



CHILDREN AND YOUTH

Occupational Therapy's Role in the Inclusion of Gay Fathers in the Neonatal Intensive Care Unit

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Inclusion means accepting individuals as they are; all individuals have a right to be who they are (American Occupational Therapy Association [AOTA], 2020a). Although inclusion may appear straightforward, broader sociopolitical factors, including evolving federal policies (Exec Order No.14151, 2025), can influence how diversity, equity, and inclusion (DEI) are implemented in healthcare settings. In some hospitals, DEI is still developing, and implementation can improve patients' experiences (Casillas et al., 2024).

Specialty areas in the hospital include the neonatal intensive care unit (NICU), which provides advanced care for medically fragile infants and their parents who may represent diverse ages, races, genders, and backgrounds. Inclusion is important because it creates an environment where differences are welcomed and celebrated without personal bias (Johnson et al., 2024). However, current literature notes that most research on parents in the NICU focuses on mothers, including heterosexual women and women who identify within the Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) community (Logan, 2020; Yinger et al., 2024). This limits the inclusion of gay fathers in neonatal research and potentially in therapeutic care.



Background and Need for Inclusion

LGBTQ+ families are at higher risk for adverse outcomes when infants are admitted into the NICU (Yinger et al., 2024). There is a lack of research exploring the needs and experiences of gay fathers in the NICU (Merritt et al., 2022). Given these disparities and gaps in the literature, occupational therapy practitioners (OTPs) must intentionally examine and adapt their practices to better support gay fathers in the NICU. The purpose of this article is to identify barriers to inclusion for gay fathers and establish occupational therapy's role in implementing strategies to enhance inclusive care.

Research notes that over 50% of fathers with a child in the NICU do not receive essential information and report receiving less emotional support than mothers (Garten et al., 2013; Merritt et al., 2022; Sloan et al., 2008). Fathers benefit from interventions tailored to their specific needs, such as identifying their roles at bedside, receiving emotional support, and being encouraged to participate in infant care (LeDuff et al., 2021). Additionally, fathers benefit from direct communication with providers, access to father-specific support groups, and opportunities to engage through telehealth when not physically present (Merritt et al., 2022).

NICU Context and Occupational Therapy Role

In the United States in 2024, 3.6 million infants were born, with NICU admissions accounting for over 10% of the total births (Hamilton et al., 2025). The NICU is a complex, dynamic environment addressing a wide range of medical and developmental needs (Craig & Smith, 2020). It is also a sociocultural environment in which caregiver roles and expectations influence care delivery (Richter et al., 2022). Typically, mothers are viewed as the “primary” parent in a heterosexual relationship in the NICU limiting the role of fathers. There is no evidence-based literature that notes a hierarchy in same-sex gay relationships in the NICU; however, in same-sex lesbian relationships the



biological mother is typically the main point of contact disseminating the information to the other partner (McKelvey, 2014). However, the needs of all parents should be prioritized equitably or recognized within the complex system of the NICU to improve inclusivity, and this can be established by implementing strategies to address the individual needs of the parents in the NICU through occupational therapy practitioners (OTPs).

NICU OTPs are pivotal, requiring advanced knowledge of neonatal development, medical terminology, theory, neurodevelopment, and family-centered care (Craig & Smith, 2020). Therapists are uniquely positioned to address environmental, social, and cultural barriers that may limit participation for gay fathers, promoting AOTA's pillar for diversity, equity, and inclusion and the role of OTPs. The American Occupational Therapy Association (AOTA, 2013) calls on occupational therapists to identify and address barriers facing caregivers, including the impact of health disparities, and to advocate for more equitable care within their communities. Health disparities, defined as preventable differences in health outcomes due to systemic inequities, can significantly impact LGBTQ+ families (AOTA, 2013; Centers for Disease Control, 2023). AOTA's Vision for 2030 focuses on enriching life for all (AOTA, 2025). Healthcare providers benefit from learning new techniques to promote inclusion and recognize how health disparities create barriers to inclusive care. OTPs are challenged to create inclusive guidelines and strategies in all practice settings for non-heteronormative individuals to create a positive environment to promote their clients' quality of life, especially for parents in the NICU.

Application of the OTPF-4

The Occupational Therapy Practice Framework: Domain and Process – Fourth Edition (OTPF-4) guides occupational therapy practice by examining client factors, performance



skills and patterns, and context that may impact the infant or gay fathers' engagement in the NICU. The OTPF-4 indicates that a client's ability to engage in their occupation is based on the transactional relationship between the occupation, the client, and the context (AOTA, 2020b). Applying the OTPF-4 lens allows OTPs to evaluate how social norms, communication practices, and institutional policies may influence the participation of gay fathers in caregiving roles. Once individualized needs are identified, OTPs can implement the following strategies (Figure 1) to advance occupational therapy's role in providing inclusive care that supports gay fathers in the NICU.

Figure 1. Strategies to Promote Inclusion of Gay Fathers in the NICU

OTP's Role in promoting inclusion for gay fathers in the NICU
Inquire on preference for gender-affirming titles for documentation and verbal communication for parents based on their preferences (Logan, 2020; Ferri et al., 2020) to increase inclusivity and respect for the client's identity
Implementation of annual LGBTQ+ competency and bias training for all NICU therapy staff (Logan, 2020)
Use of educational handouts or displays that feature non-heteronormative families
Promote and guide skin-to-skin for both fathers
Promote chest feeding to facilitate inclusive bonding options for fathers to engage in feeding (Ferri et al., 2020)
Hold educational classes during admission to empower LGBTQ+ fathers and their roles as parents in the NICU
Provide non-heteronormative community resources
Request and review feedback from LGBTQ+ fathers when available through discharge surveys or family meetings with the multidisciplinary team if applicable
Create quality improvement plans to highlight ways to increase inclusivity in the unit



Implications for Practice

When OTPs provide inclusive client-centered care and promote equality for all, this aligns with AOTA's pillar of diversity, equity, and inclusion. Without inclusive care, LGBTQ+ families may be excluded due to practitioners' lack of knowledge (Ferri et al., 2020; Yinger et al., 2024). Data has shown that knowledge and acknowledgment of LGBTQ+ patients' preferences, such as gender identity and sexual orientation, can improve practitioners' understanding of the patient and allow for expanded care to meet their needs (Daniel & Butkus, 2015). Establishing inclusive practices for gay fathers will affirm their care and decrease the assumption of heteronormative lifestyles as the status quo for parents in the NICU. When an inclusive and diverse standard of care practice is established, it can create a caring community in the NICU. A caring community accepts all regardless of differences, and it can be created at various levels through intentional effort (Suarez-Balcazar et al., 2023). Neonatal outcomes may improve by establishing standards of care (Stark et al., 2023), such as implementing non-heteronormative protocols for gay fathers. There are a variety of ways to enhance inclusivity for gay fathers in the NICU, and OTPs may start with our awareness, how we implement our plan of care, and utilize evidence-based literature.

Conclusion

The inclusion of LGBTQ+ parents in literature is expanding (Logan, 2020; Patterson et al., 2021; Yinger et al., 2024); however, gay fathers remain underrepresented. Addressing this gap through occupational therapy practice supports more equitable and effective care. By implementing inclusive strategies as a standard of care, OTPs can help reduce disparities and enhance the experiences and outcomes of gay fathers and their infants in the NICU.



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