



**The Commission on Paternal Involvement in Pregnancy
Outcomes Presents:**

**COMMISSION OUTLOOK:
BEST AND PROMISING PRACTICES FOR IMPROVING
RESEARCH, POLICY AND PRACTICE
ON PATERNAL INVOLVEMENT IN PREGNANCY
OUTCOMES**



PREFACE

The Joint Center for Political and Economic Studies is a national, non-profit research and public policy institution that focuses on the concerns of African Americans and other people of color. Through the work of our Health Policy Institute (HPI) we seek to improve the health status of minority communities by expanding their participation in political, economic, and public policy arenas related to health, and to eliminate health disparities by identifying their underlying causes and defining specific strategies to address them through public policy initiatives and community-based efforts.

An important aspect of HPI's work is to inform policies and practices aimed at reducing infant mortality and improving child, maternal and paternal health. It is our hope that the Commission on Paternal Involvement in Pregnancy Outcomes (CPIPO) can be enormously influential in setting the direction of research and policy in this area, and can help us change the way society views the role of men in pregnancy outcomes and other family health matters – something we think is vitally important to improving infant survival rates, particularly among African Americans and communities of color.

I believe that, as the Joint Center celebrates its 40th Anniversary, CPIPO will be a testament to the abiding value of our efforts to make America a better place for all.

Ralph B. Everett
President and CEO



**COMMISSION OUTLOOK:
BEST AND PROMISING PRACTICES FOR IMPROVING RESEARCH, POLICY AND PRACTICE
ON PATERNAL INVOLVEMENT IN PREGNANCY OUTCOMES**

Background and Introduction

Men are important to maternal and child health (MCH).¹ A large body of research exists on a father's influence on child health and development, but little is known regarding the role of the expectant father in pregnancy outcomes. Much of what we know and understand about fathers during pregnancy has stemmed from research on the mother. Investigators have documented that expectant fathers can be a strong source of support or stress during labor and delivery,² but more research is needed to better understand exactly what role the expectant father plays in pregnancy outcomes.

Infant mortality (IM) has been identified as a key indicator of the health of a nation. Currently the U.S. ranks 28th among developed countries in IM.³ The Healthy People 2010 target goal for the U.S. infant mortality rate (IMR) is 4.5 infant deaths per 1,000 live births.⁴ The current U.S. rate is about 50% higher than the goal.

Major causes of IM include preterm birth (<37 weeks gestation), low birth weight (LBW) [<2500 g] and very low birth weight (VLBW) [<1500 g]. Although the U.S. IMR has decreased in the last decade, significant disparities still remain among racial/ethnic groups. In fact, the IMR for African Americans is more than double the rate of white Americans.

Risk factors for adverse pregnancy outcomes include maternal age, stress, income, education, employment, housing, prenatal care utilization, smoking, alcohol consumption, and marital status; however, these standard risk factors account for only a small fraction of explained variation in IMR among racial/ethnic groups.⁵

The little that we know about paternal involvement (PI) and pregnancy outcomes suggests that PI can have a positive influence on maternal health behaviors during pregnancy.⁶ But it is also what we don't know that limits our ability to predict how great an impact increasing the role of men and expectant fathers can have on pregnancy outcomes (PO) and the health of families. It is that potential for increasing involvement of expectant fathers that makes timely the convening of the Commission on Paternal Involvement in Pregnancy Outcomes (CPIPO) as we begin to define and explore paternal involvement in pregnancy outcomes.

CPIPO's purpose is to improve paternal involvement in pregnancy and family health by reframing debates and informing research, policy and practice to support greater involvement of expectant fathers in pregnancy. The objectives of CPIPO are to: 1) identify programmatic barriers to improving men's preconception health and paternal involvement in pregnancy and suggest options for overcoming barriers; 2) develop standardized

research, policy, educational and practice guidelines for improving paternal involvement in pregnancy outcomes (PIPO) and; 3) develop a national media strategy intended to shift the men's health focus to a more positive, direct, active and constructive role in the reproductive health agenda.

This effort to advance PI provides a key opportunity to impact the health and wellbeing of families, which comprise the most basic structural unit of our society. We know indirectly from multiple studies that PI impacts early childhood development but what about pregnancy? For example, what impact does PI have on one of the major measures of population health – IM? We also know that PI in pregnancy reduces maternal health risk behaviors and increases breast feeding. Although the data is limited, there have been research findings indicating that partner support reduces the psychosocial stress and maternal risk behaviors during pregnancy such as smoking or drug use.^{1,6-7}

“Every father is an involved father at conception”

Roland Warren, M.B.A.,
President of the National
Fatherhood Initiative,
Washington, DC

Paternal Involvement in MCH

Historically, there have been few studies investigating the impact of PIPO. Consequently, fathers' roles are poorly understood, conceptualized only as biological donor, financial provider, or source of unpredictable stress or support. Few methodologies or theoretical frameworks exist to explore these important questions, leaving only “add-on” father data collection efforts after a major project has already been designed and launched.

Obstacles to having adequate databases to document PI include the additional effort and expense required to include fathers in studies; a lack of understanding of cultural variations in fatherhood; sensitive issues relating to the mother-father relationship itself and the fact that in some families, a person other than the biological father may assume a prominent parenting role and/or male role model in the life of a young child. More importantly, the lack of attention to the impact of PIPO has resulted in deficits in research, policy, and practice that have undermined paternal involvement.

Implication for Research, Policy and Practice

Despite the fact that several historical trends have presented barriers for many men to fulfill their roles as providers and protectors of their families,⁸ men are still very important to MCH. During pregnancy, expectant fathers, like mothers, are particularly open to information, advice, and support.⁹ It is essential to provide fathers with the necessary tools to improve their involvement not only during pregnancy, but before, between, and beyond pregnancies.

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.¹⁰ 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 many 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.¹¹ The Family and Medical Leave Act (FMLA) does require employers to provide up to 12 weeks of unpaid leave to workers who need to take time off to care for their newborn or sick child; however, coverage for paternity leave is far from universal. Presently the law excludes 61 million men because they haven't put in enough time with the employer or their company has fewer than 50 workers.

Developing pathways to paternal involvement in pregnancy outcomes

The perinatal period has been long recognized as the ‘golden opportunity moment’ for intervention with fathers¹³ because it is typically a time when:

- *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.*

Defining Paternal Involvement in Pregnancy Outcomes

Researchers have disagreed about what it means to be an “involved father.” Lamb and colleagues first identified father involvement as a multidimensional concept, encompassing engagement, availability and responsibility.¹² But what do these dimensions look like in preconception and pregnancy? The Commission has defined PIPO as activities or practices by the male partner and a couple anticipating birth that ideally lead to an optimal pregnancy outcome. Those activities may include the three dimensions described by Lamb and others but unique to the preconception and perinatal period.

BEST AND PROMISING POLICY RECOMMENDATIONS

FOCUS AREA ONE: ADDRESSING POLICY BARRIERS TO PATERNAL INVOLVEMENT

Balancing work and home life is a vital concern for expectant fathers. Reform of current tax, welfare, and child support policies – as described below – is needed to encourage family formation and father involvement. Current policies such as Earned Income Tax Credit (EITC) and Temporary Assistance for Needy Families (TANF) often disallow fathers from full participation in caring for their children and families.

Amending the Family Medical Leave Act (FMLA) to include a paid parental leave could significantly strengthen PI in the perinatal period. This approach could redress the inequities in the current system whereby low-income fathers pay a higher proportion of their incomes than middle- or high-income fathers, and reduce the arrearages that can accumulate during periods of unemployment or incarceration.

- ❖ **Recommendation:** Reduce the “marriage penalty” in the EITC to allow deductions on the second earner’s income
- ❖ **Recommendation:** Amend FMLA to include paid parental leave (maternal and paternal)
- ❖ **Recommendation:** Eliminate the distinction between single-parent and two-parent families in determining TANF eligibility
- ❖ **Recommendation:** Increase TANF funds to support fatherhood initiatives
- ❖ **Recommendation:** Expand eligibility for EITC and TANF to include non-custodial fathers who pay child support
- ❖ **Recommendation:** Calculate the father’s actual earnings as a percentage of child support payment
- ❖ **Recommendation:** Improve child support payment to be “passed through” to their children, and lower the amount deducted from TANF payment to the mother
- ❖ **Recommendation:** Reauthorize the Temporary Assistance for Needy Families (TANF) program to improve PIPO

- ❖ **Recommendation:** Reauthorize the Workforce Investment Act (WIA) to support employment-training opportunities for low-income fathers
- ❖ **Recommendation:** Mandate that Healthy Start, Early Head Start, Head Start and other public programs serving children and families develop more “father-friendly” practices and programs that promote family values
- ❖ **Recommendation:** Mandate that MCOs (Manage Care Organizations) offer comprehensive family planning services for fathers and mothers
- ❖ **Recommendation:** Create family leave policies that are globally competitive
- ❖ **Recommendation:** Amend the requirements of birth certificates to include more paternal information

FOCUS AREA TWO: PROMOTING BEST AND PROMISING PRACTICE IN PATERNAL INVOLVEMENT

Preconception and Reproductive Life Planning

Preconception offers a critical window of opportunity to help men prepare for pregnancy and fatherhood. Preconception health and care have been promoted for women but not men. Best and promising practice in PIPO needs to be identified and disseminated.

- ❖ **Recommendation:** The Centers for Disease Control and Prevention (CDC) and other relevant agencies should convene an expert panel to develop a clinical care model and population-based strategies to improve preconception health and healthcare for men
- ❖ **Recommendation:** CDC and other relevant agencies should expand current efforts to enhance public awareness of the importance of preconception health and healthcare for men
- ❖ **Recommendation:** CDC, medical societies and other relevant agencies should promote awareness among healthcare providers that all men of reproductive age should be asked about their reproductive life plan at every routine clinical visit
- ❖ **Recommendation:** Health plans, school health, and other public and private entities should expand current efforts to increase access to and quality of primary and preventive care for young men in middle school, high school, and in college
- ❖ **Recommendations:** Congress and/or state legislatures should mandate that insurance plans cover preconception health for men
- ❖ **Recommendation:** CDC, Agency for Healthcare Research and Quality (AHRQ) and other relevant agencies should support the development of practitioner training models to include men in preconception and prenatal care
- ❖ **Recommendation:** CDC, Title V and Title X programs, and other relevant agencies should convene an expert panel to develop clinical and population-based strategies for improving reproductive life planning, reproductive health education, and access to contraception services for young boys and men
- ❖ **Recommendation:** Health Resource and Services Administration (HRSA) and other funding agencies should support action learning collaboratives to develop and disseminate best practices for paternal involvement in pregnancy

Pregnancy and Childbirth

Traditionally, men have not had a defined role in the pregnancy and childbirth. Today, an increasing number of expectant fathers want to be involved during the pregnancy and most are present at the time of birth. Pregnancy offers many “teachable moments” for expectant fathers. Like mothers, expectant fathers are particularly open to information, advice, and support during pregnancy, and are more likely to change their health behaviors.⁹ Antenatal education programs specific to men are needed to enhance expectant fathers’ involvement in pregnancy and parenting. Fletcher and colleagues¹⁴ 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. The quality of involvement of an expectant father in the post-natal months is dependent on his level of involvement during the preceding nine months of pregnancy.

- ❖ **Recommendation:** The American College of Obstetricians and Gynecologists (ACOG), American Academy of Pediatrics (AAPA), and other relevant organizations should expand antenatal education programs to include promotion of paternal involvement in pregnancy and parenting
- ❖ **Recommendation:** ACOG, AHRQ, Title V programs and other relevant organizations should develop and promote best practice models for improving paternal involvement in pregnancy and childbirth
- ❖ **Recommendation:** The Joint Commission, American Hospital Association, and other healthcare organizations should promote more father-friendly hospital settings, practices, and policies
- ❖ **Recommendation:** The Department of Health and Human Services and other relevant agencies should establish additional resources to develop programs that teach men how to be responsible husbands and fathers, and to build stronger relationships
- ❖ **Recommendation:** Health plans and healthcare organizations should promote early prenatal care that includes an integral role for the expectant father
- ❖ **Recommendation:** Health plans and healthcare organizations should aim to provide services that welcome and empower the expectant father, and develop education materials to help sustain paternal involvement after the newborn has been discharged from the hospital

“In reality, men’s health is women’s and children’s health”

Willie Parker, M.D., M.P.H.,
Medical Director, Planned
Parenthood, Washington, DC

FOCUS AREA THREE: EXPANDING RESEARCH ON PATERNAL INVOLVEMENT AND PREGNANCY OUTCOMES

Research on PIPO is almost nonexistent. To date there have been few studies that have attempted to identify what it means to be an involved father in pregnancy. Most studies of pregnancy outcomes lack scientific aims and hypotheses specific to the roles of men and fathers; few studies are guided by broader conceptual or theoretical frameworks (e.g. life-course perspective or the social ecological model) in their examination of PIPO. Measurements of paternal involvement in pregnancy are under-developed, as are methods for recruitment and retention of fathers, particularly men of color, in research. Pathways to paternal involvement are poorly understood, as are mechanisms linking paternal involvement to pregnancy outcomes. More intervention research is needed to identify effective strategies for enhancing PIPO. Most important, setting the research agenda is the first step in advancing the recommendations below.

- ❖ **Recommendation:** The National Institutes of Health (NIH) and other relevant agencies should expand current efforts in, and support for, research on PIPO, especially in communities with marked disparities in health and healthcare
- ❖ **Recommendation:** Funding should be made available for researchers to conduct research on the relationships and mechanisms linking PIPO
- ❖ **Recommendation:** Funding should be made available for researchers to apply a trans-disciplinary, integrative approach to studying PIPO, integrating methods and perspectives from clinical, social, and behavioral sciences
- ❖ **Recommendation:** Funding should be made available for researchers to further develop theories and definitions of PIPO
- ❖ **Recommendation:** Funding should be made available for researchers to develop more effective methods for recruitment and retention of men in communities with high levels of poor pregnancy outcomes for PIPO research
- ❖ **Recommendation:** Funding should be made available for researchers to conduct research that advances measurements of PI in pregnancy, and methodologies for data collection and analysis
- ❖ **Recommendation:** Funding should be made available for researchers to conduct studies that advance the understanding of cultural variations in PI in pregnancy
- ❖ **Recommendation:** Funding should be made available for researchers to conduct studies on the influences of contextual factors on PI using multi-level analyses
- ❖ **Recommendation:** Funding should be made available for researchers to conduct longitudinal studies on the pathways to fatherhood
- ❖ **Recommendation:** Funding should be made available for researchers to conduct research on the physiological and behavioral changes in expectant fathers
- ❖ **Recommendation:** Funding should be made available for researchers to conduct research on fathers' perspectives of pregnancy and parenting
- ❖ **Recommendation:** Funding should be made available to develop a network of trans-disciplinary research centers of excellence in PIPO
- ❖ **Recommendation:** Funding should be made available for researchers to identify effective clinical and population-based strategies for enhancing PIPO

Conclusion

Research has demonstrated that men are important to MCH.¹ We know that PI can have a positive influence on maternal health behaviors during pregnancy,⁶ but further research is essential to enhance our knowledge regarding specific roles of the expectant father in PO. Subsequently, we also need to instill the understanding and admiration of equal participation of men and expectant fathers across all aspects of our clinical practice, funding agencies, and healthcare organizations. CPIPO understands this and strongly recommends the full inclusion of paternal involvement in pregnancy to reduce and eliminate racial and ethnic disparities in pregnancy outcomes in the United States.

Commission on Paternal Involvement in Pregnancy Outcomes

Assembled in 2009, with funding from the Office of Minority Health in the Department of Health and Human Services, CPIPO is a trans-disciplinary working-group of scholars from the social sciences and public health community with a goal of raising public awareness for paternal involvement in pregnancy and family health by reframing debates, informing research, policies and clinical practice to focus more on the involvement of the expectant father in pregnancy outcomes.

Co-Chair:

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The Joint Center for Political and Economic Studies is one of the nation's leading research and public policy institutions and the only one whose work focuses primarily on issues of particular concern to African Americans and other people of color. The Joint Center is celebrating its 40th Anniversary this year. To learn more, please visit www.jointcenter.org.

The Joint Center's Health Policy Institute (HPI) was launched eight 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.

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