to go, and then we lost him again. He was resuscitated in front of us.

Whilst in the battle and journey, we didn't really have a chance to reflect on our self-care and own mental health. As time went on we both realised that there was some baggage/issues that had followed us. My wife was and is amazing, but the first thing she said was, "I failed as a woman, I failed as a mother, I couldn't keep my baby in". And I think that was the trigger for me to go, there's a lot more psychologically that needs to be unpacked here, and there are no real services in place to help patients in that space post discharge or in a long-term handover way.

They're medically putting the sutures and stitches in, and giving you medication, but there's not much duty of care when it comes to follow through. And even tenfold for the fathers who are not recognised as patients within the system and as such there is nothing to support those that are struggling.

It got me wondering, and I was annoyed about it, and then I saw the ad for, Vincent's project. It said if you meet 3 out of 4 criteria, please apply. One was lived experience; I had plenty of that. Another one was had experience in project management, well that was part of my job in the WAPF, and then there was being flexible, but the last one asked for a PhD or undergraduate degree. I contacted Vincent and said I meet 3 out of the four, but the one that I'm missing is substantial. I don't have a PhD. I'm not a learned person, but I'm willing to be.

He said "Look, you absolutely are not going to leave my hands, you can be part of this project, I'll find a way to make this work", which he did! So now I can be part of NICU Dads once a week, and I have been for the last year.

I have 15 years of dealing with traumatic incidents, being involved in it, where

your adrenaline's pumping, life or death, and then it pales in comparison to this, you know? And I think that adds another layer. Not many have had that human body response, adrenaline, fight or flight, all the time, like I have, and then I've also had it now with this, our first child, with Archer, and there was a complete loss of control that, I just wouldn't wish on anyone.

At King Edward Memorial Hospital, there was a voluntary service run by a staff member once a week on a Tuesday afternoon, any father could come and have a talk. It'd just be a coffee and a biscuit, there was no curriculum, there was no set agenda. And because we were living in a hotel accommodation, and there just wasn't anything to do in that space that was healthy, so when they said, would you like to come to a dad's group if you're interested. I was like, yeah, sure, I mean, I'm not doing anything else, so it can't hurt. This staff member – Tony, had seen there was nothing in place for fathers and was adding it to their extra-curricular activities to try and help.

I was a little bit apprehensive, because I didn't know many people there. It was very humbling, after the first two weeks after the dust had settled, there was someone in there that was at the end of their five months with their kid, and I was going "Oh, he's having blood transfusions today, like, I don't even know what's going to happen.I've googled it all, and you can only have so many of these..."

Google's a terrible thing, I know that now, but at the time, when you don't know medical things, you're trying to get an understanding of it so you can have a conversation, ask appropriate questions to the doctor, and actually get to make some decisions. But he was going to have a blood transfusion. If you have a blood transfusion as an adult, there's something wrong, something else is wrong. And then if the blood doesn't take, and then all these possibilities take you down this deep path.

Anyway, I said to this guy “I don't know, what to expect, and if he does survive, is he gonna have a disability? What are we gonna do with our life?” This guy said "Oh, actually, my kid, he did about 6 of those transfusions. He was great after each time”. And that helped. It wasn’t dismissive of what I was saying, but it was making it just part of that process, which was really good. And then I ended up being that person at the end of the line, because we were there for five months.

That group became, like a little bit of hospice for me, and I made sure I didn't miss that. That was more looking after myself than going to the gym or anything like that. Now I reflect and that was the only self-care I did, because

we were at that hospital 16 hours a day. And because I was at the hospital I didn't feel so guilty about going to do it and leaving the bedside, because I was sort of still in the hospital. If something went wrong, they would call. So I ended up, being quite persistent with recruitment. When new dads would come in, I would say "Hey, I don't know you, but there's a dad's group. Sorry, congratulations and condolences, because you're in here, but congratulations on the baby" It's this weird thing. People will be so excited for you, but I don't know if he's going to survive.

During the first 24 hours, where the wife is unconscious and has had surgery, and is in recovery, and the babies are, like, 700 grams, the tiny size is a shock "He was the length of my wristwatch". And they would like you to sign all these consents, and then you're watching them getting worked on, and I sat and watched all that, and then when he went down, I watched all that too, and there was still nothing I could do, but I was just beating myself up, and a few weeks later, I said to my wife, "I wish I never saw that, it made no difference to what is going to happen, it doesn't influence my decision, and I don't think I'd feel guilty about it because I couldn't even get near him, because there's 10 people around him working on him".

So when new dads came in, I kept that in mind. There's one dad who I'm good friends with now, he was 4 or 5 weeks after we had ours, and he came into that same rush where everyone's working on his child. And it's an all-open area, everyone can see everyone in the NICU, there's no walls, so it's not private. I said, 'Hey man", I was holding my kid, "Come sit over here for a bit, you don't want to see what they're going to be doing, just let them do it. It's just easier". I just talked about life and tried to keep him busy for 10-15 minutes, so then when they had settled his little girl down and fixed her, because she was screaming, then he could go over, and then afterwards, months later, he came back and said, "I appreciate that so much". I think that witnessing trauma for the sake of witnessing is just completely unnecessary.

So this group evolved. They started the NICU Dads project, not just the peer group, but looking at the systemic issues of what families and fathers need, and how it links into, what's already being provided, or what could be provided. That's where this project started.

Baby Support

When fathers understand how they can bond with their baby and contribute to their care during this stressful time, they are better equipped to support both their infant and family.

Observing NICU through your baby's eyes

Melbourne

Dr. Nat Duffy is a Consultant Neonatalogist at The Mercy Hospital for Women, Heidelberg, Victoria

"I had developed this really keen interest in the infant's world, and what the baby is feeling and thinking, and how they express their thoughts and feelings to their caregivers."

Dr Nat Duffy is a Consultant Neonatologist working in the Neonatal Intensive Care Unit (NICU) at the Mercy Hospital for Women, Heidelberg, and with the Paediatric Infant Perinatal Emergency Retrieval (PIPER) service at the Royal Children's Hospital, Melbourne. She is a faculty member of NBO Australasia and was awarded her PhD by the Department of Medical Education at the University of Melbourne in July 2026. Her research explores the infant's lived experience of neonatal intensive care, with a particular focus on early relational health and relationship-centred neonatal care.

During my training, I developed an interest in early relational health, and infant mental health, understanding the impact of hospitalisation on the babies, not only their physical outcomes, but also on their social-emotional outcomes.

We know that infants admitted to neonatal intensive care or special care nurseries are at increased risk of longer-term challenges across all the domains of their development. We have a lot of literature that tells us about those outcomes. I wanted to understand what their early life experiences are like within the NICU, to understand if some of those experiences can in any way be shaped or modified to improve outcomes. We know that infants develop within a complex system of relationships, and their brain growth is dependent on their early life experiences and by virtue of being in the

neonatal intensive care unit, their experiences are different to what they would be experiencing in the typical home environment. But nobody had ever asked the babies before what their opinion of their experience of care was. So I wanted to ask the patients, the infants, what it is like to grow and develop in this environment?

I met with some scepticism, but I had developed this really keen interest in the infant's world, and their life world, and what a baby is thinking and feeling, and how they express their thoughts and experiences and emotions to their caregivers. Actually, although newborn infants can't communicate with us in spoken words, like an older child can, they still communicate very proficiently through their behaviour, so looking at their autonomic stability, their breathing rate, their heart rate, the colour of their skin, and then how they hold and use their body to communicate their thoughts and feelings. They come into the world with a little suitcase of capabilities that if you understand those behaviours and you understand their mode of communication, you can enter their life world. You can allow yourself the space to think, what is it like from the baby's perspective?

I've done lots of additional training in interpreting infant behaviours, and I wanted to give the babies a voice, and by giving them a voice, it was about thinking about their behaviours. So, I sat alongside each infant, and just took in their world, but thinking about it from their perspective. So, who was interacting with them? How were they being interacted with? What was their physical world like, and then what were their bodies, and their states of alertness, and their ability to be responsive and socially engaged with the world around them? What were they telling us?

We wanted to triangulate what the babies were telling us with the thoughts and perspectives of their adult caregivers. So we interviewed the infant's parents, their mothers and their fathers, or their other non-birthing parent. And then we also interviewed staff to give an adult lens to that experience also. So we were asking a slightly different questions to what you would find in the literature, not what is it like for the doctor to look after this baby? We were asking doctors, nurses, allied health professionals, what do you think it's like for your patient, the infant?

There is lots of literature about the maternal experience of having a baby in NICU, and we're trying to get the paternal experience also, and we're starting to realize that there's a whole other voice there that's been somewhat neglected, so we sought the opinions of fathers as well as mothers about their

infant's experience. Because that baby is developing within the context of that relationship, baby, mum, and dad. What I was looking to achieve was "Who are the most important people in your world, and what do they think you're experiencing?”

We asked the parents "What do you think this is like for your baby?" I conducted all of the interviews, and I had to be very respectful. But the parents wanted to think about their children and talk about their baby's experience, and at times it was intertwined with their own experience, but that's the way life is, babies need parents, and parents need babies. Neither exists without the other.

An American paediatrician, Barry Brazelton, developed the Newborn Behavioral Assessment Score with a group of colleagues, and they really were the pioneers of, examining how babies communicate. Over the years, their frameworks and their learnings have been distilled down to numerous models. One of them is Newborn Behavioural Observation (NBO). I teach the NBO as part of a group in Australasia, but I use the NBO in my PhD, where I get the opportunity to be with the baby and their parents, and then as the clinician. I’m using the NBO as a research tool to look at fine-grained behaviours together, and to think about, "Oh, she was blinking, she's moved away, she's come back to us”, or “Do you see when we've undressed her, she's starting to use her voice, her body's become a bit disorganized? That's her way of telling us she needs us to help her to regulate and be contained". This is to really allow a triadic relationship to form, but the baby's behaviour and the baby's voice always remain at the centre.

People have asked about differences between the mothers and fathers. I don't see much differentiation between the roles. There is a huge focus on feeding in the NICU and obviously one parent is doing that job. But when it comes to holding and containing in the cot and being present for maybe painful procedures so that there can be a support person purely thinking about the baby, or having skin-to-skin contact, the enthusiasm is the same from mothers and fathers.

There's a slight difference in maternal and paternal experience about the overall journey when asked, What do you think this experience has meant for your child? Although there wasn't enough data to really answer this question. The mothers had already reflected internally on that question a lot, and in a lot of the answers there was concern and worry, that somewhere deep down this experience was going to stay with the babies.

In general, the fathers often used words like "They've been so strong and so brave. This is going to make them a fighter. This is going to make them strong. I'm just so incredibly proud of how brave they are". So you can see a slight difference there in the answers.

I can see gaps in the system for fathers. We know that mothers and fathers are at increased risk of mental health disorders. Having a child in the NICU is very, a very stressful and traumatic experience, and both are equally at risk. I work in a maternity hospital, so we don't have a psychologist for fathers. They're expected to go to their GPs, whereas we have perinatal mental health for mothers.

I think that there's just a huge void in what we're doing for fathers in the mental health space in NICU. Of course they want to be involved, and of course they should be, and of course their opinions should be equally respected, because they are so hugely important in their child's development.

Read the research

The infant's lived experience of bonding and connection with their parents in a neonatal intensive care

Recognizing the importance of infant–parent relationships for healthy development, this study explored infants' experiences of bonding and connection with their parents in an Australian NICU. Using a 360° phenomenological approach, data were collected from observations, bedside diaries, newborn behavioural assessments, and interviews with seven infants, 13 parents, and 24 healthcare providers. Analysis identified three themes: layered separation, describing barriers to closeness; missed opportunities for connection, reflecting often unintentional ways bonding was hindered; and resilience-in-relationship, highlighting how infants and families adapted. The findings demonstrate how NICU practices and interactions can either support or disrupt attachment, emphasizing the need for environments that prioritize and strengthen infant–parent relationships alongside clinical care.

Duffy, N., Hickey, L., Treyvaud, K., & Delany, C. (2026). The infant's lived experience of bonding and connection with their parents in a neonatal intensive care. Infant Mental Health Journal, 47(1), e70069.

Free to download at: *https://doi.org/10.1002/imhj.70069*

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