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A Literature Review of Paternal Involvement in Prenatal Care

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Introduction

Pregnancy and the transition to parenthood mark a major change in a father's life and are an important time to provide him with relevant care, information, and assistance. During this critical period, fathers significantly impact the developmental outcomes of their infants and shape their family's dynamics (Halle, 2008). By effectively engaging and supporting the needs of fathers, the health care system can optimize the health of the whole family. However, with minimal research surrounding their impact on pregnancy outcomes, the health care system only provides limited guidance and support for expectant fathers; instead of preparing fathers for future family dynamics, the health care system often makes them feel isolated from the pregnancy and ill-prepared for fatherhood (Deave & Johnson, 2008). By exploring the barriers and enhancing the opportunities, policymakers and health care professionals can increase paternal involvement in prenatal care, contribute to overall family wellbeing, and foster positive child development (Bond, 2012).

The Transition to Parenthood and Involvement in Prenatal Care

Signifying a new stage in their life, the transition to parenthood becomes a period during which men create meaning for their new roles as fathers by altering their sense of identity, beliefs, and actions (Halle, 2008).

With a heightened sense of responsibility, fathers make lifestyle changes to create a health-promoting environment for his child and influence the health behaviors of his partner (Evardsson, 2011). Men often reevaluate their actions and redefine life priorities in relation to how they will affect the child and mother (Massachusetts General Hospital, 2014). Additionally, men often experience five stages of becoming a parent, including: experiencing anxiety about becoming a parent; needing to become a more involved parent than his father; adhering to the demands of his career; negotiating the roles and decisions within the family; and adjusting to the change in just one aspect of his life (Massachusetts General Hospital, 2014). However, unlike women who are socialized for their roles as mothers, men often lack the cultural and institutional support necessary to prepare them for fatherhood, making it difficult to adjust to their new relationships and responsibilities (Bronte-Tinkew, 2009).

Fathers traditionally have not had a defined role in prenatal care, and the small role that fathers do have is limited (Bond, 2010). Although more fathers are participating in prenatal care than previously, the father's involvement often limits to providing general support to the mother and child, such as participating in prenatal preparation activities, being present for birth, or assisting in early infant care (Halle, 2008). Even though these activities are important for the well-being of the mother and child, they fail

to address the specific concerns and needs of the fathers (Plantin, 2011), such as preparing for lifestyle or relationship changes that follow birth (Kaye, 2014). In addition, with most of the parenting information and attention directed toward the health of the child and mother, fathers feel less informed and prepared for parenthood than their partners, making it difficult for fathers to feel immediately involved with the pregnancy and parenthood (Plantin, 2011). Fathers may also experience feelings of insufficiency, inadequacy, anxiety, and insecurity; without social support and necessary health care, the father's mental health and well-being may have adverse effects on the child's development and well-being (Plantin, 2011; Halle, 2008). Additionally, because of their lack of experience with infants, first-time fathers may feel a sense of insecurity in their parental role resulting in a more stressful and difficult parenting experience (Henderson & Brouse, 1991).

The Positive Outcomes of Father Involvement on Child Well-Being

Early father involvement plays a critical role in maternal and child health. During the transition to parenthood, fathers contribute to overall maternal health, such as encouraging the reduction in cigarette use by

pregnant mothers (McLanahan, 2003), encouraging mothers to breastfeed their children (Susin, 1999), providing social connections for the mothers, or acting as barriers for high levels of parenting stress (Cairney, 2003). Additionally, married women are more likely to obtain prenatal care than unmarried women (Graham, 2009). Emotional support during pregnancy decreases the odds of preterm birth among mothers when compared to mothers who lack support (Alio, 2011). Lastly, financial support from fathers also significantly correlates with a reduced chance for delivering at a low birth rate (Alio, 2011).

Father involvement during the prenatal period also sets the stage for future father-child interactions and healthy child development. Ultrasound attendance contributes to the father's sense of connectedness to the baby and motivation to adjust his adverse behaviors to better meet the needs of his child (Massachusetts General Hospital, 2014). Participation and attitude during this critical period offers an opportunity to engage the father in positive parenting that will later predict the father-child interactions (Massachusetts General Hospital, 2014). Additionally, participation in prenatal preparation activities are associated with higher birth weights in infants. On the other hand, infants born to single mothers have a 1.8 increased risk of mortality (Graham, 2009).

During infancy, fathers who nurture and play with their infants have children with higher IQs, enhanced linguistic capabilities, and better cognitive capabilities (Rosenberg & Wilcox, 2006). Father involvement through cognitively stimulating activities, physical care, paternal warmth, and caregiving activities are also associated with lower chances of cognitive delay in infants (Bronte-Tinkew, 2008). Even after infancy, fathers continue to directly impact the well-being of their children. Fathers contribute to their children's educational and academic success, verbal skills, and intellectual functioning (Rosenberg & Wilcox, 2006). Fathers impact the psychological and social behavior of their children, with children of involved fathers more likely to be emotionally secure, confident, explore their surroundings, and develop better social connections with their peers (Rosenberg & Wilcox, 2006; Tamis-LeMonda & Cabrera, 1999). Lastly, father involvement protects against risky behaviors that lead to incarceration (Harper & McLanahan, 2004) as well as early sexual activity and pregnancy (Ellis, 2003).

The Current State of Prenatal Father Involvement

Despite the positive impact fathers have on child and family well-being, fathers still lack a significant role in family planning, pregnancy, and childbirth. Although more physically present, men are still unsure and

uncomfortable with their role in the delivery room during childbirth (Deave & Johnson, 2008). Health care providers fail to actively include men in prenatal and postnatal care, often leaving fathers experiencing feelings of exclusion and apprehension regarding the pregnancy and caring for their baby (Deave & Johnson, 2008). Despite this, fathers want to be engaged with the pregnancy so they can gain knowledge about their new roles as fathers, understand the practical aspects of fatherhood, and be aware of how their relationship will change (Deave & Johnson, 2008). Health care providers further hinder their involvement by directing information about the pregnancy and preparation to the mother, rather than toward the father or the whole family (Deave & Johnson, 2008). While men are receptive to lifestyle changes to promote the well-being of the baby, they do not make these changes to improve their own health; this could be an important window of opportunity to promote healthy lifestyle changes that can transcend through the child's future development (Evardsson, 2011).

Most men understand their role in prenatal care as offering support to the mother, whether physically, emotionally, or financially. The father's relationship with the mother greatly impacts the father's level of involvement during prenatal care (Alio, 2013). If unplanned, the pregnancy can create a stressful transition to parenthood, negatively affect this co-parenting relationship, and decrease the father's involvement (Bronte-Tinkew, 2009).

Acceptance of the father by the mother's family also impacts the father's level of involvement during the pregnancy and later childcare (Alio, 2013). Additionally, fathers often lack adequate social support systems, whether formal or informal support systems. Few fathers turn to their own fathers as role models and would rather rely on formal resources for support, rather than their own friends or family (Deave & Johnson, 2008).

Although health care providers and personal relationships may inadvertently isolate men from the pregnancy, fathers also face policy barriers that hinder their involvement. Development of interventions to increase male involvement during pregnancy and childbirth still focuses on improving the outcome for mothers and children as its goal, rather than focusing on improving the well-being of the father. Although maternal and child health programs aim to use a holistic approach to improve family well-being, these programs often fail to incorporate the fathers, even though fathers impact the health of the mother and child. Managed care organizations often only cover mother's family planning services rather than providing comprehensive family planning services for fathers and mothers (Alio, 2011). Through the Family and Medical Leave Act, maternity and paternity leave allows up to twelve weeks of unpaid leave for both parents. However, this law hinders father involvement because it fails to require extended or paid leave. Additionally, the Family and Medical Leave Act

excludes sixty-one million men from being eligible for paternity leave because of regulations that require that individuals put in enough time with the employer or that exempt companies with fewer than fifty workers (Alio, 2011).

Recommendations

More fathers are becoming involved with prenatal preparation class, childbirth, and infant care, but health care providers still fail to effectively engage fathers through programs (Bond, 2010). Parent education and preparation programs need to focus on enhancing father involvement in family planning, mother and child prenatal health, fatherhood, basic childcare information, health relationships, and parenting skills through education materials specifically for men and certain at-risk populations (Bond, 2010; Texas Attorney General, 2007). These programs must discuss components that are essential to fatherhood, such as fatherhood role models, the definition of fatherhood, benefits of positive fatherhood to their children, barriers to long-term involvement, strategies to overcome the barriers, and legal and child support issues related to fatherhood (Texas Attorney General, 2007). Identified by the Texas Health and Human Services, evidence-based and promising programs that promote early father engagement include: 24/7 Dad, Becoming Parents Program, and

Supporting Father Involvement Program. Additionally, when delivering the information to fathers, health care professionals should be trained accordingly and understand the importance of including fathers during prenatal visits (Texas Attorney General, 2007). By creating a more father friendly environment, health care professionals can educate and encourage equal father participation during pregnancy and the childbirth experience (Bond, 2012).

Pregnancy and the transition to parenthood provide an opportunity for the health care system to adopt a comprehensive approach to prenatal care that incorporates primary care and public health interventions (Everett, 2006). Fathers often redefine their life priorities and reevaluate their behaviors in relation to how they will affect their children (Massachusetts General Hospital, 2014). With young adults interacting with health care providers for almost a full year, these fathers may be receptive to information about health and safety in order to ensure the healthy outcomes for their child (Everett, 2006). Risky behaviors that affect the whole family can be addressed, including drinking, smoking, exercise, weight management, and nutrition behaviors (Everett, 2006). Additionally, more attention can be directed toward reframing men's health to include reproductive health and initiatives (Bond, 2010). Prenatal screening is a standard process used to identify specific behaviors and conditions that

increase the risk for problematic deliveries in women, but it fails to include fathers and identify their health risk behaviors. Although more research is needed to successfully include prevention-oriented care for men during pregnancy, proper assessment and feedback regarding men's health risk behaviors can prove important to changing the risky behaviors in men that could be harmful to the health outcomes of mothers and babies (Everett, 2006).

Lastly, including men in family planning, maternal and child health, and reproductive health initiatives can be improved through research and policy (Bond, 2010). Existing laws and initiatives need to be revised to use a more holistic approach to family health (Alio, 2011). Maternal and child health programs aim to provide comprehensive coverage to women and children, but reveal a significant gap in the lack of incorporation of the father (Alio, 2011). Some programs have recognized the need to allocate some fund to paternal issues, but fathers have been largely ignored or been given a very small role to play. Federal and state funds allocated to maternal and child health programs should include increased funding for fatherhood initiatives (Alio, 2011). Other policy and organizational level recommendations include: equitable paternity leave, elimination of marriage as a tax and public assistance penalty, integration of fatherhood initiatives in maternal and child health programs, support of low-income fathers

through employment training, father inclusion in family planning services, and expansion of birth data collection to include father information (Alio, 2011). During this time, men should be linked to vital resources, such as paternity testing, information on child support regulations, second change programs, or employment opportunities (Alio, 2011).

Conclusion

Defining male involvement during the prenatal period is essential to the development of future research and appropriate interventions to optimize services aimed at improving birth outcomes (Alio, 2011). Even though men are important to maternal and child health, fathers receive little acknowledgement and support from health care providers, programs, and policies (Alio, 2011). The approach toward father involvement during pregnancy and family health needs to be reframed and future research, policy, and practices need to focus on the father's role in pregnancy outcomes (Alio, 2011). Although more men are involved in prenatal care activities than traditionally, the amount and quality of father involvement stems from the father's preparedness (Bond, 2010). It proves important to involve men, not only for the health of the mothers and children, but for the benefit of the father himself (Plantin, 2011).

Author(s)	Country/Geographical Location	Study Design	Participants	Instrument(s) Used	Findings Related to Prenatal Care and Fatherhood
Deave & Johnson (2008)	South-West England	Cross-sectional study, using semi-structured interviews	20 expectant fathers between the ages of 19 and 37 years; all were white-British except one Asian and one Brazilian		(1) Expectant and new fathers often lack relevant information, role models or guidelines to help them in their transition to parenthood and the fathering role. (2) Fathers perceive a need to begin to prepare for fatherhood before their baby is born. (3) Healthcare professionals, particularly midwives and health visitors, are well placed to engage with, and support, expectant and new fathers.
Alto, Lewis, Scarborough, Harris, & Fiscella (2013)	United States	Community based participatory research	50 mothers and fathers participating in National Healthy Start Association	Content and thematic analysis	(1) Both men and women defined "being a father" as being involved, supportive, and engaged during the pregnancy. (2) In order to increase paternal involvement during pregnancy, participants suggested an increase in paternal education classes on pregnancy and parenting, an increase in the referral of resources and employment opportunities for fathers, counseling support services for couples, and an increase in support and appreciation from health care providers. (1) If the pregnancy is unwanted and mistimed, it can negatively affect the co-parenting relationship, create a stressful household environment, and decrease the father's involvement.
Bronte-Tinkew, Scott, Horowitz, & Liija (2009)	United States	Secondary data analysis	Sample of first-time resident biological fathers (N = 1,278) from the Early Childhood Longitudinal Study—Birth Cohort (ECLS-B) 9- and 24-month surveys		(1) Rates of major depression are more than double among single mothers as compared to married mothers. (2) Single mothers report less social support, fewer contacts with friends and family, and lower levels of social involvement than married mothers. (3) It is recommended to provide social connections for the mothers and to potentially act as barriers for high levels of parenting stress.
Cairney, Boyle, Offord, & Racine (2003)	Canada	Secondary data analysis	Single and married mothers who participated in the survey were derived from the general sample (N = 2,921).		
Edvardsson, Ivarsson, Erenius, Garvare, Nystrom, Small, & Mogren (2011)	Sweden	Qualitative study; in-depth interviews	24 first-time mothers and fathers when their child had reached 18 months of age	Qualitative manifest and latent content analysis?	(1) Participants reported insufficient engagement by health professionals with fathers in antenatal care and child health care. (2) Because a healthy lifestyle during pregnancy is perceived as "common knowledge," participants were only influenced to change their lifestyles for the child's health benefits and not their own. (3) These findings conclude that pregnancy and early parenthood are important windows of opportunities for promoting healthy lifestyle change.
Ellis, Bates, Dodge, Fergusson, Horwood, Pettit, & Woodward (2003)	United States and New Zealand	Longitudinal study	United States (N = 242) and New Zealand (N = 520), community samples of girls were followed from approximately age 5 to approximately age 18	Using open-ended and structured interviews; questionnaires (US)	(1) Early father-absent girls were 7 to 8 times higher to have a teenage pregnancy and late father-absent girls were 2 to 3 times higher to have a teenage pregnancy. (2) Father absence had a more consistent and stronger effect on sexual activity and teenage pregnancy than on other behavioral or mental health problems or academic achievement.
Everett, Bullock, Gage, Longo, Geden, & Madsen (2006)	United States	Cross-sectional prevalence study	Rural low-income expectant fathers (N = 138) whose pregnant partners had enrolled in a Medicaid	Telephone Survey	(1) Although expecting fathers claim to be knowledgeable about health risk issues and support a change in their health behavior during a partner's pregnancy, their reported behavior shows the otherwise. (2) Proper interventions need to be developed to target men's health risk behaviors in order to improve the health outcomes of mothers and babies.
Halle, Cathrine, Hennessy, Dowd, Rissel, MacNevin, & Nelson (2008)	Australia	Quantitative and Qualitative study	Fathers (N = 22) and their partners	Antenatal or postnatal questionnaires using the Likert scale design (quantitative); Open-ended questions (qualitative)	(1) Many of the fathers in this sample want to be fully engaged with their children, but because of the lack of antenatal support given to fathers, most fathers feel inadequate in their parental role. (2) Nurses and midwives are in a vital position to facilitate information and encouragement to fathers.
Harper & McLanahan (2004)	United States	Longitudinal event-history analysis	From the National Longitudinal Survey of Youth, only data was used of the youth makes under 18 years of age (N = 2,846)		(1) Male adolescent incarceration risks and serious delinquency were elevated when there was an absent father in the household compared to a mother-father household.
Kaye, Kakaia, Nakimuli, Osinde, Mbalinda, & Kakande (2014)	Uganda; Mulago National Referral Hospital	Qualitative study	Expectant fathers (N = 16) who's spouses/partners were admitted to the high-dependency unit due to severe complications of pregnancy or child birth	In-depth interviews (30-50 minutes) using Schutz's social phenomenology	(1) Although health care systems and contemporary societal expectations agree that men should be involved during the pregnancy and childbearing process, this study proves a dissonance between these expectations and men's experiences. (2) This study found that the expectant fathers were willing to be involved, but were excluded by health care providers and felt unwelcomed by the hospital environment.
Susin, Gugliani, Kummer, Maciel, Simon, & da Silveira (1991)	Hospital de Clinicas de Porto Alegre, Brazil		208 couples consisted of the control group 1, and 196 consisted of the experimental group 2. (N = 601 couples)		(1) Paternal knowledge about breastfeeding and the frequency that the mother engaged in breastfeeding were positively associated in this study.
Henderson & Brouse (2001)	United States	Qualitative study	New fathers (N = 22) during the first 3 weeks postpartum	Semi-structured interview	(1) Because of their lack of experience with infants, first-time fathers may feel a sense of insecurity in their parental role resulting in a more stressful and difficult parenting experience.

References

- Alio, A. P., Bond, M. J., Padilla, Y. C., Heidelbaugh, J. J., Lu, M., & Parker, W. J. (2011). Addressing policy barriers to paternal involvement during pregnancy. *Maternal and Child Health Journal, 15*(4), 425-430.
- Alio, A. P., Lewis, C. A., Scarborough, K., Harris, K., & Fiscella, K. (2013). A community perspective on the role of fathers during pregnancy: a qualitative study. *BMC Pregnancy and Childbirth, 13*, 60.
- Bond, J. (2012). Changing expectations: factors influencing paternal involvement in pregnancy and childbirth. *Trends in Urology & Men's Health, 3*(5), 23-26.
- Bond, M. J. (2010). The missing link in mch: paternal involvement in pregnancy outcomes. *American Journal of Men's Health, 4*(4), 285-286.
- Bond, M. J., Heidelbaugh, J. J., Robertson, A., Alio, P. A., & Parker, W. J. (2010). Improving research, policy and practice to promote paternal involvement in pregnancy outcomes: the roles of obstetricians – gynecologists. *Current Opinion in Obstetrics and Gynecology, 22*(6), 525-529.
- Bronte-Tinkew, J., Carrano, J., Horowitz, A., & Kinukawa, A. (2008). Involvement among resident fathers and links to infant cognitive outcomes. *Journal of Family Issues, 29*(9), 1211-1244.
- Bronte-Tinkew, J., Scott, M. E., Horowitz, A., & Lilja, E. (2009). Pregnancy intentions during the transition to parenthood and links to coparenting for first-time fathers of infants. *Parenting: Science and Practice, 1*-35.
- Cairney, J., Boyle, M., Offord, D. R., & Racine, Y. (2003). Stress, social support and depression in single and married mothers. *Social psychiatry and psychiaatric epidemiology, 38*(8), 442-449.

- Deave, T., & Johnson, D. (2008). The transition to parenthood: what does it mean for fathers? *Journal of Advanced Nursing*, 63(3), 626-633.
- Edvardsson, K., Ivarsson, A., Eurenus, E., Garvare, R., Nystrom, M. E., Small, R., & Mogren, I. (2011). Giving offspring a healthy start: parents' experiences of health promotion and lifestyle change during pregnancy and early parenthood. *BMC Public Health*, 11, 936.
- Ellis, B. J., Bates, J. E., Dodge, K. A., Fergusson, D. M., Horwood, L. J., Pettit, G. S., & Woodward, L. (2003). Does father absence place daughters at special risk for sexual activity and teenage pregnancy? *Child Development*, 74(3), 801-821.
- Everett, K. D., Bullock, L., Gage, L. D., Longo, D. R., Geden, E., & Madsen, R. (2006). Health risk behavior of rural low-income expectant fathers. *Public Health Nursing*, 23(4), 297-306.
- Graham, R. (2009, February). *Father Factor in Child's Health*. Retrieved from National Fatherhood Initiative : <http://www.amchp.org/Calendar/Documents/Father%20Factor%20in%20Children's%20Health%20Outline.pdf>
- Halle, C., Cathrine, F., Hennessy, K., Dowd, T., Rissel, K., MacNevin, R., & Nelson, M. A. (2008). Supporting fathers in the transition to parenthood. *Contemporary Nurse*, 31(1), 57-70.
- Harper, C. C., & McLanahan, S. S. (2004). Father absence and youth incarceration. *Journal of Research on Adolescence*, 14(3), 369-397.
- Kaye, D. K., Kakaire, O., Nakimuli, A., Osinde, M. O., Mbalinda, S. N., & Kakande, N. (2014). Male involvement during pregnancy and childbirth: men's perceptions, practices and experiences during the care for women who developed childbirth complications in Mulago Hospital, Uganda. *BMC Pregnancy Childbirth*, 14, 54.
- Massachusetts General Hospital Partners HealthCare System, Inc. (2014). *Research*. Retrieved from The Fatherhood Project :

<http://www.thefatherhoodproject.org/media/TFP-Research-Review.pdf>

McLanahan, S. (2003). *The Fragile Families and Child Well-being Study: Baseline National Report*. Princeton: Center for Research on Child Well-being.

Plantin, L., Aderemi, A., & Pernilla, N. (2011). Positive health outcomes of fathers' involvement in pregnancy and childbirth paternal support: a scope study literature review. *Fathering*, 9(1), 87-102.

Rosenberg, J., & Wilcox, W. B. (2006). Child Abuse and Neglect User Manual Series. *The Importance of Fathers in the Healthy Development of Children*.

Susin, L. R., Giugliani, E. R., Kummer, S. C., Maciel, M., Simon, C., & da Silveira, L. C. (1999). Does parental breastfeeding knowledge increase breastfeeding rates? *Birth*, 26(3), 149-156.

Tamis-LeMonda, C. S., & Cabrera, N. (1999). *Perspectives on father involvement: research and policy*. Ann Arbor: Society for Research in Child Development.

Texas Attorney General's Child Support Division. (2007). *The first nine months of fatherhood: paternal contributions to maternal and child health outcomes*.