



The Royal College of
Midwives

Top Tips for Involving Fathers in Maternity Care



Royal College of
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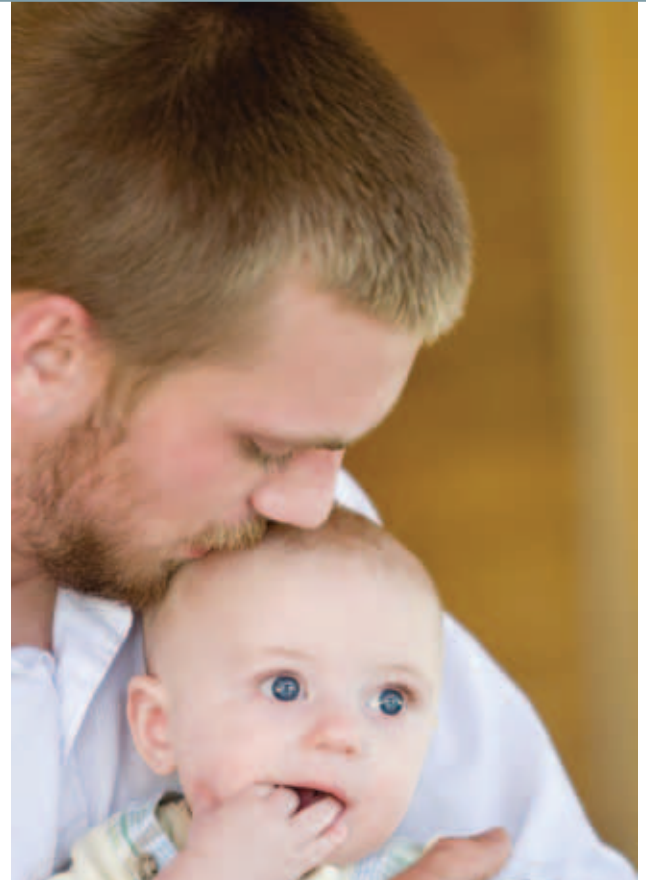


Compared with past generations, society's expectations are increasingly for fathers to play a full role throughout pregnancy, labour, childbirth and in the postnatal period. Most expectant mothers want their partners to be involved and this desire is also shared by most expectant fathers. There is also substantial evidence about health and wellbeing benefits that result from fathers being involved in their partner's maternity care.

Promoting a cultural shift throughout healthcare provision to include fathers in all aspects of a child's wellbeing is needed. NHS policy is to increase engagement with and encourage fathers' involvement in maternity care in order to improve overall family support.

Background and policy context

Over the last decade there has been a national drive towards increased recognition of the father's role and encouraging fathers' involvement in health care in general, particularly in maternity services. In 2004 the National Service Framework for Children, Young People and Maternity Services supported a cultural shift in all service provision to include fathers in all aspects of a child's wellbeing. Since then NICE has produced guidelines around the provision of information and support for parents in the postnatal period, the



Department of Health recommended services work together to equip mothers and fathers for parenthood in *Maternity Matters: Choice, access and continuity of care in a safe service*; and the Department for Children, Schools and Families (Department for Education as it now is) acknowledged the need to involve fathers in a number of key policy documents.

The new administration takes this issue no less seriously. On 18 July, the Government published *Families in the Foundation Years* and *Supporting Families in the Foundation Years*. Together these publications set out the Government's vision for foundation years and the services that should be offered to all parents and families from pregnancy to age five. These make clear that from pregnancy onwards, all professionals should consider the needs and perspective of both parents. All those involved in working with families have a role to play in setting the right tone and expectations, and helping professionals to think about how better to engage fathers in all aspects of their child's care, development and the decisions affecting their child.

Benefits of involving fathers in maternity care

Women engage frequently with the NHS during pregnancy and children's early years, providing opportunities for health promotion and education. General healthy lifestyle advice on issues such as diet and nutrition, breastfeeding and smoking are focused on the expectant mother. However, these lifestyle choices also concern the expectant fathers and services should take the opportunity to target both parents to have the best effect. At the Macclesfield NHS Maternity Unit for example, they have implemented joint referrals for a couple to attend smoking cessation services, which increases the likelihood of both expectant parents quitting smoking.

Many fathers feel stressed and anxious about pregnancy, birth and becoming a father. By involving fathers in antenatal consultations and parent education classes/programmes this will help to alleviate some of this anxiety and prepare them for childbirth and fatherhood. There is also evidence that early involvement has a major impact on the future relationship of father and child.

A well prepared father has a positive effect on his partner. Women who have the support of a partner during labour require less pain relief and feel more positive about the birth. Teaching massage and relaxation techniques to fathers to use during labour can help to increase marital satisfaction and decrease postnatal depressive symptoms, as well as providing psychosocial support for women. Immediately after being born by caesarean section giving a baby to their father has resulted in the baby being calmed and more likely to stop crying.

Barriers to fathers becoming engaged in maternity care

Despite evidence that the involvement of fathers during pregnancy, birth and the postnatal period can positively affect the health and wellbeing of mothers, babies and their families, the way maternity care is commonly organised in the UK tends to generate feelings of exclusion, fear and uncertainty.

Many fathers experience their place in maternity care as being *'not-patient'* and *'not-visitor'*. The perceptions of being both uninformed

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and unwelcomed or excluded are recurring themes in studies relating to expectant fathers relationship with maternity services.

Fathers come from a range of backgrounds, ethnic groups, and ages; their individual needs will need to be assessed and the differing roles they play within different communities recognised and addressed. Appropriate – and culturally competent – preparation for childbirth and fatherhood has the potential to enhance maternal and child health and have positive impacts on families in general.

Changing maternity systems to engage with fathers

There are variations in clinical practice and considerations concerning confidentiality, culture and companionship which will impact on how maternity staff and maternity services involve and support fathers. However, maternity systems need to ensure that they are designed to engage and support fathers.

All professionals involved in the delivery of maternity care will encounter opportunities to engage with and support fathers in both primary and secondary care settings. However, as midwives have the



most routine contact with fathers, they are ideally placed to help advise fathers on how to support their partner during pregnancy, birth and caring for their newborn baby.

In general, expectant fathers are keen to know *'precisely' what they should do to 'get it right'*. Taking time to give relevant information and to engage with the father in all aspects of care can help to foster greater engagement and satisfaction for both parents.

While many fathers who attend antenatal education classes/programmes have reported feeling engaged, they also felt that although welcomed, they were excluded by their content. While they recognise the need for these antenatal education classes/programmes to be woman focussed, they would like some specific time and information allocated for them. Men also want antenatal education programmes to provide more information on postnatal issues.

It is also important to ensure fathers from all backgrounds feel involved from an early stage. In Hull for example, a Teenage Pregnancy Support Service assesses young fathers' needs as well as young mothers. Young fathers have been given help and advice to sort out housing and benefits issues, and support to develop parenting skills. Expectant fathers who are still at school have been supported in telling their parents about the pregnancy and the service also liaises with schools in Hull to enable the expectant father to attend some ante-natal appointments and parenting education classes.

In North Staffordshire University Hospital time is spent preparing expectant fathers so they can have an active role during birth. Antenatal education classes are available on Sunday afternoons and evenings to fit round working lives and football fixtures. More women are now managing to cope at home with their partner's support.

It is key that expectant fathers feel welcomed at the birth of their baby. For example, referring to him by his preferred name will help make him feel more welcome. In North Staffordshire, visiting times are now more flexible (9am till 9pm) to help fathers balance

their work and family commitments. Provision of refreshments and an allocated toilet for fathers to use has made things a lot easier. These small changes are helping fathers to support their partner and bond with their baby. Initially, there were concerns from staff that having the fathers on the ward for 12 hours a day would put additional stress on the busy unit. However it has eased the workload of the midwives because mothers are calling them less as they have their partners to help them.

The 'Partners Staying Overnight' pilot at the Royal United Hospital in Bath is a good example of how a maternity unit can involve fathers in the early postnatal period. The scheme has been introduced in response to the needs of women who give birth either at night or during the early hours of the morning and want support and care from their partners. This scheme encourages new fathers to bond with their infant and to be a visible parent. It also reduces the workload of midwives as the father can help his partner.

Similarly, facilities at the Diana, Princess of Wales Hospital in Grimsby have been designed so as to enable fathers to stay with their partners after the birth so that they can share in the first few hours and days as they become parents together. In recognition of their efforts, the maternity team was awarded the All Party Parliamentary Group on Maternity 2011 award for 'Most inclusive maternity service for new fathers'.

Post-traumatic stress can occur in fathers and this can have serious consequences for family relationships. Expectant fathers are often forgotten when an emergency section is required and they can be left feeling unsure about what they are allowed to do and what their role is. Better methods for identifying men with postnatal depression need to be developed.

Transition to fatherhood

Expectant fathers genuinely struggle with the need to balance their own transition to fatherhood and that of their partners. Their status and feelings are sometimes overlooked and may conflict with their other roles. It may take time for fathers to adapt to their

new role and they may need access to support and advice. Maternity care staff can offer valuable support and encouragement to both the mother and father which will help them with their new role and responsibilities and to adjust to parenthood. There is good evidence which indicates that child development is better when children have close relationships with both parents from an early stage.

Conclusion

Fathers are important influences on mothers' health choices and experiences before, during and after the birth. It benefits the whole family when maternity professionals make fathers feel welcomed and involved and prepare them for their role. Expectant fathers need to be included in all aspects of maternity care and be offered opportunities to discuss their feelings and any fears they may have. Positive involvement of fathers has the potential to decrease their fear and anxiety and increase their trust and respect as well as their partner's.

Increasing awareness of the many health and wellbeing benefits has implications for our society as a whole. The midwifery profession and maternity services will want to consider the 'Top Tips' to plan services and activities to engage with expectant and new fathers. Maternity services will want to take every opportunity to provide relevant

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up-to-date information, guidance and support to enable fathers to be actively involved in the maternity care of their partner and infant. This will promote a positive pregnancy, birth and parenting experience for both the mother and father.

Top Tips for involving fathers in antenatal care

- **Acknowledge that most women want their partners to be involved in antenatal appointments, scans and classes. Use these opportunities to involve and interact with him.**
- **Provide images of fathers in your antenatal settings and appropriate men's interest magazines in waiting areas.**
- **Encouraging the woman to attend the booking in or another early antenatal appointment or consultation with her partner can 'give him permission' to learn about becoming a father and supporting his baby's mother.**
- **Make fathers feel welcome. Introduce yourself and greet him by his name. To help remember his name, document his name and any preferred name as well as his contact details in his partner's hand-held maternity notes.**



- Even if he is not present at an appointment data protection laws allow the woman to give information to be recorded in her notes. You may also want to send information home for him, such as the Family Origin questionnaire and be able to contact him in an emergency, if you have his contact details.
- Recognise that there will be a need for some flexibility to enable easier access to antenatal care and meet individual women's choices. Consciously try to make appointments and home visits when the father can be there.
- Give plenty of notice for appointments – most men will attend appointments if they are given enough notice and they believe their presence is valuable.
- Be polite and offer him a chair as well as his partner so that he feels involved in the antenatal consultation, scan or class.
- Sometimes a woman may want to see you on her own or you may have identified a need to see her on her own; so there is a need to be sensitive, to pick up on these cues and to try to find an opportunity when the woman can speak to you on her own. Most fathers will be very understanding if you wish to speak to the mother on her own for a short while – and some may welcome an opportunity to speak to you on their own too, if it is offered.
- When you ask questions such as whether the mother is happy about the pregnancy and whether the pregnancy was planned, ask this of both parents and document their responses: you may pick up very useful information including identifying risk, and help the couple begin the process differences in expectation and readiness.
- Document health advice and information given to both the mother and father.
- Encourage attendance and include fathers – individually or as part of couples' classes – more in parenting education and in discussion around health issues, including smoking, breastfeeding and postnatal depression.
- Publicise and schedule antenatal education to increase fathers' attendance. It is best specifically to advertise these services to 'mothers and fathers' and to avoid using the term 'parent' which is commonly understood by both men and women to mean mothers.
- Recognise in your antenatal sessions and other interactions with parents that fathers' concerns and experiences may differ from mothers', and provide opportunities to address the needs of both, either separately or together.

- Ensure that the father understands when labour is sufficiently advanced to make hospital attendance necessary; an anxious father can hurry his partner to the hospital earlier than necessary.
- As well as focusing on the positive aspects of childbirth and parenthood, routinely include information on operative vaginal delivery and caesarean section in antenatal classes.
- Actively prepare the father to be a helpful and knowledgeable birth partner, understanding his role in the labour room and the way in which he can be useful; this will include understanding the different stages of labour so he can offer appropriate support during each.
- Be sensitive to the needs and concerns of both expectant parents, to relieve any fears, stress and anxiety.
- Note any conflict or disagreement and have information about support for relationships.

Top Tips for involving fathers in intrapartum care

- Document and respect the expectant mother's wishes as to who will be her birth partner during labour – in the majority of cases this will be the father but sometimes it can be a female partner, mother, sister or a friend.
- The father's wishes should be respected. If he decides that he is not the best person to support his partner, offer an opportunity to discuss his reasons and why he feels another member of the family would be more suitable.
- Make fathers feel welcome and use their preferred name.
- Encourage fathers to take an active role during the birth.
- Encourage fathers to use techniques such as relaxation and massage appropriately to assist their partners to cope effectively, if this is what she wants.
- During the birth discuss the care and inform fathers of any complications.
- Fathers should be the main care provider during mother-baby separation.

Top Tips for involving fathers following birth

- Support fathers to support their partner and their baby.
- Encourage skin-to-skin contact with the baby to promote bonding and development.
- Make opportunities to explore and discuss both the mother's and father's experiences of childbirth and early parenting.
- Provide information, support, guidance and reassurance to both parents at regular intervals.
- Assess the health and wellbeing of both the mother and father during the early postnatal period.
- Provide health education to both parents which covers general health and wellbeing advice such as a nutritional diet, exercise, rest and relaxation, healthy lifestyle habits and contraception.
- Discuss breastfeeding benefits and issues with both the mother and father and ensure the father as well as the mother knows who to contact if the going gets tough.
- If the mother decides not to breastfeed, ensure both parents have the skill to safely prepare formula.

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- Ensure both parents have knowledge and skills to undertake baby care activities and understand how the baby benefits when both do this work.
- Raise awareness and be alert to the risks that are recognised to pre-dispose fathers to postnatal depression, post-traumatic stress and obsessive compulsive behaviours and use of violence.
- Develop clear postnatal referral pathways for both parents if any of the above are suspected or identified.
- Make opportunities to involve other family members to support both the parents during the transition to parenthood.



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