

A transformation in the role of fathers has left many feeling ill-equipped to fulfil expectations of them during pregnancy and childbirth. **Danny Ratnaike** spoke to providers of men's antenatal classes about fathers' needs.

# Fathers: present, or just in the room?



**‘There is growing recognition of a wide gap between the expectations now placed on fathers and the preparation and support they receive to fulfil them.’**

Shifts in gender roles over the last few decades have brought fathers into the arena of pregnancy and childbirth to a degree that many previously considered unthinkable. However, there is growing recognition of a wide gap between the expectations now placed on fathers and the preparation and support they receive to fulfil them.

Fathers-To-Be was launched last year by Patrick Houser and Elmer Postle with the aim of helping to close this gap through the provision of antenatal classes run by and for men.

According to Patrick: ‘The archetypal role of a father is to protect and provide, but fathers now need to protect and provide for their family in new and different ways.’ He says that their courses are not actually about the father alone but about the whole family, which deserves the full participation of all its members.

Yet, as Elmer attests: ‘Simply acknowledging that the man is having an experience around birth is often not done.’ Although both men relate good experiences of the care provided by midwives during the births of their children, Elmer adds that there was a lot of pressure from the GP against his partner delivering at home, which they found difficult to resist. It emphasised to him how vulnerable fathers can feel in making decisions with their partners relating to childbirth, and how important it is for fathers to give attention to their understanding of birth in preparation for it.

Fathers-To-Be use a variety of techniques including visualisation to prepare men to be truly ‘present’ at the birth of their children rather than merely ‘in the room’. One aim is to understand how to manage adrenalin in a constructive way, to be in a better position to support the woman from a place of ‘stillness’. In another exercise, men envisage how they would want their children to remember them as fathers when they are adults, helping to characterise a role that has not necessarily been modelled for them otherwise.

Patrick states that most men have a desire to be included in the births of their children, something supported by previous research (Singh and Newburn, 2003), and that ‘as a society we should enable and empower them in that’.

Fathers Direct is a nationwide charity that

provides resources to promote strong and positive fatherhood, and emphasises the National Service Framework’s rationale that the involvement of fathers is extremely important for a child’s lifelong health and wellbeing (Department of Health and Department for Education and Skills, 2004).

Research midwife Bridget Knight has explored the influence of fathers on fetal and newborn health and found evidence for environmental as well as genetic factors, establishing an association between a lack of paternal details given at antenatal booking and lower birthweight (Knight et al, 2006).

Bridget adds: ‘Another area of influence means that for many women, pregnancy may not be the nurturing, caring, family-building time we would like it to be – one third of domestic abuse begins in pregnancy and existing abuse worsens during it.’

In fact, an initiative is being piloted in the north-east of Edinburgh in which the first five to ten minutes of the antenatal booking will be held without the father, to provide space at a routine appointment for women to talk to midwives about domestic violence.

While recognising the complexity of the issue, Patrick says that aggression and violence can be the product of fear. In preparing men for fatherhood, he hopes to enable them to be no longer afraid and to play a positive role in their partner’s pregnancy and their child’s birth.

Although midwives will no doubt continue to endeavour to provide women-centred care, the involvement of fathers in decision-making and acknowledgement of their role and needs may be something that requires greater attention around one of life’s most important events.

## References

- Department of Health, Department for Education and Skills. (2004) *National Service Framework for children, young people and maternity services*. HMSO: London.
- Knight B, Shields B, Powell R, Hattersley A. (2006) Paternal details missing at booking: an identifiable risk factor for lower birthweight. *Evidence Based Midwifery* 4(2): 41-5.
- Singh D, Newburn M. (2003) What men think of midwives. *RCM Midwives Journal* 6(2): 70-4.

For more information on the materials and training provided for fathers and for healthcare professionals by **Fathers Direct**, please see: [www.fathersdirect.com](http://www.fathersdirect.com)  
**Fathers-To-Be** run evening ‘mini-classes’ and two-day workshops for fathers in Brighton and London, as well as consultancy for healthcare professionals. For details, please see: [www.fatherstobe.org](http://www.fatherstobe.org)