Fatherhood Advocacy Toolkit

Navigating Support through the Perinatal Period

MALE INVOLVEMENT
Where Dads Matter Initiative

NATIONAL HEALTHY START ASSOCIATION
DISCLAIMER

The information presented in this document is for your general knowledge and should not be used for medical advice.
This toolkit is designed and prepared in partnership with National Healthy Start Association (NHSA) staff and Fatherhood Practitioners across the NHSA membership network and subject matter experts. The goal of the toolkit is to provide a resource for Fatherhood Practitioners and their colleagues to use in educating and serving fathers and men to be advocates for the mother of the baby and their partner and to ensure a healthy birth outcome for the child. This tool will allow fathers to receive and understand general knowledge regarding all perinatal periods. Fathers will have a better understanding of questions to ask when engaging healthcare and health service delivery providers before, during and after pregnancy.
DEFINITION OF TERMS

- **DNA** – Deoxyribonucleic acid, is the hereditary material in humans and all other organisms. Every cell in a person’s body has the same DNA.

- **Vasectomy** - Is a type of surgery that prevents a man from being able to get a woman pregnant. It is considered a permanent form of male birth control.

- **Mortality** - Is another term for death. A mortality rate is the number of deaths due to a disease divided by the total population.

- **Morbidity** - Refers to having a disease or a symptom of disease, or to the amount of disease within a population. Morbidity also refers to medical problems caused by a treatment.

- **Fetus** - The yet-to-be born mammalian offspring following the embryonic stage and is still going through further development prior to birth.

- **Placenta** – A temporary organ that forms in your uterus during pregnancy. It attaches to your uterine wall and provides nutrients and oxygen to your baby through the umbilical cord. Certain conditions of the placenta can cause pregnancy complications.

- **Uterus** - A hollow, pear-shaped organ that is in a woman's lower abdomen, between the bladder and the rectum. The uterus is where the fetus develops and grows.

- **Bloating** - A swelling or feeling of fullness in the abdomen. Bloating is usually the result of gas in the intestines and can be caused by many things, including overeating, lactose intolerance, and constipation.

- **Preeclampsia/eclampsia** - a serious medical condition that can occur half-way through the pregnancy. People may experience persistent high blood pressure, swelling in the extremities, severe headaches, sudden weight gain, belly pain, blurred vision, dizziness, and trouble breathing. Black women are at a higher risk of preeclampsia than other women and have more severe hypertension, antepartum hemorrhage, and increased mortality (Zhang, 2020). Preeclampsia can progress to eclampsia if it is not managed properly and can cause seizures or coma.
• **Gestational Diabetes** - This condition causes too much sugar in the blood and occurs in pregnant women who do not have diabetes. The body breaks down sugar and starches from food into glucose for energy. The pancreas makes insulin which helps the body make glucose in the blood. Diabetes causes the body to not produce enough insulin or to not use it effectively, so there is too much sugar in the blood. Gestational diabetes can increase the risk of high blood pressure, having a large baby, preterm baby, and stillbirth. About half of women with gestational diabetes develop type 2 diabetes (CDC, 2021a). Black women have more than 2 times the risk of developing type 2 diabetes after gestational diabetes compared with white women (Bower et al., 2019).

• **Lactation** - The production and secretion of milk by the mammary glands.

• **Cervix** - The lowest region of the uterus; it attaches the uterus to the vagina and provides a passage between the vaginal cavity and the uterine cavity.

• **Effacement** - The stretching and thinning of bodily tissue, especially of the cervix to prepare for childbirth.

• **Dilation** - The stretching, widening, or enlarging an organ or part of the body. Dilation is when the cervix opens.

• **Postpartum** - The postpartum period—the 12 weeks following the birth of a child—is an important time for health of the mom and baby.

• **Fertilization** - The process of combining the male gamete, or sperm, with the female gamete or, ovum. The product of fertilization is a cell called a zygote.

• **Hormones** – A product of living cells that circulates in body fluids or sap and produces a stimulatory effect on the activity of cells usually remote from its point of origin.

• **Sciatica** - Refers to pain that radiates along the path of the sciatic nerve, which branches from your lower back through your hips and buttocks and down each leg. Typically, sciatica affects only one side of your body.

• **Contraction** - The tightening of the uterus during labor which causes the cervix to dilate and push the baby through the birth canal.
General Definition of Paternity:
The fact of being a father; the state of being someone's father.

Establishing Paternity
Establishing paternity is necessary in situations where paternity is not known. According to Weems et al. (2020), “establishing paternity is positively associated with increased child support, visitation rights and other psychological and social benefits for children.” By establishing paternity, fathers can have legal protection and rights to their child (Weems et al., 2020). The US Department of Health and Human Services (HHS) encourages all states to offer the opportunity, either at the hospital or later, to establish paternity by voluntarily signing an acknowledgement of paternity (Nolo, n.d.). While each state must offer voluntary acknowledgement of paternity, the process of establishing paternity is legally different in every state, so please refer to local guidelines.

Key Questions to Ask
1. How can I be sure that the pregnancy is a result of my actions?
2. Where can we go to get a paternity test and how accurate are the results?
3. How can I make sure I become a father when I want to?
4. What are the safest paternity tests?

Factual Support
- With paternity testing widely available, proof of paternity is easily accessible in situations of unknown paternity or paternity fraud. Paternity fraud, also known as misattributed paternity, is when a mother knowingly deceives a man into thinking that he is the father when he is not (Bellis et al., 2005; Draper, 2007). Younger, unmarried, and economically disadvantaged men are more likely to become victims of paternity fraud.
- Nonmarital births have been on the rise for many years, with 39.8% of all births were to unmarried women in 2017 (Weems et al., 2020). Establishing paternity is becoming more common among unwed parents and it has increased positive health and behavioral outcomes among parents and children.

Practical Examples
- Father contests the child is his after being told a woman is pregnant when their relationship is unstable. He then seeks to determine if the child’s biological father as early as possible.
- A male has been engaged in a relationship with a woman and is told of her pregnancy. He states the baby is not his because he exercised safe and protective sex and does not believe it could be of his doing.
- Father has had a vasectomy or has low sperm count and believes he is unable to have children.

Best Practices
- Discuss the announcement of the pregnancy with partner and if any question(s) exists, both parties try to agree on a valid testing location and timeline.
- Exercise family planning at early stages of developing a relationship with thoughts around when and how to plan for pregnancy.
- Potential mother and father agree on the reproductive plans together and each take steps to use birth control so that they prevent unplanned pregnancy and sexually transmitted disease (Akers et al., 2010).
- It is recommended that those seeking paternity testing make sure that the laboratory work is done in facilities that follow the strict guidelines of the American Association of Blood Bank [AABB] (n.d.).
Navigating the Stress into Fatherhood

Managing stress as a father can be challenging and overwhelming at times. Learning new skills will help you become more equipped to meet challenges such as depression, caring for your baby/partner, time management, finances, alienation, etc. of family life (Centre of Perinatal Excellence, n.d.; Pollock et al., 2005).

**Factual Support**
- Studies show that fathers are more likely to experience high levels of stress during the time of birth, but stress levels tend to decrease after delivery. Stress has a negative impact on fathers contributing to mental health issues such as anxiety, depression, psychological distress, and fatigue (Pollock et al., 2005).
- According to Skjøthaug (2020), “new fathers’ experience during the antenatal period is more stressful than the postnatal period and untreated paternal depression and anxiety can have serious consequences for the whole family.” Parental stress can impact parenting behavior, relationships between parents, and other mental health problems (Skjøthaug, 2020). Addressing parental stress can positively impact child bonding, relationships between parents, and confidence as a father (Pollock et al., 2005).
- For first time fathers especially, there is a lot of stress entering this new phase of life. Baldwin et al (2018) found three main factors that affect the mental health of fathers: formation of fatherhood identity, challenges of the new role as a father, and negative emotions about their abilities to be a father. Fathers are often grazed over during pregnancy, delivery, and postnatal times, so it is vital for them to find ways to keep their mental health in check.

**Practical Examples**
- After bringing the baby home, the father started to feel overwhelmed and unsure of himself. To make himself feel better, he began to focus on tasks that he can control such as changing diapers, creating time for personal care and time with his partner, and talking through his emotions with others and asking for outside help.
- Before the due date, the father had a discussion with his job to create a needed work-life balance when the baby arrives. By setting boundaries and creating balance before the baby arrives can allow for smooth transition into fatherhood.
- A large part of fatherhood is supporting your partner through the pregnancy, birth, and delivery, and postpartum, but it is also important for fathers to feel supported. Having conversations with your partner discussing how to support each other through this process can help both parents adjust to this new stage of life.

**Best Practices**
- Establish a self-care plan before the baby arrives so you have tools to overcome the mix of emotions.
- Connect with other fathers who have gone through or are going through similar experiences so you can have someone to talk to about how you are feeling.
- Prepare what you can before the baby arrives to help alleviate stress when the baby comes homes. Make freezer meals, create a meal train so others can bring you meals, find a place for pets to go, deep clean and organize the house, etc.

**Key Questions to Ask**
1. How can I make time for myself and my mental health during this stressful time?
2. How can I rely on others (family, friends, neighbors, etc.) to help my partner and I when the baby comes?
3. How can I navigate the stressful situations that come with fatherhood?
General Definition - According to the World Health Organization (WHO), maternal health refers to the “health of women during pregnancy, childbirth, and the postnatal period” (WHO, 2019). It covers all aspects of physical, mental, emotional, and social health. Maternal health is the absence of maternal morbidity, severe maternal morbidity, and maternal mortality, thus ensuring that women and their babies are thriving and reaching their full potential for health and well-being (WHO, 2019).

According to the Center for Disease Control and Prevention (CDC 2019a), maternal mortality refers to the death of a woman from complications of pregnancy or childbirth that occur during the pregnancy or within 42 days after the pregnancy ends. Maternal morbidity includes short or long-term health conditions that complicate pregnancy and childbirth or have a negative impact on a woman’s health and well-being (CDC, 2019a). Severe maternal morbidity includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health (CDC, 2019b).

In Healthy Start, maternal health is defined as the health of women before, during, and after pregnancy. Healthy Start addresses health and social service needs, strengthens family resilience, and engages community partners to enhance systems of care. The health of the mom often depends on factors such as where she lives, her educational level, her race, support system, access to quality healthcare, finances, access to family planning, nutritious food, job opportunities, safety, and human rights.

Factual Support
- National- The US has the highest maternal mortality rate of any developed country and that rate is continuing to rise. 861 women died from maternal causes in 2020, compared to 754 in 2019 (Hoyert, 2022). In 2020, the maternal mortality rate for non-Hispanic Black women was 55.3 deaths per 100,000 live births which is 2.9 times the rate for non-Hispanic White women (Hoyert, 2022).
- State/Region- data can be retrieved from the National Center of Health Statistics, National Vital Statistics System, Department of State.
- Local/County/City: data can be retrieved from Health Departments, County Health Rankings, Vital Records, etc.

Practical Example
- A mother is pregnant with her first child and the father accompanies her to her first prenatal appointment.
- A mother is at risk for gestational diabetes. The father goes with her to meet with a nutritionist and they create a plan for nutrition during the rest of pregnancy.
- A mother begins to experience vaginal bleeding during pregnancy. To alleviate her stress, the father calls the doctor to discuss what to do.

Best Practices
- To prepare for the first prenatal visit, it is important that the mother and the father make a list of certain health facts such as personal and familial medical history, obstetrical and gynecological history, potential exposure to illnesses.
- To encourage well-rounded nutrition throughout the pregnancy, meal planning and cooking together are great ways to have fun and spend time together.
- Educating yourself throughout the pregnancy can help know what to do if a possible complication may arise.

Key Questions to Ask
1. How can I help my partner prepare for the first prenatal appointment?
2. What is proper nutrition during pregnancy? What vitamins and minerals are recommended? What is the recommended weight gain?
3. What are possible complications that can occur during pregnancy?
A nutritious, well-balanced eating plan is essential for a healthy baby and will give the baby a strong start in life. Good nutrition will help the mother handle the extra demands on her body as her pregnancy progresses. According to The American College of Obstetricians and Gynecologists [ACOG](2022), it is important to incorporate a variety of vegetables, lean protein, whole grains and legumes, and other healthy food items. One useful resource for food planning that can help the mother make healthy food choices throughout the pregnancy is the MyPlate food-planning guide from the U.S. Department of Agriculture. MyPlate offers plans that show how much to eat based on how many calories a person needs per day. It personalizes plans based on the mother’s height, pre-pregnancy weight, and physical activity level. Protein foods are important for the growth of the baby and are found in meat, poultry, seafood, beans, and peas, nuts, and seeds. It is recommended to eat a variety of protein each day.

Excessive weight gain during pregnancy can result in difficulty returning to pre-pregnancy weight after delivery. It can also result in an increased risk of being overweight and obese later in life (Reid et al., 2017). Studies have found that Black women are more likely to exceed weight recommendations than White women (Wells et al, 2006). A study by Reid et al. (2017) found that experiencing discrimination was associated with a 71% increase in the odds of increased weight gain particularly among women in historically disadvantaged groups.

NOTE: The recommended chart is a guide that may not apply to all body types, so please consult your primary prenatal provider for additional guidance on prenatal nutrition.

<table>
<thead>
<tr>
<th>Pre-Pregnancy Weight Category</th>
<th>Body Mass Index</th>
<th>Recommended Range of Total Weight</th>
<th>Weight Gain in 2nd &amp; 3rd Trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Less than 18.5</td>
<td>28-40 lbs.</td>
<td>1 (1-1.3) lbs./wk.</td>
</tr>
<tr>
<td>Normal Weight</td>
<td>18.5-24.9</td>
<td>25-35 lbs.</td>
<td>1(0.8-1) lbs./wk.</td>
</tr>
<tr>
<td>Overweight</td>
<td>25-29.9</td>
<td>15-25 lbs.</td>
<td>0.6 (0.5-0.7) lbs./wk.</td>
</tr>
<tr>
<td>Obese</td>
<td>30 and greater</td>
<td>11-20 lbs.</td>
<td>0.5 (0.4-0.4) lbs./wk.</td>
</tr>
</tbody>
</table>
Vitamins and minerals are important during pregnancy. The lack of vitamins can potentially increase the chances of a baby getting birth defects. The list below includes the vitamins and minerals that are needed during pregnancy. Please note that eating healthy food and taking a prenatal vitamin daily should provide all the vitamins and minerals that are needed during pregnancy.

- **Calcium**: It builds strong bones and teeth.
- **Iron**: It helps red blood cells deliver oxygen to the fetus and helps prevent anemia.
- **Iodine**: It is essential for healthy brain development.
- **Choline**: It is important for the fetus brain and spinal cord development.
- **Vitamin A**: It is important for healthy skin and eye development. It also helps with bone growth.
- **Vitamin B6**: It helps form red blood cells and helps the body use protein, fat, and carbohydrates.
- **Vitamin B12**: It helps maintain the nervous system and helps form red blood cells.
- **Vitamin C**: It helps promote healthy gums, teeth, and bones.
- **Vitamin D**: It helps with bone and teeth development and helps promote healthy eyesight and skin.
- **Folic Acid**: It helps prevent birth defects of the brain and spine. It also helps support the general growth and development of the fetus and placenta.
<table>
<thead>
<tr>
<th>Vitamin</th>
<th>Amount Needed</th>
<th>Good Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A</td>
<td>750 Micrograms</td>
<td>Carrots, Green Leafy Veggies, and Sweet Potatoes</td>
</tr>
<tr>
<td>Iron</td>
<td>27 Milligrams</td>
<td>Lean Red Meat, Poultry, Fish, Dried Beans and Peas, Fortified cereals, and prunes</td>
</tr>
<tr>
<td>Choline</td>
<td>450 Milligrams</td>
<td>Milk, Beef Liver, Eggs, Peanuts, and Soy Products</td>
</tr>
<tr>
<td>Iodine</td>
<td>220 Micrograms</td>
<td>Iodized Table Salt, Dairy, Seafood, Bread, Meat, and Eggs</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>80 Milligrams</td>
<td>Citrus Fruits, Broccoli, Tomatoes, and Strawberries</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>600 Intentional Units</td>
<td>Sunlight, Fortified Milk, and Fatty Fish</td>
</tr>
<tr>
<td>Vitamin B12</td>
<td>2.6 Micrograms</td>
<td>Meat, Fish, Poultry, and Milk</td>
</tr>
<tr>
<td>Folic Acid</td>
<td>600 Micrograms</td>
<td>Fortified Cereals, Grains, Peanuts, Dark Green Leafy Veggies, Orange Juice, Beans</td>
</tr>
</tbody>
</table>
MyPlate Pregnancy Example

**Fruits**
1 1/2-2 cups daily
- Try to eat 2 choices
- Eat a variety of fresh, frozen, or canned fruit
- Choose options with limited added sugars
- Limit juice to 1/2-3/4 cup daily

**Grains**
5-8 oz daily
- Try to eat at least 6-8 choices
- Choose whole grains at least half of the time
- Eat WIC approved cereals

**Dairy**
5-6 1/2 oz daily
- Try to eat 3 choices
- Choose pasteurized milks & cheeses
- Eat plain yogurt, add fruit for sweetness
- Choose soy products with calcium, like tofu

**Veggies**
2-3 cups daily
- Try to eat at least 2 of fresh, frozen, or low sodium canned veggies
- Flavor veggies with herbs and spices instead of heavy fats or salt
- Eat a variety of colors of veggies

**Protein**
5-6 1/2 oz daily
- Try to eat at least 5 -6 choices
- Grill, broil, or bake meat
- Eat beans, tofu, nuts, seeds, and nut butter
- Eat lean meat (15% fat or less)
- Take off skin off poultry
- Limit bacon, hot dogs, and bologna

Source: Milk Means More, 2017; CA Division of Public Health 2013
## Example Meal Plan

Source: Clark, 2022

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Snack</th>
<th>Lunch</th>
<th>Snack</th>
<th>Dinner</th>
<th>Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1</strong></td>
<td>Apple-Cinnamon Overnight Oats</td>
<td>Crackers and Hard Cheese</td>
<td>Egg, Veggie, and Hummus Pita Sandwich</td>
<td>Peachy Crunchy Yogurt</td>
<td>Parmesan Chicken Tenders with Dipping Sauce</td>
<td>Dark Chocolate</td>
</tr>
<tr>
<td><strong>Option 2</strong></td>
<td>Breakfast Wraps</td>
<td>Blueberry Almond Smoothie</td>
<td>Fiesta Salad</td>
<td>Chocolate Chip Cookie</td>
<td>Pizza and Salad</td>
<td>Parmesan and Black Pepper Popcorn</td>
</tr>
<tr>
<td><strong>Option 3</strong></td>
<td>Bacon and Egg Frittata</td>
<td>Peanut Butter Crackers</td>
<td>Crab Salad Sandwich</td>
<td>Veggies and Hummus</td>
<td>Pork and Pineapple Kebobs</td>
<td>Creamy Strawberry Mouse</td>
</tr>
</tbody>
</table>

**Note:** This meal plan provides options for 3 meals and 3 snacks for 3 days. This is a source of ideas and suggestions, not a strict guide. Please consult your primary care provider and/or a prenatal nutritionist for the most accurate information.
Warning signs during pregnancy can range from mild symptoms to severe life-threatening illnesses. Some common warning signs include:

- **Vaginal bleeding:** Approximately 20% of women have some bleeding during pregnancy. During the first trimester, light bleeding and spotting can be a sign of implantation which typically occurs 6-12 days after fertilization as the fertilized egg implants itself in the lining of the uterus. Other problems can cause bleeding during the first trimester such as infection, early pregnancy loss, or an ectopic pregnancy. Later in the pregnancy, heavy bleeding can be a sign of an issue with the placenta or a sign of preterm labor (ACOG 2021).

- **Severe Swelling (Edema):** In pregnancy, the fluid in your body doubles up in order to support the normal development of your baby and makes the body more flexible for your baby to expand. Slight swelling is normal but severe swelling of the extremities can be dangerous and can lead to preeclampsia (Kay, 2020).

- **Abdominal pain:** As the baby grows, the muscles around the uterus pull and stretch, this causing pain in the lower abdomen. This is typically felt the most while coughing or sneezing.

- **Sore breasts:** Breasts begin to change in early pregnancy as they get ready to make breast milk to feed your baby. The breasts may leak colostrum during the later stage of pregnancy, which is a clear, sticky liquid that comes out of the mother's breast right after birth right before her breast milk comes in.

- **Severe Headaches:** Mild headaches are common in the first trimester due to pregnancy hormones, stress, or body tension. However, severe headaches can sometimes be a sign of preeclampsia which can lead to complications especially when they are accompanied with dizziness and blurred vision.

- **Sudden Weight Gain:** While gaining weight is normal during pregnancy, gaining 4 or more pounds in one week can be a sign of preeclampsia (Grünebaum, 2007).

- **High Blood Pressure:** Even if you have not had high blood pressure before pregnancy, you can develop high blood pressure during pregnancy, called gestational hypertension. A blood pressure during pregnancy of 140/90 is considered high during pregnancy and a diagnosis of gestational hypertension is given. Severe high blood pressure in pregnancy is 160/110 (ACOG, 2022b).
Breastfeeding

General Definition - The National Institute of Child Health and Development (NICHD) defines **breastfeeding** as “the process of feeding a mother’s breast milk to her infant, either directly from the breast or by expressing the milk from the breast and bottle-feeding it to the infant” (NICHD, n.d.). Breastfeeding **initiation** is defined as “receiving any breast milk or colostrum during the period between delivery and discharge from the birth facility”. Early initiation of breastfeeding is putting the newborn to the breast within one hour of birth. The first breast milk which is called colostrum is yellow or golden in color and is an important source of nutrition and immune protection for the newborn (WHO, n.d.). **Exclusive** breastfeeding is providing the baby with only breast milk and no other foods or liquids (including infant formula or water) except for medications, vitamins, and mineral supplements. **Complementary** feeding is when solid foods and other liquids are introduced to complement a milk-based diet and it usually takes place around 6 months of age. (CDC, 2022).

Breastfeeding **initiation**, in Healthy Start, is when women participants have ever breastfed or fed their new baby pumped breast milk, even for a short period of time. Breastfeeding **continuation** is when women participants breastfeed or pump breast milk to feed the new baby in any amount at 6 months of age.

**Factual Support**

- National - In 2019, approximately 83.2% of infants in the United States were ever breastfed, 55.8% were breastfed at 6 months, and 24.9% were exclusively breastfed through 6 months of age (CDC, 2022). Approximately 60% of mothers report not breastfeeding if they intended or desired due to factors such as issues with lactation and latching, concerns about the baby’s nutrition and weight, unsupportive work policies and lack of parental leave, cultural norms, and lack of family support, etc. (CDC, 2021).
- State/Region - data can be retrieved from CDC’s National Immunization Survey, the Breastfeeding Report Card, and State Health Departments.
- Local/County/City - data can be retrieved from local health departments, National Vital Statistics System, and local Special Supplemental Nutrition Program Women, Infants, Children (WIC) data.

**Practical Example**

- A pregnant woman’s physician asked her about her/their intention to breastfeed during a prenatal appointment. The father of the child/her partner accompanied her to the visit and had some questions about breastfeeding.

**Key Questions to Ask**

1. How long should my partner breastfeed?
2. Why should my partner breastfeed?
3. How do I know if my baby is getting enough milk?
4. How do I support my partner to breastfeed?
Breastfeeding Recommendations

The American Academy of Pediatrics (AAP) recommends that infants are exclusively breastfed for 6 months, followed by continued breastfeeding as solid foods are introduced, with continuation of breastfeeding for 2 years or longer as long as it is mutually desired by the mother and the baby. The longer a mom breastfeeds, the greater protection her baby has from certain illnesses and diseases and the greater the benefit she has for her health as well (Meek & Noble, 2022).

Breastfeeding benefits

Breastfeeding is beneficial for both the mother and the baby. Breast milk is a highly recommended source of nutrition for babies. As the baby grows, breast milk changes to meet the nutritional demands of the baby. A mother’s breast milk is full of nutrients, enzymes, antibodies, and growth factors to offer protection for the baby. The risk of hospitalizations for lower respiratory tract infections is reduced by 72% if the infant is breastfed exclusively for more than 4 months. Exclusive breastfeeding for 6 months reduces the risk of otitis media by 50% as well as serious colds and ear and throat infections by 63%. In addition, breastfeeding reduces the risk of sudden infant death syndrome (SIDS) by 36%. Asthma, allergies, celiac disease, stomach bugs, type 1 diabetes, obesity, diabetes, and certain childhood cancers, such as leukemia and lymphoma are reduced in infants that are breast fed. If 90% of mothers exclusively breastfed for 6 months, 900 infant lives will be saved in the United States (Eidelman et al., 2012).

Breastfeeding offers multiple benefits to the mother. It can reduce the mother’s risk of breast cancer, ovarian cancer, type 2 diabetes, and high blood pressure. It also can help the mother return to her pre-pregnancy weight. Breastfeeding improves bonding between the mother and the baby while increasing a mother’s self-esteem. This positive experience enhances a mother’s confidence in her ability to care for her baby.

Breastfeeding is practical

Mothers can breastfeed anywhere and during most times. They do not have to worry about finding clean water, having to mix formula or prepare bottles. When traveling or when in an unfamiliar environment, breastfeeding offers comfort to the baby. Breastfeeding saves money. The Surgeon General’s Call to Action to Support breastfeeding estimates that breastfeeding can save families between $1,200 and $1,500 on formula during the infant’s first year (HHS, 2011).
Supporting my partner to breastfeed

The support fathers give to mothers during breastfeeding can impact the mother’s decisions around how long to breastfeed (Rempel et al., 2016). After your partner gives birth, encourage her to hold the baby skin-to-skin so that the baby can find their way to the breast to start breastfeeding. Be sure that you also hold your baby skin-to-skin since it will improve bonding with your baby. If your partner is having issues with lactation or other problems breastfeeding, be sure to ask the hospital for a lactation consultant to help with any tips on positioning and latching. The lactation consultant can also connect parents to community resources. Help encourage your partner and tell her how proud you are of her. You can provide her with her favorite food and support her in resting as much as possible so that she can focus on breastfeeding. Rempel et al (2016) found that the most successful support is given using a “sensitive, coordinated teamwork approach that is responsive to the mother’s needs”.

Lactation Support

Breastfeeding and lactation can look different for everyone. Finding ways to feel supported has been shown to increase confidence and breastfeeding continuation. Connecting with local lactation consultants can guide families to achieve breastfeeding goals. There are many different resources for breastfeeding support such as milk banks to compensate for low milk supply or donate in cases of excess of milk supply. The following are a variety of resources for breastfeeding and lactation support:

- Human Milk Banking Association
- The Milk Bank
- The Breastfeeding Mama Facebook Group
- The Breastfeeding Mama- On Demand Breastfeeding Education
- WIC Breastfeeding Support
- Reaching Our Sisters Everywhere
- Reaching Our Brothers Everywhere
- La Leche League International
- National Women’s Health and Breastfeeding Hotline: 1-800-994-9662
- Laws Protecting Breastfeeding Employees
- Local Breastfeeding and Lactation Support Groups

How to tell if the baby is full

The color, texture, and number of wet and poop diapers will help you know if your baby is getting enough milk. You can also check if they are swallowing and see if they are happy after feedings with their hands and feet relaxed. In addition, you can check their weight gain during their visits to the pediatrician.
Stages of Labor

Definition
The process of birth is divided into three stages. The first stage starts when labor begins and ends with full cervical dilation (from 0 to 10 centimeters) and effacement (from 0 to 100%). The second stage starts with complete cervical dilation (10 centimeters) and ends with the delivery of the fetus. The third stage initiates after the fetus is delivered and ends when the placenta is delivered.

Description of the Stages & Possible Complication(s)
- The first stage of labor begins when labor starts and ends with cervical dilation. Labor is defined as when contractions become strong and regularly spaced at approximately 3 to 5 minutes apart. Cervical effacement refers to the cervical length when the cervix is completely thinned out to 100 percent effacement. Dilation is defined as the Station is defined as the fetus position in the maternal pelvis.
- The second stage of labor starts with the completion of cervical dilation at 10 centimeters and ends with the delivery of the neonate.
- The third stage of labor starts when the fetus is delivered and ends when the placenta is delivered.

What to Watch for During Pregnancy and in the Year After Delivery
- Headache that will not go away or gets worse over time
- Dizziness or fainting
- Changes in vision
- Fever of 100.4°F or higher
- Extreme swelling of your hands or face
- Thoughts about harming yourself or your baby
- Trouble breathing
- Chest pain or fast-beating heart
- Severe nausea and throwing up
- Severe belly pain that does not go away
- Baby’s movement stopping or slowing during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Vaginal bleeding or discharge after pregnancy
- Severe swelling, redness or pain of your leg or arm
- Overwhelming tiredness

Braxton Hicks vs True Labor
Braxton Hicks contractions can happen before real labor begins. These “practice” contractions can be very painful and can make you think you are in labor when you are not. You might notice them more at the end of the day.

Time your contractions and note whether they continue when you are resting and drinking water. If rest and hydration make the contractions go away, they are not true labor contractions.
Labor usually starts two weeks before or after the estimated date of delivery. However, the exact trigger for the onset of labor is unknown.

Practical Example
- During the first stage of labor, Brittany had intense labor during the middle of the night. As the contractions started to become closer together, it was decided that it was time to head to the hospital to give birth.
- After the second stage of labor, David awed his partner’s strength as she pushed baby Nicole into the world. It was a moment that he will never forget witnessing life start and hearing his baby’s first cry.

Key Questions to Ask
1. What can I do to support a mother during the different stages of labor?
2. Can I cut the umbilical cord during the third stage of labor?
3. Are there any complications or warning signs I should look out for during the stages of labor?
The first phase involves the first 6–12 hours postpartum. This is a time of rapid change with a potential for immediate crises such as hemorrhage (bleeding), eclampsia (seizures), uterine inversion (uterus turning inside out), amniotic fluid embolism (amniotic fluid enters the mother’s bloodstream).

The second phase lasts 2–6 weeks. During this phase, the body is undergoing major changes for recovery after a birth. Watching out for complications and warning signs in this phase is important for both physical and emotional status.

The third phase can last up to 6 months. This is the time that the muscles and connective tissue are restored back to their prepregnant state. Although change is subtle during this phase, it is important for caregivers to remember that the body is not fully restored to prepregnant physiology until about 6 months postdelivery.

Some changes to the genitourinary system are much longer in resolving, and some may never fully revert to the prepregnant state.

Definition and Factual Support

The postpartum period is defined as the time that occurs after birth and has three major phases:

- The first phase involves the first 6–12 hours postpartum. This is a time of rapid change with a potential for immediate crises such as hemorrhage (bleeding), eclampsia (seizures), uterine inversion (uterus turning inside out), amniotic fluid embolism (amniotic fluid enters the mother’s bloodstream).
- The second phase lasts 2–6 weeks. During this phase, the body is undergoing major changes for recovery after a birth. Watching out for complications and warning signs in this phase is important for both physical and emotional status.
- The third phase can last up to 6 months. This is the time that the muscles and connective tissue are restored back to their prepregnant state. Although change is subtle during this phase, it is important for caregivers to remember that the body is not fully restored to prepregnant physiology until about 6 months postdelivery.
- Some changes to the genitourinary system are much longer in resolving, and some may never fully revert to the prepregnant state.

Practical Example

- Four days after baby Charlie was born, the mother of the baby Vanessa began to have a headache that would not go away. Later in the day, she began to have severe swelling and redness or pain in her legs. There are many warning signs which include headache that will not go away or gets worse over time with dizziness and potential fainting, changes in your vision, fever of 100.4 F or higher, extreme swelling of your hands or face, thoughts about harming yourself or your baby, trouble breathing, chest pain or fast beating heart, severe nausea and throwing up, severe belly pain that does not go away, vaginal bleeding or discharge after pregnancy, severe swelling, redness or pain of leg or arm, overwhelming tiredness, that could lead to a life-threatening situation after delivery. Vanessa’s partner, John, was able to act and called the doctor right away to make sure that Vanessa was seen that day.

Best Practices

- ACOG (2018) recommends a postpartum evaluation within the first three weeks after delivery in person or by phone, with a complete biopsychosocial assessment to be completed within 12 weeks postpartum.
- WHO (2022) recommends visits at three days, seven to 14 days, and six weeks postpartum, inclusive of newborn care. A routine pelvic examination is not indicated unless there are patient concerns.

Key Questions to Ask

1. What warning signs should I look out for?
2. When is it safe to have sex?
3. What is postpartum depression? What are the signs and symptoms?
4. What should I do to help prevent post-delivery infections?
5. What should I do to prevent deep vein thrombosis?
6. What activities are safe to do in the first few days? Which activities should I avoid?
7. Where can my partner and I go to discuss birth control options?
Skills such as taking a first step, smiling for the first time, and waving “bye-bye” are called developmental milestones. Developmental milestones are things most children can do by a certain age. Children reach milestones in how they play, learn, speak, behave, and move (like crawling, walking, or jumping). In the first year, babies learn to focus their vision, reach out, explore, and learn about the things that are around them. Cognitive, or brain development means the learning process of memory, language, thinking, and reasoning. Learning language is more than making sounds (“babble”) or saying “ma-ma” and “da-da.”

Listening, understanding, and knowing the names of people and things are all a part of language development. During this stage, babies also are developing bonds of love and trust with their parents and others as part of social and emotional development. The way parents cuddle, hold, and play with their baby will set the basis for how they will interact with them and others (CDC, 2019c). The differences in cultural, environmental, and genetic factors influence development especially in the first two years of life. The development process is rapid and cumulative.

**Factual Support (Parents, n.d.)**
- From birth, babies can see and hear
- Young babies need consistent responsive care.
- Children are curious. They want to find out how they can change and affect people and things around them, even from the first months of age.
- Much of what children learn, they learn when they are very young.
- Children need a safe environment as they learn.
- Efforts to improve early child development are an investment, not a cost.
- Pay attention to your children’s movements, sounds, and cries.
- Child development can be promoted by simple age-appropriate activities that can be easily done at home.
- Copying the baby’s sounds and gestures starts a good communication game.

**Practical Examples (CDC, 2019c)**
- **Talk to your baby.** Your baby will find your voice calming.
- **Mimic your baby’s sounds,** which will help your baby learn to use language.
- **Read to your baby.** This will help your baby develop and understand language and sounds.
- **Sing to your baby and play music.** This will help your baby develop a love for music and will help their brain development.
- **Praise your baby** and give lots of loving attention.
- **Spend time** cuddling and holding your baby. This will help him or her feel cared for and secure.
- **Play with your baby** when they are alert and relaxed. Watch your baby closely for signs of being tired or fussy so that they can take a break from playing.
- **Distract your baby** with toys and move them to safe areas when they start moving and touching things that he should not touch.
- **Take care of yourself** physically, mentally, and emotionally. Parenting can be hard work! It is easier to enjoy your new baby and be a positive, loving parent when you are feeling good yourself.
Issues related to infant health and infant care (NICHD, 2021):
- Promoting Infant Health Before Birth
- Newborn Screening
- Basics of Infant Health
- Feeding
- SIDS
- Car Safety
- Well-Child Health Care
- Immunizations
- Dental Health
- Sleeping

Resources:
- Just in Time Parenting
- CDC
- March of Dimes
- Healthy Children: Ages & Stages
- CDC Your Baby at 2 Months Infographic
- Pregnancy Stages Week by Week
- The National Center on Early Childhood Development, Teaching, and Learning
- Effective Practice Guides
- Text4Teachers
- Framework for Effective Practice

Quotes from fathers:
- “I was so scared becoming a father, I didn’t know what to do or what questions to ask, I was so lost, and no one even cared.” Filippe M
- “Watching my baby mother stomach get big, then realizing there is a baby in there and I’m going to be a father, I started getting sick and feeling stressed out, I didn’t know what was happening to me.” Frankie W
- “When I found out I was gonna be a father, I didn’t know what the #@$* to do, I didn’t know how to take care of no baby, I didn’t know how to hold the baby or what to look for if the baby got sick.” Brian P

Key Questions to Ask
1. When can I begin bonding activities with my newborn considering how fragile they are?
2. When do we stop using a pacifier to keep it from causing damage to the child’s teeth?
3. What things should I be thinking of when raising a child?
4. What are the developmental signs I should look out for as my child grows?
5. Are there different developmental signs for boys and girls?
6. How do I know when to start talking with my child in adult language?
CONCLUSION

Fathers are an essential part of healthy pregnancies, maternal health, and infant health but they are often forgotten. NHSA and Fatherhood Practitioners hope to use this guide to advocate for their participants and encourage them to be educated and involved in the prenatal, postpartum, and postnatal periods. Fatherhood Practitioners provide unique services to their participants and empower them to be involved with the mother and child. Father engagement and advocacy can lead to positive maternal, child, and overall family health outcomes.
Acknowledgements

We would like to acknowledge the following individuals for helping guide the outline and content for this toolkit:

NHSA Staff:
Miriam Campbell, MPH
Iman (Newsome) Fowosere, MPH, BSN, CD(DTI)
Kenneth Scarborough, MDIV, MPH
Scotlyn Sunkel, BS, MPH

Healthy Start Fatherhood Practitioners:
Sekou Clincy, Healthy Start Fatherhood Coordinator, Community Service Council (former)
Aaron Fields, BS, MS, Fatherhood Coordinator & Community Health Worker Parkland Health & Hospital System, Dallas Healthy Start
Kevin McKinney, Male Involvement Coordinator, SIHF Healthcare
Rodney T. Moore, New Haven Healthy Start, Fatherhood Coordinator, The Community Foundation for Greater New Haven

Contact Information
National Healthy Start Association
1325 G Street NW Suite 500
Washington, DC 20005
www.nationalhealthystart.org
info@nationalhealthystart.org
(202) 296 - 2195

This project is funded by the Healthy Start TA & Support Center at NICHQ under the Supporting Healthy Start Performance Project (GRANT # UF5MC327500100). This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA or Healthy Start TA & Support Center at NICHQ.
References


47. WHO. (2019, September 23). Maternal health. Who.int; World Health Organization. https://www.who.int/health-topics/maternal-health#tab=tab_1


