



Calling All Fathers: Pathways to Improve Paternal Involvement in Pregnancy Outcomes

“The primary task of every civilization is to teach young men how to be fathers.”

~ Margaret Mead

BACKGROUND

- Several historical developments (slavery, declining employment opportunities for Black men, increasing workforce participation for Black women, and welfare policies favoring single mothers) have resulted in father absence from African American families (Lu, Jones, and Bond, 2005);
- Statistics show that seventy percent of African-American children are born to unmarried mothers and forty percent of all children regardless of race, live in homes without fathers (Martin et al 2003);
- While much has been written about fathers’ influence on child health and development, little is known about the male partners’ influence on maternal health;
- Forty-five years ago, men were prohibited from the delivery suite (Bartels,1999) as pregnancy and childbirth were considered “women’s work” with the father’s role being to “pick up” his wife from the hospital (Shapiro,1987);
- Today, the majority of expectant fathers are present at the time of birth;
- Research shows that little is known regarding how men prepare to become fathers;
- The quality of involvement of an expectant father in the post-natal months is dependent on his level of involvement during the preceding 9 months of pregnancy;
- Expectant fathers are open and offer a rewarding opportunity for practitioners to engage;
- Fletcher and colleagues (2004) found that, even though antenatal classes helped prepare fathers for childbirth, they had not done so with respect to lifestyle and relationship changes after the birth;
- Although this brief is intended to address general paternal involvement in pregnancy outcomes, it is important to be sensitive to the many barriers faced by men of color, given the significant racial and ethnic disparities in pregnancy outcomes.

Developing Pathways to paternal involvement in pregnancy outcomes

The peri-natal period has been long recognized as the ‘golden opportunity moment’ for intervention with fathers (Cowan, 1998) as:

- *Fathers are uniquely available – physically and emotionally;*
- *Fathers may be receptive to health messages;*
- *Domestic abuse and other negative behaviors by fathers can be challenged;*
- *Fathers may become more involved in infant care;*
- *Patterns of paternal involvement in pregnancy may endure after birth;*
- *Mothers’ childbirth experiences will be improved.*

Despite the fact that several historical trends have presented barriers for Black men to fulfill their roles as providers and protectors of their families (Hewlett, 1998), men are still very important to child and maternal health. During pregnancy fathers, like mothers are particularly open to information, advice, and support (Lupton and Barclay, 1997). It is essential to provide fathers with the necessary tools to improve their involvement at the pre-conceptual level, as well as during the prenatal and postnatal periods. For the first time expectant father, antenatal maternal attachment represents his first experience of his partner's developing a new "emotional involvement" with a third party (Condon, 2006). Simple counseling of the couple may assist the male to be more accepting of sharing and to develop a more positive relationship with both the fetus and his partner. Balancing work and home life is a vital concern for expectant fathers. Currently, there is no federal paid parental leave program in America, and just 13 percent of employers provide paternity leave with pay, according to a 2005 survey by the Families and Work Institute. The [Family and Medical Leave Act \(FMLA\)](#) does require employers to provide up to 12 weeks of unpaid leave to workers with a new child. FMLA has its limits, however; the law excludes 61 million men because they haven't accumulated enough time with the employer or their company has fewer than 50 workers. Also, those who are protected under this Act can use up to a total of 12 weeks' unpaid leave per year. So if fathers take FMLA-covered time off work to care for an aging parent and then have a new baby in the same calendar year, they can only take a total of 12 weeks off under the FMLA.

POTENTIAL PUBLIC POLICY STRATEGIES

- **Encourage expectant fathers' participation in pregnancy and childbirth by improving antenatal education;**
- **Create more father-friendly hospitals and workplace environments;**
- **Amend the Family and Medical Leave Act (FMLA) to provide up to 12 weeks of paid paternity leave;**
- **Reauthorize the Temporary Assistance of Needy Families (TANF) program;**
- **Increase local-level service delivery for existing father involvement programs;**
- **Reauthorize the Workforce Investment Act (WIA) to support employment-training opportunities for low-income fathers;**
- **Reauthorize the Head Start program to integrate fathers as competent parents;**
- **Establish additional resources to develop programs that teach men how to be responsible husbands and fathers.**

POTENTIAL RESEARCH AND PRACTICE STRATEGIES

- **Advance the methodology and data collection on studies of paternal involvement;**
- **Improve theoretical paradigms for paternal involvement in pregnancy outcomes;**
- **Develop best practice models for improving paternal involvement during the pre-, peri-, and post-natal periods;**
- **Conduct longitudinal studies on the trajectory of boys to men to fathers;**
- **Implement more studies on the understanding of the cultural variations in paternal involvement in pregnancy;**
- **Expand the research on the physiological (testosterone, cortisol, and estradiol) and behavioral changes in expectant fathers.**

About the Joint Center's Health Policy Institute (HPI)

HPI was launched six years ago to play a leadership role in reframing debates on health and refocusing attention on dangerous health disparities. Our research and analysis is helping generate new policy recommendations and provide solutions for longstanding health equity concerns.