

Post-hearing responses

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Birth trauma - Public hearing - 9 October 2023

Response to the Hon. Emily Suvaal:

Fathers play a critical role during preconception, pregnancy, and postpartum periods. We must define and understand the issues of men's health that are relevant during these periods. The traditional focus of obstetric services is typically on the mother and baby. However, fathers are essential stakeholders in obstetric healthcare, and to become genuinely family-centred, there is a need to understand the perspective of fathers as active participants. We can only improve outcomes for the entire family unit and future generations if we support men better.

The learnings from my PhD on **Forgotten Fathers: The Role of Men in the Journey Through Pregnancy and Childbirth** <https://espace.library.uq.edu.au/view/UQ:451166f> have considerably enhanced our understanding of the needs of fathers in the setting of traumatic pregnancies. In particular, it provides an in-depth evaluation of the consequences of traumatic circumstances on fathers.

Key Contributions

The findings of this thesis are potentially relevant to healthcare professionals and researchers in obstetrics and midwifery, obstetric medicine, anaesthesia, psychiatry, general practice, psychology, and social work. The conclusions enhance our understanding of the needs of fathers during the pre-conception, pregnancy and post-partum periods and contribute positively towards developing strategies to improve their care.

This research program strongly emphasises preconception care, screening for environmental exposures, physical and mental health conditions, and counselling needs of fathers. The keen intent of fathers to attend the birth exemplifies the need for specifically tailored, targeted, flexible, and father-inclusive programs, thus improving engagement in the antenatal period and contributing to better preparedness for the birth. Additionally, the effect of traumatic circumstances, the impact on the perinatal mental health of fathers, and the help-seeking behaviour were the significant focus of this entire program of research. The results make a compelling case for providing compassionate care to fathers during pregnancy, especially after extenuating events.

Integrating men's health as part of preconception care is critical in obstetric services.

Study 1 (Kothari, A et al. 2019) provided evidence that there is a need for a holistic approach to screening men in the preconception period to identify and modify biochemical, behavioural, and social risk factors. Improved overall health in men enhances their biological and genetic contributions to conception due to improved sperm quality. Advanced paternal age, preconception exposure to environmental and occupational factors, prescription drugs, obesity, lifestyle stressors and paternal mental health are essential factors that influence maternal and offspring health. Unless men are screened, counselled, or treated for these contributory health conditions, their health and the quality of their sperm may negatively impact maternal and child health outcomes. This poses a challenge for health services as the importance of preconception care for men needs to be adequately disseminated and ingrained into routine clinical practice. Consequently, there is poor preventive healthcare, inadequate health literacy and very little men's engagement in obstetric and midwifery services. Additionally, the postpartum health role of the father is often ignored as an essential contributory factor in maternal decision-making, even though postpartum educational programs are more effective when they involve both partners. Currently, primary care is the only health service performing this role.

Fathers' intentions, views and needs regarding childbirth must be considered.

There is inadequate literature on the fathers' views, intentions, feelings, and experiences regarding childbirth, resulting in healthcare disparities. Furthermore, there needs to be more data about the views, intentions and needs of Australian fathers concerning childbirth. Therefore, **Study 2 (Kothari, A. et al. 2023)** was designed to explore the factors that influence fathers' intentions about attending the birth of their child and to better understand their needs and support requirements leading up to childbirth. Data from this study provided evidence that irrespective of the number of previous births, fathers had very high intentions to attend the birth. Most fathers expressed personal and ethical reasons for attending the birth, such as moral obligation, protectiveness, a sense of duty, love for their partner and a feeling of responsibility. However, approximately 12% of fathers felt pressured by their family and societal/cultural factors to attend childbirth. A smaller number of fathers (1%) were reluctant to attend the birth as they felt they might not contribute anything or were concerned that they may be traumatised by the experience. Most fathers felt well supported by their healthcare providers. However, improvements are required regarding planning for future visits, provision of information relating to childbirth, mental health support, clinician

communication, increased involvement in their partner's care, the opportunity to ask questions and more frequent clinic visits.

First-time fathers require special consideration.

Study 2 (Kothari, A. et al. 2023) demonstrated that significantly more first-time fathers attended antenatal classes and reported receiving mental health support than experienced fathers. Additionally, more first-time fathers requested opportunities to ask questions about childbirth and a plan for future visits. The qualitative data analysis in **Study 3 (Kothari, A. et al. 2022)** revealed that young, inexperienced, underprepared fathers felt overwhelmed, especially when confronted with maternal complications or caring for a newborn on their own. These findings suggest that obstetric and midwifery services may need to be more considerate of the needs and experiences of fathers in these difficult situations. This also exemplifies the unique requirements of first-time fathers, as this group may be particularly vulnerable and at risk of poor health outcomes through their relative inexperience in pregnancy care and the potential impact of adverse events.

Traumatic circumstances adversely affect men's mental health.

Traumatic events, such as life-threatening maternal complications, fetal death, or stillbirth, increase the risk of developing mental health conditions such as anxiety, depression, and PTSD. The qualitative design and rich dataset of **Study 3 (Kothari, A. et al. 2022)** allowed an in-depth exploration and a unique insight into fathers' emotional and behavioural responses and coping strategies after stressful events in pregnancy and childbirth. As demonstrated in **Study 2 (Kothari, A. et al. 2023)**, fathers display a high intent to attend birth. Complications occur in approximately one-third of pregnancies and may result in inadvertent exposure to traumatic circumstances with potentially significant and long-term psychosocial consequences. **Study 3 (Kothari, A. et al. 2022)** highlighted that traumatic circumstances considerably impacted fathers' physical and mental well-being, resulting in grief, guilt, self-blame, fear, shame, stigma, anxiety, depression, PTSS and thoughts of self-harm. Most fathers struggle with healthcare communication, discussions with healthcare providers, complex decision-making, and relationship strains. Some fathers perceived the clinical care as inadequate, especially in medical emergencies and exhibited frustration with accessing medical information. Others highlighted insufficient support for their partner after a fetal loss. This finding highlights the need for compassionate care that considers men's needs and the availability of appropriate mental health support services after exposure to traumatic circumstances.

There is an unrecognised burden of injury with detrimental mental health consequences.

Study 4 provided a deeper understanding of the impact of traumatic circumstances on fathers (**Kothari, A et al. 2022**). The results from **Study 4** demonstrated that in the observed three to four months after a traumatic event, a substantial proportion of fathers self-reported ongoing distress and concerning high rates of crying and thoughts of self-harm. The other worrying aspect of this study is that fathers most 'in need of' support and counselling after a traumatic event were reluctant to engage with health services. This raises important implications as fathers struggling with significant mental health concerns may have ongoing responsibilities for caring for a newborn, other children, and a vulnerable mother, in addition to working. Some fathers struggled with a new pregnancy after a traumatic event; others exhibited ambivalence and anxiety regarding a future pregnancy. This research also draws attention to the potentially high risk of developing PTSS in fathers exposed to traumatic circumstances, particularly after a fetal loss. This is concerning as the risk of suicide is significantly increased in individuals with PTSD, and the proportion of men self-reporting struggles with mental health issues and suicidal thoughts identified in **Study 4** is potentially underestimated. Given these findings, there is a need for routine screening for fathers for mental health conditions before, during and after pregnancy. Furthermore, mental health follow-up of fathers exposed to traumatic circumstances is vital and must be supported via appropriate referral pathways.

Challenges to Practice and Health Care Delivery

The findings of this program of research have significant clinical implications as fathers have a profound impact on their offspring's future and the whole family unit. Additionally, this research has essential health service implications as fathers are 'patients' who need access to health care services, including mental health support. Unfortunately, fathers are only treated as 'next of kin' of pregnant women and do not have support systems built into healthcare services. These findings call for essential considerations in healthcare policy development and service delivery to best support fathers and their families. A pertinent example may be a paternal health care record outlining fathers' medical and social history, which may encourage better engagement and facilitation of shared access to health care services.

Key recommendations

The current focus of obstetric and midwifery healthcare professionals is on the needs of the mother and the fetus. However, the findings from this research program suggest that most fathers intend to attend childbirth and have unique care and support needs during pregnancy, birth, and the postpartum period. Therefore, it is crucial to have support systems for fathers built into obstetric and midwifery healthcare services. Supporting the needs of fathers has the additional benefit of improving outcomes for the entire family unit.

Recommendations for practice and future research

Pregnancy is a critical transitional period in a man's life. It provides a unique window of opportunity for health professionals to provide essential healthcare information, screening, and advice.

Preconception period

Integrating men's health as part of preconception care is critical in obstetric services.

The provision of preconception screening and advice must be inclusive of both partners. Existing evidence suggests that the provision of preconception care before contemplating a pregnancy must be carefully considered. Both partners need to be individually assessed to quantify the exposure to toxins. Screening programs for prospective fathers investigating nutritional deficiencies, medical disorders, viral infections, and sexual health concerns must be evaluated to see if they improve outcomes. The risks of advancing paternal age, exposures and body mass index on pregnancy outcomes must be discussed. Couples should ideally make a reproductive life plan to ensure pregnancies are well-planned and occur under the best possible circumstances. Counselling should be offered to male and female partners on current and future pregnancy risks. A systematic approach must be applied to identify pregnancies fathered by a higher-risk partner, e.g., a previous pregnancy history complicated by severe pre-eclampsia. Future healthcare economic planning and implementation programs need to consider the provision of specially targeted preconception clinics to screen fathers appropriately, offer advice and institute treatment. These services would also need to examine the involvement of appropriate healthcare professionals and specialists who can provide such services (e.g., general practitioners or obstetric medicine specialists).

Routine paternal mental health screening.

Paternal mental health is an essential factor that influences maternal and offspring health. The impact of screening both partners for mental health conditions, social situations, and domestic violence needs to be evaluated.

The health impact of interventions needs to be determined.

There is a gap in our understanding of the impact of paternal inclusion in positive healthcare interventions on pregnancy outcomes. Future work needs to be conducted to evaluate the impact of targeted interventions encouraging positive paternal perinatal care choices (e.g., smoking cessation), health-seeking behaviours (e.g., weight optimisation), and supportive maternal health decisions (e.g., improved breastfeeding) on pregnancy outcomes.

Pregnancy and the postpartum period

Individualised discussions about fathers' health role and expectations in pregnancy, childbirth and postpartum are required.

Furthermore, it needs to be assessed if improving fathers' preparation for pregnancy, birth and fatherhood and individualised discussions about their health role and expectations reduce childbirth-related negative emotions. Appropriate ways of supporting fathers who feel pressured to attend birth need to be studied. Support systems that make non-attendance a realistic, judgement-free and feasible option for families need to be explored.

Targeted father-inclusive antenatal education and specialised information, including pregnancy, birth, and postpartum complications must be provided.

Concise and tailored information for fathers in a user-friendly and father-inclusive format is needed to encourage participation. Some formats for antenatal classes that need to be evaluated include fathers-only antenatal classes at flexible times and the sharing of 'lived experiences' by new fathers. It remains to be seen if such father-focused sessions also provide the added benefit of explicitly identifying and delivering professional support to fearful fathers, resolving any uncertainties about the birth in the antenatal period. Therefore, a co-designed approach optimising content and delivery of antenatal classes may be utilised with implementation and evaluation of their impact on maternal, paternal and offspring outcomes.

The literature suggests that fathers who participate in antenatal classes benefit from a positive and satisfying experience. (Shibli-Kometiani & Brown 2012) Expectant fathers report a lack of engagement with antenatal care due to time pressures, lack of knowledge, anxiety

and barriers to attendance.(Jeffery et al. 2015) First-time fathers are much more likely to feel actively involved and attend antenatal classes than experienced fathers. (Kothari, A. et al. 2023) Some perceived barriers to attendance include a lack of knowledge of the service, work or other commitments, time constraints with other children, language or cultural factors, gendered notions, lack of interest, embarrassment, feeling uninvited and ignored and perceiving the information as insufficient or unhelpful. (Jeffery et al. 2015; Shibli-Kometiani & Brown 2012) Recent Australian literature has highlighted the positive effect of male peer supporters facilitating fathers-only, information-based antenatal groups. (Kuliukas et al. 2019) Increasing awareness and refining the content of antenatal classes to ensure they are father-inclusive would contribute to better preparedness in fathers.

Appropriate communication with healthcare providers is vital.

Fathers need to feel safe within the healthcare system by having clarity and confidence in their care and the care of their loved ones. The findings of my PhD thesis emphasise the need for compassionate care, clear communication, and adequate provision of medical information, especially in the event of medical emergencies. Education programs for delivering such information and their impact on fathers must be co-designed and evaluated.

Obstetric care providers must be cognisant of the sensitive and culturally appropriate care and support needs of Aboriginal and Torres Strait Islander Peoples and those from culturally and linguistically diverse backgrounds. These communities form more than a quarter of the Australian population and suffer from disparities in healthcare due to cultural differences, racism and a lack of a culturally competent healthcare system. (Henderson & Kendall 2011) The sparse literature on Australian First Nations men in the childbearing context indicates that maternal and child health services have low cultural sensitivity paralleled with low health literacy in First Nations fathers. (Reilly & Rees 2018) The lack of involvement of male Indigenous Health Workers in maternity services may be due to cultural factors such as perceptions of childbirth being 'women's business'. Future planning of obstetric healthcare systems needs to consider the importance of gender diversity, male peer supporters and cultural competence in healthcare services.

Paternal perinatal depression is a significant public health concern, and routine paternal mental health screening is urgently required.

Even a normal birth may be perceived as traumatic, and the stress of a complicated pregnancy and childbirth may be extreme, with long-term consequences. (Inglis, Sharman & Reed 2016; Kothari, A. et al. 2022; Philpott et al. 2017)

Traumatic events during pregnancy and childbirth are everyday events. (Australian Institute of Health and Welfare 2022) Unexpected complications during pregnancy and childbirth contribute to significant psychological trauma in fathers, resulting in grief, guilt, shame, and substantial ongoing distress with a potentially increased risk of post-traumatic stress disorder. (Kothari, A. et al. 2022; Kothari, A et al. 2022) Fathers' experiences and coping strategies are influenced by their background history, vulnerabilities such as pre-existing mental health conditions, traumatic life events and unpreparedness for the birth.²⁷

An understanding of the variable coping strategies of fathers is crucial in identifying ways to support them best. As distress and thoughts of self-harm following a traumatic pregnancy or perinatal event seem to extend well beyond the antenatal period and birth, postpartum screening of these fathers is critical. Furthermore, there is a potential increased risk of subsequent development of PTSD with a significantly increased risk of suicide. An evaluation of targeted approaches to this issue is crucial to assess what impacts improvement in fathers' mental health and well-being.

Healthcare providers must be conscious of providing counselling that considers men's needs. (Cacciatore, Erlandsson & Radestad 2013) Evidence-based guidelines on caring for families after a stillbirth recommend developing and implementing meaningful, non-pharmacological care strategies, including appropriate training for healthcare practitioners. (Peters et al. 2015) Consumer codesigned and tailored strategies must be instituted to assist fathers' psychological well-being, especially after exposure to traumatic circumstances.

Male-specific preconception, antenatal and postnatal care guidelines with corresponding training for healthcare professionals must be established.

This may be particularly useful for healthcare professionals caring for fathers in diverse settings, including primary care, obstetric medicine, and obstetric services.

My current four-year Metro North Hospital and Health Service post-doctoral Fellowship is to build sustainable systems to universally identify and proactively support 'at-risk' fathers, especially after a traumatic pregnancy and childbirth. This will be achieved by developing consumer codesigned educational strategies and resources for healthcare providers.

<https://metronorth.health.qld.gov.au/research/grants/crf/fellows-2023>

Future research

Areas for further study in preconception care include:

- Explore the role of men's mental health screening during preconception, pregnancy, and postpartum periods and the impact on maternal health and future offspring.
- Pilot the role of a paternal health medical record.

Areas for further research in pregnancy and post-partum care include:

- Examine the health role fathers are expected to play in the pregnancy journey for themselves, their partners, and the health professionals.
- Evaluate if the needs of first-time fathers are distinct from those of experienced fathers.
- Implement and evaluate the format and delivery of information through co-designed antenatal classes.
- The effect of implementing and evaluating co-designed communication strategies for healthcare professionals and their impact on fathers.
- Quantify the impact of a traumatic pregnancy and childbirth and the complex support relationship of fathers with the mother.
- Evaluate the long-term consequences on paternal mental health after exposure to traumatic events.
- Explore the time course associated with perinatal PTSS, given the variability in outcomes related to the timing of PTSD assessment.
- Develop training models for healthcare professionals to optimise support for families with a difficult pregnancy, stillbirth or bereavement from a fetal or neonatal death.
- Implementation and evaluation of the integration of primary care with obstetric services for supporting fathers.

Overall, there is a need to confirm the findings from this research in a larger sample of geographically, culturally, and linguistically diverse populations. Additional research informing care at a national or global level in planning interventions is essential.

Future directions

The aim of the future work to arise from this research would be to broaden the scope of obstetric and midwifery services to be father-inclusive, holistic, and equitable. To achieve a father-centred evidence-based approach, this research program recommends a focus on translational or interventional research built on a foundation of consumer engagement combined with the expertise of a multi-disciplinary, multi-sectoral expert reference team. One

way this could be achieved is by developing consumer-driven and consumer-co-created 'Best Practice Principles' for the care of fathers during and after experiencing an adverse pregnancy outcome. Additionally, consumer-co-designed strategies and resources for healthcare providers may be developed to inform and evaluate implementation programs to build consensus statements and evidence-based national guidelines. The provision of medical and psychological care for fathers is currently beyond the scope of obstetric and midwifery services. It requires multi-disciplinary integration with other specialties, including community and mental health. This body of research advocates building sustainable healthcare systems and policy frameworks to identify and proactively support at-risk fathers universally.

My PhD research program has generated significant evidence on the critical role of fathers in preconception, pregnancy, and postpartum periods. It has considerably enhanced our understanding of the needs of fathers in the setting of traumatic pregnancies. This work is highly relevant: we improve outcomes for the entire family unit and future generations by supporting men better.

There is an urgent need for deliberations regarding health equity and social justice for fathers as they comprise the much-neglected surrogate consumers of obstetric and midwifery services. It also foreshadows the need for policy change and healthcare leadership to promote father-inclusive obstetric and midwifery care at a professional, national, and international level.

As a nation, it is imperative to actively promote innovative multidisciplinary alliances, collaborations, and focused research, developing national mandates and policies impacting health equity at institutional, state, and federal levels. Sustainable healthcare systems and policy frameworks are essential to identify and pre-emptively support all maternity care users. A paradigm shift is urgently needed to broaden the scope of obstetric services to be inclusive of fathers and partners. Men's preconception care needs must be actively identified and promoted. Competent inbuilt support systems in healthcare services must respond to fathers' and partners' care and support needs during pregnancy, childbirth, and postpartum. Obstetric services must consider a shift toward a community–academic partnership consumer-codesigned model of care. These partnerships are essential to listen, acknowledge, and learn from consumers' lived experiences to ensure their needs are appropriately identified and addressed. Furthermore, health services must develop, test, implement, and evaluate solutions to address health inequities in partnership with consumers. This is essential to ensure the best health outcomes for future generations.

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