Hôpital du Valais
Spital Wallis

Les Pères en pratique pédiatrique

Dr Yan Paccaud

Pédiatre et Néonatologue

Yan.paccaud@hopitalvs.ch

Hôpital du Valais
Spital Wallis

Pratique pédiatrique

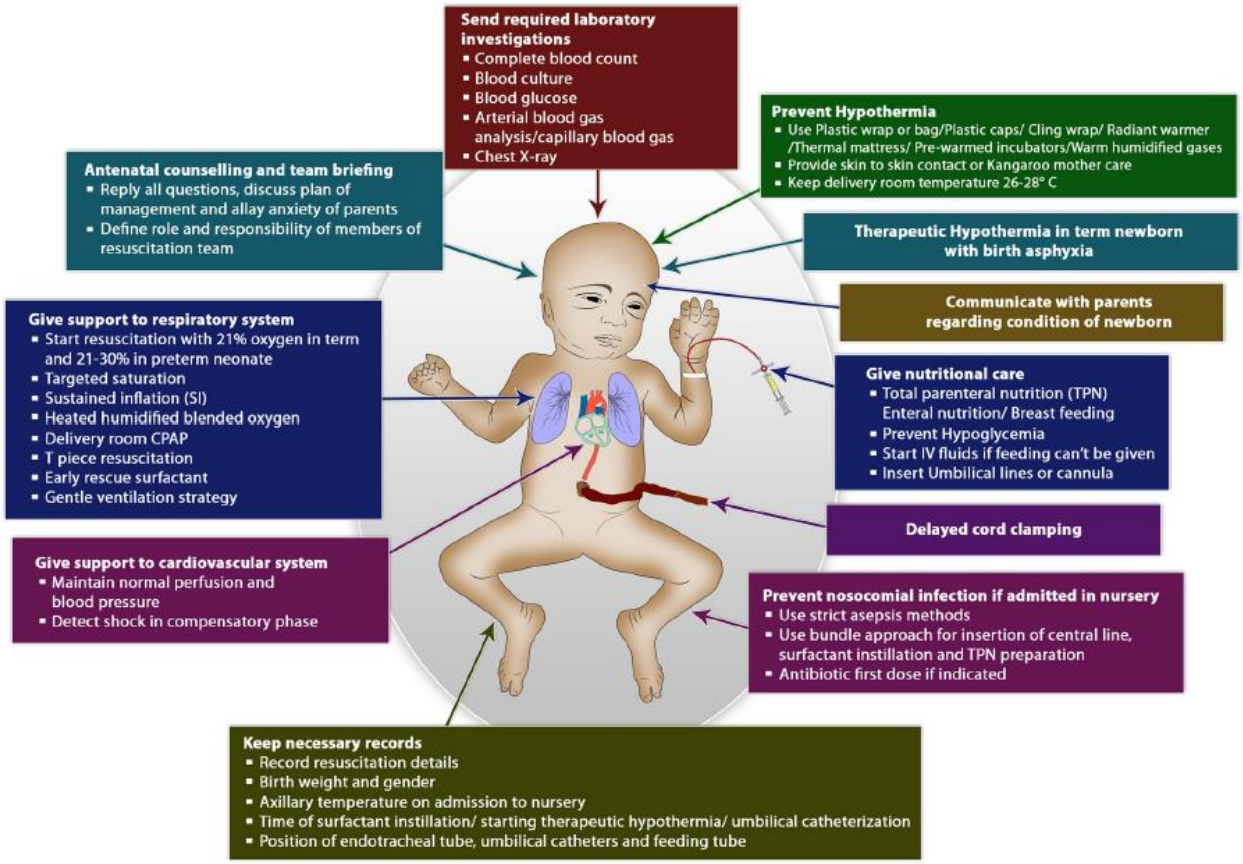
- **Père**

  - En Néonatologie
  - Au premier rdv chez le pédiatre
  - Dans la littérature


AMBULANCES
S.T.A.R.
416

Néonatologie

Hôpital du Valais
Spital Wallis



1. Antenatal counseling and team briefing
2. Delayed cord clamping
3. Prevention of hypothermia/temperature mainter
4. Support to respiratory system
5. Support to cardiovascular system
6. Early nutritional care
7. Prevention of hypoglycemia
8. Initiation of breast feeding
9. Infection prevention
10. Starting of therapeutic hypothermia for birth asphyxia
11. Laboratory investigation
12. Monitoring/record
13. Communication with family

Hôpital du Valais
Spital Wallis

Néonatologie

EPIPAGE 2, à 5 ans

Hôpital du Valais
Spital Wallis

3083
Surviving children evaluated at 5½ years of age
(including 365 (12%) evaluated by parental questionnaire only)

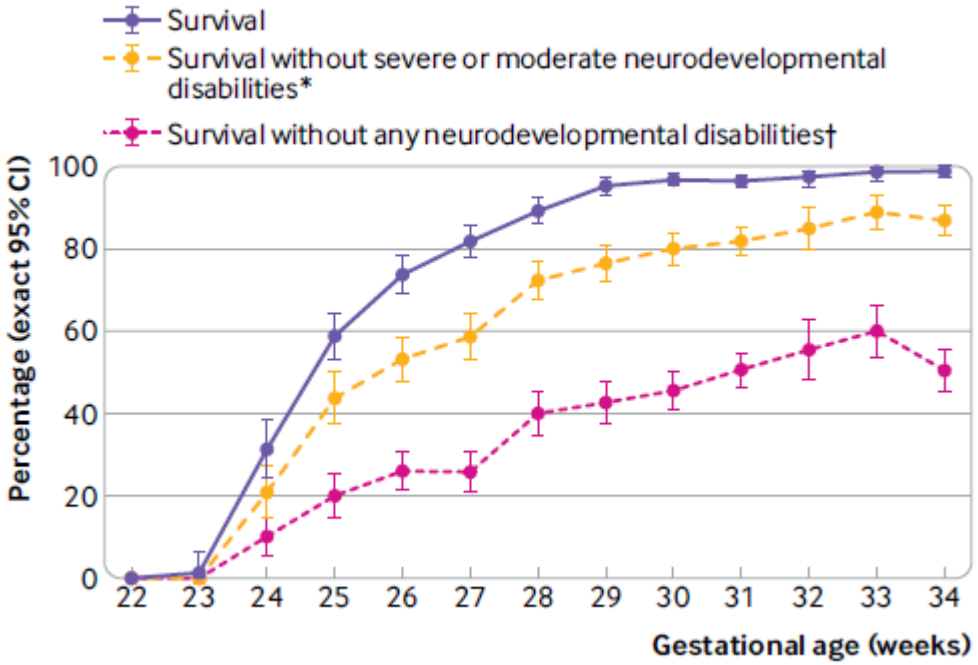


Fig 2 | Survival at 5½ years, survival without severe/moderate neurodevelopmental disabilities, and survival without any neurodevelopmental disabilities by week of gestational age at birth, among preterm born children in the EPIPAGE-2 study. Data corrected for study design and respondent selection. *Severe or moderate cerebral palsy (Gross Motor Function Classification System level 2-5), vision (bilateral binocular visual acuity <3.2/10), hearing (unilateral-bilateral hearing loss ≥40 dB not corrected or partially corrected with hearing aid), and full scale intelligence quotient less than two standard deviations below the mean of the reference sample born at term (web appendix 1). †Includes no cerebral palsy, no vision or hearing disabilities, full scale intelligence quotient greater than or equal to one standard deviation below the mean, no developmental coordination disorder, and no behavioural difficulties (table 1).

Hôpital du Valais
Spital Wallis

A global perspective on parental stress in the neonatal intensive care unit: a meta-analytic study

Camilla Caporali[1] · Camilla Pisoni[2] · Linda Gasparini[3] · Elena Ballante[4,5] · Marzo Zecca[2] · Simona Orcesi[1,3] · Livio Provenzi[1]

Received: 23 May 2020 / Revised: 15 August 2020 / Accepted: 20 August 2020

Abstract

Objectives The Parental Stressor Scale: Neonatal Intensive Care Unit (PSS:NICU) is a well-validated tool to assess different sources of stress in parents during the NICU hospitalization of their infant. The present meta-analytic study assessed the relative impact of different NICU-related sources of parental stress in a pool of studies conducted in a wide set of different countries. Also, differences in stress levels by parent gender and country, as well as the impact of infants' neonatal characteristics and clinical conditions were explored.

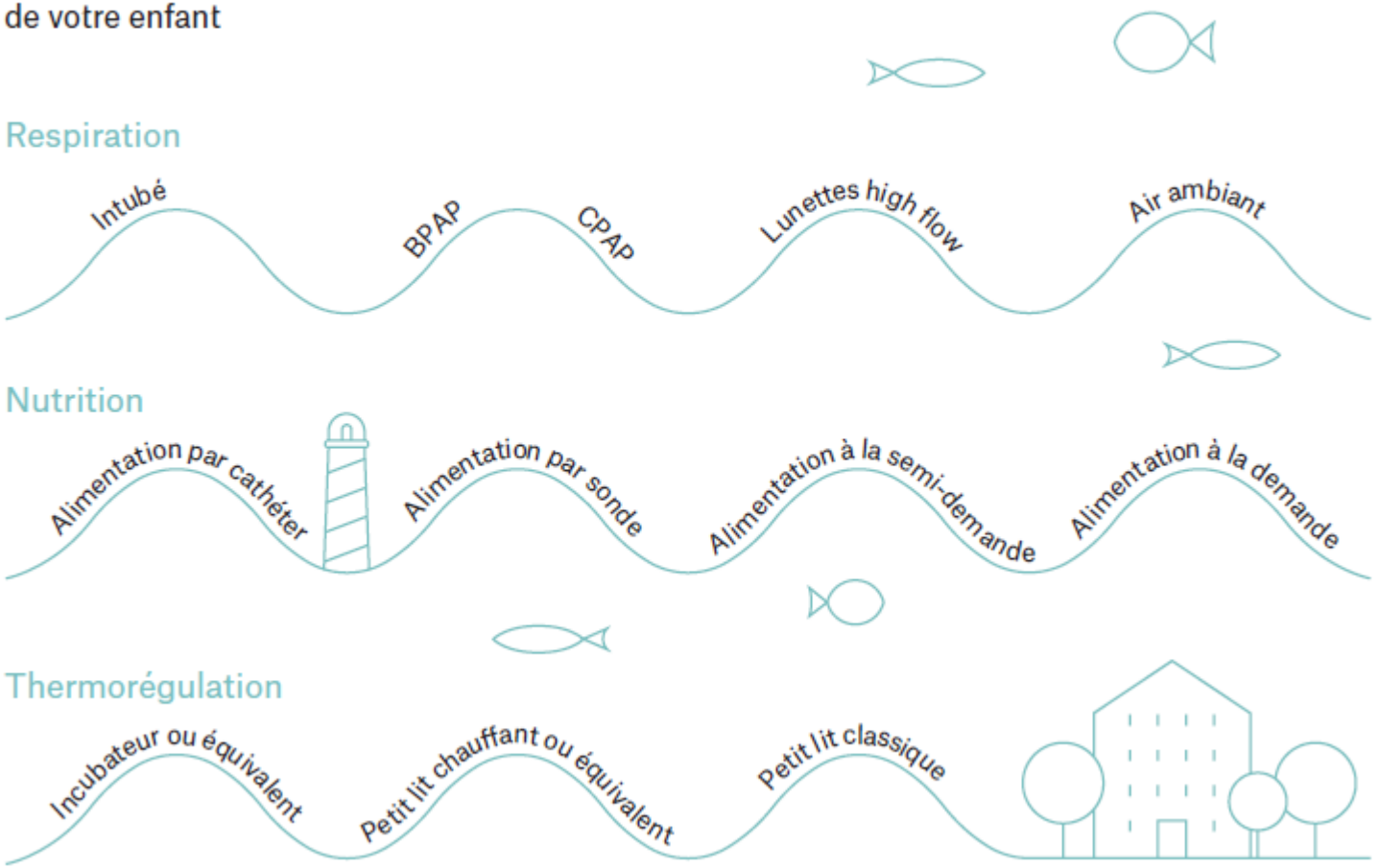
Methods Records were searched on PubMed, Scopus, and Web of Science (January 1993–December 2019). A purposive open search string was adopted: ["PSS:NICU"] OR ["PSS-NICU"] OR ["Parental Stressor Scale"]. A multiple random-effect meta-analysis was conducted on data from 53 studies extracted by independent coders.

Results Parental role alteration emerged as the greatest source of stress for both mothers and fathers. Mothers reported higher stress levels compared to fathers. A significant difference emerged only for the subscale related to sights and sounds physical stimuli. No significant effects of infants' neonatal characteristics (gestational age, birth weight) and clinical conditions (comorbidities) emerged. A marginal positive effect of NICU length of stay emerged on the global level of parents' stress.

Conclusions The current meta-analysis underlines that parental stress related to NICU admission is a worldwide healthcare issue. Immediate and tailored support to parents after the birth of their at-risk infant should be prioritized to reduce parental stress and to promote mothers and fathers' emotional well-being and new-born neurodevelopmental outcomes.

Néonatologie

Regardons ensemble le cheminement
de votre enfant



Hôpital du Valais
Spital Wallis

Pédiatrie

- **La 1ère consultation : Film**

Hôpital du Valais
Spital Wallis

Fathers' involvement during pregnancy and childbirth: An integrative literature review

Weilin Lynn Xue, BSc (Nurs) (Hons), RN, Staff Nurse[a], Shefaly Shorey, PhD, MSc, RN, RM, Assistant Professor[b,*], Wenru Wang, PhD, RN, Assistant Professor[b], Hong-Gu He, PhD, RN, Associate Professor[b]

[a] *Division of Nursing, KK Women's and Children's Hospital, Singapore*
[b] *Alice Lee Centre for Nursing Studies; Level 2, Clinical Research Centre, Block MD 11, 10 Medical Drive, 117597, Singapore*

Hôpital du Valais
Spital Wallis

Facteurs influençant l’implication des pères

Cinq facteurs semblent influencer les niveaux d'implication des pères pendant la grossesse et l'accouchement.

- L’information aux pères
- L’attitudes des pères à l'égard de leur implication
- Les relations conjugales avec les partenaires
- Les relations des pères avec leurs propres parents
- Les facteurs sociodémographiques.

Hôpital du Valais
Spital Wallis

Promoting Father Involvement for Child and Family Health

Brandon S. Allport, MD; Sara Johnson, PhD, MPH; Anushka Aqil, MPH; Alain B. Labrique, PhD, MHS, MS; Timothy Nelson, PhD; Angela KC, BA; Yorghos Carabas, MBA; Arik V. Marcell, MD, MPH

From the Johns Hopkins University School of Medicine (Drs Allport, Johnson, Labrique, and Marcell); and Johns Hopkins Bloomberg School of Public Health (Drs Allport, Johnson, Labrique, Nelson, Marcell, Ms Aqil, Ms KC, and Mr Carabas), Baltimore, Md
The authors have no conflicts of interest to disclose.
Address correspondence to Brandon S. Allport, MD, Academic General Internal Medicine & Pediatrics, Division of General Internal Medicine, Johns Hopkins University School of Medicine, 2024 E Monument St, Room 2-300D, Baltimore, MD 21287 (e-mail: ballport@jhmi.edu).
Received for publication October 2, 2017; accepted March 31, 2018.

Abstract

Paternal involvement in children's lives is associated with a variety of child outcomes, including improved cognition, improved mental health, reduced obesity rates, and asthma exacerbation. Given this evidence, the American Academy of Pediatrics has promoted actions by pediatricians to engage fathers in pediatric care. Despite these recommendations, the mother–child dyad, rather than the mother–father–child triad, remains a frequent focus of care. Furthermore, pediatric care is often leveraged to improve maternal health, such as screening for maternal depression, but paternal health is infrequently addressed even as men tend to exhibit riskier behaviors, poorer primary care utilization, and lower life expectancy. Therefore, increasing efforts by pediatric clinicians to engage fathers may affect the health of both father and child. These efforts to engage fathers are informed by currently used definitions and measures of father involvement, which are discussed here. Factors described in the literature that affect father involvement are also summarized, including culture and context; interpersonal factors; logistics; knowledge and self-efficacy; and attitudes, beliefs, and incentives. Innovative ways to reach fathers both in the clinic and in other settings are currently under investigation, including use of behavior change models, motivational interviewing, mobile technologies, peer support groups, and policy advocacy efforts. These modalities show promise in effectively engaging fathers and improving family health.

Keywords: father involvement; mother–father–child triad; paternal health; social determinants of health

Academic Pediatrics 2018;18:746–753

Table 1. Domains of Father Involvement as Described by Pleck,[25] With Examples Sourced From Inventory of Father Involvement[26]

Domain	Examples
Positive engagement activities	• Playing with, reading to, or singing to an infant child. • Talking together. • Homework support. • Developing talents/skills (eg, sports, instruments).
Warmth and responsiveness	• Attentiveness and caregiving activities (eg, feeding, changing diapers). • Feelings and expressions of affection.
Control	• Monitoring of child, and knowledge of the child's whereabouts and activities. • Participation in decision making about the child. • Discipline.
Social and material indirect care	• Providing basic needs (eg, food, shelter, health care). • Accepting responsibility for financial support.
Process responsibility	• Planning, organizing, and overseeing the care of the child. • Supporting, encouraging, and cooperating with mother.

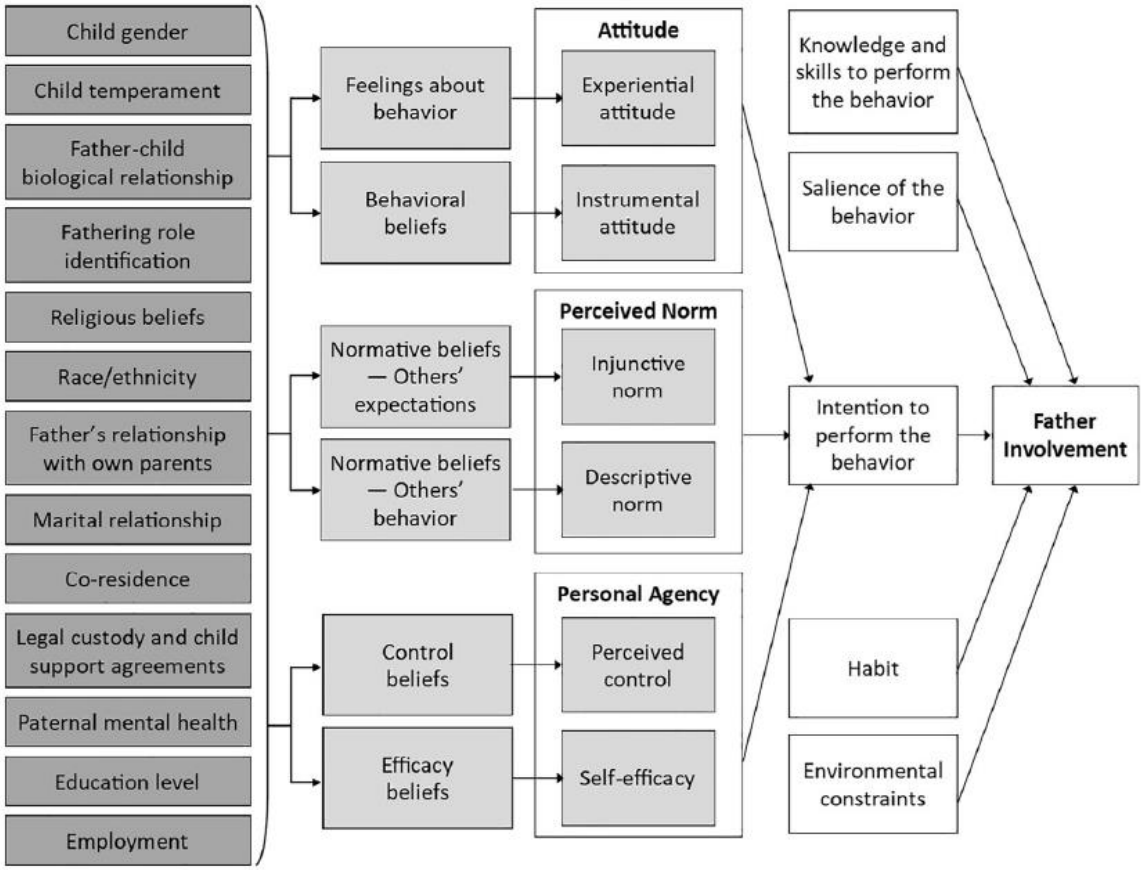


Figure. *Adapted integrated behavioral model incorporating factors affecting father involvement. Reprinted from Montaño DE, et al.[38] with permission John Wiley and Sons.*

8h45 Témoignages

Sage femme: ME Schwab, maison de naissance Terranga

Gynécologue : Dresse E. Albrecht

Pédiatre : Dr Y Paccaud, RSV

9h45 « La place des pères en 2023 »

Professeur F. Ansermet