

Great Beginnings Start Before Birth: Strengthening Families Through Early Prenatal Support Services and Father Involvement

RATIONALE

⌘ Prenatal Bonding and Stimulation

- Mothers who practice prenatal bonding and stimulation activities demonstrate increased confidence and self-esteem during pregnancy and labor. It provides them with the practice to develop the ability to respond to and co-regulate their baby's activity and state and enhances bonding.
- Babies who receive prenatal stimulation exhibit enhanced visual, auditory, linguistic and motor development and are more alert, confident and content.

⌘ Benefits of Father Involvement

- Fathers who bond with their unborn baby are more likely to stay involved with them after birth. These infants demonstrate a lower degree of stressfulness or anxiety and are better able to deal with frustrations.
- Babies whose fathers are actively involved with them score higher on standardized development assessments, especially in the area of mental and motor development.
- Involved fathers help their children develop positive self-esteem, a system of moral standards, and intellectual and social competence.

⌘ Maternal Stress and Its Impact on Prenatal Growth & Development

- High levels of stress can be harmful for pregnant women and can cause fatigue, sleeplessness, anxiety, poor appetite or overeating, headaches and backaches. It can lower resistance to infectious diseases and contribute to serious health problems.
- When a pregnant woman is stressed or frightened, stress hormones cross the placenta altering the chemical balance and baby's normal biological rhythms. Stress can lead to premature delivery, low birth weight, and over stimulation of the baby's nervous system causing a consistent state of over-alertness and reactivity.

BACKGROUND

Currently, with funding from Ronald McDonald House Charities (RMHC), work is in progress to develop a new prenatal component of HFA designed to improve and expand the quality of prenatal support services available to families participating in HFA, including outreach to involve fathers.

HFA PRENATAL PROJECT COMPONENTS

- ⌘ Development of training modules for prenatal services and father involvement and pilot of these modules with 10 to 15 HFA sites.
- ⌘ Incorporation of best practices standards into the existing HFA credentialing process and training mechanisms.
- ⌘ Creation of a communications program to promote and disseminate information about the prenatal initiative.
- ⌘ Ongoing policy analysis and development of various materials for use by Prevent Child Abuse America's various networks (e.g., Chapters, programs, etc.).
- ⌘ Evaluation of the pilot efforts of training and prenatal services (i.e., RMHC is interested in outcomes such as engagement and retention, pregnancy and birth outcomes, health outcomes-utilization of

preventive healthcare, parent-child interaction, etc.).

♥ It is the initial stage of this last component that is at the heart of this presentation. As the first step in the evaluation study, a baseline survey was conducted to assess both current prenatal practices and current practices in engaging fathers among HFA programs.

HFA PRENATAL SERVICES SURVEY METHODOLOGY

- ⌘ Surveyed 443 HFA sites; 309 completed
- ⌘ Prenatal services & involvement of fathers
- ⌘ General questions, curriculum, training, funding

Note: Not all findings from the survey are displayed in this presentation rather an emphasis is placed on findings pertaining to father involvement.

INTERPRETING THE RESULTS

In interpreting the findings of the survey, it would be helpful to keep two things in mind.

- These results *only* represent the responses from the 309 sites that completed the survey. We should *not* generalize them to all HFA sites.
- In the survey we did not define key terms such as “prenatal home visiting services”, “strategies/approaches to engage father”, “curriculum”, “and training”, etc. Although sites may respond to certain questions the same way, their responses, however, may mean very different things depending on their interpretations of the terms. For example, the majority of sites indicated that their home visitors received training on providing prenatal services. Further analysis of their responses showed that “training” referred to a wide variety of activities, ranging from formal training classes to informal discussions that may have occurred during staff/team meetings or supervision.

CURRICULUM FOR PRENATAL SERVICES

- ⌘ Among the sites providing prenatal services, approximately eight in ten (79%) stated that home visitors in their program used a curriculum for prenatal home visiting services. The most commonly used curricula are Partners for a Healthy Baby, Born to Learn, and Growing Great Kids.
- ⌘ Again, the curriculum used by at least 80% of the sites covered all 12 topics listed in the survey (refer to Figure 2). One-fourth of the sites’ curriculum also addressed issues not listed in the survey. The top two topics under the “other” category are: child care/safety and post-partum depression.
- ⌘ The vast majority (95%) of the sites rated the curriculum they were using positively. For those not satisfied with the curriculum, primary reasons were the curriculum did not address important issues, the curriculum was unattractive/uninteresting, the curriculum was culturally inappropriate, and the curriculum was difficult to use/implement since the format was for classrooms/groups rather than for individuals/one-on-one settings.

CURRICULUM FOR FATHER INVOLVEMENT

- ⌘ Nearly half (49%) of the sites that have a strategy to involve fathers in their services stated that their home visitors used a curriculum to work with fathers. The curricula most frequently used by sites were Partners for a Healthy Baby (46%). About the same number of sites also used San Angelo (12%), Little Bits series (11%), and MELD series (10%). The vast majority of the remaining materials sites used to work with fathers, though not considered as “curriculum” by our definition, included brochures, pamphlets, booklets, handouts, and videos, published by various organizations, with an emphasis on fatherhood. Excluding these materials, the actual number of sites using a curriculum was 62 (or 34%

of the sites having a strategy to engage fathers).

- ⌘ The curriculum used by at least 70% of the sites covered the majority of the 22 topics listed in the survey (refer to Figure 4 for topics list). The top two topics, covered by more than 90% of the curriculum, were *importance of father to child's well being* (93%) and *understanding/meeting of child's needs* (91%). On the other hand, there were three topics covered by less than half of the sites' curriculum, which were *father-to-father support groups* (38%), *parent support groups* (41%), and *healthcare related assistance* (49%).
- ⌘ The vast majority (88%) of the sites were satisfied with the curriculum. For the remaining 12% of the sites, they were not satisfied with the curriculum their programs were using because they felt the curriculum was difficult to use/implement, the materials were not geared towards fathers, or the content of the curriculum was limited and not comprehensive enough.

INSIGHTS FROM OPEN-ENDED QUESTIONS

- ⌘ Models representing common themes (i.e., categories or codes) are displayed for programs' responses to each of three open-ended questions pertaining to father involvement. In each model, themes are organized in a tree system to illustrate connections between and among categories.
- ⌘ Briefly, a tree code is linked upwards to a single "parent" code - intended to be more generic in nature - and downwards to any number of more specific "children" codes (mutually called siblings). Indicated next to each parent and its respective children codes is a number marked with a star on each side (e.g., *22*) indicating the number of programs whose responses are best captured by the specified code (i.e., code frequency).
- ⌘ It is important to note that themes are linked to each other and in many instances may overlap. Thus, programs' strategies for promoting father involvement, advantages of engaging fathers in the program, and challenges to working with fathers appear to be multidimensional.

CONCLUSIONS

- ⌘ **Summary of Findings:** The majority of HFA programs have a strategy /approach to engage fathers. However, a caveat of this finding has to do with the definition of "engagement" and "involvement." Results are mixed regarding the effectiveness of strategies to involve fathers. Programs are using a wide range of curricula. Most programs reported that their home visitors receive training on developing skills to work with fathers but the results are mixed regarding the effectiveness of training.
- ⌘ These findings are important because they underscore assumptions of father involvement. Specifically, the assumption that fathers serve a supporting role during pregnancy which will help reduce stress or anxiety that the expectant mother experiences; encourage the mother to adopt and maintain good health-related behaviors; and facilitate compliance of prenatal care, which all lead to better pregnancy outcomes. However, whether fathers can fulfill a supporting role is contingent upon the relationship between father and mother, father's perception of his role, and mother's perception of his role-important factors that many programs reported as advantages of engaging fathers.
- ⌘ Most programs reported that their state system provided no funding of services to engage fathers. However, the majority of programs recognize the importance of father involvement and are implementing strategies to engage and involve fathers, irrelevant of state system policy and funding. This finding brings to bear an important implication, namely that with appropriate resources and training, HFA programs can enhance their ability to provide culturally appropriate prenatal services and father involvement. The results of this formative research indicate the need for more comprehensive father involvement services in prenatal care