

Paternal Involvement in Pregnancy

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The best thing about fatherhood is the opportunity to be a part of the development process of a new life.

~ Seal ~



Defining & Describing Paternal Involvement during Pregnancy (PIdP)

“activities or practices by the male partner and a couple anticipating birth that ideally lead to an optimal pregnancy outcome”
(JCPES – CPIPO)



Defining & Describing PIdP

- During pregnancy, an involved father...
 - is **accessible** to the mother,
 - is **engaged** in the pregnancy process,
 - **takes responsibility** for the pregnancy, and
 - **communicates** with the mother regardless of the **couple relationship** status for the benefit of the coming infant.



How has PIdP been measured?

- Paternal completion of self-administered questionnaires
- Maternal perception (questionnaires and interviews)
- Paternity acknowledgement, contributions during pregnancy, and intentions to contribute as obtained from in-hospital interviews
- Missing paternal information in vital statistics records
- Partner or spousal-specific support
- Use of indicators: mother's relationship with the father, paternal suggestion of an abortion, financial support from the father
- Composite score derived from living arrangements and frequency of contact



Why is PIdP important?

- Maternal wellbeing
- Maternal behavior
- Fetal development
- Birth outcomes
- Racial Disparities
- Cost of health care



When fathers are involved during pregnancy...

- Maternal stress is reduced
- Positive maternal behaviors are increased (early prenatal care, reduced smoking, less alcohol/illicit drug use, healthier eating & exercising)
- Risk of preterm birth, low birth weight and fetal growth restriction is significantly reduced



When fathers are involved during pregnancy...

- We can save on health care cost:
 - cost savings of between \$1,139 or \$1,827 per birth (GLM & decision analysis model; FL state data)



“The introduction of interventions during the antenatal period that are only 25% efficacious will yield cost savings in the amount of \$169 million and \$105 million in annual healthcare expenditures within the U.S.” as a result of improved birth outcomes associated with diminished rates of hospitalization costs.



When fathers are not involved
during pregnancy...



PIdP: The example of Florida

- Birth Files 1998-2005
- $N=1,646,853$
- PI measure: missing father's information on birth certificate



PIdP and Infant Morbidity in Florida

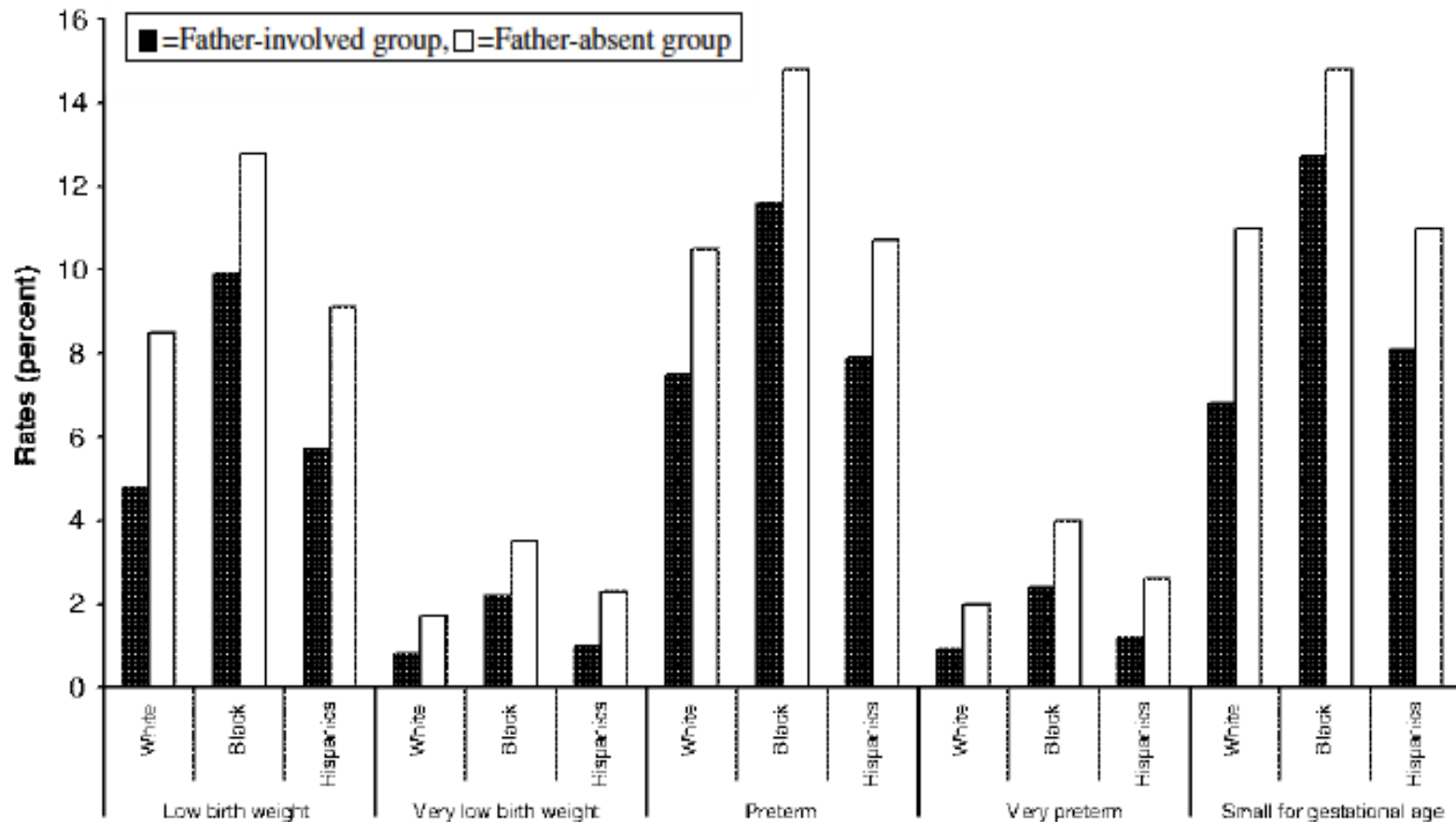
Among father-not-involved births:

- higher rates of low birth weight, very low birth weight, preterm birth, and SGA; and 87% increased risk of very preterm birth
- higher risks of poor birth outcomes
- Black women had the highest risk of low birth weight, very low birth weight, preterm birth, very preterm birth, and SGA



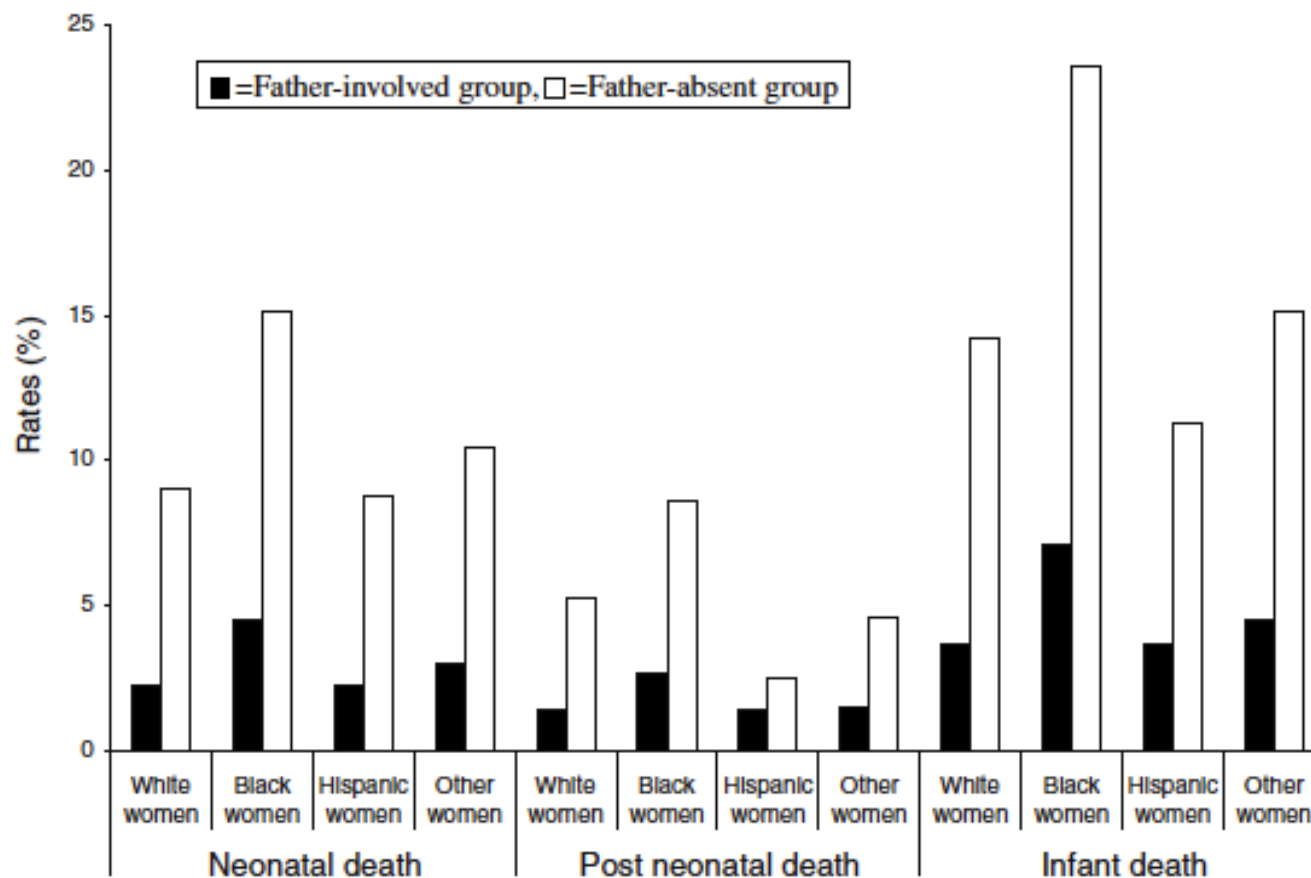
PIdP and Feto-infant Morbidity

Crude estimates of **feto-infant morbidity** outcomes by father involvement status in Florida (1998 – 2005). P-values for all comparison was less than 0.01



PIdP and Infant Mortality

Crude estimates of **infant mortality outcomes** by father involvement status in Florida (1998 – 2005). P-values for all comparison was less than 0.01



PIdP and Racial/Ethnic Disparities

- Lack of paternal involvement during pregnancy widens the black-white gap in infant mortality almost four-fold.



Importance of PIdP for Black Families

- increasing number of children born into one-parent households
- 70% of black infants, 50% of Hispanic infants and 27% of white infants in the US are born to unmarried women
- black adolescents are more likely to be teen parents than white teens
- maternal prenatal behaviors have an immediate and lifelong effect on the health of a child



PIdP and Racial Disparities

Increasing paternal involvement during the perinatal period may be especially important for the black population as they already bear a disproportionate burden of adverse birth outcomes and have a high proportion of births outside of formal marriage.



How does PIdP impact pregnancy and its outcomes?

- Suggested pathways and mechanisms:
 - Maternal stress → Maternal behavior

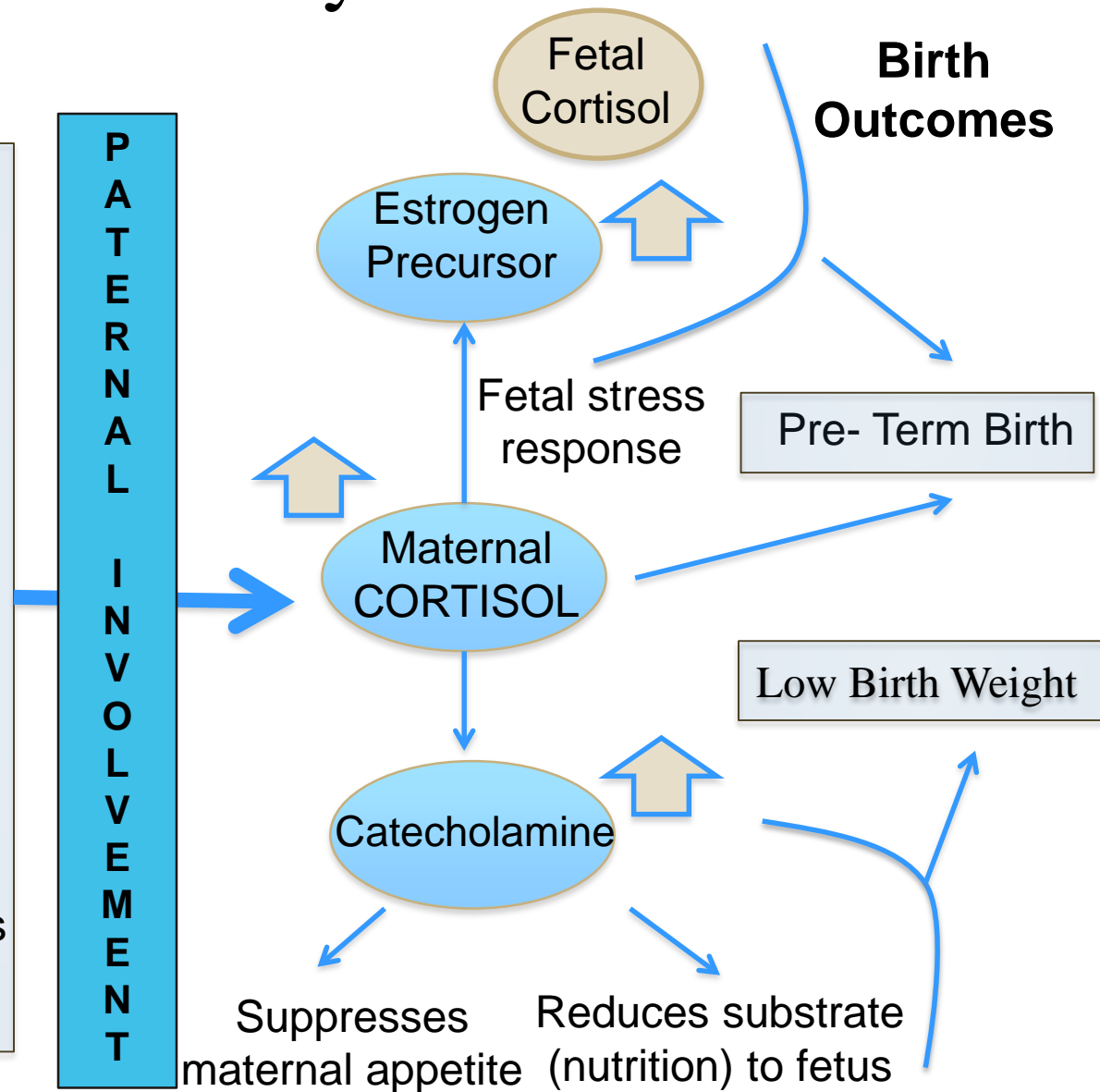


Mechanisms & Pathways

Sources of Stress & Coping Strategies

- ❑ Significant life events
- ❑ Mental health issues
- ❑ Work
- ❑ Racism/discrimination
- ❑ Daily hassles
- ❑ Social support
- ❑ Chronic stress
- ❑ Poor nutrition
- ❑ Tobacco use
- ❑ Pregnancy-specific stress
- ❑ Pregnancy desirability

Birth Outcomes



Barriers to PIdP

- Intrapersonal
- Interpersonal
- Community/Neighborhood
- Institutions
- Policies



Intrapersonal Barriers

- Socio-economic issues faced by father (e.g., current/past incarceration, unemployment, multiple child support responsibilities)
- Residence/geographic location away from mother carrying his child
- Lack of father figure/role model in own life
- Fear of responsibility, of the unknown
- Little knowledge of legal rights as a father



Interpersonal Barriers

- Sensitive and complex issues relating to the mother-father relationship (e.g., relationship status, fact that the “father” may not be the biological father)
- Dealing with another “father” (either the biological father or the “resident” father)



Community/Neighborhood Barriers

- Cultural variations in perceptions of fatherhood and fathers
- Socio-economic factors (high rates of unemployment & incarceration)
- Social factors (high rates of single motherhood)



Institutional Barriers

- Focused on maternal care - Fathers not expected to be involved in care
- Lack of awareness of importance of involving fathers in the process
- Lack of training on how to engage fathers in the prenatal care process



Policy-Level Barriers

- Existing laws and initiatives (e.g., EIC, TANF, child support):
 - focus on the mother and child
 - often penalize families with present fathers
 - do not promote informal paternal involvement
 - discourage fathers and mothers from reporting paternity
 - do not help to eliminate economic barriers to paternal involvement
- Lack of funding for fatherhood programs in MCH



Factors that need to be better understood in PIdP

- Cultural variations in fatherhood
- Sensitive issues relating to the mother-father relationship
- Different faces of “fathers” (e.g., another male might take the role of the biological father) and associated relational complexities
- Measuring PIdP
- Physiological mechanisms



Next Steps?

- Develop and assess effectiveness of interventions to increase PI in prenatal care services
- Develop and test more comprehensive measures
- Identify population-specific characteristics of PI
- Revisit MCH policies that are not father or family friendly
- Take a more holistic approach to MCH to include fathers and establish new guidelines for prenatal care programs
- Increase funding for research and programs



Thank you!

