

Title: Using the 'F-Word': Maximising fathers support for breastfeeding

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Introduction

Amidst growing concerns that the UK has amongst the lowest rates of breastfeeding in the world, this workshop provided a forum to consider why and how fathers can be customarily engaged to support breastfeeding. The workshop presented a new model of father support to promote breastfeeding, and provided an informal space to consider the 'F-word', the father-word, and to explore and share key ideas of how fathers' support can be maximised and normalised. Overarching themes of the workshop followed the five areas set out in the model: Knowledge about breastfeeding; positive attitudes to breastfeeding; involvement in the decision-making process for breastfeeding; practical support for breastfeeding, and; emotional support for breastfeeding (Sherriff et al., 2014a).

Brief summary of background knowledge/research underpinning the workshop

Evidence demonstrates that fathers remain an 'untapped resource' for breastfeeding support. Our own research with colleagues has revealed that fathers from diverse backgrounds and circumstances are interested and want to be involved more broadly in preparation for, and support of, breastfeeding (e.g. Sherriff et al., 2009; Sherriff et al., 2014b). However, what is also clear is that many fathers face a number of barriers to being involved meaningfully. Amongst others, these barriers can be practical (e.g. timing of antenatal provision), attitudinal (e.g. concerns that fathers pose more of a 'risk' than a 'resource') and political (e.g. allocation of resources).

The workshop was underpinned by our research exploring how and why fathers can be engaged to support breastfeeding as well as wider research into supporting fathers' inclusion into mainstream and specialist service provision more broadly (see the Links list below). Taken together, this insight has led us to conclude that initiatives to support breastfeeding focusing purely on mothers appear not to be sufficient.

Since the Department of Health first set breastfeeding targets in 2002, although there have been important increases in initiation, prevalence of breastfeeding at 6-8 weeks has risen more slowly (0.9% and 0.7% per year respectively for 2005-6 and 2012-13; Oakley et al., 2014). Moreover, many mothers report that they did not receive the support they required and would have liked to have breastfed for longer (McAndrew et al., 2012). This mis-match between initiating and continuing breastfeeding is reinforced by data on breastfeeding drop-off rates which show that for every 100 women initiating breastfeeding 41 had stopped breastfeeding by 6-8 weeks in 2014-15, compared to 36 in 2011-12 and 2012-13 (NHS England, 2015). This means that the number of women who want to breastfeed but do not get the support they need to continue has changed little and may be beginning to get worse. We argue that some of this 'missed' support could come from fathers or others in a co-parenting role. Such an approach may be particularly relevant in a climate where resources for health professionals and peer support have, and are being, reduced significantly (see <https://ukbreastfeeding.org/open-letter>).

Consequently, we have proposed that a different approach to the problem is required; routinely and meaningfully engaging with fathers across the perinatal period to support breastfeeding. This does not take valuable and limited resources away from the mother; rather investing in fathers *amplifies* the

support for mothers. Fathers can offer a continuity of breastfeeding support which overstretched and fractured support from health professionals (e.g. midwives, health visitors, maternity support workers, nursery nurses) can rarely provide.

Ideas for 'promising practice'

'Best practice' ideas are difficult to propose given few initiatives involving fathers are routine or common and none as far as we are aware, have been evaluated rigorously to warrant using the term 'best' or 'effective' practice. Therefore, 'promising practice' is used to reflect practice and interventions that appear to be important in light of emerging and growing findings from research.

Knowledge about breastfeeding

- Acknowledge the importance of a father's role in supporting breastfeeding (parents, health professionals, policy-makers)
- Target communications and information specifically to fathers
- Assist fathers in 'learning the role' and challenge misconceptions/myths supportively
- Help mothers/fathers manage their expectations of breastfeeding more realistically
- Conduct activities to reduce (father) anxieties in relation to concerns about the mother's welfare and the baby's weight gain

Positive attitudes to breastfeeding

- Address specifically the sexualisation of breasts particularly with younger parents
- Assist fathers in their abilities to challenge negative perceptions of breastfeeding from others
- Health professionals (and others) are often less than positive regarding engaging with fathers. Such attitudes need to be challenged. Training on working effectively with fathers is available from the Fatherhood Institute (www.fatherhoodinstitute.org)

Involvement in decision-making for breastfeeding

- Encourage parents to discuss ideas around modes of feeding early during pregnancy
- Inform *both* parents about the key differences between breastmilk and infant formula and the non-equivalence of the choice
- Help parents acknowledge that decisions regarding breastfeeding and alternative modes of feeding will change over time and may need revisiting by both parents, including 'returning to breastfeeding' if breastfeeding gets off to a difficult start.

Practical support for breastfeeding

- Engage with fathers to acknowledge, learn, and accept their role in providing practical support for breastfeeding – this means understanding that bonding between father-infant occurs in ways other than (breast)feeding through all other aspects of childcare.
- Encourage fathers to either anticipate or be directed by, the practical needs of the mother
- Sign-post parents to examine their parental/annual leave options to maximise flexibility in providing support

Emotional support for breastfeeding

- Help fathers to appreciate that breastfeeding can feel isolating; where possible a physical (or even virtual) presence by the father can be helpful.
- Help fathers to understand and acknowledge the mother's change in identity and role and its implications and provide non-sexual affection and encouragement for breastfeeding.

Conclusions from the workshop

Discussions in the workshop led to a broad consensus that involving men and fathers in breastfeeding support for the wider welfare of children in the short and longer term, needs to be normalised. Indeed, we have argued elsewhere and during the workshop that caution over including some fathers in ante- and post-natal services due to concerns regarding 'risk' should not spill over into limiting customarily inclusion of men and fathers. Instead, we need to go beyond the tokenism of referring to 'parents and carers' when actually we are only talking to mothers. Consequently, at the end of the workshop, participants considered whether now is the time to be less wary of using the 'F-word', the father-word in developing and implementing high quality support for breastfeeding. We think it most certainly is!

Links

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