



## Pathways to Fatherhood

*A “top-down bottom-up” approach to inspirationally empowering first time expectant fathers to support themselves and their families during the perinatal period.*

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## EXECUTIVE SUMMARY

This pre-budget submission outlines projects (Prepare Projects) that seek to involve first time fathers in the growth and development of their children from the moment they hear the news of their impending fatherhood journey.

The Prepare Foundation<sup>1</sup> intends to implement a series of Prepare Projects that provide a ‘top down - bottom up’ approach to support fathers transitioning to parenthood for the first time.

The top-down aspect is the empowerment of health professionals to engage more effectively with first time fathers and the bottom-up approach is the direct engagement of dads themselves with our current and future resources.

This submission seeks \$672, 898 over 2 years to implement 7 projects that will positively influence the next generation of fathers<sup>2</sup>.

The underlying principle of our work:

*“If we help fathers we help mothers and babies too.”*

If we support and educate fathers about managing their expectations and working as a team with their partner, they are empowered to safely meet the challenges presented by transitioning to fatherhood for the first time.

A better prepared father will be more committed to supporting his own health and the health of his partner as they navigate the perinatal period together. The desired outcome is then more likely - a connected parental unit dedicated to providing loving care to their newborn baby.

The Prepare Projects outlined below have 3 primary objectives:

***Primary Objective 1:*** *To improve the interpersonal interactions between health professionals and fathers.*

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<sup>1</sup> See ATTACHEMENT 1: Prepare Foundation Objectives

<sup>2</sup> In Australia there are approximately 110, 000 first time fathers per year (Beyond Blue, 2015)

**Primary Objective 2:** *To improve the mental health outcomes for fathers and their families by supplying information, coping strategies and treatment pathways for primiparous parents<sup>3</sup> experiencing mental ill health during the perinatal period.*

**Primary Objective 3:** *To improve the provision of maternity care with comprehensive birth support education for first time fathers.*

The philosophical basis and evidence for this submission is informed by the following evidence based documents:

1. *Plus Paternal - A Case for Change.* Healthy Male, 2020.
2. *Healthy Dads? The challenge of being a new father.* Beyond Blue, 2015
3. *The Cost of Perinatal Depression and Anxiety in Australia.* PwC, 2019

These documents make a compelling case for greater paternal involvement in perinatal<sup>4</sup> health. The Prepare Foundation has already made significant progress against the recommendations from the first two aforementioned documents.

### Prepare Foundation Progress and Aspirations

In 2015 Beyond Blue suggested a series of strategic interventions to help first time fathers safely navigate the perinatal period. Table 1 lists some of these interventions and provides a status update that shows the Prepare Foundation has already delivered three of these strategic interventions and will be able to deliver the remaining three if our projects are funded.

Beyond Blue Strategic Intervention	Prepare Project	Status
1. Targeted information online for expectant fathers during the first trimester, covering the impact of the pregnancy on their partner’s body and how to manage anxiety and stress.	The Birthing Dads Program + Connected Dads – Connected Communities	Complete – Feasibility study proposed in this submission
2. A leaflet that is given to fathers at the 20 week scan to direct them to father-focused online and app resources.	The perinatal role of the first-time father (leaflet)	Complete – National Roll out proposed

<sup>3</sup> First time

<sup>4</sup> Perinatal: Defined as the period from conception to the first birthday of the infant

3. A change in focus at antenatal classes towards a co-parenting approach, and including a fathers only session to give fathers the tools and confidence to step up to be a co-parent.	The Birthing Dads Program + Connected dads – Connected Communities	Complete - Feasibility study proposed in this submission
4. Father-inclusive practice at hospitals at the time of birth, to ensure that fathers are given equal information about caring for their baby.	Prepare health professionals program	Draft Complete – Next phase proposed in this submission
5. Inclusion of fathers as co-parents in maternal and child health visits.	Prepare health professionals program	Draft Complete – Next phase proposed in this submission
6. Digital resources (website and app) that provide comprehensive information to new fathers in a way that aligns with their typically reactive need for such guidance.	MIND DAD APP – a collaboration with PIRI and PDec <sup>5</sup>	Proposed in this submission

Table 1: Prepare Foundation implementation of the 2015 Beyond Blue Strategic Interventions

The Healthy Male - Plus Paternal Report - ‘A Case for Change’ highlighted seven goals for the engagement of fathers in the reproductive health system. Goals three to six are shown in Table 2 with the progress made by the Prepare Foundation.

Plus Paternal Goals	Prepare Project	Status
3.The health system supports the proactive engagement of both parents	Prepare health professionals program	Draft Complete – Next phase proposed in this submission
4. Health professionals are willing and able to support men and women	Prepare health professionals program	Draft Complete – Next phase proposed in this submission
5.Both parents are prepared for the transition to parenthood	Birthing Dads Program + Connected Dads – Connected Communities	Complete
6.Parents who experience loss, distress, or are struggling with parenthood, receive the care they need	Mind Dad App a collaboration with PIRI and PDec	Proposed in this submission

Table 2: A Case for Change: Goals

This submission seeks funding to expand the reach of our completed resources and create new resources that educate and empower primiparous fathers and health professionals.

The expected outcomes from the implementation of these projects include:

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<sup>5</sup> Parent-Infant Research Institute (PIRI) Perinatal Depression e-Consortium (PDec).

- Reduced maternity care costs
- Reduced risk of perinatal relationship breakdown
- Reduced risk perinatal mental health impacts and costs
- Improved post natal productivity of first time parents
- Reduced risk of perinatal suicide
- Reduced premature birth
- Healthier, happier, more resilient families
- Improved breastfeeding outcomes
- Improved communication between parents and health care providers
- Improved safety of women and children
- Higher maternal and paternal satisfaction
- Reduced medical interventions

## ABOUT PREPARE FOUNDATION

The Perinatal Relationship Education and Paternal Advocacy, Research and Engagement (PREPARE) Foundation is a newly formed health promotion charity that seeks to improve perinatal outcomes for first time fathers, their partners and babies.

We collaborate with organisations to conduct and disseminate research, provide evidence-based products and information. We empower fathers with perinatal education and campaign for greater paternal recognition as valuable co parents and providers of meaningful birth support.

Our aim is to replace paternal exclusion with engaged involvement to enable fathers to commit to making a greater contribution during pregnancy, at the birth of their child and in the crucial first year of their baby's life.

Our work aims to alleviate the disconnect felt by some dads during the perinatal period. The marginalisation of fathers in the reproductive health system reduces their potential to provide meaningful perinatal care and can lead to poor mental health outcomes for families.

We create awareness among men of the crucial role their focussed involvement during the perinatal period has on the growth and development of their children.

We provide appropriate tools and strategies to encourage men to actively invest in the relationships they share with their partner and children. Preparing and supporting fathers can sometimes make the difference between relationship breakdown and/or couples just surviving parenthood, and recognising the growth opportunity to enable couples to thrive through it.

Research conducted by the Prepare Foundation indicates that a lack of targeted paternal engagement can sometimes lead to feelings of disconnection and exclusion from the family unit.

When first time fathers are exposed to these unexpected emotions there is a heightened risk of poor social outcomes. These include:

- Postnatal depression and anxiety
- Birth trauma
- Perinatal isolation
- Relationship breakdown
- Perinatal suicide
- Domestic and family violence
- Increased substance abuse and risky behaviour

The Prepare Foundation seeks to change the culture of fatherhood by providing resources that serve as primary prevention strategies against these poor social outcomes.

We believe that empowering a generation of engaged and involved fathers will help to normalise fathers openly sharing their knowledge and experience with future generations of dads.

Over time the flow on effects of our work will lead to a new breed of male – where emotional awareness and healthier version of masculinity is the norm. The fathers of the future can have a positive influence on the fabric of the wider community to the benefit of society as a whole<sup>6</sup>.

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<sup>6</sup> See also: [www.prepare.org.au](http://www.prepare.org.au)

## COMPLETED PREPARE PROJECTS

At the time of writing, the Prepare Foundation has completed three projects that assist fathers in navigating a safe pathway to first time parenthood.

### Birthing Dads Program

A four hour, evidence-based online perinatal support program for men, consisting of nine episodes predominantly targeted at first time fathers. It features interviews with 15 of Australia's leading perinatal experts<sup>7</sup> and 2 new dads.

### Connected Dads - Connected Communities

This is a 1 hour documentary style, 7 part video series. It features a studio interview/consultation a first time expectant father, interviews with 15 perinatal experts<sup>8</sup>, and 2 new dads. This series was produced in partnership with The Fathering Project and funded by the Sutherland Shire Council.

### The Perinatal Role of the First Time Father<sup>9</sup>.

A leaflet outlining the potential support role a father can play during the perinatal period, produced in partnership with the Sutherland and St George Child and Family Interagency.

The leaflet was developed in consultation with the following organisations:

- Sutherland and St George Child and Family Interagency (working group)
- Perinatal Anxiety and Depression Australia
- The Centre for Perinatal Excellence
- Tresillian
- The Parent Research Centre
- Carrington Health Victoria
- Ngala, Father Inclusive Services, WA
- Plus Paternal Network (working group)

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<sup>7</sup> See ATTACHMENT 2: Expert Interviews

<sup>8</sup> We have used footage from the interviews for both resources.

<sup>9</sup> See ATTACHMENT 3: "SO, YOU'RE GOING TO BE A DAD?"



## CURRENT RESEARCH COLLABORATION

The Prepare Foundation is collaborating with the School of Nursing and Midwifery, Western Sydney University on the following research project.

**Title:** A participatory approach to exploring culturally diverse fathers' experiences of seeking and receiving support in the perinatal period.

To date, in Australia, little research has focused on culturally and linguistically diverse (CALD) fathers' experiences of seeking and receiving support. The proposed research project is significant in that it is the first Australian study that will authentically engage with a small group of fathers to explore their experiences and then co-design appropriate resources and activities that facilitate support.

This project has two aims:

- 1) To explore the expectations and experiences of CALD fathers seeking and receiving support in the perinatal period;
- 2) To co-design with a group of fathers a community-based activity or resource that facilitates access to support for CALD fathers in the perinatal period. The objectives are to:
  - a) explore CALD new fathers' perceptions of support, including what fathers say support is, and who/where that support comes from;
  - b) identify the strategies fathers use to access support;
  - c) identify the enablers and barriers of CALD fathers' preferred source/s of support and;
  - d) co-develop a culturally appropriate resource for CALD fathers.

By co-developing and disseminating innovative resources/packages of activities that are relevant to the needs of CALD fathers, this project has the potential to make a positive impact on their perinatal experiences by building their mental health literacy and engaging them in their identified support networks. The proposed project will make a significant contribution to the well-being of fathers, their infants, and their partners.

## PREPARE GOVERNANCE

The Prepare Foundation board has significant experience in maternity and obstetric care, child and family perinatal mental health, early parenting guidance and business strategy<sup>10</sup>. Current board membership:

Adjunct Associate Professor Robert Mills

Associate Professor Alka Kothari

Professor Bryanne Barnett AM

Mr Andrew Fisher

Mr Steven Kennedy

## THE CASE FOR INVOLVING FATHERS IN PERINATAL CARE<sup>11</sup>

There is increasing recognition that fathers play a unique and critical role in the growth and development of healthy and happy children. This role has changed more in the last few generations than at any other time in history.

Fathers have had to adapt to the expanded roles and responsibilities that come with modern fatherhood, often in the absence of targeted support. Many fathers have little idea how to support pregnancy and birth or what their role will be in the first few weeks after birth. This can be compounded by the absence of role models for fathers when co-parenting and consequently has the potential to effect confidence and add to uncertainty and anxiety.

For example, a study by Beyond Blue found that many first time fathers are not adequately prepared to support their partners pregnancy, with 42% of respondents saying they have “no idea what’s going on with the pregnancy”. Up to 57% “would like a bigger say in what happening with the pregnancy”, and 59% “depend on my partner for anything to do with the pregnancy” (Beyond Blue, 2015).

Further, since fathers have been attending the births of their children only relatively recently (since the 1970s), there has not been a coordinated effort to assist them in transitioning to a more involved-style of parenthood. Men occupy a crucial support role at 95% of births

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<sup>10</sup> See ATTACHMENT 4: Board Biographies

<sup>11</sup> Perinatal care, includes maternity care and is defined as the role fathers can play to support themselves and their family during pregnancy, birth and over the course of the first year of their infant’s life.

(Rominov, 2015) and yet they are given no training on how to effectively undertake this safety critical function.

The Prepare Foundation aims to bridge this gap by facilitating cultural shifts toward optimising perinatal outcomes and providing a targeted pathway for first time dads to navigate the transition to fatherhood.

Fatherhood is a key life stage for many Australian men and requires a stronger emphasis within health strategy, to ensure better experiences and health outcomes for men, and their families.

All fathers, to varying degrees, undertake support roles during pregnancy, birth and early parenting but are rarely given any preparation, guidance or support for this role (Rominov, 2015) and are not systematically engaged or supported from pre-conception to parenthood (Healthy Male, 2020).

The 2015 Beyond Blue study of over 1500 fathers concluded the following:

*“Qualitatively, fathers were disappointed by the availability of information tailored to them. Most spoke of wanting to be an involved parent but felt that the health system and others overlooked their role and potential contribution. In addition, the lack of awareness of father-specific resources was seen to contribute to the perception that it was ‘all for the woman’” (Beyond Blue, 2015)*

The results of the Plus Paternal survey of 367 fathers and 160 health professionals found the Australian reproductive health care system was “not keeping pace with the changing concepts of modern fatherhood” (Healthy Male, 2020).

There is a growing expectation and acceptance of men’s involvement during pregnancy, such as attending antenatal appointments and the birth. However, they are often not actively engaged and included, and there is little acknowledgement of their role or needs when interacting with the health system (Healthy Male, 2020).

Many fathers want to be active and share equal involvement in parenting but often they are not well supported in doing so.

The role of the modern father in perinatal care is not yet well defined. This lack of information for first time fathers means that men are making it up as they go.

The lack of a well-defined, widely communicated role for men during pregnancy, birth and early parenting means men are not reaching their full support potential. There is so much more they could be doing. They desire and require targeted information and guidance about pregnancy, birth, early parenting support. 2

Researchers and organisations have long been calling for “Interventions to promote the involvement of men during pregnancy, childbirth and after birth (WHO, 2015)

It is now well known that fathers have needs similar to those of mothers during pregnancy and birth and that these needs are not being met in Australia, especially for first-time fathers (Healthy Male, 2020).

In 2018, the Royal College of Midwives called for the role of fathers in maternity care to be clearly defined.

In 2020, the NICE Guideline for Antenatal Care, which specifies best practice for all public maternity services in England, were updated to include fathers on the premise that “involving partners is an important part of antenatal care” (NICE, 2020). While this is welcome recognition of the benefits of paternal involvement, more needs to be done.

Fathers want more support around the transition to fatherhood with approximately 59% of first-time fathers seek out information during pregnancy and 64% during the postnatal period. This could reflect their concern at embarking into the unknown, and a desire to feel that they have prepared for the change to their life that they are approaching. However, they are disappointed by the lack of information specific to their needs and this leads them to feel disconnected from the parenthood journey (Beyond Blue, 2015).

## THE CASE FOR EDUCATING FIRST TIME FATHERS ABOUT PERINATAL MENTAL HEALTH

### Individual and Social Impacts

The perinatal period is a time of great change in a man's life that requires significant adjustment. For first time fathers this change often has a surprising and sometimes unwelcome impact.

Research indicates that just like mothers experiencing matrescence, fathers undergo changes in their hormonal landscape that help them care for a newborn baby and ensure their survival. Testosterone levels decrease by up to 30% and prolactin increases to provide the impetus for nurturing and tending to the new arrival (Saxbe, 2017). However, research conducted by the Founder of Prepare Foundation indicates most men are unaware of their natural hormonal response to becoming a father and find their transition more difficult than they expected.

Impending fatherhood comes with expectations of joy and excitement. However, the perinatal period can also be associated with a significantly increased risk for onset or relapse of mental health conditions. (Centre of Perinatal Excellence, 2018)

The demands that come with a new baby and the changes in parents' relationships and identity that can come from having a baby – both of which can be unexpected – can create exhaustion, confusion, anger, and stress. This can lead fathers to experiencing depression and anxiety and, in some cases, can increase the risk of substance abuse, violence, and suicide. Fathers with perinatal mental health problems are 47 times more likely to be considered at risk of suicide than at any other point in their lives (Quevedo et al, 2011).

Perinatal challenges come as a surprise to many first time fathers because there is limited acknowledgement that fatherhood can be as difficult. It is rarely spoken about in depth between peers and role models. Men lack the necessary skills (and language) to communicate about pregnancy, birth and early parenting. Most new dads (74%) “suck it up” and get on with it (Beyond Blue, 2015).

The demands on new dads has never been more apparent with first time expectant fathers facing very high risk of PNDA (33%), and this risk increases during the first year after the birth to 39% (Beyond Blue, 2015). To make matters worse almost half (45%) of new fathers don't believe it is possible for them to suffer PNDA.

Recent Australian research has identified the following psychosocial risk factors for poor mental health among men during the perinatal period:

- Individual factors such as a past history of mental health problems, poor physical health, limited engagement in self-care behaviour and attitudinal barriers to help-seeking for mental health problems (Giallo et al 2013; Seymour et al 2013; Giallo et al 2014b; Giallo et al 2017a)
- Couple and family factors including relationship difficulties, partner mental health problems and inadequate social support (Giallo et al 2013; Seymour et al 2013)

- Employment factors including limited access to flexible job conditions and parental leave, high work-family conflict and financial difficulties (Giallo et al 2013; Giallo et al 2014b; Cooklin et al 2015)
- Child factors including sleep and self-regulation problems, and difficult and reactive temperaments (Seymour et al 2013; Cook et al 2017). Additionally, Australian research with fathers of refugee background identified changing gender roles as a stressor for men (Riggs et al 2016).

Mood disorders among fathers have not been well studied but emerging evidence suggests that the individual and social costs of paternal perinatal depression and anxiety are significant:

- One in ten for paternal depression between the first trimester and 1 year postpartum (Paulson & Bazemore, 2010).
- A recently published Canadian study of 2544 fathers led by Professor Cindy-Lee Dennis at the University of Toronto found that nearly one in four fathers (25%) experienced both anxiety and depression in their children's first year.
- One in six for anxiety during the prenatal period and up to one in five during the postnatal period, although there was wide variation between studies (Leach et al 2016).
- Paternal depression may influence a fathers' parenting and therefore the wellbeing of his infant into the future. (Davis et al 2011).
- Studies following infants whose fathers showed signs of postnatal depression through to childhood show that these children are three times more likely to exhibit behaviour problems as a pre-schooler and twice as likely to receive a psychiatric diagnosis by seven years of age (Ramchandani & Psychogiou 2009; Fletcher et al 2011).
- Severe mental illness among fathers has been shown to pose a risk to an infant's physical and emotional wellbeing (Fletcher et al 2013).

Australian studies have found that fathers' postnatal depression is particularly affected by the couple relationship and the mother's mental health problems (Matthey et al 2000; Dudley et al 2001). Further, children are at a higher risk of behavioural impairment when both their parents are suffering from depression. (Paulson et al 2006)

Several qualitative studies of fathers in the perinatal period conducted in Australia and internationally (Rowe et al 2013; Darwin et al 2017; Rominov et al 2017) have identified that fathers want to be included in perinatal health care and engaged by health professionals about their health and wellbeing.

Most men who experience mental health conditions or psychological stress are able to parent effectively and the majority of infants are not significantly disadvantaged. However, mental health conditions in their more severe form are often associated with impaired functioning, especially in relation to a man's ability to care for his infant and the formation of secure infant attachment, which may in turn be associated with poorer social, cognitive, and behavioural outcomes for the child.

The Prepare Foundation aims to improve primiparous parents' experience of pregnancy, birth and parenthood to benefit the wellbeing of all families.

### Economic Impact of PNDA

In 2019 PwC were commissioned to undertake a study to assess the cost of perinatal mental ill health. The study estimated the financial impact of perinatal depression and anxiety (PNDA) totalled \$877m per year. The study found that:

- *Parents with PNDA generate costs to the healthcare system due to increased use of both hospital and primary and community health service usage. Health costs attributable to PNDA equalling \$227m, comprising increased use of primary and community health services and hospital health care services and increased risk of certain conditions for both the parent and child.*
- *Economic costs of \$643m are attributable to productivity losses associated with increased workforce exit, absenteeism, presenteeism and carer requirements*
- *Monetised social and wellbeing impacts include increased likelihood of developmental issues, depression, anxiety and child ADHD diagnoses, totalling \$7m.*

Parents with PNDA not only face a lower overall quality of life and increased health system use, but are also impacted by PNDA in their personal and work lives.

Impacts for parents with PNDA include:

- increased use of primary and community health services
- increased use of hospitals
- increased risk of chronic diseases

- increased risk of substance abuse
- increased workforce exit
- absenteeism
- presenteeism
- lower quality of life
- increased risk of suicide.

Children of parents with PNDA are affected in both the short and long term, with a number of impacts including:

- increased risk of low birth weight/premature birth
- increased likelihood of childhood injury
- reduced immune system response
- increased likelihood of asthma/respiratory conditions
- increased likelihood of childhood trauma
- increased likelihood of neurodevelopmental issues
- increased risk of depression
- increased risk of anxiety
- increased risk of ADHD.

## PROPOSED PREPARE PROJECTS

### Project 1: Health Professionals Program

#### **What is it?**

A 90 minute online video training program for midwives, maternal and newborn nurses, family health service staff, obstetricians, paediatricians, perinatal psychologists etc.

The program will provide health professionals with an insight into the perspective of expectant fathers and suggests strategies for their effective engagement.

The style of the production would feature a narrator speaking to camera. A slide deck with animations and interviews with senior perinatal health professionals.

The video could be accessed by individuals or teams of health professionals.

The evidence based, professionally produced video would cover the following topics:



### *Transition to Fatherhood:*

- Outlines the perspective of the first time father as he enters the unfamiliar territory of pregnancy and birth support and the daunting tasks of co-parenting.
- Provides the historical context for male care giving.
- Underlines the culturally enforced belief that birth and child rearing is women business.
- Discusses lack of confidence and fear of birth experienced by the first time father.
- Discusses the neurology of new fathers
- Discusses the hormonal changes experienced by first time dads
- Identifies the challenges faced by the modern father
- Discusses the evolution of fatherhood in the last 50 years
- Recognises these fathers are the first generation to face the increased demands of modern fatherhood

### *Snapshot 2020*

- Presents the findings and data gathered by the Plus Paternal Case for Change that relate to health professionals
- Presents evidence that fathers are still routinely overlooked and excluded from the reproductive health system.

### *The Fathers' Role in Perinatal Care*

- Highlights his importance to the growth and development of his children
- Highlights the unrealised potential of the expectant father
- Recognises he is an untapped resource – an 'extra pair of hands'
- Identifies potential roles for fathers
- Defines his importance to the birthing mothers safety and well being
- Recognises he holds crucial information about her care that can assist them to do their job.

### *Barriers to their Engagement*

- Identifies the barriers faced by the first time father in perinatal care environment
- Highlights the fear of the unknown and the nervousness of the first time expectant father
- Highlights the prevalence of helplessness felt by the expectant dad
- Discusses (bias)/barriers health professionals face when engaging fathers
- Discusses (bias)/barriers fathers may face when in the birthing suite

### *Strategies for their Inclusion*

- Identifies strategies for antenatal engagement
- Identifies strategies for intrapartum engagement
- Provides strategies for gauging his level of knowledge about perinatal care
- Provides information about key messages to tell fathers about their role

### **Why is it needed?**

The Plus Paternal Case for change report called for a top down – bottom up approach to engaging men in perinatal health – this project will provide the top down aspect.

The Plus Paternal report made the following statements:

- Health professionals are seeking education and information to support them in engaging with men from preconception through to early fatherhood.
- An integrated, father-inclusive approach to health policies and guidelines would support the consistent care of fathers and potential fathers (Healthy Male, 2020).

### **How will it be progressed?**

In June 2020 a pilot of this program was presented to eight health professionals at the Metro North Hospital and Health Service in Queensland<sup>12</sup>.

See also Supplementary Document 1 for quantitative data gathered after this session.

The following process will be implemented to progress this project:

- 1) A literature review will be conducted by the Prepare Foundation
- 2) A working group will be formed
- 3) The working group will identify 10 senior health professionals from a range of disciplines to be interviewed for this project
- 4) Draft 2 of the program presentation (slide deck) will be completed
- 5) Draft 2 will be presented to a small working group of perinatal health professionals
- 6) Feedback from draft 2 will be sought from the working group
- 7) A script will be drafted and assessed/edited by the working group
- 8) Interviews will be conducted

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<sup>12</sup> See ATTACHMENT 5: Testimonials from Health Professionals program

- 9) The studio session will be recorded with the presenter
- 10) The interview footage will be edited to include relevant clips
- 11) Animations will be sourced
- 12) The interview clips, slides and studio footage will be edited to produce the final video.
- 13) Conduct mixed method evaluation
- 14) Report

**How much will it cost?**

\$99 015

## Project 2: MindDad Mobile Phone Application

This initiative is led by the Parent-Infant Research Institute (PIRI) which has brought together the Perinatal Depression e-Consortium.

**What is it?**

The development of a new smartphone application to support fathers' transition to parenthood. The MindDad App will target new and expectant fathers who may be struggling with sub-clinical symptoms of depression and anxiety or feeling overwhelmed.

Early support is critical for preventing or reducing escalating symptoms which interfere with fathers' transition. Early intervention improves a person's mental and physical health, community participation and socioeconomic outcomes far into the future (Victoria State Government Health. 2017).

The MindDad App will be based on a proven App developed for Australian women through the MumSpace initiative with funding support from the Federal Department Health Perinatal Mental Health and Well Being Program.

Consumer research at PIRI in 2021 has indicated that dads found the MindMum App to contain important information and was seen to be a valuable resource for men (with modification).

The MindDad App would fill a current gap in available perinatal early intervention resources for dads.

The MindDad App will be co-designed and consumer tested with men by PIRI. The App utilises evidence-informed psychological strategies to deal with common feelings of lowered mood,

anxiety and adjustment. The MindDad app will be a preventative tool for dads available universally to all fathers and provide step-up advice for treatment programs should symptoms of depression or anxiety worsen.

### **Why is it needed?**

Many men experience a range of feelings when becoming a new father. For some the lived experience is extremely challenging and few resources exist.

These feelings can have serious impact on men's lives, on their partners and babies and contributes a significant economic burden on the Australian health care system.

Men rarely access traditional support services, and their plight goes largely unacknowledged and untreated - the COVID environment in health services has significantly exacerbated this.

A new approach to helping fathers is needed- timely, accessible support to address overwhelming feelings and prevent escalation of symptoms of depression and anxiety. Men use mobile devices; they like online platforms with accessible information and are looking for anonymous engagement (Poole, 2020)

The MindDad App aims to support dads who are struggling and 'at risk' of depression and anxiety which affect up to 1 in 10 new or expectant dads, twice that of the general male population, with symptoms of lowered mood, loss of interest or enjoyment, sleeping difficulties, changes in appetite & weight, feelings of worthlessness and thoughts of self-harm.

Many may also experience anger, confusion, irritability and anxiety. As noted above, depressed fathers are more likely to engage in substance abuse and family violence than non-depressed fathers adding to the load of disadvantage for their new baby and they have a higher risk of suicide than at any other time in their life.

In 2020 that equates to almost 30,000 men. Additionally, many new fathers do not reach full criteria for a diagnosis of depression and anxiety, but are feeling distressed, overwhelmed and need additional information and support for a smoother transition to parenthood.

We aim to have the MindDad App designed and available for all these fathers.

### **How it will be progressed?**

We plan to develop an App for Dads based on previous work with the MindMum app, the available literature (Domoney et al 2020 , Rodrigues et al 2022) together with consumer consultation previous and future.

#### *1. Content development.*

New and expectant dads will be able to monitor their own mood, progress through self-paced, guided activities designed to promote behaviour change, work on time management and communication skills, well recognised areas of difficulty.

Men will be assisted to recognise, identify and manage their symptoms. The app will help fathers to learn about fatherhood and the importance of connecting with others for support and an ability to scale up to more targeted intervention.

We will build on previous consumer market research with dads using the MindMum app, to assess the materials already developed suitability for men and the gaps that exist. More information will be developed to fill identified gaps and to make existing material father inclusive.

#### *2. Look and functionality of MindDad*

The MindDad App will be informed by our previous work on men's preferences for information and the look and feel of online materials and accessibility together with the current literature (Australian Men's Health Forum 2020 Making Services work for men. A 10 Step Guide to Developing Male Friendly Health Services). Graphic design and the architecture of the App will be modified to take a gender informed perspective.

3. A *Community awareness campaign* to inform possible users about the app and childbearing parents in general will be undertaken.

4. *Evaluation of users* satisfaction and the effectiveness of the App to improve knowledge, connection, wellbeing/symptoms will be undertaken. We will recruit men when they download the app and collect baseline online and follow up Questionnaires through the app. User metrics will be collected.

#### **How much will it cost?**

\$322,970

Project 3: Stress Hacks for Expecting and New Dads

### **What is it?**

A 30 minute online program for first time fathers to raise awareness of perinatal mental health.

The video will include a slide deck with animations and interviews with key stakeholders and focus on two key areas:

- Strategies for identifying and supporting mothers experiencing PNDA
- Strategies for identifying and supporting themselves if they experience PNDA

### **Why is it needed?**

Many fathers are well aware of the “baby blues” and that their partner is at risk of debilitating post-natal depression. However, first time fathers may be less aware of the warning signs to watch out for, coping strategies and treatment options.

Returning to our overarching principle “ If we help fathers we help mothers and babies”. Fathers are often the first to understand and witness maternal stress and overwhelm. If they are trained how to identify and treat or triage this condition perinatal mental health outcomes for mothers will be improved.

If a father is provided with information that helps him understand post natal depletion and maternal stress he can supply mental health support post birth.

If men are primed and empowered to manage their expectations during the perinatal period the impact on perinatal mental health in both parents will be improved.

Coupled with this is the fact that nearly half of all fathers do not realise that they themselves are also at risk.

### **How will it be progressed?**

1. Conduct a literature review.
2. The Prepare Foundation will form a small working group to progress this project. Membership will be drawn from the fathers with lived experience of PNDA, the Prepare Foundations board, the Centre of Perinatal Excellence, the Gidget Foundation, the Parent Infant Institute and others to identify the key messages and format of the resource.
3. Draft a slide pack
4. Prepare script
5. Script assessed/edited by the working group
6. Interviews will be conducted
7. The studio session will be recorded with the presenter

8. Animations will be sourced
9. The interview footage will be edited to include relevant clips
10. The interview clips, slides and studio footage will be edited to produce the final video.

**How much will it cost?**

\$69 690

## Project 4: Birthing Dads Program Feasibility Study

**What is it?**

A mixed method feasibility pilot program of the experience of 100 first time fathers undertaking the Birthing Dads Program, conducted by PIRI.

This cohort of 100 first time fathers would include at risk and minority groups.

At the time of writing the Birthing Dads Program is the most comprehensive online birth support education program for fathers anywhere in the world.

This program is targeted at first time fathers and concentrates on their role during pregnancy, birth and the first year of their child's life. It is not intended to replace, and does not pretend to be, "antenatal education" provided by hospitals and independently. This program focusses on convincing fathers they have a functional and important perinatal role and provides strategies and information on how to support mothers and babies during the perinatal period.

The program is a four hour evidence based video series that was published in March 2021. The professionally produced series is made up of nine episodes that cover the topics of most interest to first time dads.

- 1) Introduction
- 2) Perinatal hormones
- 3) Backing yourself
- 4) Building confidence
- 5) Pregnancy Support
- 6) Birth support
- 7) Advocacy
- 8) Effective Early Fatherhood – Bringing Baby Home
- 9) Managing expectations.

### **Why is it needed?**

The concept of preparation for fatherhood is not currently a visible area of focus for men, or a priority for the health system and both cultural and structural changes are needed.

Beyond Blue made the following statements about preparing fathers for birth:

- First-time fathers, as a group, are far more likely to seek out information and help, reflecting their concern at embarking into the unknown, and a desire to feel that they have prepared for the change to their life that they are approaching.
- Some fathers mentioned the need for information sources to allow them some privacy or discretion so that it wasn't obvious that to others that they were seeking support.
- Location is clearly a barrier to accessing information, with new fathers in country towns and rural areas expressing the least satisfaction with the support available to them.
- As part of a drive to improve the availability of targeted information for new fathers, the special needs of rural areas need to be directly addressed, whether by provision of enhanced online information resources or distribution of printed matter more comprehensively to rural areas.

This proposed project meets all of these objectives.

### **How will it be progressed?**

- 1) Government review and approval of program content
- 2) Undertake a review of recruitment pathways to ensure a cross section of first time fathers, including at risk and minority groups.
- 3) Recruit participants
- 4) Draft consent agreement for fathers to participate in the study
- 5) Provide and monitor access and progress
- 6) Design mixed method questionnaire
- 7) Analysis of questionnaire
- 8) Report

### **How much will it cost?**

\$124 775



## Project 5: Connected Dads – Connected Communities

### **What is it?**

Marketing the video series to first time fathers.

As outlined above, this resource was produced in partnership with The Fathering Project and will be launched in February 2022. The marketing of this resource would be undertaken as a partnership with the Fathering Project.

This program inspires fathers to believe in themselves to reach their full potential as informed and well prepared supporters of themselves and their families.

The resource is provided free of charge to anyone who wishes to access the content.

This project involves ensuring there is wider access.

The marketing could be targeted to specific areas and/or marginalised groups using social media settings.

### **Why is it needed?**

In addition to reasons outlined above this resource could be marketed specifically to regional and remote areas, these are areas that lack formal childbirth education.

### **How will it be progressed?**

- 1) Government review and approval of program content
- 2) Contract a social media marketing consultant
- 3) Design and draft marketing imagery and copy
- 4) Edit trailers and promotional excerpts
- 5) Implement marketing
- 6) Design a mixed method evaluation questionnaire
- 7) Analyse data
- 8) Report

### **How much will it cost?**

\$40,000

## Project 6: Perinatal Support – Monthly Webinars

### **What is it?**

The Foundation has developed a one hour 'crash course' for first time expectant fathers. This will be presented in webinar format for free on a monthly basis for 1 year.

This has been conducted 5 times over the last 6 months and has been very well received by participants. Although the target audience is fathers in 100% of cases both parents have attended.

**Why is it needed?**

The reasoning behind this webinar series is aligned with information outlined above. Essentially the aim is to inform fathers of their value and encourage them to invest time and energy into the growth and development of their child.

**How will it be progressed?**

- 1) Government review and approval of program content
- 2) Design and draft marketing imagery and copy
- 3) Implement marketing
- 4) Conduct webinars
- 5) Design a mixed method evaluation questionnaire
- 6) Analyse data
- 7) Report

**How much will it cost?**

\$16 448

## Project 7: Perinatal Support Leaflet – National Roll Out

**What is it?**

See ATTACHMENT 3.

This could be provided nationally to health services that come in contact with first time expectant dads.

There is potential for this product to be translated into culturally appropriate content for Culturally and Linguistically Diverse fathers?

**Why is it needed?**

For all the reason already outlined in the above submission

**How will it be progressed?**

- 1) Government review and approval of content
- 2) Prepare foundation provides print version of the leaflet
- 3) Government to manage distribution
- 4) Government to manage translations.

**How much will it cost?**

Free

## ATTACHMENTS

## ATTACHMENT 1: PREPARE Foundation Objectives

The principal object for which the Company is established are: –

*The promotion of the prevention of mental health impacts on to expectant and new families.*

In furtherance of the principal object we will:

1. *Provide antenatal education to expectant fathers with a focus on those underprivileged so they may better support the health and well being of themselves and their families throughout the perinatal period.*
2. *Conduct research that investigates the drivers for poor mental health outcomes associated with expectant fathers' involvement in maternity care.*
3. *Conduct research that tests the feasibility of paternal antenatal education.*
4. *Test the impact of paternal antenatal education on birth outcomes.*
5. *Raise awareness of paternal challenges and the social impacts associated with paternal exclusion from the reproductive -health system.*
6. *Publish and publicising the findings of research.*
7. *Establish support services for new fathers experiencing depression, anxiety, birth trauma and perinatal loss.*
8. *Develop and deliver programs to prepare expectant and new parents for perinatal relationship challenges.*
9. *Conduct evidence based stakeholder engagement to advocate for:*
  - a. *Improved health policies that address the health and wellbeing of fathers.*
  - b. *health system support for the proactive engagement of fathers in maternity care.*
  - c. *Health system mental health screening of fathers during the perinatal period.*
  - d. *Professional development for health professionals to improve fatherhood engagement and involvement in perinatal health.*
  - e. *Improved antenatal preparation for fathers.*
  - f. *Improved paternity leave and workplace support for flexible working arrangements during the perinatal period.*
  - g. *Improved awareness of the importance of fathers to the health and well being of their infants*

## ATTACHMENT 2: Expert Interviews

Elly Taylor	Founder,, Becoming Us
Dr Richard Fletcher	Associate Prof Uni Newcastle
Dr VJ Roach	President RANZCOG
Prof Mary Steen	Professor of Midwifery, Uni SA +Family Included
Dr Rakime Elmir	Associate Prof Uni Western Sydney
David Mirishel	Perinatal Psychologist
Dr Nicole Highett	CEO, Centre For Perinatal Excellence
Renee Adair	Founder, Australian Doula College
Dr Howard Chilton	Private Practice, Neonatologist
Dr Sandra Bowman	Men at Birth Researcher
Chris Borrell	The Fathering Project
Nadine Richardson	Founder, She Births
Julie Borninkhof	CEO Perinatal Anxiety and Depression Australia
Robert Mills	CEO Tresillian
Arabella Gibson	CEO Gidget Foundation

## ATTACHMENT 3: “SO, YOU’RE GOING TO BE A DAD



# So, you’re going to be a dad?

**Congratulations!** Raising happy, healthy babies is a team effort so you and your partner will have to work together and even though you’re not a dad yet – there’s so much you can do **RIGHT NOW!** Here’s a few pointers about how to give your child the **best possible start in life.**



### Working as a team during Pregnancy

- 1 It takes a lot of energy to grow a baby – anything you can do to help means your partner can put extra energy into your baby.
- 2 Physical, practical and emotional support is important.
- 3 Can you help around the house and with meal preparation? Massage? Foot rubs?
- 4 Listen to your partner – how do they feel about having a baby and becoming a mother?
- 5 Talk about the birth, show interest and help them prepare for birth by learning their preferences.
- 6 Help to make informed decisions if requested.
- 7 Talk about what you can do to help.
- 8 Your growing baby loves to hear your voice, read a story, hum or sing to the bump (after 18 to 20 weeks they can hear you).
- 9 Ask other dads about their experience.
- 10 Attend pregnancy and ultrasound appointments and antenatal groups (if possible).
- 11 Share stories about your own parents – What will you repeat? What will you change?
- 12 Learn and practice active labour positions.
- 13 Learn and practice breathing together with a calm rhythm this is great training for the birth.
- 14 Your partner’s body and hormones are changing. At times they may not ‘seem themselves’ – be patient, listen to concerns, understand their perspective and gently reassure them.
- 15 Expressing your love and continuous support is important – reinforce your commitment to your family throughout pregnancy.
- 16 Get lots of rest before baby comes.
- 17 Be prepared: How will you get to the hospital? How long will it take? Where will you park? Does the car have fuel?
- 18 Find a professional to install a baby seat in the car.
- 19 Support your partner’s preference when you discuss where the baby will sleep.
- 20 Discuss visits from family and friends in hospital, and when you go home after the birth. Set boundaries and share these with everyone before the big day. How can they support you and your family?
- 21 Pack three bags together. For you, your partner and your baby.

There is no such thing as the perfect dad! You’ll have your good days and your bad days. Do your best, and don’t worry too much, about the rest. For more information see:

[www.birthingdads.com.au](http://www.birthingdads.com.au)

[www.cope.org.au/readytocope/](http://www.cope.org.au/readytocope/)

[www.sms4dads.com.au](http://www.sms4dads.com.au)

An Initiative of the Sutherland and St George Child and Family Interagency in collaboration with the PREPARE Foundation ([www.prepare.org.au](http://www.prepare.org.au)).



## Working as a team during Birth

- 1 When labour starts it might be quite a while before you have to leave home. Distract your partner with music, a movie or even get some rest if you can.
- 2 Stay safe at home and don't come to the hospital too early. Call the midwives, they will tell you when to come.
- 3 Right from the beginning and all the way through labour keep calm and help your partner keep calm.
- 4 Remember your breathing training help her breath with a calm rhythm.
- 5 Remember your active labour training and help them move into their preferred positions.
- 6 Observe the midwife and mimic her strategies for helping your partner.
- 7 Fetch some ice, water, snacks or a damp sponge.
- 8 Pay attention to your partner at all times and stay focussed.
- 9 Don't get offended if they yell at you or hurt your feelings.
- 10 Turn off mobile phones and don't get distracted.
- 11 Support them physically, emotionally and practically. Talk about what this means/looks like.
- 12 Learn some positive 'affirmations'. Write them down and memorise.
- 13 Your baby will love to hear your soothing voice during labour too.
- 14 Remember birth has happened safely billions of times. Trust it will happen safely this time too.
- 15 Learn your partner's wishes for working with the sensations of labour. Keep this up until they ask for a change.
- 16 If your partner wishes - support their weight, mop their brow, massage the lower back and squeeze their hips during surges.
- 17 Be kind and respectful to hospital staff, they're there to help, and do this every day.
- 18 Remember your partner's birth preferences. It's ok to ask health professionals questions at any time.
- 19 Support your partner to make informed decisions if required.
- 20 Help your partner and baby feel loved, safe and supported by encouraging them in a soft, soothing tone of voice.
- 21 Speak up for your partner when they need you to.
- 22 If you need to take a break, ask the midwife to support your partner, pick a good time and don't take too long.



## Working as a team post birth

- 1 Getting to know your baby is an exciting process of discovery. Try new things and observe their reactions. Be curious and try to avoid frustration. You'll soon work out what they like.
- 2 Looking after a new born baby is a full time job - especially in the first few months. You and your partner may not have time or energy for anything else.
- 3 Take time off work - if you can.
- 4 Work out what needs to be done around the house. Who will get the groceries, cook dinner, do housework? Can you get family and friends to help?
- 5 Don't worry if you don't feel like a dad straight away - keep trying - it will come.
- 6 Babies love to spend one-on-one time with dads. They respond best to warmth, love and sensitivity. They thrive when you talk to them, sing to them, change their nappies and give them a bath. Get involved in dressing, soothing and playing.
- 7 Your baby's brain develops when you imitate their movement and sounds - it helps them feel safe and loved.
- 8 Babies thrive when breastfed so support breastfeeding if your partner has chosen to - Set up the space with pillows and blankets? Bring the baby? Cut up some fruit or other snacks? A glass of water or juice?
- 9 Your baby likes it when you're patient, gentle and kind.
- 10 Keep communicating every day with your partner about everything to do with your baby. You're a parenting team - share the things you've learned and help each other get to know your little one
- 11 Ask your partner how they are feeling about it all and if there is anything more you can do to support.
- 12 Give your partner regular breaks from the baby - suggest they catch up with friends, get some exercise or even just relax while you care for your baby.
- 13 Babies love pram walks and meeting your friends.
- 14 Regularly tell your partner you're proud of them and that they are a great mother.
- 15 Look out for signs of depression and or anxiety in you and your partner - share any concerns with a health professional.
- 16 Spend one-on-one time with your partner to maintain your connection - the best thing you can give your baby is a healthy relationship.
- 17 Find other dads to talk to - most dads love to talk about their kids.
- 18 Physical intimacy may take some time to return be patient.
- 19 Don't be hard on yourself or your partner if you don't get things right all the time.
- 20 Make the most of this special time and above all else have fun!



## ATTACHMENT 4: BOARD BIOGRAPHIES

### **Founder – Mr Steven Kennedy**

Steven has lived experience of birth trauma and post natal depression following the birth of his son in 2017.

After extensive research, in an attempt to understand his own struggles, Steven concluded that most expectant fathers are not adequately prepared for supporting childbirth – even though 95% of dads are now placed in a critical birth support role.

His work has been published by the Australian College of Midwives and featured in Health Times Magazine and the Australian Men’s Health Forum.

He has conducted webinars for the Australian College of Midwives, PANDA, The Fathering Project, the Australian Doula College and the Brisbane Women’s Hospital sharing his research on the untapped value of fathers in maternity care.

He has also presented at the Marce Society and CAPEA Conferences and appeared as a guest on numerous podcasts.

Steven sincerely believes that birth outcomes can be significantly improved by strategically engaging fathers during pregnancy and has vowed to spend the rest of his life working towards this goal.

### **Robert Mills, CEO Tresillian Early Parenting.**

Robert Mills has over 35 years experience in Health Management as a Registered Nurse and Certified Midwife. Since 2003 he has served as CEO of the two leading NSW Parenting organisations (Karitane and Tresillian) and is the President of the Australasian Association of Parenting & Child Health.

Robert is a Fellow & Graduate of the Australian Institute of Company Directors and holds postgraduate qualifications in Public Health and has extensive corporate and governance knowledge and experience.

### **Dr Alka Kothari**

Associate Professor Alka Kothari is a Senior Staff Specialist in Obstetrics and Gynaecology at Redcliffe Hospital and a Conjoint Site Co-ordinator for the Faculty of Medicine, University of Queensland.

Alka is an Examiner for the Royal Australasian and New Zealand College of Obstetricians and Gynaecologists and the University of Queensland and a member of the Prince Charles Human Research and Ethics Committee.

Dr Kothari has significant research experience in the conduct of multiple systematic reviews and randomised controlled trials with multiple published papers in the field of perinatal mental health, Ultrasound in Obstetrics and Gynaecology, and medical education.

Alka regularly leads multi-disciplinary research collaborations and supervises research projects for RANZCOG and RANZCP trainee registrars and medical students.

Her most recent work is a PhD on “Forgotten Fathers in pregnancy and childbirth”. This truly unique body of research work attracted recognition as the “Best Oral Presentation in Perinatal Mental Health” at the Royal College of Obstetricians and Gynaecologists World Congress in London 2019. She is regularly invited to speak at national and international conferences including the Australian and New Zealand Colleges of Anaesthetists, Psychiatrists and the Society of Obstetric Medicine Specialists.

### **Dr Bryanne Barnett AM**

Professor (Conjoint UNSW) Bryanne Barnett AMMBChB, FRANZCP, MD

Bryanne is a child and family psychiatrist with a particular interest in prevention and early intervention in mental health. Her doctoral thesis concerned anxiety and its effects on mothers and their infants. Those studies included the first Attachment research in Australia. In subsequent research she has focused on translating research findings into relevant mental health initiatives, including in primary care. Currently she holds a conjoint professorial appointment with the School of Psychiatry at the UNSW, where she previously held the first Chair of Perinatal and Infant Psychiatry, establishing services in Sydney’s South West and with Karitane

and then with St John of God Health Care, in Blacktown and Perth. She is a Foundation Board member of both Gidget Foundation Australia and the Australasian Birth Trauma Association (ABTA).

Bryanne is a foundation member and past President of the Australian Association for Infant Mental Health, the Australian Society for Psychosocial Obstetrics and Gynaecology, and both the International and Australasian Marce Societies.

In 2007 Bryanne was awarded Membership in the Order of Australia in recognition of her service to families and the profession. In 2016, she received a Citation from the Royal Australian and New Zealand College of Psychiatrists, and in 2018 she was awarded the John Cox medal by the International Marce Society.

### **Mr Andrew Fisher**

Andrew Fisher is a highly successful business man that has forged a career in strategic leadership and non profit entrepreneur.

Andrew has extensive experience in the creation of successful businesses and as a consultant restructuring poor performing companies following an initial career as CEO of a Public Company,

Over the past 15 years Andrew's focus has moved from commercial success to moral significance with the creation of several Not for Profit entities. He now volunteers much of his time travelling across the country making a difference in the lives of 10's of thousands of school children and incarcerated males.

Andrew is happily married with 2 Adult children and has a very keen interest in helping young dads make a positive contribution to their family and the communities they are part of.

## ATTACHMENT 5: Metro North Hospital and Health Service in Queensland. Health Professionals Webinar Testimonials

On June 17, 2020 Birthing Dads piloted the Midwife Program with QLD health professionals. Feedback following the pilot included:

*"Excellent presentation and extremely relevant for current times".*

*"The wheel of continuous support was a great visual for fathers - is it available as a handout? A birthing dads stand alone class is essential - face to face or online".*

*"The webinar has helped highlight the importance of reconnecting with the father/partner, discussing their own thoughts, feelings of the birth experience just as we do with women in the maternity ward or at home".*

*"The webinar has provided me with some additional tips to ensure men are more included and actively participate in family discussions and decisions that may need to occur in regards to their baby's care".*

*"The webinar was very useful in helping me to understand a man's way of thinking in preparing and being at the birth".*

*"I feel it would be good to do a longitudinal study over a couple of years (3-5 years)"*

*"I would incorporate the Wheel of continuous perinatal support into both childbirth and parenting classes and education in general with partners within the antenatal period".*

*"Having dads/partners gain better understanding of the ways & value of improving confidence for both themselves & the woman was also very useful".*

*"The webinar reinforced the need of why midwives need to tell dads that they matter!!"*

*"Midwives and student midwives (along with doctors) would learn much from hearing your experiences".*

*"I think the suggestion of creating a short video that could be shown in antenatal classes on the value of fathers/partners improving their knowledge and confidence with the resultant positive impacts for the whole family, would be a great initiative".*

*"I think educating midwives to incorporate such simple strategies into their points of contact with partners during the perinatal period would also do much to improving their engagement with maternity services".*

*"Thank you so much for a wonderful thought provoking webinar".*

*"I look forward to future webinars and would be very encouraging of other staff to attend".*

*"The content of this webinar would lend itself well to a great workshop at future midwifery conferences"*

## References

1. Condon J , Boyce P and Corkindale (2004) The first time fathers study: a prospective study of the mental health and wellbeing of men during the transition to parenthood. Aust NZ J Psychiatry 38:56-64.
2. Highet NJ and Stevenson A (2011) A qualitative analysis of father's experiences of living with and caring for a partner with perinatal depression and/or anxiety. Melbourne: beyondblue; the national depression initiative.
3. Cook F, Giallo R, Petrovic Z et al (2017) Depression and anger in fathers of unsettled infants: A community cohort study. J Paediatr Child Health 53(2): 131-35.
4. Cooklin AR, Giallo R, Strazdins L et al (2015) What matters for working fathers? Job characteristics, work-family conflict and enrichment, and fathers' postpartum mental health in an Australian cohort. Soc Sci Med 146: 214-22.
5. Asenhed L, Kilstam J, Alehagen S et al (2014) Becoming a father is an emotional roller coaster – an analysis of first-time fathers' blogs. J Clin Nurs 23(9-10): 1309–17.
6. Davis RN, Davis MM, Freed GL et al (2011) Fathers' depression related to positive and negative parenting behaviors with 1-year-old children. Pediatrics 127(4): 612–8.
7. Domoney J, Trevillion K, Challacombe F Developing an intervention for paternal depression: An international Delphi study. Journal of Affective Disorders Reports (2) 2020
8. Dudley M, Roy K, Kelk N et al (2001) Psychological correlates of depression in fathers and mothers in the first postnatal year. J Reprod Infant Psych 19(3): 187–202.

9. Fletcher RJ, Feeman E, Garfield C et al (2011) The effects of early paternal depression on children's development. *Med J Aust* 195(11-12): 685–9.
10. Giallo R, D'Esposito F, Cooklin A et al (2013) Psychosocial risk factors associated with fathers' mental health in the postnatal period: results from a population-based study. *Soc Psychiatry Psychiatr Epidemiol* 48(4): 563-73.
11. Giallo R, Cooklin A, Nicholson JM (2014a) Risk factors associated with trajectories of mothers' depressive symptoms across the early parenting period: an Australian population-based longitudinal study. *Arch Womens Ment Health* 17(2): 115-25.
12. Giallo R, D'Esposito F, Cooklin A et al (2014b) Factors associated with trajectories of psychological distress for Australian fathers across the early parenting period. *Soc Psychiatry Psychiatr Epidemiol* 49(12): 1961-71.
13. Giallo R, Dunning M, Gent A (2017a) Attitudinal barriers to help-seeking and preferences for mental health support among Australian fathers. *J Reprod Infant Psych* 35: 236–47.
14. Goldberg D, Huxley P. *Common Mental Disorders: A Biosocial Model*. London: Tavistock Routledge; 1992.
15. Leach LS, Poyser C, Cooklin AR et al (2016) Prevalence and course of anxiety disorders (and symptom levels) in men across the perinatal period: A systematic review. *J Affect Disord* 190: 675–86.
16. Matthey S, Barnett B, Ungerer J et al (2000) Paternal and maternal depressed mood during the transition to parenthood. *J Affect Disord* 60(2): 75–85.
17. NICE guideline, Antenatal care, 2021
18. Paulson JF, Dauber S, Leiferman JA (2006) Individual and combined effects of postpartum depression in mothers and fathers on parenting behavior. *Pediatrics* 118(2): 659–68.
19. Paulson JF & Bazemore SD (2010) Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. *JAMA* 303(19): 1961–9.
20. Paulson JF, Bazemore SD, Goodman JH et al (2016) The course and interrelationship of maternal and paternal perinatal depression. *Arch Womens Ment Health* 19(4): 655–63.
21. Poole G. *Making Services Work for Men: A 10 step guide to developing Male Friendly Health Services*. Australian Men's Health Forum 2020
22. Quevedo L, da Silva RA, Coelho F, Pinheiro KA, Horta BL, Kapczinski F, Pinheiro RT. Risk of suicide and mixed episode in men in the postpartum period. *J Affect Disord*. 2011 Jul;132(1-2):243-6. doi: 10.1016/j.jad.2011.01.004. Epub 2011 Jan 28. PMID: 21277023.
23. Riggs E, Yelland J, Szwarc J et al (2016) *Fatherhood in a New Country: A Qualitative Study Exploring the Experiences of Afghan Men and Implications for Health Services*. *Birth* 43(1): 86-92.

24. Rodrigues A L, Ericksen J, Watson B, Gemmill A W, Milgrom J. Interventions for Perinatal Depression and Anxiety in Fathers: A Mini Review *Front. Psychol.*, 20 January 2022 <https://doi.org/10.3389/fpsyg.2021.744921>
25. Saxbe DE, Edelstein RS, Lyden HM, Wardecker BM, Chopik WJ, Moors AC. Fathers' decline in testosterone and synchrony with partner testosterone during pregnancy predicts greater postpartum relationship investment. *Horm Behav.* 2017 Apr;90:39-47. doi: 10.1016/j.yhbeh.2016.07.005. Epub 2016 Jul 25. PMID: 27469070.
26. Seymour M, Dunning M, Cooklin A et al (2013) Socio-ecological factors associated with fathers' wellbeing in the early parenting period. *Clin Psych* 18: 63–73.
27. Victoria State Government Health.Vic 2017 <https://www2.health.vic.gov.au/mental-health/prevention-and-promotion/early-intervention-in-mental-health>