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Integrating fathers' lived experience into neonatal care

Q&A with a consumer academic

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Research Summary

Why was the research done?

In neonatal intensive care units (NICUs), parents play a critical role in helping their baby develop and stay well. Research shows this clearly, yet support and involvement for fathers is often overlooked, with most attention going to mothers medically. This project was set up to better understand and improve father involvement in the NICU. To make sure the research reflected real experiences, the team went beyond usual methods like steering committees and hired a father with lived NICU experience, Kabe Redfern, as a "consumer academic," a paid role that treats personal experience as a genuine form of expertise on an ongoing basis.

What were the key findings?

Kabe's own experience showed how easily fathers can be left out of NICU care after having two children born in the NICU. Kabe's involvement in the research showed clear benefits. When other fathers heard from someone who had lived through similar experiences, they were more willing to open about a difficult topic. His presence also helped clinicians and researchers see the human story behind the project, which led to more open and useful conversations. Along with shaping the research question and overall direction. As a father with community connections, he was also able to help share and recruit more widely through hospital groups, consumer networks, and community events.

What does this mean for policy and practice?

For researchers, fathers are more likely to take part in research when they are approached through people they already trust, such as mothers, nurses, workplaces, or community organizations. Offering fair compensation and flexible scheduling matters too, since most fathers are working full time. Services considering a consumer academic role should focus on what motivates a father personally and supports him to grow into the role, rather than expecting a traditional academic background. For clinicians, actively including fathers should become standard practice. This means using thoughtful language, explaining why an engaged father matters for his child's and partner's long-term wellbeing, and following up with fathers who cannot attend appointments in person through a phone call, email, video consult, or an out-of-hours meeting.

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We acknowledge the Traditional Custodians of the lands on which we work and live across Australia.
We pay our respects to Elders past and present and recognise their continued connections
to land, sea and community.

Integrating fathers' lived experience into neonatal care: Q&A with a consumer academic

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In the neonatal intensive care unit (NICU), the case for supporting parental involvement is well established. Involvement helps to foster parent-infant attachment and is crucial for infant development and parental wellbeing. Unfortunately, this remains poorly translated into routine care for fathers, whose involvement and support needs remain largely unmet. Our research aims to strengthen father involvement in the NICU, maximizing benefits for fathers, infants, and their families.

As health professionals and researchers, we recognize that fathers' lived experiences must be central to these efforts. Alongside traditional consumer engagement methods such as a steering committee, our project has benefitted from employing a father with lived NICU experience as an academic staff member (a "consumer academic"; Happel & Roper, 2002). This role is held by Kabe Redfern.

This Q&A describes Kabe's motivations for becoming a consumer academic, the contributions he has made to our project, and his advice for meaningfully engaging with fathers.

What motivated you to become a consumer academic?

"I am a father of two NICU children. My first was born four months premature and spent 125 days in hospital, followed by many more months of ongoing care. My second was born eight weeks premature. Throughout these experiences, I could clearly see how fathers were not part of the system of care. The focus (understandably) centres on mother and baby, but I was there too – consumed by fear and uncertainty, whilst being the conduit of information to external family.



Figure 1. First time holding my first child, born at 25 weeks and 750 grams (2021). Photo credit: the Redfern family. Permission is provided by the study authors for WAIMH to publish the photo in Perspectives and on all WAIMH printed and online platforms.

One moment sticks out in my mind: Prior to the discharge of my first child, my wife was screened for depression. I was not, but had they asked me the same questions, I don't think I would have been allowed to leave the hospital. In that first year after discharge and returning home, I felt lost, isolated, and unsure where to turn for help.

From these experiences, I knew I wanted to help future fathers and their families, but I wasn't sure how. When I saw a job advertisement for a research project on NICU fathers, I reached out to the lead researcher. Although I knew I would not meet the eligibility criteria for that specific position (which was filled by Ezra), the team fought to create a new position for me.”

What can fathers add to infant and early childhood mental health research?

“Fathers can offer something genuinely valuable to research, especially when they’re involved as more than just participants. My experience as a NICU father helped build a stronger sense of community support for our project. When other dads hear from someone like them, it breaks down barriers in a way academic language never could. This makes dads more open to talking and this is especially important when the topic is a difficult one like the NICU. It can also shift how clinicians respond to researchers. Once they can see who shaped the research decisions - and can put a face and voice to that experience - their initial hesitation often gives way to more meaningful conversations. In this way, fathers can lead to richer insights that genuinely strengthen the work and outcomes for families.



Figure 2. Big brother meeting his new little preemie brother at the NICU (2025). Photo credit: the Redfern family. Permission is provided by the study authors for WAIMH to publish the photo in Perspectives and on all WAIMH printed and online platforms.

On top of that, as community members, fathers can also open new channels for advocacy and research dissemination that are less available to researchers. In our project, I've had the opportunity to join hospital and research consumer groups and participate in community events, contributing not only my lived experience, but also our knowledge from our project.”



Figure 3. Presenting at the Perinatal Society of Australia and New Zealand Conference in Perth, Western Australia (2026) on the benefits of consumer partnership and father involvement. Photo credit: Cassie Silver. Permission is provided by the study authors for WAIMH to publish the photo in Perspectives and on all WAIMH printed and online platforms.

What advice would you give to researchers or clinicians who are finding it difficult to engage with fathers?

“For researchers: Try recruiting through people and organizations who regularly engage with fathers and have their trust. In a NICU context, that includes mothers and nurses, but it could also extend to workplaces and not-for-profit organizations. With participation, consider compensation, and allow flexibility, given that most fathers work full-time.

If you’re interested in hiring a consumer academic, find what motivates a father and build from there. I knew I wanted to contribute but doubted whether I could – I don’t come from a strong tertiary education background. What helped was being shown that my lived experience had real value, and being supported to grow professionally within that role.

For clinicians: You must make an *active* effort to include fathers. Language is important here, and there are helpful resources available (e.g., Healthy Male 2025). You can empower fathers by simply highlighting what a present, engaged father means for the long-term wellbeing of his children and partner. Last, if a father isn't present at an appointment, follow up with a phone call, email, video consult, or an out-of-hours meeting.”

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