

# Before During and After the Birth

The research on fathers' impact on their children ...

**This note summarises the evidence base athers and their children before during and after the birth. There are links at the end of this short summary to more detailed research briefings available on the Fatherhood Institute Website**

## Smoking

*Many studies show that fathers and mothers' smoking behaviours are linked...*

In 2002 a longitudinal UK survey found that smoking by a pregnant woman's partner was by far the biggest predictor of her current smoking status (Penn & Owen, 2002).

A 2001 review of nine cohort studies published in international peer-reviewed journals found 'partner's smoking habit' to be one of the key determinants of a pregnant woman's smoking. Most of the other determinants of pregnant women's smoking were related to their social and economic status.

An expectant mother's quitting is consistently associated with her partner's provision of support for her quitting – and by his quitting himself.

*And smoking by the father is linked to unwelcome outcomes for infants:*

Heavy smoking by the father is associated with fussiness and colic in newborns.

Babies are more likely to cry excessively if their fathers smoke more than fifteen cigarettes a day.

## Alcohol

*Similarly, father's use of drugs and alcohol has an influence on the mother...*

Pregnant women are almost four times more likely to have consumed alcohol and over twice as likely to have used drugs, if the father has drug and alcohol related problems. Heavy alcohol use by fathers leads to double the risk of relationship problems between the mother and baby.

*And on infants and children. Various studies have found that:*

Alcoholic fathers are less sensitive and more negative towards their babies.

Fathers' alcoholism is associated with their greater irritation with their baby and aggression towards the mother.

When alcoholic fathers enter a treatment programme, the simple fact of their receiving treatment is associated with improvements in their children's adjustment.

A clinically significant reduction in child problems is found with fathers' alcoholism recovery.

The daughters of alcoholic fathers are more likely to develop ADHD (Attention-Deficit Hyperactivity Disorder).

## **Pregnancy**

*Men are typically more responsive to health messages during the transition to parenthood...*

In 2007 Mullany et al found that educating fathers as well as mothers on healthy behaviours during pregnancy, and encouraging joint decision-making in this area, seems likely to yield the greatest net impact on family health.

Expectant and new fathers typically re-evaluate their own health and risk taking behaviour (Lupton & Barclay, 1997).

Expectant fathers who receive emotional support have better physical and emotional health (Jones 1988).

*But the opportunity to engage with them is often missed*

The benefit of traditional antenatal classes to mothers or fathers has been hard to demonstrate (Schmied et al, 1999).

Fathers also express high levels of dissatisfaction with them (McElligott, 2001).

In one study, one man in three wanted more information on nineteen subjects after antenatal classes were over (Singh & Newburn, 2000).

Nevertheless, fathers' attendance is associated with greater couple inter-dependence (a marker of the quality of the couple relationship), and the men undertake more housework and are more likely to utilize support (for review, see Diemer, 1997). This very probably translates into being 'easier to live with', and more supportive and positive.

Prenatal education specifically designed for fathers fares better. One study found such an intervention resulting in substantially greater likelihood of fathers' utilizing support, undertaking housework (both before and after the birth), being more likely to 'reason' with their partners, and reporting better couple relationships (Diemer, 1997).

The better the relationship between a pregnant woman and her partner, the lower the woman's stress levels. Maternal stress is associated with low birth weight, preterm birth and child behavioural and emotional problems.

## **Birth**

*There are many positive results from the increase in the proportion of fathers supporting their partners at the birth of their children.*

Women whose partners are present and supportive during labour suffer less distress.

Labouring women benefit when they feel 'in control' of the birth process; this is strongly promoted by having support from their partner during the birth.

Young mothers are much more likely to have a positive childbirth experience if they feel the baby's father supports the pregnancy.

Support during delivery provided by a 'close support person' (normally the baby's father) creates a more positive childbirth experience for the mother, with labour being shorter and less painful.

When labour partners (mostly fathers) know a lot about pain control, women have shorter labours and are less likely to need epidurals.

Labouring women are generally disappointed by the level of midwife involvement while the involvement of their partner is more likely to meet their expectations.

*There is still some difference of opinion about the desirability of fathers' attendance...* Claims about long term negative effects of fathers' attending the birth have been made, particularly on the couple's sexual relationship (e.g. Odent, 1999) but not substantiated through serious research.

One well designed study showed that while negative perceptions of the birth-experience were correlated with depressive symptoms in fathers at six weeks postpartum, their effect was removed once pre-existing depressive symptoms were controlled for (Greenhalgh et al, 2000).

## **Postnatal depression**

Mothers depression is associated with own personality, perinatal, infant related and partner factors...

Partner factors include a poor relationship with the father, his being unavailable at the time of the baby's birth and his provision of what is perceived by the mother to be insufficient emotional or practical support. This can include low participation in infant care. Other risk factors include his holding rigid sex-role expectations or being critical coercive or violent (for review see Fisher et al 2006).

The fathers function as a support person is key, since depressed new mothers receive more support from their partner than from any other individual, including medical staff (Holopainen, 2002).

Various studies over the last twenty years have shown that:

- Babies born to teenage mothers with supportive partners are less likely to be abused than those where the partners are not supportive.
- Greater father involvement in care of the baby and other household tasks is linked with lower parenting stress and depression in mothers.
- Women with pre or postnatal psychiatric disorders have shorter stays in hospital if they have supportive partners.
- Fathers' support can shield the baby from the negative effects of having a long-term depressed mother and can promote better parenting from the mother.

- Women who, as children, had depressed mothers have a higher risk of developing postnatal depression themselves. Having a warm and positive relationship with their fathers reduces this risk.

## Sources

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## More detailed briefings on this research

FI Research Summary: Maternal and Infant Health in the Perinatal Period: The Father's Role

FI Research Summary: The Costs and Benefits on Involved Fatherhood

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