

A new model of father support to promote breastfeeding

Conflict of interest

No conflict of interest has been declared

Abstract

Research shows that fathers can have a considerable influence on a mother's decision to initiate and continue with breastfeeding. Despite this, many health professionals and broader care services (including maternity services) fail to engage meaningfully and systematically with fathers in supporting breastfeeding. Although the importance of the father's role in supporting breastfeeding has been known for some time, little is known about the nature of this support. No clear delineation of which behaviours and attributes constitute father support, or differentiate it from other kinds of support, is provided in the current literature base. The purpose of this study was to analyse empirically the concept of 'father support' in relation to maternity services and broader health settings. It aimed to clarify the meaning of 'father support' to enable comprehension and application in practice, education and research. As a result, we present a new model of father support to promote breastfeeding, and focus specifically on some of the practical implications for health practitioners in supporting breastfeeding couples.

Key words

Breastfeeding, fathers, support, health promotion, qualitative research

Introduction

The global focus on increasing rates of initiation and continuance of breastfeeding is a key public health and health promotion issue, due to the range of positive health benefits for infants and mothers, both in the short and longer term. This is reflected in a number of national, European and international policies and strategies, which act as key drivers for improving breastfeeding rates. These include the World Health Organization (WHO) *Global Strategy for Infant and Young Child Feeding* (2003); the European Commission's blueprint for action on the protection, promotion and support for breastfeeding in Europe (2008); and the UNICEF Baby Friendly Initiative (BFI).

In the UK, a similar policy focus is represented in the Healthy Child Programme (Department of Health (DH), 2009); the NHS operating framework (DH, 2010); National Institute for Health and Care Excellence (NICE) guidance on maternal and child nutrition (NICE, 2008); and the Public Health Outcomes Framework for England (DH, 2012). However, compared to many other European countries (Cattano *et al*, 2009) and despite recent improvements, the UK still lags behind considerably, with early discontinuation rates for those who initiate breastfeeding. The latest Infant Feeding Survey (2012) reveals that, although UK mothers are breastfeeding for longer than they were in 2005, only 34% are breastfeeding at six months; of these, only 1% are exclusively breastfeeding (McAndrew *et al*, 2012).

Research shows that appropriate support from health professionals (and lay people) can be effective in prolonging the duration of any breastfeeding, especially within the first two months after birth (Britton *et al*, 2007). However, despite the government's strong policy focus on increasing breastfeeding initiation and continuance (for example, through increased support provided by health visitors delivering the Healthy Child Programme (DH, 2009), the reality of breastfeeding support experienced by many parents is often fragmented and patchy. The Infant

Feeding Survey (2012) shows that mothers who stopped breastfeeding in the first two weeks (and would have liked to have carried on) reported that they required more breastfeeding support and guidance from hospital staff, midwives and their own families.

Insufficient breastfeeding support for parents is likely to be influenced by a number of contributing factors, including: lack of capacity in the health practitioner workforce; inconsistent and under-resourced service delivery models of breastfeeding support; and defined professional role profiles that are incompatible with the day-to-day realities of delivering health care.

We have argued elsewhere (see Sherriff et al, 2009; Sherriff and Hall, 2011; Sherriff et al, in press) that research demonstrates that fathers can have a considerable influence on a mother's decision to initiate and continue with breastfeeding. Therefore, meaningful involvement and engagement with men and fathers by health practitioners may augment existing service provision for breastfeeding mothers. Indeed, we have proposed that fathers have an important but overlooked role in supporting their breastfeeding partner, and express concern that the practice of providing effective support to fathers in their parenting role continues to lag behind policy aspirations considerably (Sherriff and Hall, 2011).

The notion that fathers can have a significant impact on breastfeeding is increasingly recognised in the literature and healthcare practice. However, the concept of 'father support' with regards to breastfeeding remains unclear, ambiguous and not understood fully by parents or health professionals. A better understanding of what constitutes father support in the breastfeeding process is conceptually important because without such clarity, any attempt to engage with fathers to increase rates of breastfeeding is unlikely to be successful.

In contrast, identifying the specific aspects and determinants of a father's supportive role in the breastfeeding process may assist health practitioners to reflect on their current working practices and service delivery models and, in doing so, help them to engage meaningfully and consistently with fathers in supporting their breastfeeding partner. Moreover, shared understandings of the concept of father support may offer useful learning points within educational programmes for student midwives, health visitors and other health professionals, as well as research possibilities to explore the potential efficacy of interventions designed to increase breastfeeding initiation and continuance.

Study aims

The purpose of this study was to analyse empirically the concept of 'father support' in relation to maternity services and broader health settings; to clarify its meaning; and enable comprehension and application in practice, education and research. In doing so, we present a new model of father support to promote breastfeeding and in this article, focus specifically on some of the practical implications for health practitioners in supporting breastfeeding couples.

Method

A concept analysis was undertaken drawing on aspects of the evolutionary model of concept development (Rodgers, 1993) in combination with aspects of the hybrid model (Schwartz-Barcott and Kim, 1993). A comprehensive and systematic literature review was conducted of literature published between 1999 and 2013 using CINAHL, PsycINFO, AMED, MEDLINE, OVID, Maternity and Infant Care, and EMBASE databases. The purpose of this review was to:

- Identify articles containing substantive elements of or reference to 'father support' in relation to breastfeeding
- Inform the development of the primary fieldwork with breastfeeding couples.

During the fieldwork stage of the concept analysis, data generation was conducted over two phases with the parents of breastfed infants from a broad range of socioeconomic backgrounds. In phase one (October-November 2011), four focus groups were conducted which lasted one hour on average. They comprised two single-sex groups of fathers (n=5; including a telephone interview) and two single-sex groups of mothers (n=10). Phase two of data generation took place during January-March 2012. A further three focus groups were conducted with the same parents who had also participated in phase one. Each group lasted one hour on average and comprised one single-sex group of fathers (n=2) and two single-sex groups of mothers (n=8). It was not possible to convene a second single-sex group of fathers as some expressed a preference to be interviewed by telephone. Consequently, three further telephone interviews were conducted in place of a second focus group (see Table 1; see also Sherriff *et al.*, in press for full details).

Parent	Format	Phase One N	Phase Two N	Total N
Mothers	Focus Group 1	6	5	11
	Focus Group 2	4	4	8
		10	9	19
Fathers	Focus Group 1	2	2	4
	Telephone interviews	2	1	3
	Focus Group 2	2	0	2
	Telephone interviews	0	2	2
		6	5	11

Table 1 Empirical data sample

All qualitative data were recorded, transcribed, and analysed thematically using NVIVO 8. To enhance credibility of the analysis, data were analysed by the second author and then subsequently confirmed by the first and third authors who read through the transcripts, verified the coding, and the organisation of the data into themes.

Ethical approval for this study was granted by the University of Brighton and from West Sussex County Council.

Results

A new model of father support to promote breastfeeding

Analysis and synthesis of the literature, and primary data from focus groups and interviews with the parents of breastfed infants, revealed five essential defining characteristics (*attributes*) of father support:

- Knowledge about breastfeeding
- Positive attitude to breastfeeding
- Involvement in the decision-making process
- Practical support
- Emotional support.

These attributes, together with their antecedents (events that must occur before the occurrence of the concept, in this case 'father support') and consequences, provide a research-informed model of father support to promote breastfeeding (Figure 1). While the full outcome of the concept analysis is presented elsewhere (Sherriff *et al*, in press), in this article we focus specifically on some of the practical implications of this model for health practitioners in supporting breastfeeding couples (Box 1).

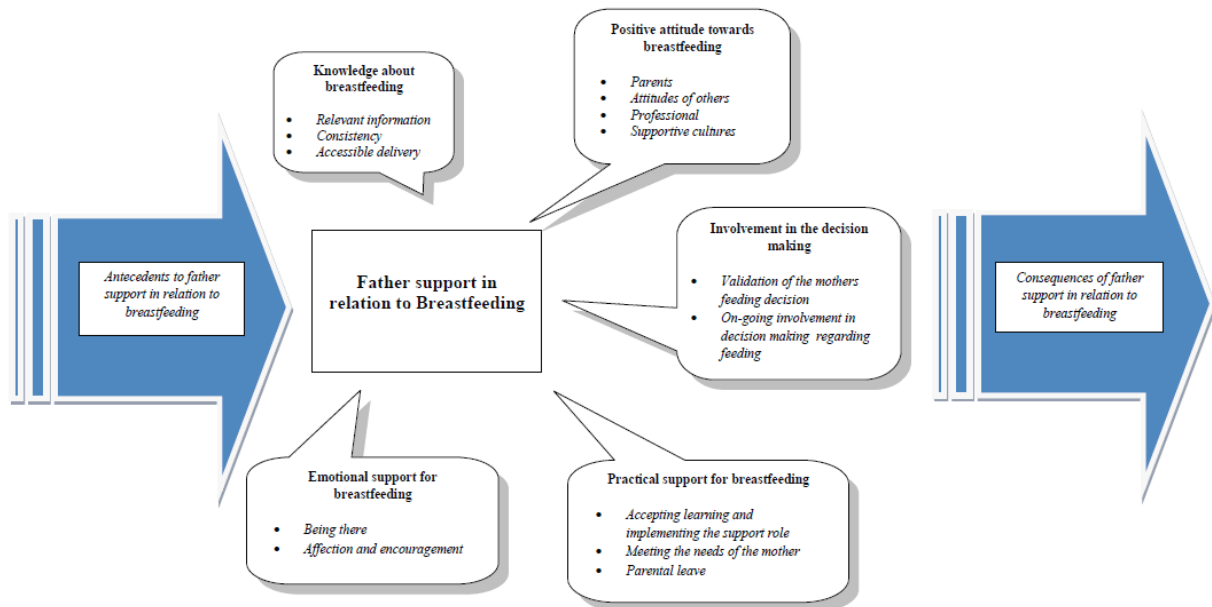


Fig.1. A simplified model of father support to promote breastfeeding

Knowledge about breastfeeding

Data from our study confirm the conclusion found in the wider literature that, to support their breastfeeding partner, fathers need to be knowledgeable about breastfeeding, including practical information on the benefits, process and management of common breastfeeding problems. However, to do this, three key antecedents seem to be necessary: relevant information (timely information on breastfeeding that is targeted specifically for fathers; consistency (information and advice from health professionals is consistent); and accessible delivery (delivery method of information is instrumental in enabling fathers to feel confident to ask questions and discuss sensitive or difficult issues). For example, with regards to relevant information, several fathers emphasised the importance of information on breastfeeding being targeted towards fathers rather than generic information, which for some, gets lost in the wealth of wider health information for parents:

'It [information on breastfeeding] has to be clear and specific to fathers, otherwise I would just dismiss it as yet another health leaflet ... If it's aimed at dads then I'll take the time to look ... if it's all just among the other stuff, it becomes saturated and I don't want to have to sift through volumes ...' (F2 father of 2)

Box 1. Opportunities for intervention by health practitioners in supporting breastfeeding couples

Knowledge about breastfeeding

- Acknowledgment of the importance of a father's role in supporting breastfeeding
- Ensure communications and information about breastfeeding support is targeted to fathers
- Consider the timings of participative information sessions (eg, antenatal classes) to be 'father sensitive' including avoiding working hours
- Assist fathers in 'learning the role' and challenge misconceptions and myths in a supportive environment eg, through provision of parallel single-sex sessions specifically on breastfeeding (with a male facilitator for the fathers' session)
- Conduct activities to help parents manage their expectations of breastfeeding more realistically, and reduce (father) anxieties in relation to concerns about the mother's welfare (eg, nipple pain, mastitis, confidence, guilt, and stress) and the baby's weight gain

Positive attitude towards breastfeeding

- Address specifically the sexualisation of breasts vs their role as a natural method of infant feeding, particularly with younger parents. For example, consider use of single-sex facilitated sessions that can provide opportunities for mothers and fathers to discuss sensitive or difficult issues eg, sexual and body image issues
- Assist fathers in their abilities to challenge negative perceptions of breastfeeding from others (eg, in public)
- Health professionals' attitudes towards the need to engage with fathers in mainstream services are often less than positive. Organisations such as the Fatherhood Institute offer excellent bespoke training on engaging and working with different types fathers (eg, low-income, older, school-age fathers, BME fathers etc)

Involvement in the decision making

- Mothers value father support regarding validation of the initial feeding decision, and in the ongoing decision regarding mode of feeding as circumstances change. Health education strategies need to recognise that fathers are an important gatherer of second opinions from others and a filter of information in supporting the decisions ultimately reached by the mother
- Fathers report many worries concerning the welfare of the mother and baby, meaning they can be instrumental in the decision to move to formula. Health practitioners may, potentially, be essential buffers in this process by supportively challenging myths and misconceptions, and recognising the influence of the father in the decision regarding mode of feeding

Practical support for breastfeeding

- Mothers often express frustrations at their partner's inability to anticipate their support needs around breastfeeding – yet for many fathers, the notion of what constitutes support is not

always clear and they worry about lack of bonding opportunities. Health professionals can assist by clarifying the potential scope of a father's practical role in supporting breastfeeding which can include *all* other aspects of childcare and domestic tasks, including opportunities to bond that *do not* involve breastfeeding (eg, bathing, playing, clothing, storytelling, changing, taking for walk, fetching water for the mother)

Emotional support for breastfeeding

- Health practitioners can assist fathers to understand how they can be more involved in caring for their children in ways other than breastfeeding eg, 'being there' (helping to reduce a mother's feelings of isolation), offering affection and encouragement, and being an advocate (eg, to 'standing up' to negative interference in public, or liaising with health professionals)

Positive attitude towards breastfeeding

Parental attitudes are strong predictors of initiation, continuation and the duration of breastfeeding (eg, Wilkins et al, 2012). Our data suggest that four key antecedents are necessary for the development of a positive attitude towards breastfeeding:

- A positive aspiration from mothers and fathers to want to breastfeed in the home and/or in public
- Health professionals acknowledging the role and contribution of the father in supporting breastfeeding
- Positive attitudes of others (eg, family, peer groups, influential others)
- Supportive cultures or settings where attitudes to breastfeeding are played out (eg, in public places such as cafes and work places) that normalise breastfeeding in public.

A salient part of our data relates to the first of these antecedents. It was clear that tensions appear to exist for some men (and women) regarding the sexualisation of breasts vs their role as a natural method of infant feeding, which can create significant obstacles to breastfeeding, particularly for younger parents. An important opportunity exists here for health practitioners to challenge such views, eg, antenatally, in terms of health benefits, role modelling and explicit exercises through

facilitated sessions that look at the role of the breasts at different times and in different places (perhaps with single-sex sessions; see above). This may also assist in countering the negative interference from others reported by some parents who wanted to feed their infants in public.

'Single-sex sessions [on breastfeeding] can be helpful. From what I have experienced, particularly with teenager fathers, it's a very embarrassing subject for them to want to talk about ... some have found it a lot easier to speak to a male professional who has the relevant experience or training. Not just due to embarrassment on their side but also on the professionals' as well.' (F3 father of 1)

Involvement in decision making

Involvement in decision making, from initiation to introducing alternative methods of feeding, appeared repeatedly as a key attribute of father support. While many fathers report that they do not see themselves as being influential in their partner's feeding decisions, it is clear that mothers feel partner support is crucial, particularly in the form of validation in the initial decision (antecedent) and in the ongoing decision regarding mode of feeding as circumstances change (antecedent).

In our study, fathers' concerns about the welfare of the mother and baby (not being able to measure how much milk the baby is taking, cracked nipples, mastitis) and both parents' emotional pain (stress, guilt, frustration and anxiety) can be instrumental in the shared decision to move to formula (eg, Sherriff et al, in press; Tahotoa et al, 2009).

Health practitioners can be essential buffers in this process by challenging myths and misconceptions, but also recognising that fathers are an important gatherer of second opinions

from others and a filter of information in supporting the decisions ultimately reached by the mother.

'I said to her, "Just give up", 'cause a friend of mine tried for a few days and she stopped, and so I wasn't overly fussed about "Is it better or is it worse?" ... She tried immediately and it wasn't really working, she was getting stressed, it just didn't work for us at all ...' (F1 father of 1)

Practical support for breastfeeding

Fathers' provision of practical support for their breastfeeding partners has been presented elsewhere examining the role of the father in promoting breastfeeding (Deave and Johnson, 2008; Sherriff et al, 2009; Sherriff and Hall, 2011). Three antecedents appear to be central to this attribute including:

- Accepting, learning, and implementing the support role
- Meeting the needs of the mother
- Parental leave.

In general, the literature and our data confirm that greater efforts should be made by health professionals to involve fathers in breastfeeding because the concept of father support (and its consequences) is not obvious to many men or practitioners.

*'Offering practical support to a breastfeeding mum is different to offering support to a formula feeding mum ... to help a breastfeeding mum requires more imagination and willingness to want to help. Most people see helping with the baby as fun time, they will take it and give it a bottle and that's fun **for them** [our emphasis]. With a breastfeeding mum*

giving the baby a bottle isn't an option – it's taking them for a walk, doing the housework while you [the mother] feed the baby or other jobs that you don't have the time or the energy to do while you're breastfeeding.' (M4, mother of 1)

Emotional support for breastfeeding

The role of fathers to anticipate and provide support for the physical and emotional needs of the breastfeeding mother, such as affection, reassurance and encouragement, is clear in the literature and in our data. Avery and Magnus (2011) propose that fathers' empathy for their partners during the breastfeeding experience was critical to success. Chen et al (2010) propose that attention should be paid to helping fathers understand how they can be more involved in caring for their children in other ways than breastfeeding. Three antecedents appeared to be present for this attribute including: 'being there'; affection; and encouragement.

'In the daytime he generally doesn't sit with me [while I'm breastfeeding], he just says, "Do you want anything?"', makes me a cup of tea and then goes. But in the evening its different, he recognises that he can't do that last feed and put her down, but he likes to be there for the story. Just being there ... it's really important, just his presence.' (M3 mother of 1)

Discussion

The father is a primary source of support to the breastfeeding mother and can influence and/or contribute to decision making regarding initiation, continuance, maternal breastfeeding confidence and weaning. However, little is known about the nature of this support with regards to supporting breastfeeding. As far as we are aware, this study is the first of its kind in analysing the concept of 'father support' aimed at clarifying its meaning to enable comprehension and application in practice, education and research.

The findings from our study provide a potentially useful foundation for the development of a theoretical model of optimal breastfeeding that takes into account father support, as well as identifying potential key entry points (eg, antecedents) to help health practitioners engage with fathers in supporting their breastfeeding partner. In this article we have attempted to focus on the latter by drawing out a number of practical implications for health practitioners.

The present study is timely given the recent UK government's policy document 'Giving all Children a Healthy Start in Life' (DH, 2013) as well as the 'Call to Action' regarding the Health Visitor Implementation Plan (DH, 2011), which sets out a programme of implementation from 2011-2015 during which the number of health visitors is set to rise by 4,200 nationally (Unite/CPHVA, 2009). The Plan means that health visitors are likely to be more involved in a public health role, including the support of breastfeeding, and this is a great opportunity for father involvement to be an integral part of the health visitor service in delivering the Healthy Child Programme (DH, 2009). However, it also means that there is an even greater need to improve the evidence base around strategies involving fathers that work with regards supporting breastfeeding and to evaluate current service provision and delivery models.

Conclusion

The model of father support to promote breastfeeding presented in this article identifies the core attributes (and their antecedents) of father support that may assist health practitioners to reflect on their current working practices and service delivery models regarding breastfeeding.

A number of entry points for practice are identified, which may offer important opportunities for health practitioners, particularly health visitors, to engage meaningfully and effectively with fathers

around supporting breastfeeding. The model of father support we propose may also provide educational opportunities for student midwives and health visitors in training (and other health professionals), as well as research possibilities to explore the potential efficacy of interventions designed to increase breastfeeding initiation and continuance.

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Key points

- Fathers can have a considerable influence on early thoughts regarding feeding-mode during pregnancy all the way through to the introduction of alternative methods of feeding (solids) and eating with others (the family)
- Engagement with fathers around breastfeeding and health services remains patchy, and little is known about the nature of father support as it relates to breastfeeding
- Our research offers a new model of father support in promoting breastfeeding and offers important 'entry points' for health practitioners
- These 'entry points' can help practitioners to develop meaningful strategies to proactively seek-out and engage with fathers from different backgrounds around supporting breastfeeding

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