

The Perinatal Dad



Engaging Fathers in the Perinatal Period to Support Breastfeeding

Jeszemma Howl

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The Perinatal Dad – Engaging Fathers in the Perinatal Period to Support Breastfeeding

The aim of this Fellowship is to explore and examine the very best offer to families, that engages the father in the perinatal period and supports women to breastfeed for as they want to.

This discussion paper is designed to be a useful tool to help commissioners, managers, staff, researchers and policy makers who are invested in increasing the continuation of breastfeeding rates consider strengthening the effectiveness of the support and information given to both mothers and fathers at this golden yet vulnerable time. The report also highlights the need to engage fathers in the perinatal period, looking at the barriers and opportunities, reflecting families wishes and creating ‘Mother-focussed, Family-inclusive’ services.

- **Report:** Exploring and examining the evidence found during the Fellowship travels, including recommendations and key questions for the UK
- The **Five Point Checklist**, informed by this research, the survey of fathers (2019) and conversations with staff and managers in health and family services, is designed to support and improve family well-being by helping services assess existing services, and create a mother-focused, family inclusive approach to breast feeding support.
- **Tips for Fathers** is a short, downloadable handout to use in breastfeeding support as a conversation starter with fathers.
- **Survey Results** from the 2019 online survey of 95 UK fathers

For more information and research evidence please visit www.fatherhoodinstitute.org and www.familyincluded.com

Keywords: fathers, antenatal, postnatal, breastfeeding, gender equality, parenting



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I dedicate this report to the memory of my mum, Doreen Belcher, who sadly died during my Fellowship but walked beside me everywhere I went, also Mrs Feeles, a kind and clever woman.

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GLOSSARY

BF	Breast Feeding/Breast Fed
WCMT	Winston Churchill Memorial Trust
HV	Health Visitors
MW	Midwives
WHO	World Health Organisation
DfH	Department of Health (UK)
BBH	Bring Baby Home
FF	Family Foundations

Throughout this document, the term 'father' refers to biological and non-biological fathers, including male carers who the child would view as 'like a father to me'.

ABOUT THE AUTHOR

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Pati Garcia, Jeszemma Howl, Debra Lewis at Mamatoto Centre, Trinidad

FOREWARD

During a site visit to the Mamatoto centre in Trinidad, a midwife showed me the birthing pool. This was no blow-up paddling pool, it was a five-star, bells and whistles pool set up for a water birth, room for two plus baby. The midwife loves a water birth she says – well don't we all! Warm water gently relaxing your back, soothing waters running over your shoulder, just gorgeous. And she told me how they encourage, and expect, the fathers to get in the pool with the mother, while the midwife sits at the side.

She talked about the *alchemy* in the water, a blend of hormones, love, excitement, reciprocity, trust, pain, strength, exhaustion, bodily fluids and primal, earthly, down to the very core feelings. She talked about the father holding the mother, often sitting behind her, an 'I've got your back' position, their skin absorbing the mixture and being heady with it. The baby is born into this brew, it's first experience of life outside of the womb, and absorbing everything in that pool.

I started to think about what we, as services, supporters and society throw into this 'pool'. The lucky babies born into the pool at Mamatoto are born into their parents own secret recipe of the moment, plus whatever the midwives and staff throw in there. And the ingredients they (and we) add is of immense importance. This particular midwife threw in confidence, safety, calm, trust in the relationship and a believe that the child was "half of its father, half of its mother". They had worked with both the mother and father during the pregnancy to prepare them for this moment. The conversations had been had and the prep work had been done. These were the magic ingredients.

It can be, and often is, so different for too many families. During the pregnancy, fathers often find themselves largely ignored by services, important information is held back, the couple relationship is largely not worked with. And this is not to pick on services; think about all the messages the couple receive from the media, family, marketing, parenting leave systems, government policies; where are the fathers in any of these?

When I started telling people about this research, the reaction was pretty much universal - 'FATHERS? BREASTFEEDING? WHAT BUSINESS IS IT OF THEIRS?' I stand by my lifetime belief that the decision to breastfeed (or not) is the mothers alone, but I also believe that mothers need support for this to happen. The public discourse around how we feed our children is emotive and often divisive, with blame, shame, claims and an abundance of information directed at women - who so often carry the 'care-load' - and ignoring the fathers role. The public narrative around breastfeeding rarely introduces the father, and although policies and recommendations from WHO to Public Health England recognise that services should 'provide effective professional support to mothers and their families' the information just isn't getting through and breastfeeding rates are actually decreasing.

I was from a long line of breast feeding women, pretty much all the mothers around me breastfed their children. When my first child was born, I believed you just stuck them onto your breast and they fed. I didn't know a thing about latch, fore milk, hind milk, positions and no one told me that the baby would be on me pretty much constantly for the few months - oh and she was. A bath was rare, dinner was eaten with one hand, shovelling oven chips into my mouth while crying. My nipples cracked and bled, my breasts engorged, exhaustion was high, mood was low.

My (then) husband rang a support line, who told him to check the latch (what?) and he relayed information to me, a snotty, sobbing mess on the sofa moaning 'nothing works!!'. His patience paid off and I managed a different latch, a different position, eventually my nipples healed and before too long I could feed and read a book, feed and put baby down, feed and pass to dad, feed and finally feel more positive.

I wanted to look into this more when I had my third (and final) baby. By then I was a seasoned breastfeeder, my first two children had been fed until they were two years old and I had spent many years supporting women to breastfeed in community and family services. There was no doubt in my mind that I would breast feed my third child. This was a new marriage, and we talked about breastfeeding together during the pregnancy, he was fully supportive and clued up as he knew many mothers who breast fed. We didn't need to discuss it for long, it was a given. And then baby came along, a tiny, hairy baby who, when placed on my breast, instinctively suckled. 'Joy of joys here we go' I thought! I was so very wrong. I still can't discuss all the details, it is still too painful, but within a week our beautiful baby was in hospital attached to tubes. My milk 'had not come in' - which was finally settled with the breast feeding support worker who saw me attached to the electronic milking machine for 30 hours non-stop. There was not a drop of milk. My body had just not made any milk. Baby was put on powdered milk and slowly regained some weight, slowly got stronger, slowly the drips were removed, slowly I began to forgive myself. Through all this the person I turned to was my husband, not the breastfeeding buddy (who no longer needed to speak with me once a bottle appeared), it wasn't the midwife, or my sisters, or a helpline or Google. At 3am, when things go wrong and I was exhausted, going out of my mind with worry it was him that heard it all, and felt it all as he held his limp, but still there, child. Not one leaflet, handout, group exercise or professional had prepared him for this, or even acknowledged him.

The NHS saved our babys' life and I dedicate this body of work to them and all who work there.

EXECUTIVE SUMMARY

Breast feeding is an act in which the male partner is not involved directly, yet his opinion, and support, is influential.

In the UK, eight out of ten women stop breastfeeding before they want to , with many citing a lack of support as the reason. A systematic review has identified family support as a key factor to initiation and continuation of breastfeeding , and fathers (or intimate partners) have a key (and unique) role in supporting their partners to breastfeed, and to feed for longer, yet they are rarely directly engaged in breastfeeding information, advice, guidance or health policy. To provide effective support fathers themselves need to be supported, involved and prepared.

Through observations of services in Trinidad, San Francisco and Sacramento, and the UK survey of fathers, this paper seeks to identify, examine and explore strategies and services that:

- 1.) Effectively engage the father in the perinatal period
- 2.) Support the breastfeeding mother through engaging the father
- 3.) Support the couple relationship in the transition to parenthood

The role of the father, and what we believe they are and do, sits within complex, and often competing, frameworks and discourse around gender equality, public policy, masculinity and social and cultural norms, and as the role of the father in families has changed over time (and our understanding of his influence) , public policy and the offer to families has failed to ‘catch up’ or represent the realities of family life. This means, whether in Trinidad, San Francisco or Wolverhampton, any work with fathers remains:

- An optional addition to the work with mothers
- Reliant on the commitment, understanding and integrity of individual settings or staff – and therefore vulnerable.
- Low down in public policy priorities

Key findings:

1. There is an institutional failure on a global scale to engage and weave into policy or practice a) fathers, b) parental relationships, and this omittance is to the detriment of mothers, families and fathers themselves and fails to acknowledge the reality of families, the resources available to mothers, the inter-relational dynamics, fathers impacts on mother and child and the fathers own unique experience of parenthood.
2. Working with the couple relationship in the perinatal period, (including, but not limited to, breastfeeding support) requires a seismic shift in service delivery, funding, planning and policy.
3. Fathers tend to acknowledge the emotional and physical impact on mothers and feel protective of them. They are often the main source of support for mothers who struggle. Fathers would like more information on the emotional support they can lend to the breastfeeding mother
4. There is a global absence of breastfeeding information aimed at fathers, but when fathers do receive some information, they find it helpful. The information fathers currently receive are ‘light touch’ and lack a deeper understanding of his role, couple dynamics, and inter-relational support and avoid ways to involve him in a substantial manner.
5. The perinatal period is a golden but vulnerable time for services to engage with the family – and what they do (or don’t do) can have serious implications for the couple and parental relationship and dynamics, sibling and father-child/ mother-child interactions and relationships.

Recommendations:

- A review of UNICEF's 10 Steps in the light of the evidence of the influence of fathers and the need to support family teamwork.
- Services should model infant care as a shared activity, address couple-relationships and sensitise men to the demands for women of having a new baby though routinely drawing fathers into perinatal education, care and as a 'parenting partner' at home, while assessing their individual needs where indicated.
- Normalising 'preparing for parenthood', including 'preparing the relationship', should be seen as a significant and valuable early intervention and couple-focussed interventions and programmes should be seen as part of the core offer to families in the perinatal period, rather than a targeted offer to couples in crisis.
- Training and resources should be offered to all health, maternity and support services so they feel confident in their own knowledge and understanding as to why positive father-child relationships are so important to children and mothers and how to support them.
- Communicating proactively, with fathers, including in letters, leaflets and websites, promotional material and publicity will make clear that they have a role to play in breastfeeding, and that their parenthood is acknowledged.
- Breastfeeding resources and support for fathers should include:
 - a. setting breastfeeding goals together
 - b. sharing responsibility
 - c. supporting each other
 - d. how fathers and others can be involved in caring for the baby
 - e. communication and problem solving.

SECTION ONE: BREASTFEEDING IN THE UK

"The success or failure of breastfeeding should not be seen solely as the responsibility of the woman. Her ability to breastfeed is very much shaped by the support and the environment in which she lives"

Dr Nigel Rollins, World Health Organisation (WHO)

WHO recommends exclusive breastfeeding to six months of age and continued breastfeeding together with the introduction of appropriate complementary foods up to two years or beyond. Although this policy is endorsed by many national paediatric organisations, and despite the documented benefits, the rates of breastfeeding are below optimum in many countries. The UK has one of the lowest rates of breastfeeding in Europe¹

When women are informed, empowered and supported to breastfeed, the benefits extend to their children, to themselves and to society as a whole. The fact that breastfeeding rates remain low in many contexts, with substantial gaps between income groups, suggests that we are not providing women with sufficient information and support to sustain and continue breastfeeding for as long as they want to.

Data on breastfeeding in the UK can be complicated to read, and since the UK-wide Infant Feeding Survey was cancelled in 2015 we grab data from different years to gain a picture of the realities. Whatever group of data we use, it is clear there is a sharp drop between birth and six weeks.

The most recent UK-wide Infant Feeding Survey was conducted in 2010. Key findings were:

- Breastfeeding initiation: 81% (up from 76% in 2005).
- Exclusive breastfeeding at six weeks was 24% in England compared to 17% in Wales and 13% in Northern Ireland – see below for more recent survey results from Scotland.
- Exclusive breastfeeding at three months: 17%
- Exclusive breastfeeding at four months: 12%
- Exclusive breastfeeding at six months :1%

Exclusive breastfeeding at six months (as recommended by the World Health Organization) remained at around 1%². <https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/>

In the UK poorer mothers are far less likely to breastfeed than richer mothers, which increases health and social inequality³

Much of this drop-off is unplanned, with 80 % of women who stopped feeding during the first six weeks saying they would have liked to continue for longer⁴ Mothers frequently experience conflicting advice and pressures from health professionals, partners, family and friends to conform to social norms and expectations of 'good motherhood'⁵

¹ <https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/>

² <https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/>

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/818429/2018-19_Q4_-_FINAL_Breastfeeding_Statistical_Commentary.pdf Infant Feeding Survey 2010 (2012), Fiona McAndrew et al, Health and Social Care Information Centre <http://www.hscic.gov.uk/catalogue/PUB08694>

⁴ McAndrew F, Thompson J, Fellows L, Large A, Speed M, Renfrew MJ. Infant feeding survey 2010. Health and Social Care Information Centre: Leeds; 2012.

⁵ Being a 'good mother': managing breastfeeding and merging identities. Marshall JL, Godfrey M, Renfrew MJ Soc Sci Med. 2007 Nov; 65(10):2147-59.

Support for mothers should come from all areas of society; government and health policy, responsive community support, early support in maternity care, support for employees in the workplace and immediate family and the wider community. It is the family, and specifically the fathers, who are lacking the support to support breastfeeding. In the 2018 poll, *How was it for you?*⁶, 65% of respondents reflecting on the antenatal services they had received, said the healthcare professionals had rarely or never discussed fathers' roles and more than half (56%) said they had rarely or never been addressed by name. 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 even though a father's mental health is closely correlated with a mother's, only 18% had been questioned about it.

While breastfeeding support continue to suffer cuts in public spending, it could seem unreasonable to request even more from stretched services – but what if we could impact on BF rates by simple but effective engagement of the family around the mother?

⁶ Read more in Burgess, A. & Goldman, R. (2022). *Bringing Baby Home*. London: Fatherhood Institute. Available in the Research section of the Fatherhood Institute website.

SECTION TWO: WHY FATHERS?

The father's functioning as a partner, a father and a support person is central to the lives of the mother and the baby. A father can contribute significantly to their well-being, even under the most difficult circumstances, and if his support is not forthcoming this represents a significant deficit for the family. (Burgess, A. Fathers' roles in perinatal mental health: causes, interactions and effects 2011) The new mother's mental health is strongly associated with the quality of her relationship with her baby's father, and his support and participation in infant care, and fathers' depression can be correlated with having a depressed partner and being unsatisfied with the couple-relationship or timing of the pregnancy. There is a clear association between the father's poor mental health antenatally and postnatally and low couple relationship satisfaction, which is associated with 'disagreement about the pregnancy' and perceived lack of supportiveness from the mother. (Escriba-Aguir V, Artazcoz L. Gender differences in postpartum depression: a longitudinal cohort study. J Epidemiol Community Health 2010;doi:10.1136/jech.2008.085894. Dudley M, Roy K, Kelk N, et al. Psychological correlates of depression in fathers and mothers in the first postnatal year. Journal of Reproductive and Infant Psychology 2001;19(3):187-202. Matthey S, Kavanagh DJ, Howie P, et al. Prevention of postnatal distress or depression: an evaluation of an intervention at preparation for parenthood classes. Journal of Affective Disorders 2004;79:113-26.)

There is also a clear link between a father's depression and depression in his partner; depressive symptoms among men whose partners were depressed but also more aggression and non-specific psychological impairment, as well as higher rates of depressive disorder, non-specific psychological problems and problem fatigue. (Roberts SL, Bushnell JA, Collings SC, et al. Psychological health of men with partners who have post-partum depression. Aust N Z J Psychiatry 2006;40(8):704-11) There is evidence that engaging the father in antenatal education is correlated with better mental health outcomes for both women and men postpartum and that groups that model infant care as a shared activity, addresses couple-relationships and sensitises men to the demands for women of having a new baby though routinely drawing fathers into perinatal education, care and as a 'parenting partner' at home, while assessing their needs where indicated, is recommended.

And in breastfeeding too . . . what fathers do MATTERS

Support from family is acknowledged as critical to the success of breastfeeding, and father-influence is strong, diverse and far more complex than just being the mother's helper (or 'putting the kettle on').

Fathers' influence on mothers' decisions to initiate and/or sustain breastfeeding can be substantial (for review, see Scott et al, 2001), possibly particularly in low-income families (Schmidt & Sigman Grant, 2000). A study about couple collaboration around breastfeeding in Indonesia found that the mothers regarded the father as the main source of support around breastfeeding Fathers as supporters for improved exclusive breastfeeding in Viet Nam. Bich TH1, Hoa DT, Målqvist M. 2014

Fathers' beliefs and knowledge about the positive benefits of breastfeeding and their active participation in the decision to breastfeed are positively associated with mothers' breastfeeding intentions, initiation and maintenance (Swanson & Power, 2005; Arora et al, 2000; Bromberg & Darby, 1997; Freed et al, 1993

Conversely, fathers' beliefs that breastfeeding is bad for the breasts, makes breasts ugly and interferes with sex are associated with mothers' bottle-feeding intentions REF. Other barriers to fathers' support for 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. These are far more common among fathers than mothers (Shaker et al, 2004; Pollock et al, 2002; Shepherd et al, 2000).

Fathers are 'there'.

At the time of the birth, most birth fathers and mothers are in a close relationship as a couple: 85% living at the same address, and a further 10% described (by the mother) as romantically involved or 'friends' (Kiernan & Smith (2003), based on analysis of Millennium Cohort Data (which over-samples for low income and ethnic minority families and is therefore socially representative). That leaves around 5% of that sample (one couple in twenty) who are allegedly 'not (or no longer) in a relationship': however, even in this group one in ten of the fathers attends the birth; one in four enters his name on the birth certificate; and one in four is still in touch with infant and mother nine months later (Kiernan, 2006). It is also worth noting that 95% of couples in the UK register the birth jointly; and that joint birth registration is also found among 80% of teenage parents (DH/DCSF,2009b).

Mothers want services to engage with the father

Mothers want fathers to be engaged with by services and rate the quality of care they themselves received more negatively if they think maternity staff did not include and encourage their partner (Redshaw & Henderson, 2013)

Father-inclusive BF interventions work

Teaching fathers how to prevent and manage the most common lactation difficulties and to advocate for breastfeeding and assist their partner have been found to have a marked, positive impact on breastfeeding initiation and continuation (Piscane et al, 2005; Wolfberg et al, 2004; Cohen et al, 2002).

A workplace intervention in the US offered fathers *either* two 45-minute group classes (which included observing positioning and attachment) *or* a one-hour, one-on-one coaching session (which included use and care of a breast pump). A book on breastfeeding and other 'take away' handouts were supplied. The fathers were 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).

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%).

A recent literature review Alive & Thrive (2012), Literature review: fathers support infant and young child feeding: their contributions to better outcomes (aliveandthrive.org/wp-content/uploads/2014/11/Literature-Review-Dads.pdf) highlights the value of including fathers/partners in interventions to support breastfeeding. Researchers analysed studies of partner-inclusive educational and psychosocial interventions and found that such interventions all improved at least one breastfeeding outcome, including duration or exclusivity up to 24 weeks postpartum.

In Indonesia, a ‘dads army’ is being mobilised to help in the fight against aggressive marketing by some baby milk substitute companies: AyahAsi, the Indonesian breast-feeding Dads association, has 62,000 followers on twitter, runs outreach groups, online support and have published a book, Catatan AyahAsi. Ref

Working with the couple pays dividends

Working with the couple rather than simply with the mother in breastfeeding education can be important and most couples discuss infant feeding and tend to agree on their approaches. In the 2019 survey of fathers (see Table 1, below), only 3% said they did not discuss how baby would be fed and no one said they had differing views SURVEY: Fathers and Breast-Feeding Information FAB 2019

TABLE 1: During the pregnancy, did you and your partner discuss how baby would be fed?	Responses	
We discussed it and had similar views	94.44%	85
We discussed it and had different views	0.00%	0
We discussed it and looked for more information	2.22%	2
We did not discuss it	3.33%	3

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 (Jordan & Wall, 1993); relationship distress is marginally predictive of early breastfeeding cessation (Sullivan et al, 2004); 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). Conversely, high couple relationship satisfaction is associated with fathers’ support for breastfeeding (Falceto 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).

The ‘F’ word

Fathers are generally absent from breast feeding policies, recommendations, parenting literature and support. Current discourse talks about ‘Breastfeeding Families’, yet no global policies explicitly require services to engage with the father (or even the ‘woman’s partner’) or recognizes the influence he has. Recommendations mention the need for ‘family’ support (or ‘home’ support) and understand how the structures and culture around the mother can influence her behaviour, but even here fathers are not mentioned specifically.

The omission of the word ‘father’ from everything from global policy recommendations to patient leaflets and literature (see Table 2, below), may be due to several factors.

These include the framing of breastfeeding as a women’s health issue; exaggerated beliefs around the prevalence of single mothers; the perceived delicacy of couple relationships; and a desire not to exclude diverse families. Whatever the reasons, current practice has the effect of excluding the father, rendering him uninformed and uninvolved. There is no evidence that ‘neutral language’ engages fathers in any meaningful way; and the term ‘parent’ is normally heard (by fathers, mothers and professionals) as ‘mother’.

Despite the important role that fathers and other family members play in supporting mothers to breastfeed, efforts to encourage breastfeeding almost always target new mothers in isolation, making them responsible for informing and educating their partner, without equipping them any to do so. To be ‘Woman Focused, Family Inclusive’, we must learn more about, and include, the family around the mother, which overwhelmingly means involving the father, whose influence within the home will be far greater than that of any health professional.

TABLE 2: KEY WORD SEARCH <i>(completed July 2019)</i>	<i>mentions</i> ‘Mother/women’	<i>mentions</i> ‘Father’/‘men’	<i>mentions</i> ‘Partner’	<i>mentions</i> ‘Family/ families’	<i>Mentions</i> ‘parents’
Document					
<i>Commissioning local infant feeding services: a summary (Public Health England, UNICEF)</i>	28	0	0	0	7
<i>Commissioning Infant Feeding Services Part 1 (infographics) (Public Health England, UNICEF)</i>	19	0	0	6	1
<i>Commissioning infant feeding services. Part 2: a toolkit for local authorities (Public Health England, UNICEF)</i>	139	0	0	4	37
<i>Monitoring infant feeding data support pack (Part 3) Key data sources for planning effective breastfeeding support (Public Health England, UNICEF)</i>	19	0	0	0	0
<i>Guide to the UNICEF UK Baby Friendly Initiative standards (UNICEF UK BABY FRIENDLY INITIATIVE: GUIDE TO THE STANDARDS – SECOND EDITION)</i>	159	0	0	1	93

SECTION THREE: CASE STUDIES – ENGAGING PERINTATAL FATHERS

CASE STUDY 1: MAMATOTO - TRINIDAD AND TOBAGO

Mamatoto birth centre is designed to be as home-like as possible and have their own staff of midwives to oversee the pre-natal care and the birth. They aim to enable women to give birth with as little intervention as possible. Of total births in Trinidad and Tobago, approximately 2% occur in the home, 83% in public hospitals, 14.7% in private hospitals, and 0.0025% at the Mamatoto Birth Centre

Most families choose to give birth in the public hospitals, which is free, but there are many things to consider with this option: one direct relative may be allowed for the delivery but this person often has to meet a series of requirements specific to the hospital and can still be denied on the whim of the staff. For example, the San Fernando General Hospital (serving the southern end of the island) permits no relatives in the delivery room; the Sangre Grande Hospital (serving the east end) has a form with rules that must be signed and followed by the birth partner; and the Port of Spain General Hospital (serving the west end) requires proof of attendance of six preparation for birth classes along with other requirements.

“When he was born it was one of the most embarrassing times of my life, I was waiting there, and no one wanted me to wait. I wanted to be there at the birth, but I was prevented, so I just sat and waited”

Father, Trinidad, talking about waiting for his son to be born in the public hospital

Mamatoto is a completely different environment. Mothers can labour in whatever position they feel most comfortable, and water, massages, acupressure and doulas are available at every birth for pain management. Fathers are encouraged to not only be there throughout, but to be actively present during the birth, and midwives and doulas work with the whole family. There are giant double beds, kitchens for fathers to use, private bathrooms, birthing pools with room for two (plus baby). Couples often say their choice of Mamatoto was made on the basis that the father could be involved. One couple said they would be taking out a loan so that they could pay for the care at Mamatoto, because they wanted to be together.

Being strategic:

The Mamatoto Centre starts their relationship with families with an expectation that both mothers and fathers will attend together. All paperwork allows space to note dads’ details, including health history and contact details. Staff are expected to engage with all family members, and the lead Midwife, Debra Lewis, is a strong advocate for fatherhood. Staff take the lead from her, and as a founder of Mamatoto, she has created an environment where staff feel supported to support the whole family. Mamatoto allow an hour for antenatal appointments, with the clinical side taking only about 15 minutes, they have time to get to know the individual family ‘makeup’. Debra admits that her strong lead on the service design is not backed by written policies, and there

“my work with families and couples is informed by my training as a doula, where we learn to be open to the emotional energy of the couple and within the room. I think fathers are important because, on a very basic level, they are half of the child”

Midwife, Mamatoto

is a risk that as staff change, the work with fathers may change. To guard against that, she has worked with the lead midwives to ensure that she can retire at some point knowing that the work will continue.

Framing perinatal care:

Midwives at Mamatoto frame labour as *work*, and fathers seem to like the analogy; for any job you should prepare, know what is expected of you, take breaks, be supported. This approach seems simple enough, and something that families can easily conceptualise. An further important Mamatoto message is that the birth of a new baby means the creation of a new family – whatever that family looks like.

“We are limited by weird character boxes of what men and women do – I don’t see childbirth as ‘soft’, its carnal, primal, blood, guts, unfiltered. When I present it in that way, we have a different conversation with couples”.

Fathers’ groups and peer support:

Mamatoto offer a dads-only group, to help fathers think about things they may need to consider in this new phase of their life journey. There is a core group of 4-6 regular attendees at sessions held monthly or every two months and a WhatsApp group. These groups are mixed, comprising experienced fathers, fathers to be, fathers again, first time fathers, stepfathers etc. More recently a group with fathers and mothers together was held.

Sessions include:

- Gender roles and expectations, barriers to father involvement.
- The prior relationship and how that influences the ability to share feelings and concerns.
- Conversations they wish they had had before the pregnancy and birth re expectations, concerns e.g. re sex, social life, finances etc
- Adjusting to the changes e.g. coming home to more work - “it’s your turn”!
- Sexuality and sexual relationships/ intimacy during and after -safety, alternatives to vaginal sex, masturbation, temptation to be unfaithful etc.
- Post-partum moods/ depression/ anxiety - both moms and dads.
- Fears re miscarriage.
- Issues re fathers and sons vs fathers and daughters.
- The mother in law / in laws/ extended family and negotiating a space for father involvement.
- Sharing care
- The sibling factors: when there are older siblings in the home ... blended families, and “outside children”
- Incest and other taboos
- Discipline: attitudes re: setting limits including the crying baby
- Relationships with their own fathers or/and lack thereof and influence on their attitudes to be a father: the pendulum/ overcompensation effect.
- The “distance vs distant father” - dynamics when they live apart but want to be involved and when they live together but are not engaged.
- Diversity issues: Ethnicity and culture and religion and implications e.g. attending worship, attitudes towards complexion, hair etc, circumcision, discipline, affection.
- Peer pressure and changed social life: the impact of friends, expectations re time for hobbies etc
- Stress management: healthy and unhealthy choices

The groups at Mamatoto are run by Clinical Psychologist, Dr Peter Weller, who has a long history working with men and masculinities in the Caribbean, and has identified some key learning from the sessions:

1. Men (some not all) tend to prefer structure and action and at least initially shy away from anything presented as about emotion and self-examination and “support”.
2. Engaging men is often more successful when the process is presented initially as practical and skill based and time limited.
3. Sessions may be more attractive if presented as “Learning practical skills to”, “Ten tips on how to”, “Skills for successful”, “Overcoming barriers to”
4. Men may not feel they want to commit to a series of ‘topic driven’ sessions: drop-in opportunities may be more attractive than asking for commitment to ongoing groups. These would need to be promoted.
5. In the specific context of Mamatoto this has informed:
 - Materials relating to father-issues available in waiting room and online.
 - A video has been developed and a handout.

CASE STUDY 2: BOOT CAMP FOR NEW DADS – Alameda County, California, USA

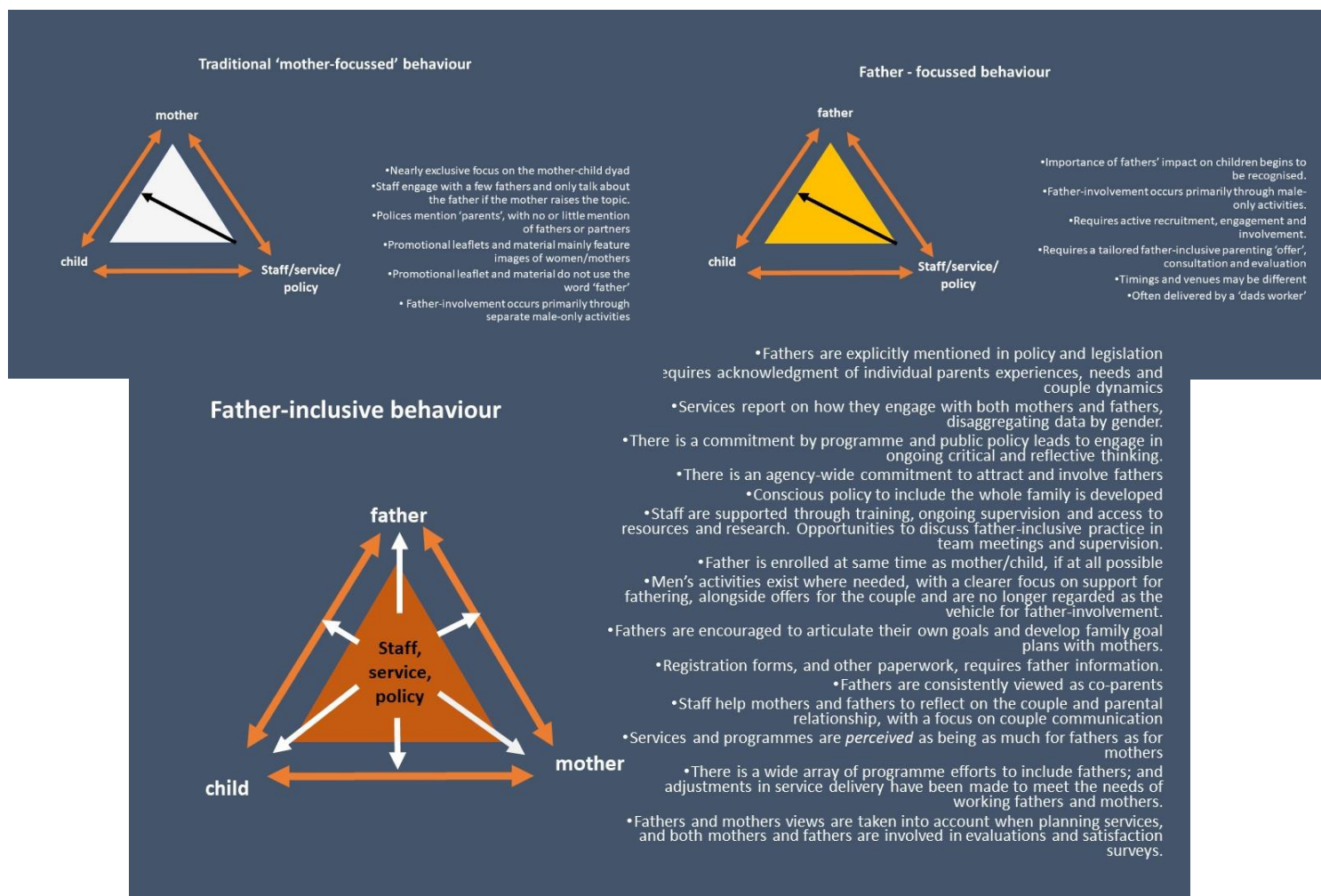
In the USA, the **Boot Camp for New Dads** (called *Hit the Ground Crawling* in the UK) offers a similar format and content to build fathers’ confidence and ability to engage with their babies, support their partners, and co-parent. Expectant fathers (‘rookies’) are invited to meet with fathers and babies (veterans) at a one-off session, normally lasting about three hours, with additional home visits if required. Delivered by the Fatherhood Initiative, **Boot Camp** sits within the Alameda County Public Health Departments and has a specific focus on urban males who are non-custodial parents re-entering the community from the adult and juvenile justice system, experiencing poor health outcomes, and need parenting/life skill support. Gary V. Thompson, the Family Health Services Coordinator of the Alameda Fathers Corps explains that the content of the sessions has changed overtime, but is still informed by the questions the ‘rookies’ have, and include:

- ‘Baby care 101’, and
- Breastfeeding information
- Caring for new moms
- Labour support
- Importance of teamwork
- Dad's role as protector
- Baby care and Dad's bag of tricks
- Crying babies
- Preparing for the new mum/postpartum adjustment
- Rookie concerns
- Safety

SECTION FOUR: REFLECTIONS ON THE ENGAGING PERINTATAL FATHERS CASE STUDIES

When we look at the amount of content the father-only groups must cover in such a short period of time, it is clear that it would be unwise to rely on them as the only way to engage with the fathers. A smart offer would include some father-only services, alongside existing perinatal care which, in itself, would be inclusive of the father. The diagram below 'MODELS OF BEHAVIOUR' explains three models of engagement by service providers: traditional 'mother-focussed', 'father-focussed' and 'father-inclusive' services. To be inclusive of fathers, mothers AND the couple/parental relationship, services must widen their focus, acknowledge the dynamics of each relationship and work with the unique experiences of each individual.

FIGURE 2: MODELS OF BEHAVIOUR



Key findings: Essentials for father-inclusive practice

- Strong leadership and a clear strategy are essential in ensuring that everyone in the organisation is committed to engaging with fathers and strengthening father-child and couple relationships.
- Senior managers must feel confident in their own knowledge and understanding as to why positive father-child relationships are so important to children, and how to support them.
- How staff interact with fathers is a crucial factor in how the men engage with the services.
- Communicating proactively, with fathers, including in letters, leaflets and websites, promotional material and publicity, will make clear that services are for them, as well as for mums.
- Using the F word liberally, and often referring to parents as ‘mothers and fathers’ or ‘fathers and mothers’
- It is best to recruit fathers proactively and routinely from the outset, rather than as an exception, and systems should support this by easily collecting and collating dads’ details.
- Some fathers will appreciate father-only groups which can be a great way to get to know more about individual fathers and foster peer-support, but they cannot be relied upon to engage all fathers or address family needs.
- Ongoing monitoring and evaluation of your work with fathers and couples is vital to assess what works and what doesn’t.
- The perinatal period is a golden but vulnerable time for services to engage with the family – and what they do (or don’t do) can have serious implications for the couple, the parental relationship and dynamics, sibling and father-child/ mother-child interactions and relationships.
- Engaging fathers in the perinatal period allows services to identify and work with issues as they arise, including perinatal mental health, domestic abuse, health issues.

Key questions for the UK:

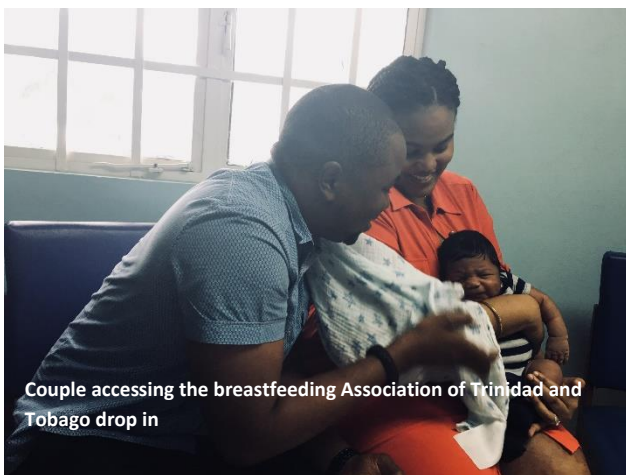
- What are the main messages that families receive? Consider how the perinatal period is framed by professionals, policy and legislation – and where ‘family’ fits into that.
- Do staff have time to get to know the mothers, fathers and family?
- Are fathers routinely welcomed and included in ante-natal appointments, and is their presence expected?
- Do the systems we use allow us to collect and collate fathers’ information?
- Do leaders and managers understand the importance of engaging with fathers – and the dangers of failing to do so?
- Are staff trained and supported to engage with the fathers in the families they work with?
- Are fathers’ views, beliefs and experiences acknowledged and considered when planning information sessions?
- Are fathers included in day-to-day practice, or are they mainly engaged through ‘dads only’ activities?

SECTION FIVE: SUPPORTING THE BREASTFEEDING MOTHER THROUGH ENGAGING WITH THE FATHER

The Personal Touch

The Breastfeeding Association of Trinidad and Tobago provide free breastfeeding support to mothers and families across Trinidad and Tobago. It was founded about 40 years ago by Marilyn Stollmeyer, SRN SCM IBCLC, who is also a midwife, an International Board Certified Lactation Consultant and works at Mamatoto. You can see her 'family-inclusive' approach throughout the BF service, which runs from three offices, has a helpline and offers home visits from trained breastfeeding counsellors and volunteers.

Up to date data on initiation of breastfeeding in Trinidad and Tobago is not clear, UNICEF report initiation (in the first hour) at 41%, with exclusive breastfeeding at six months at 12% in 2006 (Monitoring the situation of children and women - Trinidad and Tobago 2006 Multiple Indicator Cluster Survey 3). Rhona, a BF counsellor from the BFATT says that they often 'miss the boat' and breastfeeding is not initiated in the public hospitals. The babies are given formula early by health care staff, and skin to skin is not publicly promoted. She says that 'the insistence isn't there', and women (and fathers) tend to go with what the health staff tell them. Through the BFATT, they try to 'get in there' early, before and just after baby is born, and involve the fathers in the counselling. This is easier to do during the pregnancy and around the time of birth, as fathers are taking time from work. Discussions with fathers include the scientific facts around breastfeeding, how they can support and encourage the mothers and how to be involved with the baby in other ways. Issues tend to come up in the first two weeks after the birth, which is where the support is focussed: families can receive home visits but are also encouraged to 'get out of the house' to access the drop in sessions. It is felt that mothers are overloaded with information, emotions, hormones, pain and exhaustion at this time, but that the fathers often absorb the information and can relay it back to the mother over time. This seems an immensley sensible and useful approach – just the very act of giving two people the information means that between them some of it will 'sink in' and they can better support each other.



Couple accessing the breastfeeding Association of Trinidad and Tobago drop in

Case study: A young couple accessed the drop in with baby was 14 days old, and although they had wanted to breastfeed, a bottle had been introduced at the hospital and baby was now having both bottle and breast. They were keen to get baby off the bottle and back onto the breast, but mum felt that baby preferred the bottle. The counsellor took the history from mum, while dad walked around the room with baby, cooing and comforting and adding information occasionally. The counsellor asked dad how being a new father was, he joined them and talked about how he enjoys changing diapers, rocking and singing baby to sleep and the occasional bottle feed. The counsellor helped mum with latch and positioning and after a few attempts and an angry shout from baby, he was soon feeding well. The counsellor drew dad over to see how baby's jaw was moving, explained how milk production works and the problems of introducing the bottle. Mum stroked baby's face and said, "I've really missed this", dad kissed her on the forehead and told her he was proud of her. He promised that he would not be giving any more bottles and would help her with positioning.



HOW MIGHT THIS LOOK DIFFERENT IF THE COUNSELLOR HAD NOT ENGAGED THE FATHER?

According to the BFATT, this approach is 'nt rocket science', and it seems that engaging the couple around the child for breastfeeding is not complicated, but it does rely on individual members of the support service proactively engaging with the father – and feeling confident and comfortable in doing so.

The BFATT does not offer a wide variety of breastfeeding literature, preferring the face-to-face contact to relay information. The Alameda Fatherhood Initiative in California have collaborated on a fact sheet for fathers with the Women, Infants & Children Program in Public Health.

SECTION SIX: BREASTFEEDING IN THE UK – WHAT DO FATHERS WANT?

For this project we undertook an online survey. It opened on 8th July 2019 and ran until 4th August 2019, and had 92 responses. It was promoted online on Facebook and twitter with no additional publicity. Fathers self-selected, and it was open to any fathers who have had a child in the last five years. The purpose of the survey was to gain insights into UK fathers experiences of breastfeeding support, to supplement the Fellowship findings and help to put the recommendations into a UK context. This is one of the largest surveys of fathers on breastfeeding conducted in the UK, and further surveys would be valuable to gain further insights.

The headline finding, was that 92% of the fathers who responded to the survey said they needed more information, in order to be able better to support their partner’s breastfeeding.

While just over half (57%) acknowledged that there is a lot of information and support available, only 13% said the level of support, advice and information was ‘about right’; and 92% reported not seeing any breastfeeding information for fathers – with just 3% saying they saw any breastfeeding information specifically for fathers.

Table 3, below, reveals that the great majority of the fathers are consumers of information about breastfeeding and that three quarters obtained it directly from Health Care Professionals. A difference between their sources of information (and what they believed their partner’s to be) was that in their view the mothers were more likely to obtain information from social engagement with others – although many of the fathers did so, too (friends, family members, local support groups). Almost half the fathers had sought and obtained information via Google. Most did not believe their partner had done so..

TABLE 3: Where did your partner/mother of the baby receive feeding information, advice or support?		Where did you (father) receive feeding advice or information?	
Breast Feeding Buddy	5.43%	Breast Feeding Buddy/Support	4.94%
Family member	22.83%	Family member	15.58%
Midwife	78.26%	Midwife	45.98%
Other health professional	43.48%	Other health professional	30.67%
Online/Social media groups	45.65%	Online/social media groups	3.90%
Friend	32.61%	Friend	8.00%
local support groups	43.48%	Local support groups	17.57%
Leaflets, books, magazines	40.22%	Leaflets, books, magazines	29.87%
Helpline	3.26%	Helpline	2.90%
None of the above	1.09%		
Google,internet search	2.17%	Google, internet search	48.00%

From the survey findings and the approach of the BFATT it would seem that a mixture of online, written and face-to-face support would work best for most families; and we know that mothers and fathers are currently finding information from both the same, and different, places. What does seem an issue is sifting and evaluating the quality of the information; and, for fathers, obtaining information that seems directly relevant to their role.

In the UK, there are some examples of father-directed breastfeeding information, including a useful fact sheet from the National Childbirth Trust, but the global messages – as already pointed out – ignore the fathers’ roles entirely, and these are likely to overwhelm any information which does address their needs and perspectives, particularly in relation to ‘how they can help’. This is increasingly causing dissatisfaction. A WHO image was recently derided online for its messaging to fathers as it framed their doing housework as ‘helping mothers’ rather than as an activity for which the men, too, are responsible. Similarly, the common breastfeeding message of ‘Daddy, put the kettle on’ frames the father’s only role as keeping mother fed and watered.

Anything on a deeper level than this practical advice to clean and cook seems to be circumvented, and it is not at first clear why this is. However, discussions during this project with UK midwives and health visitors offer clues:



- “We should avoid anything that promotes the idea that men control what women do”
- “Breastfeeding is a women’s issue and they need to be supported by women”
- “Breasts are not men’s business”
- “Women would feel uncomfortable discussing breast feeding with or in front of men”
- “Men stare at breastfeeding women”
- “Women are already under a lot of pressure and we don’t want to add to it”
- “We don’t have enough men in the sector, and they are needed to deliver this information”
- “We havent got the info right for women, let alone men”
- “Men are not that interested”

A lot of the issues raised by the Health Care Professionals reflect stereotypes and beliefs around men – what they are like, what they want or feel, how they are alledged to behave. These pre-conceptions come through strongly, along with a strong element of distrust and a desire to protect women above all else, even though how best to do this may not be understood.

In fact, our survey of UK fathers shows that men have strong desires to advocate for their partner and protect her from societal expectations, unhelpful messages and negative experiences with services. The men often view themselves as ‘breastfeeding allies’, with 82% believing that the decision to breastfeed is the mother’s alone and 88% classing themselves as a breastfeeding supporters. Nevertheless, 93% disagree with the idea that breastfeeding is ‘none of their business’. It would be worth keeping this desire to help and receive information at the forefront of our minds when we think about the dynamics within couples and the advice and support offered to them.

The open-ended comments from fathers when asked ‘**what do you wish you had known?**’ can further point us in the right direction when thinking about developing information, and it becomes clear that no leaflet will be able to cover all the issues. Adequately to address these, and anything else that comes up, would require services to meet and proactively engage with the fathers alongside the mothers. Comments were sorted thematically as:

- Pressure on mothers and fathers feelings of protectiveness
- Unhelpful messaging around breastfeeding
- How difficult it can be
- Understanding the physical changes for women
- Ok to not breastfeed – including expressing milk
- How it can affect the couple relationship
- Support for mothers emotional and mental health
- Specific information for fathers about role
- What is normal?

It's always portrayed as the baby is born and will latch on first try and it will be wonderful.

I wished I'd have understood to help my wife get through it

How to best support my wife, especially in facing the challenges she went through with breastfeeding

How this becomes hugely important and can affect your **relationship.**

Key findings: SUPPORTING THE BREASTFEEDING MOTHER THROUGH ENGAGING THE FATHER

- Breastfeeding advice, information and support works well when given to the couple, alongside some specific interventions with mothers as and when needed.
- The information fathers currently receive are 'light touch' and lack a deeper understanding of his role, couple dynamics, and inter-relational support and avoid ways to involve him in a substantial manner.
- Of the fathers who did receive BF information, 54% say it helped them to support the mother and 80% say it helped to understand common BF terminology (let down, attachment, colostrum). This would suggest that some information is getting through – but that it is possibly not the right balance of information, relying too much on facts and not enough on emotional support.
- Fathers and mothers receive information in different ways, but both are open and are seeking support.
- Fathers tend to acknowledge the emotional and physical impact on mothers and feel protective of them. They are often the main source of support for mothers who struggle.
- Messages around breastfeeding, including 'what to expect' are currently seen as unhelpful, often over-zealous or misleading.
- Face-to-face support and information for families will always be more impactful than written literature, and staff need support and training to deliver this well to both mothers and fathers.
- There is a global absence of written material aimed at fathers.
- Fathers would like more information on the emotional support they can lend to the mothers, and guidance that sensitises men to the demands that motherhood involves for women and supports women to understand the demands that fatherhood involves for men would be recommended.

Key questions for UK:

- How can we balance a measured explanation of the realities of breastfeeding with avoiding negative messaging?
- How does 'family focussed' framing effectively engage the father?
- Are the beliefs around fathers/men and power preventing us from engaging with the fathers in the families we work with?
- Who delivers the support – and is it easy for families to navigate their way around the services and information available?
- Are BF advisors and health services trained to engage with the fathers, do they see it as part of their role, and can they see the benefits of engaging both parents?

SECTION 7: SUPPORTING THE BREASTFEEDING MOTHER THROUGH SUPPORTING THE COUPLE AND CO-PARENTING RELATIONSHIP

To engage fathers in any support – including breastfeeding support – we must acknowledge the couple and parental relationship.

Working with the couple relationship

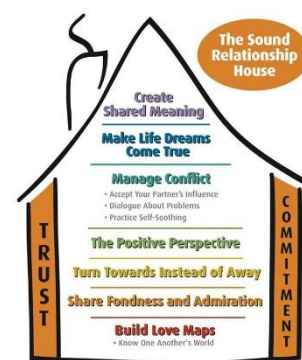
Reasons for engaging the father alongside the mother in the perinatal period include the impact the baby has on the couple relationship, and the impact the couple's co-parenting behaviour (and the quality of their relationship) have on the baby and any other children. When we support only one member of the couple, generally the mother, we run the risk of unwittingly undermining the couple relationship, creating unequal levels of knowledge, confirming social stereotypes that 'mother knows best' and should be responsible and generating disappointment. . During the pregnancy couples' beliefs that they will share care of their infant equally is high (Ref). When, after the birth, traditionalism sets in, parents are commonly disappointed and one or both partners may become angry and resentful. While around one third of couples report an improved relationship a (Gottman et al, 2010; Cowan & Cowan, 1995; Belsky & Kelly, 1994), another one third experience a decline in relationship satisfaction which often never recovers (Doss et al, 2008; Lawrence et al, 2008).

Constructive problem solving is most common during the prenatal period, while the use of destructive (more harmful) problem solving is highest three months after birth (Houts et al 2008) with many parents showing a decline in positive couple communication (Cowans 2000, Pinquart and Teubert, 2010) and in adaptive processes such as relationship 'maintenance', emotional responsiveness and spousal support (Kluwer, 2010). Supporting couples to engage in positive communication during the antenatal period, as well as after the birth, is likely to pay dividends Establishing Family Foundations: Intervention Effects on Coparenting, Parent/Infant Well-Being, and Parent-Child Relations. Mark E. Feinberg The best means of supporting positive inter-parental communication is to engage with the couple and support the couple routinely and systematically in all mainstream services; and make this an explicit part of the universal support offer.

CASE STUDY 1: Preparing the couple relationship

In the 'Bringing Baby Home' programme, parents learn to strengthen their relationship and foster baby's development through the model of the 'Sound Relationship House'. They build on what Drs. John and Julie Gottman and colleagues found is the best predictor of marital adjustment after baby arrives: *the quality of friendship in the relationship*. Dr Gottman has been researching relationships for over forty years and has developed this programme specifically to support the creation of the new family.

Bringing Baby Home is not currently delivered in the UK, but it does have similarities to the Family Foundations programme, who's focus is slightly more towards positive couple communication. Dr Gottman's book 'And Baby Makes Three' is an excellent resource and includes a thorough understanding of fathers throughout – so the omission of fathers in the training was unexpected. A small section focussed on fathers 'main role', which was explained as 'a playmate' for the child. A couple focussed intervention would intrinsically be inclusive of both members of the couple, but even the legends that are the Gottman's can be misinterpreted.



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Bringing Baby Home is a psycho-educational programme for couples expecting a baby. Gottman's work has focussed on the third of parents who report an improved relationship after the baby is born – to identify what it is that these 'masters' are doing differently compared with the two-thirds who don't ('disasters')– which has always been the focus of research and programmes. Its outcomes include; maintaining satisfaction, reducing hostility, increase affection, positive parent-baby interactions and father-involvement. BBH families show less symptoms of post-natal depression and anxiety and fathers show less signs of depression. There are now 2,500 BBH educators in the USA, mainly from family and maternity services and social and family therapy delivering the programme as a private offer (i.e. parents pay for it).

The curriculum and content focus on the relationship as its own entity – rather than each individual within the relationship, and is promoted as being suitable for any couple, including gay parents. A key component is around understanding your own emotions, and being able to express them to your partner – which becomes harder to do once baby arrives and both mothers and fathers are reporting high levels of exhaustion. Identifying the 'turn to' moments – where one partner attempts to repair and connect with the other through small gestures is essential learning for any new parents who can often misunderstand the others intentions.

Trainers of BBH report that fathers are amazed by the research around their impact on the baby – and this is often the first they had heard of it. This is a common occurrence throughout any work with fathers, they can undervalue their impact and role, often believing that they are not as important as mothers. This does not come from a place of complacency, there is very little 'out there' to tell them otherwise.

CASE STUDY 2: Building FAMILY FOUNDATIONS

Family Foundations is a 7-week perinatal programme proven to help couples maintain strong family bonds, reduce stress, and raise healthy well-adjusted children.

Family Foundations was developed in the US by Mark Feinberg, Research Professor and Senior Scientist at the Prevention Research Centre for the Promotion of Human Development, Penn State University. Professor Feinberg collaborated with the Fatherhood Institute to create a seven-session version for the UK, with additional father-inclusive content being created. Family Foundations assumes that improved parental self-regulation will help parents better manage environmental stresses and improve the co-parenting relationship. Family Foundations therefore helps couples improve their co-parenting relationship through improved communication and conflict resolution strategies. Parents also learn strategies for responding sensitively to their child and developing appropriate sleep routines. In the short term, couples will experience an improved co-parenting relationship and reduced family stress. In the longer term, children will experience greater attachment security, improved self-regulation, decreased emotional and behavioural problems, and increased academic adjustment. Staff are trained to deliver FF, alongside a strong element of father-inclusive awareness training – including checking personal unconscious bias around fathers and looking at the systemic barriers to involvement. (Feinberg, Jones, Kan, & Goslin, 2010; Feinberg & Kan, 2008; Feinberg, Kan, & Goslin, 2009). Where FF has been delivered in the UK, the programme has led to the engagement of fathers in other ways and a shift in the focus of deliver of antenatal support

Key findings: SUPPORTING THE COUPLE AND CO-PARENTING RELATIONSHIP THROUGH DEVELOPING FATHER-INCLUSIVE PRACTICE

- Acknowledging and supporting the couple relationship in the perinatal period pays dividends in:
 - Parental relationship and co-parenting behaviours
 - Mother and father mental health
 - Co-parenting behaviours
 - Couple satisfaction
 - Reducing hostility and couple conflict
 - Parent-child interactions
 - Father-involvement
- It's the process NOT the product! What we get from couple work should not be as important as what the couple get from it, the conversation that flows as the family discuss their hopes and situations, identifying their own solutions and seeking help where required.
- Supporting the couple relationship requires services to identify and engage with the fathers in the family, and to be confident and trained to engage them well.
- Groups that model infant care as a shared activity, addresses couple-relationships and sensitises men to the demands for women of having a new baby though routinely drawing fathers into perinatal education, care and as a 'parenting partner' at home, while assessing their needs where indicated, is recommended.
- Normalising 'preparing for parenthood', including 'preparing the relationship', should be seen as a significant and valuable early intervention, and couple-focussed interventions and programmes should be seen as part of the core offer to families in the perinatal period, rather than a targeted offer to couples in crisis.
- Some single-sex groups and programmes will work for some, but not all and should not be relied upon as the only way to engage fathers
- Work with the couple should not be limited to programmes. Identifying the couple/parental relationship around the child throughout the perinatal period and beyond leads to a wider and more constructive understanding of what is going on with the families we work with.
- The diagram '**Models of Behaviour**' explains how and why working with the couple relationship requires a seismic shift in service delivery, funding and planning.
- There is an institutional failure on a global scale to engage and weave into policy
 - a) fathers
 - b) relationships

Key questions for UK:

- What do we need to know to help the family best?
- Are couples currently able to access 'preparing for parenthood' information that explores the impact on the couple relationship and how best to counteract that?
- Is relationship support seen as a niche offer?
- Can couple-work be woven into universal public services – and what would need to change?
- How much public money could be saved by investing early in the couple relationship?



PROTECTING INFANT HEALTH

We support breastfeeding

- by allowing women to breastfeed
- by letting mothers put the baby in the stroller (after-feeding)
- by helping mothers overcome problems
- by giving mothers career information
- by stopping people from feeding the baby anything other than breast milk
- by removing all advertising for formula milk and baby bottles

We support the International Code



Port of Spain

Mostly Clear

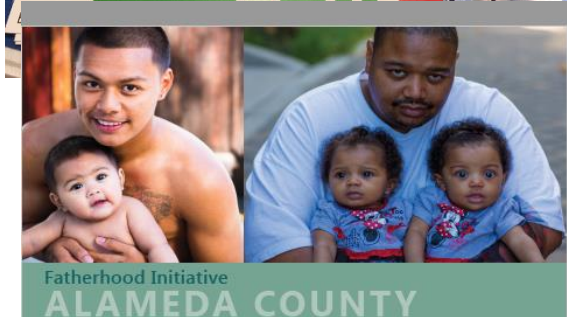
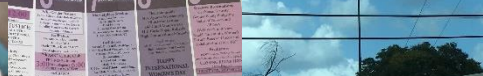
Now	23	00	01	02	03	04	05
24°	24°	24°	23°	23°	23°	23°	23°

Thursday 28 22
Friday 29 23
Saturday 31 23
Sunday 31 23
Monday 30 23
Tuesday 29 23
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Today: Mostly clear currently. It's 24°

Clearly therefore this is a gender issue which is closely related to accepted notions of masculinity and femininity as well as with the changes currently taking place.

The withdrawal of the State and its lack of investment in supporting households, parents, single mothers, grandparents, teachers and even communities in the increasingly complex task of parenting, care and support.



Dads, Partners and Breastfeeding

Alameda County Extension Institute and the 2017 'Support Breastfeeding' Green Paper

Alameda County Extension Institute July 2018

The Preparation

- Partners can be the biggest barrier to breastfeeding. You need to talk to them about breastfeeding and how to support you.
- Partners can be the biggest barrier to breastfeeding. You need to talk to them about breastfeeding and how to support you.

The Caregiver

- Hold and cuddle baby on your chest. Skin-to-skin with baby is the best way to bond.
- Talk to your partner about breastfeeding and how to support you.

Partners

- Partners can be the biggest barrier to breastfeeding. You need to talk to them about breastfeeding and how to support you.



APPENDIX

Leaflet for fathers

Checklist for Services

SURVEY OF UK FATHERS – SUMMARY RESULTS (2019)

ADDITIONAL READING

HOW DADS CAN HELP

BREAST FEEDING

YOU HAVE A VITAL ROLE TO PLAY IN HELPING YOUR PARTNER TO BREASTFEED FOR AS LONG AS SHE WANTS TO.

Breastfed babies are healthier, less likely to become obese, and may even do better at school! Breastfeeding is also good for mum's health, and offers great bonding time with the baby. Plus it's free! There are many ways that Dads can help breastfeeding, while creating their own relationship with baby.

BEFORE BIRTH

- Speak to your employer and book your leave.
- Go to ante-natal appointments, scans and classes.
- Get to know the midwives and other staff.
- Check to see if there are breastfeeding sessions that you can attend together.
- Make a list of supporters with your partner, including midwives, support services, family and friends.
- Talk with other breast feeding families.
- Talk with partner about how she would like to feed, what she thinks she might need from you. Be supportive, and do the research together.

EARLY DAYS

- Soon after birth, baby will be put onto mum for 'skin to skin'. Sometimes this can not happen straightaway, but you can be ready to help with this.
- Like any new skill, breastfeeding requires practice for both mum and baby, it can help to be realistic and accept it may take some time to get 'it'.
- Baby's tummy is about the size of a walnut, so will need to feed little and often. Don't be tempted to believe the myths about 'good babies'...breastfed babies cant be overfed, it's important to feed when baby wants to.

AT HOME

- Keep the details of breastfeeding support handy and contact them with any issues or queries - it's what they are there for.
- Bring baby to mum for feeds, especially at night feeds, and settle baby back down when fed.
- It can take time to work out what position works best - some mothers sit up, some recline, some hold the baby like a rugby ball - whatever works! Be ready to move cushions to support her head and shoulders. Her body has already been through a labour and she could do with a bit of comfort!
- Agree between you if and when you want visitors, and if they can be useful. Everyone will want to cuddle the baby, but maybe they could be doing the washing up, making diner, changing the beds - all the ordinary chores, so that you can all relax and focus on your new family.
- Breastfeeding takes up a lot of time and energy; make sure mum is hydrated, fed well and sleeps when baby does.
- Be her advocate with family, friends and professionals. So Great Aunt thinks baby should be fed every four hours/needs a 'top up'/should be 'sleeping through'...? So what! This isn't her baby - Tell people what a great job she is doing, how amazing she is - she probably won't feel amazing but positive words and team work at the right moment can make all the difference.

BUILD YOUR BOND

- Do your own skin to skin. Sit or recline with baby on your bare chest. This triggers a hormonal 'relaxation and well-being' response in dads and baby that lasts.
- Talk, sing, coo with your baby. They will quickly recognise your voice - they may even know it from hearing it during the pregnancy.
- Book in for baby massage classes.
- Do your share of baby care: nappy changes, bathing, dressing all helps to strengthen the bond, and practice helps you to feel confident.
- It is thought that looking at photos triggers a hormonal bonding response and can help you to feel connected if you go back to work.
- Learn babys cues, they are trying to tell you things. Its best to feed baby before they get really cross about it - watch for them moving their mouths, turning their head, clenching fists. When we respond to their cues, babies feel more secure and the bond is strengthened.



FAB Fathers and Breastfeeding



ENGAGING FATHERS IN BREASTFEEDING SUPPORT: CHECK LIST FOR SERVICES

5	4	3	2	1
Consistently achieved	Somewhat achieved	Working towards	Not achieved	Don't know

	5	4	3	2	1
BIG PICTURE					
Do your policies mention fathers, acknowledge their role and outline how they will be engaged?					
Do job descriptions require staff to engage with both mothers and fathers?					
Is there a training and supervision plan in staff to support staff to engage both mothers and fathers, and the couple relationship?					
DATA					
Are fathers details routinely collected?					
Does your system allow for fathers details to be collected separately from mothers where needed?					
Are the views of fathers taken into account when planning and evaluating services?					
DELIVERY					
Do you specifically invite mother and father (avoiding the word 'parents')?					
Do your handouts, publicity and promotional materials state that your service is for mothers and fathers?					
Do your handouts, publicity and promotional material address fathers' role, support for mother, father-child relationships and own transition to parenthood?					
Are fathers actively engaged during the engagement?					
Do you time visits, appointments and sessions so that working parents can attend?					
Does your information mention breastfeeding as family teamwork and acknowledgment of the importance of a father's role in supporting breastfeeding?					
Does your work promote the importance of the bonds between babies and other family members, fathers in particular?					
Do you offer father-only/mother only groups only when appropriate?					

partner painful make will support
 breast feed mother hard
 breastfeeding feed wife fathers
 feeding ok help milk baby Relax breast
 become difficult mixing mum

SURVEY: Fathers and Breast-Feeding Information 2019

The survey for fathers opened on 8th July 2019 and ran until 4th August 2019, total number of respondents: 92. It was promoted online on Facebook and twitter with no additional publicity. Fathers self-selected, and it was open to any fathers who have had a child in the last five years.

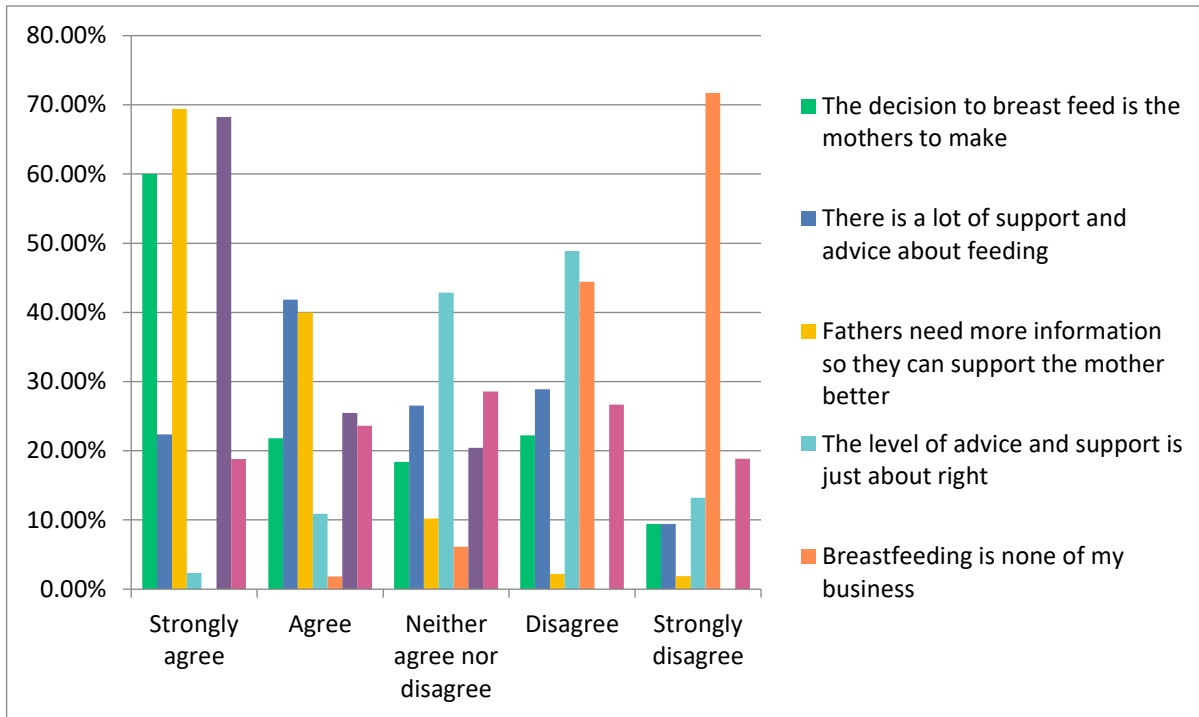
The purpose of the survey was to gain insights into UK fathers experiences of breastfeeding support, to supplement the Fellowship findings and help to put the recommendations into a UK context. This is one of the largest surveys of fathers on breastfeeding conducted in the UK, and further surveys would be valuable to gain further insights.

Q1.	Have you had a child in the last five years in the UK?	Yes	95.65%
		No	4.35%
Q2.	Is your baby...	Currently being breastfed	50.55%
		Not breastfed now, but has been	37.36%
		Not yet born	1.10%
		Not breastfed	6.59%
		Other (please specify) <i>(Combination fed formula and expressed breast milk, expressed milk)</i>	4.40%
Q3.	Did your partner/mother of the baby get help, information, advice or support to breastfeed from:	Breast Feeding Buddy	5.43%
		Family member	22.83%
		Midwife	78.26%
		Other health professional	43.48%
		Online/Social media groups	45.65%
		Friend	32.61%
		local support groups	43.48%
		Leaflets, books, magazines	40.22%
		Helpline	3.26%
		Google/Internet search	2.17%
		None of the above	1.09%

Q4.	Did you receive feeding information? Who from?		Direct contact	Via the mother	No contact
		breast feeding buddy/support	4.94%	33.33%	61.73%
		family member	15.58%	28.57%	55.84%
		midwife	45.98%	22.99%	31.03%
		other health professional	30.67%	25.33%	44.00%
		online/social media groups	3.90%	33.77%	62.34%
		friend	8.00%	18.67%	73.33%
		local support groups	17.57%	25.68%	56.76%
		leaflets, books, magazines	29.87%	25.97%	44.16%
		helpline	2.90%	2.90%	94.20%
		Google, other internet search	48.00%	9.33%	42.67%
Q5.	Thinking about the pregnancy, did you and your partner discuss how baby might be fed?	We discussed it and had similar views			94.51%
		We discussed it and had different views			0.00%
		We discussed it and looked for more information			2.20%
		We did not discuss it			3.30%
Q6.	Thinking about breastfeeding information you have seen; can you remember seeing anything about fathers?	yes, it was aimed at both mothers and fathers			2.22%
		yes, there was information specifically for fathers			3.33%
		it was mainly aimed at mothers			56.67%
		all information was for mothers			35.56%
		information was for everyone and anyone			2.22%
Q7.	If you received information or advice, did it help you to support the mother?	Yes			53.85%
		No			10.99%
		Not sure			19.78%
		Not applicable			15.38%

Q8. If you received information or advice, did it help you to understand breastfeeding terminology? (things like latch, let down, cluster, colostrum, feeding on demand)	Yes	44.44%
	No	8.89%
	some of them!	34.44%
	Not applicable	12.22%

AGREE – DISAGREE STATEMENTS



Q10.	What one thing do you wish you had known? free open comments grouped by themes
Issue	Direct quotes
Pressure on mothers and feelings of protectiveness	<ul style="list-style-type: none"> ➤ Putting everything on the mother is not helpful. ➤ There is a lot of pressure put on mothers to breast feed directly even if it's not the best solution ➤ Mothers shouldn't have so much pressure heaped on them ➤ I wish I had been more prepared for the "breastfeeding nazis" who can make a family feel shame if they are unable to breastfeed. ➤ Made to feel guilty by sanctimonious breastfeeding zealots ➤ There should be more awareness on how pressures to breastfeed can affect mothers adversely when they are trying their best. It took a while for her to come to terms with the fact that it was the best move to make. There should be less forceful pressure on mums to breastfeed when so many can have trouble with it ➤ The pressure on women to breastfeed and how overwhelming that is ➤ No one should ever judge any mother for which ever decision they make. It's purely personal to the family.
Unhelpful messages around BF	<ul style="list-style-type: none"> ➤ It's always portrayed as the baby is born and will latch on first try and it will be wonderful. ➤ Beforehand you get the impression since it is a natural process that it is always straightforward and therefore when some woman give up it is a choice. ➤ Much of the info we received was through our nct group and the lady was clearly v pro-breastfeeding, almost militant, to the extent that she was scaremongering about the effects of using formula. We wanted to breastfeed anyway so it wasn't an issue for us, but I don't think it's right that the information wasn't presented to in a balanced way so that people can make an informed decision. ➤ We'd been told that low milk supply doesn't exist and formula unnecessary.

Difficulties	<ul style="list-style-type: none"> ➤ That it is not easy and your Partner will need support especially at the outset ➤ How much energy and time breast feeding takes from Mums ➤ It's really hard in the first 4 weeks ➤ How hard it can be, and how easily I could give expressed milk. ➤ How hard breastfeeding can be. And how demoralising that might be for my wife. ➤ Sometimes mother's cant breastfeed or it is difficult for them ➤ We (well mainly mum) intended to breastfeed for at least 6 months but it proved too difficult as our child was so hungry and demanding that mum couldn't get ever give enough milk or get meaningful sleep or rest. ➤ Actually, getting right can be really hard, very stressful (for mums and dads) and extremely painful (for mums). It would have helped to have that reality reflected in advice. ➤ It might be really difficult to get breastfeeding right ➤ That it doesn't always happen easily and can be bloody hard work (and painful) ➤ How difficult it can be for some mothers to breast feed <ul style="list-style-type: none"> ➤ How hard it all actually is ➤ How painful it would be for my wife to start off with ➤ What to look out for when the milk doesn't come in. Would have saved us two weeks of heartache in hospital.
Understanding the physical changes for women	<ul style="list-style-type: none"> ➤ How much energy and time breast feeding takes from Mums ➤ Your partners nipples will become uncomfortable and it will hurt at first, maybe even for weeks. But it does get easier, and does not hurt eventually. Just persist with it. ➤ The hormonal change when breastfeeding is drastic for woman
Other options	<ul style="list-style-type: none"> ➤ That it was ok not to breastfeed 100% ➤ There are other options like expressing milk and mixed feeding with formula. ➤ All about formula feeding ➤ How easily I could give expressed milk ➤ Information on combination feeding, mixing breast and bottle ➤ We had to start a mix after 3 months and eventually weaned off to bottle. Mum felt a failure for this and it was difficult. ➤ To worry less about breastfeeding and focus on making sure he was just fed

	<ul style="list-style-type: none"> ➤ It is not possible for every baby to breast feed ➤ That it's okay not to breastfeed, since it didn't work with my wife, and thats also okay ➤ That it's ok to not breastfeed ➤ Info on expressing breast milk ➤ It's ok to do both ➤ There are other options like expressing milk and mixed feeding with formula.
How it can affect the couple relationship	<ul style="list-style-type: none"> ➤ It will affect your sex life ➤ How this becomes hugely important and can affect your relationship. ➤ That it's a joint conversation, but ultimately the mums decision
Mothers mental health and emotional support	<ul style="list-style-type: none"> ➤ The psychological impact of being unable to breastfeed, not just on mother but the father too, is never considered. It is highly stressful when the mother wants to breastfeed, but can't. ➤ I wished I'd have understood to help my wife get through it ➤ Things to expect in terms of mental health issues associated with childbirth. ➤ How to best support my wife, especially in facing the challenges she went through with breastfeeding ➤ They are many reason's why breastfeeding may not work some or all of the time. A focus on the emotional support would have been welcomed. ➤ How much emotional, practical and physical support fathers can provide to support their BF partner ➤ I think fathers should be advised regarding the emotional issues that difficulties breastfeeding can cause. My partner had difficulties and I was completely surprised with the emotional toll this took on her. I had done my own research about the mechanics etc. But supporting emotionally was difficult ➤ To help and support more

Fathers	<ul style="list-style-type: none"> ➤ Sharing feeding responsibilities helps share the load and for fathers and the child to bond. ➤ I really enjoyed being able to feed my daughter from an early age because it increased our bond. ➤ I think that fathers should be directly include in midwife appointments directly related to the child; asked to attend (with the obvious appropriate exclusion around the mothers personal health matters if the mother is uncomfortable with the father been present, eg if they have broken up). ➤ how to request that wife gets listened to when she was talking to the midwife about difficulties, I felt useless. ➤ Dads have a role, too. ➤ Dads should be involved to increase continuation rates and build up their partners when they struggle with it. ➤ I'm in the fortunate position of having a mother who is a Health Visitor. Both my partner and her brought me very much up to speed on how everything was going to work and how I could help and support. ➤ Us fathers are left feeling useless and not knowing who to turn too. It was highly upsetting for me and I felt like I had no help. It's assumed it down to the mother to sort it all help. ➤ Your baby might try and feed on you!
What is normal?	<ul style="list-style-type: none"> ➤ Tounge tie and it's affect on feeding ➤ There's a huge variation in the length of time a baby can feed for. Lots of worrying and panicking he wasn't getting enough when he was just efficient and healthy! ➤ Relax ➤ Breastfeeding past 1 is totally normal and better for baby ➤ Our baby ended up with hypernatraemic dehydration and had to be admitted to hospital ➤ Breast milk isn't as filling as formula milk ➤ What to look out for when the milk doesn't come in. ➤ I felt well prepared, through jointly researching breastfeeding with my wife and learning from her friends who were breastfeeding ➤ Lots of worrying and panicking he wasn't getting enough when he was just efficient and healthy!

Further reading and resources

1001 Critical Days: The Importance of the Conception to Age Two Period: A cross-party manifesto, WAVE Trust, 2014

Annual Report of the Chief Medical Officer 2012: Our Children Deserve Better: Prevention Pays, Department of Health and Social Care, 2013

Delivering better oral health: An evidence based toolkit for prevention, Public Health England, 2014

Early Years Foundation Stage Profile: 2018 handbook, Standards and Testing Agency, 2018

Fair society, healthy lives (The Marmot review), UCL Institute of Health Equity, 2010

Public Health Outcomes Framework 2013 to 2016, Department of Health and Social Care, 2013

Rapid review to update evidence for the Healthy Child Programme 0-5, Public Health England, 2015

Infant feeding: Commissioning toolkit, Public Health England, 2016

New breastfeeding toolkit, The Royal College of Midwives, 2016

Support for healthy breastfeeding mothers with healthy term babies, Renfrew, M.J., McCormick, F.M., Wade, A., Quinn, B., Dowswell, T., Cochrane Database of Systematic Reviews 2012, Issue 5 The UK Baby Friendly Initiative, UNICEF,

The effect of health visitors on breastfeeding in Glasgow, Tappin D., Britten J., Broadfoot M., McInnes R., International Breastfeeding Journal 2006; 1:11

A new model of father support to promote breastfeeding, Sherriff N. 2014

Education and Support for Fathers Improves Breastfeeding Rates : A Randomized Controlled Trial. Bruce Maycock, Colin W. Binns, Satvinder Dhaliwal, Jenny Tohotoa, Yvonne Hauck, Sharyn Burns and Peter Howat 2013

<https://www.nhs.uk/start4life/baby/breastfeeding/>
<https://familyincluded.com/category/breastfeeding/>