

ORIGINAL PAPER ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Mental health of fathers with preterm infants in a Greek neonatal intensive care unit

OBJECTIVE To explore the postnatal anxiety and depressive symptoms in fathers with preterm infants in neonatal intensive care unit (NICU) and their association with clinical and sociodemographic factors. **METHOD** Sixty fathers whose infants had gestational age (GA) <34 weeks (w) and birth weight (BW) <1,750 g completed a demographic form, the State-Trait Anxiety Inventory Scale (STAI) and Edinburgh Postnatal Depression Scale (EPDS), at 1st week of NICU stay (1st assessment), at 1st month (2nd assessment) and at discharge of the NICU (3rd assessment). **RESULTS** STAI score for state anxiety to fathers was significantly higher at 1st assessment (mean±standard deviation [SD]: 47.1±12.2) compared to the other two assessments (mean±SD: 42.8±9.8 and mean±SD: 41.7±9.1, respectively), while trait anxiety indicated no significant variability. Moreover, fathers experienced higher levels of depression on the 1st assessment compared to the 3rd one (mean±SD: 10.3±5.8, mean±SD: 6.4±5.2, $p<0.001$, respectively). Other factors that contributed to higher levels of depression were the Apgar score at 5th min of the newborns, while maternal age and health problems were found to be associated with both anxiety and depression in fathers. In terms of demographic characteristics, fathers' age was found to be correlated with trait anxiety levels. **CONCLUSIONS** Fathers of preterm infants are at increased risk of adverse mental health effects during the early postnatal period and throughout the hospitalization of their infants in the NICU, highlighting the need of early screening and continuous care.

In recent decades, remarkable advances have been made in the care of preterm infants hospitalized in neonatal intensive care units (NICUs), that has reduced neonatal mortality and morbidity in this field.¹ In 2020, an estimated 13,4 million newborns infants were born prematurely (<37 weeks) compared to 13,8 million in 2010.² This represents approximately one in ten infants born preterm worldwide. As a result, preterm births and NICU stay remain frequent and increased. As preterm birth rates increase, so do the number of parents and their families exposed to this challenging, stressful and complicated experience.

Although most researchers have focused on maternal mental health or both parents following the preterm birth, the results of studies suggest that fathers whose preterm infants admitted to the NICU are at higher risk of developing anxiety disorders and depression compared to those whose infants were born full-term.⁴⁻⁷ Fathers are the first to visit their preterm infants in the NICU, while mothers are recovering from childbirth.⁸⁻¹¹ They are confronted with their infants' critical condition. During this period, fathers

struggle with their feelings about their significant others because they are the protectors, leaders, and financial providers of the family.^{12,13} Several studies have shown that fathers whose infants are hospitalized in NICUs are severely stressed and depressed.^{6,14,15}

Fathers have previously been described as the "forgotten parent" during their infants' stay in the NICU, in terms of the socio-emotional impact of preterm birth and as engineers in their infants' recovery.¹⁶⁻¹⁸ In recent decades, with the focus on families in NICUs and the importance of the newborn hospitalization, health systems have neglected the role of fathers.¹⁹⁻²¹ Fathers reported being excluded and feeling invisible in perinatal settings. They also report that their needs aren't prioritised by health professionals and are relegated to a secondary role. In several cases, educational programmes, and guidelines are only addressed to mothers and make no mention of fathers and their role.¹⁹ Fathers of preterm infants are called "preterm fathers," all negative emotions and the uncertain future of their babies put them in a vulnerable position that could influence their

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2026, 43(6):761–768

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Η ψυχική υγεία των πατέρων
με πρόωρα νεογνά σε μονάδα
εντατικής νοσηλείας νεογνών
στην Ελλάδα

Περίληψη στο τέλος του άρθρου

Key words

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relationship with their babies.^{4,22} Consequently, supporting fathers during the hospitalization of their infants in NICU could protect the new family from consequences of the NICU stay.²³

MATERIAL AND METHOD

Participants

Sixty fathers (tab. 1), who met the following inclusion criteria with 79 preterm infants (tab. 2) in the NICU were included in the present study. The participants were fathers whose infants were admitted immediately after birth to the NICU of a tertiary maternity hospital in Athens due to prematurity (birth weight [BW] <1,750 g and gestational age [GA] <34 weeks), comorbidities, and other severe complications. Furthermore, participants had to be at least 18 years old, fluently in Greek and not diagnosed with any mental illness. All fathers had completed an informed consent prior to data collection. The present study was in accordance with the Helsinki

Table 1. Fathers' characteristics.

Age (years) mean (SD)	37.2 (5.6)
<i>Educational level</i>	
Primary and secondary	25 (41.7)
University	35 (58.3)
<i>Family income (€)</i>	
<12,000	14 (23.3)
12,000–23,999	33 (55.0)
24,000–47,999 €	13 (21.7)
<i>Family status</i>	
Married	51 (85.0)
Single	3 (5.0)
Cohabitation	6 (10.0)
Pregnancy and labour characteristics	
Primiparous	44 (73.3)
<i>Conception</i>	
Spontaneous	51 (85.0)
IVF	9 (15.0)
<i>Labour</i>	
Vaginal	6 (10.0)
Caesarian section	54 (90.0)
<i>Pregnancy</i>	
Single	46 (76.7)
Multiple	14 (23.3)

SD: Standard deviation, IVF: *In vitro* fertilization

Table 2. Infants' characteristics.

	Mean (SD)	Median (IQR)
Gestational age at labor (weeks)	29.5 (2.3)	29.7 (28.3–31.1)
Head circumference (cm)	26.8 (2.5)	27 (25.0–28.3)
Birth weight (g)	1,230 (335)	1,280 (990.0–1,459.5)
Height (cm)	35.6 (5.7)	36 (32.0–40.0)
CRIP II score	6.9 (3.7)	6.5 (3.0–9.5)
Predicted death rate	8.7 (14.3)	3.5 (0.6–10.1)
Apgar score (1st min)	6.2 (1.6)	7 (5.0–7.0)
Apgar score (5th min)	7.8 (1.2)	8 (7.0–9.0)
Hospitalization duration (days)	63.8 (27.7)	60 (44.0–80.0)

SD: Standard deviation, IQR: Interquartile range

Declaration (1975) and was approved by the Scientific Council of the "Helena Venizelou" Maternity Hospital, Athens, Greece.

Testing procedure

Demographic data were collected prior to the administration of the screening scales. Participants completed the scales in the Maternity Ward during the 1st week after the infants' admission to the NICU, in the 1st postpartum month and before the infants were discharge. Follow-up was performed by self-report of the screening at home. The screening scales used were the CD Spielberger State-Trait Inventory Scale (STAI) (1983) for the parental anxiety and Ed-inburg Postpartum Depression Scale (EPDS) (1970) for depression. The STAI manages the distinction between state, and personality anxiety. This scale consists of two subscales, the 1st measures state anxiety (STAI-X-1) and the 2nd trait anxiety (STAI-X-2). The STAI is a 40-item self-report scale with four response options for each. Parents who scored more than 40 points on each sub-scale was considered to be manifesting symptoms of state or trait anxiety.²⁴ Also, the EPDS assesses the parental depressive symptoms. The EPDS is a 10-item self-report scale with four response options for each. Responses are scored from 0–3 points with a maximum score of 30, higher scores indicate greater symptoms of depression.²⁵

Firstly, to address the burden of neonatal mortality in NICU, the researchers used the Apgar score proposed in 1952 by Virginia Apgar. This score is assessed using five parameters, including heart-beat rate, respiratory, muscular tone, and movement, respiratory or skin colour and reflexes in response to stimulation. Each parameter is scored as "0", "1" or "2". Scores of 7 to 10 are reassuring. A total score over seven is considered as "normal", while a total score below seven is considered as "low" that may indicate depressed vitality.^{26–28} Secondly, the Clinical Risk Index for Babies, 2nd edition (CRIB II) score was used, that identifies the initial risk of mortality and severity of illness within one hour of infants' admission. This version has five parameters: birth weight, sex, gestational age, body temperature at admission and base excess. The total CRIB II score ranged from 0 to 27. The lowest score identifies the best

prognosis, and the highest score the worst.^{29,30} The researchers constructed a standard survey form to capture demographic data and social factors.

Statistical analysis

The variables were first tested for normality using the Kolmogorov-Smirnov criterion. Quantitative variables were expressed as mean (standard deviation, SD) or as median (interquartile range, IQR). Qualitative variables were expressed as absolute and relative frequencies. Analysis of variance with repeated measures (ANOVA) was adopted to assess changes observed in depression and anxiety scores over the follow-up period, between fathers and across sample's characteristics. In order to find independent factors that were associated with depression and anxiety scales on each assessment, linear regression models were performed using stepwise rejection analysis, that yielded regression coefficients (b) and their standard errors (SE). All reported p values are b squared. Statistical significance was set at $p < 0.05$ and analyses were performed using the Statistical Package for Social Sciences (SPSS), version 26.0.

RESULTS

In all fathers, the trait anxiety score presented similar during the follow-up. Trait score at 1st month was found to differ significantly only by maternal age, in cases where mother's age was at least 33 years old, fathers had significantly more trait anxiety symptoms ($p = 0.032$) (fig. 1). With the other variables being available, such as number of infants, single pregnancy or not, type of conception, infant's birth weight, duration of hospitalization, CRIB II score, Apgar score at 1st and 5th min and mother's health problems, no significant differences were found in the scores of trait anxiety in any of the assessments. Also, the degree

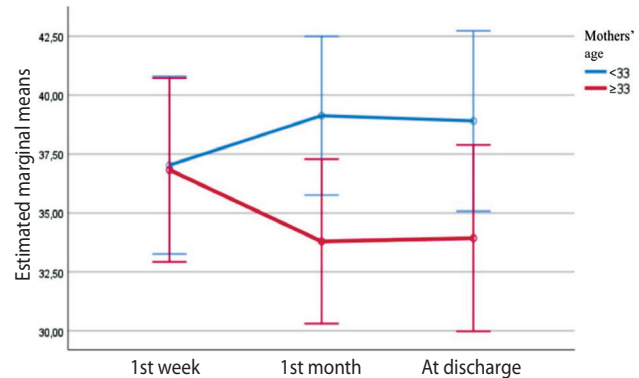


Figure 1. Fathers' trait score according to mothers' age.

of change in scores of trait anxiety differed significantly only according to the maternal age ($p = 0.007$). Specifically, when mothers were at least 33 years old, fathers' trait anxiety score increased significantly, whereas mothers were over 33 years old, fathers' trait anxiety scores decreased.

Fathers' state anxiety scores in total sample are presented in table 3. In all fathers, the state anxiety score decreased significantly from 1st week to 1st month and overall, from 1st week to discharge, indicating a significant reduction in symptoms of state anxiety. At 1st month and discharge, they were found to differ significantly only by maternal age, with fathers with younger partners (<33 years) having significantly more state anxiety symptoms compared with those with older partners (≥ 33 years). Moreover, fathers' state anxiety at discharge was significantly higher, in cases that mothers had conceived spontaneous compared with them who conceived under *in-vitro fertilization* (IVF) treatment ($p = 0.027$). At 1st month, father's state anxiety score was decreased in cases that mother presented a health

Table 3. Fathers' state score in total sample and according to demographic and clinical characteristics.

		Fathers' state anxiety			p**		
		1st week Mean (SD)	1st month Mean (SD)	Discharge Mean (SD)	1st week versus 1st month	1st week versus discharge	1st month versus discharge
Total sample		47.1 (12.2)	42.8 (9.8)	41.7 (9.1)	<0.001	<0.001	>0.999
Conception	Spontaneous	47.6 (11.1)	42.9 (9.8)	42.7 (8.9)	0.001	0.002	>0.999
	IVF	44.2 (17.9)	37.9 (9.1)	35.4 (7.6)	0.084	0.025	0.730
	p*	0.455	0.161	0.027			
Mother's health problem	No	47.5 (12.1)	43.7 (9.6)	42.2 (9.7)	0.010	0.002	0.399
	Yes	46.1 (12.9)	38 (9.2)	40.2 (7.4)	0.001	0.041	0.719
	p*	0.684	0.048	0.369			

*p-value for group effect, **p-value for time effect, regarding time, ***Group effect

SD: Standard deviation, IVF: In vitro fertilization

problem. With the other variables (number of infants, single pregnancy or not, infant's birth weight, duration of hospitalization, CRIB II score, Apgar score at 1st and 5th min and mother's health problems), no significant differences were found in the score of trait anxiety in any of the assessments.

Fathers' depression score in total sample and by under study characteristics are presented in table 4. Depression score at discharge was found to differ significantly only by maternal age, where in cases where the mother was over 33 years old, fathers had significantly fewer depressive symptoms. The degree of reduction of depressive symptoms in fathers differed significantly only according to Apgar score of 5th min. Specifically, in cases with Apgar score of 5th min <8 the score decreased from the 1st week to the 1st month, where it remained at similar levels until discharge, while in cases with Apgar score of 5th min >8 the score decreased continuously until discharge (fig. 2).

Via linear regression it was found that only mother's age

was found to be significantly associated with fathers' depression score at discharge. Specifically, when the newborn's mother was at least 33 years old, the fathers had a 2.84 points lower score, i.e., significantly fewer depressive symptoms at discharge ($\beta=-2.84$; $SE=1.31$; $p=0.034$). Also, it was found that fathers' educational level was found to be significantly associated with the fathers' trait score both during the 1st month ($b=-6.55$; $SE=2.37$; $p=0.008$) and at discharge ($b=-6.00$; $SE=2.11$; $p=0.006$). Specifically, higher educational level was associated with significantly fewer anxiety symptoms both at 1st month and discharge. With fathers' state score at discharge, their educational level ($\beta=-4.35$; $SE=1.98$; $p=0.032$) and mother's age ($\beta=-4.13$; $SE=2.11$; $p=0.050$) were found to be significantly associated. Specifically, higher parental educational level was associated with significantly fewer anxiety symptoms at discharge. As well, when infant's mother was at least 33 years old, fathers had a 4.13-point lower score, meaning significantly fewer symptoms of state anxiety at discharge. A perinatal form was constructed to collect data

Table 4. Fathers' depression score in total sample and according to demographics and clinical characteristic.

		Fathers' depression					
		1st week	1st month	Discharge	p**		
		Mean (SD)	Mean (SD)	Mean (SD)	1st week versus 1st month	1st week versus discharge	1st month versus discharge
Total sample		10.3 (5.8)	8.2 (5.1)	6.4 (5.2)	0.001	<0.001	<0.001
Mothers' age	<33 years	10.6 (5.4)	9.2 (5.3)	7.8 (5.2)	0.191	0.002	0.060
	≥33 years	9.9 (6.2)	7 (4.8)	5 (4.9)	0.001	<0.001	0.003
	p*	0.668	0.105	0.034			
Single pregnancy	No	8.6 (6)	8.1 (6.1)	6.4 (5.8)	>0.999	0.191	0.158
	Yes	10.8 (5.7)	8.2 (4.9)	6.5 (5.1)	<0.001	<0.001	0.002
	p*	0.214	0.949	0.951			
Conception	Spontaneous	10.5 (5.8)	8.3 (5.1)	6.5 (5)	0.001	<0.001	0.001
	IVF	9.1 (6.1)	7.6 (5.6)	5.8 (6.5)	0.796	0.088	0.317
	p*	0.521	0.710	0.686			
Hospitalization duration	<62 days	10 (5.5)	7.7 (5.3)	5.9 (5.4)	0.009	<0.001	0.015
	≥62 days	10.5 (6.2)	8.6 (5)	6.9 (5.1)	0.045	<0.001	0.017
	p*	0.767	0.476	0.446			
CRIP II score	<7	10.1 (6.2)	7.6 (5.3)	5.9 (5.6)	0.009	<0.001	0.029
	≥7	10.4 (5.5)	8.6 (5)	6.8 (4.9)	0.043	<0.001	0.009
	p*	0.818	0.452	0.500			
Mother's health problem	No	10.6 (5.9)	8.9 (5)	6.7 (5.4)	0.031	<0.001	<0.001
	Yes	9.5 (5.5)	6.2 (5.1)	5.8 (4.8)	0.005	0.003	>0.999
	p*	0.540	0.069	0.537			

*p-value for group effect, **p-value for time effect, regarding time, ***Group effect

SD: Standard deviation, IVF: *In vitro* fertilization

on participants' health status and habits and another to collect data for infants' health status and clinical risk.

DISCUSSION

This study aimed to describe the experiences of fathers with preterm infants hospitalised in NICUs. Our findings highlighted the comorbidity between fathers' symptoms of anxiety and depression during the postpartum period. Specifically, indicated that scores measuring anxiety and depression were highest on STAI and EPDS scales, suggesting that anxiety and depression experienced by fathers were high shortly after labour. This design directed us to identify fathers in this fragile period (7 postnatal days). Fathers experienced the preterm birth as a stressful event that led to increased negative emotions such as anger, fear, frustration, anxiety, worry and depression. Our results corroborated by the findings of previous studies,^{4,7,14,15,31–34} which concluded that fathers with preterm infants in NICU are prone to developing mental health issues such as anxiety disorders and depression. Additionally, a longitudinal observational study conducted in North-eastern USA, including 146 fathers with infants in the NICU (GA=31.9 w), using the EPDS scale concluded that overall EPDS scores improved significantly during infants' NICU stay ($p<0.001$).³⁵ The NICU environment is unfamiliar and frightening for fathers due to special conditions such as keeping the infants in an incubator, monitoring, noisy life support system and bright lights. Also, invasive processes and ever-changing healthcare professionals further increase the risk for parental stress and depression.^{36–38} As previous studies have showed that fathers of preterm infants suffered higher rates of anxiety symptoms than fathers with full term infants,^{4,39,40} researchers should focus on the parental psychological issues immediately after preterm labour.

Another interesting finding of the present study was that the maternal age was found to be significant associated with fathers' levels of state anxiety and depression scores at discharge. In addition, we found that the degree of change in fathers' state anxiety scores differed significantly only according to the maternal age. Fathers' emotion management after preterm birth included emotional responses to infant's condition, suppression of emotions to manage social expectations and strategies to developed to address the anxiety and psychological burden of the "preterm" father.^{41–44} According to other studies, fathers after preterm infant's addition in the NICU adapt their role according to the new circumstances, such as mothers' and infants' needs, with a supportive role.^{5,45} This study suggested that fathers with younger partners had stronger feelings of protection for

both mothers and infants, possibly due to the immaturity of their youth. In addition, fathers' state anxiety score was found to be associated with maternal health problems at 2nd assessment. Similarly, previous researchers showed that fathers were more concerned about the mothers' severe condition after preterm birth than their infants, while the mothers themselves were more concerned about the infants. Mothers reported that fathers' involvement in the processes during their infants' stay in the NICU was beneficial; they also reported experiencing increased stress when they were alone.^{10,42,46}

The present study showed that fathers whose partners conceived through IVF experienced lower levels of state anxiety compared to those who conceived spontaneously. In contrast, previous studies found that women who underwent IVF experienced higher levels of state anxiety. As it is widely known, these women underwent a variety of diagnostic protocols and screenings, which aren't always initially successful and could potentially lead to anxiety and frustration.^{34,47} Whereas, couples who conceived spontaneously dream of a "perfect" and healthy baby, unprepared of the occurrence of problems during pregnancy or unexpected event of preterm birth. Consequently, they are unprepared for the possibility of complications during pregnancy and labour, causing them to be mentally vulnerable.

Another variable examined in the present study was the fathers' educational level and the anxiety scores. Specifically, lower educational level was associated with increased anxiety symptoms during the study period. Similarly, recent studies^{48,49} showed that fathers with lower education level had more anxiety symptoms. Other studies found no correlation between fathers' demographic characteristics and anxiety levels.⁵⁰ The data reported can't be a generalized norm, as there are insufficient studies on fathers' emotional state during the perinatal period, an issue requiring added research.

An interesting finding of this study was that the degree of reduction of depressive symptoms in fathers differed significantly only according to Apgar score at 5th min. Our findings are confirmed by an early study of Ionio et al (2019), which also found that fathers ($n=38$) of preterm infants with low Apgar score at 5th min significantly associated to depression, tension-anxiety and fatigue-inertia. In contrast, a recent descriptive cross-sectional study of 60 fathers with preterm infants in the NICU using the PSS:NICU scale concluded that the Apgar score at 5th min wasn't significantly associated with fathers' anxiety scores.³⁸ Fathers are the first visitors to their infants after the admission in the NICU. They are confronted with infant's severity condi-

tion, partners support and communication of the whole family, caring for other children when present and daily routines within few days of the preterm infant's birth.⁵¹ Also, low Apgar score at 5th min and especially above the 10th of neonatal life is associated with neural sensory abnormalities and additionally with long-term neurological morbidity, especially when both scores were low.^{26,52} A combination that can have a significant impact on their mental health outcomes, including emotional disorders such as depression and anxiety. All the previous evidence proves the complexity of the association of the Apgar score of the 5th min with parental depression, which requires further research.

It is important to mention several limitations in this study. First, the population recruited were fathers with preterm infants, who are fragile and require specialised care and equipment; thus, the equipment was frequently not available to cover their hospitalization. In these instances, the infants were transferred to another hospital's NICU. Sec-

ond, most of these infants belonged to vulnerable groups and some of them didn't survive. The aforementioned factors contributed to our study population being affected by the loss contact with parents and, consequently, they were excluded from the study.

In conclusion, the NICU experience can be traumatic for both mothers and fathers that affect their emotional state. This study revealed that fathers with preterm infants hospitalized in the NICU perceived elevated levels of anxiety and depression during the NICU stay. According to the findings, the severity of fathers' anxiety and depression was influenced by several factors of fathers and their partners, as well as preterm infants' clinical symptoms. Preterm birth certainly has a significant impact on fathers' mental and emotional wellbeing. Scientists should conduct more studies targeting the factors that influence fathers' mental health and recommend interventions and interdisciplinary perinatal support teams to help them in deferent aspects of this unprecedented crisis.

ΠΕΡΙΛΗΨΗ

Η ψυχική υγεία των πατέρων με πρόωρα νεογνά σε μονάδα εντατικής νοσηλείας νεογνών στην Ελλάδα

I. IOANNOU

Γενικό Νοσοκομείο Μαιευτήριο «Ελενα Βενιζέλου», Αθήνα

Αρχεία Ελληνικής Ιατρικής 2026, 43(6):761–768

ΣΚΟΠΟΣ Η διερεύνηση του μεταγεννητικού άγχους και των καταθλιπτικών συμπτωμάτων στους πατέρες με πρόωρα νεογνά, τα οποία νοσηλεύτηκαν στη μονάδα εντατικής νοσηλείας νεογνών (MENN), και η συσχέτισή τους με κλινικούς και κοινωνικο-δημογραφικούς παράγοντες. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Εξήντα πατέρες των οποίων τα νεογνά είχαν ηλικία κύησης <34 εβδομάδες και βάρος γέννησης <1.750 g συμπλήρωσαν ένα έντυπο με τα δημογραφικά τους στοιχεία, την κλίμακα άγχους του Spielberger (STAI) και την κλίμακα μεταγεννητικής κατάθλιψης του Εδιμβούργου (EPDS), κατά την 1η εβδομάδα παραμονής του νεογνού στη MENN (1η αξιολόγηση), τον 1ο μήνα μετά τον τοκετό (2η αξιολόγηση) και κατά την έξοδό του από τη MENN (3η αξιολόγηση). **ΑΠΟΤΕΛΕΣΜΑΤΑ** Η βαθμολογία STAI για το άγχος κατάστασης των πατέρων ήταν σημαντικά υψηλότερη στην 1η αξιολόγηση (μέση±σταθερή απόκλιση: 47,1±12,2) σε σύγκριση με τις άλλες δύο αξιολογήσεις (μέση±σταθερή απόκλιση: 42,8±9,8, μέση±σταθερή απόκλιση: 41,7±9,1, αντίστοιχα), ενώ η κλίμακα του άγχους προδιάθεσης δεν παρουσίασε σημαντική μεταβλητότητα. Επίσης, οι πατέρες παρουσίασαν υψηλότερα επίπεδα κατάθλιψης στην 1η αξιολόγηση σε σύγκριση με την 3η (μέση±σταθερή απόκλιση: 10,3±5,8 έναντι μέση±σταθερή απόκλιση: 6,4±5,2, $p<0,001$, αντίστοιχα). Άλλοι παράγοντες που συνέβαλαν σε υψηλότερα επίπεδα κατάθλιψης ήταν η βαθμολογία του Apgar score στο 5ο min των νεογνών, ενώ η ηλικία και τα προβλήματα υγείας των μητέρων βρέθηκαν να συσχετίζονται τόσο με το άγχος όσο και με την κατάθλιψη των πατέρων. Όσον αφορά στα δημογραφικά χαρακτηριστικά, η ηλικία των πατέρων βρέθηκε να συσχετίζεται με τα επίπεδα του άγχους προδιάθεσης. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Οι πατέρες των πρόωρων νεογνών διατρέχουν αυξημένο κίνδυνο εμφάνισης αρνητικών επιπτώσεων στην ψυχική τους υγεία κατά την πρώιμη μεταγεννητική περίοδο αλλά και καθ' όλη τη διάρκεια της νοσηλείας των νεογνών στη MENN, αναδεικνύοντας την ανάγκη έγκαιρου ελέγχου και συνεχούς φροντίδας.

Λέξεις ευρετηρίου: Άγχος, Κατάθλιψη, Μονάδα εντατικής νοσηλείας νεογνών, Πατέρες, Προωρότητα

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