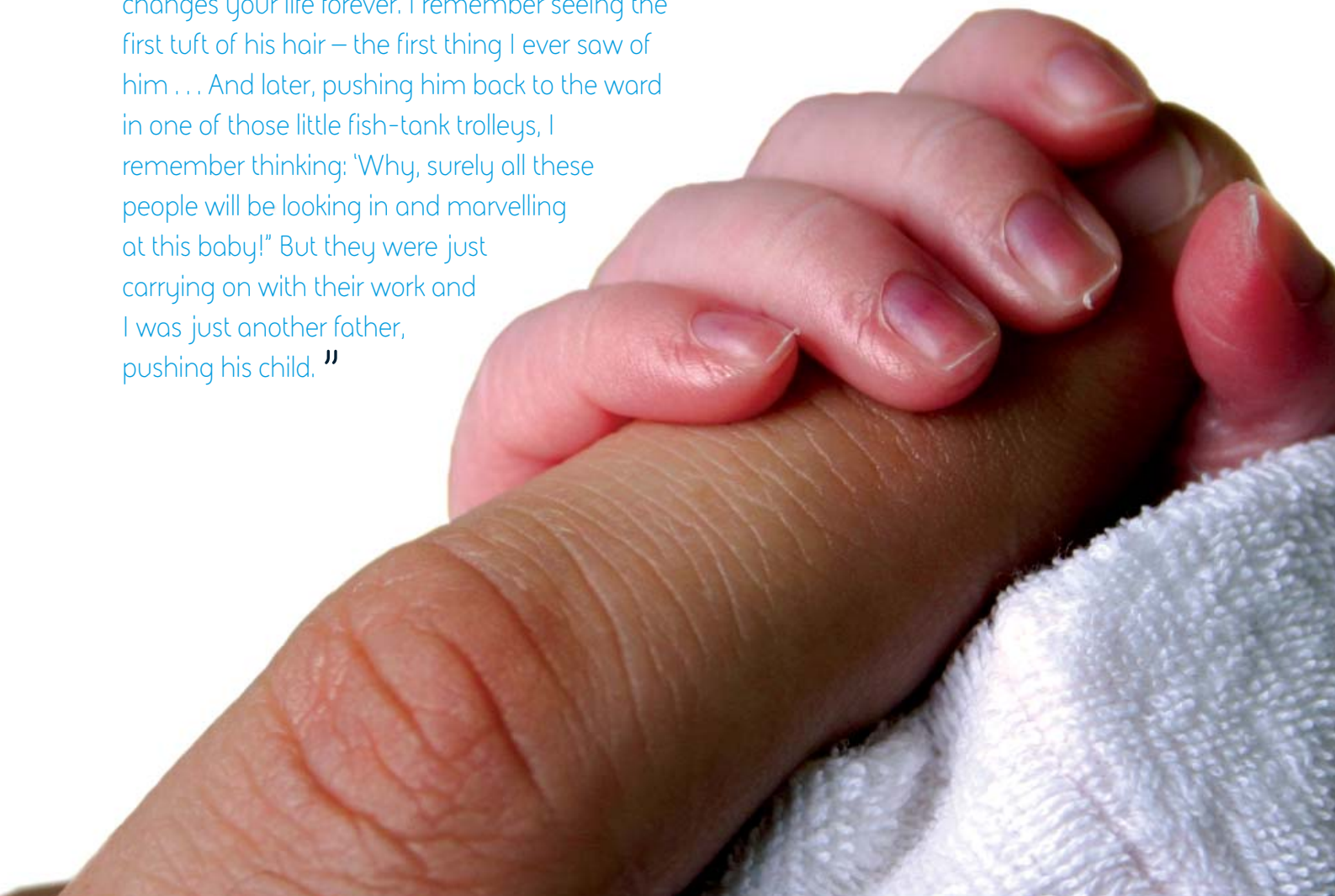


The Dad Deficit

The Missing Piece in the Maternity Jigsaw

“When you actually see this child physically being born, it’s just an amazing experience and it changes your life forever. I remember seeing the first tuft of his hair – the first thing I ever saw of him . . . And later, pushing him back to the ward in one of those little fish-tank trolleys, I remember thinking: ‘Why, surely all these people will be looking in and marvelling at this baby!’ But they were just carrying on with their work and I was just another father, pushing his child. ”



For both father and mother, the birth of their first child is usually the peak experience of their life. And the father's influence on his baby's development, like the mother's, begins before birth – even before conception – and never ends.

- fathers' behaviour and experiences before, during and after the birth impact powerfully on mothers and children
- fathers who are highly involved with their babies from the start are more likely to remain so for life
- when fathers are confident and supportive, mothers' birth experiences are better – and both infant and mother tend to do well in the weeks and months after birth.

“After the first two she had depression really bad. But this time, since I've been home, she's been great. I think it's directly due to me being at home . . . I can't see any other reason to explain it.”

But today, despite huge changes in how men and women share work and caring roles, there is still an underlying belief that, whilst motherhood is essential, fatherhood is the 'icing on the cake'.

In focusing almost entirely on mothers, most service providers tend to overlook fathers – both in terms of the support they could provide and any support they may need to play a positive role. With no clear guidelines and no formal requirement for maternity services to recognise fathers-to-be and ensure they are involved, practice can be good, bad or non-existent – irrespective of the influence that fathers have.

The Fatherhood Institute says it is time to change the way dads are engaged in the birth of their children.

Academic research says that involved dads are good for kids and good for mums. And families that function better are good for society and the economy.

That's why we are calling for Government and our services to make changes that ensure dads can play an active, engaged and informed role from the very start.



From antenatal care onwards, Dads' role is diminished

Although more and more fathers now attend the birth of their child - 86% in 2005¹ - there are no formal procedures for engaging or preparing them.

Many dads tell us:

- they feel excluded at the birth of their child
- they have no clear role
- they have very little information
- when visiting time is over, they can be literally shut out of the most significant time of their life
- they have to take paid holiday because paternity leave is still paid at too low a rate
- there is less access to flexible working and paid paternity leave for those who are low paid.

Involving dad makes sense...

- For mothers
- For fathers
- For children
- To communities
- To the economy
- For now
- In the future

When a father is involved with his child from birth there are significant positive effects on the child²



Expectant and new mothers whose partners are supportive and well informed, experience benefits³



When dad is highly involved from birth, such involvement tends to stay stable over the first three years – and often beyond, right through childhood and adolescence. And highly involved dads are also likely to become highly-involved grandads.

80% of women agree that fathers are as good as mothers at caring for children⁴

Some dads have a negative influence: for example, children are worse affected by fathers' harsh parenting than by mothers⁵ and fathers are more likely than mothers to shake their babies⁶. Ante-natal support and information about infant development can make negative behaviour by fathers less likely⁷. And when dads who don't live with their infants are helped by maternity services to be close to them and to register the birth with the mothers they are more likely to pay child support and stay involved in other ways.⁸

“ I do most of the cooking, I do special meals for the kids that they like – ‘splog’s’ a sort of mixture of mashed potatoes, baked beans, stuff like that. They love it! ”

From Pregnancy, to the Pram and Parenting

Dads' care of infants and young children increased 800% between 1975 – 1997⁹

The role of fathers has changed dramatically in the past thirty years. Fathers do more child care and housework than ever. They want to be able to work more flexibly so they can spend more time with their children. And they want to be involved during the pregnancy and at the birth so they can support mum. The image of dad celebrating with friends whilst his wife is giving birth is rooted firmly in the past.

Fathers: the optional extra?

70% of people agree that society values a child's relationship with its mother more than it values a child's relationship with its father¹⁰

Despite dads doing more, fatherhood is still regarded as an optional extra by the health services. The Fatherhood Institute believes that maternity services have a key role to play in securing this huge potential resource and in challenging negative behaviour for the wellbeing of the mothers and infants in their care.

Our recently published guide *Including New Fathers* available as a free download or in hard copy from <http://www.fatherhoodinstitute.org/index.php?id=2&clD=607> reflects first hand experiences of midwives and other professionals, who do work successfully with fathers, and includes many of their hints and tips. Drawing on a wealth of international research, it sets out:

- how maternity services can engage with fathers effectively, including very young fathers or fathers with negative behaviour
- how working closely with fathers can improve infant and maternal health
- how early engagement with new fathers shapes their attitudes to parenting
- the implications of the Gender Equality Duty

Maternity professionals have told us that they want to be able to involve fathers more effectively in their child's birth – and in the times preceding and following the birth. We know that our guide is proving useful to these professionals but more needs to be done to ensure that fathers are included on a *statutory* basis.

“ I went to everything, all the tests and the ultrasound scans. I thought to hell with it – all the rest of my life has to be chucked out. I was going to have those nine months – it was going to be my time as well as hers. ”



i) Before the birth

Supporting fathers as well as mothers to achieve a healthy pregnancy is likely to achieve the greatest positive impact on family health¹¹

Maternity professionals see more fathers than any other statutory service, yet any services aimed at dads are discretionary and they are not systematically engaged with - especially those who are very young, from minority ethnic groups, in poverty, or have particular needs, such as mental or physical health problems. These fathers have as much impact on the health and welfare of mother and baby as any other father.

When fathers are trained to understand the value of breastfeeding and how to help with it, they are better able to support their partners. In fact, the exclusion of fathers can actually lower breastfeeding rates¹².

One study found that when their partners were involved in breastfeeding support, almost 7 out of 10 mothers (69%) were still breastfeeding at 6 months compared with the national average of 20%¹³ in that country.

It is important to remember that both parents are equally responsible for the baby's health, so both need information about the facts and about the roles they can play. It is unfair on mothers to assume that the entire responsibility for the baby rests with them.

And there are wider health issues that are seriously affected by the involvement of fathers. The dangers of expectant mothers' smoking are well publicised but the fathers influence is ignored. Fathers' smoking is strongly linked with mothers' smoking¹⁴. And research shows that many fathers have incomplete knowledge of the effects of passive smoking on infants. Only 33% are aware that it contributes to Sudden Infant Death Syndrome, 24% that it contributes to ear infections, 65% that it contributes to babies developing asthma, bronchitis and pneumonia and 75% that it contributes to coughing and sore throats¹⁵.

We want to see:

- All fathers being registered by maternity services so that services can be aware of anything that might affect maternal and baby health
- Universal breastfeeding education from the NHS that always includes fathers, including the new national helpline marketed to and catering for the needs of fathers as well as mothers in supporting breastfeeding
- Relevant and securely funded NHS antenatal education that is appropriate to the needs of modern families and inclusive of fathers
- National provision of excellent information for prospective parents that thoroughly covers the father's perspective of pregnancy, birth and baby care
- A programme from DH, DCSF and the Home Office that provides targeted antenatal support to young mothers and vulnerable fathers – for example peer mentoring approaches like *Hit the Ground Crawling*, currently being piloted by the Fatherhood Institute
- A survey of the good things that maternity services are already doing with fathers, to show that good practice is achievable
- Professional training for midwives to include engagement with fathers and a national programme of free study days for midwives

Pregnant mothers' drinking is also an growing concern, with Fetal Alcohol Spectrum Disorder (FASD) the most common known cause of cognitive disability¹⁶. Again, fathers are ignored here, although a growing body of evidence suggests a genetic risk¹⁷, that a father's drinking is a risk factor for the mother¹⁸ and that heavy alcohol use by fathers is associated with poor bonding between mother and infant¹⁹.

The father's drinking is also linked with relationship conflict, which can lead some expectant mothers to drink more²⁰ or cause them stress. This can transfer to the unborn baby, who can continue to show negative effects long after birth²¹.

And serious stress (and physical damage, including miscarriage and pre-term birth) can occur to both infant and mother if relationship conflict escalates into violence.

If fathers are systematically engaged on these issues during pregnancy, this will have a major impact on smoking behaviour and alcohol consumption in both partners, on mothers' stress levels and on domestic violence.

We want to see:

- The production of specific NHS guidance for maternity services on what information fathers need about smoking, alcohol use, dealing with relationship stress and conflict, the impact of violence in the family, breastfeeding, mental health and baby health - and guidance on how this can most effectively be communicated to them

At the birth

Labouring women benefit when they feel 'in control' of the birth process – a key component of this is experiencing support from their partner during the birth²²

Fathers who have been prepared well to participate productively in the labour process tend to be more active participants and their partners' birth experiences tend to be more positive²³

We know that the 86% of dads who attend their child's birth²⁴ can have a positive or negative impact on a mother's experience of the whole birthing process. Maternity services do not routinely provide information for a man who is about to become a father, so it is understandable that many men are unsure about what role they can usefully play in the birthing process.

However, research shows that positive involvement of any kind from a father – particularly presence during labour – can help the mother's stress and pain levels.

Support during delivery creates a more positive childbirth experience for the mother, with a shorter duration of delivery and less pain experienced²⁵

We want to see:

- The NHS develop a clear definition of a father's role at birth, which is then communicated to all expectant parents and to midwives and other health professionals who engage with them

“ I was up by the mother's head, holding her hand comforting her, and then I was sneaking looks, and sort of ducking back down there, and I'm saying 'I can see this little head' but I was also very emotional, you know . . . ”

“ When I was younger I lived with a woman who had children and I used to say, it's great I've got an instant family. Actually, it was complete crap and I realised later, when I had children of my own, that the birth and the nappies, that whole thing is an absolutely crucial part of developing a proper and sound relationship. ”

After the birth

Our research tells us that 70% of men and women agree that dads should be *able* to stay overnight with their partner in hospital when their baby is born. And 79% agree that dads should be *encouraged* to stay overnight with their partner in hospital when their baby is born²⁶.

“ It always seemed to be three o'clock in the morning when I left the hospital after the birth of one of my children . . . You wander aimlessly through those night streets until you arrive at home, or some other destination that ought to have meaning. But the real meaning is locked away in a bed in a ward in a building where you are not welcome. ”

There are currently few services able to offer fathers overnight stays - and even fewer that will encourage it. What's more, visiting hours routinely exclude fathers at times important to both parents – such as when mothers have discussions with professionals about health and when information is given about baby care.

The benefits of including dads are hard to ignore – mum feels safer and more relaxed and the new dad has the same opportunity as mum to bond with their child, making it more likely that a strong relationship will develop and benefit the whole family.

We want to see:

- All mothers and fathers being allowed to stay together overnight with their baby on a postnatal ward, within 10 years
- Fathers always being allowed to be present for the doctor's ward rounds and when support is given on baby care skills

“ She just told me to stay away. Her parents wouldn't let me talk to her, and my mother said it would be best if I just forgot about her. She'd done the same thing to her boyfriend when I was born . . . After a while I quit trying and today I don't even know where she is ”

Back home

45,000 men in the UK do not sign the birth certificate when their child is born, representing 7% of all births²⁷ In Australia, the rate of non-registration of fathers is half this.

Birth registration is important because it:

- provides an occasion to explain to parents the rights of their child
- celebrates the transition to parenthood
- highlights the legal responsibilities of both parents
- provides access to services for vulnerable mothers and fathers

Currently, birth registration is not given a high enough priority when a child is born. The vast majority of non registrations happen because parents are unaware of what to do. And services give no support and show no interest when a father does not sign.

15% of all births are to parents who live apart – and almost half these fathers don't sign the birth certificate, even though 2 out of 3 are in a close relationship with their baby's mother.²⁸

A 'family' can take many different forms and whether born into a 'traditional' family arrangement or not, for the child, birth registration is an essential way of protecting their right to know who their parents are - a right that's enshrined in the UN Convention on the Rights of the Child. Knowing who one's father is, is not only important for personal identity but also, potentially, for medical treatment, inheritance and protection against incest.

We want to see:

- A non-compulsive process of enquiry being introduced if the father does not sign the birth certificate, as in Australia
- The status of birth registration being elevated into a significant family event, with good access to further information for parents when signing

Fatherhood Institute's 12-point action plan

1. All mothers and fathers to be allowed to stay together overnight on postnatal wards
2. Change in birth registration so that both parents sign the birth certificate and introduction of Australian-style (non compulsive) enquiry system if father does not sign birth certificate. Also elevation of birth registration into a significant family event.
3. Professional training for midwives to include engagement with fathers; and a national programme of free study days for midwives on this topic
4. Maternity services to allow fathers to be present for doctor's ward round and when support is given on baby care skills
5. Clear NHS definition of the father's role at birth
6. A co-ordinated Government programme – between DH, DCSF and Home Office - to give targeted antenatal support to young mothers and vulnerable fathers
7. All fathers being registered by maternity services so that services can be aware of anything that might affect maternal and baby health
8. Universal breastfeeding education from the NHS that always includes fathers, including the new national helpline marketed to and catering for the needs of fathers as well as mothers in supporting breastfeeding
9. Relevant and securely funded NHS antenatal education that is appropriate to the needs of modern families and inclusive of fathers
10. National provision of accessible and multi-lingual information for prospective parents that thoroughly covers the father's perspective of pregnancy, birth and baby care
11. A survey of the good things that maternity services are already doing with fathers, to show that good practice is achievable
12. The production of specific NHS guidance for maternity services on what information fathers need about smoking, alcohol use, dealing with relationship stress and conflict, the impact of violence in the family, breastfeeding, mental health and baby health - and guidance on how this can most effectively be communicated to them

To support this document, the Fatherhood Institute's research summary: *Maternal and Infant health in the perinatal period: the father's role* is available at <http://www.fatherhoodinstitute.org/uploads/publications/356.pdf>

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The Fatherhood Institute is the UK's fatherhood think tank.

The Institute (charity reg. no. 1075104):

- collates and publishes international research on fathers, fatherhood and different approaches to engaging with fathers
- helps shape national and local policies to ensure a father-inclusive approach to family policy
- injects research evidence on fathers and fatherhood into national debates about parenting and parental roles
- lobbies for changes in law, policy and practice to dismantle barriers to fathers' care of infants and children
- is the UK's leading provider of training, consultancy and publications on father-inclusive practice, for public and third sector agencies and employers

The Institute's vision is for a society that gives all children a strong and positive relationship with their father and any father-figures; supports both mothers and fathers as earners and carers; and prepares boys and girls for a future shared role in caring for children.

Through a separate partly-owned company, DAD, the Institute provides information directly to fathers and their families, while raising funds to ensure appropriate information is delivered to fathers in the most excluded groups.

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