Written evidence submitted by the Fatherhood Institute (GRC0007)

House of Commons Petitions Committee: request for information on the impact of coronavirus on maternity, shared parental, and adoption leave

We have been invited to respond to the House of Commons Petition Committee, which is exploring the question of whether or not to extend maternity leave for 3 months in response to the Covid-19 pandemic[1].

We are not aware of any research showing raised levels of mental health problems for expectant and new mothers and fathers during the Covid-19 pandemic, but it is likely that such evidence will emerge fairly soon. We know, for example, that the Parent-Infant Foundation, Best Beginnings, Home Start and Maternal Mental Health Alliance plan to report findings from an online survey of parents experiencing lockdown during their baby’s first 1001 days[2], in early-mid June.

We ourselves will soon be launching an online survey of 2,000 locked down fathers of children aged under 12, funded by the Nuffield Foundation[3]; we expect to be in a position to report findings in mid-late June. The survey focuses particularly on combining work and childcare commitments during the pandemic, but also includes questions about fathers’ mental health.

Separate to this, we are developing a survey about expectant and new fathers’ and mothers’ experiences of NHS perinatal services during lockdown, focusing particularly on (lack of) engagement with fathers/ mothers’ partners; again, this will include questions about fathers’ and mothers’ mental health. Funding permitting, we hope to run this and be in a position to report findings by October 2020.

We know that generally speaking, expectant fathers’ depression and/or anxiety during pregnancy are linked to poorer child outcomes. Data on expectant and new fathers’ mental health is limited, but existing studies suggest 4% of expectant fathers are moderately and 2% severely, depressed; 1% are schizophrenic. At least 1 in 20 fathers – and probably more – suffer significant psychological distress at some point in their baby’s first year; levels are higher in disadvantaged populations and where children have a disability[4].

On the substantive point raised by the petitioners, about parents feeling their relationships with their babies have been negatively affected during lockdown[5], Topalidou et al (2020) have argued that “lack of knowledge about the short- and longer-term psychological wellbeing of mother and baby following their experiences of maternity care during a pandemic is a serious gap in knowledge for optimal maternity care at this time”[6].

We would add that fathers’ wellbeing and relationships with babies (and with partners) are also key, for several reasons:

- the importance of establishing strong father-child relationships;
- the centrality of fathers’ role as the primary support person for pregnant and new mothers;
- reduced relationship difficulties and/or likelihood of separation in families where both parents have bonded well with their babies, are skilled hands-on caregivers and are good at coparenting.
Fathers’ performance of the ‘support role’ is especially important at a time when women have reduced access to face-to-face services, and yet the NHS has, as far as we are aware, put nothing in place to recognise, promote or endorse this.

Even before lockdown, maternity services’ engagement with fathers was patchy, despite their overwhelming presence at appointments; NHS maternity services’ theoretical adherence to the idea of “mother-focused, family centred” care; and mothers’ clear desire for fathers to be their key supporters and advocates. In our 2018 ‘How was it for you?’ survey of around 2,000 men who had become fathers within the previous 5 years found 65% reporting that healthcare professionals had rarely or never discussed their paternal role with them. More than half of fathers (56%) said they had rarely or never been addressed by name. Fewer than a quarter had been asked about their physical health (22%), diet and exercise (18%) or mental health (18%) and almost half (48%) had not been asked about smoking[7].

Now services are actively excluding anyone except the mother from all appointments except childbirth itself – indeed we have received some reports of women giving birth alone, even though the guidance makes clear that asymptomatic birth partners should be allowed to be present[8].

Women are potentially receiving bad news alone at ultrasound scans (and often being told they cannot even share these formative experiences with their partners via video call); men receive no information to prepare them for fatherhood or help them support their partners, even where this could clearly have a beneficial impact in terms of reduced pressure on services: for example contributing to decision-making about when to (and when not to) access services; acting as a calm, well-informed presence in the delivery suite; and helping establish breastfeeding.

It may be helpful, as suggested by the petitioners, to provide families with additional paid leave to enable them to ‘socialise’ their babies and introduce them to nursery or other childcare provision. However, we see no reason why such leave should be restricted to mothers – it should be possible for families to share it as they see fit. To envision such leave as exclusively for mothers would reinforce gender inequalities by suggesting that women are solely or chiefly responsible for looking after, and/or organising childcare for, children. One possibility might be to offer additional maternity leave that is transferable to fathers/ partners, as is currently the case with shared parental leave - but open to all families rather than just those covered by the current, restrictive eligibility criteria[9].

However, improved maternal and paternal mental health outcomes are unlikely to be achieved simply by extending leave. Rather, maternity services should be developing more flexible and innovative models of parental engagement across the perinatal period, with a focus on involving and supporting fathers/ mothers’ partners (remotely if necessary, via online video calls, web content, telephone calls etc), as well as mothers themselves, to become well-informed and confident participants in their babies’ birth and early development.

The Fatherhood Institute has created a page signposting fathers to potential sources of support[10], and would be very happy to collaborate with the Department of Health, relevant Royal Colleges and others to develop a more comprehensive package of support, if funding for this were available.

Dr Jeremy Davies, Fatherhood Institute
Footnotes:


5. https://petition.parliament.uk/petitions/306691


9. For more information about how the UK’s current parenting leave system reinforces gender inequalities, and ways it could be reformed, see our blog and submission to the government’s shared parental leave consultation http://www.fatherhoodinstitute.org/2019/100-years-to-gender-parity-the-case-for-parenting-leave-reform/.


May 2020