



Reaching out: Involving Fathers in Maternity Care

Foreword

There is substantial evidence of the health and wellbeing benefits that result from fathers being involved in their partner's maternity care. Most women want their partners to be involved and this desire to be engaged is shared by most expectant fathers. NHS policy is to increase engagement with fathers and encourage them to be involved in maternity care in order to improve overall family support.

This document is intended to provide useful insight to all maternity service staff as to how they might best encourage the involvement of fathers throughout pregnancy and childbirth, and into fatherhood and family life. It is envisaged that this document will increase awareness of the importance of fathers being engaged in maternity care as well as assisting local maternity services in the development of their own local practices and guidelines.

Professor Cathy Warwick CBE
General Secretary, The Royal College of Midwives



Summary of contents:

- Background and policy context – p3
- Summary of available evidence – p4
- 'Top Tips' to help encourage the engagement of fathers in antenatal, intrapartum, postnatal care and beyond – p8
- Examples of good practice from around the NHS – p11
- Links to useful resources for both healthcare professionals and expectant/new parents – p13
- References – p14



Background and policy context

Compared with past generations, society's expectations are increasingly for fathers to play a full role throughout pregnancy, labour, childbirth, the postnatal period and beyond. To provide effective support fathers themselves need to be supported, involved and prepared.

Women-centred maternity care is now widely accepted; however there has been much less focus on addressing the roles and needs of expectant fathers. Over the last decade there has been a national drive towards increased recognition of the father's role and encouraging fathers' involvement in health care in general, particularly in maternity services.

"The involvement of prospective and new fathers in a child's life is extremely important for maximising the life-long wellbeing and outcomes of the child (regardless of whether the father is resident or not). Pregnancy and birth are the first major opportunities to engage fathers in appropriate care and upbringing of children." (NSF, 2004).

In 2004 the National Service Framework for Children, Young People and Maternity Services supported a cultural shift in all service provision to include fathers in all aspects of a child's well being. Since then NICE (2006; 2008) has produced guidelines around the provision of information and support for parents in the antenatal and postnatal period; the Department of Health recommended services work together to equip mothers and fathers for parenthood in *Maternity Matters: Choice, access and continuity of care in a safe service*; and the Department for Children, Schools and Families

(Department for Education as it now is) acknowledged the need to involve fathers in a number of key policy documents.

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

In addition to central policy, professional bodies such as the Royal College of Midwives, have encouraged maternity care to be more family orientated – *'The birth of a baby is the birth of a family'* (Day-Stirk, 2002). Dad Info and Birth partner guide cards have been developed free of charge for NHS Maternity service providers (RCM, 2010). The Royal College of Obstetricians and Gynaecologists also publishes online information leaflets to help expectant parents throughout pregnancy (www.rcog.org.uk/womens-health/patient-information).

The Fatherhood Institute also advocates a family-centred approach in order to give all children a strong and positive relationship with their fathers, to support co-operative parenting and to provide greater support for mothers. They publish the 'Guide for New Dads' (2010) which has been given to every

new father. This guide emphasises the importance of the father's role and how to help fathers feel more informed. Relevant information such as baby care and parenting are included, with a focus on families and the joint carer role. (<http://www.fatherhoodinstitute.org/2010/guide-for-new-dads/>).

Summary of available evidence

Benefits of involving fathers in maternity care

Pregnancy and children's early years are a time when women engage frequently with the NHS and which provides opportunities for health promotion and education. General healthy lifestyle advice and choices concerning issues such as diet and nutrition, breastfeeding and smoking are focused on the expectant mother. However, these key public health messages and interventions also concern fathers and services should use the opportunity to ensure that they are also targeted. Engaging with fathers regardless of age and social circumstances increases the likelihood of positive changes to lifestyle and subsequently the health and wellbeing of mother, baby and the father himself. (Bottorff, 2006; Flouri & Buchanan A. 2003). For example, both mothers and fathers substantially contribute to a newborn's risk of exposure to smoke inhalations (Blackburn et al, 2005). Therefore, general discussions, advice and referrals to assist both parents to stop will be beneficial to all family members.

Positive participation of fathers in antenatal consultations and parent education classes will help to alleviate some of the anxiety and stress many

experience and to prepare them for childbirth and fatherhood. Young and other vulnerable fathers are less likely to attend either consultations or parent education and often have histories of exclusion, so it is particularly important to develop strategies to draw them in, welcome them and identify their needs.

A well prepared father has a positive effect on their partner (Wockel et al, 2007), which can promote a positive birth experience and reduce the fear of seeing their partner in pain. Women who have the support of a partner during labour require less pain relief and feel more positive about the birth. (Chan & Paterson-Brown, 2002). There is also evidence that teaching massage and relaxation techniques to fathers to assist during labour is an effective way to increase marital satisfaction, and decrease postnatal depressive symptoms (Latifses et al, 2005), as well as providing psychosocial support for women. (Chang et al, 2002).

Skin-to-skin contact with the father after caesarean section (Erlandsson et al, 2007), has been reported to result in babies being calmer and more likely to stop crying. Therefore, promoting this practice may be beneficial to all concerned. Fathers can also be influential advocates for breastfeeding and play an important role in breastfeeding support (Piscane et al, 2005; Wolfberg et al, 2004). Couples who share the childbirth experience and support each other with infant feeding practices (Tohotoa et al, 2009) were perceived as having the best outcomes amongst all new parents. The emotional, practical and physical support of fathers was identified as important in the promotion of successful breastfeeding, and positively enhanced the experience.

Barriers to fathers becoming engaged in maternity care

It is reported that many mothers feel that their partners receive little or no support (NHS Data, 2005). Many feel that there is a lack of awareness and recognition by health professionals of the benefits of effective paternal involvement in maternity care. Having greater access to health professionals to answer their specific questions is needed (NCT, 2009). Many fathers experience their place in maternity care as being *'not-patient' and 'not-visitor... in an undefined space with the consequence that many felt uncertain, excluded and fearful'* (Steen et al, 2011). This supports the need for the role of fathers in maternity care to be clearly defined (Mander, 2004). These twin perceptions of being both uninformed and unwelcomed/excluded are recurring themes in studies relating to expectant fathers relationship with maternity services.

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

Giving information to fathers

In general, expectant fathers are keen to know *'precisely' what they should do to 'get it right'* (Svensson et al, 2006). Taking time to give relevant

information and to engage with the father in all aspects of care can help to foster a greater engagement with and satisfaction for both the father and his partner.

For example, most expectant fathers now accompany their partners to attend ultrasound scans. This is the first opportunity for fathers to visualise and bond with their baby; it plays an important role in assisting them to acknowledge that they are going to become a father very soon (Draper, 2002b). It is therefore essential during and following the scan consultation to give the father an opportunity to be involved in the process and any discussions.

While positive engagement with fathers who attend antenatal classes has been reported by Hallgren et al (1999), fathers also reported that *'... they felt welcomed at antenatal classes but still could feel excluded by the content'* (White, 2007). Expectant fathers recognise the need for antenatal education classes/programmes to be woman focussed but would like some specific time allocated for them (Premberg & Lundgren, 2006). A survey sponsored by the NCT highlighted that men want classes to provide more information on postnatal issues (Singh and Newburn, 2000).

Antenatal education classes/programmes rightly focus predominantly on the positive aspects of childbirth and parenthood, but for a significant proportion of couples obstetric intervention is required. This can be traumatic both in the short and long term particularly if a couple is unprepared for anything other than 'normal' childbirth. Consideration should be given to routinely including information on operative vaginal delivery and caesarean section in antenatal classes.

There is evidence of the development of a new connecting relationship during birth between some women and their partners which helps the transition to parenthood (O'Shea, 1998). However, some fathers can be left traumatised. A few fathers, most of whom were vulnerable in some way before the birth, can experience psychological and sexual scarring after the experience of watching their partner give birth and there is little support available for these fathers (White, 2007), or even opportunities to de-brief. If the father is not supported this can contribute to poor family relationships and affect the health of all family members.

It has been reported that post-traumatic stress in fathers can occur in response to negative emotional experiences and this in turn can have serious consequences for family relationships. White (2007) and Madsen and Juhk (2007) identified that better methods for identifying men with postnatal depression need to be developed. It was first reported by Abramowitz et al (2001) that obsessive-compulsive disorder can occur post-natally in fathers. Maternal postnatal depression is a strong predictor of paternal postnatal depression, and is an increased risk if the father is unemployed and there are relationship problems (Bria et al, 2008).

Making fathers feel included

It helps if an expectant father feels welcomed at the birth of his baby. For example, recognising that he is an individual and referring to him by his preferred name will help make him feel more welcome. *'I kept asking to be called by my name... I felt uncomfortable being referred to as 'dad' (White, 2007).*

There are variations in clinical practice and considerations concerning confidentiality, culture and companionship will have an impact on how maternity care staff and maternity services involve and support fathers.

Expectant fathers are most likely to be forgotten about when an emergency section is required and *'...they can be left feeling unsure about what they were allowed to do and what their role was'.* (Deave & Johnson, 2008) *'I was rushed to the corner of the delivery suite and told not to interfere...'* (White, 2007).

It has been reported that some expectant fathers feel excluded during the postnatal period and expressed feelings of *'being a bystander'* when caring for the baby and *'being an invisible parent'* (Deave & Johnson, 2008 p630).

Changing maternity systems to engage with fathers

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

During pregnancy, birth and following birth there are many opportunities for maternity professionals to involve fathers in maternity care. Most expectant fathers now accompany their partners to antenatal consultations, scans and parenting education classes. Almost all attend the birth and have become more actively involved in the care of their infant.

Maternity care staff may need to explore and reflect on their attitudes and beliefs towards fathers so they can positively involve them. *'It is time that health professionals recognise that men have an important role to play in decision making surrounding childbirth'* (Mottram, 2008).

All professionals involved in the delivery of maternity care will encounter opportunities to engage with and support fathers in both primary and secondary care settings. However, since no other health professional has as much routine contact with fathers (Fisher, 2007), the midwifery team are ideally placed to help advise fathers on how to support their partner during pregnancy, birth and caring for their newborn baby.

Singh and Newburn (2003) assessed what men think of midwives and reported most have positive views but highlighted the need for holistic care that includes them. Maternity services need to develop effective methods, networks and support systems that promote trust, respect and good working relationships to care for a diverse population that focuses upon a family centred approach.

Transition to Fatherhood

Expectant fathers genuinely struggle with the need to balance their own transition to fatherhood and that of their partner. Their status and feelings are sometimes overlooked and may cause conflict with their other roles. It may take time for fathers to adapt to their new role and they may need access to support and advice. Maternity care staff can offer valuable support and encouragement to both the mother and father which will help them with their new role and responsibilities and to adjust to parenthood. There is good evidence which indicates that child development is better when children have close relationships with both parents and these benefits start very early in a child's life (Beardshaw, 2001).

It helps if an
expectant
father feels
welcomed at
the birth of
his baby

Top Tips for involving fathers in antenatal care

- Acknowledge that the majority of women want their partners to be involved and accompany them to antenatal appointments, scans and attend antenatal education classes or programmes. Make use of these opportunities to involve and interact with the expectant father.
- Provide images of fathers in your antenatal settings and appropriate men's interest magazines in waiting areas.
- Encouraging the woman to attend the booking in or early antenatal appointment or consultation with her partner can 'give him permission' to learn about becoming a father and supporting his baby's mother.
- Making fathers feel welcome and introducing yourself and greeting him by his name is a good starting point.
- Consciously seek time to make appointments and home visits so the father can attend. Most men will attend appointments during the day, with sufficient planning and if they believe their presence is valuable.
- To help remember his name, document it in full and any preferred name in his partner's hand-held maternity notes. It is fine to do that if he is not present – data protection laws allow the woman to give information about him to be recorded in her notes. You may want to send information home for him, such as the Family Origin questionnaire.
- Ensure that the partner's full contact details are recorded as this will help you contact him in an emergency but may also help other agencies that may need to contact him during the pregnancy or in the near future.
- Be polite and offer him a chair as well as his partner so that he feels involved in the antenatal consultation, scan and classes.
- Recognise that there will be a need for some flexibility to enable easier access to antenatal care and meet individual women's choices.
- Sometimes a woman may want to see you on her own or you may have identified a need to see her on her own; so there is a need to be sensitive, to pick up on these cues and to try to find an opportunity when the woman can speak to you on her own. Most fathers will be very understanding if you wish to speak to the mother on her own for a short while – and some may welcome an opportunity to speak to you on their own too, if it is offered.
- Document health advice and information given to both the expectant mother and father.
- Encourage attendance and include fathers – individually or as part of couples' classes – more in parenting education and in discussion around health issues, including smoking, breastfeeding and postnatal depression.
- Publicise and schedule antenatal education to increase fathers' attendance. It is best specifically to advertise these services to 'mothers and fathers' and to avoid using the term 'parent' which is commonly understood by both men and women to mean mothers.
- Recognise in your antenatal sessions and other interactions with parents that the father's concerns and experiences may differ from the mother's, and provide opportunities to address the needs of both, either separately or together.
- Ensure that the father understands when labour is sufficiently advanced to make hospital attendance necessary; an anxious father can hurry his partner to the hospital earlier than necessary.

- As well as focusing on the positive aspects of childbirth and parenthood, routinely include information on operative vaginal delivery and caesarean section in antenatal classes.
- Actively prepare the father to be a helpful and knowledgeable birth partner, understanding his role in the labour room and the way in which he can be useful; this will include understanding the different stages of labour so he can offer appropriate support during each.
- Fathers need to be well informed about the benefits of providing companionship and support.
- Be sensitive to the needs and concerns of both expectant parents, to relieve any fears, stress and anxiety.
- Note any conflict or disagreement (stress in the couple's relationship can affect the unborn baby) and have information about support for the couple's relationships and domestic violence, including to help men address any use of violence.

Top Tips for involving fathers in intrapartum care

- Document and respect the expectant mother's wishes as to who will be her birth partner during labour – in the majority of cases this will be the father but sometimes it can be a female partner, mother, sister or a friend.
- The father's wishes should be respected. Occasionally he may decide that he is not the best person to support his partner. An opportunity to discuss his reasons and why he feels another member of the family would be more suitable could be offered.

- Make fathers feel welcome and use their preferred name.
- Encourage fathers to take an active role during the birth.
- Encourage fathers to use techniques such as relaxation and massage to assist their partners to cope effectively, if this is what she wants.
- During the birth discuss the care and inform fathers of any complications.
- Fathers should be the main care provider during mother-baby separation.

Top Tips for involving fathers following birth

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

- Ensure that both parents have knowledge and skills to undertake baby care activities.
- Raise awareness and be alert to the risks that are recognised to predispose fathers to postnatal depression, post-traumatic stress and obsessive compulsive behaviours.
- Develop clear postnatal referral pathways for both parents if post-traumatic stress, postnatal depression or obsessive compulsive behaviour is suspected or identified.
- Note any conflict or disagreement (stress in the couple's relationship can affect the newborn – and it is good that both parents understand this) and have information about support for couple relationships.
- Make opportunities to involve other family members to support both parents during the transition to parenthood.



Examples of Good Practice

Teenage Pregnancy Service

Hull's Teenage Pregnancy Support Service assesses young fathers' needs as well as young mothers. Young fathers have been given help and advice to sort out housing and benefits issues, and support to develop parenting skills. Expectant fathers who are still at school have been supported in telling their parents about the pregnancy and the service also liaises with schools in Hull to enable the expectant father to attend some ante-natal appointments and parenting education classes.

Partners staying overnight

The 'Partners Staying Overnight' pilot at the Princess Anne Wing of the Royal United Hospital in Bath (managed by the Great Western Hospitals NHS Foundation Trust) is a good example of how a maternity unit can involve fathers in the early postnatal period. The scheme has been introduced in response to the needs of women who give birth either at night or during the early hours of the morning and want support and care from their partners. This scheme encourages new fathers to bond with their infant and to be a visible parent. It has the potential to reduce the workload of midwives as the father can help his partner with the baby care.

North Lincolnshire and Goole NHS Foundation Trust has developed a scheme that encourages fathers to be involved in the antenatal period supporting mothers with preparing for the baby's arrival. Facilities at the Diana, Princess of Wales Hospital in Grimsby are designed to enable fathers to stay with their partners after the birth so that they can share in the first few hours and

days as they become parents together. In recognition of their efforts, the maternity team was awarded the All Party Parliamentary Group on Maternity 2011 award for 'Most inclusive maternity service for new fathers'.

Little things that matter

It's the little things that matter and a good example of this is how the maternity unit at University Hospital of North Staffordshire NHS Trust is now more father-inclusive. Time is spent preparing expectant fathers so they can adopt an active role during the birth of their infant. Antenatal education classes are available on Sunday afternoons and evenings to fit round fathers' working lives and avoid the football fixtures. Parking is also easier at these times. This has led to a reduction in the number of women being admitted in the early latent phase and as they are managing to cope confidently at home with their partner's support. This has meant a lot less work for busy midwives.

Visiting times are now more flexible (9am till 9pm), to help fathers balance work and family commitments. Small changes, such as the provision of refreshments and an allocated toilet for fathers, make it easier for fathers to support their partner and bond with their baby. Initial concerns from staff that having the fathers on the ward for 12 hours a day would put additional stress on the unit have proved to be unfounded; having fathers around has eased the workload on midwives because mums have had their partners to help them.

Couple referrals

East Cheshire NHS Trust has implemented joint referrals for a couple to attend smoking cessation services, which increases the likelihood of both expectant parents quitting smoking and improves the health of all family members.

Conclusion

Since fathers are important influences on mothers' health choices and experiences before, during and after the birth, it benefits the whole family when maternity professionals make fathers feel welcomed and involved and prepare them for their role at the birth and afterwards. Expectant fathers need to be included in all aspects of maternity care and be offered opportunities to discuss their feelings and any fears they may have. Positive involvement of fathers has the potential to decrease fear and anxiety and increase trust and respect. It will promote confidence in fathers as valued co-parents (Bailey, 2007). Involving and preparing fathers is also likely to improve breastfeeding rates and maternal mental health.

When fathers are well prepared and involved during pregnancy, birth and a child's early years there are many health and wellbeing benefits for themselves, their partner, baby and family. Increasing awareness of these benefits has implications for our society as a whole. Some good examples of positively providing resources and services to actively engage with fathers have been included in this document and some helpful 'Top Tips'. The midwifery profession and maternity services can reflect and learn from these examples and consider the 'Top Tips' to plan services and activities to engage with expectant and new fathers. Maternity services will want to take every opportunity to provide relevant up-to-date information, guidance and support to enable fathers to be actively involved in the maternity care of their partner and infant. This will promote a positive pregnancy, birth and parenting experience for both the mother and father.

Expectant
fathers need to
be included in
all aspects of
maternity care

Useful Resources

Child Benefit help
www.hmrc.gov.uk

Citizens Advice
www.citizenadvice.org.uk

DadInfo
www.dadinfo/

Directgov Tax Credits help
www.direct.gov.uk

Equality and Human Rights Commission
www.equalityhumanrights.com
0845 604 6610

Family Lives
<http://familylives.org.uk/>
0800 800 2222

Fatherhood Institute
www.fatherhoodinstitute.org
0845 634 1326

Inland Revenue Tax Credit help
www.taxcredits.inlandrevenue.gov.uk

NCT (formerly known as National Childbirth Trust)
www.nct.org.uk
0300 330 0770

NHS Choices
www.nhs.uk

The Royal College of Midwives
www.rcm.org.uk
020 7312 3535

The Royal College of Obstetricians & Gynaecologists
www.rcog.org.uk
020 7772 6200

Working Families
www.workingfamilies.org.uk
0800 013 0313

References

- Abramowitz, J., Moore, K., Carmin, C., Wiegartz, P.S., Purdon, C. (2001) Acute Onset of Obsessive-Compulsive Disorder in Males Following Childbirth. *Psychosomatics* 42 (5), 429-431
- Bailey J, (2007) Modern parents' perspectives on breastfeeding: a small study. Research & Education, *British Journal of Midwifery* 15:3 p148-152
- Blackburn CM, Bonas S, Spencer NJ, Coe, CJ, Dolan A, Moy, R (2005) Parental smoking and passive smoking in infants: fathers matter too. *Health Education Research*. 20:2, 185-194. PUBMED via NRR.
URL: <http://www.ncbi.nlm.nih.gov> (Accessed 04/02/2011)
- Beardshaw T (2001) Supporting the role of fathers around the time of birth. *MIDIRS* 11:4 476-9.
- Bottorff JL, Oliffe J, Kalaw C, Carey J, Mroz L (2006) Men's constructions of smoking in the context of women's tobacco reduction during pregnancy and postpartum. *Soc Sci Med*. 62:3096 108
- Bria K, Pincombe J, Fedoruk M (2008) The incidence of postpartum depression in new fathers, *British Journal of Midwifery*, 16:10 664-668
- Chan KKL, & Paterson-Brown S (2002) How do fathers feel after accompanying their partners in labour and delivery? *J Obstet Gynaecol* 22: 11-15

Chang MY, Wang SY, Chen CH, (2002) Effects of massage on pain and anxiety during labour: a randomized controlled trial in Taiwan. *Journal of Advanced Nursing* 38:1 68-73

Deave T & Johnson D, (2008) The transition to parenthood: what does it mean for fathers? *Journal of Advanced Nursing* 63:6 p626-633

Day-Stirk F (2002) The birth of a baby is the birth of a family, RCM, London

Department for Children, Schools and Families (2010) Support for all: The families and relationships green paper summary. Department for Children, Schools and Families, DCSF, London. HMSO
<http://www.dcsf.gov.uk/supportforall/downloads/support-for-all-booklet.pdf>
(last accessed, 04 February, 2011)

Department of Health, (2007), *Maternity Matters: Choice, Access and Continuity of Care in a Safe Service*. London: HMSO.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073312 (last accessed 04 February, 2011)

Draper, J (2002b) "It was a real good show": The ultrasound scan, fathers and the power of visual knowledge. *Sociology of Health and Illness*. 24:6 p771-795.

Erlandsson K, Dsilna A, Fagerberg I, Christensson K (2007) Skin-to-Skin Care with the Father after Cesarean Birth and Its Effect on Newborn Crying and Prefeeding Behaviour. *BIRTH* 34:2 105-114.

Fatherhood Institute (2008) www.fatherhoodinstitute.org.uk

Fisher, D (2007) Including New Fathers: A Guide for Maternity Professionals. *Fathers Direct*. www.fatherhoodinstitute.org.uk

Flouri E, Buchanan A (2003) What predicts fathers' involvement with their children? A prospective study of intact families. *British Journal of Developmental Psychology* 21:81-97

Hallgren A, Kihlgren M, Forslin L, Norberg A (1999) Swedish fathers' involvement in and experiences of childbirth preparation and childbirth. *Midwifery*. 15:1 6-15

Latifses V, Bendell-Estroff D, Field T, Bush JP (2005) Fathers massaging and relaxing their pregnant wives lowered anxiety and facilitated marital adjustment. *Journal of Bodywork and Movement Therapies*. 9:4, 277-282.

Madsen SA, Juhl T (2007) Paternal depression in the postnatal period assessed with traditional and male depression scales. *J Mens Health Gend*. 4:1, 26-31.

Mander, R (2004) *Men and Maternity*. Routledge.

Mottram L, (2008) First-time expectant fathers and their influence on decision making regarding choice for place of birth. *MIDIRS, Midwifery Digest* 18:4 p582-589

National Childbirth Trust, (Mar, 2009) MS11 / AS/MN, NCT Briefing: Involving fathers in Maternity Care. <http://www.nct.org.uk/> last accessed (04 February, 2011)

National Health Service (Oct, 2005). *NHS Maternity Services Quantitative Research* Prepared by TNS System Three for Katie Hawkins, Department of Health, London.

National Institute for Health and Clinical Excellence (2008) Antenatal Care: routine care for healthy pregnant woman *Clinical Guideline* 62.

National Institute for Health and Clinical Excellence (2006) Routine postnatal care of women and their babies. *Clinical Guideline* 37.

National Service Framework for Children, Young People and Maternity Services. (2004) Department of Health & Department for Education, Skills and Families London: HMSO.

O'Shea, M (1998) An exploratory study of women's experience of childbirth specifically identifying the spiritual dimension. BSc Midwifery Studies. The Nightingale Institute, King's College London. In: Downe, S (eds) (2004) *Normal Childbirth Evidence and Debate*. Churchill Livingstone.

Premberg, A., Lundgren, I (2006) Fathers' Experiences of Childbirth Education. *The Journal of Perinatal Education*. 15:2 p21-28.

Piscane A, Continisio GI, Aldinucci M, D'Amora S, Continisio, P (2005) A Controlled Trial of the Father's Role In Breastfeeding Promotion. *Pediatrics*. 116:4, 494-498

RCM (2009) Maternal Mental Health: Guidance for Midwives

RCM (Oct/Nov, 2010) Birth Partner Guide Updated. Midwives p7

Singh D, Newburn M (2003) What men think of midwives. *The RCM Midwives Journal*. 6:2, 70-74.

Singh D, Newburn M (2000) Becoming a father. Men's access to information and support about pregnancy, birth and life with a new baby. National Childbirth Trust: London.

Steen M, Downe S, Bamford N, Edozien L (2011) Not-patient and not-visitor: A meta-synthesis of fathers encounters with pregnancy, birth and maternity care. *Midwifery*. Doi:1016/j.midw.2011.06.009

Svensson J, Barclay L, Cooke M (2008) Effective Antenatal Education: Strategies Recommended by Expectant and New Parents. *The Journal of Perinatal Education*. 17:4 p33-42

Tohotoa J, Maycock B, Hauck YL, Howat P, Burns S, Binns CW (2009) Dads make a difference: an exploratory study of paternal support for breastfeeding in Perth, Western Australia. *Int Breastfeed J*. 29:4 15.

White, G (2007) You cope by breaking down in private: fathers and PTSD following childbirth. *British Journal of Midwifery*. 15:1 39-45

Wockel A, Schafer E, Beggel A, Abou-Dakn M (2007) Getting ready for birth: impending fatherhood. *British Journal of Midwifery*. 15:6 344-348

Wolfberg AJ, Michels KB, Shields W, O'Campo P, Bronner Y, Bienstock J (2004) Dads as breastfeeding advocates: results of a randomized controlled trial of and educational intervention. *American Journal of Obstetrics and Gynecology*. 191: 708-712

Reaching out: Involving Fathers in Maternity Care



The Royal College of
Midwives

The Royal College of Midwives
15 Mansfield Street, London W1G 9NH
T 020 7312 3535 E info@rcm.org.uk

www.rcm.org.uk