

info sheet 22



Expectant Fathers: Building Capacity through Education and Support

“Pregnancy offers many “teachable moments” for expectant fathers. Like mothers, expectant fathers are particularly open to information, advice, and support during pregnancy, and are more likely to change their health behaviors.”¹

There is a significant body of research that describes the potential benefits of positive involvement of fathers during pregnancy to the health mothers and babies ². The development of programs and practices to support expectant fathers has not kept pace with our knowledge about the important roles fathers play during this critical time. ³ One of the primary barriers to development of programs and practices in this area is the belief that fathers do not play a crucial role in prenatal development. Practitioners may also face an ethical concern that an unmarried mother may not want the biological father involved. Maternal gatekeeping can be warranted if the father poses potential harm to the mother and baby. Research confirms that fathers can be an important support to mothers by encouraging early prenatal care, sharing household tasks, and helping to lower stress. Fathers also impact the health of mother and infant through their own health habits and can support mothers to avoid smoking, alcohol and drug use during pregnancy. This is also a critical time to build a positive co-parenting alliance and initiate a positive father-child attachment process. This info sheet will explore the range of services that can inform and support expectant fathers and recruitment strategies to engage expectant fathers. Collaborative efforts among service providers are essential to connect fathers to appropriate services to build their capacity as supportive prenatal partners and future parents.

CREATING A CONTINUUM OF SERVICES TO SUPPORT EXPECTANT FATHERS

A continuum model begins with a broad base of universal access services for expectant fathers based on research about the needs of fathers. This model outlines the need for additional services for fathers based on specific risk behaviors and identified mental health needs. A continuum model encompasses the range and diversity of individual needs and the possible array and intensity of services necessary to meet identified needs. The model below describes a continuum of services for expectant fathers.

Some programs have been created and piloted and practices identified to address the needs of expectant fathers. Unfortunately, these services are not widespread or generally available for expectant fathers.

Promotion/Primary Prevention

Services that promote understanding of prenatal development, typical transitions to parenthood issues and build capacity in all expectant fathers.

Prevention/Early Intervention

Services for fathers who have some identified risk factors related to parent-child or family relationships issues and could benefit from more focused programming in addition to primary prevention services.

Intervention/Treatment

Services for parents with identified mental health, family violence, or other issues that require specific intervention or treatment.

GOALS FOR EXPECTANT FATHERS

Universal goals for expectant fathers include building the capacity of men to meet the new role demands of being a father. A review of research on transition to fatherhood reports that, “Partner pregnancy was found to be the most demanding period of psychological reorganization of the self”⁴

Partner pregnancy was found to be the most demanding period of psychological reorganization of the self (for fathers). ⁴

Tips for Professionals: What we know about the positive involvement of expectant fathers and how it benefits mothers and babies.

Our mission

The Minnesota Fathers & Families Network enhances healthy father-child and family relationships by promoting initiatives that inform public policy and further develop the field of fatherhood practitioners statewide.

Minnesota Fathers & Families Network
763.473.7432
info@mnfathers.org
www.mnfathers.org

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The new **roles** that are important to both healthy family formation and child development are:

- **Protector**-the responsibility to protect child and partner’s well-being during pregnancy and beyond;
- **Partner**-responsibility to develop a positive parenting alliance with mother;
- **Role Model**-the responsibility to reflect on important values and habits to pass on to one’s child and how to teach these values and habits;
- **Provider**-responsibility to prepare and provide a safe physical and emotional space for the new baby to thrive

May & Fletcher⁵ describe the specific content to meet the identified needs of expectant fathers. These ideas reflect the knowledge and skills that prepare men to take on the roles listed above.

WHAT FATHERS NEED TO KNOW

- Understanding of mother’s thinking and feelings and ways to be supportive to pregnant partners.
- Understanding of relationship and role changes during pregnancy and the necessary skills to build and sustain a healthy parenting relationship.
- Awareness of risk for developing mental distress and depression in both partner and self (10% postnatal for fathers) and how to seek help if it occurs.
- Understanding the importance of male nurturance and the development of infant caregiving skills.
- Understanding infant crying patterns and how to avoid being overwhelmed by refining their own emotional regulation skills.

Parenting education and support during this time also can help fathers reflect upon their own upbringing and consider parenting behaviors that are consistent with their own values and goals for their child. One example of a universal access program that addresses these basic needs is Family Foundations (see more in Promising Practices and Programs section)⁶. Primary prevention programs form a foundation for the development of more intense and focused intervention services. Transition to parenthood is an optimal time to introduce education and support services for fathers.

CHALLENGES TO ENGAGING AND SERVING EXPECTANT FATHERS

One of the challenges in creating a continuum of services that address the specific needs of fathers is our current structure for serving families that focuses on mothers and children. The health care system is the primary point of contact for pregnant mothers and building the capacity of fathers is not an important goal of prenatal care. Some of the barriers to engaging and serving expectant fathers are:

- Mother and child are the primary focus in prenatal care and inclusion of fathers is incidental with limited time available in typical prenatal visits.
- Funding for services for fathers is limited in social services and mental health domains until there are clearly defined problems that emerge after the birth of a child.
- Parent and Family Education programs other than those focused on childbirth education are often pilot projects with a limited reach and short-term funding.
- Collaboration between Health Care, Social Services and Education Sectors is non-existent in relation to services for expectant fathers.
- Fathers are reluctant to express concerns or ask for help lest they appear to be incompetent.

Mothers may resist involving fathers due to ambivalence or uncertainty about their future relationship with their baby’s biological father.

Draper & Ives⁷ identify some ethical tensions related to father involvement that will limit the actions health care and other service providers can take. They indicate that:

- 1) Fathers should only be included in prenatal care with mother’s invitation.
- 2) In addition, fathers should only be included when they are clearly advocating for mother and baby.

Engagement of fathers to play a significant role is described as threatening to mother’s autonomy in relation to prenatal health services. Besides the ethical tensions, they also question whether maternity services while a convenient contact point are in the best position to facilitate men’s transition towards active and involved fatherhood. There may be better ways to prepare and encourage men outside the health care system. For example, an Early Childhood Family Education program or an Early Head Start program may be a better setting for a co-parenting class for expectant parents or a group for expectant fathers. These cautions are important to consider when thinking about how to involve expectant fathers and respect family privacy. They also explain the absence of more services for fathers during this critical period and the reluctance to involve fathers when so many young parents are unmarried and their relationship is tenuous or non-existent.

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PROMISING PRACTICES AND PROGRAMS FOR EXPECTANT FATHERS

Specific practices for engaging expectant fathers in health care settings have been identified.⁸ Examples of these practices include:

- Understand the family’s social, economic and cultural background and father’s accessibility for appointments.
- If a father is not present for prenatal visits, ask about the father and encourage mothers to include father in visits.
- Encourage father to learn about different stages of pregnancy and attend prenatal visits.
- Emphasize the importance of fathers and their capability to care for infants.
- Share the risks associated with unhealthy behaviors such as alcohol, drug use, and family violence. Advise father of risks to the health of mother and child and stress his role as protector.
- Provide time for father to ask questions and share any concerns.

In addition to concrete practices for inviting and involving men in prenatal care there are also checklists⁹ to help assess “father-friendliness” of program environments and practices. These can help identify areas that may need improvement in a particular health care or educational setting. Fletcher et. al.¹⁰ reviewed practice literature and identified a number of general principles for developing effective programs.

Principles for Engaging Fathers

- Begin early in family formation during prenatal development.
- Target co-parenting skills as a way to create a healthy parenting alliance
- Focus on specific behavior change/skill development in fathers
- Create community based programs in familiar settings are more comfortable for fathers
- Build capacity of practitioners to feel comfortable and confident in serving fathers including co-parenting issues.
- Establish universal services serve as gateways for engaging fathers
- Collect data on father involvement to help programs gain awareness of gaps in groups they serve.
- Collaborate with community agencies to facilitate appropriate referrals across different sectors.

PROMISING PROGRAMS

There are a number of existing programs that address both universal and targeted needs for expectant fathers and families.

Universal Access

- **Hit the Ground Crawling Workshop for New Dads¹¹** – This is a program that is typically offered in conjunction with health care facilities. It is a one-time session for dads to introduce them to their new roles and responsibilities using “veteran dads” to share some of the changes they have experienced and tips that they have learned in becoming first time fathers of infants. It is a primary prevention program that can give new fathers a jump-start on involved fathering.
- **Family Foundations¹²** This is a program that meets with fathers and mothers 8 times from the third trimester through the first months after birth to help prepare for the relationship and role changes and how to build and sustain a healthy parenting partnership. Research results demonstrate improved parenting teamwork, parenting sensitivity and warmth and positive child social competence and self-regulation. This program is also available as a DVD series for parents to view together making it more accessible to busy parents who may not be able to schedule sessions outside their home.

Targeted Populations

- **Young Fathers-Co-parenting Curriculum¹³** A five session co-parenting intervention (MELD curriculum) offered to young unmarried African-American and Hispanic fathers and their partners to develop understanding and skills related to sharing parenting responsibilities and forming a positive parenting partnership. Results showed moderate effects on father engagement and improvements in co-parenting. Some Implications for practice that came from this project are: 1) content is less important than a good quality parenting program; 2) longer duration may provide more opportunity for practice and a combination of individual and group formats may also be effective during this time; and 3) residential fathers had greater benefits due to more opportunities to practice new skills on a regular basis.
- **Figuring It Out for the Child¹⁴** This is a six session co-parenting intervention offered to unmarried African-American mothers and fathers during the third trimester with a booster session at 1 month post-partum at a community human services agency. Goals of the program were: 1) to increase awareness of the beneficial impact of positive co-parenting on the child; 2) to enhance rapport and solidarity between parents, and 3) to develop communication and problem-solving skills. Research results included declines in conflict and destructive interpersonal dynamics and improved rapport and problem-solving. Implications for practice: 1) It is important to focus on both the child and co-parenting relationships; 2) Both male and female paraprofessional staff from the community was utilized; 3) Flexibility in delivering curriculum using both group and home visits help parents to complete the program; 4) The intervention took place at a trusted community agency.



PROMISING PROGRAMS continued

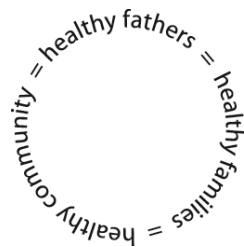
- **ACE's Screening**¹⁵ A study in Norway examined ACE's (Adverse Childhood Experiences) as predictors in expectant fathers for depression and pregnancy related anxiety. Fathers' with higher ACE scores reported more anxiety and depression and could then be referred for appropriate mental health services. This type of screening can provide an opening for early intervention and focus on specific issues to be more effective.

SUMMARY

There has been great progress made in opening the doors of the delivery room to fathers and childbirth education classes have helped prepare men over the last five decades to be partners in the birthing process. There is still a reluctance to focus on the changes in men's roles and identities, as they become fathers. Our systems often discount the intense emotions and relationship complexities in family system formation that most men experience. The prenatal period is a critical time to engage expectant fathers in education, skill development and reflection to build their capacity as parenting partners, protectors, role models and attachment partners to their infants. All expectant, new fathers could gain from universal parent education and support. Some men will need and benefit from additional more intensive intervention services to address and heal from their own ACE's and/or mental health issues. We know what men need and we also know the positive impact that father involvement during this time can have on the mother and child. We have to continue to explore, develop and research effective programs and practices to engage fathers and build their capacity as parenting partners during this critical window of opportunity.

Contribute now

MFFN is a 501(c)3 nonprofit organization. Donations are tax deductible to the extent allowable by law. Donate online at www.mnfathers.org or call for details at 763.473.7432. Thank you!



¹ Joint Center for Political and Economic Studies (2010). *Commission Outlook: Best and Promising Practices for Improving Research, Policy and Practice on Paternal Involvement in Pregnancy Outcomes*. Available at: <http://70.32.93.32/sites/default/files/CPIPO%20Report%20051910%20Final.pdf>

² Fatherhood Institute (2014) FI Research: Supportive Fathers, Healthy Mothers. <http://www.fatherhoodinstitute.org/wp-content/uploads/2014/04/FI-Research-Summary-Supportive-Fathers-Healthy-Mothers.pdf>

³ Bond, M. Jermene (2010). The missing link in MCH: Paternal involvement in pregnancy outcomes. *American Journal of Men's Health* 4(4) 285-286. DOI:10.1177/1557988310384842

⁴ Genesoni, L. & Tallandini, M.A. (2009). Men's psychological transition to fatherhood: an analysis of the literature *Birth* 36 (4) 305-318. Doi: 10.1111/j.1523-536X.2009.00358x.

⁵ May, C. & Fletcher, R. (2013). Preparing fathers for the transition to parenthood: Recommendations for the content of antenatal education. *Midwifery* 29, 474-478

⁶ Feinberg, M.E. & Kan, M.L. (2015). Establishing Family Foundations: Intervention effects on coparenting, parenting relations. *Journal of Family Psychology*, 22(2), 253-263.

⁷ REDMAS, Promundo, EME, (2013). Program P: A Manual for Engaging Men in Fatherhood, Caregiving, and Maternal and Child Health. MenCare. <http://men-care.org/resources/program-p/>

⁸ Checklists in Program P. <http://men-care.org/resources/program-p/>

⁹ Fletcher, R., May, C., St. George, J., Stoker, L. & Oshan, M. (2014). Engaging fathers: Evidence review. Canberra: Australian Research Alliance for Children & Youth ARACY.

¹⁰ Draper, H. & Ives, J. (2013). Men's involvement in antenatal care and labour: Rethinking a medical model. *Midwifery* 29, 723-729.

¹¹ Bishop, G. (2006). Hit the Ground Crawling: Lessons from 150,000 new fathers. Dad's Adventure

¹² Feinberg, M.E. (2015). Blueprints for Healthy Youth Development. <http://www.blueprintsprograms.com/factSheet.php?pid=5dd8b53aacfc461407333cffac2e4acce3337ebf>

¹³ Fagan, J. (2008). Randomized study of a prebirth coparenting intervention with adolescent and young fathers. *Family Relations*, 57 (3) 309-323.

¹⁴ McHale, J., Salman-Engin, S. & Coovert, M. (2015). Improvements in unmarried African American parents' rapport, communication, and problem-solving following a prenatal coparenting intervention. *Family Process*, doi:10.1111/famp.12147

¹⁵ Skjothaug, T., Smith, L. Wentzel-Larsen, T. & Moe, V. (2015). Prospective fathers' adverse childhood experiences, pregnancy-related anxiety, and depression during pregnancy. *Infant Mental Health Journal*, 36 (1), 104-13.

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