

The Importance of Supporting Fathers



This Good Practice point aligns to the NMC 2022 Standards of Proficiency for SCPHN Health Visitors, in particular Sphere C: Promoting human rights and addressing inequalities: assessment, surveillance, and intervention. See the [Nursing and Midwifery Council website](#) for more details.

All parents have a unique and significant role in promoting their family health and wellbeing, and any person can experience difficulties during their transition to parenthood, whether they are a mother or birthing person, father, co-mother or non-birthing parent. This GPP focuses specifically on the importance of the support that health visitors offer to fathers* during the perinatal period.

The period from conception to the age of 2 years is an important time for child development, and experiences during this period can influence the rest of the child's life. Fathers, who are affectionate, supportive and involved, contribute positively to their child's cognitive, language and social development, and can positively influence their child's social, academic and economic wellbeing¹. Fathers also play a crucial role in supporting the health and wellbeing of mothers, and close bonds between fathers and their children are linked to positive outcomes for fathers themselves¹. Positive father involvement and perceived support with childcare and household tasks are associated with lower levels of stress and depression in mothers^{2,3}. Mothers also feel more confident and capable about breastfeeding when their partner is supportive and involved, and breastfeeding is more likely to be successful⁴.

If fathers are not well themselves, this can impact negatively on the whole family. Depression in fathers is associated with higher levels of emotional and behavioural problems in their children, as well as negative impacts on their educational achievement ([see iHV Good Practice Point Understanding Fathers' Mental Health & Wellbeing](#)).

Health visitors and health visiting team members are ideally placed to support all parents and carers during their transition to parenthood. UK policies and frameworks^{5,6,7} outline good practice for engaging all parents. However, in reality, there is a gap in achieving this in practice^{8,9,10,11,12,13}.

Research suggests that fathers continually feel excluded and marginalised by health professionals and health services. Men can often feel that their questions and opinions are ignored by midwives¹⁴, while health visiting is often perceived as a service provided by women for women¹⁵, or for the mother and child only¹⁶.

Fathers report a lack of guidance and support around the preparation for fatherhood and relationship changes with their partner^{9,17}. Barriers to accessing support include lack of tailored information, resources and acknowledgement from health professionals, highlighting the need for health professionals to better engage with fathers⁹.

A more recent systematic scoping review of the UK literature on UK fathers reported that NHS maternity, health visiting and other family services are failing babies by ignoring their fathers during the first postnatal year¹¹.

Recommendations made by the authors included:

- entering fathers' names, contact details and NHS numbers onto birth notifications so that fathers can be contacted directly by health services;
- father-inclusive practices to be embedded across all perinatal services;
- and services/ interventions provided to families in the perinatal period to be commissioned, designed, delivered, promoted and evaluated in ways that recognise fathers' own need for support.

More information on page 2

For additional resources see www.ihv.org.uk

The information in this GPP version was created on 06/12/2024.

Whilst we have taken every care to ensure the content of iHV resources are accurate and peer-reviewed at time of publication, evidence may change over time and advice needs to be tailored to individual circumstances. The inclusion of references, content or website links from external organisations does not imply any endorsement of the organisation, or their materials, by the iHV. The iHV does not warrant or guarantee the accuracy or completeness of the information in this resource and cannot accept liability for its use. Therefore, please always exercise your own judgement. For further information, please contact us: info@ihv.org.uk

Top ten tips for effectively engaging with fathers and supporting the transition to parenthood

F ather	Use the word 'Father' when inviting fathers to appointments or advertising services. The word parent is often perceived as meaning mother. Therefore, be careful to mention fathers specifically.
A ppointments	Ensure that fathers are explicitly invited to appointments, as they are more likely to attend if there is an expectation for them to be present. This may mean you have to be flexible with the timings of the appointment, although with sufficient advance warning, many can fit in with your schedule.
T ransition	Discuss the neurobiological, social and emotional changes experienced by both men and women during the transition to parenthood and help them explore ways in which they can support each other.
H elp	Inform fathers about infant and child development- how their baby is growing, and how they can help their child to develop.
E xplore	Explore the expectations of both the mother and father in relation to the changes in gender roles, mentioning greater involvement in caregiving by today's fathers and changes in paternity entitlements.
R ewarding	Help fathers see how rewarding engaging with a baby can be. Encourage new fathers to take care of their babies and develop skills and self-confidence. Point out that this is important for their child's development, including developing their IQ.
H ealth needs	Always address fathers' health needs as men and fathers, just as you would with mothers. This includes recording their names and health details. You will need to ensure that your electronic recording systems are designed to incorporate fathers.
O ffer	Offer fathers information resources that are tailored to address their needs, and resonate with their experiences. The style and language used can make a significant difference to successfully engaging men. For example: using terms such as 'activity' rather than 'health'; 'regaining control' rather than 'help-seeking' is more likely to enable fathers to engage with you.
O rganisation	Lead on service and organisational change to adopt a father-inclusive model for health visiting. Having senior management support is crucial to its success and sustainability.
D evelop	Develop father-inclusive resources or services by including fathers in the developmental stages of the programme as this is likely to improve engagement and outcomes. Always seek feedback from fathers about their experience.

Good practice points for health visitors

- Be aware of cis-heteronormativity. This term refers to the assumption that heterosexuality and being cisgender are the norm, which plays out in interpersonal interactions and society, and furthers the marginalization of queer and gender diverse people. All parents have a unique and significant role in promoting their family health and wellbeing, and any person can experience difficulties during their transition to parenthood. Some partners may be fathers, while others may be co-mothers or non-birthing parents. It is imperative that health visitors consider each parent within their unique, individual context so that care is inclusive of everyone.
- Explicitly invite both parents to appointments and be clear that the appointment is for fathers as well as mothers¹⁸.
- Non-resident fathers can make valuable contributions to their children too, through positive relationships and high levels of involvement. It is important for health visitors to endeavour to engage with them where possible.
- If a parent isn't present or engaged, bring them 'into the conversation'¹⁹. For example, 'If I was to ask X (use their name) what they thought/did/felt etc., what do you think they would say?'. The Antenatal and Postnatal Promotional Guides may be helpful in engaging fathers in the conversation^{18,20}.

More information on page 3

Good practice points cont'd

- Be aware of all local and national services and resources available and signpost to local support groups, such as fathers' groups, LGBTQI+ parent groups, or national help lines for advice and support.
- To embed inclusive practice across health visiting, organisational support is key:
 - all service policies and guidelines need to be inclusive of fathers and written with all parents in mind.
 - systems need to include the collection and recording of data and health information about fathers.
 - all service user audits and evaluations need to include the views of all parents, including fathers, and disaggregate findings according to gender.
- While some health visitors relate to the fathers effortlessly, others may need training and/or support to develop the skills, knowledge and confidence to work effectively with fathers.

To explore opportunities to access training on this topic visit: bit.ly/4dyYOGm

Further information

- **Dad Matters UK** - Dad Matters UK provides great information, blogs and resources by dads for dads, and a list of national organisations for dads. They also have a [Facebook Page](#) - bit.ly/3xjMMFt
- **Tiny Happy People**
 - New dads - your guide to good mental health: bbc.in/2Y7eAep
 - Dad Life: Tips and advice to help you navigate parenthood and bond with your baby: bbc.in/2YCQV4t
- **The Fatherhood Institute** - The Fatherhood Institute is a UK charity working to build a society that values, prepares, and supports men as involved fathers and caregivers- bit.ly/3ObYeec
- **Dad Pad** is an app, developed in partnership with the NHS, with information and advice for dads - bit.ly/3e7JAAy
- **Dad Info UK** - support for dads on the impact of becoming a dad: bit.ly/3LuIO1z
- **Tommy's** - a website led by midwives for the latest information for parents-to-be which has information for dads: bit.ly/3X6oNnG
- **iHV Parent Tips**
 - How can dads get involved?: bit.ly/2N40I3O
 - Looking after your relationship as new parents: bit.ly/3Jteang
 - Sex and intimacy; understanding changes to your sexual wellbeing after the birth of your baby: bit.ly/33jNnRB
- **iHV Good Practice Points**
 - Understanding fathers' mental health and wellbeing during the transition to parenthood - bit.ly/3QAwkKM
 - Understanding mothers' mental health and wellbeing during the transition to parenthood - bit.ly/48pLmdo
- **Factographics** - an interactive resource combining images, text and video testimonials both from parents and health visitors signposting to support for new dads and co-parents: bit.ly/3LuJhAR
- **Bromley Lewisham & Greenwich Mind** - wellbeing resources for dads, partners and non-birthing partners: bit.ly/3g7x7TM
- **Vroom** - a free app to help parents to develop babies' brain power: bit.ly/3GPVhcf
- **NCT**

Being a new parent: juggling life as a new dad or co-parent: bit.ly/3NQhmd

Bonding and caring for your baby: bit.ly/4hvFFyX

Postnatal depression in dads and co-parents: 10 things you should know: bit.ly/3ZYrcm1
- **Anxiety UK**

Website: bit.ly/3ZT38Rz

Text Support: 07537 416 905

Helpline: 03444 775 774
- **Manup** - A charity for men talking to men to support their mental health through videos that show real cases of mental illness or issues, as well as success stories related to them: bit.ly/3XVqEvc

More information on page 4

Further information cont'd

- **Mind** - Mind is a national charity that can give you advice on your mental health including before, during and after pregnancy: bit.ly/3wwcVil
Email: info@mind.org.uk
Call: 0300 123 3393
- **PANDAS** is a community offering peer-to-peer support for parents and families - bit.ly/3XOrQ3g
Email: info@pandasfoundation.org.uk
Helpline open from 9am-8pm every day: 0843 2898 401
- **Samaritans**
Website: bit.ly/3JtUgMz
Email: jo@samaritans.org
Call: 116 123 (this is a free telephone number and will not appear on the phone bill)
- **NHS Choices - Having a Baby if You're LGBT+**
bit.ly/3NzKIWX
- **Institute of Health Visiting - Resource Library:**
bit.ly/3QmAVjq

**The iHV has adopted a gender-additive approach to the language we use in policies, resources, projects, and events. A gender-additive approach means using both gendered language alongside gender-neutral language, to ensure that everyone is represented and included. Please note that this publication uses gendered terms such as men and father and women and mother when referencing research which is gender specific.*

For the purpose of this publication, the term father includes those who are: biological or non-biological parents; residing with or separately from their partner and baby; in a relationship with or separated from their child's other parent; heterosexual, gay, bisexual or transgender; an adoptive or step-parent.

References

1. Machin A. The Life of Dad: The Making of a Modern Father. UK: Simon & Schuster; 2018.
2. Fisher JRW, Cabral de Mello M, Patel V, and Rahman, A. Maternal depression and newborn health. Newsletter for the Partnership of Maternal, Newborn & Child Health, 2. Geneva: World Health Organisation.
3. Pilkington PD, Milne LC, Cairns KE, Lewis J, Whelan TA. Modifiable partner factors associated with perinatal depression and anxiety: a systematic review and meta-analysis. *J Affect Disord.* 2015; 1(178):165-80.
4. Mannion CA, Hobbs AJ, McDonald SW, Tough SC. Maternal perceptions of partner support during breastfeeding. *International Breastfeeding Journal.* 2013; 8(1):4.
5. Public Health England. Health visiting and school nursing service delivery model. 2021 [accessed 29.03.23]. Available from: bit.ly/3wEspAQ
6. NHS England. Involving and supporting partners and other family members in specialist perinatal mental health services: Good Practice Guide. 2021 [accessed 14.06.23]. Available from: bit.ly/3BV0ldI
7. LGBTQ+ Leaders Network, NHS Confederation. Health and Care LGBTQ+ Inclusion Framework 2022 [accessed 14.06.23]. Available from: bit.ly/3C8eFEY
8. Darwin Z, Greenfield M. Mothers and others: The invisibility of LGBTQ people in reproductive and infant psychology. *J Reprod Infant Psychol.* 2019;37(4):341-343.
9. Baldwin S, Malone M, Sandall J, Bick D. Mental health and wellbeing during the transition to fatherhood: a systematic review of first-time fathers' experiences. *JBI Database System Rev Implement Rep* 2018;16(11):2118-91.
10. Baldwin S, Malone M, Sandall S. et al. A qualitative exploratory study of UK first-time fathers' experiences, mental health and wellbeing needs during their transition to fatherhood. *BMJ Open* 2019;9:e030792. doi:10.1136/bmjopen-2019-030792.
11. Burgess A. & Goldman R. Bringing Baby Home: UK fathers in the first year after the birth. 2022 [accessed 14.06.23]. Available from: bit.ly/3NCxvGS
12. LGBT Foundation (2022) Trans + Non-Binary Experiences of Maternity Services: Survey findings, report and recommendations. 2022 [accessed 14.06.23]. Available from: bit.ly/3Rzpcy5
13. Greenfield M and Darwin Z. Trans and non-binary pregnancy, traumatic birth, and perinatal mental health: a scoping review. *Int J Transgend Health.* 2021; 22(1-2): 203-216.
14. Dheensa S, Metcalfe A, Williams R.A. Men's experiences of antenatal screening: A meta-synthesis of the qualitative research. *Int J Nurs Stud.* 2013 Jan;50(1):121-33.
15. Williams R, Hewison A, Wildman S, Roskell C. Changing fatherhood: an exploratory qualitative study with African and African Caribbean men in England. *Children & Society.* 2013 Aug;27(2): 92-103.
16. Whitelock A. Why do health visitors screen mothers and not fathers for depression in the postnatal period? *Journal of Health Visiting.* 2016; 4(6):312-321.
17. Baldwin S and Bick D. Mental health of first-time fathers – it's time to put evidence into practice. *JBI Database of Systematic Reviews and Implementation Reports.* 2018; 16(11):2064-2065.
18. Baldwin S, Malone M, Murrells T. et al. A mixed-methods feasibility study of an intervention to improve men's mental health and wellbeing during their transition to fatherhood. *BMC Public Health.* 2021 Oct;21:1813 <https://doi.org/10.1186/s12889-021-11870-x>
19. Standish K. Circular Questioning as a Therapeutic Tool: Theoretical Basis and Application to Couple Therapy. *Academia.* 2021. [accessed 29.03.2023]. Available from: bit.ly/3NEU2D6
20. Davis H and Day C. Working in partnership with parents (2nd edition). Oxford: Pearson; 2010.

Author:

Dr Sharin Baldwin

PhD, MSc, PG Dip, BSC (Hons), RN, RHV, QN, FiHV, Senior Health Visitor Research Lead, Institute of Health Visiting; Adjunct Research Fellow, School of Nursing and Midwifery, Western Sydney University; Honorary Research Fellow, University of Kent.