NHS is failing new mothers and babies by ignoring fathers, says survey

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The NHS is failing to provide the 'family-centred' antenatal, maternity or health visitor services required by its own rules and desired by parents, according to a large survey of new fathers, published today.

Although almost all of the new fathers were present in maternity services at each stage[1], the poll shows that large numbers felt ignored before, during, and after delivery, even though their involvement is central to infant and maternal well-being and is desired by mothers.

Since 2004, NHS policy requires maternity services to deliver 'mother-focused and family centred' care. Pregnant and birthing women typically want their partner with them not only because he is their closest companion but also because he provides continuity of care and support amid stretched NHS services, according to research published today that reviews the UK evidence about new fathers and health services.

"Who's the bloke in the room?" a report published by the Fatherhood Institute and funded by the Nuffield Foundation, details how expectant fathers in Britain are key influences on maternal and infant health and well-being, including on pregnant women's smoking, diet, physical activity and mental health, and on children's later adjustment.

However, in the Fatherhood Institute/Fathers Network Scotland's accompanying poll, *How was it for you?*, 65% of respondents reflecting on the antenatal services they had received, said the healthcare professionals had rarely or never discussed fathers' roles. More than half (56%) said they had rarely or never been addressed by name. Fewer than a quarter had been asked about their physical health (22%) or diet and exercise (18%). And even though a father's mental health is closely correlated with a mother's, only 18% had been questioned about it. Around half (48%) had not been asked about smoking, despite the risks of passive smoking to babies, and fathers' key role in supporting pregnant mums to give up. NHS staff visiting after the birth spoke about fathers' roles 'rarely' or 'never', according to nearly half the respondents, even though dads influence infant feeding and are key to spotting maternal depression.

The poll records high levels of disappointment in hospital policy. More than 40% of fathers said that hospitals had not allowed sufficient time for the new family to spend together after the birth. And only

[1] In our survey of 1,873 men who have become fathers in the last five years, 94% attended at least one antenatal appointment; 99% ultrasound scans; 98% labour/birth (91% from start to finish); and 94% at least one postnatal home visit.

17% reported that their hospital had facilities for fathers to stay overnight afterwards, even though the then Prime Minister Gordon Brown called eight years ago for hospitals to provide such facilities*.

Adrienne Burgess, Co-Chief Executive of the Fatherhood Institute said: “Our survey shows that dads are there for mums every step of the way – at routine antenatal appointments, for the scan, labour, birth and back home. No-one can say dads are not interested or unwilling. But the survey reveals serious failings in the NHS approach at every stage. Too often, services are ignoring fathers, in spite of dads’ importance to healthy pregnancies and babies and even though mothers want their partner to be involved and informed.

The Fatherhood Institute’s report, *Who’s the bloke in the room?* recommends a more family-centred service that enrols expectant fathers in maternity services from ‘booking in’, records and responds to their health needs and behaviours, and which trains maternity staff to engage with them. The Institute calls on the NHS to include expectant and new fathers at all stages and inform them as thoroughly as it currently informs pregnant women and new mothers:

RECOMMENDATIONS

Our recommendations are all about making fathers welcome throughout pregnancy, birth and early infancy, and valuing the role they play not just as supportive partners but also as independent parents with a unique connection to their baby.

1: Change NHS terminology to refer to fathers
At the time of the birth, 95% of parents are in a couple relationship, and 95% register the birth together. For a woman to have a new partner at this stage is almost unheared-of; and only one birth in a thousand is registered to two women. Yet despite the overwhelming presence of the biological father, the term ‘woman’s partner’ or ‘mother’s partner’ (rather than ‘father’) is commonly used in maternity services. This defines the baby’s father solely as a support-person and does not recognise his unique connections (both genetic and social) to his infant. The term ‘woman’s partner’ should be widely replaced by ‘father/ woman’s partner’.

2: Invite, enrol and engage with expectant dads
Employed fathers in Britain have a statutory right to time off to attend two antenatal appointments. alThis will acknowledge the father as a parent as well as a support-person, and provide a pathway to welcoming, educating and informing him, identifying strengths and challenges associated with him, and referring him to relevant services (e.g. to smoking cessation). Working groups in each of the four countries in the UK should be established to consider mechanisms for enrolling the father/ woman’s partner; and to identify potential pilot sites.

3: Deliver woman-focused, family-centred services
Expectant fathers’ direct impact on the mother and indirect impact on the unborn child, are significant. Maternity services should be formulated as ‘woman-focused *and family-centred*’ meaning that, while the obstetrics focus remains on the pregnant woman, the father (or, where relevant, woman’s partner and other key supporters) are actively encouraged to become an integral part of all aspects of maternal and newborn care. Hospitals should collect information from both parents about their experiences of family-centred care, as part of the NHS Friends and Family Test. Working groups in each of the four countries in the UK should be established to define family-centred care during pregnancy, at the birth and in neonatal care; and to explore strategies, objectives and targets for implementation – including providing facilities for fathers to stay overnight after the birth.

4: ‘Father-proof’ maternity staff training
The term ‘midwife’ means ‘with woman’ and most practitioners in maternity and neonatal care services are not trained to engage effectively with men or to work in a ‘partnership of care’ with families. When guidelines for maternal and neonatal care are drawn up, these should include the

evidence on the impacts of fathers' characteristics and behaviours on mother and infant; impacts of couple relationship functioning; and impacts of fatherhood on men.

Pre- and post- registration training curricula should be revised to include the 'whys' and 'hows' of engaging with fathers and families. When core competencies are time-tabled for revision, relevant new competencies should be drafted and included. Existing training modules (such as the NCSCT module on smoking in pregnancy) should be revised to equip healthcare practitioners to engage with both parents, rather than only with the woman.

5: 'Father-proof' information for expectant and new parents

Pre-natal health education and information should be directed at men as well as women, and maternity services should be required to provide information directly to the father/ woman's partner, rather than relying on the 'woman as educator'. To counter unconscious bias against men/ fathers as competent caregivers, the content should include the neurobiology of active fathering, co-operative caregiving (the 'parenting team') and the impacts of father involvement and couple functioning on the infant's health and development. 'Father-proofing' guidelines to equip authors of new resources (and of resources that are being revised) to address both parents effectively should be developed and made available to commissioners, authors and editors, with the requirement that these be applied and utilized as part of the Gender Equality Impact Assessment.

6: Collect better data on expectant and new dads

On the basis of our research review, and a recent independent Longiturdinal Studies Strategic review, we recommend that any future 'birth' cohort study should collect data in pregnancy from both the father/ woman's partner and the mother (cohabiting or living separately), with a phase of testing for approaches to recruitment.

Where we have identified gaps in primary research and/ or in secondary analyses of data already collected, consideration should be given to commissioning primary research or secondary analysis of existing cohort data.

At birth registration, the father should be asked whether the infant being registered is his first child. Analysis of the data collected will then be able to establish fathers' age at birth of first child and men's fertility rates in Britain.

Notes for editors

The Fatherhood Institute (founded 1999, charity number 1075104) is a world leader in the fatherhood field, with a unique grasp of policy, practice and research. Our twin focus is child wellbeing and gender equality. Our research summaries, published free of charge on our much-visited website www.fatherhoodinstitute.org, are drawn on and cited all over the world; and our trainings in father-inclusive practice (online and face-to-face) are highly praised and evaluated by service providers. We work directly with fathers and couples in community, education and health settings, and train local facilitators to undertake this work. We also work with fathers and mothers in the workplace (seminars/ webinars/company intranet materials) and offer HR support to organisations aiming to develop competitive edge and reduce gender inequalities at work, through recognising and supporting male employees' caring responsibilities.

The Nuffield Foundation is an endowed charitable trust that aims to improve social well-being in the widest sense. It funds research and innovation in education and social policy and also works to build capacity in education, science and social science research. The Nuffield Foundation has funded this project, but the views and interpretations expressed are those of the authors and not necessarily those of the Foundation. More information is available at www.nuffieldfoundation.org.

The Full Report and a summary of the *How was it for you?* survey results are available on the Fatherhood Institute website (Research/ Contemporary Fathers in the UK section).

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*Gordon Brown pledged that the NHS would provide overnight facilities for dads in 2010. Click here for more info: https://www.theguardian.com/society/2010/mar/15/fathers-can-stay-maternity-wards.

For further information, to arrange interviews with the report's author and for case study requests, please contact FI Head of Communications Jeremy Davies by email: J.Davies@fatherhoodinstitute.org or tel: 0780 371 1692.