



## **NCT Briefing: Involving Fathers in Maternity Care**

**This briefing sets out the NCT policy on involving fathers in maternity care. It includes recognition of the role and needs of fathers, as an individual, as a partner and in relation to their child. It addresses involvement during pregnancy, birth and the early weeks of parenthood, access to services, provision of information and personalised support.**

### **NCT policy**

- 1. Professionals and voluntary bodies working with families should actively engage with expectant fathers, recognising their role, contribution and needs during pregnancy, childbirth and the postnatal period.**
- 2. Professionals and voluntary bodies should acknowledge that parents sometimes live in separate households and some families involve same-sex parents and/or stepparents. Positive involvement of fathers living separate to the mother should be encouraged wherever appropriate.**
- 3. All men expecting a new baby, as well as all pregnant women, should be able to attend an antenatal class that will address their needs as a father, as well as their needs as a couple. The classes should be accessible and welcoming, offering the chance to meet other expectant fathers and couples, to share experiences and ideas, get information about what influences different kinds of birth and feeding, and what the consequences may be.**
- 4. Innovative schemes to embed learning and acquisition of information into antenatal care should be developed. Group-based sessions involving discussion and sharing of information, which seem likely to be valued by parents and cost effective, should be tested with government support for both development and rigorous qualitative and quantitative evaluation.**
- 5. Maternity services should address the health behaviour of both parents as part of their routine engagement with the expectant mother. Fathers should be given information and support about smoking, alcohol/drug use and mental health.**
- 6. Transition to parenthood courses, drop-in sessions, buddying schemes and helplines which offer support to expectant fathers should involve more experienced fathers as positive role models. Both mothers and fathers should feel able to share their feelings, experiences and ideas about becoming a parent and their changing relationship in a safe environment. Single-gender or single-role support / sessions should be made available.**
- 7. All hospitals and birth centres should provide an environment for birth where the mother and father feel valued, and the facilities are comfortable and clean,**

**providing privacy and security. Provision should be made for fathers to stay overnight where possible. Visiting hours should be flexible to allow fathers to stay with their partner and baby for a period after the birth, and to enable them to be present when information is given about postnatal health and baby care.**

- 8. Birth centres, which specialise in normal birth, are an ideal setting for developing family-friendly policies and additional services to fully involve fathers and other family members, such as over-night accommodation, double beds, kitchen facilities where brought-in food and drinks can be prepared, and play areas for older, supervised children.**
- 9. Midwives and health visitors providing postnatal care should ensure that fathers are involved and given opportunities to discuss any questions or concerns they may have, making them welcome and ensuring that both parents and have their contact details so that they also have the flexibility to make contact separately.**
- 10. Any fears expressed by mothers, grandparents or others regarding a father's involvement must be taken seriously. When there are concerns about a child's safety, decision-making about parental access and involvement should take into consideration individual circumstances so that whenever it is appropriate, fathers are supported to be involved in their child's life. In this context we back projects that provide support for 'vulnerable' father to help them maintain a caring relationship and make a contribution to their child's development.**

## **Introduction and background**

The birth of a first child marks a fundamental change in life involving new responsibilities, changing roles and relationships. The changes for men when they become fathers have been paid relatively little attention by policy-makers and service providers, compared with the focus on women as mothers, and the impact and importance of motherhood. There is still a strong cultural sense that being a parent is more central to women's lives than to men's, whereas the role of breadwinner is still paramount for men.

Despite this tendency, the role of fathers has been changing. Many men anticipating becoming a dad for the first time want to be a different kind of dad from the one their own father was, including being more involved with their children's day to day lives and emotional needs.<sup>1</sup> A literature review found that generally men felt very positive about having a child and the new identity that it gave them. They wanted to spend time with their family and be actively involved in caring for their baby.<sup>2</sup> However, the review highlighted that men experience a lack of positive role models and a lack of support for their role as a father.<sup>3</sup> Some studies suggested they felt less confident than their partner in carrying out practical childcare tasks, an issue that has been explored by Lewis, who highlighted how men could be actively excluded by their wives,<sup>4</sup> and Burgess, who emphasised the double standard whereby fathers are expected to be involved but not autonomous or challenging of the mother's way of doing things.<sup>5</sup>

Burgess referred to the Cowans' work which showed that fathers who were given space to find their own way of doing things were less likely to be depressed than other fathers and also developed a strong connection to their baby.<sup>5</sup> Other studies have shown reluctance on the part of some men to get fully involved. One study showed that men tended to see childcare as primarily the woman's responsibility<sup>6</sup> and another found that 1 in 5 fathers were hostile to their partner's pregnancy, seeing more disadvantages of having children than benefits, including disruption, more demands and additional costs.<sup>5</sup>

Fathers' involvement in the earliest months of a child's life is thought to influence later child outcomes. There is strong evidence that early involvement of fathers has significant benefits for children's social, emotional and intellectual development and wellbeing. Children who have

'secure, supportive, reciprocal and sensitive' relationships with their fathers and mothers are more likely to be psychologically well adjusted than children who have less satisfying relationships with one or both of their parents.<sup>7</sup> They are also likely to do better at school, to engage in less antisocial behaviour and have more successful intimate relationships.<sup>7,8</sup>

This briefing provides information on ways that health and social care professionals and NCT specialist workers can acknowledge the experiences and needs of fathers during pregnancy, birth and the postnatal period, and how we can all plan services to include fathers fully and take their perspectives into account.

## **1. Professionals and voluntary bodies working with families should actively engage with expectant fathers, recognising their role, contribution and needs during pregnancy, childbirth and the postnatal period.**

Both statutory and voluntary services have an important role in supporting parents-to-be. Use of the health services and parents' desire for information and support during pregnancy and afterwards means that the perinatal period provides a unique opportunity for engaging with fathers as well as mothers. The health and wellbeing of the mother and baby are the central priorities of the maternity services. Working with fathers can be supportive for the whole family.<sup>7</sup> Fathers' behaviour during pregnancy and after the birth is known to have a powerful influence on mothers' and babies' health and wellbeing. Fathers need to feel valued and that they have the necessary knowledge and skills to support their partner and take care of their baby. The opportunity to spend time with babies, and involvement in baby care, is likely to improve men's confidence as a father.<sup>7</sup>

The time of birth is described by the Fragile Families and Wellbeing Study (FFCWB) as a "magic moment" for intervention.<sup>8</sup> During pregnancy, fathers, like mothers, are more receptive to giving and receiving information, advice and support. When fathers are confident and informed, they are found to be more supportive to their partner, resulting in a better birth experience for the mother. Both mother and baby tend to have better health and emotional outcomes when the father is involved perinatally.<sup>9,10</sup>

Government, the NHS and voluntary sector services have been criticised for paying lip service to fathers' needs and experiences by referring to 'parents' or the importance of being 'family friendly' when often services, information or attitudes really apply only to mothers.<sup>11,10</sup>

Research has shown there is a lack of awareness among health professionals and parent educators on the value of fathers' active involvement in pregnancy and birth, the issues men face during the antenatal and postnatal period and their experiences and feelings about birth and baby care.<sup>11</sup> A review of fathers' engagement with public services relating to children and young people's health found that fathers were often the invisible parent, not actively contacted or engaged by services.<sup>12</sup>

In 1998 the NCT carried out a major piece of research on new parents' experiences and views, including their access to information and support during pregnancy and when their baby was a few months old. Known as the Access project, the study involved a broadly representative sample of expectant fathers (N=817) recruited via their pregnant partner whose name was on a large commercial database. Ninety-four percent were white, two thirds were aged between 25 and 34, and around 60% were expecting their first child. The analysis looked in particular at men who were first-time fathers, and those who were aged under 20 years (n=16), from ethnic minority groups or from social classes IV and V. About 3-5 months after their baby was born 463 out of the same sample returned a follow-up questionnaire.<sup>13</sup>

Two thirds of the men felt involved 'completely' or 'quite a lot' in their partner's pregnancy and pregnancy care (71% of first-time fathers). Two thirds felt they were involved about the right amount, however, a third would have liked more involvement. Only two men wanted less involvement. Men who would have liked more involvement most frequently cited the barriers as being appointments at inconvenient times coupled with difficulties taking time of work, and feeling uncertain about whether

they would be welcome. Of those who had been to appointments with a midwife, obstetrician or family doctor around half to two thirds felt that they were made to feel welcome and fully included in the discussion. A third felt the conversation was centred mainly around their partner rather than including them and a quarter said that the doctors didn't listen to them or encourage them to ask all their questions. Ratings for midwives were a little more positive.<sup>13</sup> The study concluded that men played a key role in supporting their partner, as well as having their own needs, yet they felt uncertain about whether they would be welcome at antenatal appointments.<sup>14</sup> Further research is needed to show how the extent to which behaviour of health professionals providing maternity care, and the attitudes of expectant and new fathers, have changed in the last decade.

In a non-systematic review, Burgess made a strong case for the argument that men's attitudes and behaviour in relation to their children and 'family work' have changed significantly in recent years.<sup>15</sup> She quoted work by Fisher et al, 1999 which suggested that care of infants and young children by fathers in Britain 'rose 800% between 1975 and 1997, from 15 minutes to two hours on the average working day'.<sup>15</sup> Interestingly, the time mothers spent on childcare also increased significantly (400%) indicating that looking after children is becoming a more conscious focus of activity.<sup>15</sup> As a proportion of all childcare, fathers in the UK are estimated to carry out 25% of the work during the week and one third at the weekend, though this increases to one third across the week where both parents work full-time.<sup>16</sup>

It is important that those providing services are responsive to shifting cultural patterns and use opportunities for involving men right from the start of their children's lives in a positive way.

## **2. Professionals and voluntary bodies should acknowledge that parents sometimes live in separate households and some families involve same-sex parents and/or stepparents. Positive involvement of fathers living separate to the mother should be encouraged wherever appropriate.**

Fifteen per cent of babies in The Millennium Cohort Study were born to parents who were not co-resident.<sup>17</sup> This is more likely when the parents are very young or the baby was not planned. Two thirds of these fathers are described as 'friends' or 'romantically involved' by mothers. Almost a third of those who are not living together at the time of the birth have moved in together by the baby's first birthday.<sup>17</sup> These findings support Parke's finding that many unmarried parents are strongly connected to each other; mothers want the assistance of fathers in raising their children and fathers want to be part of their children's lives.<sup>18</sup>

One qualitative study of the views and experiences of young parents' from poor and disadvantaged backgrounds who 'planned' a baby showed that young fathers, like young mothers, had positive hopes for their child's life and a desire to compensate for difficulties in their own up-bringing including, for young dads, their own lack of a 'father figure' and wanting to be there for their child. However, they had less input in the 'planning', and also more likely to regret the decision to become a father.<sup>19</sup> The Fatherhood Institute emphasises that evidence is growing that non-resident fathers are becoming more involved with their children, and that 'a key question for policy makers is the extent to which the (non resident) father-child relationship should be supported.'<sup>15</sup> The NCT agrees that it is a priority to identify the circumstances in which non-resident father-child relationships can flourish and contribute positively to the child's well-being. The evidence is growing on the father's role in supporting their children's educational performance and good behaviour, and the potential for men to contribute towards (or impede) improved mother-child relationships.<sup>15</sup>

Studies suggest that when fathers who live separately are involved in maternity and postnatal care they are more involved as a parent. For example, non-resident fathers who attended the birth have higher involvement with their children than those who do not.<sup>20</sup> The Family Nurse Partnership Programme has demonstrated success in engaging teenage fathers, in caring for their babies and adopting healthier lifestyles for themselves and their children.<sup>21,22</sup>

- 3. All men expecting a new baby, as well as all pregnant women, should be able to attend an antenatal class that will address their needs as a father, as well as their needs as a couple. The classes should be accessible and welcoming, offering the chance to meet other expectant fathers and couples, to share experiences and ideas, get information about what influences different kinds of birth and feeding, and what the consequences may be.**

Fathers attending antenatal classes are shown to be more knowledgeable and better prepared for the birth and decisions about baby feeding choices. Fathers who have been prepared in ways of supporting their partner during labour and birth tend to be more active participants, and their partner's birth experience tends to be better.<sup>23</sup> Evidence suggests that women whose birth companions, including male partners, know about ways of coping with pain have shorter labours and are less likely to have epidurals.<sup>24</sup> In a study of 121 couples, Chan and Paterson-Brown reported that most fathers found the experience of supporting their partner during labour and birth rewarding and enjoyable, though they found operative births more traumatic. Men underestimated the extent to which their partners found their presence helpful and women underestimated their partner's sense of it being a positive experience.<sup>25</sup> Even where men have had only a minimum of preparation, studies suggest that both partners value having shared the experience of labour and birth.<sup>25</sup> Fathers' attendance at antenatal classes is associated with improved marital adjustment post-birth with mothers feeling better supported in terms of housework and baby care.<sup>26,27,28</sup> Fathers are shown to influence a mother's decision whether to initiate and/or sustain breastfeeding.<sup>29,30</sup> Studies have shown that being involved in the decision to breastfeed the baby, and being knowledgeable about the benefits of breastfeeding increases the likelihood of a positive attitude towards breastfeeding and mothers feeling more supported.<sup>31</sup> However consultations with parents about antenatal education found that parents thought the quality and consistency of education could be improved. In particular young parents and fathers reported feeling excluded by antenatal services.<sup>22</sup> An Australian study found that antenatal classes focussed on the medical aspects of birth and not enough on the social-emotional aspects, such as relationships, attitudes towards work and the male identity and coping with stress.<sup>11</sup>

Forty-four percent of men who responded to the NCT Access survey (54% of first-time fathers) were attending antenatal classes (40% run by a midwife or health visitor, 2% by NCT and 2% other). On the whole men who attended classes rated them fairly favourably, with half saying the information and learning about labour was 'very good'. However, almost a quarter said they were 'poor' on learning how to look after a new baby and a fifth rated them 'poor' for meeting new parents. Like women, many men attending NHS classes during the 1990s and more recently, would have liked a longer course with scope for more discussion and activities.<sup>13,32</sup> Men's feedback in 1998 included a desire for more input from experienced parents, more discussion of men's concerns, more on practical birth preparation such as trying out birth positions, and more on aspects of baby care like bathing and changing. When their partner was around 34 weeks pregnant, more than two fifths of men still wanted to find out more about:

- Maternity care choices
- Reasons for, and what to expect with an assisted delivery or caesarean
- Self-help methods for coping with pain during labour
- Postnatal depression
- Money and benefits
- Coping with lack of sleep
- Coping with the baby and other children, and
- The effect of having a baby on their relationship with their partner.<sup>13</sup>

The antenatal and postnatal questionnaires were also sent to men who attended NCT antenatal classes during May 1998 with additional questions about their views and experiences of NCT

classes. They rated NCT teachers' top three attributes as friendly, good at listening and knowledgeable and felt that the classes made them feel more confident about labour and birth (92%). They would have liked more focus on preparing for life after birth and looking after the baby.<sup>33</sup> Evaluation of antenatal classes led by NCT-trained workers for the NHS in Birmingham was highly positive. Looking back after the birth, eight out of ten parents said that the Preparation for Birth course had helped them feel more confident during labour. Attending an NCT-led course may also have encourage more parents to aspire to breastfeed exclusively for longer, rather than mixing breastfeeding and formula feeding. After the course, eight in ten intended to breastfeed, rather than mix breastfeeding and formula, compared with six in ten before.<sup>32</sup>

**4. Innovative schemes to embed learning and acquisition of information into antenatal care should be developed. Group-based sessions involving discussion and sharing of information, which seem likely to be valued by parents and cost effective, should be tested with government support for both development and rigorous qualitative and quantitative evaluation.**

The NCT believes that group work with expectant and new parents can be an effective way for parents to extend their social networks and make new friends. It can also provide opportunities for them to learn about aspects of pregnancy, birth, relationship changes and childcare, and to develop effective communication skills that make them more self-confident and better able to negotiate the challenges ahead. However, it is vital that groups are facilitated by practitioners with appropriate training. As well as needing knowledge and experience in physiological processes, service options, and the psychology of new motherhood and fatherhood, it is vital to have competencies in adult learning, listening and group facilitation skills, diversity awareness, and in accessing and evaluating evidence-based information.<sup>34,35</sup> By being in an informal, respectful, supportive learning environment with a group of other parents who meet regularly, expectant mothers and fathers can learn about themselves, and different ways of going about things. By interacting with others going through the same life-course phase, sharing stories, concerns and ways of coping, parents can become more self-aware and more resourceful. Sessions for separate gender groups are frequently used by NCT teachers and group discussion leaders and found to be a useful opportunity. However, realising the potential benefits of group work is dependent upon groups being small enough for all the parents to get to know each other, and on having adequate time for discussion. All too frequently antenatal courses provided by the NHS involve large numbers of parents and too few sessions.<sup>32</sup> There is an urgent need for different models of group work with parents to be funded and for evaluation using qualitative as well as quantitative methodologies in order to capture the essence of what really makes a difference.

Currently, attendance at antenatal classes is predicted by social class.<sup>36,37</sup> If there were more opportunities for learning and participating in groups with other parents of a similar age and background as a standard part of antenatal care, it seems likely that more expectant fathers and mothers would participate. One third of first-time fathers (37%) responding to the NCT national survey were not planning to attend antenatal classes, yet, many wanted more information, particularly younger men, those from ethnic minority groups and first-time fathers. The most common reason for not attending was that their partner was not planning to go to classes.<sup>13</sup> In addition, many could not get time off work (21%), so sessions should be offered at different times of the day, including in the evening and at weekends. Younger men also felt that they would be embarrassed and not 'fit in'. Groups designed for younger parents should be regarded as a priority to pilot and evaluate.

The Child Health Strategy outlines plans to develop a new antenatal and preparation for parenthood programme to help engage all parents.<sup>22</sup> It will seek to improve access to high quality antenatal education and support to help prepare parents for parenthood from early pregnancy onwards. A web based tool for fathers is currently in development, based on the success of the NHS Early Years Lifecheck tool, which gives parents easy to understand information and advice on area such as feeding, sleeping, babies' health and playing and learning. Fathers Direct have highlighted fathers' dissatisfaction with the kind of antenatal classes offered and information made

available to them.<sup>23</sup> To ensure programmes and services developed meet fathers' needs, fathers should be included from the outset. Research and evaluation of services must involve fathers as well as mothers.

**5. Maternity services should address the health behaviour of both parents as part of their routine engagement with the expectant mother. Fathers should be given information and support about smoking, alcohol / drug use and mental health.**

Pregnancy is a good opportunity to help mothers and fathers achieve better health for themselves and the health of their baby. It is a time in parents' lives where they are open to making positive changes to their behaviour.<sup>15,18</sup> Educating fathers as well as mothers on healthy behaviour during pregnancy and encouraging joint decision making in this area, seems likely to yield the greatest net impact on family health.

The dangers of expectant mothers' smoking are well publicised yet paternal smoking carries health risks to the baby, both in the womb and after birth. Heavy paternal smoking is associated with increased risk of early pregnancy loss, respiratory disease in babies and low birth-weight.<sup>38,39</sup> It is also directly linked with Sudden Infant Death Syndrome (SIDS) and contributes to ear infections.<sup>9</sup> Heavy smoking by either parent is associated with fussiness/colic in newborns. A Dutch national study found that excessive infant crying was found to occur more frequently among babies whose fathers (but not mothers) smoked 15+ cigarettes daily.<sup>40</sup> Fathers' smoking has also been identified as a risk factor for stopping breastfeeding independent of mothers smoking and other factors.<sup>41</sup> Growing up, children are significantly more likely to become smokers themselves if their parents smoke, perpetuating health inequalities caused by tobacco.<sup>22</sup>

Men, particularly those from lower socioeconomic groups are poorly motivated by mainstream smoking cessation programmes. However it is found that 'significant life events' can be a time of increased desire to stop smoking. Preparing to become a father is associated with spontaneous quitting and men who have become fathers are more likely to have quit preceding childbirth and still be abstinent one year thereafter.<sup>42</sup> A randomized controlled study of an intervention designed to reduce smoking in expectant fathers resulted in a 15% quit rate when the fathers were approached directly (5% when the mothers were addressed alone).<sup>43</sup> Similarly a US study<sup>44</sup> and Hong Kong study<sup>45</sup> focusing on expectant fathers and reduction in smoking both found double the quit rate in the intervention group compared with controls.

As with smoking, the dangers of excessive alcohol consumption by expectant mothers to the unborn baby are widely publicised. However excessive paternal drinking carries risks to both the mother and baby. Expectant mothers are four times more likely to have consumed alcohol if the father has a drink problem<sup>46</sup> and fathers who are opposed to the mother's intention to stop drinking influences her ability to stop.<sup>47</sup> Heavy alcohol use by fathers is associated with negative feelings and less sensitivity towards the baby<sup>42</sup> and poor bonding between the mother and baby.<sup>48</sup>

The impact of substance misuse on children and families can be significant and long-lasting, but has previously been underestimated. Parental drug use limits the capacity for effective parenting as well as causing children a wide range of health and developmental problems. Children of parents who have problems with substance misuse can suffer from specific harms such as abuse or neglect, emotional insecurity, behavioural problems and long-term developmental problems; separation from parents, including removal to local authority care which occurs in 60% of cases.<sup>49</sup> To reduce prenatal harm to children, the Government is encouraging closer working between substance misuse treatment services and maternity services to provide better support to pregnant women and their partners.<sup>49</sup>

**6. Transition to parenthood courses, drop in sessions, buddying schemes and helplines which offer support to expectant fathers should involve more experienced fathers, as positive role models. Both mothers and fathers should feel able to share their feelings,**

**experiences and ideas about becoming a parent and their changing relationship in a safe environment. Single-gender or single-role support / sessions should be made available.**

It is important to provide fathers with information and support after the birth of their child.<sup>50</sup> A study looking at postnatal support found that fathers attending classes before discharge and immediately after experienced significantly lower child related, parent related and total stress twelve months on.<sup>51</sup>

However a study on postnatal services for fathers found that postnatal classes and support services did not address fathers needs or experiences, and that there was a lack of appropriate role models for fathers to identify with.<sup>11</sup> Similarly, a review of children's centres found that although fathers believed the centres were an important source of support in raising their children, many felt there were fewer opportunities for fathers to engage than mothers.<sup>52</sup>

Having the opportunity to discuss concerns about life with a baby is important to men and women. Just over half of all the fathers in the NCT Access study felt that they provided, and also received, good or excellent support from their partner. However, almost half said that they did not really talk about their concerns a great deal with their partner. Their wider family was the next most important source of support for men. Men aged under 20 years were less likely than others to say they got support from friends, whereas men from ethnic minority groups and lower social class groups were more likely than others to say their friends supported them.<sup>13</sup>

**7. All hospitals and birth centres should provide an environment for birth where the mother and father feel valued, and the facilities are comfortable and clean, providing privacy and security. Provision should be made for fathers to stay overnight where possible. Visiting hours should be flexible to allow fathers to stay with their partner and baby for a period after the birth, and to enable them to be present when information is given about postnatal health and baby care.**

Research by the Department of Health has highlighted the importance of engaging fathers in maternity services, particularly during labour and birth and in the immediate postnatal period.<sup>53</sup> The Millennium Cohort Study found that almost all fathers attend the births of their children. Among the 85% of couples living at the same address, 93% of the fathers were present at the birth. Almost half of the 15% of fathers who were not living with their babies at the time attended the birth.<sup>54</sup> However, considerable variation was found by geographic area, social class and ethnicity. Fathers' non-attendance at the birth seems to be an indicator of social disadvantaged which carries potential implications for family functioning and child development over the longer term.<sup>54</sup>

A study by Hayward and Chalmers found that obstetricians greatly underestimate the psychological boost fathers give to their partners during delivery, as well as the practical support they provide during labour and post-birth.<sup>55</sup> Research by the Fatherhood Institute found that 70% of men and women agreed that fathers should be able to stay overnight in hospital with their partner when their baby is born. In many parts of England maternity services are being encouraged to find ways to allow fathers to stay in hospitals when their partners are on the labour wards.<sup>10</sup> The Government has recently updated best practice guidance to state that maternity units should have overnight facilities for partners of women in labour provided within or near the unit.<sup>56</sup>

Fathers taught the skills of caring for a newborn tend to be closer to their babies at the time and also later.<sup>7</sup> Fathers of four week old babies who were given brief training in baby massage were found to be more involved with their babies than a comparison group of fathers two months on. Also their babies greeted their fathers with more eye contact, vocalising, reaching and orientating responses, and showed fewer avoidance behaviours.<sup>57</sup> Fathers play an important role in breastfeeding initiation. A study found that when fathers were present for the preliminary feeding,

mothers rated them highly as a source of support and felt it helped to initiate successful breastfeeding.<sup>58</sup>

**8. Birth centres, which specialise in normal birth, are an ideal setting for developing family-friendly policies and additional services to fully involve fathers and other family members, such as over-night accommodation, double beds, kitchen facilities where brought-in food and drinks can be prepared; and play areas for older, supervised children.**

The NCT fully supports the Government's commitment that by the end of 2009 women in England will have a guaranteed choice of place of birth, including the opportunity to plan for a home birth, birth in a midwife-led facility or in a hospital obstetric unit.<sup>53</sup> Throughout the UK, since the change in policy focus in the early 1990s, there has been growing political support for the idea that women at low risk of complications should have their maternity care both provided and managed by midwives, and midwife-led birth centres have been one setting for midwife-led care.<sup>59,60,61,62</sup> Birth centres aim to provide safe, welcoming and personalised care, with fewer medical procedures. Hospital labour wards, where many women and babies have a higher risk of needing medical care and more develop complications, understandably focus considerable attention on identifying potential problems and either preventing them or treating them. It is vital that specialist medical services are available for those who need them, and care should be as personalised and respectful in busy hospitals as possible. In contrast, birth centres are able to focus considerable attention of the social and emotional needs of families as well as providing high quality clinical care for healthy women with a straightforward pregnancy.

The NCT would like to see the development of more birth centres with individual family rooms, double beds, kitchen facilities and domestic furnishing, so that men can spend as much time with their partner and new baby as they choose. The revised Health Building Note (HB21), which is due for publication shortly, has drawn on the NCT Better Birth Environment surveys and checklist and should be a useful lever for improving antenatal, birth and postnatal facilities in all settings.<sup>63</sup>

**9. Midwives and health visitors providing postnatal care should ensure that fathers are involved and given opportunities to discuss any questions or concerns they may have, making them welcome and ensuring that both parents have their contact details so that they also have the flexibility to make contact separately.**

It is known that impaired maternal mental health, including depression in the post partum period is detrimental to the baby's emotional, social and cognitive development. Similarly maternal mental health problems can have a negative impact on the couple relationship.<sup>10</sup> Fathers support is crucial to the mental health wellbeing of new mothers. A randomized controlled trial in Canada found that where depressed women's partners participated in 4 out of 7 psycho-educational visits, the women displayed a significant decrease in depressive and other psychotic symptoms.<sup>64</sup> Studies have shown that fathers can 'buffer' the negative affects of mother's depression on their baby.<sup>10</sup>

Father's depression is increasingly recognised as a cause for concern, with depression rates in new fathers estimated at around 7-30%.<sup>65</sup> A Danish study found that new fathers' depression rates were double the national average for men in the same group.<sup>66</sup> Paternal depression is linked to feelings of a lack of support from the mother, the quality of the couple relationship, disagreement about the pregnancy and infant related problems.<sup>65,67,68</sup> Professionals working with families therefore have a role in fostering the father-baby relationship and working with couples to reduce the risk of relationship breakdown.

**10. Any fears expressed by mothers, grandparents or others regarding a father's involvement must be taken seriously. When there are concerns about a child's safety,**

**decision-making about parental access and involvement should take into consideration individual circumstances so that whenever it is appropriate, fathers are supported to be involved in their child's life. In this context we back projects that provide support for 'vulnerable' father to help them maintain a caring relationship and make a contribution to their child's development.**

There is a perception of men as a threat to children, particularly non-resident fathers. This is an issue which must be taken seriously, particularly when mothers have concerns that their children may not be safe. There are also child safety concerns in families affected by domestic abuse. Domestic abuse has significant implications for the safety and wellbeing of both children and their mothers, particularly given that it is common for domestic abuse to begin or escalate during pregnancy and the postnatal period.<sup>69,70,71</sup> This topic is addressed in a separate NCT Policy Research Briefing.<sup>1</sup> Yet it is important to note here that in addition to the physical, psychological, behavioural and developmental impacts that exposure to domestic abuse can have for children and babies, men who are abusive to their partners are also more likely to abuse their children.<sup>69,72,73,74</sup>

The Fatherhood Institute believes that in addition to identifying the positive impact that fathers can have on child development, 'it is every bit as important to identify where father involvement has negative consequences for children and/or their mothers'.<sup>15</sup> However, their perspective, which might be seen to include a fathers' rights perspective, as well as addressing the impact fathers have on children and the need for 'adequate provision for mothers and children', leads them to turn the question around and discuss the issue of 'vulnerable fathers'. They say that fathers who are a known or perceived threat often have one or more of the following factors: a negative life history, current environmental stressors, personality difficulties including mental health deficits, young age at becoming a father, belong to a minority cultural group, low social support, non-residence with their children, substance misuse, low intelligence, disability, poor communication competence, low educational attainment and skills deficits, imprisonment, unemployment and feelings of failure as a breadwinner'.<sup>15</sup> This shows the strong association between relationship breakdown, social inequalities and deprivation. As children have a lot to gain from a secure relationship with a responsive father interventions designed to encourage and maintain fathers' involvement from birth should be funded and evaluated.

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<sup>1</sup> An NCT Policy Briefing on *Domestic abuse during pregnancy and the postnatal period* (HI1) is available from the NCT Campaigns and Public Policy Team, please email: [l\\_cunningham@nct.org.uk](mailto:l_cunningham@nct.org.uk)

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