

Engaging and Supporting Fathers with Breastfeeding Partners

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Abstract

Health-care professionals need to address fathers' concerns regarding engagement with and supportiveness of breastfeeding partners. Fathers often feel left out during the mother's perinatal care and do not get the same amount of education and support, especially with respect to breastfeeding. A common complaint among fathers is the lack of practical information specifically related to the paternal figure. Educational classes involving child care and breastfeeding information provide positive results, with an increase in breastfeeding rates. Albert Bandura's Social Cognitive Theory relates the theoretical aspect with the practical aspect in providing useful interventions to facilitate support. The purpose of this inquiry is to address the need to adopt interventions that engage and assist fathers with supporting their partners. However, there is still a lack of research regarding effective interventions that assist fathers and increase breastfeeding duration.

Introduction

Breastmilk is the ideal nutrition for newborns and infants. It provides all the necessary nutrients for health development and contains important antibodies that help protect the infant from common childhood illnesses (World Health Organization, 2016). Beyond the immediate benefits for children, breastfeeding contributes to positive long-term health outcomes. Adolescents and adults that were breastfeed are less likely to become overweight or obese, or to develop type II diabetes (World Health Organization, 2016). Not only is breastfeeding beneficial to infants, it also reduces the risk of breast cancer, ovarian cancer, type II diabetes, and postpartum depression in mothers (World Health Organization, 2016).

Improving the well-being of mothers, infants, and children is an imperative public health goal for the United States. To serve this goal, the *Healthy People 2020* report developed target goals to increase the proportion of infants who are breastfed at six months to 60.6%, and to increase the proportion of infants who are breastfed at 12 months to 34.1% (U.S. Department of Health and Human Services, 2016). According to the Centers for Disease Control and Prevention (CDC) *Breastfeeding Report Card*,

breastfeeding rates are gradually rising; however, breastfeeding duration is not meeting the recommended goals (CDC, 2014). Organizations continue to establish interventions to promote and encourage women to breastfeed, but consistently fail to implement interventions to support fathers.

Research suggests that paternal involvement during the antenatal and postpartum periods significantly improves the mother's success with breastfeeding. Several studies provide evidence that mothers are more likely to successfully breastfeed if the baby's father is involved in breastfeeding initiation and support (Brown & Davies, 2014; Fisher, 2013; Hunter & Cattelona, 2014; Nickerson, Sykes & Fung, 2012; Özlüses & Çelebioglu, 2014; Raesi, Shariat, Nayeri, Raji & Dalili, 2014; Sherriff, Hall & Panton,



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2014; Sherriff, Panton & Hall, 2014). Hunter and colleagues revealed that more mothers with supportive partners were exclusively breastfeeding at six months than those who had no involvement and support from the infant's father during the early postpartum period (Hunter & Cattelona, 2014). Nickerson and colleagues also discovered that mothers wanted their infants' fathers to be involved in the decision to breastfeed, as well as to provide support throughout the course of breastfeeding (Nickerson et al., 2012). The interviewed women also suggested that fathers would benefit greatly from more peer and professional support, lactation services, and breastfeeding education (Nickerson et al.,

2012). However, health-care professionals remain largely uninvolved in measures to successfully prepare the paternal figure for breastfeeding support.

The Paternal Experience

Fathers genuinely want to be involved and support their partners in the breastfeeding process. Many fathers have expressed their eagerness to learn more about specific health benefits of breastfeeding and ways in which they can support their partners (Brown & Davies, 2014; Datta, Graham, & Wellings, 2012; Fisher, 2013; Sherriff & Hall, 2011; Sherriff et al., 2014a, 2014b). Despite these positive attitudes, fathers frequently feel helpless and guilty that they are unable to assist their partner with feeding or to overcome issues involving feeding (Brown & Davies, 2014, Datta et al., 2012). Some fathers even express feelings of isolation from the mother and infant, as well as concerns regarding the opportunity to develop a relationship with the infant (Mitchell-Box & Brown, 2012; Sherriff & Hall, 2011). However, fathers report that health-care professionals disregard their opinions and feelings, and explicitly educate the mother (Sherriff & Hall, 2011). When fathers were interviewed regarding perinatal care, they reported a lack of attendance because of conflicts related to work schedules (Sherriff et al., 2011). Making appointments and classes that are available for working partners is imperative for the father to develop a sustainable relationship with the unborn child and become educated about breastfeeding and child care. Some fathers voiced that they wanted to be included in the information that was delivered to their partner so that they could be competent in assisting the mother with decisions and care (Brown et al., 2014; Sherriff et al., 2014a, 2014b). Perinatal visits usually address the mother and the child, disregarding the father's questions or concerns. Oftentimes, fathers are overlooked by health professionals and not addressed in perinatal visits. Thus, educating health professionals about the importance of engaging fathers during perinatal visits and being appropriately responsive to father's questions can provide a positive learning environment in which fathers do not feel embarrassed or threatened.

Practical Interventions

Informational Materials

Literature and/or services provided to fathers should avoid using the term "parent" and explicitly use "father" so that marketing is directed or relevant to them (Sherriff et al., 2011). Jarold Johnston, a certified nurse midwife and lactation consultant, and a major in the U.S. Army Reserve, wrote a section called "Dads and Breastfeeding" in *Breastfeeding in Combat Boots: A Survival Guide to Successful Breastfeeding While Serving in the Military* by Robyn Roche-Paull, that addresses common concerns and issues that fathers face during breastfeeding (Johnston in Roche-Paull, 2010). Johnston provides practical information that fathers eagerly seek. First, he addresses common signs that signal the infant is ready to eat and reassures the father that newborns eat 8 to 12 times a day in clusters of 3 to 4 times in a 4-hour period (Johnston, 2010). He provides guidance on how to assist the mother with latching and how to recognize the observable signs of a "good latch," which include the following: the infant's nose and chin touch the breast,

the infant's cheeks are round without dimples, the infant's chin is opened wide, the mother experiences no pain, and the infant's lips are flared both up and down (Johnston, 2010).

Having served in the military, Johnston worked with patients who were military service members and their families. To educate the father on how to solve latch issues, he applied the acronym "SPORTS," which is identical to the acronym for the corrective action used for the M-16 rifle that is taught during military basic training ("Slap, Pull, Observe, Release, Tap, Shoot") (Johnston, 2010). This military training device can easily be adapted to the breast feeding situation: "Support the back. Pull the chin. Observe for change. Release the chin. Try again. Shoot! We need to take him off and try again" (Johnston, 2010). Information that is similarly tailored for specific populations of fathers is essential for practical guidance and support. Despite the fact that literature continues to cite the need for practical information, studies fail to evaluate the effectiveness of informational tools such as pamphlets versus books, or posters versus flyers, and so on.

Educational Classes

Child care training sessions or classes for fathers and prospective fathers have also resulted in higher rates of breastfeeding, but more research is needed to evaluate the effectiveness of classes and different types of lesson plans (Sherriff et al., 2011). Researchers Wolfberg and colleagues compared breastfeeding rates for fathers who attended two different classes; the experimental group attended a class that discussed infant care and breastfeeding while the control group only discussed infant care (Wolfberg et al., 2004). These classes were held every two weeks, were two hours long, and consisted of small groups of about four to twelve fathers (Wolfberg et al., 2004). Both classes were led by the same peer-educator, were interactive and informal, and used media and discussion to facilitate group interactions (Wolfberg et al., 2004).

In the experimental group, videos demonstrated technical aspects of breastfeeding and ways to support the partner during feeding (Wolfberg et al., 2004). The purpose of the experimental group was to educate fathers how to advocate on behalf of breastfeeding and how to work effectively with their partners to make breastfeeding successful (Wolfberg et al., 2004). Beliefs and values were tested regarding breastfeeding, and fathers were allowed to express their concerns and talk about misconceptions (Wolfberg et al., 2004).

Mothers were surveyed eight weeks postpartum; successful breastfeeding initiation was reported by 74% of mothers whose partners had attended the experimental class, compared to initiation by only 41% of mothers whose partners attended the control class (Wolfberg et al., 2004). This study indicates the value of interventions to educate and support fathers to promote breastfeeding. Nonetheless, the study had limitations regarding sample size and demographic variables (Wolfberg et al., 2004). Further research is needed to observe the impact of innovative educational programs for fathers and the effect these programs have on breastfeeding duration.

Theory-Based Interventions

Breastfeeding education is frequently centered around the "breastfeeding dyad" (mother-infant relationship), but recent studies are revealing the need to shift focus

towards the “breastfeeding triad” (mother-infant-father relationship) (Mitchell-Box & Braun, 2012). This shift recognizes the importance of the father figure in supporting and strengthening breastfeeding efforts. Researchers Mitchell-Box and Braun (2012) explored fathers’ knowledge and attitudes about breastfeeding, and suggested interventions based on Albert Bandura’s Social-Cognitive Theory (see Bandura, 2001). The Social-Cognitive Theory proposes that individuals learn from a social context with a dynamic and reciprocal interaction among the person, environment, and behavior (Bandura, 2001). It places emphasis on external and internal social reinforcement. The interventions used by Mitchell-Box and colleagues were separated into three themes: making the decision, making it work, and third wheel for feeling left out (Mitchell-Box & Braun, 2012).

The first theme, “making the decision,” involves providing paternal-focused educational pamphlets and contact information for peer support groups (Mitchell-Box & Braun, 2012). Reinforcing practical information and providing guidance to the father figure prior to pregnancy or during early stages of pregnancy can facilitate the couple’s decision to breastfeed. Just as mothers need to be informed, fathers need to understand why breastfeeding is beneficial and how they can support their partners through it. Health professionals strongly influence this decision-making process, resulting in need to educate health professionals about the importance of fathers and interventions to engage fathers.

The second theme, “making it work,” is based on the self-efficacy theory (Mitchell-Box & Braun, 2012). Self-efficacy refers to an individual’s belief in his or her capacity to implement behaviors necessary to produce specific performance outcomes (Bandura, 1977, 1997; Bandura & Cervone, 1983). It reflects the individual’s ability to confidently exert control over his or her own motivation, behavior, and social environment (American Psychological Association, 2016). Bandura’s self-efficacy theory addresses self-motivation and proposes that those who have a low sense of self-efficacy are typically discouraged by failure, whereas those who are confident in their goal attainment abilities will continue to strive for success even when efforts fail (Bandura, 1977, 1997). The father’s self-efficacy is important to consider when addressing breastfeeding issues. Poor performance or lack of performance may occur if fathers are not confident in their ability to assist their partners. Health-care professionals can provide fathers with the tools necessary to promote self-efficacy through continuous and early education (Bandura & Cervone, 1983; Mitchell-Box & Braun, 2012). Educational topics include the health of breastfeeding benefit, differences compared to formula, proper positioning of the infant, recognition of signs that the infant is hungry or full, and resources for guidance (Mitchell-Box & Braun, 2012).

The last theme is “third wheel for feeling left out,” which focuses on observational learning and expectations established in peer support groups (Mitchell-Box & Braun, 2012). Fathers often express concerns or feelings of being left out or lacking the opportunity to develop a relationship with the infant (Sherriff & Hall, 2011). Therefore, Mitchell-Box & Braun (2012) suggest that support groups allow fathers to share negative feelings and discuss advantages, challenges, and overall experiences with breastfeeding. Studies report that peer support groups can be effective at educating and supporting individuals; however, more research is needed to address whether males are positively influenced by peer support (Layzer, Rosapep, & Barr, 2014; Piette, Resnicow Choi & Heisler, 2013).

Conclusion

Although numerous studies provide evidence that the father's support increases the mother's likelihood of breastfeeding, evidence remains scant on how to engage and support fathers in breastfeeding situations. Mothers have reported that their infants' fathers were a significant factor when deciding to breastfeed as well as in continuing to breastfeed. Fathers have openly expressed their willingness to learn more about breastfeeding but are consistently overlooked by health-care professionals even when they attend perinatal care with their partners.

Educating health-care professionals about the importance of engaging fathers during perinatal visits is an important intervention to empower fathers with self-efficacy. Practical information that is "father approved" and targeted specifically toward fathers was a common request among the various studies. Fathers want to be provided with information that is useful and addresses their questions regarding how to assist their partners through difficult times. More evidence is needed to validate the effectiveness of peer support groups, classroom instruction, and educational materials such as books, pamphlets, and posters. Therefore, further studies should be conducted to determine the most effective ways that health-care professionals can support fathers and provide valuable educational information.

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