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# Fatherhood Institute Research

## Summary: Fathers and Breastfeeding

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### **Messages from Research**

A number of studies have found fathers influencing mothers' decisions to initiate and/or sustain breastfeeding (for review, see Scott et al, 2001). 'Unpacking' this research it has been found that support from the infant's father through active participation in the breastfeeding decision, together with a positive attitude by him and knowledge about the benefits of breastfeeding, have been shown to have a strong influence on the initiation and duration of breastfeeding (Swanson & Power, 2005; Arora et al, 2000; Bromberg & Darby, 1997). Low-income women in particular suggest that male support is crucial in their decision to breastfeed (Schmidt & Sigman-Grant, 2000).

It is worth noting that mothers' perceptions of their partners' attitudes to breastfeeding – on which researchers often rely – may not be accurate: when the men are interviewed directly, their attitudes can be more positive than expected and reported by their partners (Freed et al, 1993).

### **Fathers' actual beliefs about breastfeeding and their level of knowledge and understanding are significant**

- Fathers' beliefs that breastfeeding is best for baby, and that it helps with bonding and protects baby from disease, are associated with mothers' intention to breastfeed. Conversely, fathers' beliefs that breastfeeding is bad for the breasts, makes breasts ugly and interferes with sex are associated with mothers' bottle-feeding intentions (Freed et al, 1993).
- Barriers to fathers' supporting breastfeeding include disapproval of women breastfeeding in public or in front of non-family members, and lack of knowledge about the health benefits and nutritional superiority of breastfeeding. Such disapproval and lack of knowledge are far more common in fathers than in mothers (Shaker et al, 2004; Pollock et al, 2002; Shepherd et al, 2000).

### **Can fathers' views and understandings be changed? Most of the intervention studies are small, but the indications are positive...**

- A randomized controlled trial of a two-hour pre-natal intervention with fathers consisting of infant care information as well as encouragement for fathers to advocate for breastfeeding and assist their partner, resulted in 74% v. 41% breastfeeding initiation among women whose partners had attended the class, in comparison with the controls (Wolfberg et al, 2004)

- In Italy Piscane et al (2005) found that teaching fathers how to prevent and manage the most common lactation difficulties had a marked, positive impact on breastfeeding continuation. Only 15% of mothers whose partners had been simply told about the benefits of breastfeeding were still breastfeeding at six months; but when the men were individually coached for just 40 minutes on managing common problems (such as pain and discomfort, fear that baby isn't 'getting enough' and breastfeeding-issues when mum returns to work) the percentage of mothers still breastfeeding at six months was 25%. The impact was particularly strong among women who had reported difficulties with lactation (4.5% v. 24%).
- An established workplace intervention in the US offers fathers either two 45-minute group classes (which include observing positioning and attachment) or a one-hour, one-on-one coaching session (which includes use and care of a breast pump). A book on breastfeeding and other 'take away' handouts are supplied. The fathers are also invited to attend a men-only fathering session as part of an ante-natal course for couples. All the interventions result in higher-than-average breastfeeding rates, with the outcomes from the fathering session the most impressive. When fathers had attended the fathering session as well as the breastfeeding instruction,, 69% of the mothers were still breastfeeding at six months post partum, compared with a national average of 21% (Cohen et al, 2002).
- Working with the couple relationship may pay dividends, since relationship satisfaction is associated with more paternal breastfeeding support (Falceto et al, 2004) and relationship distress is predictive of early breastfeeding cessation, although only at a marginal level of significance (Sullivan et al, 2004).
- Since high levels of maternal responsibility for household tasks and infant care are significant predictors of breastfeeding cessation, supporting fathers to take responsibility in these areas may contribute significantly to breastfeeding maintenance (Sullivan et al, 2004).

Working with the couple rather than simply with the mother in breastfeeding education is important. A desire for the father to have opportunities to be close to the baby can be a factor in some mothers opting to cease breastfeeding; and an approach that focuses exclusively on the mother-child dyad can result in some fathers feeling excluded, jealous and resentful to the detriment of breastfeeding success (Jordan & Wall, 1993).

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