Dads2b

Resource

A resource for professionals providing antenatal education and support to fathers
The Dads2b Resource is a partnership production of:

Children in Scotland, NHS Lothian, NCT (National Childbirth Trust), West Lothian Sure Start and Fathers Network Scotland.

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Available on CD Rom and online via the NCT website: [http://nctpregnancyandbabycare.com](http://nctpregnancyandbabycare.com)

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The next time you meet an expectant dad, try this… take a moment to see and acknowledge that this man in front of you wants to be the best father he can be. And he may need support in getting there.

What might get in the way will be the lessons he learned about being a dad as he grew up in his family, as well as our society’s, often low, expectations of men.

You might recognise this fairy tale twist from a recent ad…

*Once upon a time a beautiful princess was about to kiss a frog when a young woman called out, “He won’t change! He’s hopeless. I used to go out with him.” The princess walks away…*

It reflects a common theme in our culture – a loss of faith in frogs ever becoming princes – or rather, in men growing up. “They’re hopeless – they won’t change” goes the refrain.

The problem with having such low expectations is they become self-fulfilling. So when a man becomes a father… well, what’s the point of even engaging with him?! I know of many new fathers – especially teenage dads - who talk about how hard it was for them to be “constantly ignored” or “treated like a spare part” by health professionals, social services, and so on, before and after the birth of their children. It’s not much to live up to.

Well, this is what I know of myself as a father – I want to be the best father I can be. And at times I needed support – at times I still do – to help me continue to grow into the proud, loving, generous, engaged dad I want to be.

I also know from talking with dads from many different backgrounds over the years, every one of them wanted the same – even if they had no idea how to go about it.

We know how important active fatherhood is for the long-term emotional health and wellbeing of our children, our families, and the wider community – so I suggest this is our challenge: to stop only seeing frogs and start recognising, acknowledging, and supporting a man’s hopes and expectations around being a dad.

I would like to thank all those who have laboured long and hard over the Dads2b resource and in particular I want to acknowledge the vision of Michelle Davidson and Peter Johnstone who pioneered this work in Scotland… I believe this publication is going to make a significant and positive impact on the way we see and work with fathers.

David Drysdale, Fathers Network Scotland, Chair
Introduction

Background to the resource

The Dads2b resource has its origins in the successful NHS Lothian and West Lothian Sure Start partnership initiative: Dads2b, which has offered antenatal education to groups of fathers in the Lothian area since 2004. The main aims of the Dads2b course are: to increase fathers’ skills and confidence to care for their baby; to support their partners through childbirth; and to highlight issues of mental health and wellbeing. The course was initially set up in a socially deprived area and targeted vulnerable and young fathers, with ongoing support offered. The service was mainstreamed and developed in response to positive evaluations and higher than expected demand for a generic course open to all expectant fathers and able to accommodate working fathers. Over 800 fathers have now accessed the service, which achieved good practice recognition by Quality Improvement Scotland in 2007, and is highlighted as an example of good practice in the new, Scottish Antenatal Parent Education Syllabus.

In 2009, the NCT (National Childbirth Trust) joined together in partnership with NHS Lothian and West Lothian Sure Start, with a view to building on the Dads2b model and wider antenatal education experience in order to create a tailored resource for antenatal educators and parent support professionals working with fathers-to-be. The intention was that this resource could be used by NCT and NHS antenatal educators, trainers and community education professionals working across Scotland. Plans to develop a Dads2b resource came to Children in Scotland’s attention in 2010, at a Fathers Network Scotland meeting. The Children in Scotland (Scottish Government funded) project: ‘Making the Gender Equality Duty Real for Children, Young People and their Fathers’, had also identified a need for professional resources in this area. Children in Scotland therefore offered to provide support through this project to develop the Dads2b resource in partnership with NCT, NHS Lothian, West Lothian Sure Start and Fathers Network Scotland representatives. The latter in particular were able to provide insightful feedback on early drafts of the resource from the perspective of fathers and fathers’ education and support professionals. NHS Health Scotland also provided invaluable support by including the resource in their new ‘Scottish Antenatal Parent Education Pack’ and launch event. This ensured that information about the Dads2b resource reached NHS practitioners nationally.

In developing the Dads2b resource, contributors collated a substantial body of ‘tried and tested’ education tools from a number of services including, NCT and NHS antenatal educators. Where portions of identifiable texts have been included or adapted for the Dads2b resource, these have been referenced and featured in the additional resource recommendations at the end. The resource also includes some well-used materials garnered through personal communications and/or for which the original source could not be traced.

The Dads2b resource is very much the product of collaborative working between organisations and individuals with different, but complementary, backgrounds, skills and capacities. We hope that professionals providing antenatal education and support to fathers will enjoy using it, and that through these professionals, fathers, mothers, children and families will experience long-lasting benefits.
Why a tailored resource for working with fathers?

Culturally, there is still a strong tendency to view motherhood as more central to women’s lives than fatherhood is to men’s lives and mothers as ‘naturally’ more adept at childcare – especially during the postnatal period and early years. However, there is a growing recognition that parenting capacity is not, by nature, gendered. This is reflected in UK policy to increase access to paternity leave. Fathers are increasingly embracing and seeking to better understand the role and responsibilities of active fatherhood. They are also increasingly actively engaged in birth-planning and hands-on early childcare. This translates into a need for a safe space in which men can explore social and emotional aspects of becoming a father, which is not currently being met for the majority of fathers by their own networks and support systems. Alongside this is a growing demand for information by men on a range of topics around pregnancy, birth, childcare and child development, combined with hands-on, practical advice for fathers.

Historically, antenatal education has focused on the health needs of women and babies, without paying a great deal of attention to the role, influence or experiences of fathers during this important period of transition to parenthood. Although fathers have been able to attend sessions as supporting partners, their own journey to parenthood is rarely addressed. They therefore often experience uncertainty about their role and scope for active involvement as men in what can feel like a very female domain. This is exacerbated by the fact that antenatal education is still delivered by a predominantly female workforce.

An important aspect of longer term cultural change in how society and practitioners view fatherhood and engage with men as parents will be to encourage suitably skilled men to consider a career in this sector. In the shorter term, there is much that practitioners, regardless of their gender, can do to make services more father-inclusive – to the benefit, not just of fathers, but also mothers and children.

Ultimately, the goal will be to move towards providing fully inclusive (of mums, dads and partners of all backgrounds) mainstream antenatal parenting education. However, at this point in time when attitudes and behaviour around fatherhood are evolving, it is often felt necessary by service providers to reach out to fathers specifically – either in the context of dads-only groups or sessions, or by dedicating time to meet specifically with dads in couples’ groups.

Parent education and support providers are learning about how to adapt and develop courses and services to make them more accessible and attractive to fathers. An initial challenge is often to get fathers over the threshold in the first instance. An environment that feels too feminine will be off-putting to many fathers. It is also important to use terminology that does not – or cannot be perceived to – exclude fathers. Even the apparently neutral term ‘parent’ is commonly assumed to mean ‘mother’ in practice. It is therefore important to use the word ‘father’ in any information or promotional materials and to include images of fathers as well as mothers and family units.

Although fathers generally have similar questions and issues to mothers, in practice, fathers tend to be less comfortable, at least initially, discussing their concerns. In a group context, parenting support practitioners have observed that fathers often tend not to ‘connect’ with each other as easily as mothers do and that many fathers find it hard to feel part of a mainly female group. There is also evidence suggesting that some fathers are
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more comfortable participating in mixed groups. In practice, working fathers are frequently unable to take time off work (or are discouraged from doing so) to attend daytime courses or groups, including antenatal classes.

All of this adds up to a need for a tailored approach to properly support and engage with expectant fathers during this important antenatal period, evidenced by the high demand for Dads2b courses in Lothian and findings of the ‘Making the Gender Equality Duty Real for Children, Young People and their Fathers’ project.

Some wording issues

Throughout the Dads2b resource, the terms ‘father(s)’ and ‘dad(s)’ are employed broadly to include: biological fathers, stepfathers, foster fathers, adoptive fathers, male partners, non-resident co-parents and other primary male carers. The focus is on their role as a carer and father figure, rather than their biological link with the child or the formal status of their relationship with the expectant mother. Whilst it may not be necessary to always spell this out in antenatal education contexts, it is important to bear in mind the range of different types of father that practitioners may come across, and to be prepared for any differences in views about what constitutes a ‘father’ that may emerge in group discussions. It is also worth considering whether there is a need to draw a distinction between the emphasis placed upon biological fathers for health screening purposes during the antenatal period and social (de facto) father roles as explored in antenatal education.

As explained in the section above, it is necessary to reach out explicitly to fathers if they are to be meaningfully engaged in antenatal education. Therefore, it is important that the word ‘father’ is used and appears in any published materials or handouts – not just ‘parent’, ‘partner’ or ‘supporter’. However, we recognise the need to balance this usage in tailored materials for fathers, with the need to employ language that is inclusive of same-sex partners and transgender service users in more generic materials.

Why engage with fathers?

Benefits to children, mothers and fathers

The role of fathers in society – and in family life – has changed markedly over the last few decades. Expectant fathers often want to be a different kind of father from their own. In particular, fathers today express a desire to be more actively engaged in caring activities, and to meet their children’s emotional needs (Twenge et al. 2003, Wild 2005). Despite men generally feeling positive about becoming a father, they also often experience a lack of positive role models and support in their new role (Nystrom & Ohrling 2004). An NCT study in 1998 found that a third of the expectant fathers surveyed would have liked more involvement in their partner’s pregnancy and care. Only 2 (of over 800) said they would have liked less involvement (NCT 2009). There is evidence that where fathers have been given space to personally develop their fathering role, they are less prone to postnatal depression and more likely to develop a strong attachment to their baby (Burgess 1997).

Fathers impact on their children in a range of different ways – both positive and negative; and by their presence or their absence. There is evidence that where fathers are engaged positively with their children throughout early childhood, there are benefits for the child later in life, including: higher educational achievement, decreased involvement in criminality and
increased self-esteem (Lamb 2004, Flouri 2005). More immediately, antenatal education specifically has been associated with stronger father-infant attachment and positive emotional, social and cognitive development for babies (Lamb 2004). Furthermore, there is evidence that involving non-resident fathers in antenatal and postnatal care can enhance and increase their ongoing involvement as a parent (Kiernan 2006; Barnes et al. 2008).

In parenting literature and practice, there is increasing emphasis on the influence and interconnectedness of the network of family relationships. Fathers’ relationships with mothers shape the roles played by fathers and have significant impact on children. This applies to resident and non-resident fathers. In practice, any individual parent’s direct influence on child wellbeing and development is affected by wider family processes and relationships (Flouri 2005, Lewis & Lamb 2007).

Where fathers are positively engaged and well prepared for fatherhood there are direct benefits for mothers in terms of the practical and emotional support that they receive during pregnancy, labour and the postnatal period. For many women, their partners are their main source of emotional support. Partners can also influence and support women’s health behaviour and choices during pregnancy and the postnatal period (e.g. over drinking alcohol or smoking). Documented health benefits for mothers and babies of fathers’ positive engagement have included: experiencing less pain and emotional trauma during labour; successful and longer breastfeeding; lower parenting stress; smoking/alcohol consumption cessation during pregnancy; and early identification, and/or ‘buffering’ babies from the effects, of postnatal depression (Enkin et al. 1995, Teitler 2001, Wolfberg et al. 2004, Burgess 2008).

There is a substantial and evolving body of research that examines parenting roles, family relationships and outcomes for children. Useful research summaries are provided in the NCT Briefing: Involving Father in Maternity Care (March 2009); Understanding Fatherhood, a review for the Joseph Rowntree Foundation (Lewis & Lamb 2007); and in the Research section of the Fatherhood Institute website: www.fatherhoodinstitute.org

Public services’ gender equality obligations

Under the UK-wide Equality Act 2010 (and previously under the Equality Act 2006), the public sector equality duty places a legal obligation upon public bodies across Scotland to identify specific gender equality issues and areas for action. More broadly, the 2010 Act also requires public bodies to actively promote gender equality and to foster good relations between different groups. These responsibilities will be set out in detail in The Equality Act (Specific Duties) (Scotland) Regulations, which are to be reconsidered by the Scottish Government after the 2011 election. The public sector equality duty provides a key challenge for public services to unpack assumptions and ways of working which may (even if inadvertently) have perpetuated gender stereotyping and discrimination in the provision of parenting support, education and health services. More fully and effectively engaging with prospective fathers in antenatal services is a good example of how this legal duty can be met.

National policy objectives

Engaging positively with fathers, as well as mothers, will be required for effective implementation of key Scottish Government children and family policies, including: Getting it Right for Every Child (GIRFEC) (2008),
Equally Well (2008), the Early Years Framework (2008); and also to fulfil statutory duties under the Additional Support for Learning Act (2004, amended 2009). These policies are underpinned by recognition of the crucial role played by parents during a child’s early years and the need for agencies to support and to work in partnership with parents from the start, in order to achieve positive outcomes for children. The majority of fathers already attend the birth of their child, whether or not they are in a stable relationship with the child’s mother. This is true even in families where professionals might assume otherwise, for example where the mother is a teenager. Birth provides a key opportunity to capture the optimism of a new father and to build on his desire to support mother and baby (with potentially huge and enduring benefits for the whole family). Professionals can influence fathers in ways that impact on their bonding with their child and subsequent behaviour as a parent and partner.

The positive – or negative – nature of fathers’ experiences of engagement with professionals and agencies around the birth of their child is likely to influence their trust in, and future engagement with, a range of child and family service providers. This is particularly true in the case of very young fathers and vulnerable families where ongoing public agency support is likely to be required.

GIRFEC (Scottish Government, 2008) places children’s needs at the heart of service provision and highlights the need to ensure that services are available and accessible to all parents and children, whatever their needs. GIRFEC recognises that some parents have distinct needs beyond the scope of universal services and may, therefore, require a more tailored, targeted approach. A 2010 report of research conducted by the Scottish Centre for Social Research on health and parenting information needs concluded that:

“despite the long standing literature describing difficulties in engaging fathers and the multiplicity of information resources now available for them it appeared that there was still a long way to go to ensure fathers were receiving the most appropriate information” (NHS Health Scotland, October 2010, 61).

This report also suggested drawing upon the skills of a range of workers in order to meet parents’ specific information support needs, including male workers who are engaged with fathers’ groups. Where fathers were not being specifically targeted, some practitioners felt that they were not visible to services. The need to support new fathers was highlighted.

The 2001 Framework for Maternity Services in Scotland set out the national vision for the provision of maternity services, including local, accessible information sources. The 2001 Framework was recently revised and replaced by the Refreshed Maternity Framework 2011 (for links to the Framework and to other Scottish Government policy documents relating to maternity services, see References and further resources section). A primary aim of refreshing the Framework was to address inequalities in maternal and infant health outcomes, both at birth and in later life. The Refreshed Framework is intended:

“to drive measurable improvements in early access to antenatal care that is person centred, safe and effective, and of equitable quality regardless of the circumstances and characteristics of individual women and families” (Scottish Government, January 2011: 9).
The implication is that antenatal education needs to reach out to groups of parents who have tended to have had limited contact with mainstream services in the past. An important inclusion in the 10 key principles of the Refreshed Framework is that:

"services recognise the role of a woman’s partner and the baby’s father and/or other social networks, making sure they are involved in supporting the woman during pregnancy in line with the woman’s wishes" (p. 31).

Therefore, ‘partners or significant others’ are to be included in the provision of antenatal education programmes, care and birth planning processes, and NHS Boards should have evidence that ‘fathers, partners/family/friend’ involvement has been actively encouraged.

This shift towards increased engagement with fathers in antenatal education is reinforced and developed in the new Scottish Antenatal Parent Education Syllabus, which is due to be released in June 2011. In this syllabus, the overall purpose of antenatal parent education is held to be to: facilitate the improved health and wellbeing of babies, mothers and fathers/partners during pregnancy and the postnatal period; improve health professionals’ understanding of local families to enable appropriate support to be offered throughout the early years of a child’s life.

The new syllabus calls for specific attention to the needs of fathers in antenatal and postnatal education, stating that: “effective antenatal support for fathers should be flexible, participative and responsive to the self-defined needs of participating parents” (p. 8). The syllabus is underpinned by an understanding that existing core service programmes will need adaptation to effectively engage with fathers, as well as other less well-served groups (such as young mothers and disadvantaged families).

The new Scottish Antenatal Parent Education Syllabus emphasises the impact of parenting on mental health and relationships for both mothers and fathers. It underlines the importance of informing mothers and fathers about: the effect that postnatal depression of either parent can have on their relationships and capacity to parent; recognising the signs of postnatal depression; and how to get help. The syllabus also advocates actively promoting ‘skin-to-skin’ contact between babies and fathers, as well as mothers, to encourage increased attachment.

Inclusive engagement with fathers

Dads, like mums, are individuals with diverse needs, interests and responses to different approaches. Certain groups of expectant/new fathers have been identified as having specific circumstances and support needs that benefit from focused support. These include young fathers, who tend to require a lot of support around the transition to parenthood, with a focus on basic, practical information about labour, childbirth and infant care. Very young fathers are particularly vulnerable to feeling marginalised and ‘judged’ by professionals and older family members.

Vulnerable/disadvantaged fathers, including those with (or whose partner has) alcohol and/or drug problems, often require more intensive and wide-ranging support, confidence-building and the opportunity to explore difficult aspects of their own upbringing. They are also less likely to engage with antenatal education without proactive outreach by the provider and are likely to respond best to informal, participatory learning approaches.
Fathers of infants with disabilities and/or who have disabilities themselves may require specific, tailored support relating to these disabilities and are likely to particularly benefit from the opportunity to build a peer support network.

Gay, lesbian, bisexual and transgendered (LGBT) parents are a relatively ‘invisible’ category. Currently, there is limited formal information available about their specific support needs in the antenatal context. However, there are likely to be issues for LGBT parents related to the inclusiveness of mainstream provision. These have particularly been highlighted for young LGBT parents (NHS Health Scotland, October 2010).

Finally, fathers from minority ethnic and religious groups are, like mothers from these groups, less likely to have a family history of engaging with antenatal education and formal support (and are therefore less likely to consider it as ‘for them’). Some who are not native English speakers will require a degree of translation of written materials and/or verbal interpretation. There are also likely to be cultural differences across a range of areas, including not just assumptions around parenting roles and infant care, but also understandings of the health system and the roles of different health professionals in Scotland. This is particularly the case for recent immigrants to the UK, for whom, for example, professional distinctions between midwives, nurses and health visitors, may not be clear.


The Vulnerable Families Pathway Project has developed a Framework for strengthening the support available for vulnerable children (conception to 3 years) and their families in 2011. The focus of this Framework is on implementing or improving local pathways across health, social care and educational services in Scotland. Further details are available from the website: http://www.vulnerablefamilies.org

Additionally, the Fatherhood Institute has produced a series of targeted resources aimed at a wider range of professionals engaging with fathers. These include resources relating to supporting: African-Caribbean fathers; Muslim fathers; young fathers; children and fathers with disabilities; and vulnerable families. http://www.fatherhoodinstitute.org/

About this resource

The Dads2b resource provides a selection of practical, accessible activities and resources for antenatal educators and parent support professionals to use in group work, specifically with expectant fathers. The resource has been developed for use by a range of professionals working in different contexts. However, it is important to highlight that professionals using the resource will require a reasonable depth of knowledge and understanding of pregnancy and birth, as well as skills in group work facilitation. As such, facilitators may wish to undertake some training in these key areas, before commencing the delivery of a new service.
The resource is divided into five key, colour-coded sections: Introductions and Icebreakers; Emotions and Relationships; Labour and Birth; Postnatal Care and Infant Development; and Ready for Fatherhood. It includes a Further Resources section at the end, which is intended to guide practitioners looking for suitable additional materials on specific topics. The appendices include some further examples of materials for use with dads and/or couples.

The Dads2b resource is not intended for use as a complete, one-size-fits-all programme of education. Rather, we hope that facilitators will draw on the contents of Dads2b to develop their own programme, in order to meet the specific needs of the wide range of groups and individuals with whom they are working. As there is already a substantial range of good material available to support work with expectant mothers, Dads2b has focused on developing tailored resources for working with fathers – either in the context of men-only groups or in break-out sessions of couples’ groups.

Working with couples

Although there are antenatal education materials available for work with couples, these have tended to focus on the physical and practical aspects of having a baby, whereas there is currently a lack of antenatal resources that are designed to support couples to jointly get to grips with the emotional and relationship aspects of the transition to parenthood. This is increasingly recognised as an important area of parental education and preparation, which warrants more attention. Where appropriate in Dads2b, we have indicated activities that can easily be adapted for use with couples’ groups. However, this is not always appropriate. We have chosen to focus Dads2b specifically on work with fathers, as a well-established gap in the resources available.

In the future, we hope that an equivalent set of resources specifically designed for working with couples in Scotland will also be developed.

Linking to wider health promotion and health issues

Another important area of antenatal education and support that falls outside the scope of what we have been able to address in the Dads2b resource is that of broader health education and support, including:

- the promotion of key health messages e.g. about risks to the baby’s health associated with drinking alcohol or smoking;
- addressing current health/behavioural problems of prospective parents e.g. alcohol dependency, drug addiction or mental health issues; and
- preparing prospective parents to understand and cope with difficult birth outcomes e.g. miscarriage, still birth, very premature or sick babies or birth defects (see Appendix one for examples of scenarios that could be used in group discussions).

These are all areas where more specialised education and/or support may be required from professionals with appropriate training and experience. Depending on the context, and needs of the group (or of individuals), facilitators may wish to invite other qualified professionals to come in and share their expertise on a particular topic, and/or to invite fathers who have had to deal with specific issues to share those experiences with the group. Facilitators should be able to clearly direct group members to further sources of information and support, as appropriate.

This is in line with the Scottish Antenatal Parent Education Syllabus, which states that:

“Education to promote optimal health and
wellbeing should be delivered as part of the continuing care so that every contact with a family can become a learning opportunity and provide parents with the opportunity to express hopes and fears as well as more practical needs. *It is essential that health improvement is not viewed in isolation and remains a priority throughout pregnancy and beyond as well as underpinning all programmes of parent education.*"

The antenatal period provides a key opportunity for health services to engage with men as expectant fathers, and to communicate essential, broader health and wellbeing information aimed at both men and families.

**Scottish Antenatal Parent Education Pack**

The Dads2b resource is one of a wide range of resources included in the new Scottish Antenatal Parent Education Pack, all of which can be drawn on by practitioners working with fathers. These include essential, key health promotion resources, such as: ‘Talking about postnatal depression’, ‘Ready Steady Baby’ and ‘Fresh Start’ (on smoking). Further information is available from the NHS Health Scotland website: www.healthscotland.com

Children in Scotland has also produced Briefings on the topics of: Fetal Alcohol Harm and Preconception Health, available from: http://www.childreninscotland.org.uk/html/hom_poly.htm
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Creating positive group dynamics is a crucial component for the success of the group. Fathers should quickly feel comfortable with the people around them, confident in participating and purposeful in what they are doing. The facilitator will need to be enthusiastic and interested in them, both as individuals and as a group. The energy and confidence of the facilitator, at the outset, will help to foster a positive and safe atmosphere in which individuals can participate.

Icebreakers can set the tone of the group. Beginning the session with an icebreaker and introductions helps participants to recognise that the session is interactive and encourages them to take part from the start.

The activities within this resource can be used for ‘fathers only’ groups or with men in a ‘couples group’ in order that their needs can be recognised and addressed in the group setting. This may involve splitting the class into gender groups of four to six for part of the session. This will give fathers the opportunity to explore issues relevant to them.

The environment

The environment in which the sessions take place should have an informal, and also father-friendly, feel. The room should be set up with as many posters as possible, a circle of chairs, refreshments, and books. This will ensure that it looks friendly and welcoming. The facilitator should greet each person as they enter and introduce them to someone else when they arrive, so they have someone to talk to from the start. The facilitator could also suggest that they: help themselves to refreshments; look at posters or notices; and start to get to know each other. When introducing members, it is helpful for them to be given a specific topic to discuss.

Beginning the session with an icebreaker will allow everyone to feel relaxed and involved from the start.

Suggestions for icebreakers

Activity 1: Name rounds

Say your name and…

- When your baby is due and where you hope the birth will occur
- An interest or hobby that you wish to be able to continue once the baby has arrived
- Something that you would like the baby to acquire from yourself/partner
- Something you are looking forward to when the baby arrives
- Something you have done for the baby this week
- Who you would choose as your own parent if you could and why.
**RESOURCES FOR PRACTITIONERS**

**Section A: Introductions and icebreakers**

**Activity 2: Get talking**

Options include:

- Talk to someone you don’t know very well and find out where they would like to go on holiday or their favourite music, film or book
- Get all the participants to stand up in the group and (by introducing themselves to each other) find the person who lives nearest to them
- Get all the participants in the group to introduce themselves to each other and find the person whose baby is due nearest the date theirs is due
- Card pairs – each pair of cards has a picture or sentence on them (likes cars, likes to read books etc). Without showing their cards, participants need to find the matched pair through asking questions of each other.

**Activity 3: Pictures**

Participants are asked to choose a picture from an array in the centre of the circle and find one person to talk to about it. After a minute, they can join another pair and talk to them about the pictures. Facilitator suggests that the group can opt out of discussing their chosen picture, if they so wish. Facilitator should ensure participants know each other’s names. Pictures could include items such as a cot, car seat, room being decorated, car, new baby, as well as those unrelated to having a baby, such as sports and hobbies. Also, include pictures that involve emotions so there are opportunities to talk about feelings.

**Meeting the needs of the group**

Facilitators should ask participants, in pairs or small groups, to discuss what they want to learn from attending and, just as importantly, ask what they don’t want from the sessions. Each small group can feed back to the whole group or write on post-it notes and use these to set the agenda. Alternatively, split the larger group into smaller groups and give each group a set of agenda cards; ensure that there are enough blank cards for additional items. The group members need to introduce themselves to each other and set the agenda for the course. Match-up with other group decisions for your course agenda.

**Agenda card examples**

- Supporting a partner in labour
- Relaxation
- Stages of labour
- Options for third stage of labour
- Positions for labour
- Emotions in pregnancy and labour
- How will I cope
- Labour environment
- Finance
- Coping with a crying baby
- Being a dad
- Postnatal support
- Postnatal depression
- Breathing strategies for labour
- Coping with work/home life
- Sex after childbirth
- Handling and dressing baby
- Putting baby to bed
- Nappy changing
- Bathing
- Relationship changes
- Finding time for ourselves
- Time as a couple

**Practical activities**

It is important to introduce some movement every 20 minutes or so, in order to alter the focus of the group, raise energy levels, prevent muscle ache and maintain motivation. This could include:
RESOURCES FOR PRACTITIONERS

Section A: Introductions and icebreakers

- Refreshment break
- Stretching
- Energisers
- Moving from the big group to small groups
- Looking at a display in another part of the room
- Doing an activity (e.g. bathing or dressing baby) standing up or sitting on the floor.

**Finishing the session**

Finish on a high note with an incentive to return the following week. Bring the session to a close using one of the following group rounds (i.e. go around the group asking for contributions).

- Summarise what has been covered, by asking each person to state one thing that they learned or found interesting.
- Ask each pair to say one thing they have learnt.
- Say what they would like to cover next week and make a list.
- Say what they will do for the baby this week.

The group could also be asked to discuss particular issues with their partner and feedback at the following session.

Give out any leaflets or handouts.

The facilitator should always thank group members for their participation and say they are looking forward to the next session.
Before discussing emotions, it is important that the group are comfortable with each other and that clear ground rules (including confidentiality) have been established. The topic should be introduced and clear instructions given. Feelings and relationships are best discussed in smaller groups of four to five. Feedback should be optional, with perhaps one main issue being reported back. It is not always appropriate to solicit feedback. An alternative would be for the facilitator to visit each group to give participants the opportunity to ask questions instead. The facilitator should make it clear that when feedback is given to the main group there is no need to identify what individuals have said.

The following section includes a selection of ideas to bring emotions into discussions.

**Aim**

To raise fathers’ awareness of their own emotions around pregnancy, birth and parenting, in order to acknowledge their legitimacy, discuss how best to handle various emotions and positively support relationships.

**Learning outcomes**

By the end of the session, fathers will be able to discuss their own feelings and will be able to state how these might affect their partner/relationship/baby.

**Activities**

Words, pictures or scenarios can be used to good effect for the facilitation of discussions of feelings and relationships. Pictures are particularly useful where there are literacy or language difficulties.

The facilitator should collect pictures from magazines and postcards etc. They should include a good selection of pictures, words and cartoons or sketches. They should also include a range of subjects, for example: scenic pictures; a fire; a sports car; a woman in labour; sports; a sink full of dishes; food. These will last longer if they are laminated.

Each group member can be asked to choose a picture/word. It may represent how they feel, a concern, somewhere they have been, or simply a picture that they like or dislike. Participants are asked to share why they chose their picture with the person next to them. As discussions quieten, the opportunity to share with the larger group can be offered. This should be optional.

**Activity 1: Emotions**

The following worksheets can be used to prompt discussion of emotions during pregnancy, birth and parenting. Pictures could be used instead of, or in addition to, words. They can be used as individual worksheets or cut up and used in group work.

It is extremely important that discussion around emotions and relationships with men ultimately aim to encourage communication with their partners in order to support effective relationships.
COUPLES GROUPS
There are many good ideas and resources for working with couples such as:

- The Scottish Antenatal Parent Education pack – scenarios
- Antenatal Education: A Dynamic Approach – Mary Nolan
- Education and Support for Parenting – Mary Nolan
- Leading Antenatal Classes – Priest and Schott

(See Further resources section for details).
**Wordsheet 1: Emotions**

Field of words to prompt discussion about becoming a father

<table>
<thead>
<tr>
<th>Excited</th>
<th>Feel good about myself</th>
<th>Will I be a good dad?</th>
<th>Sad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>Unsure</td>
<td>Worried</td>
<td>Irritable</td>
</tr>
<tr>
<td>Don’t know how I will cope</td>
<td>Looking forward</td>
<td>In control of things</td>
<td>Not good enough</td>
</tr>
<tr>
<td>Struggling</td>
<td>Worried about finance</td>
<td>No support</td>
<td>Not in control of things</td>
</tr>
<tr>
<td>Lots of family support</td>
<td>Family taking over</td>
<td>Our relationship is changing</td>
<td>Sex?</td>
</tr>
</tbody>
</table>
**Worksheet 2: Emotions**

Field of words to prompt discussion about becoming a father

<table>
<thead>
<tr>
<th>Creating memories</th>
<th>A confident father</th>
<th>Sharing the chores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations on fathers</td>
<td>Learning to be a father</td>
<td>Juggling work and family…</td>
</tr>
<tr>
<td>Bonding with your baby</td>
<td>Feelings about birth</td>
<td>Coping with partner’s emotions</td>
</tr>
<tr>
<td>Fathers are important because</td>
<td>Discipline</td>
<td>Things my father taught me that I want to pass on to my children…</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Wordsheet 3: Emotions**

Field of words to prompt discussion of emotions during pregnancy/labour

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-going</td>
<td>A good listener</td>
<td>Relaxed</td>
<td>Quiet</td>
</tr>
<tr>
<td>A leader</td>
<td>Easy-going</td>
<td>Anxious</td>
<td>Assertive</td>
</tr>
<tr>
<td>Competitive</td>
<td>Irritable</td>
<td>Active</td>
<td>Reflective</td>
</tr>
<tr>
<td>Flexible</td>
<td>Opinionated</td>
<td>Worrier</td>
<td>Optimistic</td>
</tr>
<tr>
<td>Calm</td>
<td>A team player</td>
<td>Organised</td>
<td>Cautious</td>
</tr>
<tr>
<td>Knowledgeable</td>
<td>Pessimistic</td>
<td>Reserved</td>
<td>Open-minded</td>
</tr>
<tr>
<td>Impulsive</td>
<td>Stable</td>
<td>Talkative</td>
<td>Energetic</td>
</tr>
<tr>
<td>Practical</td>
<td>Reserved</td>
<td>Friendly</td>
<td>Changeable</td>
</tr>
<tr>
<td>Humorous</td>
<td>Serious</td>
<td>Driven</td>
<td>Laid-back</td>
</tr>
<tr>
<td>Committed</td>
<td>Dependable</td>
<td>Decisive</td>
<td>Disorganised</td>
</tr>
<tr>
<td>Critical</td>
<td>Self-disciplined</td>
<td>Strong-minded</td>
<td>Accepting</td>
</tr>
<tr>
<td>Spontaneous</td>
<td>Kind</td>
<td>Scared</td>
<td>Confused</td>
</tr>
</tbody>
</table>
Activities 2 and 3: Becoming a dad

The following worksheets can be used by individuals or in pairs and can then be discussed in small groups. The facilitator should visit each group to give the opportunity for further input, if necessary/desired. Feedback to the whole group is not necessary. Key themes may arise in the groups that the facilitator may wish to explore.

Activity 4: Dads’ roles

The discussion questions on the Activity 4 worksheet should be used as discussion points in small groups. They can be cut out and turned into laminated cards, with one question on each. After discussion in small groups, pertinent issues can be brought back to the larger group by the facilitator or voluntary feedback can be given from each group.
ACTIVITY 2: BECOMING A DAD
Section B: Emotions and relationships

What I enjoy about the pregnancy
The best thing about becoming a dad is ...

What I don’t enjoy about the pregnancy
The worst thing about becoming a dad is ...

I’m going to be a dad!
ACTIVITY 3: BECOMING A DAD

Section B: Emotions and relationships

Activity 3 Worksheet: Becoming a dad

Gains of being a dad

Losses of being a dad
Activity 4 Worksheet: Dads’ roles

DISCUSSION QUESTIONS

How do you see your job/role as a father?

How does your partner see it?

What is a dad?

Do children need a dad?

How do you expect having a baby will change your lifestyle?

What will you gain from being a father?

Think about your own parenting. What would you like to take forward for your own child?

What would you not like to repeat?
The role of the father/partner in labour and birth

Aim

To raise awareness of the father’s needs and emotions and to enable them to support their partner during labour and birth.

Learning outcomes

By the end of the session, fathers will be able to:
- Describe how they can positively support their partners during labour and birth
- Make a list of what they might need during their partner’s labour.

Activity 1: Exploring key issues

The purpose of introducing the role of the birth partner is to encourage reflection through thoughtful questioning. In small groups, participants can be asked to explore one or more of the following issues.

- What support do they think their partners want from them during childbirth?
- What are the father’s needs during this time?
- What preparations might they need to make for themselves?
- What does the woman want/need from the father/partner?
- What does the partner want to give?
- What is he able to give?
- What are realistic expectations?
- What are possible areas of conflict and how can these be avoided?

Activity 2: Father/partner’s role as birth supporter

After activity 1, participants can complete the following grid, as a trigger for further discussion. Although some examples are given in the grid below, it is preferable for each group to write their own list using the blank template that follows.

<table>
<thead>
<tr>
<th>Necessary?</th>
<th>Helpful?</th>
<th>Unhelpful?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared experience</td>
<td>Communication between mother and health</td>
<td>When own fears are apparent</td>
</tr>
<tr>
<td>Emotional support</td>
<td>professionals</td>
<td>‘The joker’</td>
</tr>
<tr>
<td>Physical support</td>
<td>Protective</td>
<td>Demotivating</td>
</tr>
<tr>
<td></td>
<td>Encouraging</td>
<td>Overprotective</td>
</tr>
<tr>
<td></td>
<td>Massage</td>
<td>Dominating</td>
</tr>
<tr>
<td></td>
<td>Positions</td>
<td>Aggressive</td>
</tr>
<tr>
<td></td>
<td>Sense of humour</td>
<td></td>
</tr>
</tbody>
</table>
Father/partner’s role as birth supporter

<table>
<thead>
<tr>
<th>Necessary?</th>
<th>Helpful?</th>
<th>Unhelpful?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Activity 3: How the birth partner can help during labour

An alternative to considering the role of the father/partner in labour is to ask the group/s to make a list of ways in which a partner can help during labour. The following headings may be useful for the group undertaking the task to consider. Some examples are given below, however it is preferable for each group to write their own list using the blank template that follows.

<table>
<thead>
<tr>
<th>Acting as spokesperson</th>
<th>Stating mother’s wishes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offering emotional support and positive feedback</td>
<td>Encouraging Affection Support</td>
</tr>
<tr>
<td>Reminding to</td>
<td>Eat Drink Empty bladder Breathe calmly and gently Relax Ask questions</td>
</tr>
<tr>
<td>Helping meet physical needs by</td>
<td>Positions Walking/mobilising Equipment e.g. birth balls etc.</td>
</tr>
<tr>
<td>Checking how she is</td>
<td>Feelings Needs Breathing Progress</td>
</tr>
<tr>
<td>Accepting</td>
<td>What the woman says What the woman feels</td>
</tr>
<tr>
<td>Managing pain</td>
<td>Massage Adjusting her position Warm/cold sponge/flannel Positive encouragement</td>
</tr>
</tbody>
</table>
### ACTIVITY 3: HOW THE BIRTH PARTNER CAN HELP DURING LABOUR

**Section C: Labour and birth**

<table>
<thead>
<tr>
<th>How the birth partner can help during labour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acting as spokesperson</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Offering emotional support and positive feedback</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Reminding to</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Helping meet physical needs by</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Checking how she is</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Accepting</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Managing pain</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Activity 4: How to help your partner during the different stages of labour

This could be carried out as a small group activity (use blank template) or given as a handout to fathers, for discussion with their partner.

<table>
<thead>
<tr>
<th>Stages of labour</th>
<th>Suggestions for giving support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-labour</strong></td>
<td>Make sure you can be found at all times</td>
</tr>
<tr>
<td><strong>(time at home)</strong></td>
<td>Give emotional support</td>
</tr>
<tr>
<td></td>
<td>If woman likes it, cuddling and intimacy can promote the production of labour hormones</td>
</tr>
<tr>
<td></td>
<td>Check you have phone numbers, fuel in car and anything you need for hospital (if applicable)</td>
</tr>
<tr>
<td><strong>Early 1st stage</strong></td>
<td>Have a light meal</td>
</tr>
<tr>
<td><strong>(time at home/hospital)</strong></td>
<td>Go for a walk</td>
</tr>
<tr>
<td></td>
<td>Choose a distracting activity e.g. film or game</td>
</tr>
<tr>
<td></td>
<td>Help her to relax</td>
</tr>
<tr>
<td></td>
<td>Offer a cold cloth or hot water bottle for comfort</td>
</tr>
<tr>
<td></td>
<td>If using TENS, offer to help her put it on</td>
</tr>
<tr>
<td><strong>Late 1st stage</strong></td>
<td>Help her relax/remind her of breathing strategies</td>
</tr>
<tr>
<td><strong>(time at home/hospital)</strong></td>
<td>Breathe with her, if helpful</td>
</tr>
<tr>
<td></td>
<td>Offer massage</td>
</tr>
<tr>
<td></td>
<td>Offer iced water</td>
</tr>
<tr>
<td></td>
<td>For back-ache offer counter pressure, cool pack or hot towel</td>
</tr>
<tr>
<td></td>
<td>Encourage her to change position or move around</td>
</tr>
<tr>
<td></td>
<td>Ask her what she would like</td>
</tr>
<tr>
<td><strong>Transition</strong></td>
<td>Remind her what is happening, that it won’t be long now</td>
</tr>
<tr>
<td></td>
<td>Offer massage</td>
</tr>
<tr>
<td></td>
<td>If she is shaking, offer to firmly rub her outer thighs</td>
</tr>
<tr>
<td></td>
<td>Offer her lip-salve</td>
</tr>
<tr>
<td></td>
<td>Give her reassurance and encouragement</td>
</tr>
<tr>
<td></td>
<td>Relax</td>
</tr>
<tr>
<td><strong>2nd stage</strong></td>
<td>Give her words of encouragement</td>
</tr>
<tr>
<td></td>
<td>Encourage and help her to change her position, try different positions</td>
</tr>
<tr>
<td></td>
<td>Encourage her to remain upright (e.g. on knees or standing)</td>
</tr>
<tr>
<td></td>
<td>Sponge her between contractions</td>
</tr>
<tr>
<td></td>
<td>Tell her when you can see baby’s head</td>
</tr>
<tr>
<td></td>
<td>Help her to breathe to ease the baby out</td>
</tr>
<tr>
<td></td>
<td>Welcome your new baby</td>
</tr>
<tr>
<td><strong>3rd stage</strong></td>
<td>Help put baby to the breast</td>
</tr>
<tr>
<td></td>
<td>Cut the cord, if you wish</td>
</tr>
<tr>
<td></td>
<td>Put a blanket around them to keep them warm</td>
</tr>
<tr>
<td></td>
<td>If mum can’t, dad can hold the baby (skin-to-skin)</td>
</tr>
<tr>
<td></td>
<td>Give them a cuddle</td>
</tr>
</tbody>
</table>
How to help your partner during the different stages of labour

<table>
<thead>
<tr>
<th>Stages of labour</th>
<th>Suggestions for giving support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-labour (time at home)</td>
<td></td>
</tr>
<tr>
<td>Early 1st stage (time at home/hospital)</td>
<td></td>
</tr>
<tr>
<td>Late 1st stage (time at home/hospital)</td>
<td></td>
</tr>
<tr>
<td>Transition</td>
<td></td>
</tr>
<tr>
<td>2nd stage</td>
<td></td>
</tr>
<tr>
<td>3rd stage</td>
<td></td>
</tr>
</tbody>
</table>
**The birth environment**

**Aim**

To familiarise fathers with birthing suites and encourage them to make the birth space relaxing and comfortable for themselves and their partner by requesting anything they need.

**Learning outcomes**

By the end of the session, fathers will be able to describe and set up a birth room suitable for a straightforward and active birth.

It is useful if the group have previously looked at positions for active birth.

**FOR COUPLES GROUPS**

It is beneficial to try out different positions with birth partners to ensure the comfort of both. Fathers often adopt and maintain positions that result in backache in prioritising support for women in labour.

Suggested resources are:

- Positions pictures available from the Scottish Antenatal Parent Education Pack
- Positions for labour and birth, pictures, handouts and posters from NCT (see Further Resources section for links).

**You will need:**

- A3 plain paper or flip chart paper to use as ‘floor plans’ laid out on table or floor.
- Alternatively, use a birthing room template (see example).
- Photos of various items you might like in a birthing room: ball, beanbag, Bradbury mat, pillows, chair, music player, pool and aromatherapy. Have photos small enough to be placed on the template.

Images of equipment can be laminated for reuse and should be printed to reflect scale of room image. The images supplied are not exhaustive. It may be preferable to take pictures of the local birthing unit.

**Activity 1: Using your birthing space**

1. Start the session by dividing participants into small groups. Give each group a blank template to use as their floor plan.
2. Each group will also be given laminated images of the furniture and equipment found in delivery rooms.
3. Ask each group to set up the room in the way they would like.
4. If groups are confident, ask the group to explain what they have put into their room and why.
5. Visit each group to answer any questions.

Facilitator should check that the group understands the use of each piece of furniture. Include suggestions such as using the back of the chair as a support during contractions.

Major issues can be brought back to the larger group, if necessary.

This exercise can be extended for those wanting to know more about epidurals, by arranging the rooms as they would be for a more technical birth.

Emphasise that some women prefer to try for a natural labour while others want or require a more technical birth.
Examples of room template:

- Birthing at hospital?
- How will you use your space?

Curtain

Door

Window
ACTIVITY 1: BIRTHING AT HOSPITAL

Section C: Labour and birth

Examples of room template:

- Birthing at hospital?
- How will you use your space?

TOILET

BATH

WINDOW

DOOR

CURTAIN

DOOR
ACTIVITY 1: BIRTHING AT HOME

Section C: Labour and birth

Examples of room template:

* Birthing at home?
* How will you use your space?
RESOURCES FOR PRACTITIONERS

Section C: Labour and birth

Pictures of equipment
RESOURCES FOR PRACTITIONERS
Section C: Labour and birth
RESOURCES FOR PRACTITIONERS

Section C: Labour and birth
Understanding the birth process

Aim

Participants will understand the physiology of labour, in order to support their partner to achieving a positive birth experience.

Learning outcomes

By the end of the session fathers will be able to:

- Describe the factors important in promoting normality in birth
- List how they can support their partner during labour.

Activity 1: The birth process (6 parts)

Note: This activity has been adapted from an exercise provided by Mary Nolan (personal communication, 2011), with thanks.

Facilitator asks the group: “What sort of labour would you want for your partner?”

Possible answers are: manageable, pain free, easy, not too long, etc.

Engage with what the group comes up with, then say:

“Well, I can’t promise you that, but I can show you ways that might be able to help you to help your partner to achieve it.”

Materials needed

Pelvis with nuts and bolts
Doll that will comfortably fit through the pelvis
Tape measure
Balloon
Anatomy birth charts, such as NCT charts

Glass and spoon
Drier hose and ball (to fit through hose snugly)
Pre-prepared TALC baby – preferably 2 sets (see TALC sheet that follows).

1. Off the bottom

Pass the pelvis to dad. Ask him to have a look at it – the diameters of the pelvis from coccyx to pubic bone.

Q: What are your observations about the pelvis/the gap?

Observations usually include: ‘It isn’t very big – how will a baby get through?’

Q: What could you do to make the gap a little bit bigger?’

Answer (usually): ‘I can undo the wing nuts.’

Facilitator: This is naturally happening to mum, she is producing a hormone called relaxin, which is helping everything to stretch and her pelvis to naturally become more supple. In addition, the sacrum opens up.

Dad is asked to measure the gap again when the wing nuts are unscrewed and the sacrum has moved back.

Q: What do you notice about the pelvis now?

Answer (usually): ‘The gap for the baby to come through is bigger’

Facilitator: Ability for sacrum to move back increases pelvic outlet by about 28%.

Facilitator: what positions would be best in order for the sacrum to move back?
Answer (usually): ‘upright (forward leaning, kneeling, all fours, standing etc)’

**Facilitator:** So, your partner being upright off her bottom can give your baby more space to come through the pelvis, making things easier. This can shorten first stage labour.

### 2. Passing urine

Use anatomy chart illustrating basic anatomy of pelvis, if not done already (using appropriate language): Rectum, Cervix (mention thinning and opening up), Pubic bone and Bladder.

Ask a dad to hold the pelvis and another to blow up a balloon and leave untied (ensure no latex allergies) to illustrate a full bladder in labour. Dad with balloon holds it inside pelvis with opening pointing down. A third person then tries to birth the baby through the pelvis.

**Q:** What does dad need to encourage mum to do in order to ease baby’s passage?

**Answer (usually):** Empty bladder (hourly).

### 3. Baby’s presenting part

Facilitator passes a model of the TALC baby to two different men and asks them to work out how baby will get their head into and through the pelvis.

**Q:** Which diameters will work best? (see information with TALC baby)

**Answer (usually):** ‘Crown of head fits best’.

### 4. Wiggle

Pass doll onto another participant. Ask the second person to make a fist with their hand. Explain that the fist is the labouring woman’s cervix and you want to get it to open up.

**Q:** If you were a baby pressing down on the cervix, what would you do to get it to open up?

**Answer (usually):** Push down on it; wiggle around.

Push down because gravity will help with the pressure and wiggle. Baby pushing down and stimulating cervix by wiggling helps body to release oxytocin, which is the hormone that helps cause contractions and progress labour.

**Facilitator may add:** Mum wiggling/moving can help baby move its way down the birth canal. Studies show being upright and moving around in labour usually results in more effective contractions, a shorter labour and less intervention.

### 5. Baby in an optimal position

Facilitator gives a glass containing a teaspoon to a dad in the group. Ask him to tilt the glass back and forth slowly and watch the movement of the spoon. It usually lands the same way, but not always. Imagine the baby (spoon) in the uterus (glass). We know baby in an anterior position (demonstrate by holding doll LOA) labour is generally quicker than if baby starts labour OP (demonstrate by holding doll OP).

**Q:** Therefore what positions can mum try before labour starts in order to encourage baby in the best position to begin labour?
Answer (usually): Knees lower than hips leaning forward (demonstrate).

**Facilitator may add:** As we saw with the glass and spoon, it may be possible to encourage baby to move into a good 'starting position'.

The facilitator should also need to emphasise that baby can still rotate during labour.

### 6. Tilting Forward

Use anatomy chart to show the cervix is positioned more to the back of the pelvis at an angle – in line with the two spines. If mum is sitting or standing straight up, the baby’s head would be using gravity to push on the cervix. If mum tilts her body forward, then the top of the baby’s head is exerting equal pressure to help open the cervix and is a more snug fit for baby.

Demonstrate using pelvis with drier hose attached to emphasise the curve of the pelvis. The ball can be passed through to show how gravity and upright positions can demonstrate the easiest passage through the birth canal.

Alternatively, the facilitator could use the example given by Jean Sutton (2001:69), which shows how tilting the pelvis forward gives baby more room to manoeuvre.

**Q:** What kind of position would be good for mum to be in to tilt her pelvis forward?

**Answer (usually):** All fours position, leaning forward over a ball/bean bag/partner’s lap, standing and leaning on a table/the bed/wall, etc.

### Summary of 1-6

Key actions to (hopefully) shorten the first stage of labour are encouraging partner to:

- Keep off her bottom
- Go to the toilet
- Keep mobile – rocking, rotating and wiggling pelvis
- Keep pelvis tilted forward.

When women are left to choose, they change their position seven to eight times during labour, with a tendency to start up tall and get closer to the ground as labour progresses.

Facilitator can emphasise:

- Early labour is time for resting / sleeping / eating carbohydrates

This should be followed up with discussion or practise of positions for labour and birth.

### Activity 2: Practising positions

**Materials**

- Position cards
- Birth ball
- Chair
- Pillows
- Bean bag
- Floor mat
- Table

Ask men to take a chair to somewhere in the room – quiet corner and make a ‘nest’ for their partner.

Ask group how do animals labour? In the dark (dim lights), on their own, quiet, safe etc. That is great for humans too! This environment helps...
oxytocin to work well and keeps adrenalin at bay.

Examples of positions the facilitator could discuss with fathers.

1. Suggest to the group that is nearly midnight on New Year’s Eve and they are having a slow dance with their partner. Suggest they try this with their partner: nice and close/mum’s head leaning into dad and slow swaying.

2. If Dad was sitting in a chair with mum kneeling, with her head in his lap, what could he do to help mum in this position? Massage (gentle firm strokes from shoulder to hands).

3. Position cards or pictures can be used to show a variety of different positions for labour. Discuss how these positions can be used at home.
Teaching aids at low cost (TALC)

Relaxation

It is important that fathers understand how their partners’ hormones can assist the process of labour and birth and equally important that they understand how their own stress hormones can hinder the process. This is useful in highlighting the relevance of relaxation for labour and birth, to men.

An explanation of the effects of labour hormones is very useful. Appendix two can be adapted for use with men or used with couples.

Split the group into smaller groups of three to five. Give them flipchart paper and a marker.

Activity

Ask the group to list the advantages of being relaxed, as a life skill.

Allow enough time for a list to be made and follow the exercise by asking each group to state one benefit of relaxation until everyone has shared their ideas.

1. Emphasise the importance of dad being relaxed in the labour space (encourages endorphin and oxytocin release, keeping adrenaline and testosterone at bay).
2. Helps to enable baby to be calm and relaxed.
3. Helps you to cope when you are tired and have a baby to look after.
4. Helps you to be the best parent you can be!

Follow with a relaxation exercise. See Scottish Antenatal Parent Education Pack for ideas, scripts and relaxation CD.

Pain Management in Labour

Aim

To enable fathers to understand self-help strategies to work with contractions and to understand medical options for pain management during labour and birth.

Learning outcomes

By the end of the session, fathers will be able to:
- List and demonstrate strategies for supporting their partner in labour and birth
- State the medical options for pain management
- Describe their partner’s preferences for pain management.

Activities suggestions for a pain management session

1. Divide group, depending on group size. The facilitator can ask them what pain management strategies they already know about. Replies are written on a flipchart. When used with small groups, this could form the basis for discussion about methods, and about the advantages and disadvantages of each.
2. For larger groups, following a brainstorm of the methods available, the group can be divided to research one method each, and report back to the larger group. Participants should be provided with information sheets or leaflets.
3. Copy the following worksheet (Advantages and disadvantages of different forms of pain management) onto 2 or 3 sheets of flipchart. Divide the main group into smaller groups to complete a worksheet. After a suitable time, ask groups to move to the next sheet to give additional suggestions. Repeat for all sheets. Display flipcharts at end.
### Worksheet 1: Advantages and disadvantages of different forms of pain management

<table>
<thead>
<tr>
<th>Method</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>TENS (transcutaneous electrical nerve stimulation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aromatherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equinox (gas and air)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxation and relaxed breathing</td>
<td></td>
<td></td>
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<tr>
<td>Paracetamol</td>
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<td></td>
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<tr>
<td>Morphine/diamorphine</td>
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<td></td>
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<tr>
<td>Epidural</td>
<td></td>
<td></td>
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<tr>
<td>Alternative therapies e.g.</td>
<td></td>
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<tr>
<td>Self-hypnosis</td>
<td></td>
<td></td>
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<tr>
<td>Acupressure/acupuncture</td>
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<tr>
<td>Reflexology</td>
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</tbody>
</table>
The facilitator may wish to use a quiz. It is preferable for the quiz to be completed in small groups or teams, as this is less threatening for participants than individual work. This can be used as a fun way to find out what knowledge there is within the group and fill in gaps, OR a quiz can be used at the end of the session as a recap.

**Quiz – Pain management in labour**

1. State two things you can do to help relieve labour discomfort at home.

2. What is TENS?

3. Where might you get a TENS unit for use in labour?

4. What is morphine/diamorphine?

5. What are the benefits?

6. What are the disadvantages?

7. What alternative therapies can be used in labour?
8. Where would you get aromatherapy oils for use in labour?

9. What is an epidural?

10. What are the benefits?

11. What are the disadvantages?

12. What is Entonox?

13. What are the benefits?

14. What are the disadvantages?

15. How can water help in labour and birth?

16. How can relaxation and calm easy breathing help your partner’s labour to progress?
Practical baby care activities

Aim
To increase fathers’ confidence in their ability to care for their new babies.

Learning outcomes
By the end of the session, fathers will be able to:

- Handle and dress their baby
- Change their baby’s nappy
- Bath their baby
- Put their baby to bed
- List strategies for coping with a crying baby.

These activities can be carried out as individual activities or using work stations in bigger groups. The facilitator should be available to answer any questions as s/he moves around the groups.

Dressing

For many adult learners, working out how they might dress a baby themselves (in a small group, in a safe environment, and with adequate information provided) is more empowering than watching a demonstration given by a health professional. Alternatively, following a demonstration, participants should be given the opportunity of having a go themselves in small groups.

Materials

- Task instruction card (example below)
- Doll with flexible neck
- Selection of clothes: vest, sleep suit, cardigan, socks, mitts etc
- Changing mat
- Photos of newborn babies being dressed: showing different ways to hold baby and a selection of different clothes (photos can be collected from magazines, books).

Activity

Divide into groups of three to five.

Instruction card example

1. Wash hands.
2. Select and lay out clothing.
3. Roll-up sleeves of shirt, cardigans etc.
4. Open out sleep suit and lay it on change mat.
5. Roll-up front of vest and place underneath baby’s chin. Support the head while placing the vest over your baby’s head. Place a finger or two through the sleeve of vest and allow the baby to grasp your finger (more difficult with a doll!), allowing you to slip the arm into the sleeve. Repeat with other arm. Roll baby on to its side and pull down the back of the vest. Clip underneath.
6. While supporting the head/neck, lift baby onto sleep suit. Arms are placed into the sleeves as for vest. Legs are put into sleep suit and poppers clipped up. Sleeves are rolled back down.

Make sure everyone has had an opportunity to try this out.

Discussion points during the activity may include:

- What clothes are needed?
- Different styles of clothes for ease when dressing.
- Not overheating babies.

Ensure the facilitator congratulates participants on their efforts and is always positive and encouraging.
Nappy changing

For many adult learners, working out how they might change a nappy themselves (in a small group, in a safe environment, and with adequate information provided) is more empowering than watching a demonstration given by a health professional. Alternatively, following a demonstration, participants might like the option of having a go themselves in small groups.

Materials

- Task instruction card (example below).
- Demonstration dolls.
- Selection of real and disposable nappies.
- Cotton wool / wash cloth and water (optional).
- Change mat, small bowl.
- Nappy sac or disposal bag if necessary.
- Selection of marmite/mustards/chocolate spreads etc. This is used optionally as examples of colours of baby poo and can be used in nappies that are being changed, or as examples to show group.
- What’s in a nappy leaflet (available from NCT).

Activity

Divide into groups of three to five.

Instruction card example

1. Wash hands.
2. Organise equipment required – change mat, nappy, cotton wool, bowl, water (optional), disposal bag.
3. Use existing nappy to wipe away any poo and remove the nappy by: raising the baby’s bottom holding both ankles up together and fold the nappy in on itself.
4. Clean gently, paying particular attention to skin folds.
5. For girls wipe from front to back, for boys around the penis and testicles but do not retract the foreskin.
6. Dry nappy area well.
7. Place clean nappy under the bottom with tapes to the back and bring the other half of the nappy up between the legs.
8. Fasten nappy to make a snug fit.

Discussion points during the activity may include:

- Changing colour of baby poo – see What’s in a nappy leaflet (available from NCT).
- Different types of nappies and costs involved.
- Keeping baby safe – never leave a baby when using a changing mat that is on an elevated changing station.
- Use of nappy creams and lotions (not recommended).
- Knowing if baby is getting enough milk.

Bathing baby

For many adult learners, working out how they might bath a baby themselves (in a small group, in a safe environment, and with adequate information provided) is more empowering than watching a demonstration given by a health professional. Alternatively, following a demonstration, participants might like the option of having a go themselves in small groups.

Materials

- Task instruction card (example below).
- Baby bath, doll with flexible neck, towel, wash cloths (head and body), cotton wool and water (optional), clothes and nappy, change mat.
- Information sheet on eye care (optional).
- Bath time tips for new parents instruction sheet (available from NCT).
Photos of newborn babies being bathed: showing different ways to hold baby and a selection of baths, bath supports for baby etc (Photos can be collected from magazines, books etc).

Divide into groups of three to five.

**Instruction card example**

1. Wash hands
2. Hold baby in the bath so she/he won’t slip out of your grip. Place one arm behind baby’s shoulder and neck, the head will rest on your wrist. Hold baby’s outside arm with your hand. Place your other hand under baby’s bottom
3. Wash the eyes (using cotton wool, wipe each eye with a separate piece, from the inner corner outwards)
4. Wash the face
5. Wash the hair
6. Wash body, bottom
7. Dry and dress baby.

Make sure everyone has had an opportunity to try this out.

Discussion points during the activity may include: Water and room temperature, types of bath, how deep, supporting the neck, baby not slipping, eye care, dangers of cotton bud use, creams, baby powder and soaps.

Ensure the facilitator congratulates participants on their efforts and is always positive and encouraging.

**Putting baby to bed**

For many adult learners, working out how they might place baby in their Moses basket/cot with suitable bedding for the temperature of the room (in a small group, in a safe environment, and with adequate information provided) is more empowering than watching a demonstration given by a health professional.

**Materials**

Moses basket or equivalent
Bedding
Scottish Cot Death Trust leaflets
Room thermometer
Grow bag

There are pictures available on the FSID (Foundation for the Study of Infant Deaths) website showing how baby can be placed safely to sleep, in parents’ room, beside parents’ bed, etc. at: http://www.scottishcotdeathtrust.org http://fsid.org.uk/

Divide into groups of three to five.

The Scottish Cot Death Trust information and other leaflets can be used in place of an instruction card. Instructions can be simply ‘Place baby safely to bed’.

**Coping with a crying baby**

**Activity: Coping with a crying baby (from the Scottish Antenatal Parent Education Pack)**

One concern that fathers often have is how they will cope when their baby cries.

**Materials**

Crying Baby CD
Newborn sized doll
CD player

The facilitator could play the CD and just sit and listen with the group.
This activity could also be used with other teaching aids to appeal to all learner types. For example, the facilitator could pass around a doll with each person in the group suggesting what might be wrong with the baby and how they might soothe the baby i.e. baby might be hungry / feed baby.

Alternatively, the facilitator could divide the group and ask one group to write a list of why the baby might be crying and the other, how to soothe the baby. It is important that the facilitator focuses on the importance of calm gentle breathing and how parents can stay relaxed whilst coping with a distressed baby.

The facilitator should then explore with group members how they felt hearing the constant crying:

- Did they feel agitated/ annoyed?
- Did their heart rate rise?
- How do they think they would feel if it was their baby?
- Why might the baby be crying?
- When might they need help?
- Who can they go to for help?

Some fathers like to have a list of reasons why baby might cry. Reassure the fathers that responses are often instinctive and that they may not need a list.

The following lists were made by a group of fathers who said that a list would be helpful for them, and can be used as an example:

### Why babies might cry

- Hungry
- Wet / soiled nappy
- Lonely
- Too warm
- Too cold
- Nappy / clothes too tight
- Needs comfort or to be held
- Over-stimulated / over-tired
- Disrupted routine
- Bored
- Uncomfortable
- Wind or colic
- Teething
- Sick
- Sometimes there’s no identifiable reason

### Some ways to soothe a crying baby

- Pick-up baby
- Feed your baby
- Talk to, and play with, your baby
- Check and change your baby’s nappy, if necessary
- Change holding position
- Try holding your baby with its skin to your skin
- Gently rock / sway with your baby
- Take clothes off, if your baby is too hot
- Check that your baby is not caught in clothing or that clothing is not too tight
- Play music or sing to your baby
- Gently massage or stroke your baby
- Bath your baby
- Walk your baby in a pram or a sling
- Switch on the vacuum!!
- Take your baby for a drive in the car.

Some babies just cry for no apparent reason. If parents are worried about their baby crying – or they think that their baby may be unwell – they should consult their midwife, health visitor or doctor. If no cause is found, they may simply have to accept that this is just how their baby is.

Constant crying is exhausting and demoralising for parents. If a parent feels that the crying is too much to bear, then, if possible, they should give the baby to their partner as the baby may pick-up...
on their anxieties. Otherwise, they should take a deep breath and let it out very slowly, put their baby down somewhere safe and go into another room for a few minutes until they feel calmer, before returning to their baby.

Remember it is neither the baby’s nor the parent’s fault, and they may not be doing anything wrong. In time, their baby will become more settled.

For a list of help lines and other support, refer to Ready Steady Baby, which is distributed during pregnancy by their midwife.

Facilitator can follow with relaxation tips/exercises and discussion on how to keep calm and relaxed.

Men are more likely to shake babies than women. The peak time for baby crying – and baby shaking – is at 6 weeks.

**Touch and baby massage**

**Aim**

To promote fathers’ understanding of early development and the importance of touch, playing, reading and talking to their baby.

**Learning outcomes**

By the end of the session fathers will be able to:
- State why early communication, touch and interaction is important for baby’s development
- List ways that they can help their babies to develop
- Identify local resources to help them.

It is important to make dads aware of the importance of touch, stroking and massage for both fathers and babies. This could be done in a structured baby massage session or through introducing simple strokes, and signposting to further activities and resources. Facilitators may find the following handout useful. Insert local information or relevant contact details.
Handout: The importance of touch and massage

You may instinctively touch and stroke your baby. This is important right from the start, babies like to be cuddled and stroked, and this helps them to feel secure.

It can be as simple as getting yourself comfortable, relaxing with your baby and rhythmically stroking your baby’s back, arms, head, feet and hands at a pace that you both enjoy.

You will get to know your baby and what s/he likes and dislikes. Neither of you will enjoy the experience if, for example, your baby is fractious, hungry or unwell.

Some benefits of baby massage include:

- A way of baby and dad getting to know each other
- Promotes bonding
- Promotes relaxation of both parents and baby
- Makes baby feel loved
- Can promote better sleep
- Boosts immune system
- Improves digestion
- Skin-to-skin contact and touch increases breastfeeding success
- Helps build dad’s and baby’s self-esteem
- Can relieve discomfort associated with colic and teething
- Touch is important for baby’s physical and emotional development
- Can be used as part of a pleasurable bedtime routine. Ask your midwife or health visitor about baby massage in your local area.

For information on baby massage please contact

 Insert contact details

If you wish to find out about baby massage techniques, the following resource may also be helpful to you:

*Play @ Home baby book* (available from your health visitor).
Infant feeding

Aims

To increase fathers’ awareness of the important role they have in infant feeding and how they can support partners who breastfeed.

To enable parents to make informed feeding choices and to increase their confidence in their ability to meet their baby’s nutritional needs.

Learning outcomes

By the end of the session, fathers will be able to:

1. State the benefits of skin-to-skin contact for nurturing their baby
2. List the advantages and disadvantages of breast and bottle-feeding
3. State the importance of the partner’s role in feeding, particularly in supporting mothers who are breastfeeding.

Activity 1: Supporting breastfeeding – visiting father

It can be helpful to ask a dad to visit the group and share his experience of breastfeeding.

It can be useful to prepare some questions or topic headings.

These could include:
1. Why did you and your partner choose to breastfeed?
2. Did your partner/you have skin-to-skin contact with your baby after birth?
3. What were the main things that you did to help your partner with feeding?
4. How is feeding going now?
5. What is the best thing about breastfeeding?
6. What do you do to spend quality time with your baby?

FOR A COUPLES GROUP:
Facilitators may wish to invite a couple with their new baby to attend the session. If so, make sure that they are both actively involved, with the opportunity to share their individual experiences and views. This activity can either be carried out with the whole group together, or it may be helpful to divide the group in two, and to put the expectant fathers with the dads and expectant mums with the mum. If there is only one facilitator s/he will be going between both groups.
Activity 2: Scenarios

These scenarios should be used as discussion points in small groups. They can be cut out and laminated with one scenario on each card. After discussion in small groups, pertinent issues can be brought back to the larger group by the facilitator or voluntary feedback can be given from each group.

Your baby is 7 weeks old. You are ready to resume your sex life. How might breastfeeding affect this?

You are expecting some family and friends for the afternoon. How do you feel about your partner breastfeeding in front of them?

You are planning on going back to work after 1 week. What can you do to continue helping your partner?

Your mother states that she bottle fed you and suggests that you will be of more help if your baby is formula fed.

The manufacturer’s recommendation is that formula milk is made up just prior to use and not stored. How might this affect night feeding?

Your partner has decided to breastfeed. How can you help?

You are going into town shopping for the day, and your baby will need to be fed. What do you need to think about?

How might breastfeeding impact on your social life?

You and your partner are going shopping for equipment for your baby. What might you need for feeding?
Activity 3: Quiz - infant feeding

The facilitator may wish to use a quiz. It is preferable for the quiz to be completed in small groups or teams, as this is less threatening for participants than individual work.

1. Breastfeeding is easier than artificial feeding – give two reasons.

2. Babies who are bottle-fed have five times the risk of gastro intestinal infections. True or false?

3. If you are artificially feeding, you can make up all your feeds for the day in advance. True or false?

4. Babies who are breastfed are 50% less likely to get respiratory infections. True or false?

5. Skin-to-skin contact with a parent is beneficial to both breastfed and bottle-fed babies. True or false?

6. Artificially fed babies have greater risk of urinary infections. True or false?

7. A mother’s temperature between her breasts can raise two degrees to warm a baby and drop a degree to cool a baby when in skin-to-skin contact, and therefore, help to regulate the baby’s temperature. True or false?

8. Breastfed babies have less risk of ear infections. True or false?

9. Women who breastfeed have less risk of breast and ovarian cancer. True or false?

10. Dads don’t have as close a relationship with their babies if mothers breastfeed. True or false?

11. Babies who are breastfed for 6 months or more are less prone to eczema and food allergies. True or false?

12. Formula milk is sterile True or false?

13. State three signs, other than crying, that your baby needs to be fed

   1.
   2.
   3.
Activity 3: Quiz - infant feeding

Quiz answers
Q1 Answers could include: milk on demand, at correct temperature, cheaper, no sterilising or bottles to make up, less fiddly for night time feeds, fathers don’t need to get up!
Q2 True  Q3 False  Q4 True  Q5 True
Q6 True  Q7 True  Q8 True  Q9 True
Q10 False  Q11 True  Q12 False
Q13 Rooting, sucking fist/thumb, tongue out, head bobbing, unsettled

COUPLES SESSION
This can be used with single couples, couples working in teams or with a group split into dads’ and mums’ teams.

Discussion should include:

1. The importance of fathers’ involvement, particularly in supporting breastfeeding
2. Factual information and how men can help
3. Reassurance that if the baby is breastfed, there are other ways for men to bond with their baby e.g. bathing, reading stories, singing to baby, baby massage etc
4. The practical stuff: building a partner’s confidence, coping with highs and lows, recognising baby feeding cues, positioning and attachment, helping at home and dealing with too many visitors
5. Letting men know how and where to get help if the going gets tough – fathers won’t want to see their partner distressed if things aren’t going well and are more likely to encourage them to continue breastfeeding if they know how and where to get help
6. Information and handouts should be relevant and specific to men e.g. Ten Important Facts for Fathers, NHS Fife (see Appendix three).
Exploring postnatal depression

Aims

To help fathers recognise symptoms of postnatal depression in partners, and to provide/access appropriate support for their health and wellbeing

To raise awareness of postnatal depression in men

To explore the effect depression may have on relationships and the importance of communication and support.

Learning outcomes

By the end of the session, fathers will be able to:

- List significant changes associated with postnatal depression (PND) in men and women
- Describe strategies for minimising the risk of PND
- State the effects that depression can have on their relationships
- State the effects that depression can have on their ability to parent and their baby’s secure attachment
- Identify possible strategies to promote secure attachment.

Activity: postnatal depression

Materials

Two sheets of flip chart paper and markers

1. Split the class into small groups of four to six. This will provide the opportunity to explore issues around depression with other fathers.
2. Give each group a piece of flipchart paper with one of the following questions:
   - what are the signs of postnatal depression in women?
   - what are the signs of postnatal depression in men?
3. Each group is asked to discuss and list its answers.
4. Facilitator should visit each group to answer any questions they might have.
5. Feedback to main group and signs of depression in men and women are compared.
6. Facilitator should then ask the group/s to explore the self-help and support options available. This should include consideration of the baby’s attachment and responsiveness to his/her parents.

Discussion points during the activity should include:

- Signs of depression in men and women, such as: overwhelmingly sad, negative feelings of guilt, anxiety and anger, irritability, frustration, changes to appetite, sleep patterns, interest in sex, lack of concentration, excessive alcohol intake and workaholism (further information is available in Ready Steady Baby and Talking about Postnatal Depression, NHS Health Scotland publications).
- People may have different symptoms of PND/depression.
• Partners are more at risk of depression if woman has PND (and visa versa).
• Babies may not form secure attachments with mothers or fathers who are experiencing severe depression.
• Self-help could include: regular exercise; catching up with sleep when baby sleeps; not oversleeping; replacing negative thoughts with positive; talking about how you feel; making time for yourself/as a couple; social interaction such as meeting with other new parents; asking for/accepting help with chores etc. This list is not exhaustive.
• The importance of couples communicating and supporting each other.
• Where and how to get help if depression is recognised.
• Local and national groups and help lines.

When a parent experiences postnatal depression the whole family is affected. By intervening at an early stage, positive changes and growth within relationships can be brought about.

Research shows that men and women can both experience postnatal depression. Some parents can become depressed, anxious and low during the perinatal period. Society assumes that the arrival of a baby will bring happiness and satisfaction to the parents and family. This is not always the case. There are many myths about parenthood.

Having a baby is a major event in a parent’s life, and it can be a time to review and process ways of being in the world. Pregnancy and childbirth is a time of major change and transition, and can affect a parent’s sense of self, identity and effectiveness. All change involves loss, even welcomed change. Some parents become distressed by their inability to cope and do not recognise that they may be affected by postnatal depression.

Postnatal depression services aim to help parents gain greater understanding of what might be causing distress, whether it is about the transition into parenthood, unresolved issues from their own childhood, or unhelpful experiences from the past that might be preventing enjoyment in the present.

For some parents the onset of depression / anxiety may be during pregnancy, for others not until their child is born. Whenever it starts, the impact on the parent, partner and/or other family members can be difficult to understand and to process.

This material kindly supplied by Cross Reach CrossReach is the Social Care arm of the Church of Scotland SC011353, CrossReach Head Office: Charis House, 47 Milton Rd East, Edinburgh EH15 2SR, tel: 0131 657 2000, email: info@crossreach.org.uk, www.crossreach.org.uk.

Baby development

Aim

To promote fathers’ understanding of early development and the importance of playing, reading and talking to their baby.

Learning outcomes

By the end of the session, fathers will be able to:
• State why early communication and interaction is important for babies’ development
• List ways that they can help their babies to develop
• Identify local resources to help them.
Activity 1: Exploring key issues

The purpose of introducing early development is to encourage reflection through thoughtful questioning. In small groups, participants can be asked to explore one or more of the following issues:

- What babies can see, hear and do at birth
- What parents can do to help brain and other development
- The effect of maternal stress hormones during pregnancy on baby development and wellbeing
- Local support available.

The impact of parental conflict on the foetus is high, with hormones produced through maternal stress crossing the placenta and affecting the infant. These effects can be rectified by good, secure infant attachment.

It may be helpful to have a selection of pictures available to enable parents to see a baby interacting. An example is Ethan’s first half hour (The Children’s project, available from NCT – see Further Resources section).

A selection of age-related toys and books, and household items such as a small mirror, wooden spoon, and hair scrunchie would also help to trigger ideas.

Information on local support, including voluntary organisations, should be available and actively promoted.

Activity 2: DVD and Discussion

Watch a DVD and follow up with discussion of the issues raised.

Suitable DVDs include: The Social Baby (section on attachment. Note: crying section not recommended due to swaddling advice) Daddy Cool (NCT) Hello Dad (NCT) Brazelton neonatal behavioural assessment DVD.

See Further Resources section for details.

Activity 3: Baby brains

The following activity is used by West Lothian Council Sure Start to encourage parents to think about the benefits of communication and play. The facilitator notes and handout sheets that follow can be adapted for local use.
Baby brains: Facilitator notes

How to help your baby’s brain development

Facilitator: use this page to introduce the subject. Ask what people’s first thoughts are?

An introduction to your baby’s brain

When a baby is born its brain will be made up of 100 billion neuron/brain cells. New experiences create new connections and pathways between neurons in the brain. These pathways will be formed with positive or negative experiences. If these experiences are repeated the connections become stronger and those used occasionally wither away.

Highlight the differences between the pictures

What can parents do to encourage healthy brain development?

What do you think?

Suggested activity

As a group or in pairs, ask people to discuss how they think they can encourage brain development in their new born baby.

The spaces on the handout can be used to record the answers if required.

Overleaf are suggestions to help after the activity is completed or to use if people are doing this on their own at home.
Here are some more ideas!

😊 Touch/cuddling. Your baby’s brain development is affected by interaction and communication. Hormones released by touch help to relax the baby, and make it open to development and learning.

😊 Play. Play helps your baby to develop physically, learn about the world, learn to express emotions, develop conversation skills, develop creativity and learn how to be sociable.

😊 Singing and listening to music. Most of us enjoy music! Music is fun but it is also good for the brain, it seems that it is one thing that makes us use both sides of our brain. It gives us a ‘buzz’ and helps the brain make lots of connections.

😊 Talking. Talking with your baby helps develop listening skills, language development and attachment. Talk to your baby and explain what you see.

😊 Reading/story telling. Talking or reading with your baby will encourage your child to read books. It doesn’t matter if you’re not a good reader, your baby will love to listen to your voice.

😊 Eye-to-eye contact/gazing. Positive expression, soft voice tone and smiling will help the brain make positive connections and be fun for your baby.

Resources available to help support you with activities include:

😊 Ready Steady Baby

😊 Play@home

😊 Infant massage classes

😊 Bookbug

😊 Local library

😊 Community centres

😊 www.talktoyourbaby.org.uk

Facilitator: this page is to signpost further activities that parents can be involved in with their babies. Include any local groups and discussion about what each offers.
Facilitator: a good way of checking this is not being used as a door stop!

Ready Steady Baby
NHS Health Scotland: 2008
Section 3 – Getting to know your baby (page 110)
Section 4 – Playing with our baby (pages 166-167)
Baby brains

How to help your baby’s brain development

An introduction to your baby’s brain

When a baby is born its brain will be made up of 100 billion neuron/brain cells. New experiences create new connections and pathways between neurons in the brain. These pathways will be formed with positive or negative experiences. If these experiences are repeated the connections become stronger and those used occasionally wither away.

Brain development

What can parents do to encourage healthy brain development?

What do you think?
Here are some more ideas!

😊 Touch/cuddling. Your baby’s brain development is affected by interaction and communication. Hormones released by touch help to relax the baby, and make it open to development and learning.

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Ready Steady Baby

NHS Health Scotland: 2008

Section 3 – Getting to know your baby (page 110)

Section 4 – Playing with our baby (pages 166-167)
Aims

To raise awareness of issues relevant to fathers in antenatal education.

To allow fathers to explore their own needs and get their questions answered.

Learning outcomes

By the end of the session, fathers will be able to:

- State their own needs in relation to labour, birth and parenting
- List how they can support their partner during pregnancy, labour and birth
- Make informed decisions about how they choose to parent
- Recognise how a baby will impact on their lifestyle and relationships and describe how they might adapt to these changes.

Activity 1: Invite father of a new baby to the group

It can be very helpful to have a visiting father (or preferably more than one) to either attend or facilitate a session, in order to discuss their personal experiences of labour and birth, their supporting role and being a dad. It can be empowering for men to hear fathers’ experiences in a single sex group as this allows for openness and honesty with other dads. Some men may not be as forthcoming with their partner present.

When fathers become highly involved, there may be some conflict of roles and parents need to be able to develop good co-parenting awareness and strategies from early on.

Arranging a successful visitor session will require some preparation and a dialogue with the potential visitor(s).

It is preferable for the group to devise their own questions beforehand. The facilitator can give a list of likely question to the visiting father(s) the week before, so that they know what to expect.

If the group doesn’t have any advance questions and wish to ‘go with the flow’, the following list can be given to the visiting father(s) to get the session started. The need for this will depend on the confidence and experience of the visitor(s) and participants.

Questions list:

- How did you cope with labour and birth?
- What was the hardest part?
- What was the best part?
- If you were to give one piece of advice to fathers about labour and birth, what would it be?
- What are the differences between how you found labour and birth and how your partner found them?
- What where the challenges in the early days?
- What were the best parts?
- How has your life changed since having a baby?
- How do you juggle work/home commitments?
- Time for you? Time as a couple?
- What about sex?
- Has having a baby had a big financial impact?
- How have you coped with advice from family and friends or health professionals?
- What is best about being a parent?
Activity 2: Dads’ ‘goody bag’

Hand around a bag of items (see below for suggestions) and ask each father to take something out and discuss their thoughts or ideas about the object, with the person beside them. The facilitator should have key discussion points for each item. The facilitator should decide which items they want to use, ensuring that there are enough for each group member to participate. Contents could reflect a specific topic or the partner’s role on a number of topics.

This is a good method to use with a group of around 14 or less and is suitable to use with any degree of literacy. It works well with all types of adult learner.
## Sample contents of a general goody bag for use with dads

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottle of water</td>
<td>Importance of keeping hydrated when looking after partner in labour. Highlight temperature on labour wards.</td>
</tr>
<tr>
<td>Sandwich box or energy bar</td>
<td>Importance of eating regularly/preparing a sandwich to take when accompanying partner in labour.</td>
</tr>
<tr>
<td>CD</td>
<td>Labour – many women like listening to music in labour. Partners can prepare this as a positive and personal part of preparation. Postnatal – how music will play a part in baby development and play e.g. nursery rhymes.</td>
</tr>
<tr>
<td>Picture of mobile phone</td>
<td>Importance of partner being able to contact them. Discussion on when to phone for advice, local telephone contact numbers, keeping in touch with family/friends.</td>
</tr>
<tr>
<td>Model car</td>
<td>Many issues can be discussed around this: suitability of car and upkeep/ changing lifestyle/car safety/car seats.</td>
</tr>
<tr>
<td>Socket cover or other safety item</td>
<td>The importance of childproofing the home and what can be done now e.g. smoke alarms.</td>
</tr>
<tr>
<td>Golf ball/novel</td>
<td>Discussion around how to make time for self/adapting lifestyle.</td>
</tr>
<tr>
<td>‘Breathing Space’ card or ‘talking about postnatal depression’ leaflet (see Further Resources section)</td>
<td>Discussion on depression and how it affects mothers/fathers/children.</td>
</tr>
<tr>
<td>Children’s story book</td>
<td>Discussion around the importance of talking/reading/communicating with baby.</td>
</tr>
<tr>
<td>Toy</td>
<td>The importance of play.</td>
</tr>
<tr>
<td>Condom</td>
<td>Discussion on when intercourse might resume after childbirth, contraception choices and effects on breastfeeding.</td>
</tr>
<tr>
<td>Picture of dad and baby (in skin-to-skin contact)</td>
<td>Importance in feeding, attachment and how depression can affect attachment.</td>
</tr>
<tr>
<td>Example wage slip or bank statement</td>
<td>Discussion around finances/work/paternity leave.</td>
</tr>
<tr>
<td>Registering baby leaflet</td>
<td>Discussion around registering baby’s birth, time scales/names and surnames.</td>
</tr>
<tr>
<td>Cinema or theatre ticket</td>
<td>Spending time together as a couple.</td>
</tr>
</tbody>
</table>
Activity 3: Baby quiz

The facilitator may wish to use a quiz. It is preferable for the quiz to be completed in small groups or teams, as it is designed to promote discussion. The facilitator should have up to date information available.

1. What is the approximate cost of a pack of disposable nappies?

2. What colour is a newborn baby’s poo?

3. How many nappies might you use per day when your baby is 2 weeks old?

4. How do you know if your baby is having enough milk?

5. How many feeds might your baby need in the first 24 hours?

6. State four benefits of breastfeeding?

7. How much does a tin of formula milk cost?

8. What do you need to wash your baby?

9. What can you do to help protect your baby from sudden infant death (cot death)?

10. What temperature should your baby’s room be?
References


**Further resources**

**DVDs**

Daddy Cool, NCT DVD http://www.nctshop.co.uk/Daddy-Cool-DVD/productinfo/2177/


Hello Dad, NCT DVD http://www.nctshop.co.uk/Hello-Dad-DVD/productinfo/4508/

‘Social Baby’ DVD (section on attachment. Note: crying section not recommended due to swaddling advice) http://www.nctshop.co.uk/The-Social-Baby-Understanding-Babies-Communication-From-Birth-DVD/productinfo/4520/

Brazelton neonatal behavioural assessment DVD www.brazelton-institute.com

**Toolkits and guides**


RESOURCES FOR PRACTITIONERS

References and further resources

The Fatherhood Institute – *Invisible Fathers: Working with young dads – a resource pack*  

The Fatherhood Institute – *Toolkit for Father-inclusive Practice*  

The Fatherhood Institute – *Working with African Caribbean Fathers: A guide for professionals*  

The Fatherhood Institute – *Working with Muslim Fathers: A guide for practitioners*  

Young Parents Toolkit, NCT  
[http://www.nctshop.co.uk/Young-Parents-Toolkit/productinfo/1902/](http://www.nctshop.co.uk/Young-Parents-Toolkit/productinfo/1902/)

Dads 101 (US, targeted at prevention shaken baby syndrome)  

Miscellaneous resources

*Breathing Space Scotland cards and other publicity materials for counselling helpline*  

*Early Days with your baby NCT – free online booklet written by dads, for dads*  
[http://www2.nct.org.uk/public/docs/NCT%20Dad%27s%20 View%20Early%20Days%20With%20Your%20Baby.pdf](http://www2.nct.org.uk/public/docs/NCT%20Dad%27s%20 View%20Early%20Days%20With%20Your%20Baby.pdf)

*Ethan’s first half hour – set of pictures for use as resource on attachment*  

*’I’m a parent get me out of here’ – Locally developed resource tailored for work with groups of dads in Aberdeen. Includes elements of Mellow Parenting and Triple P programmes. Available from Family Learning Aberdeen*  

*Ready Steady Baby*  
[www.readysteadybaby.org.uk](http://www.readysteadybaby.org.uk)


Talking about Postnatal Depression Leaflet, NHS Health Scotland  
[http://www.healthscotland.com/documents/browse/7/0.as px](http://www.healthscotland.com/documents/browse/7/0.aspx)

Teaching-aids at Low Cost website. Includes instructions for using the TALC baby and hardcopies can be ordered for free.  
RESOURCES FOR PRACTITIONERS

References and further resources

Websites

Breathing Space Scotland – a free, confidential phone line service for any individual, who is experiencing low mood or depression, or who is unusually worried and in need of someone to talk to (specifically – but not exclusively – targets young men).
http://www.breathingspacescotland.co.uk/bspace/CCC_FirstPage.jsp

International Association of Infant Massage – UK Chapter www.iaim.org.uk

NHS Health Scotland Early Years Information Pathway

FSID (Foundation for the Study of Infant Deaths) website showing how baby can be placed safely to sleep http://fsid.org.uk/

Information about antenatal classes for dads run in St. Neots http://www.mantenatal.com/

Maternal and Early Years Website for Early Years Professionals
http://www.maternal-and-early-years.org.uk

NCT resources for antenatal parent education can be purchased through this site
http://www.nctshop.co.uk/professional/

Social Baby. The Children’s Project, NSPCC. 2004. A range of Social Baby resources can be purchased through this site.
http://www.socialbaby.com

The Scottish Cot Death Trust.
http://www.scottishcotdeathtrust.org/

Articles and books


www.brazelton-institute.com

RESOURCES FOR PRACTITIONERS

References and further resources

Clulon C. (1983) To have and to hold: Marriage, the first baby and preparing couples for parenthood. Aberdeen: Aberdeen University Press.


Erlandsson K. et al. (2007) Skin to skin care with the father after caesarean birth and its effect on newborn crying and prefeeding behavior. Birth 34(2), 105-114.


http://www.scotland.gov.uk/Publications/2008/07/08102811/0


Scottish government policy on antenatal services


A Pathway of Care for Vulnerable Families (0-3), both highlight where extra efforts needs to be focused. http://www.scotland.gov.uk/Publications/2011/03/22145900/0


Children in Scotland (www.childreninscotland.org.uk) is the national umbrella organisation for the children’s sector in Scotland. Children in Scotland’s primary purpose is – through our members from across the voluntary, statutory and private sectors – to support the improvement of the lives and life chances of all children and young people in Scotland.

Making the Gender Equality Duty Real for Children, Young People and their Fathers is a 3-year project, which has been extended by a further year until the end of March 2012. The project is run by Children in Scotland and funded by the Scottish Government’s Equality Unit. The project focuses on fathers because both research and experience show that father figures have a powerful influence on their children’s wellbeing and development; by their presence or their absence and by their positive or negative behaviour.

The project is intended to support Scotland’s public sector service providers to fulfill their legal obligations under gender equality legislation. It seeks to move the gender equality agenda forward by:

- challenging gender stereotypes associated with caring roles (paid and unpaid);
- increasing the opportunities and support for fathers to engage in positive parenting; and
- promoting active engagement with father figures, by providers of public services for children, parents and families.

To find out more about this project and/or to sign up for updates, please visit our website: http://makinggenderequalityreal.org.uk

Alternatively, for further information contact: Dr Katrina Allen (policy officer & project lead), email: kallen@childreninscotland.org.uk, tel 0131 222 2440.

NCT (National Childbirth Trust) is the UK’s largest parenting charity. It provides impartial information, support, education and training on all aspects of pregnancy, childbirth and early parenthood. A network of local branches provides practical and emotional support for new parents and parents to be. Through its campaign work, NCT is a voice for parents on the issues they care about.

There are 21 NCT branches in Scotland – for further information about the services they offer, please contact: Scottish Community Development Worker, Barbara Purdie, email: b_purdie@nct.org.uk, tel: 07733304341 (Mon – Thurs).

Kerry Cooper qualified as an antenatal teacher in 1997, and since then has run NCT couples courses and continued with other voluntary work for the charity. In 2009, she gained a BA (Educational studies) and progressed to the role of antenatal tutor, training and mentoring students in their attainment of the Diploma of Antenatal Education (NCT). Her Edinburgh tutorial group is linked to over 30 tutorial groups nationally, and to the University of Bedfordshire through the NCT College. In addition to her other NCT work, Kerry now runs a weekly ‘NCT Relax Stretch and Breathe’ class for pregnant women.

NHS Lothian provides a comprehensive range of primary, community-based and acute hospital services for the populations of Edinburgh, Midlothian, East Lothian and West Lothian – circa 800,000 people. NHS Lothian employs approximately 15,000 nurses (registered and unregistered) and midwives and around 2,700 medical staff. NHS Lothian is committed to forging closer links with partners in care, and works with local authorities – including the City of Edinburgh Council, East Lothian, Midlothian and
West Lothian councils – to support and inform their work to improve health through better housing, social work and environmental health services. Tackling inequalities in access to health services is a major priority for NHS Lothian, as is engaging with patients, staff and local communities to ensure that their views are the driving force behind the continuing improvement of services.

Michelle Davidson works as the lead in Parent Education for maternity services in NHS Lothian. Her role involves working within the hospital and community to advise and train midwives in parent education programmes. Her role also involves developing and taking new initiatives forward, as well as working and building partnerships with other agencies to improve the provision of services for parents to be. She was instrumental in the development of dads2b antenatal programmes, in partnership with Sure Start, for men in West Lothian.

Michelle achieved recognition in winning the Royal College of Midwives award for her work in the development of parent education programmes in 2009 and 2010. She has recently led in the development of the Scottish Antenatal Parent Education pack. Contact email: Michelle.Davidson@nhslothian.scot.nhs.uk

Fathers Network Scotland is a national network of fathers, fathers’ workers, representatives of fathers groups and professionals who have an interest in supporting and increasing the involvement of fathers throughout Scotland. For further information and/or to join the network, please visit: www.FathersNetworkScotland.org.uk

NHS Health Scotland is Scotland’s national health improvement agency. It aims to provide leadership and work with partners to improve health and reduce health inequalities in Scotland in the following ways.

- Advancing understanding of Scotland’s health and how to improve it
- Providing timely, evidenced-based inputs to health improvement policy and planning
- Increasing competence and capacity in the delivery of health improvement programmes by developing appropriate training programmes
- Strengthen local delivery systems for health improvement, by creating resources and networks, delivering materials and services, and sharing good practice
- Promoting equality and eliminating discrimination.

West Lothian Sure Start aims to give very young children (from pre-birth to 3 years) the best possible start by working closely with parents and other local authority, health and voluntary agencies to provide a more cohesive service. Through the provision of a range of services provided in each locality we hope to improve children’s social and emotional development, their health and their ability to learn and to strengthen families and communities. Andy Brough is a Fathers Early Years Development Worker for Sure Start. The role involves delivering antenatal education for expectant fathers, working in partnership with midwives, health visitors and community partners. Andy supports teenage fathers, facilitates play based activity support groups, and focussed parenting programmes. His work aims to encourage father child relationships, child development and mental health and wellbeing.
Example of scenarios for discussion of birth outcomes and postnatal issues with fathers

1. Your baby was born by Caesarean birth 3 months ago. At the time you felt happy that a Caesarean birth was the best option for your partner and baby. The weeks following the birth were quite hectic, not only did your partner have to recover from a major operation, but you both had to cope with the demands of a new baby. Now that life has settled down a bit there are questions that you would still like answered about the events that surrounded the birth of your baby. What are you going to do?

2. You hear via email that the baby of one of the couples in your antenatal class is in the special care baby unit and is due to have cardiac surgery in the next few weeks. The parents are both at home and are visiting the baby daily. What can you do to support this couple?

3. One of the other dads from your antenatal class telephones you and confides in you that he is worried about his partner. She is anxious and tearful, unable to sleep (even though their baby is quite settled at night), irritable and has no appetite. Before she had their baby, she was a happy, out-going, fun-loving person. He doesn’t know what to do. What do you think may be wrong with his partner and what advice can you give him?
Hormones activity

Q: Which hormone drives labour and birth?  
A: Oxytocin  

Q: Which hormone makes you feel good?  
A: Endorphins  

Q: Which hormone gives the fight or flight response?  
A: Adrenaline  

Ask the couple to sit separately from the group and ask three dads to stand next to them with coloured cards/flags labelled as above.

Outline the scenario that mum is in labour so raise the green flag a little, ask mum how she feels and she will probably say excited and a little anxious. So, raise the red flag and explain that adrenaline affects oxytocin being produced so lower the green flag a little. Explain to dad that he can help mum by reassuring her etc, so red goes down and green goes up. Mum produces her own endorphins to help with the pain so yellow goes up.

OK, labour is building in intensity; ask mum if she might perhaps want to go into hospital (if this is what she plans to do). Dad gets car and they leave; how might they be feeling now? Repeat with flags that if red goes up green and yellow go down. When mum gets to hospital she is in a strange environment, so more red, less green, labour may appear to slow right down or stop. What can dad do? He reassures her etc and red goes down, yellow and green go up. (Facilitator could explain at this point that mum may be offered something to help speed labour up and that this prevents mum's own hormone production; so, they may want to ask for a little more time to allow mum to relax.)

When talking about relaxation, breathing, induction, augmentation, place of birth, the facilitator can refer back to the coloured flags and how all these things affect mum's own hormone production.
Ten important facts for fathers about breastfeeding (NHS Fife)

1. Your approval and support are two of the most important factors influencing your partner’s choice to breastfeed. In fact, research has found that a woman is 10 times more likely to breastfeed if she has a partner who prefers that their baby is fed in this way.

2. There are lots of practical ways you can support your partner to breastfeed. You could bring your partner food and drinks while breastfeeding, help with nappy changes, bathing, winding and settling the baby.

3. Breastfeeding is something that mothers and babies have to learn. Some learn more quickly than others, and some have difficulties such as sore nipples and worries about milk supply. Most breastfeeding problems can be overcome with the right advice and good support.

4. Babies are fed on demand. Newborn babies have a stomach about the size of a small marble and therefore feed little and often. They may feed every couple of hours in the early period. This can be very tiring for both of you but you will adjust and the baby will settle down.

5. New mothers can be upset easily and have their confidence destroyed. Be sensitive in what you say. Simple comments like ‘is that baby still hungry?’ may really upset your partner and cause her to doubt her ability to nourish your baby. Good positioning and correct attachment at the breast are essential in achieving problem free breastfeeding.

6. Babies can be breastfed for as long as they and their mothers are happy to continue. It is recommended that babies are fed only breast milk for the first 6 months with other foods being gradually introduced after that time. It is beneficial for babies to continue to breastfeed after solids are introduced.

7. Avoid giving teats, dummies, water or formula milk to newborn breastfed babies. These tend to interfere with the breast milk supply and confuse a newborn baby who is learning to breastfeed. Early formula destroys the immune and anti-infective properties in breast milk.

8. There are lots of ways a father can get to know his baby in the early months. There are other ways to share in your baby’s care. You can bath, dress, cuddle and play with your baby.

9. Your lifestyle will change when you have a baby, including changes to your sex life. One of you may not be as keen to have sex for a while, regardless of how the baby is being fed. This type of change is temporary and tends to be part of ‘the baby package’.

10. It’s easy for you and your partner to get out and about with your breastfed baby. You don’t need to worry about, bottles, clean water, sterilising and so on...breastfed babies are very portable.

Breastfeeding is the best way to nourish your baby

Breast milk helps protect babies from illness and infection

Breast milk alters to meet your baby’s needs as s/he grows and develops

Breast milk is free