

## Written evidence submitted by Fatherhood Institute (IMH0013)

Authors: Dr Jeremy Davies and Adrienne Burgess

### Introduction

Fatherhood is a very common male experience: analysis of the 'Understanding Society' longitudinal study (2009-11 sweeps) found that only 11% of men aged 70 years or more had never fathered a child or played a fathering role to a child (Speight et al, 2013: 3). Yet, as set out in our evidence below, fatherhood remains largely un-explored by health services: a lost opportunity to improve engagement with men.

### Executive summary

- Fathers are less likely than mothers, and slightly less likely than men generally, to visit their GP regularly. This trend is especially true for full-time working fathers. Limited time may be a factor in their lower use of primary care and other health services.
- The *transition* to fatherhood can be a 'golden moment' for engaging with men. They are, at this point, at their most 'available' to services: at least 90% of expectant fathers accompany their partner to antenatal appointments and attend the birth.
- Maternity services view fathers more as visitors than patients, so the opportunity to engage men in health support at this point is all too often lost. NHS and clinical guidelines recommend partner-engagement by perinatal services, but there is no clear 'offer' for fathers, engagement is not monitored, and surveys suggest most fathers feel ignored or sidelined. Primary care also makes no specific 'offer' to fathers.
- Key health issues affecting fathers of dependent children include overweight/ obesity, mental health problems (most notably stress, anxiety and depression), smoking and substance use. Additional challenges include combining breadwinning and caregiving responsibilities, couple-relationship strain, and sleepless nights.

### Recommendations

To improve engagement with fathers, with the goal of improving their own and others' health outcomes, we make the following recommendations:

#### Perinatal health checks for fathers

The NHS should explicitly invite expectant/new fathers to at least two health appointments - one before and one after the birth – and provide them with nationally agreed information and support around:

- their own physical and mental health<sup>1</sup> and wellbeing

---

<sup>1</sup> The 2018 NHS Long Term Plan promised mental health checks for fathers/partners of women suffering from mental health problems, but such provision has not yet materialised. These fathers need particular attention, but ALL fathers should be asked how they are, and referred for specialist support if indicated. For more on this see section 4.2.

- supporting the mother's labour, breastfeeding and wellbeing
- bonding with their baby and keeping them safe<sup>2</sup> and healthy.

Employed fathers already have a legal right to take unpaid leave to accompany their partner to two antenatal appointments (Department for Business & Trade, 2014). The Government should specify a 'father element' within these appointments, fund training for healthcare professionals delivering them; and subsidise fathers' time off, at 90% of salary (with a cap for high earners).

#### **Targeted information for new fathers**

Allied to the above, the NHS should provide all new fathers with high quality, targeted information, and promote this through maternity, health visiting and primary care - including specific fathers' content on the NHS website, addressing birth registration, Parental Responsibility, safe baby care (e.g. sudden infant death and shaken baby syndromes), bonding and attachment, supporting breastfeeding, and both maternal and paternal mental health.

#### **Linking of fathers' and babies' health records**

Fathers' names, contact details and NHS numbers should be entered onto NHS birth notifications, so fathers can be contacted directly by services, and be known, supported and where necessary treated/ referred as part of the 'team around the child'. The Government should fund pilots to explore how best to do this<sup>3</sup>.

---

<sup>2</sup> For example using the ICON – Babies cry, you can cope resource <https://iconcope.org>. Evidence suggests there is a particular need for fathers to be targeted with such messages. See section 4.1.

<sup>3</sup> For more on this, see section 3.2.

## Full submission

### 1. Fathers in primary care

#### 1.1 Fathers use GPs less than mothers

Latest data on use of GP services (NHS England, 2023) shows that fathers visit their GPs less often than mothers do. Over half (53%) of fathers said their most recent appointment was more than three months ago, compared to two-fifths (40%) of mothers. More than a fifth (22%) of fathers said their most recent appointment was over a year ago.

#### 1.2 Full-time working fathers are seen particularly rarely

Less than two-fifths (39%) of fathers in full-time paid work said they had seen their GP within the last three months; by contrast, almost half (48%) of fathers in part-time roles said they had done so.

#### 1.3 Fatherhood itself, and its impact on work patterns, may be a compounding factor

Fathers are slightly less likely than men generally, to have seen their GP within the last three months (41% vs 43%); mothers are slightly more likely than women generally, to have done so (58% vs 54%). This may, again, reflect differential working patterns, and fathers' prioritisation of time for caregiving. Fathers, especially those with young children, are more likely (than mothers, and other men and women) to work full-time, to work long hours, and to have longer commutes (Gatrell et al., 2015). They are also spending longer on unpaid childcare than ever before (Fatherhood Institute, 2022).

#### 1.4 GPs offer no father-specific support

GPs – in common with other health and social care professionals – are likely to view mothers as the key/ sole target for family support. Since 2020 it has been expected that GPs should offer a 6-week postnatal check-up to new mothers. There is no such offer for fathers, and even when men who are fathers do attend general practice, GPs may not identify or discuss their paternal roles and experiences, offer relevant support, or screen for perinatal depression (Allport et al., 2019).

### 2. Fathers in perinatal services: antenatal

#### 2.1 Fathers are overwhelmingly present

Surveys suggest that when men become fathers, upwards of 90% accompany their partner to antenatal appointments and scans, and attend their baby's birth (Burgess & Goldman, 2018: 26-7). Almost all babies (95%) are registered to two parents – in almost all cases (99.9%), their biological mother and biological father (Burgess & Goldman, 2022).

#### 2.2 There is an exaggerated belief in the number of 'single mums'

In its work with healthcare professionals and other family workers, the Fatherhood Institute encounters myths and misunderstandings which act as barriers to staff engaging with fathers. One is false beliefs about the prevalence of 'single mums'. In fact, 95% of UK are registered by mother and father together, with most couples (85%) living at the same address. Among the 15% who live in separate households, two-thirds are described by the mother as 'romantically involved' or 'friends'.

There are approximately 700,000 births per year to men, whose average age is 33. These men are almost always the baby's biological father. Even among teenage mothers (the demographic least likely to be in a stable relationship), only 2.2% have a new partner at the time of the birth; and among mothers aged 25+ this is virtually unheard-of (ONS, 2014). Nor are lesbian mothers the new

norm: just 1 in 1,000 babies are registered to two women (ONS, 2016); and the donor-father may be a continuing presence (Tourowni & Coyle, 2002).

### **2.3 There is an exaggerated belief in the risk of domestic violence**

The second false belief that can inhibit paternal engagement, is the inflated notion of domestic violence prevalence. Men's use of intimate partner violence (IPV) in pregnancy (or at any other time) constitutes a serious health risk for their partner (Walby & Allen, 2004) and for their children both before and after they are born (Harne, 2010). Every act (or threat) of violence is one too many. But it is also important not to overstate the problem: fear of service overwhelm may discourage practitioners from seeking to identify IPV or engage with fathers - including any who pose a risk.

Contrary to information disseminated by trusted websites including the NHS in England and Scotland, pregnancy is not a particularly high-risk period for Intimate Partner Violence (IPV) either in terms of prevalence, initiation or escalation (Devries et al., 2010; Bowen et al., 2005; Bacchus et al., 2004). Even in relatively disadvantaged districts, IPV prevalence during pregnancy is unlikely to be greater than 3-4% (Johnson et al., 2003). For maternity staff, seeking to engage with women's partners does not mean having to engage with hordes of violent males. Where a man *is* using violence against his pregnant partner, it is in the interests of the woman and the service, that he be engaged.

### **2.4 NHS policy requires 'family-centred' maternity care but this is ignored**

Research findings indicate that identifying expectant fathers' own strengths and challenges, and meeting their information and support needs, are likely to be key to delivering high quality maternity care. The 2004 National Service Framework for Children, Young People and Maternity Services (England and Wales), 2017 Forward Plan for Maternity and Neonatal Care in Scotland and more recent antenatal and postnatal guidelines from the National Institute for Health and Care Excellence (NICE, 2021a and NICE, 2021b) called for 'mother focused and family centred' maternity care. But there is no evidence of systematic implementation of these policies and guidelines, nor of any monitoring or evaluation.

### **2.5 Fathers – especially more disadvantaged fathers - experience 'institutional neglect'**

Inclusion depends on the motivation and skill of individuals. In a 1998 postal survey one-third of the respondents said the midwife had talked only to their pregnant partner (Newburn & Singh, 2000); twenty years later, 29.4% of fathers reported that the midwife had 'rarely' or 'never' addressed them directly (Fatherhood Institute & Fathers Network Scotland, 2018). Maternity staff are more likely to overlook or discourage low-income (37%) than 'skilled manual' (24%) or 'professional/managerial' (21%) men (TNS System Three, 2005).

### **2.6 Fathers are scarcely more than 'visitors' in maternity services**

The father-to-be's lack of formal status within maternity services (even his name may not be entered on the pregnant woman's record) contributes to non-engagement. Excepting the birth itself, the father's position is little different from that of visitor; when information about him and his family is requested, the mother is asked for it. This disallows the father's unique relationship to the infant and may also rob the service of vital information it needs to meet its primary objective, of keeping mother and infant safe (Knight, 2006). Systematic engagement with expectant fathers would also afford opportunities to address their health and wellbeing in relation to both current and future pregnancies.

### **2.7 Fathers' exclusion during Covid-19 was wholesale**

A survey conducted during the Covid-19 lockdowns<sup>4</sup> (Fatherhood Institute, 2021) found that:

- 81% of fathers/partners said they had been shut out from antenatal appointments, 80% from ultrasound scans and 83% from antenatal classes. Only a fifth (19%) were allowed to stay with their partner for the whole labour/birth, and half (49%) were banned from maternity wards afterwards. Two-thirds of fathers/partners (67%) said they felt less well-prepared for fatherhood as a result, with four-fifths (84%) less able to support their partner.
- 84% of mothers said the restrictions meant they had received less support than they needed or wanted from fathers/partners.
- A quarter (24%) of midwives/healthcare professionals said mothers' and/or babies' health had been put at risk. Mothers and fathers said the maternity restrictions had badly impacted their mental health: 88% of mums and 79% of dads were more stressed, 88% of mums and 77% of dads were more anxious/fearful, 86% of mums and 62% of dads felt more isolated, and 57% of mums and 44% of dads felt more depressed.

### 3. Fathers in perinatal services: postnatal

#### 3.1 Fathers are also an afterthought in postnatal services

Research finds benefits to mothers and infants when healthcare professionals engage with fathers postnatally: in Neo-Natal Intensive Care Units (Filippa et al., 2021); breastfeeding information and support (Abbass-Dick et al., 2019; Ayebare et al., 2015; Mahesh et al., 2018); mental health services for new mothers (Noonan et al., 2021); and home visiting (Burcher et al., 2021). Yet not one UK breastfeeding helpline nor NHS Choices suggests fathers can make a difference; and the Oxford Health NHS Foundation Trust confidently asserts that fathers 'cannot help' with breastfeeding at the outset (Burgess & Goldman, 2022: 38). Some fathers describe positive encounters with healthcare practitioners but most report feeling ignored, patronised, or considered unimportant (Baldwin et al., 2021; Brown & Davies, 2014; Coles & Collins, 2009; Hanley, 2018; Menzies, 2019; Sherriff & Hall, 2014).

#### 3.2 Mother-only data collection is an obstacle

Health records for babies in the UK only allow the inclusion of one adult (the mother), so any record relating to the father is held separately (if it is held at all) and family records are not joined up and connected (Child Safeguarding Practice Review Panel, 2021). Linking fathers' and babies' records could aid father-inclusion throughout health systems and improve safeguarding. Researchers have scoped international approaches to father-child record linkage (Lut et al, 2022), and recommend routinely recording paternal NHS numbers as part of hospital birth notifications (Lut et al, 2021). Northumberland's Sharing Information Regarding Safeguarding system has been highlighted as a good practice exemplar (Coulson, 2021).

### 4. Fathers' support needs

Paternal issues that perinatal and other services could usefully address, to bring benefit both to fathers themselves, and to maternal and child outcomes, include:

#### 4.1 Parenting information and skills-training

Research has identified many benefits that fathers' positive involvement can bring to their children across their lifetimes, including in terms of their health, educational and emotional development and social mobility. For example, two-year-olds' cognitive development is better (Malmberg et al., 2016)

---

<sup>4</sup> The 'Dads Shut Out' online survey was open from October 2020 to July 2021, and completed by 1,731 respondents. Of these, 1,240 were expectant/new mothers; 247 NHS practitioners; 167 expectant/new fathers; 18 female partners of expectant/new mothers; and 59 other people.

and they display fewer behaviour problems when their father's early caregiving or play has been frequent, regular, positive in tone or engaged and active (Butler, 2012; Malmberg et al., 2007; Flouri & Malmberg, 2012). Conversely, toddler problems are greater when their father has been disengaged, remote or critical in face-to-face interaction with them early on (Butler, 2012; Ramchandani et al., 2013).

Many men lack confidence as hands-on parents, and lack of support from professionals to address this may contribute to fathers' stress, anxiety or depression (see 4.2 below) and/or increased smoking (4.3), substance use (4.4) and overeating (4.5). Fathers with lower socio-economic status, black and other minority ethnic fathers, and young fathers, are most likely to need support, and least likely to receive it.

Risk to infants should also be considered. UK fathers are twice as likely as mothers to be convicted of killing or perpetrating non-accidental injuries to infants, and international evidence finds that fathers outnumber mothers as perpetrators in identified abusive head trauma incidents – despite their lower involvement in caregiving (Davies & Goldman, 2021).

#### **4.2 Mental health**

Like many other aspects of paternal health, fathers' perinatal stress is under-studied, but 14% of fathers in ALSPAC<sup>5</sup>, a major UK birth cohort study, reported 'sometimes' (an additional 3.1% said 'often') feeling so stressed they feared a negative impact on their baby (Scourfield et al., 2016). International estimates suggest around 5-10% prevalence for depression in new fathers (Burgess & Goldman, 2022: 25-6).

Socio-economic disadvantage in new fathers is strongly correlated with the men's poor mental and physical health (Dex & Ward, 2007); we know that depressed fathers are more likely to behave negatively towards their infant, and that fathers' early depression is associated with:

- poorer infant development (Wanless et al., 2008)
- more problematic behaviour in their pre-schoolers (Butler, 2012; Ramchandani et al., 2005)
- greater risk of children's psychiatric disorder at primary school (Opondo et al., 2017; Opondo et al., 2016)
- lower educational achievement at secondary school (Psychogiou et al., 2019).

In 2018 the NHS Long Term Plan promised mental health checks for new fathers – but only those whose partners were suffering from anxiety, psychosis or postnatal depression (Boseley, 2018). Up to half of partners of depressed mothers are estimated to suffer depression themselves (Berrisford and Dunkley-Bent, 2023). Five years later, reports suggest only four perinatal mental health services are offering services to partners (Taylor, 2023).

Research shows the perinatal period is not the only period in which attention should be paid to fathers' mental health. By child-age 12, 15% of fathers report significant depression within the previous two years: notably higher than the 10.7% who report this at infant-age eight months. Similarly, fathers' reports of severe anxiety are greater when their children are older (21.1% during the previous two years at child-age 12, compared with 13.8% at infant-age eight months). (Golding et al., 2023 (awaiting peer review)).

#### **4.3 Smoking**

Almost one new father in five is a smoker (Harrison et al., 2020) and mainly smokes in the home (Blackburn et al., 2005). Infants of fathers who smoke are more likely to develop wheeze, asthma,

---

<sup>5</sup> [Avon Longitudinal Study of Parents and Children](#) – one of the UK's major birth cohort studies.

lower respiratory illness, chronic middle ear disease, stunted growth and to fall victim to sudden infant death syndrome (SIDS) (Burke et al., 2012; CDC&P, 2006; Washington, 2017).

#### 4.4 Substance use

Again, UK prevalence data is lacking, but some studies find more fathers than mothers reporting problem drinking (Burgess & Goldman, 2022: 23). International research shows infants and mothers at substantial risk from fathers' misuse of alcohol and drugs (Allen & Donkin, 2015).

#### 4.5 Healthy eating and exercise

Evidence suggests around half of UK fathers – even more advantaged fathers – are overweight or obese (Burgess & Goldman, 2022: 22); and that around a quarter (24%) of children of obese fathers are themselves obese (National Statistics, 2017).

### 5. Fatherhood as a motivator

Fatherhood can be a motivator for men to adopt healthier lifestyle choices (Bartlett, 2004). Following the birth of a first biological child, men's crime trajectories have been found to slow, and use of tobacco and alcohol reduce (Kerr, 2011). The transition to fatherhood has been described as a 'golden moment' when fathers are most readily available for professional interventions, and women most want them involved (Brown, 2017).

### References

Abbass-Dick, J., Brown, H. K., Jackson, K. T., Rempel, L., & Dennis, C.-L. (2019). Perinatal breastfeeding interventions including fathers/partners: A systematic review of the literature. *Midwifery*, 75, 41-51. <http://www.sciencedirect.com/science/article/pii/S0266613819300841> doi:<https://doi.org/10.1016/j.midw.2019.04.001>

Allen, M., & Donkin, A. (2015). The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects London: Institute of Health Equity, University College London [https://www.basw.co.uk/system/files/resources/basw\\_13257-1\\_0.pdf](https://www.basw.co.uk/system/files/resources/basw_13257-1_0.pdf)

Allport, B. S., Solomon, B. S., & Johnson, S. B. (2019). The Other Parent: An Exploratory Survey of Providers' Engagement of Fathers in Pediatric Primary Care. *Clin Pediatr (Phila)*, 58(5):555-563. doi:10.1177/0009922819829032

Ayebare, E., Mwebaza, E., Mwizerwa, J., Namutebi, E., Kinengyere, A. A., & Smyth, R. (2015). Interventions for male involvement in pregnancy and labour: A systematic review. *African Journal of Midwifery and Women's Health*, 9(1), 23-28. doi:10.12968/ajmw.2015.9.1.23

Bacchus, L., Mezey, G., Bewley, S., & Haworth, A. (2004). Prevalence of domestic violence when midwives routinely enquire in pregnancy. *BJOG: An International Journal of Obstetrics & Gynaecology*, 111(5), 441-445. doi: 10.1111/j.1471-0528.2004.00108.x'

Baldwin, S., Malone, M., Murrells, T., Sandall, J., & Bick, D. (2021). A mixed-methods feasibility study of an intervention to improve men's mental health and wellbeing during their transition to fatherhood. *BMC Public Health*, 21(1), 1813. doi:10.1186/s12889-021-11870-x

Bartlett, E. (2004). The effects of fatherhood on the health of men: a review of the literature. *The Journal of Men's Health & Gender*, Volume 1, Issues 2–3, 2004: 159-169. ISSN 1571-8913.  
<https://doi.org/10.1016/j.jmhg.2004.06.004>.

Berrisford, G. and Dunkley-Bent, J. (2023). Perinatal mental health services – supporting pregnant women and new mothers. NHS England blog, 17 March 2023.  
<https://www.england.nhs.uk/blog/perinatal-mental-health-services-supporting-pregnant-women-and-new-mothers/>

Blackburn, C., Bonas, S., Spencer, N., Dolan, A., Coe, C., & Moy, R. (2005). Smoking behaviour change among fathers of new infants. *Social Science & Medicine*, 61(3), 517-526.  
doi:10.1016/j.socscimed.2004.12.009

Blackburn, C. M., Bonas, S., Spencer, N. J., Coe, C. J., Dolan, A., & Moy, R. (2005). Parental smoking and passive smoking in infants: fathers matter too. *Health Educ Res*, 20(2), 185-194.  
doi:10.1093/her/cyg117

Boseley, S. (2018). NHS to introduce mental health checks for new fathers. *The Guardian*, 2 December 2018. <https://www.theguardian.com/society/2018/dec/02/nhs-to-introduce-mental-health-checks-for-new-fathers>

Bowen, E., Heron, J., Waylen, A., & Wolke, D. (2005). Domestic violence risk during and after pregnancy: findings from a British longitudinal study. *BJOG An International Journal of Obstetrics & Gynaecology*, 112(8), 1083-1089. doi: 10.1111/j.1471-0528.2005.00653.x'

Brown, C. (2017). The 'Golden Moment' to engage dads. National Fatherhood Initiative, 25 July 2017. <https://www.fatherhood.org/championing-fatherhood/the-golden-moment-to-engage-dads>

Brown, A., & Davies, R. (2014). Fathers' experiences of supporting breastfeeding: challenges for breastfeeding promotion and education. *Maternal & Child Nutrition*, 10(4), 510-526.  
doi:10.1111/mcn.12129

Burcher, S. A., Corey, L. A., Mentzer, K. M., Davis, L., McNamee, H., Horning, M. L., ... Shlafer, R. J. (2021). Family home visiting and fathers: A scoping review. *Children and Youth Services Review*, 128, 106132. doi:10.1016/j.chilyouth.2021.106132

Burgess, A. & Goldman, R., (2018). 'Who's the bloke in the room?' Fathers during pregnancy and at the birth in the United Kingdom (Executive Summary). *Contemporary Fathers in the UK Series*. Marlborough: Fatherhood Institute.

Burgess, A. & Goldman, R. (2022). *Bringing Baby Home: UK fathers in the first year after the birth*. *Contemporary Fathers in the UK series*. London: Fatherhood Institute

Burke, H., Leonardi-Bee, J., Hashim, A., Pine-Abata, H., Chen, Y., Cook, D. G., ... McKeever, T. M. (2012). Prenatal and passive smoke exposure and incidence of asthma and wheeze: systematic review and meta-analysis. *Pediatrics*, 129(4), 735-744.  
<http://pediatrics.aappublications.org/content/129/4/735.full.pdf>

Butler, L. M. (2012). Paternal depression, expressed emotion and child emotional and behavioural problems. (PhD PhD). University of Exeter, Exeter.  
<http://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.579848>



CDC&P. (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General Office on Smoking and Health (US). Atlanta: Centers for Disease Control and Prevention (US); [https://www.ncbi.nlm.nih.gov/books/NBK44324/pdf/Bookshelf\\_NBK44324.pdf](https://www.ncbi.nlm.nih.gov/books/NBK44324/pdf/Bookshelf_NBK44324.pdf)

Child Safeguarding Practice Review Panel. (2021). "The Myth of Invisible Men": Safeguarding children under 1 from non-accidental injury caused by male carers. London [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1017944/The\\_myth\\_of\\_invisible\\_men\\_safeguarding\\_children\\_under\\_1\\_from\\_non\\_accidental\\_injury\\_caused\\_by\\_male\\_carers.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017944/The_myth_of_invisible_men_safeguarding_children_under_1_from_non_accidental_injury_caused_by_male_carers.pdf)

Coles, L., & Collins, L. (2009). Including fathers in preventing non-accidental head injury. *Community Practitioner*, 82(4), 20-23.

Coulson, A. (2021). National recognition for key safeguarding process. *Northumberland Gazette*, 17 November 2021. <https://www.northumberlandgazette.co.uk/health/national-recognition-for-key-safeguarding-process-3461747>

Davies, J. and Goldman, R. (2021). Non-accidental injury of infants by fathers, father-figures and other informal male caregivers: a rapid review of evidence. London: Fatherhood Institute. <http://www.fatherhoodinstitute.org/2021/the-myth-of-invisible-men-fathers-who-kill-or-injure-babies/>

Department for Business & Trade (2014). Antenatal appointments: time off to accompany a pregnant woman. Guidance. <https://www.gov.uk/government/publications/antenatal-appointments-time-off-to-accompany-a-pregnant-woman>.

Devries, K. M., Kishor, S., Johnson, H., Stockl, H., Bacchus, L. J., Garcia-Moreno, C., et al. (2010). Intimate partner violence during pregnancy: analysis of prevalence data from 19 countries. *Reproductive Health Matters*, 18(36), 158-170. doi. <https://dhsprogram.com/topics/gender-corner/upload/rhm36-devries.pdf>.

Dex, S., & Ward, K. (2007). Parental Care and Employment in Early Childhood. Working Paper Series No 57 Manchester: Equal Opportunities Commission <http://www.fatherhoodinstitute.org/uploads/publications/257.pdf>

Fatherhood Institute & Fathers Network Scotland. (2018). How was it for you? How well do UK maternity services support dads? Available online: Fatherhood Institute. [https://data.surveygizmo.com/r/74284\\_5b1536432c9704.07266869](https://data.surveygizmo.com/r/74284_5b1536432c9704.07266869).

Fatherhood Institute (2021). Dads shut out: fathers and maternity services during the pandemic. Available online: <http://www.fatherhoodinstitute.org/2021/dads-shut-out-fathers-and-maternity-services-during-the-pandemic/>

Fatherhood Institute (2022). Closing the Gap: UK working fathers' and working mothers' use of time 2014-22. Available online: <http://www.fatherhoodinstitute.org/wp-content/uploads/2022/12/Closing-the-Gap-Report.pdf>

Filippa, M., Saliba, S., Esseily, R., Gratier, M., Grandjean, D., & Kuhn, P. (2021). Systematic review shows the benefits of involving the fathers of preterm infants in early interventions in neonatal

intensive care units. *Acta Paediatrica*, 110(9).  
<https://onlinelibrary.wiley.com/doi/epdf/10.1111/apa.15961>

Flouri, E., & Malmberg, L.-E. (2012). Father involvement, family poverty and adversity, and young children's behaviour in intact two-parent families. *Longitudinal and Life Course Studies*, 3(2), 254-267. <http://www.llcsjournal.org/index.php/llcs/article/view/170/194>

Gatrell, C. J., Burnett, S. B., Cooper, C. L., & Sparrow, P. (2015). The Price of Love: the prioritisation of child care and income earning among UK fathers. *Families, Relationships and Societies*, 4(2), 225-238. <http://eprints.lanacs.ac.uk/74506/>

Golding, J., Bickerstaffe, I., Iles-Caven, Y., & Northstone, K. (2023 (awaiting peer review)). *Paternal health in the first 12-13 years of the ALSPAC study*. Data Notes Bristol: Bristol University  
[https://wellcomeopenresearch.s3.eu-west-1.amazonaws.com/manuscripts/20668/3c598f46-0a66-4b1b-9cce-f4f12ad7eadf\\_18639\\_-\\_jean\\_golding\\_\(1\).pdf?doi=10.12688/wellcomeopenres.18639.1&numberOfBrowsableCollections=12&numberOfBrowsableInstitutionalCollections=0&numberOfBrowsableGateways=15](https://wellcomeopenresearch.s3.eu-west-1.amazonaws.com/manuscripts/20668/3c598f46-0a66-4b1b-9cce-f4f12ad7eadf_18639_-_jean_golding_(1).pdf?doi=10.12688/wellcomeopenres.18639.1&numberOfBrowsableCollections=12&numberOfBrowsableInstitutionalCollections=0&numberOfBrowsableGateways=15)

Hanley, J. (2018). Mental health of the whole family. *Journal of Health Visiting*, 6(9), 464-465.  
doi:10.12968/johv.2018.6.9.464

Harrison, S., Alderdice, F., Henderson, J., & Quigley, M. (2020). *You and Your Baby: A national survey of health and care* Oxford: National Perinatal Epidemiology Unit, University of Oxford

Johnson, J., Haider, F., Ellis, K., Hay, D. M., & Lindow, S. W. (2003). The prevalence of domestic violence in pregnant women. *BJOG An International Journal of Obstetrics & Gynaecology*, 110(3), 272-275. doi: 10.1046/j.1471-0528.2003.02216.x'

Kerr, D. C. R., Capaldi, D. M., Owen, L. D., Wiesner, M., & Pears, K. C. (2011). Changes in At-Risk American Men's Crime and Substance Use Trajectories Following Fatherhood. *Journal of Marriage and Family*, 73(5):1101-1116. doi: <https://doi.org/10.1111/j.1741-3737.2011.00864.x>

Kiernan, K. (2006). Non-residential fatherhood and child involvement: evidence from the Millennium Cohort Study. *Journal of Social Policy*, 35(4), 651-669. doi. [http://www.sscnet.ucla.edu/soc/groups/fwg/Kiernan\\_JSP%20FinalTexttabs.pdf](http://www.sscnet.ucla.edu/soc/groups/fwg/Kiernan_JSP%20FinalTexttabs.pdf).

Kiernan, K., & Smith, K. (2003). Unmarried parenthood: new insights from the Millennium Cohort Study. *Population Trends*(114), 26-33. doi. <http://discovery.ucl.ac.uk/id/eprint/1495220>.

Knight, B., Shields, B., & Powell, R. (2006). Paternal details missing at booking: an identifiable risk factor for lower birthweight. *Evidence Based Midwifery*, 4(2), 41-45. doi.  
<https://www.rcm.org.uk/learning-and-career/learning-and-research/ebm-articles/paternal-details-missing-at-booking-an>.

Lut, I., Harron, K., Hardelid, P., O'Brien, M. and Woodman, J. (2021). Linking fathers and children in administrative data for public health research: a systematic scoping review. *The Lancet*, Volume 398, Supplement 2, 2021, Page S5. ISSN 0140-6736,  
[https://doi.org/10.1016/S0140-6736\(21\)02548-4](https://doi.org/10.1016/S0140-6736(21)02548-4).

Lut, I., Harron, K., Hardelid, P., O'Brien, M., & Woodman, J. (2022). 'What about the dads?' Linking fathers and children in administrative data: A systematic scoping review. *Big Data & Society*, 9 (1).

<https://doi.org/10.1177/20539517211069299>

Mahesh, P. K. B., Gunathunga, M. W., Arnold, S. M., Jayasinghe, C., Pathirana, S., Makarim, M. F., ... Senanayake, S. J. (2018). Effectiveness of targeting fathers for breastfeeding promotion: systematic review and meta-analysis. *BMC Public Health*, 18(1), 1140.

<https://eprints.qut.edu.au/204904/1/68605128.pdf>

Malmberg, L.-E., Lewis, S., West, A., Murray, E., Sylva, K., & Stein, A. (2016). The influence of mothers' and fathers' sensitivity in the first year of life on children's cognitive outcomes at 18 and 36 months. *Child Care Health Dev*, 42(1), 1-7. doi:10.1111/cch.12294

Malmberg, L.-E., Stein, A., West, A., Lewis, S., Barnes, J., Leach, P., & Sylva, K. (2007). Parent- infant interaction: a growth model approach. *Infant Behaviour and Development*, 30(4), 615-630.

[https://www.familieschildrenchildcare.org/wp-content/uploads/2019/05/23story\\_pdf.pdf](https://www.familieschildrenchildcare.org/wp-content/uploads/2019/05/23story_pdf.pdf)

Menzies, J. (2019). Fathers' experiences of the health visiting service: A qualitative study. *Journal of Health Visiting*, 7(10), 490-497.

National Statistics. (2017). Health Survey for England 2017: adult and child overweight and obesity London: National Statistics <https://files.digital.nhs.uk/EF/AB0FOC/HSE17-Adult-Child-BMI-rep-v2.pdf>

Newburn, M., & Singh, D. (2000). *Becoming a father: men's access to information and support during pregnancy and life with a new baby*. London: National Childbirth Trust.

NHS England (2023). GP Patient Survey. Data generated by gender, parental status and working patterns, using the online analysis tool. <https://gp-patient.co.uk/analysistool>

NICE (2021a). Antenatal Care. NICE Guideline.

<https://www.nice.org.uk/guidance/ng201/resources/antenatal-care-pdf-66143709695941>

NICE (2021b). Postnatal Care. NICE Guideline.

<https://www.nice.org.uk/guidance/ng194/resources/postnatal-care-pdf-66142082148037>

ONS. (2014). *Births in England and Wales by Characteristics of Birth 1, 2013*. London: Office for National Statistics [http://webarchive.nationalarchives.gov.uk/20160106160418/http://www.ons.gov.uk/ons/dcp171778\\_380800.pdf](http://webarchive.nationalarchives.gov.uk/20160106160418/http://www.ons.gov.uk/ons/dcp171778_380800.pdf).

Opondo, C., Redshaw, M., & Quigley, M. A. (2017). Association between father involvement and attitudes in early child-rearing and depressive symptoms in the pre-adolescent period in a UK birth cohort; homebased activities;. *Journal of Affective Disorders*, 221, 115-122. doi:10.1016/j.jad.2017.06.010

Opondo, C., Savage-McGlynn, E., Redshaw, M., Savage-McGlynn, E., & Quigley, M. A. (2016). Father involvement in early child-rearing and behavioural outcomes in their pre-adolescent children: evidence from the ALSPAC UK birth cohort. *British Medical Journal Open*, 6(11), 1-9.

<https://bmjopen.bmj.com/content/bmjopen/6/11/e012034.full.pdf>

Psychogiou, L., Russell, G., & Owens, M. (2019). Parents' postnatal depressive symptoms and their children's academic attainment at 16 years: Pathways of risk transmission. *British Journal of Psychology*, 111(1), 1-16. doi:10.1111/bjop.12378

- Ramchandani, P. G., Stein, A., Evans, J., & O'Connor, T. G. (2005). Paternal depression in the postnatal period and child development: a prospective population study. *Lancet*, 365(9478), 2201-2205. doi:10.1016/s0140-6736(05)66778-5
- Ramchandani, P. G., Domoney, J., Sethna, V., Psychogiou, L., Vlachos, H., & Murray, L. (2013). Do early father-infant interactions predict the onset of externalising behaviours in young children? Findings from a longitudinal cohort study. *Journal of Child Psychology and Psychiatry*, 54(1), 56-64. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3562489/pdf/jcpp0054-0056.pdf>
- Scourfield, J., Culpin, I., Gunnell, D., Dale, C., Joinson, C., Heron, J., & Collin, S. M. (2016). The association between characteristics of fathering in infancy and depressive symptoms in adolescence: A UK birth cohort study. *Child Abuse & Neglect*, 58, 119-128. <https://discovery.ucl.ac.uk/id/eprint/10086931/>
- Sherriff, N., & Hall, A. (2014). Rhetoric or reality? Father support in promoting breastfeeding. *International Journal of Birth and Parenting Education*, 1(4), 19-22.
- Speight, S., Poole, E., O'Brien, M., Connolly, S., & Aldrich, M. (2013). Men and Fatherhood: who are today's fathers? London: National Centre for Social Research. <http://www.modernfatherhood.org/wp-content/uploads/2013/05/Pages-from-Who-are-todays-fathers.pdf>.
- Taylor, R. (2023). New dads need better mental health support so they can take 'pressure' off mums, NHS bosses say. Mail Online, 20 March 2023. <https://www.dailymail.co.uk/health/article-11881089/New-dads-need-better-mental-health-support-pressure-mums-NHS-bosses-say.html>
- TNS System Three. (2005). NHS maternity services quantitative research. Edinburgh Department of Health <https://www.bipsolutions.com/docstore/pdf/12152.pdf>.
- Touroni, E., & Coyle, A. (2002). Decision-making in planned lesbian parenting: An interpretative phenomenological analysis. *Journal of Community & Applied Social Psychology*, 12(3), 194-209. doi: 10.1002/casp.672'
- Walby, S., & Allen, J. (2004). Domestic violence, sexual assault and stalking: Findings from the British Crime Survey. London: Home Office [http://eprints.lanacs.ac.uk/3515/1/Domesticviolencefindings\\_2004\\_5BritishCrimeSurvey276.pdf](http://eprints.lanacs.ac.uk/3515/1/Domesticviolencefindings_2004_5BritishCrimeSurvey276.pdf).
- Wanless, S. B., Rosenkoetter, S. E., & McClelland, M. M. (2008). Paternal depression and infant cognitive development: implications for research and intervention. *Infants & Young Children*, 21. doi:10.1097/01.IYC.0000314484.46958.e4
- Washington, R. (2017). Secondhand tobacco smoke exposure: perhaps the most important cardiovascular risk factor for toddlers. *The Journal of Pediatrics*, 189, 1-2. doi:10.1016/j.jpeds.2017.08.020