

# **Fatherhood in Midwifery and Neonatal Practice**

**Note**

*Healthcare practice and knowledge are constantly changing and developing as new research and treatments, changes in procedures, drugs and equipment become available.*

*The editors and publishers have, as far as is possible, taken care to confirm that the information complies with the latest standards of practice and legislation.*

# **Fatherhood in Midwifery and Neonatal Practice**

*by*

**Kevin Hugill and Merryl Harvey**



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# Foreword

Becoming a father is a major life event, leading to a new aspect of individual identity, and new roles and responsibilities. It is a job for life. The transition to parenthood and becoming 'a father' presents a window of opportunity for support and intervention where health professionals have a positive role to play. This book is aimed at midwives and those working in neonatal care in the course of training and in practice. There is no absolutely right way of providing help and support, but understanding the practical and emotional needs of parents, particularly fathers, and helping them to find their own way and a new equilibrium in what for many is new territory, is now recognised as integral in engaging couples and parents and in supporting families.

The psychological, social and practical issues associated with fatherhood are multiple and the construct itself is many faceted. When does being a father begin? Is it when planning a pregnancy, seeing the results of a pregnancy test, seeing the changes in one's partner, seeing the ultrasound images of the baby, or being present for labour and birth? Adjustment and readjustment take place over time and while the first scans often bring home the reality of a developing baby, they do not necessarily invoke the reality of becoming a 'father'. 'Being there' for many fathers is critical, but we need to be aware of attitudinal and cultural differences that have to be taken into account when working with families.

For some the connection and change in self-image and identity occurs much later, when they hold their new baby and their baby looks at them (Nugent et al, 2007; Brazelton and Nugent, 2011). The power and excitement of meeting the new baby for the first time in this one-to-one way is profound for many fathers and is something that is looked back on with enjoyment and pride.

It is important that established health professionals working in the perinatal field and those in training are able to 'put themselves in the shoes' of fathers and their partners and to see things from a different perspective. This book will enable those working in these specialities to appreciate the context of modern fatherhood, the emotional responses and impact it brings, and the individual differences that are part and parcel not only of responding to such a life-changing event but also adapting to a family life that has become more complicated.

In interacting with parents it is really important always to hold in mind whose baby it is. While in the past fathers were commonly relegated to the corridor, waiting area or corner of the delivery room and expected to just accompany mothers to the neonatal unit, it is now recognised that for the wellbeing and future of mothers,

babies and fathers, a positive inclusive approach needs to be taken (Ramchandani et al, 2005; Royal College of Midwives, 2012a, b). Health professionals have an active role to play in responding to the needs of both parents, in information-giving, building confidence and reflecting back to fathers' and mothers' positive images of themselves and their role as parents. Where families are vulnerable, disadvantaged, or the baby is sick, staff need to manage their assumptions, adjust their responses and expectations, and respond to individual needs and circumstances.

The writers of this book are highly experienced and empathic health professionals, who are also researchers, with studies that have involved listening and talking to fathers directly. This involvement is what led to recognising and responding to the need for the present volume in which fathers are seen from a 360 degree perspective. Valuing fathers and their role underpins the whole approach taken, and, supported by both evidence and theory, this book will inform both established practitioners and those in training in an insightful way that can only lead to better and more family-centred practice and care (Staniszewska et al, 2012).

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# Introducing fathers and fatherhood

*Kevin Hugill and Merryl Harvey*

## **Introduction**

This book considers fatherhood, an issue of considerable relevance to midwives and neonatal nurses and yet one that has been, to date, largely ignored. The inspiration for this book arose out of our prolonged and extensive contact with fathers in many areas, including care delivery, service management, education and research. We believe that a father's contributions, needs, expectations and wishes should be acknowledged and embraced and that they deserve a higher profile within midwifery and neonatal practice. We seek to arrive at an appreciation of fatherhood and what fathers themselves experience during pregnancy, childbirth and the early postnatal period.

In this book, we aim to link theory, research and practice together in an informative and authoritative, yet accessible and relevant way. Of particular note and relevance to this endeavour is our use of summary key points and case histories based upon real-life events together with reflective questions and exercises within each chapter. These serve to support readers in integrating the material in each chapter into their everyday experiences and practice. In so doing, we challenge some of the prevailing beliefs, myths, understandings and ideas about fathers and fatherhood, particularly in relation to midwifery and neonatal practice.

The roles of fathers in families, and men and women's expectations of fatherhood, have undergone considerable change in recent years (O'Brien, 2005; Brannen and Nilsen, 2006; Equal Opportunities Commission, 2006; 2007). Fathers in midwifery and neonatal care environments can offer a unique perspective into these changes and how they inform and shape midwifery and neonatal practice. Steen et al (2011) carried out a metasynthesis of 23 international English language qualitative research papers concerning fathers' experiences of maternity care. They concluded that when fathers seek to engage with maternity care services and healthcare professionals they are viewed as neither patient nor visitor. Consequently, fathers remain somewhat isolated and seemingly inhabit an undefined emotional and physical space between that of unencumbered visitor and engaged participant. This indeterminate identity is a source of much angst for fathers and healthcare professionals alike and may help explain the source

of fathers' reported marginalisation, exclusion and dissatisfaction. Much study relating to men's roles and expectations around pregnancy, birth and childcare has continued to view men as peripheral and supporters of mothers (Draper, 2002a, b; Finnbogadóttir et al, 2003) rather than as equal participants. However, despite men's relative invisibility, expectant fathers exert considerable influence over their partner's choice of birth place (Bedwell et al, 2011) and baby feeding decisions (Pontes et al, 2008; Sweet and Darbyshire, 2009).

In more general terms, the focus on fathers and fatherhood is becoming stronger (Friedewald et al, 2005). Fatherhood is an increasingly topical subject for the media, researchers, user groups and policy makers (Department of Health, Department for Education and Skills, 2004; Mander, 2004; Burgess, 2006; World Health Organization, 2007). This attention is in sharp contrast to the recent past when parenting research focused almost exclusively on mothers and, as a consequence, fathers have, to date, been under-represented in the parenting literature (Lewis and O'Brien, 1987; Burghes et al, 1997; Pruett, 1998; Barclay and Lupton, 1999; Macfadyen et al, 2011). When conducting a literature search, it soon becomes apparent that many research studies appearing to investigate 'parenting' issues do not, on closer scrutiny, include fathers (Condon and Corkindale, 1998; Levy-Shiff et al, 1998; Hess et al, 2004). Studies that do involve fathers often only include a small number in comparison to the number of mothers. Indeed Pruett (1998) makes the interesting but unsubstantiated suggestion that, in the context of research and other related literature, the word 'parent' means 'mother' 75% of the time.

There are a number of possible reasons for this under-representation of fathers. Until the recent past, limited information was documented about a child's father, particularly if the parents were not married. Even if the details were known, fathers were usually less accessible to researchers (Jackson, 1983; Lewis and O'Brien, 1987; Macfadyen et al, 2011), primarily because maternity and early childhood services were almost exclusively mother-focused. Patterns of work in paid employment might also have meant that some fathers were difficult to access. It is also probably the case that fathers were deemed less important than mothers in relation to a child's wellbeing or indeed, that fathers did not have needs or experiences that were worth investigating. As a consequence any father involved in parenting research in the past tended to be recruited via the mother, almost as an afterthought. In the past few years, the balance has begun to shift and the significance of fathers is gradually being recognised, particularly in relation to the perinatal period and a child's long-term wellbeing, albeit that the current focus on fathers is often presented as pathologising them in terms of the detrimental impact

of the absent or uninvolved father (Jackson, 1983; Westwood, 1996; Burghes et al, 1997; Sullivan-Lyons, 1998; Torr, 2003; Mander, 2004).

## **Why are fathers important?**

The involvement of fathers in the lives of their children has long-term social and economic benefit not only for the fathers themselves but also for their children, their partners and society in general (Burghes et al, 1997; Beardshaw, 2001; Friedewald et al, 2005; Allen et al, 2007; World Health Organization, 2007). More specifically, it is often argued that a father's involvement promotes not only a child's physical and emotional wellbeing and social development, which in turn, is associated with a reduced incidence of criminality, antisocial behaviour and substance abuse; but also a child's better educational achievement; improved interaction and empathy with others; and higher levels of self-esteem (Vandenberg, 2000; Lewis and Warin, 2001; Allen et al, 2007; Schoppe-Sullivan et al, 2008; Department of Health, 2010). However, it should be noted that not all of the literature making these claims provides statistical evidence to substantiate a correlation between the involvement of a child's father and these factors.

One way of determining the impact of father involvement is to compare children of fathers with and without depression; the assumption being that fathers with depression would be less directly involved in the lives of their children. In a population study of childhood, paternal depression was found to influence a child's behaviour; boys aged 3.5 years of fathers with depression showed more conduct and hyperactivity problems than boys of fathers without depression (Ramchandani et al, 2005). However, the assumption that paternal depression equates with less involvement may not be correct. It should also be noted that the study found gender differences whereby changes in the behaviour of girls were less apparent. It can therefore be seen just from this example, that the impact of father involvement is multifaceted and much more complex than it may initially seem. The intricacies of a father's involvement in the perinatal period will be explored in more detail in the following chapters.

## **The drive to engage fathers**

An increasing number of initiatives in the UK over recent years illustrate the drive to include fathers more readily in the lives of their children. Pregnancy, childbirth and early parenthood have been recognised as being appropriate time-points to capture a father's involvement. Fathers who are involved during pregnancy are

more likely to maintain their involvement after the birth (Burgess, 2008). With the increasing absence of the extended family, fathers are also usually the main source of support for mothers during the perinatal period. This therefore provides an ideal opportunity to engage and involve them (Pruett, 1998; McVeigh et al, 2002; Chief Nursing Officers of England, Northern Ireland, Scotland and Wales, 2011).

Whilst the focus of many recent initiatives is on the more general provision of maternity and early childhood services, they also include strategies to engage and involve fathers. For example, the National Service Framework (NSF) for Children, Young People and Maternity Services emphasises the need for greater involvement of fathers at all stages of a child's life (Department of Health, Department for Education and Skills, 2004). Suggestions about the ways in which this could be done include ensuring birth environments are welcoming to fathers and the provision of support for fathers when problems develop during pregnancy and/or when a newborn baby is ill (Department of Health, Department for Education and Skills, 2004). Other examples of initiatives include the National Institute for Health and Clinical Excellence (NICE) guidelines for postnatal care which identify the need to enable both mothers and fathers to nurture their baby (NICE, 2006), and the Royal College of Midwives' (2012) *Reaching out: Involving fathers in maternity care*, which identifies strategies to involve fathers from pregnancy to fatherhood.

A range of other initiatives over the past decade has emphasised the need to engage and involve fathers (Department of Health, 2007, 2010; Department for Children, Schools and Families, Department of Health 2009; Chief Nursing Officers of England, Northern Ireland, Scotland and Wales, 2011). Probably one of the most important of these was the 'Sure Start' scheme which was set up to combat social exclusion, address problems associated with child poverty and to promote parental involvement (National Audit Office, 2006). By 2010, 3500 Sure Start Centres were supporting and empowering families in the UK (Department of Health, 2010). As the drive to involve fathers has gathered momentum, at least a passing reference to the father has now become evident in almost every initiative or directive relating to pregnancy, childbirth or early parenthood. However, whilst the intent may be apparent, the extent to which these proposed initiatives and strategies have been implemented or had any impact on service delivery, healthcare professional attitudes and practice, or individual families is unclear.

These initiatives are not just one-sided attempts to require service providers or individual healthcare professionals to involve fathers more readily, many also emphasise the importance of fathers acknowledging their responsibilities; an approach that many fathers would embrace (Fatherhood Institute, 2008).

However, other fathers may view this as a step too far and regard some of the strategies outlining their responsibilities as being retaliatory. For example, the Child Support Act 1991 highlights the financial responsibilities of fathers, and the Criminal Justice Act 1991 outlines the accountability of both parents for a child's behaviour (Burghes et al, 1997). The current drive to increase the number of fathers documenting their name on their child's birth registration (Department for Work and Pensions, 2008) may also be regarded by some fathers as being punitive. Whilst the Fatherhood Institute (2008) attests that most fathers welcome this move, it could be argued that this organisation might not be representative of all fathers.

It is not just Government directives that have highlighted the importance of fathers. User groups have also taken the opportunity to drive forward recognition of the need to facilitate paternal involvement and they have given particular attention to the provision of maternity and neonatal services (Fatherhood Institute, 2008; Bliss, 2009). Recommendations include the provision of facilities enabling fathers to stay with their partner after the birth, more inclusive parentcraft classes and the adoption of a truly family-centred philosophy of care (Fatherhood Institute, 2008; Bliss, 2009). However, some of these suggestions have stimulated debate, particularly among midwives (Fisher, 2008; Fyle, 2008), some of whom feel proposed strategies could compromise care and in some instances put mothers and babies at risk (Fyle, 2008). It would appear, therefore, that there is sometimes dissonance between the perceived needs of fathers and those who are responsible for service delivery. Despite this contention, the drive to involve fathers more readily is evident.

Over time the roles and responsibilities of fathers have fluctuated. During the past few decades, the balance has changed again and fathers now usually play a more active role in the lives of their children than did their own father or grandfathers. The increased involvement of fathers is particularly evident in relation to childbirth whereby their presence and participation in their partner's care is now usually expected (Burghes et al, 1997; Shulman and Seiffge-Krenke, 1997). Many men are also now involved in the care of their children (Macfadyen et al, 2011) and an increasing number are their child's primary carer (Beardshaw, 2001). This increased involvement has become regarded as being the 'gold standard' or an essential feature of the 'new' father. Research, government policy and the mainstream media have given aspects of 'good' and 'bad' fathering much attention in recent years, with a strong emphasis on the negative effect of absent or negligent fathers (Jackson, 1983; Burghes et al, 1997; Sullivan-Lyons, 1998; Torr, 2003; Mander, 2004). However, classification of fathers in this way has been

criticised as being too polarising because the majority of fathers adopt the middle ground (Lewis and Warin, 2001). Whilst most men would welcome opportunities to be more involved in their child's life (Henwood and Procter, 2003; Torr, 2003; Gregory and Milner, 2011) this can present challenges. The reconfiguration of families, and cultural, work and financial pressures mean that some men are less involved in their child's life than they would like to be.

The decline of effective fatherhood role models in society has also been noted as an influential factor for both men and women in determining their view of fatherhood (Condon et al, 2004). Perception of the father role is usually shaped in a direct way by people's culture, age, experiences, beliefs and the expectations of their family and friends (Peterson, 2008). In addition, a woman's negative experience of being fathered may make her less inclined to encourage the involvement of her child's father. Consequently, whilst the 'new' father may be evident in some families, the more traditional aspects of the father's role may persist in others (Lewis and O'Brien, 1987; Burgess, 1997; Lupton and Barclay, 1997).

## **Layout of this book**

Each of the following chapters explores a particular focus on fatherhood. Key points, case histories and reflective activities are included to encourage readers to reflect upon their own practice and to embed the material in this book into their everyday work. *Chapters 2 and 3* develop the context for much of our subsequent discussion. In *Chapter 2*, fatherhood is defined and key factors that have influenced the way the roles of fathers have changed and evolved over time are explored. *Chapter 3* introduces some of the ideas about men's transitions to fatherhood, how men make emotional connections to their children and bring together their (and others') preconceptions with everyday realities. In this chapter we seek to reconcile everyday realities by considering fatherhood in less favourable circumstances. Two examples illustrate some of the complexities and challenges, specifically in mental illness and depression, and young fatherhood.

The impact of fathers being present during normal and complicated childbirth forms the focus for *Chapter 4*. In this chapter we explore some of the key drivers and strategies to promote greater father involvement in childbirth and look at how these have changed over time. We also explore the experiences of fathers of being present during the resuscitation of their baby at delivery.

*Chapter 5* moves beyond the period of birth and looks at fathers in the postnatal period. Continuing our theme of fatherhood in normality and in less common circumstances we consider fathers' experiences in neonatal units in

contrast to fatherhood in general. In particular we focus upon the stresses and emotional responses of fathers as they seek to reconcile their prior expectations of fatherhood with the everyday realities that they face.

The final chapter reviews the key themes highlighted within this book. We look to the future both in relation to practice and increasing the involvement of fathers in parenting research. We draw together the research, policy and governance literature and make it relevant to practice. The reflective exercises in this chapter ask readers to consider the effects of their own experiences, values and belief systems on their interactions with fathers before posing the difficult question about whose business it is to support fathers anyway?

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