

Fatherhood Support Program: Outline of Antenatal Sessions for Fathers: Adelaide Women's and Children's Hospital
Steve Sheehy. Date: 01/2006

Fatherhood Support Program

**Outline and Guidelines for Father's Antenatal Education Sessions:
(Women's and Children's Hospital and The Queen Elizabeth
Hospital Adelaide).**



Fathers Antenatal Education Format & Guidelines

Objectives of the Father sessions

1. Provide a context and environment for men to explore early parenting.
2. Provide a context and environment where men can explore fatherhood together.
3. Promote the unique role that fathers play in children/s lives. Maximise the opportunity to encourage men to take an active role in caring for their babies.
4. Identify any issues or concerns for men who are about to become fathers.
Acknowledge any concerns as important. Normalisation of issues associated with labour, birth and early parenting.
5. Provide opportunity to explore parenting roles and expectations of both the men and their partners.
6. Provide information and education about babies and early parenting.
7. Provide an opportunity and a voice for fathers to give feedback about their antenatal experience.
8. Provide an opportunity for men to see real babies and to talk with new fathers.
9. Discuss the father's direct role in attachment, including activities that promote quality interaction with babies.
10. Discuss ways to support partners including encouragement for partners to breastfeed, sharing the care of baby.
11. Discuss relationship issues: sex, effects of baby on couple relationship, new identities as parents, postnatal depression, financial pressures etc.
12. Give information about services available to parents.

1. Provide a context and environment for men to explore early parenting.

There is value in providing sessions specifically for men in that it communicates that men have a valuable role to play. It negates the idea that men are secondary in the parenting role and stresses the unique role that they play in both antenatal and early parenting phases.

The hospital, an environment that has traditionally been about mothers and babies provides sessions that are designed to engage men in becoming active parents by acknowledging and valuing the unique roles of both fathers and mothers.

2. Provide a context and environment where men can explore fatherhood together.

The sessions are designed in a way as to maximise the interaction between men in exploring fatherhood. Various questions are asked to the group to initiate thinking about parenting, the needs of babies and children and some of the traditional ideas about the fathers' role.

The men are encouraged to think about any differences that there are about father's roles today and those of our own fathers. This helps to identify any additional pressures that we may put on ourselves as well as on our partners.

3. Promote the unique role that fathers play in children's lives.

Discovering that as fathers we have an important unique role to play may help us to translate this understanding into actions that represent a more active involvement and richer interaction with our children. Often the focus on the supportive role that men play in parenting can also communicate that the father's role is a secondary one. Men have said that they feel 'out on a limb' or 'like a pimple on an elephant's bum'. This happens as a result of services being directed at women and babies without making those services relevant to men.

Language can have a huge effect on the way we communicate ideas. For instance the comment 'and dads are welcome too' communicates that it is not essential that they turn up. Using language that engages men is essential if men are to freely invest themselves into antenatal services.

Men need to feel that they have a direct relationship with their child and that the child needs their input. It is not enough to have fathers circling the mother/child relationship in the hope of being a good dad.

4. Identify any issues or concerns for men who are about to become fathers. Acknowledge any concerns as important. Normalisation of issues associated with labour, birth and early parenting.

Sessions need to be non judgemental. Often the facilitators can initiate open discussion and disclosure of concerns by giving examples of their own struggles as a new parent. This helps to normalise the idea that we are learning and that we don't need to know all the answers.

Careful listening to suggestions and ideas of group members by the facilitators helps group members to feel that their contributions are valuable to the group. Opening these contributions and ideas up to the rest of the group is a way of connecting the men with each other. For example 'how does that relate to the rest of you?', 'what other thoughts do any of you have about changing nappies?', 'I was really worried about bathing my baby the first time, does anyone else have any issues with that'?

5. Provide opportunity to explore parenting roles and expectations of both the men and their partners.

This is an important issue to discuss. Because traditional roles have supported the idea that mothers do most of the hands on work while fathers go about their business doing peripheral jobs, the result is that mums can get overwhelmed and exhausted attending to the needs of baby while dad does not engage in direct contact with baby and potentially can become alienated from their parenting role. Often men will have

unrealistic expectations of their partner excusing themselves from the day-to-day care of baby. It is important then to question men about how they intend to develop their own relationship with baby in the first weeks of life.

Encouraging fathers to take the time to attend to baby's needs reinforces the role that men play in developing a secure attachment with their baby. Rather than being task focused it is important to stress the type of interaction during tasks as being of significant importance to the baby's development. If men feel that they have a role in the child's development then we are more likely to engage in richer interaction. The nappy change becomes an opportunity to develop our relationship with baby. Eye contact, touch, vocalisation and play become the norm with such a focus.

6. Provide information and education about babies and early parenting.

Up until recently men have received much of the information about babies, pregnancy and birth through their partners. Though this is a legitimate approach it is worth thinking about the benefits of providing information directly to men. The sessions provide an opportunity to give information directly to dads and it can be clearly communicated that this is for them. This can be helpful to men empowering them to contribute information to their families. It is worth thinking about designing resources that are specifically aimed at fathers, this communicates the acknowledgement of the father's role as being important.

Providing information to fathers about the abilities and characteristics of the newborn receives a great response from the men. This is an opportunity to connect men with the needs of the baby and to discuss how the quality of interaction can have an effect on baby's development.

7. Provide an opportunity and a voice for fathers to give feedback about their antenatal experience.

Many men have remained quiet about their hospital antenatal experience and their experience post birth within the hospital. The sessions have provided an opportunity for men to voice their opinions, attitudes and concerns about how they have been

treated. This is also an opportunity for hospitals to respond to those concerns that may in the future affect policy and service delivery.

Already researchers have seen the sessions as an opportunity to gain some insight into the views of new fathers and 'fathers to be'. A recent study looking at pregnancy and alcohol use took advantage of the opportunity to talk to men and invite them to be a part of the study.

8. Provide an opportunity for men to see real babies and to talk with new fathers.

The advantage of running the sessions on postnatal ward is that new fathers with new babies can attend. This provides support for the new father and validates the importance of his role as well as giving the men in the group to experience first hand what it might be like for them in a few weeks. The midwife can talk about the characteristics of a newborn in a very real sense with group members observing for themselves the reality of what is being said.

Men from previous groups are invited back to join us with their 2-4 month olds. They can talk about their early parenting experiences and they can answer questions from the group. These men also feel a sense of contributing to and supporting other men's experience.

9. Discuss the father's direct role in attachment, including activities that promote quality interaction with babies.

The fatherhood support worker asks questions to the group that support the notion that fathers play a significant role in the emotional development of children. Discussion around how interaction during nappy changing, settling, bathing and play serve to promote healthy development and that these are activities that fathers can engage in with their babies from day one. Knowledge given about the characteristics and abilities of newborns is used to identify things that fathers can do to initiate and respond to the baby's developmental needs.

10. Discuss ways to support partners including encouragement for partners to breastfeed, sharing the care of baby.

Questions are asked about how men can support their partners when baby comes home. Breastfeeding is discussed and the midwife outlines the benefits to baby and mother. It is also stressed that one of the main determinants of successful breastfeeding is support from the partner.

It is also stressed that a father who is actively involved with the baby's day-to-day care provides support for their partners indirectly. It is also stressed that open and honest communication about our own needs and concerns as fathers and husbands is important in maintaining a successful supportive role.

11. Discuss relationship issues: sex, effects of baby on couple relationship, new identities as parents, postnatal depression, financial pressures etc.

During the session men are encouraged to raise issues that may affect their relationship with their partners. Usually one or two men are more open about this than others and their willingness to disclose and talk about these issues acts as a signal for others to be open about these issues as well.

Postnatal depression is an issue that comes up a lot and though men express their concerns for their partners it is as much about their uncertainty about their ability to cope with additional emotional pressure as it is about their partners ability to cope.

Becoming a parent is a huge step in our lives as men, we spend sometime exploring thoughts and feelings about this. We talk about how our social life can change after having a baby. Often old friends withdraw and new friendships are made with other parents.

12. Give information about services available to parents.

Information is given to the group members about a variety of services including Child and Youth Health, welfare services, fatherhood groups and services etc.

Models for working with men in antenatal

(These 2 models are currently being implemented at the Adelaide Women and Children's Hospital (WCH) and The Queen Elizabeth Hospital (TQEH))

All of the public hospitals in Adelaide currently provide antenatal education. The fatherhood support Program wanted to address the need to engage fathers in early parenting and the antenatal domain is identified as an early intervention opportunity. The question as to how the program could best meet this objective is still an ongoing issue, which requires a progressive approach. This means that current structures associated with antenatal service delivery within hospital environments, need to be taken into account in terms of the resources available, policy commitments and guidelines, as well as ongoing assessment of collaborative benefits and costs.

The models being used currently are designed to minimise disruption to existing antenatal education programs as well as minimising of costs. They are also designed to maximise collaboration between antenatal educators and fatherhood workers using the expertise of both to provide the best possible support to fathers.. The Women and Children's Hospital (WCH) and The Queen Elizabeth Hospital (TQEH) are both actively involved in developing ways of engaging fathers at the antenatal stage.

Currently couples attend antenatal education courses, which are held over either 4 (WCH) to 6 weeks (TQEH). The courses focus on pregnancy, birthing, and pain relief, early parenting, post natal depression and baby safety issues. Individual sessions are also offered to those couples wanting more information.

The focus of the Fatherhood Support Program has been to work together with midwives/antenatal educators to take advantage of this opportunity and to have a more of a focus on early parenting and the needs of newborns. This means identifying any issues including fears and concerns that fathers may have about their role as a parent.

The importance of father antenatal sessions is supported by the idea that if fathers believe that their contribution to parenting is valued by others, and in particular

mainstream services, then this may assist in fathers valuing their own contribution resulting in more active early parenting by fathers. It is acknowledged that in traditional roles mothers have been expected to carry most of the direct parenting responsibilities and this has created unrealistic expectations on them and inequalities in parenting.

Model Structure:

1. Partnership: Fatherhood Support Program and Adelaide Women and Children's Hospital

Where there is a couple going through antenatal classes the 'father to be' is referred into an additional session that focuses on the father's role in pregnancy, labour, birth and parenting. This session is held up on postnatal ward where new fathers can also attend. The additional session is promoted as a natural progression within the antenatal education structure of the hospital.

The session is run by a hospital midwife and fatherhood support worker. There are advantages if both workers are male but this is not always possible so a flexible approach is important (the feedback from men who attend groups and services have expressed that male workers are their preference in the first instance; see Fatherhood Support Project evaluation at www.wch.sa.gov.au). The sessions are held at night maximising the opportunity for those men who are working during the day to attend. The duration of the session is 2 hours.

The monthly father's sessions are held on the postnatal ward giving new fathers the opportunity to attend the session as well. Fathers who have attended previous sessions are invited back with their babies (2-4 month olds) to attend as a way of providing a 'real experience' of babies. Settling and feeding can be demonstrated to the group in response to the baby's need at the time creating a very dynamic session. The group members can hear first hand from fathers with babies the challenges and joys of parenting.

The approach is twofold:

On the one hand the midwife provides clinical information about pregnancy, labour, birth and the characteristics of the newborn. Providing this information directly to

fathers is very important for ownership of that information. Men relying on their partners for information places mums in the position of being responsible for 'knowing it all'. Professionals relying on mums to impart information to their partners also place greater expectations on mums. This can also create the perception that this information is not so important for fathers to know because theirs is a secondary role. Maximising the opportunity to give information directly to fathers is a focus of the sessions.

On the other hand, the fatherhood support worker initiates discussions about parenting. In particular, 'what is the father's role?', 'how do we get our ideas about parenting roles?', 'how are parenting roles changing and what does this mean for us as fathers'? The focus is to encourage men to see themselves as having a direct relationship with their babies rather than merely a supporting role for the mother/child relationship.

We explore the father's role in secure attachment, the importance of the father's role in the emotional development of their child. We look at the day-to-day care of babies beyond the tasks themselves. We focus on the quality of interaction between father and baby during those tasks and stress that these are opportunities for developing a close bond with our children.

The response to the sessions has been excellent with a full house being the norm. The Fatherhood Support Program and WCH have responded to the demand by increasing the number of sessions to monthly rather than bimonthly. There is now pressure to provide sessions fortnightly as the sessions are currently booked out 3 months ahead. The maximum number of men in the group has been limited to 20.

(Evaluations of the sessions are collected at the end of each session to assess the effectiveness and relevance of the information given as well as to gauge the overall experience of the men).

2. Partnership: Fatherhood Support Program and The Queen Elizabeth Hospital

The session is built within the existing antenatal education structure.

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The sessions are facilitated by a hospital midwife and a fatherhood support worker. The sessions are held at night maximising the opportunity for those parents who are working during the day to attend. The duration of the session is 2 hours.

The Queen Elizabeth Hospital has antenatal courses that span 6 weeks. The sixth week focuses particularly on parenting. The Fatherhood Support Program and the hospital identified that this 6th session would be a great opportunity to address early parenting in a more interactive way. The goal is to engage all parents in discussion while stressing the uniqueness of both the mother and father role.

Engaging the fathers in exploring the importance of direct contact with the baby and the day-to-day tasks associated with the care of baby is a central focus. We look at the benefits to children and men derived from close relationships with our children.

Firstly the midwife provides clinical information about pregnancy, labour, birth and the characteristics of the newborn. Providing this information directly to fathers is very important for ownership of that information. Men relying on their partners for information places mums in the position of being responsible for 'knowing it all'. Professionals relying on mums to impart information to their partners also place greater expectations on mums. Maximising the opportunity to give information directly to fathers is a focus of the sessions.

Secondly, the fatherhood support worker initiates discussions about parenting. The session is structured around questions like: 'What is the parents role'? 'Are there any differences between the father's and mother's role'? 'Where do we get our ideas about parenting roles'? 'Are these ideas helpful'? 'How have parenting roles changed'? The focus is to encourage men to see themselves as having a direct relationship with their babies rather than merely a supporting role for the mother/child relationship.

Evaluations of the sessions are collected at the end of each session to assess the effectiveness and relevance of the information given as well as to gauge the overall experience of the men.

Father's Antenatal Session Format

1) Introductions: Introduce facilitators and each participant

Facilitators need to talk about their professional roles and they can offer some personal information about their own family including number and age of children. Participants can talk about how they came to know about the session, the due date for their baby and maybe one thing that they would be keen to talk about (The whole introductions should take up no more than 15-20 minutes).

2) Discuss: Purpose for holding the session

Facilitators can briefly discuss the importance of the father's role in early parenting and how becoming a father is a significant time for men. There can be some discussion about the benefits of positive active parenting for children as well as the benefits of parenthood for men. Facilitators may talk about becoming a father as a time of change and development where priorities and direction may be re-evaluated.

Questions

The use of questions is an important aspect of the sessions as a way of exploring attitudes, aspirations, challenges and beliefs. Questioning is an important way to tap into the knowledge that fathers already have as well as areas requiring further exploration. The following questions are examples that can be used to initiate discussion and to raise issues of importance.

- 1. What do you think is the father's role?**
- 2. Are there any differences between father's and the mother's roles?**
- 3. Have parenting roles changed? How?**

These questions are aiming at gaining as much information as possible about beliefs and ideas associated with the father's role. By opening this up for discussion we can explore and expand our understanding of the father's role which can in turn affect how men may relate to their babies.

- 4. Question: What ways have you been preparing for Fatherhood?**

This question ought to help identify expectations of the father's role. Expectations are important in that they can be a source of both anticipation and anxiety. It is important to identify how much of the expectation that men experience is influenced by extrinsic sources (other's expectations) as well as intrinsic source (self demands). By asking the above question we can facilitate a discussion that assists men to acknowledge the different sources of stress and in particular how expectations can play a role in influencing feelings about themselves as parents and about the roles of others.

5. Question: What role do you think Dad has with the newborn?

It would be good to list some of the practical things that Dad can do around the house and in particular with the baby. It may be of value to talk about both the supportive role that fathers play around the mother child relationship and also the importance of Dad directly interacting with baby.

- **Developing a relationship with baby. How do we do this?**
 - π The Father and child need to experience as much interaction as possible. Fathers will learn that the baby responds to them as a result of the attention that they give to baby. The baby will also learn that Dad responds to them and baby will anticipate the attention from Dad. This interaction results in a unique relationship forming.
 - π Our partner will also notice our desire to be with baby and will support that interaction as well as feeling supported as a result of Dad being actively involved. Having the same focus as our partner often will help the relationship as a couple during the process of transition into parenthood.
 - π Fathers who believe that they have a primary role in the care of their children promotes the early development of a close

relationship with baby. The experience of parental love acts as a motivator for further interaction.

- 6. Question: What is bonding/attachment and what does this have to do with Fathers?**
- 7. Question: What sorts of things can Fathers do to encourage secure attachment?**

These two above questions seek to bring the notion of attachment into a much broader arena. The term 'bonding' has historically been used in conjunction with breastfeeding and though this is appropriate, attachment results from much broader interactions between adult and child. This means that fathers can be active in establishing a secure attachment with their babies and that they can recognise that the emotional wellbeing of their children is strongly influenced by the quality of the relationship that they have with their children. A key role of any parent is to be aware of, understand and actively seek to meet the needs of children.

- π **What are the Physical needs of children?**
- π **What are the emotional needs of children?**
- π **What are the Cognitive needs of children?**
- π **Ways that Fathers can actively encourage the development of these domains.**

This information about the needs of children is important for fathers to know. It promotes meaningful interaction if fathers understand why that interaction is important. It also promotes active parenting. The reliance of mothers to have this information has been the norm and this has placed pressure on mothers to be solely responsible for the normal development of their children. Fathers need to own this information themselves.

8. Facilitator to talk about the importance of consistency in parenting, the importance of predictability for the emotional development of children.

- π Security and safety are communicated through consistently attending to the needs of children.
- π This encourages normal development and often accelerates the child's desire to explore their environment.
- π The use of encouraging gestures, eye contact, tone of voice, facial expression encourage the baby to respond, imitate and initiate interaction.

Discussion:

Midwife to discuss some of the characteristics of newborns including reflexes and some developmental cues for Dads to look for. I father from postnatal ward and his newborn are invited in to the session.

The midwife talks to the group about what newborns are like. By having a newborn present fathers can experience first hand some of the needs of babies. They can also learn practical skills such as wrapping while understanding how this might support a child's need to feel secure and safe. This is an opportunity to also talk about the physical abilities and characteristics of newborns such as the child's ability to see clearly at particular distances. Information such as this can support a discussion about how such abilities can inform parenting behaviour. For instance the importance of holding baby close to our faces.....Receiving this information directly is important in that it promotes a father's sense of effectiveness and responsibility for that knowledge. Other things that are discussed are:

This is an open discussion time for fathers are they are encouraged to ask questions about babies, parenting etc

Tick the appropriate box

Questions

	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
1. Overall, I found the session useful.	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
2. I enjoyed the discussion about Fatherhood.	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
3. This session has clarified some concerns that I have had about becoming a father.	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
4. I gained insight into the needs of babies.	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
5. The leaders helped the group feel 'at ease'.	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
6. This session would be important to include in future antenatal classes for fathers to be.	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>

7. Overall, I liked the following things about the course:

.....

8. Overall, I did not like the following things about the course:

.....

9. Overall, working with the group leaders was:

.....

10. Any other comments:

.....

Appendix 2: Comments made by men attending the WCH Father antenatal sessions

Feedback from the father session evaluations for questions 1 to 6 point to the following themes.

- 100% of men attending the sessions find the sessions useful.
- 100% of men attending the sessions expressed that they enjoyed the session.
- A large majority of men attending the sessions expressed that they had issues clarified for them as a result of the sessions.
- 100% of men attending the sessions expressed that the sessions had strengthened their understanding of the needs of babies.
- 100% of men attending the sessions found that the facilitators helped them to feel at ease.
- 100% of men attending the sessions expressed that they felt it important for these sessions to continue and be available to 'fathers to be'.

Some feedback from the father session evaluations for questions 7 (**Overall, I liked the following things about the course**): are expressed in the following statements by men.

- "I liked being able to see a newborn, talking to other fathers and the insight of the leaders".
- "We were able to ask questions and the session adapted to this"
- "Working with the leaders was very insightful and I learned things that I really needed to know"
- "Very well informed, lots of group discussion, bringing a newborn in was fantastic".
- "Relieved my anxiety somewhat about becoming a father".
- "It was great to have a father specific session".
- "Flexible though steered by the leaders to keep conversation flowing. The chance to see some of the discussed techniques used to settle a real baby".
- "Useful to be with others in the same situation and realising that it is a learning process. Good to deal with Brad being a male midwife and a father".
- "Discussion of how baby sees the world and their needs. Practical advice for dealing with issues and establishing routines".
- "Good focus on attachment and interaction".
- "Real and down to earth".
- "Discussion on post natal depression".
- "Importance of fathers bonding with babies".
- "Steve and Brad presented loads of useful information in a positive way that encouraged the group".
- "How babies communicate".
- "Makes you think more about your role".
- "Baby signals. Discussion on crying and baby's needs".
- "Interacting with other expectant fathers".

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References

Lamb, (2004). *The role of the Father in Child Development*,