Mum’s not the only word
A parenting class in the U.S. for soon-to-be fathers sheds light on the role men play in child and family well-being

ANAHAO O’CONNOR

In a conference room at Northwestern Memorial Hospital on a recent evening, in Chicago, U.S., a group of men sat down for a class on pregnancy and childbirth led by Dr. Craig Garfield, a paediatrician who specialises in studying new fathers.

The class is one of many that Northwestern offers to new parents, including some that are designed for mothers, for grandparents and — in the case of one class called “Bowser & the Baby” — for dog owners. Dr. Garfield’s parenting class is for expectant fathers, most of whom are here after their pregnant partners signed them up for it.

As the class got underway, the soon-to-be dads seemed uneasy. But with some prodding from Dr. Garfield, they began to open up, sharing some of their hopes and fears about becoming first-time fathers.

One man said he hoped to raise a strong and confident daughter. Another said he was fearful about holding his baby for the first time because babies are fragile and he had never held one before. Others said they worried about their finances, losing sleep, the health of their babies and their partners, and not having enough time to spend with their children.

While today’s generation of fathers is not the first to change diapers or be actively involved in child care, they are more likely to participate than their own fathers, and much more so than their grandfathers. But Dr. Garfield and his colleagues have found that many dads who are eager to be engaged are often uncertain about where to begin.

“This class serves as a ‘How-to’ or ‘Fatherhood 101’ to try and meet this disconnect between wanting to be involved and not being sure exactly what to do,” Dr. Garfield said. “Many new fathers really are scared of breaking their babies.”

What the advice is

The class is part of a broader effort he is leading to shed scientific light on the role that fathers play in child and family well-being. Dr. Garfield, an associate professor at Northwestern University’s Feinberg School of Medicine, has found that helping fathers benefits the children they raise.

“My message is to get in early and get in often,” said Dr. Garfield, who is also an attending physician at the Ann & Robert H. Lurie Children’s Hospital of Chicago. “When the baby is born, be there, get your hands on the baby, change the diaper, talk to the baby, hold the baby, feel the baby. Get involved and don’t be shy about it because it’s all about building your confidence and getting comfortable with your baby.”

Dr. Garfield explains to expectant dads how they can help if their partners breast-feed, whether it is positioning the baby at the right level or helping their partners stay hydrated. He shows them how to cradle their infants on their chests with skin-to-skin contact, a calming technique. And he encourages them to read and talk to their newborns often so their developing brains will benefit from hearing their voices.

These steps and others can get fathers more engaged and comfortable with their newborns, Dr. Garfield has found, and they may also be crucial to their long-term development. Studies suggest that children who grow up with more involved fathers acquire better language skills. They have higher self-esteem and better grades in school, and they suffer less depression and anxiety. They have lower rates of truancy and are less likely to become teenage parents.

“The data is pretty robust,” said Dr. Michael Yogman, an assistant clinical professor of paediatrics at Harvard Medical School. “The more involved fathers are early on, the better the child does academically and the less likely they’re going to have behavioural issues later on.”

In 2016, Dr. Garfield and Dr. Yogman published a report in the journal Pediatrics outlining ways that paediatricians and health-care providers could engage new fathers in prenatal and postpartum care. Dr. Garfield’s interest in studying fatherhood stemmed from his own experiences.

Looking at the medical literature, he found that much of the research on child health and development was focused, appropriately, on maternal interventions. But he also felt that many populations of fathers were understudied: married and unmarried dads, single-parent fathers, adolescent dads, and even incarcerated fathers, who account for roughly 750,000 of the 72 million fathers in America.

“I was frustrated that my discipline of paediatrics was slow to recognise the role that fathers play in child health, and that plays out in the research that we do,” he said.

In his research, Dr. Garfield found that some of the health issues new mothers face also affect new dads. He discovered that new fathers gain significant weight and that many experience a major increase in depressive symptoms, which could lead to them being neglectful of their children. And he found that fathers of premature babies experience higher levels of stress than their partners during the transition home. Dr. Garfield is now developing an app to help parents of premature babies care for their infants, and he has called for wider health screening in new and expectant fathers, many of whom do not have primary-care physicians.

To better understand their well-being, Dr. Garfield is working on a pilot study to track health behaviours in new fathers. It is expected to start in August.