

How To Build New Dads

From Here to Paternity: supporting mothers by supporting fathers

This briefing paper is published by Fathers Direct, the national information centre on fatherhood. It summarises the available research on the involvement of fathers with pregnancy, childbirth and the postnatal period and reports on the best practice of maternity units and health professionals around the UK, who are developing new ways of harnessing the potential of fathers to boost the health outcomes of mothers and infants.

With the introduction of Statutory Paid Paternity Leave in 2003, health professionals are presented with a new public health opportunity. As the research summarised below indicates, supportive and involved fathers are good news for infants and mothers. With more men than ever likely to be at home for the period immediately after the birth, we open a debate on how health professionals can use this opportunity to promote the well-being of infants, mothers and families, by focussing on four key areas of information and support to new fathers (see back page):

⇒ Postnatal depression ⇒ Breastfeeding ⇒ Infant care ⇒ Couple relationships

Key findings:

- ⇒ The transition to fatherhood is a 'golden opportunity moment' for intervention when men are receptive to information and professional support.
- ⇒ Involving fathers in health education before the birth of their child or shortly afterwards can improve family health, for example impacting positively on breastfeeding rates and maternal depression.
- ⇒ Informing fathers about infant development and supporting their skill-development in infant care, increases their caretaking activities, and thus the support they provide to mothers.
- ⇒ Very little father-targeted education or support is available.
- ⇒ The quality of relationship between mother and father is a key determinant of how well both will cope with caring for a new baby.
- ⇒ There are pockets of good practice all over the UK – health professionals are developing simple and effective ways in which to harness the potential that new fathers have to improve family health.
- ⇒ Working with fathers within maternity units and postnatal care does not have to mean diverting resources away from mothers, for example by developing special services for men. Often it is simply a matter of ensuring that fathers are engaged alongside their partners. Simple measures like this can improve the care the mother receives.

We are extremely grateful to the Royal College of Midwives (RCM) and the Community Practitioners' and Health Visitors' Association (CPHVA) for their advice and support in the preparation of this briefing paper. Thanks to Michael Durham for writing up the research digest and case studies.

Fathers Direct wishes to thank also the Scottish Executive Health Department - Section 16B Funding, the National Family and Parenting Institute, the Lloyds TSB Foundation Yorkshire Region, the Home Office Family Policy Unit and the Bernard van Leer Foundation for the finance for this briefing.



Bernard van Leer  Foundation



SCOTTISH EXECUTIVE

Home Office Family Policy Unit



Nurturing a new dad

It is often said that it takes a village to raise a child. A nice thought. But the reality, as many new parents realise, is different, as they find themselves launched into caring for their child with little or no family support. This is a picture recognised by many health professionals charged with giving infants their best start in life. The new mum and baby may not be heading home into the embrace of an extended family but to her partner, who may be her main support as they become a family. Yet that relationship can, itself, be fragile. The couple may not have been together long. Dad might be unemployed, have personal difficulties, be living elsewhere or not be fully committed to his new family.

We created this paper because we saw that many professionals are adapting and responding to new family needs. Weighing the assets available to a new mother and baby, they have realised that one asset in particular is being under exploited: the father. However, we also know that midwives and health visitors are over-stretched as never before. So we have highlighted methods some have already adopted to involve dads in simple caring tasks, thus reducing professional workloads and improving the quality of care mum and baby receive.

The presence of men at the birth over the past 30 years has opened many eyes to their potential. Dads are good not just for mopping their partners' brow, cutting the cord and buying the flowers. For some women, they are essential at one of the most vulnerable stage of their lives.

I needed someone who cared for me more than anyone else in the world, who would protect me. I needed someone I could be vile to when I was in pain and know he could still be there for me tomorrow. I wanted him to hold me and be as passionately interested in the baby as me.

Caroline Flint, former president of the Royal College of Midwives, on her own three births.

Not all men fulfil this role. Some see childbirth and early child rearing as "women's stuff". Some see breastfeeding as "unnatural". Many new fathers lack confidence and competence, and do not have a developed image of what they can offer their child and partner. However, the context of their fatherhood is changing, as their almost universal attendance at the birth and the new entitlement to paternity leave illustrate, and as numerous media and sports figures line up to make active fatherhood "cool".

The task of supporting the many types of families that populate Britain today is not simple. There is, for example, no undisputed template of what a dad should be. Families

are culturally diverse. The aim, as the Home Secretary has pointed out, is not to tell people how to live their lives, but to harness the potential in all families and communities to find their own solutions.

Health professionals are playing their part in the paternal revolution. Research shows that by including the father and encouraging him to recognise and fulfil his potential, they can have a lasting impact on the family. The challenge for health professionals is to encourage dads to get involved, and find ways to support them. Many of these professionals have even begun asking difficult questions about whether their practice actively excludes or discourages men.

In this paper we have highlighted some simple initiatives. For example, some NHS hospitals now postpone the teaching of baby bathing until the evenings, so dad can learn as well. Others audit the dads' experiences as they already monitor the mothers'. More radically, the Secretary of State for Health has encouraged maternity units to publish, as a mark of their excellence, schemes to allow fathers to sleep over after the birth of the child, and some new hospitals are incorporating this thinking into the building of new maternity units.

These are but small examples of innovative practice that is encouraging new dads to be where they can do so much good: with their new family, helping and learning. As the RCM has memorably stated: "Having a baby marks not just the creation of an individual life, but the birth of a new family."

The expectant father

- Expectant fathers, like their pregnant partners, can experience hormonal changes in their bodies during a pregnancy. Such biochemical changes have also been detected in men just before their partners give birth, and when they hold their children for the first time¹.
- Men rarely feel properly prepared for fatherhood. Being an expectant dad can be a worrying and stressful time – their biggest worries are that something might be wrong with the baby, that there could be a miscarriage or that their partner will find it hard to cope with pain in labour. Many men feel it is right that their pregnant partner be the centre of attention, and take a ‘back seat’, hiding feelings of isolation, fear, anger or “detachment”, even from their partners².
- Most first-time fathers are keen to attend antenatal sessions, but would like classes to be more relevant to men. Surveys indicate that dads want more from antenatal classes than advice on how they can help in the delivery room – they are concerned that they lack the skills or confidence to look after a baby, or adopt a proper fatherly role. They want information on what to expect of life with a new baby, practical tips on baby care, and advice on being part of a new family³.
- Fathers who have attended baby care courses, or who think of themselves as more skilled, take on more care of their children. Studies of Swedish and German fathers taught how to care for their newborns and encouraged to do so, revealed that, three months on, they were more highly involved fathers⁴.
- Because women are the focus of maternity care, expectant dads sometimes feel excluded from important decisions about the birth and baby care. If they accompany partners to hospital appointments, some feel ignored, sidelined or left out. In one study, one man in three felt health professionals talked only to his partner and did not include him. One in ten said these doctors or midwives even avoided eye contact with them⁵.

Evening antenatal classes

Like many hospitals, St George’s in south London, encourages men to attend antenatal classes by offering some sessions outside normal working hours.

We encourage men to be as involved as possible by having sessions in the evening. Usually, our antenatal classes are women-only, because of the time of day they are held. Male partners are encouraged to come, but few can. Classes at seven in the evening are oversubscribed, because that’s when men want to come.

We’ve been doing it for ten years and they’re more popular than ever. Men tend to ask about what is going to happen afterwards, rather than the details of what goes on in the delivery room. They want to know about issues surrounding fatherhood that won’t necessarily interest the women. Encouraging men to go to parenthood classes would be one of the biggest steps you could take to get men more involved.

Julian Sutton, midwife at St George’s Hospital, and father of four

Men-only antenatal sessions

A study with new parents in Dundee and Perth Royal Infirmary suggests new fathers benefit from men-only sessions at antenatal classes.

A pilot scheme in Australia suggested both mothers and fathers appreciate it if the antenatal class is split part of the time, so we tried it in Scotland. For seven months, a male facilitator was there to lead discussion among dads at two of the three evening classes. Men liked having something just for them and they asked questions ranging from “how do you hold a baby” to “how is this going to change my life?”

Men discussed what kind of fathers they wanted to be – like their own dads, or different? – the focus was on postnatal issues. It is worth giving the dads special attention. The men ended up being more aware and better informed than they might have been otherwise. If only we could do this all the time – but it costs money and properly qualified male facilitators are hard to find.

Dr Andrew Symon, Midwife, Dundee University

My big worry when Jo first became pregnant was that I wouldn't be very useful at all...by the end of the course I felt completely different and during the labour it was wonderful.

First time dad – unemployed

The midwife has been excellent. She involves us both, tells us the things we need to know, she makes us laugh and we feel very relaxed and reassured by her knowledge and kindness.

First time father, despatch supervisor

I am by myself and have to be the one she can depend on and I don't have anyone to talk to about things so that makes me not listen to her as much because I just don't want as many worries.

17 year old, unemployed

I want as much information as possible. I've had problems coming to terms with the problems that my partner is having during the pregnancy. Also I know she is frightened of giving birth.

First time father, 21, factory worker

The midwife explained procedures but never asked about my feelings and completely closed me out.

First time father, building site supervisor

The appointments were at really awkward times and I couldn't get off work. These doctors don't realise that we can't afford to take time off all the time to come and see them. If we want to pay for the baby we have to stay at work.

Father of one, agriculture worker

Source: Singh & Newburn (2000)

- ⇒ Men-only sessions as a component of antenatal classes are generally welcomed by both men and women, with most men reporting they feel more confident and better prepared if they can discuss issues with other fathers-to-be. An expectant father is more inclined to attend an antenatal course if it has been recommended by a male personal contact⁶.
- ⇒ Provision of antenatal classes varies widely from one part of the country to another, with no standard pattern or national guidance for fathers' involvement across NHS hospitals and clinics⁷.
- ⇒ One father in three would like to be more involved than they are in the developing

pregnancy. Most blame their inability to get more involved on not being able to take time off work, although the main reason for not attending antenatal classes is if their partner is not going⁸.

- ⇒ Men's expectations of fatherhood are vital. If a father's expectations are positive, the chances are high of a strong attachment to the infant at 12 months old. The more support and encouragement expectant dads receive, the more likely they are to be involved with caring for their children later⁹.
- ⇒ Most men these days talk of wanting to be highly involved in their children's lives rather than a remote figure, but some find it difficult to "learn" the role. There are few close relatives on whom to 'model' their new, high expectations of fatherhood, few men's networks, and few courses in fathering skills¹⁰.

Suggestions for antenatal practice

Involve Dads at all stages

- ⇒ Wherever appropriate (i.e. according to the woman's wishes), midwives and all those involved in maternity services can encourage prospective and new fathers to be actively involved in the decision making process regarding their baby.
- ⇒ Managers may need to identify any barriers to engaging fathers and seek to resolve them.

As midwives, we aren't going to forget that a baby is being born. Nor are we likely to forget that a mother is being born. But sometimes we need to be reminded that a father is also being born.

Jennifer Rosenberg, designer, Midwifery Today

Dads are all different. Even the strongest of them is often shy at this time but like women, they can be empowered or disempowered by those around them

Jan Tritten, editor, Midwifery Today

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- ⇒ Make fathers feel welcome at all times and include them in any teaching about caring for the baby.
- ⇒ Encourage mothers and fathers to make conscious and explicit choices together about the way they would prefer their child to be born, which support the woman's choice.

Engage fathers in parenthood education

- ⇒ Help men to decide what they need to know. Encourage prenatal sessions for men that meet their needs, rather than a didactic lecture on the stages of pregnancy.
- ⇒ Give fathers an opportunity to discuss their thoughts and feelings about the birth and the baby and becoming a parent. Consider using male facilitators and some men-only discussion groups in antenatal sessions. These could be valuable spaces to allow the men to discuss how they are feeling about pregnancy, birth and parenthood.
- ⇒ Make sure the antenatal unit has pictures and posters promoting positive images of men and babies, and are equipped with father-baby resource materials.
- ⇒ Explore ways in which expectant fathers can provide practical help to their partner, especially in the latter stages of pregnancy when moving about can become more difficult.
- ⇒ Just as there is a legitimate place for women-only parenthood education sessions, there is also a place for men only sessions, and the two can be used effectively to compliment each other. Many educational sessions work best if both partners attend.
- ⇒ Try to ensure that whatever service you are running, they are named appropriately; for example, "new mums" for women only, or "Mums, dads and baby" when you expect both partners to attend.
- ⇒ Discuss breastfeeding with expectant fathers and encourage them to support their partner's choices. Help men to explore their attitudes

Domestic violence

A small but significant number of expectant fathers are verbally and/or physically abusive towards their partners during pregnancy, which is unacceptable. One recent study indicates that up to 2.5% of expectant mothers had experienced violence from a family member during their current pregnancy¹¹.

The Royal College of Midwives has published a position paper that sets out the responsibility that midwives have towards women:

The RCM recommends that every midwife assumes a role in the detection and management of domestic abuse, given its damaging impact on the outcome of pregnancy. Every midwife has a responsibility to provide each woman in her care with support, information and referral appropriate to her needs¹².

It is good practice to provide expectant mothers with confidential space in which routine screening for domestic violence can take place, conducted in safe conditions with appropriate support and referral systems in place.

This not only improves the protection for women and infants, but also enable health professionals to work in greater confidence with expectant fathers who are not abusing their partners.

towards breastfeeding and make sure that they receive good information about the benefits, difficulties and practicalities of breastfeeding, and ways in which they can offer practical support to their partner, should she choose to breastfeed.

- ⇒ Avoid overemphasis of the role of fathers as earners. Many women take on a breadwinning role after a child is born, and couples make diverse and complex choices about who meets earning and caring responsibilities. Focus on fathers' potential as parents and carers.
- ⇒ Promote practical ways in which new parents can support each other's relationship with their baby after the birth. Fathers can give their partners practical support, space and time to bond with their baby, just as mothers can give their partners similar opportunities.

fatherfacts

Let fathers know how they can support their partner

- ⇒ Help fathers to understand and appreciate that they are important in the birth process and have a significant role to play. Discuss the numerous ways in which he will be able to support his partner during the labour and delivery.
- ⇒ Encourage fathers to understand that they can have an important role as advocates on behalf of their partner and newborn baby.
- ⇒ Let fathers know that they can protect their partner from postnatal depression by providing appropriate practical and emotional support during and after pregnancy.

Fathers are vital people to their children and to the mothers of their children. Sometimes they don't realize just how important their presence and their actions can be. Midwives can help them understand what a difference they can make.

Marion Toepke Mclean, midwife

We realize that fathers are important to birth, but we must now recognize that birth is important to fathers...Men leave the birth with both a new baby and a nascent sense of themselves as fathers

Richard Reed, anthropologist

As their labour unfolds, I know that I am witnessing more than the birth of a baby. It is also the birth of a woman and a mother; the birth of a man and a father; the birth of a relationship that will never, ever be the same.

Lois Wilson, midwife

Skin-to-skin with the new baby

Encouraging men to take their shirts off and hold the new baby in the delivery room – going “skin to skin” – is part of the father-friendly approach of staff at Forth Park Maternity Hospital, Fife

Going skin-to-skin with new babies is a relatively new thing for fathers and not everybody approves. But it's only cuddling your baby, so why not? It's something dads want to do. It's what they'll be doing if they're up half the night holding the baby and trying to lull it to sleep, after all, so they are usually enthusiastic.

Men have totally changed in the course of my career. When I started out as a midwife 23 years ago holding the baby in the delivery room was not where men were supposed to be. Now it's turned on its head. It's wonderful and skin-to-skin contact does help to bond fathers and children. But there are some midwives who still wouldn't even think about it – it's taboo.

Catherine Cummings, senior midwife, Forth Park Maternity Hospital, Fife

Dads in the delivery room

- ⇒ More than nine out of ten fathers attend the delivery of their babies today. Most mothers value their presence; father's emotional support increases the happiness and satisfaction for most mothers when a baby is born. When their partner is in the room, women are likely to be less distressed, experience less pain, receive less medication and feel more positive about the birth experience than if their partner was not there¹³.
- ⇒ Obstetricians sometimes underestimate the psychological boost and practical support fathers give to their partners during delivery¹⁴.
- ⇒ Not all men behave in the same way in the delivery suite. Some men are “coaches” or “team mates” but others are more like “spectators” or “witnesses”. “Coaches” take a dominant role, actively leading and directing their partner, while “team mates” give physical and emotional support when asked, but “witnesses” tend to observe without playing any active part¹⁵.

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Being the first one to hold Millicent, my youngest daughter, as she emerged was a truly intense and memorable experience. I believe she behaves differently towards me as a result.

Bob, senior software engineer

You wonder and worry about whether you'll be ready when the time comes, and then, you just are.

Dan, cabinetmaker

To give massage, to give comfort, touching, feeling, that tactile sort of support that fathers can actually give – I think that was fantastic.

John, train guard

I held her hand and helped with the breathing. I was exhausted by the end of it and I didn't even have to do anything.

Kenny, clerical worker

Midwives were good at labour and birth but they felt that, just because my wife had been through it before, then we both had. But I haven't. This was my first. I would have liked more information no matter how many times I had been at a birth.

Jim, builder

- ☰ Fathers are moved, elated and struck with awe at the drama of childbirth. When the new baby arrives, fathers and mothers behave in similar ways, gingerly touching, then stroking and finally holding the baby for the first time¹⁶.
- ☰ Not all women want their partner to be present and labour and delivery can be stressful for fathers too. A small number of men do not want to be there, for social, cultural or other reasons. The woman's choice is paramount.
- ☰ As the events of childbirth unfold, a significant number of men feel they are not kept informed about what is going on, for example if their partner has an epidural or a caesarean. In one study a quarter of men said they only "sometimes" felt fully informed in the delivery room¹⁷.

Suggestions for practice in the delivery room

Assess and support the father's role

- ☰ Make couples aware that they are free to choose whether the father attends the birth or not, and that there is a range of roles he can play during labour. Find out from him and the mother what kind of role they would like him to play.
- ☰ Let the father-to-be know that his presence can be very reassuring and helpful to his partner – he can be useful just by being there.

Communicate with the father

- ☰ Learn his name, make eye contact and smile at him! Where appropriate, make suggestions to him about how he can offer practical help – perhaps with small tasks, massage, lifting or touch – there are many ways in which he can make labour more comfortable for his partner.
- ☰ Keep him involved in conversations about the progress of labour and, if appropriate, about decisions on interventions and pain relief.
- ☰ If his partner is taken into surgery for an emergency caesarean, make sure someone can reassure him and make sure he is OK – it can be very traumatic for him to be separated from his partner at a time like this.

The State of West Virginia found that the most significant person affecting whether or not a teen/unmarried father acknowledged that he was the father was the midwife. The state implemented a training program for midwives on the importance of fatherhood and how to talk to young mothers and fathers. In four years the rate of "paternity establishment" went from under 18% to over 60% among low-income unmarried couples

James Levine, Head of the Fatherhood programme at the Work and Families Institute, New York

- Remember to congratulate the father as well as the mother when the baby is born. If he has a camera, offer to take a photo of mum and dad together with the baby.

Postnatal care in hospital

- In many maternity units, new fathers are classed as “visitors” and are allowed the same visiting hours as anybody else – even though they are the infant’s other parent. This means that the time a father can spend with his partner and baby can be severely restricted. Few hospitals allow unrestricted visiting and very few provide accommodation that partners can share¹⁸.
- Because hospitals have limited space, mothers are often sent home with their new babies earlier than they used to be. This gives considerable additional responsibility to

Father-sensitive hospital practice

The Queen Mother Hospital near Glasgow has developed simple and effective measures that ensure the potential of fathers as carers for both partner and infant are maximised while the new mum is still in hospital.

We always ask new mums how they felt about their visit to the hospital, and use the information to develop and improve our service. We have recently extended this and now we give the new dads a questionnaire as well. This is helping us to understand their feelings and needs and make small changes to the maternity unit that improve things for the father.

For example, we have special visiting hours for partners – they are treated differently from normal “visitors” so that they can be with their partner and baby for much longer than would have been the case. We also make sure that education about important information and skills – such as bathing the baby - is done when the fathers are there as well, and not when the mothers are there alone.

**Diane Pateson, Development Manager,
Queen Mother Hospital, Glasgow**

Our midwife showed me how to help my wife get our son latched on properly to her breast to feed. This was really helpful, as I could help her when the midwife wasn't around and I understood how difficult it could be. She also gave me a few good ideas on how to support them during a feed – like getting cushions and drinks sorted, and getting the baby up and winding him at night.

Tom, plumber

fathers, but there has not been a complementary increase in the support they are given to prepare for their new role - to take care of their partner or to allow for time off work¹⁹.

- In a crisis - when a baby is born prematurely or is sick - fathers tend to become more involved with the hospital. They usually adopt a role as the mother’s advocate and a link with hospital staff, a willing assistant, and generally become more involved in the baby’s life²¹.

Going home

When the new baby goes home for the first time, dads are likely to have three key roles: supporting the mother practically and emotionally; taking on a share of the infant care; and working to provide for the new family.

- Men can be extremely competent at caring for young babies. Given the same amount of time, support and information, mothers and fathers learn to care for babies at the same rate. Fathers naturally respond as quickly as mothers when babies cry, are just as sensitive to their needs and are equally gentle at bath time – so long as they are taught how. Differences between men and women in baby care competence are likely to be the results of gender conditioning, peer pressure, expectations and lack of opportunity²².
- Dads trained in baby care get closer to their babies, hold them, engage in more face to face interaction, smile more, look at them and talk to them more, and bond with them more quickly. Sharing the baby care is good for relationships – couples who go to antenatal courses together are less stressed a few weeks later²³.

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- There are very few support services for parents that are specifically aimed at fathers. When midwives or health visitors call during the first weeks, fathers are often out at work. As a result dads can miss vital information such as learning to bathe the baby, feeding, and how to settle a baby to sleep, so lacking the skills and confidence to play a full part²⁵.
- Very few men these days consider it “unmanly” to care for a baby. Men would like to be more involved with caring for their children, but are often prevented from doing so by the demands of their job²⁶.
- Most women expect their partners to offer some help with the baby care – on average about a third of it. In fact, on average, both fathers and mothers wish that the father could do more. This can be a source of discord and stress for couples²⁷.
- To mothers, fathers are their main source of emotional support in the weeks after the baby’s birth. The support that men provide at this stage can be vital to the future well being of the family. Women who receive strong support and help from their partners are less likely to suffer from postnatal depression²⁸.
- Women who enjoy the full support of their partners are more closely bonded to their children, more responsive and more sensitive to their needs²⁹.
- The quality of the relationship between the parents predicts how close he will be to his child. And it is the best predictor of how well both parents will adjust to parenthood and family life. A father with a positive relationship is likely to do more baby care and bond more quickly and in turn, produce a more secure and attached child in the long run³⁰.
- Almost all men find the first few months positive and enjoyable – despite loss of sleep and income, and the demands of work, baby care and fatherhood. When mothers suffer postnatal depression, men may experience a sense of “loss” of the woman they once knew, but men often make allowances and sacrifices and are usually able to “heal” the situation³¹.
- Men too can suffer depression after the birth. The transition to parenthood can be hard on both parents. A powerful predictor of depression in men is postnatal depression in their partner. Fathers can also suffer role anxiety – they are expected to be providers, household helps, guides and nurturers and without support, the demands and tensions can challenge their sense of themselves³².
- Mothers often say joining a support group of other new mothers can help to make life easier. This may be true, but the evidence is that there is no substitute for a caring and supportive dad for reducing new-baby stress among mothers³³.
- In Europe, Swedish fathers probably spend most time with their children. Irish fathers spend more time with their children than English fathers, and fathers in England more than German and Italian men. American fathers only on average manage to spend 15-20 minutes a day with a young child³⁴.

We are building a new maternity unit in Grimsby based on the LDRP principle of single room maternity care: a family is admitted to a single room for the whole duration of labour, delivery and post-natal care. All the rooms are equipped with en suite facilities and a reclining chair, so that the woman's partner is able to stay overnight.

We expect to have about 2200 births a year in this unit, which is moving towards a new model of family centred care. Fathers will be brought into caring for their partners and infants, and we expect that this will have a knock on effect for our midwives, reducing their workload by performing practical tasks such as running baths, helping their partner to move about and get comfortable, lifting the baby and helping the mother to feed.

Our hope is that it will free up our midwives to focus more effectively on the heart of their work, enable new fathers to be more effective at caring for their partners and new babies, and improve the overall care that new mothers receive.

Karen Robinson, Head of Midwifery, Gynaecology & Sexual Health, North Lincolnshire and Goole Hospitals.

Supporting breastfeeding

Encouraging men to support partners in breastfeeding is a priority at some parenthood evenings, such as those held by North and East Herts Health Authority and the Sure Start scheme at Plymouth.

We do as much as we can to promote breastfeeding, and that's where the men come into their own. Fathers play a tremendously important part in supporting their partners' breastfeeding, and they can do so many things - everything from bringing the baby to their partner, changing them, helping them 'latch on' and providing emotional support, to fetching a glass of water and looking after the other children while the mother is feeding the new baby. So at parenthood evenings we always make a point of encouraging men to help their partners breastfeed.

Aisling Thurley, final year midwifery trainee, and mother of six (including triplets), Hertford

Breastfeeding

- ⇒ When fathers support and encourage their partners to breastfeed, women are more successful at it. On the other hand, if men are hostile, mothers are more likely to stop early³⁵.
- ⇒ Only one in five men feels breastfeeding makes them feel 'left out', and two in five would have liked to feed the baby themselves. A third of men find breastfeeding "embarrassing"³⁶.

New fathers and work

- ⇒ British fathers work the longest hours of any group in the European economy³⁷. On average, two thirds of household income is from the father – his income becomes especially important around the time of a birth, when costs are increasing, and his partner's income may be decreasing. Many fathers increase their working hours when their child is born. Fathers who have sons tend to work more than fathers who have daughters³⁸.

- ⇒ In the UK, 39 per cent of employed men take paid paternity leave given to them by their employer – usually between two and five days³⁹. Until April 2003, there has been no statutory paid paternity leave in the UK. (See the back page for more details about the new paternity leave scheme).
- ⇒ Fathers rank the barriers imposed by the demands of work among the main reasons they do not spend more time caring for their young children. Few fathers are able to adjust their office hours or work flexitime. So whilst men often disparage their own fathers for having been 'absent' and vow to do better themselves, most find they are unable to live up to their expectations⁴⁰.

How dads can support breastfeeding

Practical ideas to pass on:

- ⇒ Information for fathers should stress the benefits, how practically to support a breastfeeding mother and baby, and should support women in their choices.
- ⇒ Support mum's choice – encourage her if she wants to breastfeed, and support her if she decides not to.
- ⇒ Make the home "comfortable" for breastfeeding – especially if his family is visiting. Many women can be embarrassed by feeding in front of his family and his support can be invaluable.
- ⇒ Make some times of the day 'dad' times – e.g. bath time.
- ⇒ Make sure mum is comfortable – moving cushions etc.
- ⇒ Make her a drink when she is feeding.
- ⇒ Wind the baby, especially at night.

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Being a dad

- ⇒ Many fathers receive little support and encouragement for “fatherhood” outside the immediate family. Their relationship with their partner is the key to their identity as a father – dads are more involved with their child when their partner has a positive relationship with her own father. If they receive no support, their competence as fathers is less⁴¹.
- ⇒ Even so 94 per cent of fathers are satisfied with fatherhood most of the time, and 84 per cent enjoy being involved in the care of their baby son or daughter⁴².
- ⇒ A growing number of fathers see themselves in a “nurturing” role and primarily as a family man, rather than a breadwinner⁴³.
- ⇒ Most infants can become as attached to their fathers as they do to their mothers, usually some time in the first year of life⁴⁴.
- ⇒ Fathers can often tell their children by touch alone. When blindfolded and denied their sense of smell, Israeli fathers were able to recognize their infants by touching their hands, just as the children’s mothers could. More than half of fathers of newborns in the USA could tell their babies by touching the backs of their hands⁴⁵.
- ⇒ Children tend to fare better when they have close, positive contact with both parents. These benefits range from very early on – when children may be more likely to breastfeed – to later in life. Fathers’ care has a positive influence on children’s development, cognitive and language skills, playfulness, balance and social integration⁴⁶.
- ⇒ Being a competent father is good for dads too – it usually has a positive impact on their personal development and involved fathers tend to be more involved with their local community. And men find it rewarding⁴⁷.

Working with ‘part-time’ dads

Guys Hospital in London employs a midwife to work solely with mothers under 19, and their partners. Many of the fathers are uninvolved or even hostile to parenthood.

These fathers are probably not very well informed at all. A few have read every available book, but most don’t understand what they need to know, and haven’t grasped what being a father is about. They just turn up to see the baby being born. Some deny they are even the father. When the baby arrives, a lot are surprised by the way they feel - they haven’t been prepared for this.

We run special antenatal sessions with under-19 women in mind, but we involve men as much as we can. I almost treat the dads as pregnant mothers and try not to leave them out. We answer all their questions and give them something to do. Sometimes the dads don’t realize how important they are, but at least we try to make them feel it.

Alison Letford, midwife, Guy’s Hospital, London

Key resources for midwives:

Transition to parenting: an open learning resource for midwives (1999) The Royal College of Midwives.

Midwifery practice in the postnatal period: Recommendations for practice (2000) The Royal College of Midwives

*Both available from RCM Publications
Department, 4 Cathedral Road, Cardiff CF11 9LJ*

Credit card tel. no: 029 2066 7972 between 10am – 2pm Monday to Friday

References

- 1 Reported in Motluk (2000)
- 2 According to one study of new fathers, men often feel in the 'back seat' and poorly informed during their partners pregnancy (Smith, N. (1999)). Several studies suggest fathers find it hard to discuss their emotions or feelings even with their partners, who they may see as already overburdened at this time (see, for example, Singh & Newburn (2000)). In a Canadian study of new fathers, the authors suggest midwives should give fathers 'space' to express their feelings as well as taking the opportunity to include them in infant care (Anderson (1996)).
- 3 Several studies have highlighted men's dissatisfaction with antenatal classes. One in three men in the National Childbirth Trust study wanted more information on a range of 19 subjects, from choices in maternity care to how often to bottle feed (Singh & Newburn (2000)). An important study in Scotland showed that men, particularly first-time fathers, want to attend sessions but would like more information from a new father's perspective (McElliott (2001)). For another study of what men want from antenatal sessions, see Smith (1999). Research among men in Sydney, Australia, confirms the picture (Lee & Schmied (2001)) and the same conclusion is reached by others (see, for example, Raphael-Leff (1991); and Priest & Schott (1991)).
- 4 Swedish fathers who were taught how to care for their newborns and were encouraged to do so were more involved three months later (Lind, 1974); fathers who thought of themselves as more skilled were more involved later (McHale *et al.*, 1984) - both cited in Lamb (1997a). German fathers who had attended infant-care courses did more caretaking than 'unprepared' fathers, keeping closer to their babies and interacting more with them face-to-face (Nickel & Kocher (1985) cited in Lamb (1987)).
- 5 Singh & Newburn (2000). See also Sjogren (1992). A pioneering project at McMaster University to involve both parents in birth choices seems to have worked well; Enkin (1984).
- 6 For men's positive views on male facilitators, see an Australian study (Lee & Schmied (2001)). The men felt men-only discussion groups filled some of the gaps left by traditional mixed sessions and believed themselves to be better prepared, more knowledgeable and more positive. It does not seem to matter if facilitators are health professionals or not, so long as they are fathers themselves. But finding male facilitators is difficult. According to a 1997 study, father-focused discussion leads to better conflict resolution and housework, support-seeking, and contact with doctors on the men's part (Diemer (1997)). See also Davidson & Lloyd (1995) for a discussion of the benefits.
- 7 Enkin *et al.* (1991).
- 8 Whilst most fathers-to-be feel involved in the pregnancy, one in three would like to be even more involved. Most blamed their lack of greater involvement on not being able to take time off work, although according to the NCT survey, the main reason for not attending antenatal classes was because their partner wasn't going (Singh & Newburn (2000)).
- 9 Early researchers suggested that if fathers received more support, they would be more likely to be involved (e.g. Jackson (1984)). See also, for example, Cox *et al.* (1992); Brown & Eisenberg (1995), Axinn *et al.* (1998).
- 10 "We were struck by how many men talked of wanting to be more involved with their children than their fathers had been with them. They wanted to be central figures in their sons' and daughters' lives and hoped that their children would be able to talk with them about what was on their minds." (Cowan (1988)) but they found it difficult to define that role - here, classes help. (Daly, K. (1993)).
- 11 The first comprehensive study of domestic violence during pregnancy in the UK has been conducted at Guy's and St. Thomas' Hospitals, and found that while 6.4% of the women they studied had experienced domestic violence from their partner or another family member in the previous 12 months, 2.5% had experienced it during the pregnancy. 7.8% had been threatened with violence and 7.7% had felt unsafe or afraid during the past 12 months. Women are highly likely to disclose domestic violence during pregnancy when asked specifically by a midwife - 6.54 times as likely than when left to disclose by themselves. The researchers also found that routine screening for domestic violence was an acceptable and relevant practice, but only when conducted in safe conditions with the necessary support systems in place. (Mezey, Bacchus, Bewley & Haworth (2000)).
- 12 RCM (1999).
- 13 A number of studies as early as the 1970s established that women report less pain, receive less medication and feel more positive if fathers are present. (See for example, Henneborn, & (1975); and Anderson & Stanley (1976) cited in Lamb (1997a); a more recent reference is in Tarka (2000)). Mothers rate the father's presence in the delivery room as significantly more helpful than that of nurses (Seitchik (1987)). Birth attendance by fathers is put at 96 per cent in the NCT study (Singh & Newburn (2000)).
- 14 Hayward & Chalmers (1990).
- 15 Chapman (1991) cited in Larimore (1999). See also Odent (1999) who categorises men as 'in the background', 'observers', 'guides', and 'protectors'. According to Larimore, some men seem to be able to 'turn on' a more nurturing role in the delivery room than others.
- 16 Two thirds of men describe the experience as emotional, exciting and wonderful (Singh & Newburn (2000)). Several studies (e.g. Jackson (1984); and Lewis (1986); as well as Greenberg & Morris (1974), Klaus *et al.* (1970) and Parke (1979) all cited in Lamb (1997a), report most fathers' elation and nurturing behaviour towards their newborns in the delivery room. McDonald (1978) found mothers and fathers showed exactly the same sequence of contact and touching the new born babies when they were left undisturbed.
- 17 Singh & Newburn (2000). For studies on the information given to men on epidurals, see Chapman (2000). When men choose not to be present at the birth, they are rarely given an opportunity to explain or discuss their feelings, according to one recent study (Lee & Schmied (2001)).
- 18 Anecdotal evidence for the lack of welcome fathers receive in hospitals in the UK is overwhelming. One hospital in Wales recently changed its visiting hours after complaints from mothers about restrictive visiting hours (Fathers Direct (2001)).
- 19 The organization of postnatal care varies significantly from health region to health region. Two recent surveys published in 1994 and 1998 found selective visits by midwives still variable (see Garcia *et al.* (1994) and Garcia *et al.* (1998)).
- 20 Shellabarger & Thompson (1993).
- 21 When babies were sick, fathers interacted more with their children and were very involved with the child's care and treatment (Darke & Goldberg, 1994); in general, when babies are premature fathers are more

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- involved as they try to lift the burden on the family (Parke & Swain (1975) - (both cited Lamb (1997a)).
- 22 Until the mid 1980s, midwifery textbooks routinely talked of 'mothercraft' and not 'parentcraft'. Surprisingly, the differences between mothers and fathers appear much less important than the similarities, and Lamb (1997b) highlights the fact that there are no biologically based sex differences in how we respond to infants. Social conventions, not biological imperatives, underlie the traditional division of parental responsibilities. Men are 'naturally' as good with babies as women, as sensitive and responsive to their cries, given the same level of opportunity, support and experience (Also noted in Frodi *et al.* (1978)).
- 23 See, for example, Kocher (1987); and McBride (1990). Given the same amount of practice, information and support, men learn childcare skills at the same rate as mothers. (Frodi *et al.* (1978)). Couples who chose to attend prepared childbirth classes before giving birth reported fewer problems, less anxiety, and higher marital satisfaction at 8-10 weeks after birth than couples who did not (Markman (1987) cited by Phares (1997)).
- 24 NFPI (2001).
- 25 Several studies identify a gap between the reality of modern fatherhood and the competing pressures of work. Fathers who want to be involved frequently find they are excluded from decision-making. See for example Lewis (2000a); One in three men want more information from health professionals about what to do if a baby is sick, as well as other practical advice, but are rarely able to be present at routine postnatal visits (Singh & Newburn (2000)).
- 26 A study of attitudes among 15 men in Australia is revealing (Barclay & Lupton (1999)). Men may not have sufficient opportunity to learn the craft of baby care because of their work, and often have unrealistic ideas of what is actually involved. Many men felt there were no guidelines for them to follow in the first-time fathering of a tiny infant with few role models to emulate. According to Blankenhorn (1995) cited Lamb, M.E. (1997b)) many fathers no longer avoid the messy child care activities they used to disparage, becoming 'co-parents' across a broad array of tasks.
- 27 Barclay & Lupton (1999). In practice, men actually take on a smaller share of the housework and childcare than either party expected. See also, for example, Cowan & Cowan (1987b).
- 28 See Levitt *et al.* (1993). For fathers' support of partners suffering postnatal depression, see note 34.
- 29 Feiring (1976) cited in Lamb (1997a). See also Bloom (1998).
- 30 Much has been written about the importance of men's relationship with their partners for their adjustment to fatherhood and this is a subject that deserves more attention from health professionals. The immediate postnatal time can be critical, and most studies show the quality of the partners' relationship as central to parental adjustment and couple-happiness, with causality being bi-directional. (See, for example, Cowan (1988); and Ross (2001)). Berman and Pederson point out that a close relationship between father and child may be at a cost to the relationship between father and mother (Berman & Pedersen (1987)). Most studies find that a strong spousal relationship is very positive for the child's development. A father who has a positive relationship with the mother of his child is likely to be more involved in his child's life (Axinn *et al.* (1998)) Fathers in positive marriages are more likely to have secure infants, positive attitudes to their children and to the fatherhood role, and less parenting stress. (See Belsky (1996); Cox *et al.* (1989); and Cowan & Cowan (1987a)).
- 31 An interesting study of fathers whose partners suffered postnatal depression showed a common experience of a sense of 'loss' of the woman and of the relationship they had once known. Most men were highly supportive, but the postnatal depression had long-term effects. (Meighan *et al.* (1999)).
- 32 Zaslow (1984) cited in Cowan (1988). Paternal post natal depression can be just as harmful to child development because it puts at risk the quality of the relationship between the parents (Phares (1997)).
- 33 Very few parent support services are specifically targeted at fathers (NFPI (2001)) One in ten men say they would use a support facility for new fathers. (Singh & Newburn (2000)). In reality, family support groups may be rather less effective than parents imagine, suggesting that the support of groups is no substitute for competence in baby care and teamwork by parents (Cowan (1988); and Lieberman (1981)).
- 34 Various - all cited in Lamb (1997a).
- 35 A range of studies shows a strong link between fathers' understanding and support of their partner's breastfeeding, and mothers' success at feeding the new baby. The mother's perception of father's support is a good predictor of breastfeeding success, and if partners are hostile to breastfeeding, mothers are much more likely to stop early. See for example Littman *et al.* (1994); Kessler *et al.* (1995); and two studies by Scott *et al.* (2001a & 2001b). Research has even shown the same effect among the native American community in Canada. (Macaulay *et al.* (1989)).
- 36 Smith & Newburn (2000). For men's perceptions of being denied an opportunity to bond, see *inter alia*, Barclay & Lupton (1999).
- 37 Burghes, Clarke, Cronin (1997).
- 38 Lundberg & Rose (2000).
- 39 In the UK, statutory paid paternity leave is to be introduced in 2003. New fathers will be entitled to two weeks paid leave paid at the same rate as maternity pay. The DTI forecasts an estimated 70 per cent take-up (DTI (2001)). In the UK, only 39 per cent of employed men take paid paternity leave in addition to holiday entitlement, usually between two and five days. Over half had no paternity leave at all (Singh & Newburn (2000)).
- 40 Men disparage the 'absent fathers' they themselves experienced, but are often obliged to behave the same way themselves through force of circumstance, foregoing the emotional reward of being close to their children (Barclay & Lupton (1999)). Berman and Pederson (1987) similarly point out that while fathers have increased expectations of fatherhood, work role pressures have not abated.
- 41 Little research has been done on men's preparation for parenthood, as opposed to their presence in the delivery room. Men often find their expectations of new fatherhood to be unrealistic, underestimate the disruption in their lives, find it much more difficult and distressing than they anticipated, and feel inadequate (Barclay & Lupton (1999)). Fathers have little social support for fatherhood outside the husband-wife team. There are few men's networks geared to child care (Lein (1979) cited by Pleck (1997)).
- 42 But, overall, almost all find the first few months of life with a new baby 'positive and enjoyable' (Singh & Newburn (2000)). In a survey of fathers at six weeks post-partum, 94 per cent of fathers were satisfied with fatherhood most of the time, and 84 per cent indicated satisfaction with their involvement with infant care (Baafi *et al.* (2001)).

- 43 Tamis-LeMonda. & Cabrera (2002, in Press). A father's self-perceived 'identity' (as, for example, career-man/family man; 'hardman'/nurturer etc. is a key predictor of his levels of involvement with his child.
- 44 Fathers who do a lot of care bond more quickly with their children and are likely to enjoy fatherhood more, although many are surprised at how long it takes to form an attachment. (Barclay, L., and Lupton, D. (1999) *The experiences of new fatherhood: a socio cultural analysis*. Journal of Advanced Nursing 29(4) 1013-20). Fathers continue to feel emotionally connected to their infants and are just as anxious as mothers about leaving their babies in someone else's care (Deater-Deckard, K. *et al.* cited in Lamb (1997a)). Substantial, accumulated evidence since the mid 1970s shows that most infants become attached to their fathers, and that infants form attachments to both mothers and fathers at about the same point in the first year of life (Lamb (1997a)). Babies form attachments to those they see regularly – not necessarily only to those who 'take care' of them (Schaffer and Emerson (1964) cited in Lamb (1997a)). Seventy five per cent of mothers said their children responded enthusiastically when fathers returned from work; boys and girls respond to fathers differently – sons appreciated fathers who look after them, are patient and play, girls appreciate fathers who showed a high level of concern; (Pedersen *et al.* (1982) cited in Lamb (1997a)). A quarter of babies prefer their fathers and one in five showed no preference, on the basis of separation anxiety. Babies who see a lot of their dads experience separation anxiety later (Lester *et al.* (1974) cited in Lamb (1997a)). Fathers are just as likely as mothers to speak slowly, use short phrases and baby language, and repeat themselves, when talking to newborns (Blount and Padgug (1976) cited in Lamb (1997a)). The more a father does in terms of looking after his child, the more responsive he is likely to be (Donate-Bartfield & Passman (1985) cited in Lamb (1997a)).
- 45 Fathers can often tell their children by touch alone. When blindfolded and denied access to olfactory clues, Israeli fathers were able to recognize their infants by touching their hands, just like mothers (Kaitz *et al.* (1992) cited in Lamb (1997a)). More than half of fathers of newborns in the USA could tell their babies by touching the backs of their hands (Bader & Philips (1999)).
- 46 The contribution of fathers to child development has been extensively studied. The association is well described in an important study by Lamb, which links a father's emotional investment in parenting with the child's future well-being, cognitive development and social confidence. Lamb confirms that fathers have a "unique and independent influence on child's development" . Lamb (1997c). Much of the research that is available on the contribution of fathers to household and child wellbeing has been summarized by Professor Charlie Lewis in the first of the FatherFacts series, called "What good are dads?" Lewis, C (2000b) . See also numerous other studies including Marsiglio, Day, Braver, Evans, Lamb, Peters, (1998); MacDonald & Parke (1984) and Black, Dubowitz, Starr (1999).
- 47 Like mothers, fathers who are involved in caring for their children come in contact with many local community institutions and resources – schools, playgroups, doctors etc. See Snarey (1993).

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fatherfacts

A Health Perspective On Paternity Leave



Home Office Family Policy Unit

SCOTTISH EXECUTIVE



Bernard van Leer Foundation



From April 2003 the UK government is introducing a new statutory paid paternity leave scheme of two weeks for all new fathers. It is estimated that 70% of all new fathers (nearly half a million per year) will take up this leave¹, spending most of the two weeks after the birth of their child at home with their partner and new baby.

This represents a tremendous opportunity for health professionals to involve fathers in the immediate postnatal care of their partners, and pass on important skills and information to build their confidence as new parents. Fathers Direct wants to open a debate among health care professionals about the priorities for health education and support given to new parents, and has consulted among midwives, fathers, mothers and professional organisations to gather views as to the priorities for practice with new fathers once paternity leave is in place and widely used.

We set out four suggestions of key areas that could be considered by health professionals working with new parents in the immediate postnatal period. The focus of these interventions is the well-being of the mother and infant, and the competence and confidence of the father as a parent.

¹ DTI (2001).

1. Focus on postnatal depression

As most women's major source of emotional support after the birth, fathers have the potential to protect their partners against postnatal depression by providing practical and emotional support. Health professionals could let fathers know how important their role is in caring for their partner, and, in consultation with the mother, suggest practical ways in which he can support her over the coming months. Professionals could also inform fathers of the major symptoms of postnatal depression in the mother or themselves, so that they are in a position to spot it early.

2. Focus on breastfeeding

A partner's support is an important factor in determining successful breastfeeding. To supplement support to the mother, information about the benefits of breastfeeding could be passed to the father, as well as information about potential difficulties and practical ways in which he can support his partner if she chooses to breastfeed.

3. Focus on infant care

All new parents need to know how to respond to their newborn. The presence of fathers in the home during the first few weeks presents an opportunity for health professionals to educate the father as well as the mother on normal infant behaviour and how to identify and respond to potential problems and symptoms of illness and distress with the infant. It also becomes possible to ensure that both parents are present when passing on key skills, such as bathing the baby, skincare, caring for umbilical cords, nappy changing, comforting and holding her.

4. Focus on couple relationships

The birth of a child can place tremendous strain on a relationship, and many couples experience a drop in relationship satisfaction. Providing information that 'normalises' this experience for couples and suggests ways for couples to nourish their relationship could be helpful. Health professionals could play a useful role in identifying couples in need of support and making referrals to appropriate support agencies.

The new paternity leave scheme

From April 2003, new fathers are entitled to up to two weeks of statutory paid paternity leave, to be taken within 56 days of the child's birth (or due date)

- ⇒ Fathers will have to have worked for their employer for a period of 26 weeks before the 15th week before the child's expected due date to be eligible for statutory paid paternity leave.
- ⇒ Employers must be notified of an intention to take paternity leave 15 weeks prior to the child's expected due date.
- ⇒ Paternity leave can be taken either in a one week or two week block. Employers must pay the employee at least the statutory paternity leave rate for this period, but can choose to pay more than this.
- ⇒ When it is introduced in April 2003, the standard rate for statutory paid paternity leave will be £100 per week, which

is the same standard rate as statutory maternity pay.

- ⇒ If a father states that he wishes to take his paternity leave from the moment the child is born, he can take his leave whether the child is born early or late.
- ⇒ Paternity is self-certified.
- ⇒ Paternity leave cannot start before the date of birth of the child - fathers can take "emergency leave for dependents", which is unpaid, when a partner is in labour.
- ⇒ Parents with low incomes will have access to benefits, including Income Support, whilst on paternity leave.
- ⇒ More information for fathers is available on Fathers Direct's website www.fathersdirect.com and also on the DTI's website www.dti.gov.uk. Information for employers will be available on the Inland Revenue's website www.inlandrevenue.gov.uk