

The First Nine Months
OF
Fatherhood:

Paternal Contributions to Maternal
and Child Health Outcomes

A Report of the Findings from the First National Conference of
Emerging Research and Practice on Prenatal Father Involvement

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Introduction

It is clearly understood that fathers matter in the lives of children. We know that when fathers are positively involved, children fare better and society benefits. Children in homes without fathers are roughly five times more likely to be poor¹ and are twice as likely to drop out of school.² Conversely, children with positive father involvement have fewer behavior problems and higher levels of sociability, and perform better in school.³

Not so clearly understood is the importance of father involvement during the earliest stage of fatherhood — pregnancy. Recent research suggests that father involvement during pregnancy affects multiple areas of child and family well-being, from prenatal care initiation and mother and child health outcomes, to the likelihood that the father will provide ongoing financial and emotional support. This body of research is gaining attention, and as a result, local and regional programs are focusing on prenatal father involvement.

The Texas Office of the Attorney General has long been engaged in a wide range of activities to encourage positive father involvement as a means to promote strong families. It is out of that commitment to families and children that our agency efforts include engaging men as positive resources for women and children during the prenatal period. The overwhelmingly positive response to our initial efforts in this arena led the Texas Attorney General's Child Support Division to secure funds from the Office of Child Support Enforcement at the U.S. Department of Health and Human Resources, to convene a major national conference focused on the positive engagement of fathers from the very earliest point in their child's development.

The First Nine Months of Fatherhood was the first national conference on this developing research and practice. The conference included researchers and practitioners from diverse disciplines and addressed the research, programmatic, policy and funding opportunities that can resolve the current gaps in knowledge and practice relating to prenatal father involvement.

The goals of the conference were to:

- Present emerging research on the impact of paternal involvement in prenatal outcomes as related to maternal health, birth outcomes, intimate partner violence, paternity establishment, economic security and family formation determinants.
- Identify research gaps and opportunities for new research agendas on paternal prenatal involvement.
- Expand professional knowledge of best and promising practices for paternal involvement in prenatal services.
- Create public awareness for paternal prenatal engagement and its links to maternal/child outcomes.
- Identify policy and programmatic barriers to paternal prenatal support and options for overcoming current barriers.
- Stimulate cross-disciplinary communication and collaboration in support of expanded paternal prenatal involvement.

Participants from multiple disciplines were drawn to the overall vision of the conference: **Positive and responsible father involvement ought to begin as early as possible in a child's development, and the prenatal period is an ideal time for intervention and treatment within family systems.**

This document is a report from the Texas Attorney General's Child Support Division of the findings from *The First Nine Months of Fatherhood* conference, and from the continuing conversations and research that have followed.* In this report, we outline a vision for change — A New Model for Working with Fathers. We invite family service providers, healthcare professionals, researchers, policy makers, program funders, and all those invested in the future of families to participate in the ongoing discussion about the importance of prenatal father involvement for children, for families, and for our American society.

Positive Impacts and Implications

Positive and responsible father involvement is critical to the health and well-being of children and families. Research has shown the positive impacts and implications of prenatal father involvement for mother and child health outcomes, paternity establishment, fathers' increased emotional involvement and economic support, and the potential for primary prevention and early intervention in cases of family violence. While prenatal involvement is an important issue for all future fathers, *the Conference and this document pay special attention to fathers who are not married to the mothers of their children, and the increased costs and risks associated with those families.*

Mother & Child Health Outcomes

Supportive father involvement during pregnancy positively influences mother and child health outcomes on a number of fronts. Drawing from a Child Trends report, **Jacinta Bronte-Tinkew** showed that the resources and support fathers provide to mothers is especially important during

"Women who view their partner as not dependable or lacking in financial, emotional, and instrumental support are more likely to view their pregnancy as unwanted."

— Jacinta Bronte-Tinkew
Child Trends

the prenatal period. The study found that pregnant women with involved male partners were 40 percent more likely to receive prenatal care in their first trimester than were those without an involved partner. Also,

One-on-One with Dr. T. Berry Brazelton

Q: When a person thinks about prenatal care, dealing with women is obvious. Not so obvious is why it is important to include the expectant father. Describe your evolution of thought from focusing on mothers to including fathers.

A: When I first started in the 1950s in child psychology, and we were seeing very sick kids, we were blaming the mothers for all that went wrong. I suppose we knew fathers were there, and maybe had an influence, but no one was vocalizing that. Then I started working with the newborns to investigate the reasons for the later problems, and we realized the importance that attachment was playing. In an effort to get information about that across, I wrote my first book, *Infants and Mothers*. After that, I was having babies myself, and I could see that fathers were very important and played a very important role. And I thought, "We're missing this!" So I tried to get that across in the next book, *Toddlers and Parents*. We got lots of letters after that book from fathers being appreciative that we recognized them. In my book, *On Becoming a Family*, I take the next step and talk about the father during pregnancy and how critical he is to the health of the baby and the mother. When the father is absent it is tough ... tough.

Q: So, you have made the transition to talking to both the mother and the father in a healthcare setting. But it seems like most doctors haven't yet. Why do you think that is?

A: [laughs] Most of them can barely talk to one parent ... never mind the father! ... There is a bias that I think all of us have — that mothers are more important than fathers — that keeps us from believing two people are equally responsible for a child. We were not — I was not — trained to treat the father, or even to deal with him. I have to remind myself, have to be constantly vigilant, to talk to the father, because I was not trained that way. In my experience, the father is shy and reluctant to speak up or to contradict the mother. It's hard to draw him out. We've got to realize that the family is a system, and every member is as important as every other member. They [their roles] are all different, and they are *all* important.

* For full citation of all conference presentation material reported in this document, please see Appendix A. Additional and subsequent research summarized in this document is footnoted. Full citations for these nonconference sources are in the "Notes" section.

pregnant smokers with involved partners reduced their cigarette consumption 36 percent more than those whose partners were not involved. The report concluded, “The positive benefits of father involvement often reported in the literature on child health and development can be extended into the prenatal period.”

Similarly, researchers from Brigham and Women’s Hospital in Boston, Mass., found that “Expectant fathers can be influential advocates for breastfeeding, playing a critical role in encouraging a woman to breastfeed her newborn infant.”⁴ Specifically, the study tested the effectiveness of an educational intervention designed to promote male partner advocacy for breastfeeding. Results found that 74 percent of mothers whose partners attended the intervention class initiated breastfeeding, as compared to only 41 percent of mothers whose partners attended the control class.

(Dr. Brazelton, Continued)

Q: What needs to happen for doctors to include fathers prenatally?

A: It’s time that dads fight for it. Mothers have to fight for it, too. We all have to fight for it. It’s true that mothers engage in “gatekeeping.” Often times it is unconscious. There is a tendency to keep the father in a less significant role. [Doctors should] make them aware of that. When I tell the mothers what they are doing, they say “Oh, no! I don’t do that. I don’t want to do that.” And so, we [doctors] ought to be more aware of that problem. We need to look for it — remind ourselves to look for it — and help families overcome it.

Dr. Brazelton is a noted international expert on child development. He is Clinical Professor Emeritus of Pediatrics at Harvard Medical School and founder of the Child Development Unit at Children’s Hospital, Boston, Mass.

Paternal Establishment, Increased Father Involvement & Economic Support

Research also points to a positive connection between prenatal father involvement and subsequent father-child engagement. A recent Mathematica Policy Research, Inc. study found, “Fathers who accompanied the mothers on a prenatal visit were more likely to engage in father-child activities later. Their presence at the birth of their children was also positively associated with later father-child activities.”⁵

“Among low-income fathers, prenatal involvement reflects a father’s confidence in being able to fulfill his role as a father. Lack of involvement is a signal that the father needs support.”

— Cynthia Osborne
LBJ School of Public Affairs, University of Texas at Austin

This research is consistent with findings from the Fragile Families and Child Wellbeing study from Princeton University, which found that unmarried men who were involved prenatally were much more likely to establish paternity at the hospital. Additionally, fathers who established paternity at the hospital showed higher levels of financial and emotional support for their children.⁶

Cynthia Osborne of the University of Texas at Austin highlighted a particular aspect of the Fragile Families and Child Wellbeing study that examined the relationship between prenatal and subsequent father involvement. The research found that the two are strongly related: Couples with prenatal father involvement were less likely to have separated by their child’s third year.

Examining both the protective and the risk factors related to prenatal father involvement, the study found that risk factors such as incarceration, substance abuse and domestic violence were highly predictive of prenatal father involvement. Since low-income fathers’ risks outnumber their protective factors almost two to one, their ability to father is greatly hindered. With this in mind, Dr. Osborne argues, “Screening for and treating risks is routine for mothers, because we know that a healthy mother predicts a healthy child. Similar screening and treatment should be done for men. Healthy, low risk fathers predict healthier mothers, children and relationships.” She cautions, though, that the benefits of positive prenatal involvement should not blind us to the need for screening and intervention in cases of family violence.

Family Violence Awareness, Prevention and Intervention

Many of the advocates and professionals working in the family violence prevention field believe that engaging the father during pregnancy may have significant benefits for primary prevention of abuse and early intervention. Concerning father involvement and intimate partner violence, **Judith McFarlane** from Texas Woman's University underscored the need for screening, primary prevention, and appropriate intervention, noting that one out of six women experience some form of intimate partner violence during pregnancy.

From a prevention perspective, however, **Phyllis W. Sharps**, department chair for Community Public Health at the Johns Hopkins School of Nursing, portrayed the prenatal period as an

Many forming families see pregnancy as a time of protection — shifting from intimate partner role to that of a father. Elevating the parent relationship and the importance of the father's role can help prevent violence."

— Phyllis Sharps
Johns Hopkins University
School of Nursing

opportunity for hope as it relates to domestic violence. Dr. Sharps and others emphasized cultivating empathy and emotional understanding

as useful tools in preventing violence during pregnancy. Fathers who attend prenatal doctor visits increase their understanding of the pregnancy, of changes affecting the mother, and of their child's developmental stages. This increased understanding helps the father begin to identify with his baby as a person rather than an abstract responsibility.

Dr. Sharps stressed the need for multiple, safe opportunities for pregnant women to disclose intimate partner violence to their health care providers, as well as the need to increase nurse training about the importance of fatherhood to the forming family.

Juan Carlos Areán of the Family Violence Prevention Fund stressed the importance of looking to fatherhood programs to play a role in prevention and intervention. He sees these

One-on-One with Juan Carlos Areán

Q: You spoke at the conference about the potential for fatherhood programs to play a role in primary prevention and early intervention in cases of family violence. What is your vision for how that would work in prenatal situations?

A: Mainly through disseminating information about the effects of violence on children, what we call "universal messages." Some of the materials that the Family Violence Prevention Fund has developed could be adapted, such as posters, children's drawings and the DVD, "Something my Father Would Do."

Q: Do you think the prenatal period really offers a unique opportunity to prevent family violence?

A: In some cases, yes. We know that the prenatal period can be both a "magical" moment for parents and a dangerous period for some couples that experience domestic violence. It would be great if we could capitalize on the former to minimize the latter at least with some families. On the other hand, first-time dads might have problems developing empathy for babies they have not yet met.

Q: What do you think children and mothers will gain if men are more positively engaged during prenatal care, and how does that relate to a long-term vision of reducing family violence?

A: From personal and professional experience, I can tell you that men have a lot to gain from being engaged with their families in every period. Empathy is connected with protective factors against abuse, and in some cases, more contact with family members will translate into more empathy.

Q: What steps would you like to see family violence prevention programs take to work with men who have a baby on the way?

A: Programs that deal with family violence in general and domestic violence in particular rarely focus on primary prevention. Most programs are geared towards intervention. Once programs start paying more attention to prevention, educating young parents seems like a logical strategy.

Q: How does your own experience of fatherhood inform your thoughts about working with expectant men?

A: Having children (two boys!) has been one of the most wonderful and challenging experiences in my life. I would never trade the opportunity I had to get involved during the pregnancy and childbirth (and thereafter). Being a father (and a father-to-be) is one of my most important identities.

Juan Carlos Areán is a program manager for the Family Violence Prevention Fund. He engages men of different cultures to become better fathers, intimate partners, and allies to end domestic violence and achieve gender equality.

programs as opportunities to support survivors of childhood and adult abuse, to create motivation for perpetrators of family violence to change and attend a batterer's intervention program (BIP), and to provide training in fathering skills to men who have concluded a BIP. **Anne Menard**, director of the National Resource Center on Domestic Violence, had a similar suggestion when she observed, "Human service and other supportive programs — like child support — have approached services to men and to families as either 'go, green light' or 'stop, red light' when domestic violence is disclosed. **We need more 'proceed with caution, yellow light' programs for families at risk of intimate partner violence.**" She offered that, since common ground is the shared goal of overall family safety and well-being, a next step must be to create a space for honest engagement between professionals in the family violence and fatherhood fields.

Finally, **Jacquelyn Boggess**, co-director of the Center for Family Policy and Practice and author of a guidebook for collaborations between fatherhood practitioners and advocates against domestic violence, agreed, stating, "The perspective of mothers and their advocates on cooperative parenting issues is essential to the success of programs designed to re-involve fathers."

Summary of Positive Impacts & Implications

- Women with involved partners were 40 percent more likely to receive prenatal care in their first trimester than were those without an involved partner.
- Pregnant smokers with involved partners reduced their cigarette consumption 36 percent more than those whose partners were not involved.
- Fathers who were involved during the pregnancy were more likely to establish paternity at the hospital and to continue to provide emotional and economic support to their child.
- Couples with positive prenatal father involvement were more likely to be together three years after the child's birth.
- Expectant fathers can be influential advocates for breastfeeding, playing a critical role in encouraging a mother to breastfeed the couple's newborn infant.
- Involving the father during the pregnancy increases his understanding of his child and the mother, which may help prevent violence.

If the expectant father can have positive impacts on his pregnant partner's smoking, prenatal care visits, and breastfeeding decisions, what other behaviors can he influence? If his involvement during the pregnancy points to prolonged and substantial engagement with his child, what can family service and health care providers do to increase the likelihood that a father will attend prenatal care visits? More research and evaluation is needed to fill in these gaps, but it seems evident that responsible, positive father involvement during pregnancy has beneficial impacts and implications for almost every aspect of a forming family's well-being. As Dr. Osborne suggested, the prenatal period is an opportune moment for family service and health care practitioners to reach out to fathers, address their risk factors, and help them engage responsibly in the formation of their new family.

Obstacles and Challenges

While conference presenters identified many obstacles and challenges that fathers face during their partner's pregnancy, more study and greater understanding is needed. It is important to mention, though, that fathers' lack of desire to be involved is (generally) not an obstacle. According to the Fragile Families and Child Wellbeing Study, almost all of the fathers who were interviewed (99.8 percent) reported a desire to help raise their child.⁷ The obstacles identified in

this report are of two varieties, but they are difficult to separate: (1) pregnancy challenges specific to fathers, and (2) barriers to prenatal father involvement.

Dr. T. Berry Brazelton, a noted international expert on child development, highlighted some of the challenges specific to fathers during the prenatal period. Of particular importance are the

“Activities during pregnancy help prepare the father for the birth — because he is not undergoing the same physical changes, the father has to imagine the mother’s experience. He has to begin to birth the child in his mind.”

— Roland Warren
National Fatherhood Initiative

expectant fathers’ feelings of exclusion and competitiveness. These feelings may show up, in part, because pregnancy is typically a time when family, friends and health care professionals focus on the

mother-to-be. The expectant father stands by as his pregnant partner is asked repeatedly about her health and well-being, while few people, if any, think to engage him in an authentic way about his own experience. In addition, the expectant mother has a physical connection to the developing child that excludes the father.

This exclusion very often leads to feelings of competition. The expectant father now has to compete with his partner for attention from their friends and family. He has to compete with the pregnancy for attention from his partner. Also, because his

prenatal experience may sometimes feel like it is largely one of observation, the expectant father may feel as if he

has to rely on his partner for information about their forming child. If not deliberately approached from a place of inclusion, this situation can set up an unhealthy power dynamic, with the mother-to-be positioned as gatekeeper of “all things baby.”

“I always draw the father into our discussion by asking him a question or two ... His surprise at being included matches his hunger for attention.”

— Dr. Brazelton, from [On Becoming a Family](#)

One-on-one with Kathryn Edin

Q: In your book, [Promises I Can Keep](#), you seem to imply that most men disappear during their partner’s pregnancy. Why talk about engaging men prenatally if they are just going to leave?

A: Not true at all! Most men are there and involved at the magic moment of birth. During pregnancy, slightly more than half are stalwart supporters who stick with their baby’s mother throughout. The other 45 percent or so have some kind of “drama” in the relationship, but most are still not broken up with the mother by birth. Furthermore, nearly all are committed to the idea of being a “do right daddy.”

As I showed in the charts [in [Promises I Can Keep](#)], involvement falls off slowly as mothers and fathers’ romantic attachment wanes, but not because of lack of interest on the father’s part. Instead, maternal gate-keeping once the mother re-partners seems to be the primary cause. A secondary cause is fathers’ new partnerships and parenting roles with subsequent children, which, for men with limited resources, can crowd out commitment to past children.

Q: In all your conversations with single mothers, what is the most common theme you hear about what they wish their baby’s father would have done during their pregnancy?

A: Get a suitable job, stay at home, and off the streets. Infidelity and domestic violence, which generally begin during this period, have long-term negative consequences and usually eventually lead to breakup.

Q: What about your conversations with men — what do you hear from them about pregnancy and their involvement?

A: They want these kids, respond more favorably to the news of an unplanned pregnancy, and are determined to stay involved. They are troubled by the amount of power the mothers hold over this key resource (the kid) and the lack of power they hold. In my view, child support orders and visitation should be determined at the same time, and visitation orders need to be as heavily enforced as the child support order. Of course, for violent or dangerous men, the story is different. Minnesota family court is about to experiment in this regard.

Dr. Brazelton stressed the need for prenatal health care providers to draw the father out of his isolation and engage him in the pregnancy. He sees prenatal visits as a time to expose the father to his developing baby’s heartbeat and sonogram, as well as an opportunity to ask the father questions about his worries and dreams for his baby. Dr. Brazelton recommends that practitioners show the expectant father how much his baby experiences in the womb as a way to predispose him towards later involvement in his infant’s development.

Another father-specific obstacle discussed throughout the conference is the difficulty many men have defining their role as the father in a family. Some men may have trouble because they lacked a strong father figure in their own home.

Another factor may be the increasingly ambiguous role of the father as experienced in and expressed by our society. The “provider” role is still a very dominant concept in the minds of many men and women, and it is an especially daunting one for un- or underemployed expectant fathers. Fortunately, the model of an involved father continues to broaden from mere breadwinner and disciplinarian to include co-parent, teacher, and nurturer, among others. Still, there is a perceived disconnect between expectations of masculinity and what it is to be a caring father. For instance, **David Johnson**, a public health advisor from the Office of Family Planning, U.S. Department of Health and Human

“We have institutionalized ignoring men in social and public programs. [It is time for] rethinking outreach - how to serve men who are there but have not been treated as having an important role.”

— Jennifer Burnszynski
Office of the Assistant Secretary
for Planning & Evaluation
U.S. Department of Health
& Human Services

Services, stressed the need to promote healthier behaviors as expressions of manhood.

Yet another barrier to prenatal paternal involvement is that the existing public programs (in general) do not focus on the family as a whole. Programs tend to serve mother and child, while some serve fathers. It is a tough transition for programs to shift to serving the family as a whole system. Mr. Johnson also

underscored the need to be prepared to serve various family structures (married, separated, cohabiting). He believes that we more effectively serve fathers when we approach them through an understanding of their own realities and challenges.

One final highlighted challenge is society’s broad disregard for the importance of father involvement during pregnancy. Expectant fathers report great difficulty taking time away from work or school to attend prenatal appointments and classes. This is typically not the case for the pregnant mother. A recent National Fatherhood Initiative survey asked 701 American fathers about the obstacles they faced to being a good father.⁸ “Work responsibilities” was the answer most frequently given. Of the respondents who were not married to their child’s mother, the most frequent obstacle reported was resistance and lack of cooperation from the mother. Whether an accurate perception or not, this information stresses the need to intervene and address the importance of father involvement from the earliest moment possible.

(Kathryn Edin Continued)

Q: Your next book is entitled Marginal Men. How do you respond to people who claim that, in many cases, children are better off without a “marginal father” in the picture?

A: That they consider the counterfactual, which is not a noble single mother, but a woman who re-partners with a number of men, making fatherhood a revolving door for the kids, with disastrous potential outcomes for their health and well-being. Social fathers are as likely to be nightmares as they are blessings. Also, when dad gets locked out, his strong desire to father leads him to engage in further childbearing so he can get that connection. Simply put, if you don’t engage the father with *this* child, he’ll find a way to connect with a *subsequent* child. Giving more power to dads will, in my view, make them more responsible, because they have more of a sense that they can see the payoff from their investment.

Kathryn Edin, PhD, is professor of Public Policy & Management at the JFK School of Government, Harvard University. Her research focuses on urban poverty and family life, social welfare, public housing, child support, and nonmarital childbearing.

There are many challenges to positively engaging fathers during the mother’s pregnancy. Those challenges include personal barriers to father involvement, as well as programmatic and societal obstacles to incorporating fathers in existing services. We cannot address the issue of prenatal father involvement without considering the challenges unique to men. Continued evaluation and research need to determine the scope of real and perceived obstacles to fathers’ prenatal involvement.

Promising Practices

While there has not yet been a systematic effort to get fathers involved prenatally, there are programs and agencies nationwide that have taken up the cause and are returning positive results from their efforts. These leaders in the field have developed innovative practices that support the positive engagement of fathers during the prenatal period. Their approaches include the intentional engagement of fathers in prenatal clinic visits; fatherhood preparation classes focusing on infant care and a father's

"Father involvement is not just a human service issue; it is also a healthcare issue and a law enforcement issue. We need to address issues of employment, healthcare and child support if we want to effectively create intervention programs for fathers and families."

— V. Jeffery Evans
Demographic & Behavioral Sciences, National
Institute for Child Health & Human Development

role as caregiver; and broad educational outreach through existing public prenatal support systems. Though

these paternal support efforts hold promise for improving mother and child health outcomes, rigorous evaluation is still needed before we can make any broad claims of their effectiveness.

The Father's First Initiative is an Early Head Start-supported program at the Early Steps Family Center, Visiting Nurse Service of New York (VNSNY) in the Rockaway Community of Queens. This program aims at engaging men as fathers as early and as fully as possible.⁹ The initiative is a strengths-based approach that focuses on collaborating with the participating fathers and developing a "culture of inclusion." As **David Jones**, director of Family Support Services VNSNY, explained, "There are many losses for the male during pregnancy, and the gains are difficult to realize, especially in the first half of the pregnancy while the baby is still not real to him. There is also the loss of a previous role and lifestyle, and nothing is predictable anymore."¹⁰ Tackling these losses, the Father's First program offers a wide range of services to fathers, including counseling, support groups, GED programs, and job skills training programs, all with the goal of helping men to bond with and nurture their children.

The Family Violence Prevention Fund has implemented several strategies to increase early male involvement. One educational campaign, "Coaching Boys into Men," encourages adult

One-on-One with OCSE Commissioner, Margot Bean

Q: The Office of Child Support Enforcement (OCSE) was established more than 30 years ago to enforce child support. How is it that OCSE has taken a lead, if not the lead, on fatherhood efforts in the federal government?

A: OCSE has taken a lead in fatherhood programs especially after The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, which mandated OCSE work in the following two areas: 1) access and visitation programs to increase noncustodial parent time with their children; and 2) voluntary paternity establishment programs in hospitals. Around that time, OCSE also funded waiver projects known as Responsible Fatherhood programs to help unemployed or low-income fathers find work and pay child support. OCSE believes that child support outcomes are better when the relationship with fathers is less adversarial.

Q: OCSE is funding a project (in Texas, the Strong and Stable Families Project) that includes prenatal involvement of expectant fathers. Is it the assumption that all of these unmarried fathers are not going to take care of their kids?

A: We don't assume that. However, recent research by the Census Bureau indicates that unwed birth fathers do pay less than married or divorced fathers, even with high rates of paternity establishment. And so there is value in paying special attention to unmarried fathers, their partners, and their children.

Q: The OCSE strategic plan talks about "helping parents meet the financial and emotional needs of their children." That sounds good, but aren't the fatherhood projects really about getting more money out of men?

A: Of course, one of the goals for the projects is to increase financial support, but we know that doesn't happen unless fathers have better jobs and are involved in the lives of their children. These projects have increased father-child involvement by 30 percent and have had a measurable impact on the incomes of fathers, as well as improving child support payments.

Q: What kind of difference do you really think it would make if expectant fathers were more engaged during their partner's pregnancy?

A: One very clear difference is highlighted in recent National Institute for Child Health and Human Development studies that show when expectant fathers are engaged during the partner's pregnancy, the mother is happier, feels supported, and the baby's health (as measured by birth weight, premature status, and other measures) is better than when the father is not involved.

Margot Bean was appointed Commissioner for the Federal Office of Child Support Enforcement in 2005. OCSE's primary mission is to serve children and families by assuring that assistance in obtaining financial and medical support is available to children through locating parents, establishing paternity and support obligations, and enforcing those obligations.

men to mentor the boys and young men in their lives by promoting positive messages of what it is to be a man in a relationship.¹¹ The campaign consists of posters and brochures, and newspaper, radio and television public service announcements. All materials advocate that boys need positive male involvement to grow into strong men who respect women.

The National Center on Shaken Baby Syndrome has developed a prevention program with dads in mind.¹² The program includes educational materials for distribution (brochures, handbooks, fliers and posters) and a class curriculum, *Dads 101*. The six-hour course intends to “educate men about the dangers of shaking, to help them learn the skills they need to care for infants and to encourage discussion among the participants about their own perceptions of fatherhood.” The hope is that increased confidence in parenting ability combined with information about crying patterns and acceptable responses will reduce the stresses that can lead to shaken baby syndrome.

Sharon Schindler Rising, executive director of the Centering Healthcare Institute, has developed a prenatal group-care method, *The Centering Model*, designed to engage and empower expectant parents. This model “alters routine prenatal care by bringing women out of exam rooms and into groups for their care.”¹³ Groups of 8-12 couples with similar due dates meet together regularly during their pregnancy. In each session, couples engage in the self-care activities of recording the mother’s weight and blood pressure on their charts. With a practitioner, the parents listen to their baby’s heartbeat, check for uterine growth, and talk about their concerns.

WIC also appreciates the positive benefits of male partner involvement during pregnancy. They are targeting African American fathers in an effort to increase and prolong breastfeeding instances among African American women. “Fathers Supporting Breastfeeding” is an informational campaign that includes posters, brochures and a video intended to “promote breastfeeding awareness and to support and strengthen the role of fathers in the family.”¹⁴

One-on-One with Matthew Stagner

Q: I hear that one of your daily activities is walking your kids to school. Obviously, being a dad is important to you. How has your own experience of fatherhood shaped your professional focus?

A: Being a dad dramatically changes your professional perspective. It helps you realize both how much kids need, as well as how hard the job of fathering is. It gives me great humility for those who try their best with much more limited resources than I have to work with. It also gives you great satisfaction and makes you hope your professional work can help some other dads gain access to that satisfaction.

Q: There seems to be a serious absence of research on prenatal paternal engagement. Why do you think that is?

A: I think there are several reasons for this, but I hope we are on our way to correcting all of them. First is the biological and medical fact that the woman is carrying the child and her health becomes an easy focus for professionals and, therefore, for researchers. Second, most programs aimed at infant health and development focus solely on the mother-child relationship. Finally, there are many myths about dads who don't want to be involved. Research tends to accept rather than challenge these premises, but I hope that is changing.

Q: Thinking about your role as director of the Chapin Hall Center for Children, what do you think needs to happen in the research world in order to better understand fatherhood and father involvement, especially during the prenatal period?

A: Research can both react to good things happening in the practice world and can push practice in some ways. We first need to stop doing harm by ignoring the role of dads, even when the program doesn't focus there. Dads are often a key part of families' lives, even if the programs are not highlighting it. Research can also serve a "myth busting" role by developing more complete information on how dads are involved.

Finally, if new interventions to support and involve dads in the prenatal period are developed, we should work quickly to provide feedback on their impacts. If they are not having the impacts we desire, we need to look hard at the intervention and make adjustments. We shouldn't give up on the goal. If they are having impacts, we need to get the word out and think about how those impacts could be expanded to other sectors.

Matthew W. Stagner is the executive director of the Chapin Hall Center for Children at the University of Chicago, a research center focused on child and family policy.

Joseph T. Jones Jr. is the founder and CEO of the Center for Urban Families, which operates an effective and innovative Responsible Fatherhood program.¹⁵ The program consists of two components: the Baltimore Responsible Fatherhood Project (BRFP), and the Child Support Intervention program. The goal of the program is to alleviate some of the obstacles and encourage low-income fathers' involvement in the lives of their children. BRFP services intend to "help low-income fathers to meet their parental responsibilities, obtain and maintain meaningful employment, refrain from criminal behavior and learn what it means to be a good partner and husband." The Child Support Intervention program specifically aids fathers in their child support management, so they can maintain employment while they repay their child support debt.

The Texas Office of the Attorney General (OAG) has long been engaged in a wide range of activities to encourage positive father involvement as a means to promote strong families. It is out of that commitment to families and children that the agency efforts to support prenatal father engagement have evolved and include educational services and pilot programs.¹⁶

The OAG publishes and widely distributes [Maps for New Dads](#), a prenatal handbook for fathers on what to expect from and how to care for a new baby.¹⁷ The agency also offers father involvement training for WIC, Early Head Start and other prenatal service providers. The OAG's Parenting and Paternity Awareness curriculum (p.a.p.a.) reaches thousands of middle and high school students every year. The curriculum highlights the rights, responsibilities and realities of parenting, while emphasizing the value of stable families and children's need to have skilled, caring support from both parents.

A New Model for Working with Fathers:

A Call for Practical and Philosophical Change

Through presentations, panel discussions, and interdisciplinary collaboration, *The First Nine Months of Fatherhood* conference highlighted the need for a new model for working with fathers during the prenatal period. As we reframe our thinking — as researchers, policy makers, service providers, and practitioners — about a father's involvement during his partner's pregnancy,

One-on-One with V. Jeffery Evans

Q: You've been involved in fatherhood research and funding for what, 20-plus years? What do you know now that you wish you'd known at the very beginning?

A: That is an interesting question ... we've consistently imagined what men do through the eyes of mothers, and we know quite a bit about what fathers do that is similar to mothers. What we don't know as much about is how to look at what dads do specially. If we had started looking at that 30 years ago when I first became interested in fathers, I think we'd be much further along in our understanding of fathers and their contributions.

Q: Do you really think there is some unique value in this notion of engaging men during their partner's pregnancy? What do you think is to be gained?

A: Oh! I not only *think*, we're betting millions of dollars that there *is* value there, that it's important, that it's malleable. The interaction between the mother and the father has a lot to do with their health and their interaction with their children, and that interaction has a lot to do with their children's health. [Engaging men during pregnancy] could be an engine of intergenerational change in the health of families. Both men and women have a role in the intergenerational health of families. Improve their relationship, improve the health of the mother and the child.

Q: If you could wave your policy magic wand, what changes would you make to increase positive father engagement during the prenatal period?

A: I would make everybody in the federal government, especially, and the state governments aware that the government sets multiple disincentives to fathering. Especially in fragile family systems, fathers are carrying so much baggage that gets in the way of fatherhood. Some of their baggage is their own fault. Some of the baggage, though, public policy can ameliorate. We've had some political awareness and goodwill. It has bipartisan roots. We *do* care. The OCSE has underwritten a number of experimental programs that are successful and can be used on a wider scale. Our friends in the criminal justice system have paid attention. [The problem is] we have segmented the professional avenues of dealing with this problem into different silos that are incomplete. Various compartments of government don't work at all or well together. When combined all together, there are not the professional ties and capabilities to work together [on this issue]. This is a structural problem we've got to solve.

some key concepts of approach and fundamental principles for practice emerge. These new concepts and principles call for both practical and philosophical change across the diverse disciplines invested in child and family well-being.

Key Concepts For Philosophical Change

The following key concepts for philosophical change are a framework for the next steps in serving children, families and fathers prenatally. These are broad concepts to address when working with fathers. They aim to promote positive father engagement within family systems and to support an atmosphere of paternal inclusion.

- The expectant father is not tangential to the mother and her pregnancy. He is an important part of the family system, and his contributions (or omissions) have a lasting impact on the overall welfare of the mother and child.
- It is important to involve fathers in the lives of their children from the earliest moment possible. Ideally, every man will have a strong sense of his personal responsibility in the planning, conception, development and life of his child(ren).
- It is necessary to promote a shift in public opinion about a father's positive involvement during his partner's pregnancy, to promote healthy concepts of manliness and fatherhood. We must help to define the nature of fatherhood, and to reconcile the seemingly paradoxical notions of what it is to be manly and what it is to be a loving father.
- We should look to the prenatal period as a key moment for intervention: a time to treat and care for not only the mother, but for the father as well. This is a time to identify a father's risk factors and to intervene accordingly.
- There is a need to examine the ways in which prenatal fatherhood programs and family violence service providers can work together (or at least in tandem) to achieve their shared goal of positive father involvement and overall family health and safety.

Recommendations For Practical Change

What follows is an amalgamation of common elements found in the most promising prenatal fatherhood practices, based on the research and information collected from participants at the conference, previous and subsequent conversations with family service professionals, and anecdotal experience.¹⁸ These are their recommendations for practical, programmatic change in how we serve children, families and fathers.

- Identify fathers' risk factors and high-risk health behaviors as early as possible and continually throughout their involvement in the program. Pay particular attention to domestic violence issues and to needs for employment services.

(V. Jeffery Evans Continued)

Q: Do you find it odd or surprising that child support enforcement is at the forefront of this discussion on prenatal male involvement? Why do you think that is?

A: [laughs] That is an interesting question... If you think about it, it is really not surprising at all and I applaud the Texas Attorney General's Child Support Division for approaching this proactively. An involved father will live up to his obligations to his child. An involved father is likely to work with civil authorities. I can see why the Texas OAG would be very, very interested. Also, it [supporting prenatal father involvement] is a way of investing in the next generation to make sure they don't encounter the same problems of the previous generation. The period of intervention seems to be before conception. The OAG is taking a preventive approach to public policy, of addressing the problem before it becomes apparent.

Dr. V. Jeffery Evans is director of intergenerational research with the Demographic & Behavioral Sciences Branch of the National Institute for Child Health & Human Development.

- Tailor educational materials, classes and groups specifically to men, and to the men of the demographic served.
- Work with local prenatal care services and providers to advocate for father involvement during pregnancy. Develop educational materials and trainings for nurses, doctors, midwives and other health care professionals about the importance of including fathers during prenatal visits and ways to do so.
- Rigorously evaluate program standards and results.
- Focus educational materials, classes and groups around four key issues:

Prenatal Health Information

Mother's Prenatal Health

- emotional and physical changes expected throughout the pregnancy
- nutritional needs and how to help her meet them
- prenatal visits: what they are and what to expect
- practical ways to support Mom throughout the pregnancy

Baby's Prenatal Health

- developmental stages
- the importance of attending prenatal visits
- prenatal tests: what they are, what they look for, and what happens next
- practical ways Dad can contribute to healthy baby outcomes
- things to do to get ready for the birth

Fatherhood

Participants should:

- discuss what they know about fatherhood from their role models;
- define for themselves, in clear terms, their roles as fathers;
- identify the benefits to their children of long-term, positive involvement;
- identify the barriers they perceive to their long-term involvement and strategies to overcome those barriers; and
- discuss the legal and child support issues relevant to fatherhood.

Basic Childcare Information

- the how-tos of dressing, diapering, bathing, consoling and stimulating
- health and safety issues such as nutritional information, sleep needs and expectations, baby-proofing a home, and what to expect at a well-child visit
- bonding and attachment and how each relates to child development

Healthy Relationships

Information, group sessions, and activities regarding:

- understanding of the mother's circumstances and responsibilities, and methods for supporting her
- co-parenting skills, especially communication strategies, conflict-resolution strategies, and problem-solving techniques
- the changed relationship: expectations and realities for the couple (whether romantically involved or not) during pregnancy and after the baby arrives

Conclusion

The *First Nine Months of Fatherhood* conference and this report aim to bring into focus the current research and practice surrounding prenatal father involvement and provide a catalyst for further discussion and research.

When fathers are positively engaged in the prenatal experience, they greatly contribute to overall child and family well-being. Currently, there are many barriers to prenatal father involvement, especially within fragile family systems. Fathers who are involved and supportive during pregnancy are more likely to establish paternity and provide long-term financial and emotional support to their children. We know that low-income, unwed fathers face a wide range of obstacles to their positive involvement, but we also know that these fathers want to engage with and support their children. **The challenge for family service providers, health care professionals, researchers, policy makers, and program funders is to take the necessary steps in our respective fields to address the importance of prenatal father engagement.**

Taking steps to engage fathers during the prenatal period is not just a matter of responding to fathers' interests, but is even more significantly linked to the broader social interest in promoting child and family health and stability. Policy and practice are turning towards supporting fathers as unique and important members of the family system, but we recognize there is much more to do.

Appendix A — Summary Of Conference Agenda

The First Nine Months of Fatherhood: *Paternal Contributions to Maternal and Infant Outcomes*

National Conference on Emerging Research and
Practice on the Prenatal Contributions of Fathers

A Father's Touchpoints: What it Takes to Make a Family

T. Berry Brazelton, M.D.

Professor Emeritus, Harvard Medical School
Founder, Child Development Unit, Children's Hospital, Boston, MA
Founder, Brazelton Touchpoints Center

Joshua Sparrow, M.D.

Assistant Professor of Psychiatry, Harvard Medical School
Director of Special Initiatives, Brazelton Touchpoints Center
Supervisor for Outpatient Psychiatry Services, Children's Hospital, Boston, MA

Emerging Research on Paternal Impacts on Prenatal Outcomes from the Medical, Family Violence, and Family Formation Fields

Pregnant and Abused: How Do We Break the Cycle of Abuse, Ensure Safe Motherhood, and Promote Healthy Families?

Judith McFarlane, RN, DrPH, FAAN

Parry Chair in Health Promotion and Disease Prevention
Texas Woman's University College of Nursing, Houston, TX

Resident Fathers' Prenatal Behaviors, Pregnancy Intentions, and Links to Involvement with Infants and The Effects of Father Involvement During Pregnancy on Receipt of Prenatal Care and Maternal Smoking

Jacinta Bronte-Tinkew, Ph.D.

Senior Research Scientist and Program Area Director, Child Trends

Links Between Father Involvement and Subsequent Family Formation

Cynthia Osborne, Ph.D.

Assistant Professor, LBJ School of Public Affairs
Affiliate of the Population Research Center
University of Texas at Austin

Hope and Challenge at the Intersection of Intimate Violence & Pregnancy

Phyllis W. Sharps, Ph.D., RN, CNE, FAAN

Professor and Chair, Department of Community Public Health Nursing
Johns Hopkins University

From Here to Paternity: Prenatal Expectations and Realities for Family Formation

Kathryn Edin, Ph.D.

Professor of Public Policy & Management, JFK School of Government, Harvard University

Promising Practices from the Field

Linking Fathers During the Prenatal Visit

Sharon Schindler Rising, CNM, MSN

Executive Director, Centering Healthcare Institute

Peggy B. Smith, Ph.D.

Professor and Director, Baylor College of Medicine Teen Health Clinic

Appendix A — Summary Of Conference Agenda

Ruth S. Buzi, LCSW, Ph.D.

Assistant Professor and Director of Social Services, Baylor College of Medicine Teen Health Clinic

Prevention and Early Intervention: Fathering and Violence

Juan Carlos Areán

Program Manager, Family Violence Prevention Fund

Jacquelyn L. Boggess

Co-Director, Center for Family Policy and Practice

Systems Change: Integrating Father Preparation into Existing Public Systems of Prenatal Care and Services

Michael Hayes

Director of Family Strengthening Initiatives, Texas Office of the Attorney General

David A. Jones, LMSW

Clinical Director and Male-Involvement Specialist

Early Steps Family Center, Visiting Nurse Service of New York

A History of Disincentives: What's at Stake for Families & Children When Fathers' Involvement is Discouraged by the Public Agenda?

Margot Bean

Commissioner, Federal Office of Child Support Enforcement

Roland Warren

President, National Fatherhood Initiative

What Do Fathers Have to Offer Beyond Financial Support?

Judge Kent Sullivan

First Assistant Attorney General of Texas

Eduardo Sanchez, M.D.

Director, Institute for Health Policy, University of Texas Health Science Center

Former Commissioner, Texas Department of State Health Services

A Future that Includes Fathers: Setting a Research, Practice and Policy Agenda for Prenatal Paternal Involvement

Matthew W. Stagner, Ph.D.

Executive Director, Chapin Hall Center for Children, University of Chicago

V. Jeffery Evans, Ph.D., J.D.

Director of Intergenerational Research, National Institute for Child Health and Human Development

Anne Menard

Director, National Resource Center on Domestic Violence

David M. Johnson, MPH

Public Health Advisor, Office of Family Planning, Office of Population Affairs, U.S. Department of Health and Human Services

Jennifer Burnszynski

Senior Social Science Analyst, Office of the Assistant Secretary for Planning & Evaluation, U.S. Department of Health & Human Services

John H. McGovern, MGA

Senior Project Officer of Healthy Start Programs, Health Resources & Services Administration, Maternal & Child Health Bureau, U.S. Department of Health and Human Services

Appendix B — Helpful Resources on the Web

Baylor College of Medicine
Teen Health Clinic
www.teenhealthclinic.org

Brazelton Touchpoints Center
www.touchpoints.org

Center for Family Policy and Practice
www.cffpp.org

Center for Urban Families
www.cfuf.org

Centering Healthcare Institute
www.centeringpregnancy.com

Chapin Hall Center for Children
University of Chicago
www.chapinhall.org

Child Trends
www.childtrends.org

Early Steps Family Center
Visiting Nurse Service of New York
www.vnsny.org/mainsite/services/s_headstarrt.html

Family Violence Prevention Fund
www.endabuse.org

Federal Office of Child Support
Enforcement
www.acf.hhs.gov/programs/cse

Forum on Child and Family Statistics
www.childstats.gov

Joint Center for Poverty Research
www.icpr.org

National Center on Fathers and Families
www.ncoff.gse.upenn.edu

National Fatherhood Initiative
www.fatherhood.org

National Institute for Child Health
and Human Development
www.nichd.nih.gov

National Practitioners Network for
Fathers and Families
www.npnff.org

National Resource Center on
Domestic Violence
www.nrcdv.org

Family Initiatives
State of Texas Office of the Attorney
General
www.texasattorneygeneral/cs/ofi

Promoting Responsible Fatherhood
Federal Resource Site, USDHHS
www.fatherhood.hhs.gov

The Fragile Families and Child Wellbeing
Study Princeton University
www.fragilefamilies.princeton.edu

Transition to Fatherhood Project
Cornell University
fatherhood.library.cornell.edu/ttf

Women, Infants and Children (WIC)
www.fns.usda.gov/wic

Notes

1 U.S. Census Bureau, Children's Living Arrangements and Characteristics: March 2002, P200-547, Table C8. Washington D.C.: GPO, 2003. https://www.fatherhood.org/father_factor.asp

2 U.S. Department of Health and Human Services. National Center for Health Statistics. Survey on Child Health. Washington, D.C.: GPO, 1993. https://www.fatherhood.org/father_factor.asp

3 Le Menestral, Suzanne. "What Do Fathers Contribute to Children's Well-Being?" Child Trends Research Brief (May 1999), http://www.childtrends.org/Files//Child_Trends-1999_05_01_RB_FatherContribute.pdf

4 Wolfberg, Adam J., Karin B. Michels, Wendy Shields, Patricia O'Campo, Yvonne Bronner, Jessica Bienstock, "Dads as Breastfeeding Advocates: Results from a Randomized Controlled Trial of Educational Intervention." American Journal of Obstetrics and Gynecology 191, no. 3 (2004): 708-12.

5 "Understanding Fathering: The Early Head Start Study of Fathers of Newborns," Mathematica Policy Research, Inc. (May 2003). <http://www.mathematica-mpr.com/publications/PDFs/ehsnewborns.pdf>

6 "In-Hospital Paternity Establishment and Father Involvement in Fragile Families," Fragile Families Research Brief no.30 (February 2005). Adapted from a paper of the same name by Ronald Mincy, Irwin Garfinkel, and Lenna Nepomnyaschy.

7 Bondheim-Thompson Center for Research on Child Wellbeing, Princeton University and Social Indicators Survey Center, Columbia University, "Dispelling Myths About Unmarried Fathers," Fragile Families Research Brief no.1 (May 2000).

8 National Fatherhood Initiative, "POP'S CULTURE: A National Survey of Dad's Attitudes on Fathering," (2006) http://www.fatherhood.org/downloadable_files/PopsCulture_FatherAttitude.pdf

9 Visiting Nurse Service of New York, "Early Head Start and Early Steps Family Center," Visiting Nurse Service of New York website, http://www.vnsny.org/mainsite/services/s_headstart.html

Navaie-Waliser, Maryam, David A. Jones, Aubrey L. Spriggs, Laura Ensler, and Priscilla Lincoln. "From Theory to Practice: An Evidence-Based Model of Father Engagement," An Early Head Start Research Abstract, www.vnsny.org/research/staff/EHSrschabstract.doc

10 Jones, David A., "Systems Change: Integrating Father Preparation into Existing Public Systems of Prenatal Care and Services" (presentation, The First Nine Months of Fatherhood conference, Houston, TX August 20-21, 2007).

11 Family Violence Prevention Fund, "Coaching Boys into Men," Family Violence Prevention Fund website, <http://www.endabuse.org/programs/display.php3?DocID=9916>

12 National Center on Shaken Baby Syndrome, "Dads 101 Program," National Center on Shaken Baby Syndrome website, <http://dontshake.com/Audience.aspx?categoryID=10&PageName=Dads101.htm>

13 Centering Healthcare Institute, "About the Program," Centering Pregnancy and Parenting website, <http://www.centeringpregnancy.org>

14 Food and Nutrition Service United States Department of Agriculture, "Fathers Supporting Breastfeeding," Women, Infants and Children website, <http://www.fns.usda.gov/wic/Fathers/SupportingBreastfeeding.HTM>

15 Center for Urban Families, "Programs: Responsible Fatherhood," Center for Urban Families website, http://www.cfuf.org/responsible_fatherhood

Notes

16 Attorney General of Texas, "Family Initiatives," Visit the Child Support Section of the Attorney General's website, www.texasattorneygeneral.gov, select Child Support, then [Family Initiatives](#).

17 Attorney General of Texas, "Maps for New Dads: A Guide to Taking Care of Your New Baby," (adapted from "Maps for Dads," Healthy Families San Angelo, San Angelo, TX), Visit the Child Support Section of the Attorney General's website, www.texasattorneygeneral.gov, select Child Support, then [Publications](#).

18 Special thanks is due here to all of the conference presenters, especially those providing direct service to families and fathers. In addition, we acknowledge the valuable input from Gardner Wiseheart of Healthy Families San Angelo (<http://www.hfsatx.com>) and Chris Brown of the National Fatherhood Initiative (www.fatherhood.org).

