



Engaging with
Fathers

Fatherhood Today

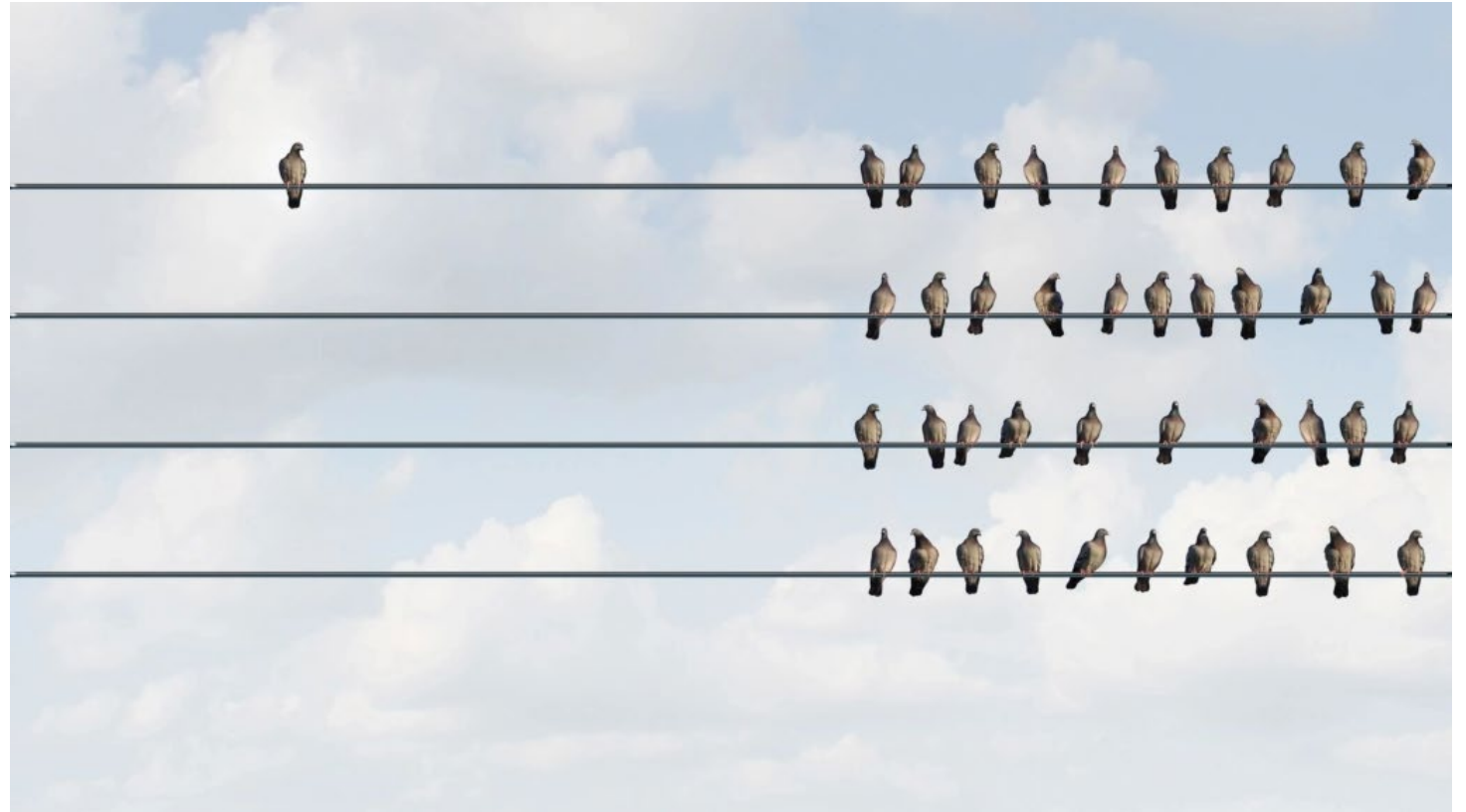
- 98% of fathers who reside with the birth mother will attend the birth of their child, 91% will take time off after the birth of their child and the number of men who act as their children's primary carer has risen tenfold in the last decade.
- The father/infant relationship is unique and separate from that between the mother and infant. Fathers contribute positively to healthy child psychological, cognitive and behavioural development.
- Risks to children are high when their father's socio-economic status is low, his mental or physical health poor, or he smokes or misuses alcohol or drugs

[Ref: Bringing baby home report: Burgess and Goldman, 2022](#)



Feeling Excluded

- Questions were directed to the mother
- Fathers felt they took on an equal parenting role but this was not recognised by healthcare staff
- Universal services during the perinatal period, do not regularly, significantly and substantially involve fathers
- Mother-centric language in written resources, such as pamphlets, did not provide enough detail about father experiences
- Few father specific resources are available
- Gender stereotypes



Ref: [The Safeguarding Practice Review Panel \(2021\)](#), [Burgess and Goldman \(2022\)](#)

Teachable Moment

- In a society which expects women to take a disproportionate responsibility for children, opportunities to increase both the involvement of and expectations on men to assume more responsibility as fathers are missed.
- There is reduced ability to identify those men whose vulnerabilities might require further specialist input and it is less likely that the risks they may present are identified and acted upon.
- Fathers, for whatever reason, not wanting or able to engage in antenatal and postnatal services, are being enabled to avoid responsibilities.





Mental Health

- Poor paternal mental health can negatively impact upon the partner and child- 80% of mothers identified their baby's father as their primary support (Harrison. et al, 2020)
- 11.3% reported difficulties adjusting to fatherhood, primarily due to lack of sleep and not having enough time with their children
- Father's depression postnatally 5%-10%
 - Prior episodes of severe mental distress and having a depressed partner are the strongest predictors of a new father exhibiting depressive symptoms
 - Linked with employment difficulties, socio-economic or educational disadvantage
 - Linked with an unsupportive or conflicted relationship with their baby's mother and limited family or social support
- 17.1% of fathers report severe stress in the first year
- Fathers may feel reluctant and unable to express their support needs or seek help and question the legitimacy of their experiences
- For men family doctors would be the health professional of choice to approach (Baldwin et al, 2019)

What can primary care do?

- Signpost to information and resources, that are framed around fatherhood and include reference to stress
- Primary Health records for babies in the UK don't usually include who the father is, or who has PR for the child- Any record relating to the father is held separately and family records cannot be seen in a joined up and connected way (Child Safeguarding Practice Review Panel, 2021) – can this be changed?
- Is your surgery welcoming to fathers?
- Do you know of resources and support available for fathers?
- Think Family
- Liaise with other health services as appropriate regarding risk and vulnerabilities (e.g., Midwifery/HV/mental health/drug and alcohol services)

What can we do individually?

The changes to healthcare practice that fathers need to feel important and involved are relatively small

- Being questioned, listened and responded to as an individual, being actively involved in decisions regarding birth and postnatal care, being informed of decisions and changes in care that affect their baby
- ASK: Most men were not asked about their mental health and wellbeing by health professionals at any contacts in the perinatal period. They viewed the health professionals as being mainly there for their partner and not for them
- Approaches to engagement, to interviewing and to listening should be the same for both women and men. Exploring their histories, where they draw their support from, how they see their futures



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From the Fatherhood Institute & Mental Health Foundation

Resources for fathers



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We are here, whatever the weather, to offer hope, empathy and support for every parent or network affected by perinatal mental illness.

Give your child the best beginning with Baby Buddy!

Developed by UK charity Best Beginnings in collaboration with parents, healthcare professionals and partner charities across the country; the free Baby Buddy app is with you throughout your pregnancy and parenting journey, day by day.

Whether you're a mum, dad, co-parent or caregiver, Baby Buddy is here to empower you to feel confident, giving you the knowledge and practical skills