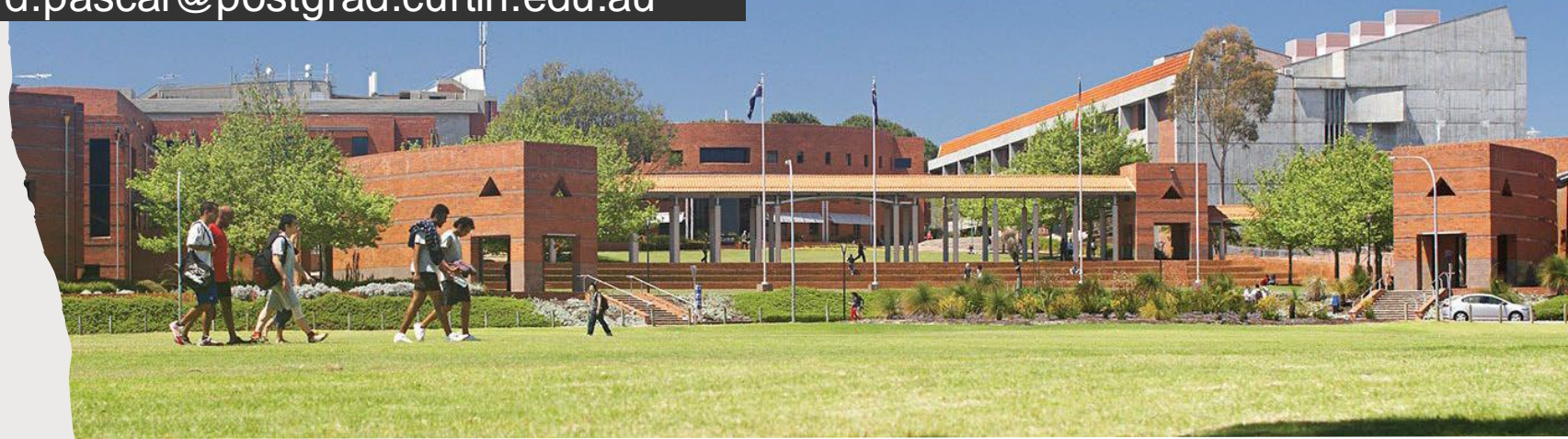




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Online perinatal education and peer-support for first-time fathers: a formative evaluation.

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Acknowledgement of Country (Boodja)

I acknowledge the traditional people whose land we are standing on and recognise their strength, resilience and capacity. I acknowledge the Elders, past, present and emerging.

Outline

- About me
- Background, context, relevance
- Case example: Jarrod*
 - Demographics/context
 - Antenatal preparation, birth and postnatal adjustment
 - Assumptions and beliefs (clinical observations)
 - Research insights
- PhD project
 - Key problems
 - Solutions
 - Research plan



The Researcher

- PhD candidate (Health Sciences – Curtin University)
 - Drs Garth Kendall and Lesley Kuliukas, Curtin University (Primary supervisors) and A/Prof Alka Kothari, University of Queensland (Associate supervisor)
 - Supported through an Australian Government Research Training Program (RTP) Scholarship
- Previously, Counselling Psychologist in private practice in Rockingham + District Psychologist – CPFS Peel
- Co-facilitator antenatal sessions for first-time parents (Ngala)
- Project officer – Evaluation of *Baby Makes 3* – Peel/Rockingham

- I'm a dad!



Background, context, relevance

- In high-income countries, increasing father involvement during the perinatal period:
 - women's increased workforce participation
 - drive for gender equality in domestic/childrearing duties
 - pressure from fathers who want to be engaged earlier(Barker et al., 2021; Healthy Male, 2020; Ortiz-Ospina et al., 2018).
- Children of involved fathers have better outcomes (Volker & Gibson, 2014)
- (Positive) father involvement during family planning/pregnancy is associated with better outcomes for child and parents (Kothari et al., 2019)

Background, context, relevance

- Men's transition to parenthood very challenging - physically, psychologically and socially (Venning et al., 2021; Goldstein et al. 2020)
 - Vulnerabilities: mental health, relationship, complications (Giallo et al., 2012)
 - Common: weight gain, sleep deprivation, re-negotiating roles, being generally unprepared (Gelehkolaee et al., 2021; Saxbe et al., 2018)
- First-time fathers report more psychological distress (Colquhoun & Elkins, 2015)
- First-time fathers more likely to seek support from and engage with perinatal services (Colquhoun & Elkins, 2015)
- Men's transition to parenthood a key focus of the National Men's Health Strategy, 2020-2030 (Commonwealth of Australia, 2019) and the Plus Paternal: Case for Change report (Healthy Male, 2020)



Jarrold* - demographics

- Expecting first child
- Early 30s (Australian Bureau of Statistics, 2022a)
- Lives with partner only (Qu, 2020)
- “predominantly...well-educated, employed, Caucasian...” (Venning et al., 2021)
- Present at the birth and involved in early caregiving
- Earns more than his female partner (Australian Bureau of Statistics, 2022b)
- Taking leave (parental? annual? unpaid?)...as secondary carer, for 10-14 days (Families Australia, 2019; Workplace Gender Equality Agency, 2023)
- After, will be main ‘breadwinner’, working similar hours as before (Baxter, 2019)

Jarrold* - Preparation for parenthood

- Unaware of role in pre-conception and pregnancy care (Kothari et al., 2019)
- Open to discussing preconception and antenatal needs with GP, if asked (Hodyl et al., 2020; Hogg et al., 2019)
- Unlikely to engage with antenatal programs and services
 - Unaware of available support options; poor access/availability; own beliefs about role; stigma; service provider attitude, cultural factors, etc (Rominov et al., 2018; Shia & Alabi, 2013; Venning et al., 2021)

Jarrold* - Preparation for parenthood

- Main option for parenting education - group antenatal classes (20 weeks +)
 - Varied in delivery, content, outcomes and evaluation (Downer et al., 2020)
 - No accreditation process (Downer et al., 2020)
 - Limited overall effectiveness (Brixval et al., 2015; Gagnon & Sandall, 2007)

Jarrold* - Preparation for parenthood

- Assumptions and beliefs:
 - “My partner will know what to do and tell me what I have to do” / “I don’t have a role in this”
 - “This is about her and baby, not me” / “I am not important”
 - “Nothing much is happening right now” / “I cannot communicate with my child now” / “I will get more involved when my child is older”
 - “Our relationship will be the same after baby is born”
 - “I will be able to function just as before” OR “everything will change” (sleep, social, self-care, etc)

- Ambivalence and role conflict



Jarrold* - The birth

Complicated...

Unexpected...

Unprepared...



Jarrold* - Post-natal adjustment

- Assumptions and beliefs:
 - “My partner is better at this/knows more about this than me”
 - “Nothing much is happening right now”/ “I cannot communicate with my child now”/ “I will get more involved when my child is older”
 - “I didn’t feel the bond” (distress)
 - “As long as my partner and child are ok, I’m ok”
 - “What happened to my partner (trauma) is much worse so I shouldn’t complain”
 - “We should have the same outlook on what happened (trauma) and deal with it the same way”



Jarrold* - Post-natal adjustment

- 1 in 10 risk of experiencing perinatal depression. Worst symptoms 3-6 months postpartum (Cameron et al., 2016; Paulson & Bazemore, 2010)
- Partner is usually main or only support
- ?Post-natal support options
 - GPs - Australian fathers' first health contact, especially if their poor health negatively affects their children (Baldwin et al., 2019; Rominov et al., 2018)
 - MHCP, Private, EAP...
 - Fathers/their families need to initiate contact
 - Other options for universal support?
- “We’re all in this together” - Some fathers want to talk to other fathers (Venning et al., 2021)

Interventions

- Father-focused interventions are varied:
 - parenting skills (Lau & Hutchinson, 2020)
 - father-child relationships (Gün Kakaşçı et al., 2021)
 - co-parenting (Keleher & Hutcheson, 2015)
 - peer-based/social support (The Fathering Project, 2022)
- Few well-developed and systematically-evaluated father-focused interventions (Kalembo & Kendall 2021)
- Emerging evidence for father-focused perinatal interventions: Family Foundations (USA) (Feinberg et al., 2016); Dads Matter (USA) (Guterman et al., 2018); SMS4Dads (Australia) (Fletcher et al., 2019)
- Increasing but limited formative research in this area

Summary

■ Problems:

- Demand and need for intervention but limited options available
- Fathers won't engage (unaware; access/availability; own beliefs about role; stigma; service provider attitude; cultural factors, etc)
- Increasing demand for peer and mentor support in perinatal programs (Venning et al., 2021)

■ Solutions:

- Online/Mobile phones e.g., SMS4Dad, Dads Group and Dads WA - online, MilkMan (Fletcher et al., 2019; Lane et al., 2019; Ngala, 2022; White et al., 2016)
- Primary health care providers (not explored; GPs as first health contact, open to discussing antenatal needs; ?earlier access - 10 vs 20 weeks)
- Peer-based support
 - Perinatal fathers can be engaged in peer-based sessions, in-person (Kuliukas et al., 2019)
 - Already engaged in forms of peer support online (e.g., Reddit/Daddit) (Teague & Shatte, 2021)

Summary

- Limited research on internet-based education and peer support interventions for first-time fathers (Niela-Vilén et al., 2014):
 - New Fathers Network (USA) (Brage Hudson et al., 2003), 'Electronic encounters' (Sweden) (Nyström & Öhrling, 2008)
 - Small, non-representative samples; issues with program fidelity and follow-up
- The Milk Man app (Western Australia) (Scott et al., 2021; White, Burns, et al., 2016; White et al., 2018; White, Martin, et al., 2016)

Aim

- To assess the need, feasibility and acceptability of a peer-facilitated, online, perinatal education and support program for first-time fathers referred through their primary health care providers.

Significance

- Benefits for first-time father, partner and child
- Further inform perinatal service providers: peer support for new fathers
- ?First to explore primary health care referral pathway for prospective first-time fathers
- Increased knowledge of primary health care providers' needs in engaging with fathers

Research Plan - Research Design

- Formative evaluation using mixed methods – 3 phases
- Formative evaluation:
 - To ensure intended programs are acceptable
 - Identify factors that could impact program implementation
 - Less time and resources invested (Smith & Ory, 2014)
- Mixed Methods:
 - Deeper understanding through combination of measurable and intangible (Lewis, 2011)
- Convenience sampling:
 - Random sampling not feasible within available resources
 - Impact of sampling bias mitigated through strategies to recruit representative samples
e.g. Facebook (Valerio et al., 2016)

Research Plan - Research Design

- Phase 1 – Health professionals
 - National online survey
 - Interviews in WA and Qld (stakeholder contacts in WA and A/Prof Alka Kothari in Qld)
 - Through health professional representative bodies e.g., RACGP
 - Social media – RACGP, CSoN, etc
- Data collection
 - Demographic information
 - Current practice with prospective first-time fathers/ female partners
 - Attitudes and beliefs about Father Inclusive Practice
 - Feedback on initial outline of proposed program
 - Any additional feedback



Research Plan – Initial program outline

- Mobile application
- Referred through primary health care settings
- First-time fathers/pregnant partners of first-time fathers
- Grouped by child's expected due date
- Evidence-informed content, forum and regular structured after-hours/agreed-time online meetings
- Forum and meetings facilitated by 'peer' (a more experienced father):
 - encourage attendance
 - engagement and discussion at meetings/forums
 - further information and direction
 - identify pathways for further support.



Research Plan - Research Design

- Phase 2 – Prospective and experienced fathers/mothers
 - National online survey and interviews in WA and Qld
 - Through participating Phase 1 health professionals and local organisations
 - Social media – CSoN, Direct Advice 4 Dads, Daddit
- Data collection:
 - Demographic information
 - Experiences/specific needs - perinatal services, primary health service providers
 - Beliefs and attitudes about the father role
 - Support received e.g., in home and childrearing duties
 - Knowledge and attitudes about co-parenting
 - Feedback on refined outline of proposed program and referral pathway
 - Any additional feedback

Research Plan - Research Design

- Phase 3 – ICT professionals/app developers
 - Consultations/interviews
- Data collection:
 - Participants given description of program (purpose, target group, intended features and referral pathways)
 - Experience developing similar platforms
 - Resources required to develop the platform
 - Outcome: blueprint of electronic platform, ready for implementation in future pilot study



Current stage of research

- Ethics review - Curtin Human Ethics Committee
- Phase 1 data collection to follow
- Any help re: recruitment/data collection is appreciated





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Questions?



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