



Healthy Start Virtual Grantees' Meeting

Innovations in Fatherhood

Craig Garfield, MD,
Northwestern Medicine

Lee Warner, PhD, MD,
Centers for Disease Control and
Prevention

June 26, 2020



Agenda



Introductions	Brandon Wood, MS, MCHB, DHSPS
Innovations in Fatherhood: NICU2Home, FAB, & FCHIP	Craig Garfield, MD, Northwestern Medicine
Innovations in Fatherhood: PRAMS For Dads	Lee Warner, PhD, MD, Centers for Disease Control and Prevention
Closing	Kenn L. Harris, NICHQ

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Northwestern Medicine



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Centers for Disease Control
and Prevention





Healthy Start Virtual Grantees' Meeting

Inspiration and Innovation in Fatherhood

Craig Garfield, MD, MAPP

June 26, 2020



*Alameda County diversityoffatherhood.com

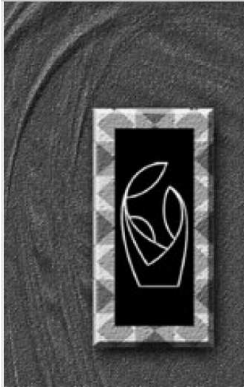
Objectives



1. Share a perspective on innovation through examples
 - Adapting work to have a father perspective (NICU2HOME)
 - Shift to different populations [Home Visiting – Father and Baby (FAB)]
 - Bring it under one umbrella (FCHIP)
2. Inspire innovation in your work

Fathers of Premature Babies in the Neonatal Intensive Care Unit (NICU): An Innovative Approach

Fathers in stressful parenting situations



DOI: 10.1097/JPN.0000000000000296

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Stress From the Neonatal Intensive Care Unit to Home

Paternal and Maternal Cortisol Rhythms in Parents of Premature Infants

Craig F. Garfield, MD, MAPP; Clarissa D. Simon, PhD; Joshua Rutsohn, MPH; Young S. Lee, PhD



Stress biomarkers in the NICU



- Examine how stress in NICU gets “under the skin” around transition to home by gender
- Cohort study of 86 parents with VLBW infants
- Salivary cortisol collected 3x/day on 4 days by mothers and fathers

Garfield, JPNN, 2017

Methods and results



- Analysis: 3 level HLM model
 - Allows for examining nested data-participant data within daily data which were nested in couple data
- 85% returned at least 1 sample per day, 70-75% completed all saliva samples

Results

- Mothers remain stressed, but fathers show increased stress over transition to home
- Mothers with higher PSS had higher bedtime cortisol
- Fathers' PSS not correlated with cortisol

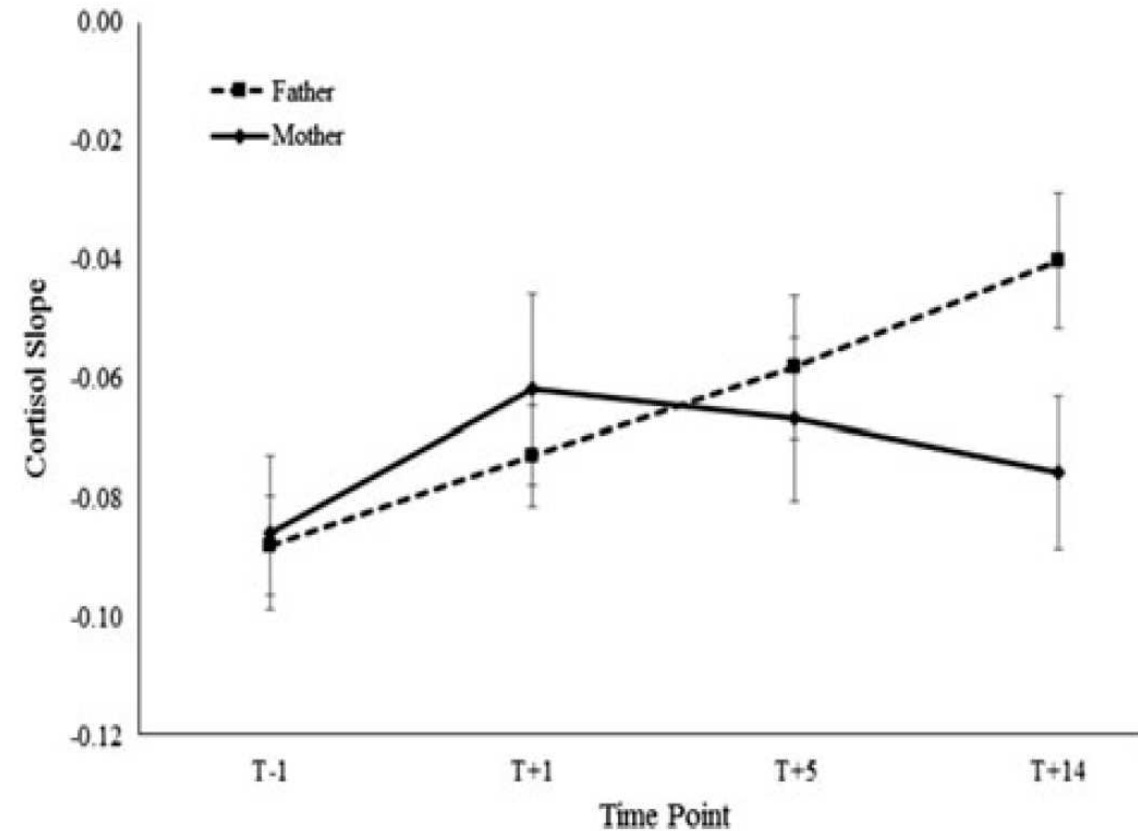


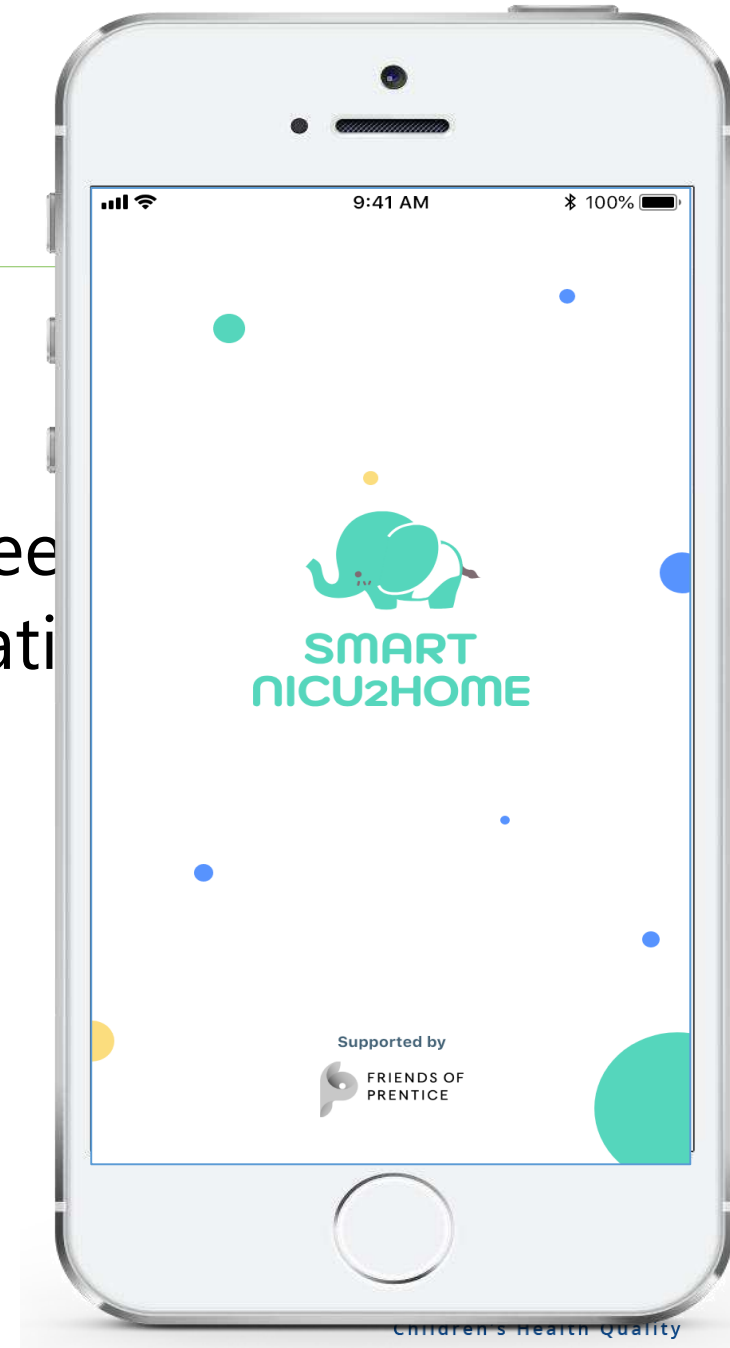
Figure 1. Least squares estimates of father and mother cortisol slopes by time of collection during the transition from neonatal intensive care unit to home.

Implications

- Stress differs between genders across the transition to home
- Fathers especially experience signs of physiologic stress but may not report stress*
- *We don't know what we don't measure*
 - First study to examine fathers and transition to home

NICU2HOME app

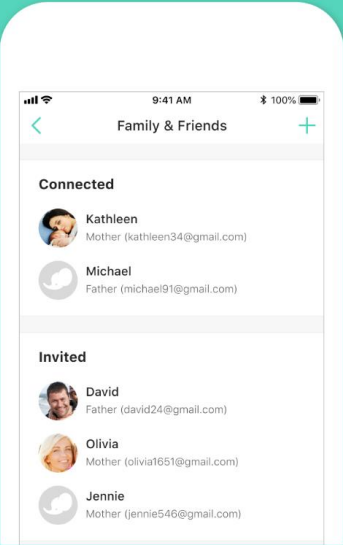
- Parent-Empowerment Smart Technology
 - Detects information and communication need
 - Provides personalized information & education
 - Facilitates communication and partnership
- Cross-platform, social media type application



Unique service provided to NICU parents, connects with the EHR

Connect

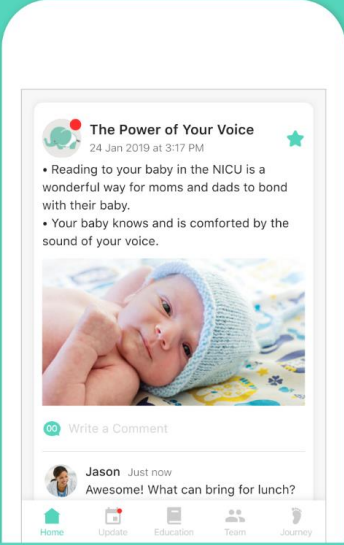
Everyone wants to hear about the new addition. Invite your family and friends to communicate about your baby. Anytime!



Next

Post & Share

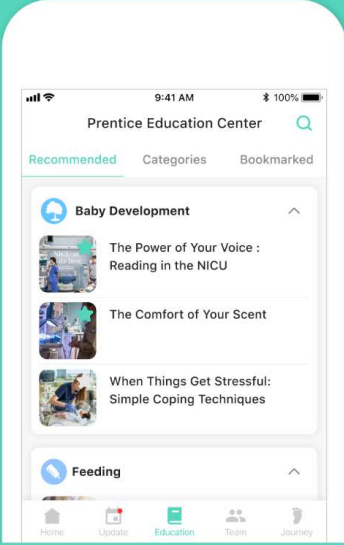
Post meaningful moments with your baby to share with your family and friends. Anywhere!



Next

Learn

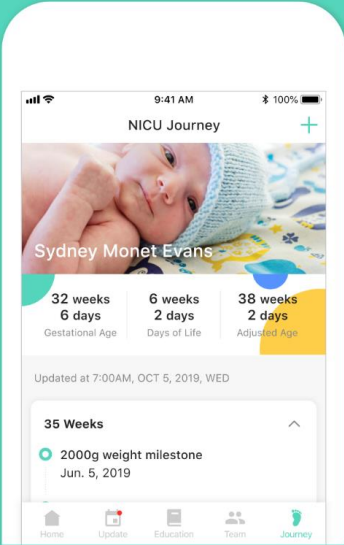
Personalized NICU educational material for you and your baby will be sent to you each day – no need to feel overwhelmed.



Next

Track



The NICU Journey will automatically keep track of many of your baby's important steps towards home. Add your own special milestones and memories by tapping the "+"



Done


Fathers included...

AT&T 12:18 PM 75%

<  

Dads, Welcome to the NICU!



by NICU2HOME Team



Your First Visit to the NICU


Your baby has just been born, and your partner is still recovering from delivery. You, the new father, are often

AT&T 12:18 PM 75%

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All About Tube Feeding

by NICU2HOME Team



What is Tube Feeding?


Tube feeds, NG tubes, gavage feeding – what is everyone talking about? And why does everyone seem so casual about a tube being stuck down my baby's nose? These are common

AT&T 12:17 PM 76%

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Dads at Home

by NICU2HOME Team



Learning to Be a Dad at Home

Bringing your baby home from the NICU is an exciting time. But it is full of changes too. You have been learning about being a parent while

NICU2HOME IMPLICATIONS



- We now are including fathers in the measurement of outcomes
- Fathers and mothers seek information, use technology differently
- Fathers need to be considered from the beginning

Home Visiting Innovation: Designing an SMS Text-Messaging Intervention for Fathers' Mental Health

Designing Text-Messaging for Fathers' Mental Health in Home Visiting Programs



- Develop and pilot a mental health intervention for fathers within Home Visiting
- Funded by National Institute of Minority Health and Health Disparities, Illinois Children's Healthcare Foundation

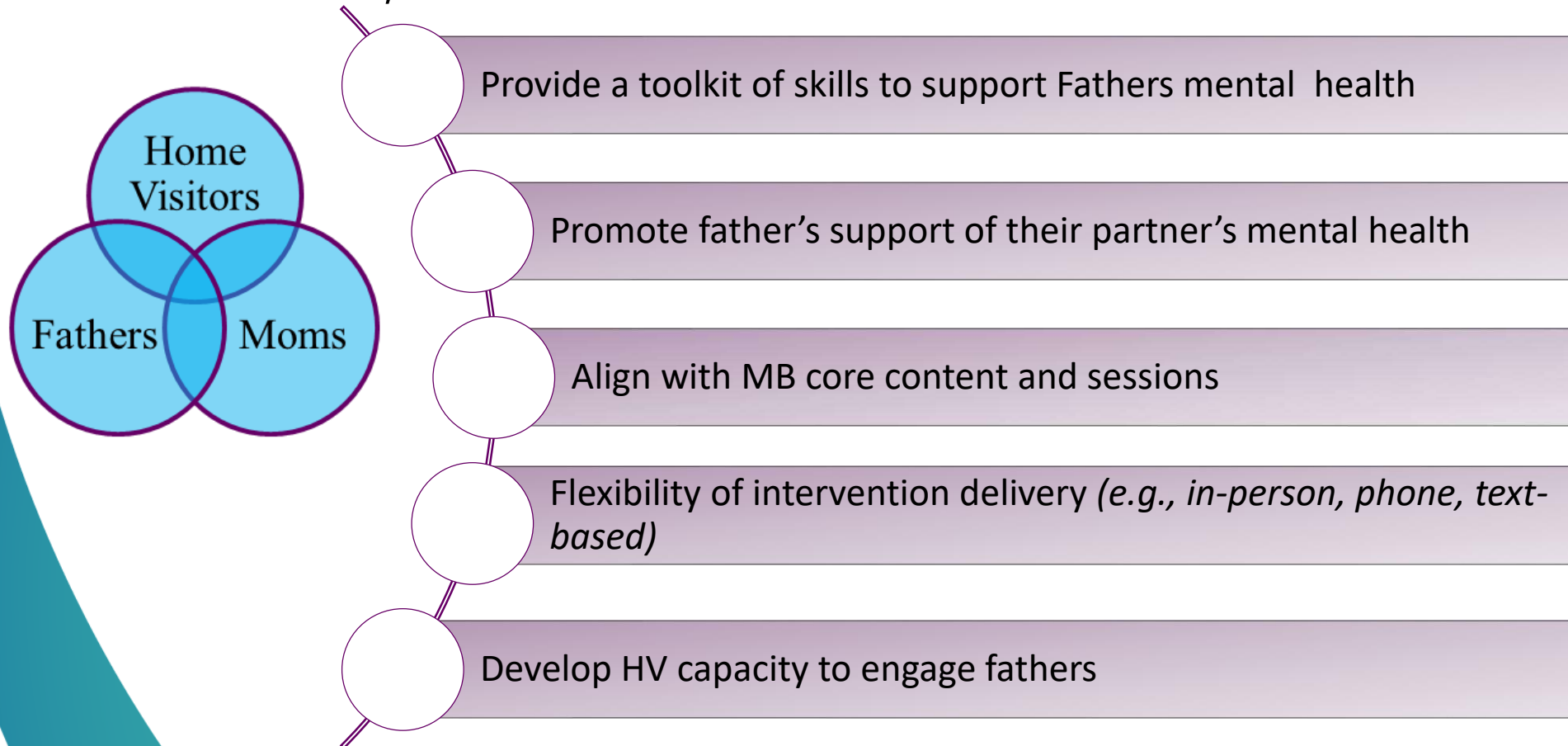


Healthy Start Virtual Grantees' Meeting, June 2020



Fathers and Babies (FAB) Development

- Qualitative data collection with home visiting clients, fathers, and home visitors:



FAB Overview



- Goal is to **support father's mental health** and **provide skills to support their partner's mental health**
- Requires **flexibility** to accommodate schedules
 - FAB sessions align with the 12 Mother Baby (MB) sessions delivered in home visits (mothers and fathers receive content in parallel in person or remotely)
 - Texts with links to content (e.g., videos, worksheets)
 - Each participant receives a workbook with skill-based practice worksheets
 - **FAB is currently being piloted with 28** (mothers and fathers)
 - Diversity of family make-up and relationship status

Father Feedback



"It helped me with stress and helped with mental health. - FAB Participant" – FAB Participant

"Now, I know how to take a second and breathe and actually like, okay, if I know I'm mad or if I'm frustrated the kids are gonna feel it." – FAB Participant

"It helps you think about a young baby's future, your partner's future, the kids' future. It helps you think – like, it's not only for babies and fathers or babies and mothers. It's broad; it's for everybody." –FAB Participant

FAB Impact



- Provide data to inform scalable interventions and programs to fathers to influence the mental health and well-being of new parents as well as their ability to engage in nurturing parenting practices for their young children
- Access to Mental Health: FAB is a stress management intervention intended to be delivered in non-mental health settings wherever fathers access services

Bringing it all together: Lurie Children's Family and Child Health Innovation Program

Family and Child Health Innovations Program (FCHIP)



- Original research, dissemination of clinically relevant findings, influencing family health policy, systems and services
- Our goal is to advance children's well-being through understanding the roles of parents in a wide variety of family contexts, and how to enhance parents' contributions to children's health and development
- "Children thrive when families thrive"



Father's Day 2020 Report [luriechildrens.org/fchip]



Because children thrive when families thrive

Search FCHIP Reports

SEARCH

FCHIP's 2020 Father's Day Report

Fathering During a Pandemic

[Read More](#)

Father is a Verb!



FCHIP T-Shirts Now Available

GET YOURS NOW

Fathering During COVID-19

Due to COVID-19 changes, fathers are more involved in their children's lives, doing more housework and 45% spending more time with their children. Even in countries where fathers are traditionally less involved, the pandemic has changed that.



[Download the FCHIP June 2020 Report](#)

outdoor recreation a way for children and mothers', providing a unique di-

Have a New Baby? Here's how to Protect Your Growing Family

There are steps you can take to help your partner during pregnancy and delivery, and to keep yourself and family safe when taking your baby home.

The ongoing health crisis has changed how fathers have fewer visits or have telehealth visits about any questions, including rules about visiting questions, especially if you or the mother are high-risk.

To read more from other parents who have had a new baby, see [Quartz](#).

One of the most important jobs fathers have is to protect the health of their children. The [Centers for Disease Control and Prevention](#) says that symptoms of COVID-19 should wash their hands with a bottle or breast. Fathers should wash their hands prior to feeding.



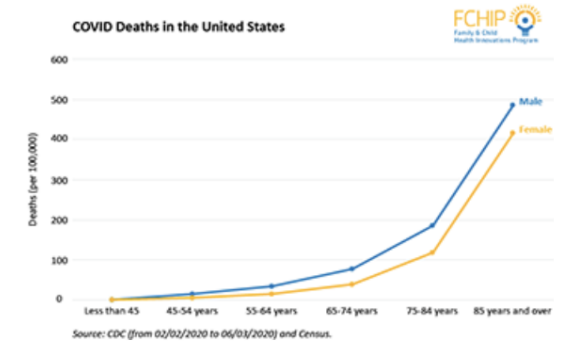
June is Men's Health Month: Know Your COVID-19 Risks

As a male, you may be just as likely to contract COVID-19 as a female, but you have a higher likelihood of getting really sick. What do you know and what can you do to protect yourself?

More men than women are having serious cases of COVID-19 and being hospitalized, and this risk is higher as you age ([JAMA](#), 2020; [Frontiers in Public Health](#), 2020). Certain health conditions like hypertension, obesity and diabetes also increase your risk during the COVID-19 pandemic. Men are at higher risk than women at nearly all ages, especially at younger ages ([Centers for Disease Control and Prevention](#), 2020; [Frontiers in Public Health](#), 2020). Being part of an ethnic minority group increases your risk as well, for reasons ranging from a higher likelihood of having a chronic condition, to health system reasons such as less access to health care ([JAMA](#), 2020).

Scientists are still exploring why men are more impacted by COVID-19 compared to women. The answer may lie in biology (like genetics, immune systems, or hormones), higher rates of chronic conditions and behaviors such as smoking, or exposure to pollution due to working outdoors and other high-risk jobs that are now considered "essential." Men are also less likely to take steps to protect themselves or see a doctor if they have symptoms. ([Healthline](#), May 12, 2020).

Further, the health of men who are becoming fathers is important for overall family reproductive and general health. For example, new research is examining whether the COVID-19 virus can be found in semen, in which case the virus could become a sexually-transmitted infection. While some studies show no virus in semen ([Fertility and sterility](#), 2020; [Biology of Reproduction](#), 2020), others did find virus in semen samples ([JAMA Network Open](#), 2020). Researchers and doctors recommend more studies to see whether COVID-19 can be transmitted sexually and uncover any other impacts on male reproductive health or their offspring.



Sources: [Centers for Disease Control and Prevention](#), 2020; [Census Bureau](#), 2020

[See a larger view of the graph.](#)

Necessity is the *mother* of innovation



- Seeing a need → filling that need
- Rarely easy, never quick
- Two essential elements: patience and teamwork

Almost my last thought...



Success



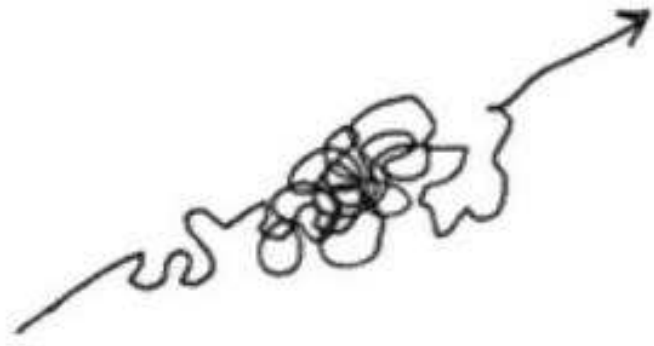
what people think
it looks like



Almost my last thought...

Success

Success



what people think
it looks like

what it really
looks like

Really my last thought...



(טז) הוּא הַיָּה אֹמֵר, לֹא עָלֶיךָ הַפְּלֵאכָה לְגַמֵּר, וְלֹא אֶתָּה בֶּן חוֹרִין לְבַטֵּל מְסֻנָּה.

[Pirkei Avot 2:16](#)

It is not your responsibility to finish the work, but neither are you free to desist from it.

Acknowledgements



- NICU2HOME
 - Young Lee, PhD
 - Sana Hassan
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 - Eric Goodwin
 - Clarissa Simon, PhD

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Healthy Start Virtual Grantees' Meeting

INSPIRATION AND INNOVATION IN FATHERHOOD

Lee Warner, PhD, MPH

Chief, Women's Health and Fertility Branch
Division of Reproductive Health
Centers for Disease Control and Prevention

June 26, 2020



RESEARCH ON FATHER INVOLVEMENT



WHERE IS THE F IN MCH? FATHER INVOLVEMENT IN AFRICAN AMERICAN FAMILIES

Objectives: To: 1) review the historical contexts and current profiles of father involvement in African American families; 2) identify barriers to, and supports of, involvement; 3) evaluate the effectiveness of father involvement programs; and 4) recommend directions for future research, programs, and public policies.

Michael C. Lu, MD, MPH; Loretta Jones, MA; Melton J. Bond, PhD;
Kynna Wright, PhD, MPH; Maiteeny Pumpuang, MPH;
Molly Maidenberg, MSW, MPH; Drew Jones, MPH;
Craig Garfield, MD, MAPP; Diane L. Rowley, MD, MPH

Enhancing Father Involvement in Low-Income Families: A Couples Group Approach to Preventive Intervention



Enhancing Fathers' Roles in the Care and Development of Their Children: The Role of Pediatricians

Michael F. Lamb, MD, DMS; P. Barry Keenan, MD, PhD; COMMITTEE ON PEDIATRIC ASPECTS OF CHILD FAMILY HEALTH



WHY SURVEY FATHERS?

Paternal involvement linked to:

- Improved maternal prenatal and postpartum behaviors
 - Early initiation of prenatal care
 - Smoking cessation
 - Breastfeeding initiation and duration
- Improved outcomes throughout the lifespan of a child
 - Birth (e.g., reductions in prematurity and infant mortality)
 - Developmental (e.g., language development)
 - Psychological (e.g., mental health)
 - Cognitive (e.g., academic performance)

WHY SURVEY FATHERS?

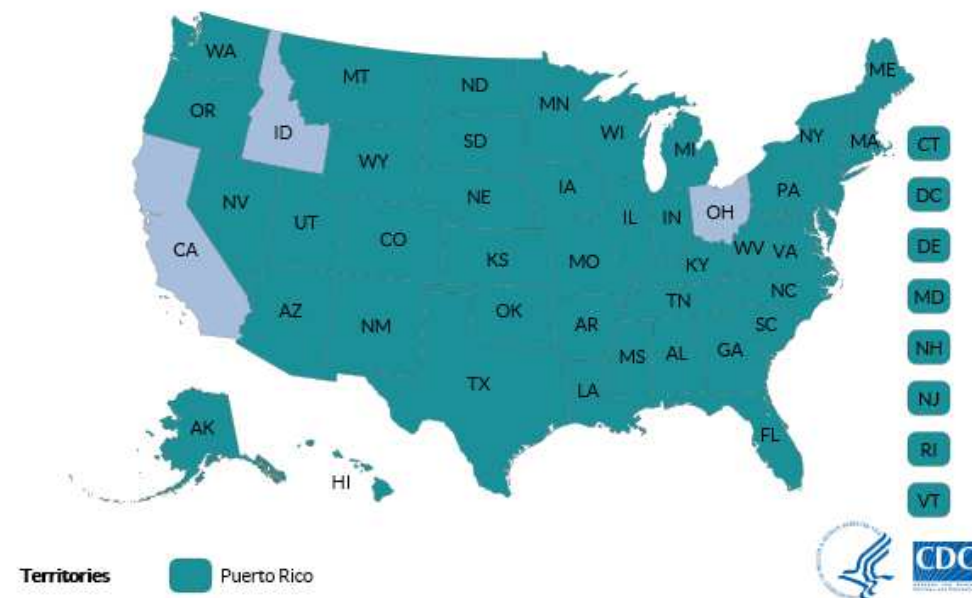
- Fathers play a key role in health and development of their children
- Fathers' health behaviors influence decisions about pregnancy, women's health, and early child development
- *Very little research has examined:*
 - role of expectant fathers
 - father's influence on maternal and child health
 - effect of transition to fatherhood on paternal health

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)



- State-specific, population based surveillance system, estab. 1987
- Captures *maternal* experiences before, during, and shortly after pregnancy ending in a live birth
- Sample drawn from and linked to birth certificate
- Administered via mail and phone when infants are 2-6 months old

PRAMS grantees



PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)



AJPH PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of Design and Methodology

Holly B. Shulman, MA, Denise V. D'Angelo, MPH, Leslie Harrison, MPH, Robert A. Smith, PhD, and Lee Warner, PhD

Data System. The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing state-based surveillance system of maternal behaviors, attitudes, and experiences before, during, and shortly after pregnancy. PRAMS is conducted by the Centers for Disease Control and Prevention's Division of Reproductive Health in collaboration with state health departments.

Data Collection/Processing. Birth certificate records are used in each participating jurisdiction to select a sample representative of all women who delivered a live-born infant. PRAMS is a mixed-mode mail and telephone survey. Annual state sample sizes range from approximately 1000 to 3000 women. States stratify their sample by characteristics of public health interest such as maternal age, race/ethnicity, geographic area of residence, and infant birth weight.

Data Analysis/Dissemination. State meeting established response rate thresholds are included in multistate analytic data sets available to researchers through a proposal submission process. In addition, estimates from selected indicators are available online.

Public Health Implications. PRAMS provides state-based data for key maternal and child health indicators that can be tracked over time. Stratification by maternal characteristics allows for examinations of disparities over a wide range of health indicators. (*Am J Public Health*. 2018;108:1305-1313. doi:10.2105/AJPH.2018.304563)

See also Witt, p. 1277; and Ghandour, p. 1348.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is part of the Centers for Disease Control and Prevention (CDC) initiative to reduce infant mortality and low birth weight and promote safe motherhood. PRAMS was implemented in 1987 because infant mortality rates were no longer declining as rapidly as they had been in prior years.¹ Although the US infant mortality rate has dropped 15% over the past decade, the United States continues to have one of the highest infant mortality rates among developed countries, at 5.8 per 1000 live births in 2015.² Despite recent declines, preterm birth rates remain high (9.9% in 2016),³ and sudden infant death syndrome is the leading cause of death among infants 1 to 12 months old (approximately 1600 deaths in 2015).⁴ Maternal mortality and morbidity rates have also been increasing. The number of reported pregnancy-related deaths in the United States rose from 7.2 per 100 000 live

births in 1987 to 17.3 per 100 000 live births in 2013.^{5,6} Moreover, the number of women presenting at delivery with 1 or more chronic conditions rose from 66.9 per 1000 delivery hospitalizations in 2005-2006 to 91.8 per 1000 delivery hospitalization in 2013-2014.⁷

DATA PROGRAM

PRAMS is an ongoing state-level, population-based surveillance system of selected maternal behaviors and experiences that occur before, during, and shortly after

pregnancy. It is conducted by participating state, territorial, tribal, or local health departments in partnership with CDC's Division of Reproductive Health. CDC provides annual funding to participating sites through a cooperative agreement, with supplemental funding contributed by recipients. Since the system's inception, the number of participating states and areas (referred to hereafter as states) has increased from 6 to 51, including 47 states, the District of Columbia, New York City, Puerto Rico, and the Great Plains Tribal Chairman's Health Board (Figure 1). PRAMS surveillance currently covers approximately 83% of all US births.

Purpose

The main purposes of PRAMS are to promote the collection, analysis, and dissemination of population-based data of high scientific quality and to support the use of data to develop policies and programs that aim to decrease maternal and infant morbidity and mortality. PRAMS data are used by academic researchers, nonprofit health organizations, state health departments, and federal agencies to guide development of new programs and policies, evaluate existing programs and policies, develop educational materials for health care providers and the public, and contribute to general health knowledge.

Public Health Significance

PRAMS provides state-specific data used to monitor health behaviors, access to care, and receipt of services among recently pregnant women. For example, PRAMS data

ABOUT THE AUTHORS

All of the authors are with the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA.

Correspondence should be sent to Holly B. Shulman, MA, Centers for Disease Control and Prevention, 4770 Buford Hwy, MS-P74, Atlanta, GA 30341 (e-mail: hshul@cdc.gov). Reprints can be ordered at <http://store.aph.org> by clicking the "Reprints" link.

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doi:10.2105/AJPH.2018.304563



<https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2018.304563>



PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
-
ZIKA POSTPARTUM EMERGENCY RESPONSE

PRAMS-ZPER

PARTNER SURVEY

PRAMS-ZPER PARTNER SURVEY TOPICS

<p>7. Según su opinión, ¿cuáles de las siguientes declaraciones acerca del virus del Zika son ciertas y cuales son falsas? (Para cada una, marque Cierto si usted cree que es verdad o Falso, si opina que no es verdad.)</p> <p style="text-align: center;">Cierto Falso</p> <p>a. El virus del Zika puede transmitirse al tener relaciones sexuales con una persona que tiene Zika. <input type="checkbox"/> <input type="checkbox"/></p> <p>b. La infección por el virus del Zika durante el embarazo puede causar defectos de nacimiento en el bebé. <input type="checkbox"/> <input type="checkbox"/></p> <p>c. El virus del Zika puede propagarse por las picaduras de un mosquito. <input type="checkbox"/> <input type="checkbox"/></p> <p>d. El virus del Zika puede permanecer en el semen de un hombre hasta 6 meses después de ser infectado. <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Todas las personas que tienen síntomas presentan síntomas. <input type="checkbox"/> <input type="checkbox"/></p>	<p>10. En cualquiera de sus visitas de atención médica durante los últimos 12 meses, ¿un doctor, enfermera u otro profesional de la salud hizo alguna de las siguientes cosas? (Para cada una, marque Sí, si lo hicieron o No, si no lo hicieron.)</p> <p style="text-align: center;">Sí No</p> <p>a. Habló con usted acerca de la importancia de prevenir infectarse con el virus del Zika. <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Habló con usted acerca de prevenir las</p>	
<p>8. En los últimos 12 meses, ¿cuántas veces fue a una visita de atención médica por un doctor, enfermera u otro profesional de la salud?</p> <p><input type="checkbox"/> Sí</p> <p><input type="checkbox"/> No</p>	<p>13. En cualquiera de los siguientes periodos de tiempo, ¿un doctor, enfermera u otro profesional de la salud le dijo que tenía el virus del Zika? (Para cada periodo de tiempo, marque Sí, si le dijeron que tenía el virus del Zika en ese entonces o No, si no le dijeron. Puede solicitar o utilizar un calendario.)</p> <p style="text-align: center;">Sí No</p> <p>a. En los últimos 30 días. <input type="checkbox"/> <input type="checkbox"/></p> <p>b. En los últimos 1 a 3 meses. <input type="checkbox"/> <input type="checkbox"/></p> <p>c. En los últimos 4 a 6 meses. <input type="checkbox"/> <input type="checkbox"/></p> <p>d. En los últimos 7 a 9 meses. <input type="checkbox"/> <input type="checkbox"/></p> <p>e. En los últimos 10 a 12 meses. <input type="checkbox"/> <input type="checkbox"/></p> <p>Las siguientes preguntas son acerca de evitar las picaduras de mosquitos.</p>	<p>15. En los últimos 12 meses, ¿cuán a menudo utilizó repelente de mosquitos sobre su piel expuesta o ropa cuando estaba afuera, aunque fuera por poco tiempo?</p> <p style="text-align: center;">Marque una respuesta</p> <p><input type="checkbox"/> Siempre</p> <p><input type="checkbox"/> Algunas veces</p> <p><input type="checkbox"/> Rara vez o cuando vela mosquitos</p> <p><input type="checkbox"/> Nunca → Pase a la Pregunta 17</p>
<p>9. ¿Qué tipo de visitas de atención médica tuvo en los últimos 12 meses?</p> <p style="text-align: center;">Marque todas las que correspondan</p> <p><input type="checkbox"/> Chequeo de rutina en el hogar</p> <p><input type="checkbox"/> Visita asociada al virus del Zika</p> <p><input type="checkbox"/> Visita asociada a una enfermedad crónica</p> <p><input type="checkbox"/> Visita asociada a una herida</p> <p><input type="checkbox"/> Visita para depresión o ansiedad</p> <p><input type="checkbox"/> Visita para una limpieza de higienista dental</p> <p><input type="checkbox"/> Otra → Por favor escribalas</p>	<p>14. En los últimos 12 meses, ¿tomó alguna de las siguientes medidas para evitar las picaduras de mosquitos en su hogar? (Para cada una, marque Sí, si lo hizo o No, si no lo hizo.)</p> <p style="text-align: center;">Sí No</p> <p>a. Siempre usó tela metálica ("screens") en las puertas abiertas. <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Siempre usó tela metálica ("screens") en las ventanas abiertas. <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Siempre mantuvo las puertas y ventanas sin tela metálica ("screens") cerradas. <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Siempre usó abanicos o aire acondicionado. <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Vació los envases con agua estancada en su casa y patio semanalmente. <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Durmió debajo de un mosquitero para la cama. <input type="checkbox"/> <input type="checkbox"/></p> <p>g. Fumigó el interior de su casa para combatir los mosquitos. <input type="checkbox"/> <input type="checkbox"/></p> <p>h. Fumigó las afueras y alrededor de su casa y patio para combatir los mosquitos. <input type="checkbox"/> <input type="checkbox"/></p> <p>i. Aplicó larvicidas en el exterior de su casa. <input type="checkbox"/> <input type="checkbox"/></p> <p>j. Montó trampas de mosquitos. <input type="checkbox"/> <input type="checkbox"/></p>	<p>16. Cuando usaba repelente de mosquitos sobre su piel expuesta o ropa, ¿cuántas veces al día se lo aplicaba?</p> <p style="text-align: center;">Marque una respuesta</p> <p><input type="checkbox"/> Más de una vez por día</p> <p><input type="checkbox"/> Una vez por día</p> <p>17. Cuando no usaba repelente de mosquitos, ¿cuáles eran sus razones para no usarlo?</p> <p style="text-align: center;">Marque todas las que correspondan</p> <p><input type="checkbox"/> No me gustaba su olor</p> <p><input type="checkbox"/> No me gustaba cómo me dejaba la piel</p> <p><input type="checkbox"/> Me preocupaba que los químicos del repelente me hicieran daño</p> <p><input type="checkbox"/> Me preocupaba que los químicos del repelente le hicieran daño a mi pareja</p> <p><input type="checkbox"/> Se me olvidaba aplicármelo</p> <p><input type="checkbox"/> Me daba alergia o hacía que me picara la piel</p> <p><input type="checkbox"/> No pensé que lo necesitaba</p> <p><input type="checkbox"/> Raramente estaba afuera</p> <p><input type="checkbox"/> El repelente de mosquitos era demasiado costoso</p> <p><input type="checkbox"/> A mi esposa o pareja no le gustaba cuando lo usaba</p> <p><input type="checkbox"/> Otra razón → Por favor, escribala:</p>

Topics covered on survey:

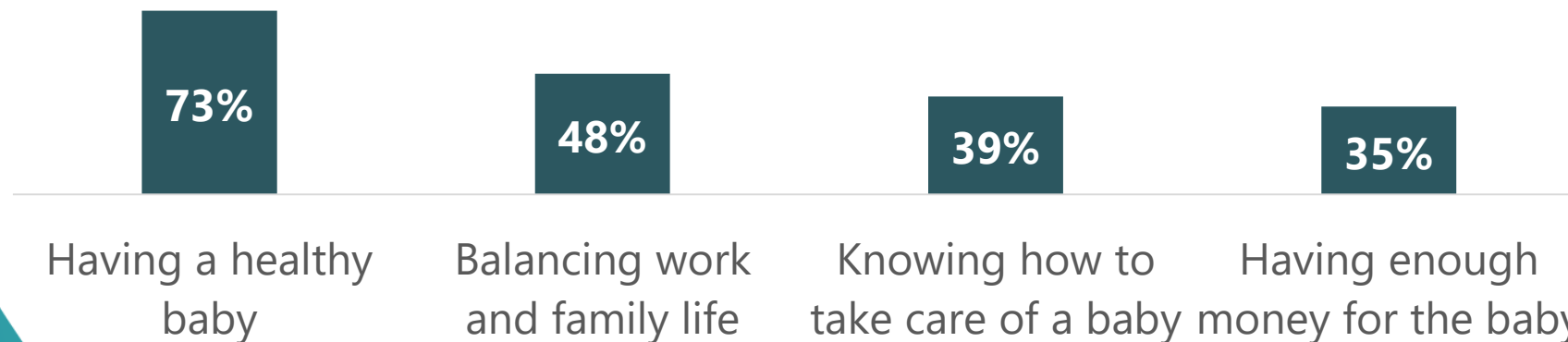
- Zika related concerns, knowledge, behaviors, and interactions with healthcare providers
- Contraception
- Relationship status
- Prenatal care visits
- Preparation for a new baby
- Birth attendance
- Concerns about becoming a father
- Depression
- Employment and leave

PATERNAL FEELINGS AND CONCERNS ABOUT BECOMING A FATHER

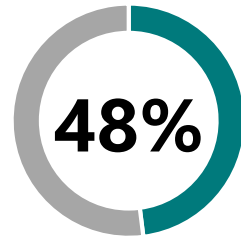


Despite feeling ready to be a father, many still had concerns

Fathers' concerns about becoming a father

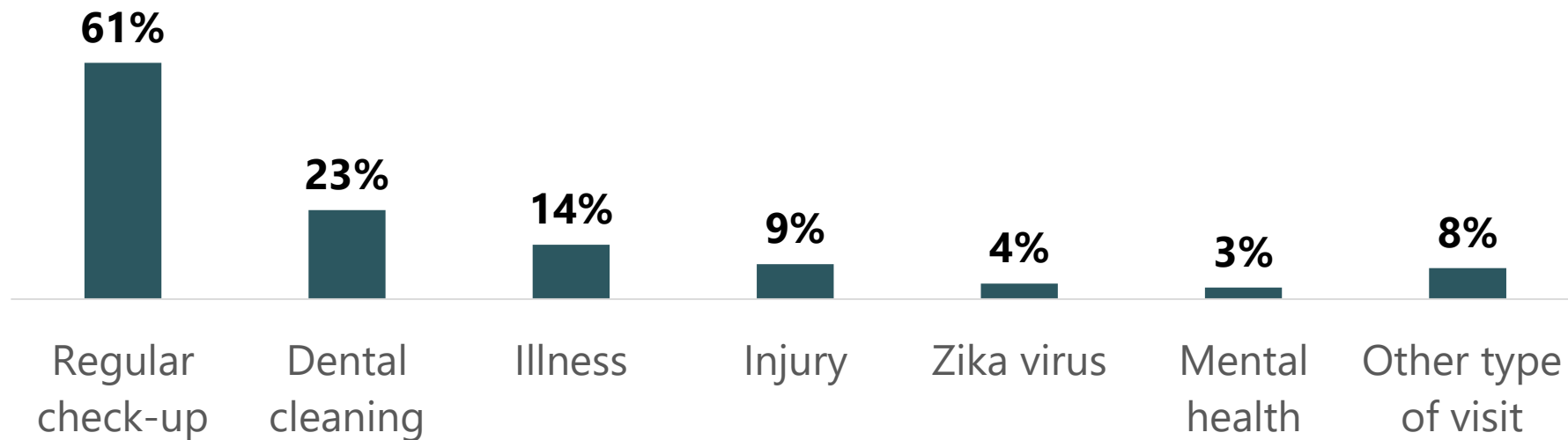


PATERNAL HEALTHCARE-RELATED BEHAVIORS

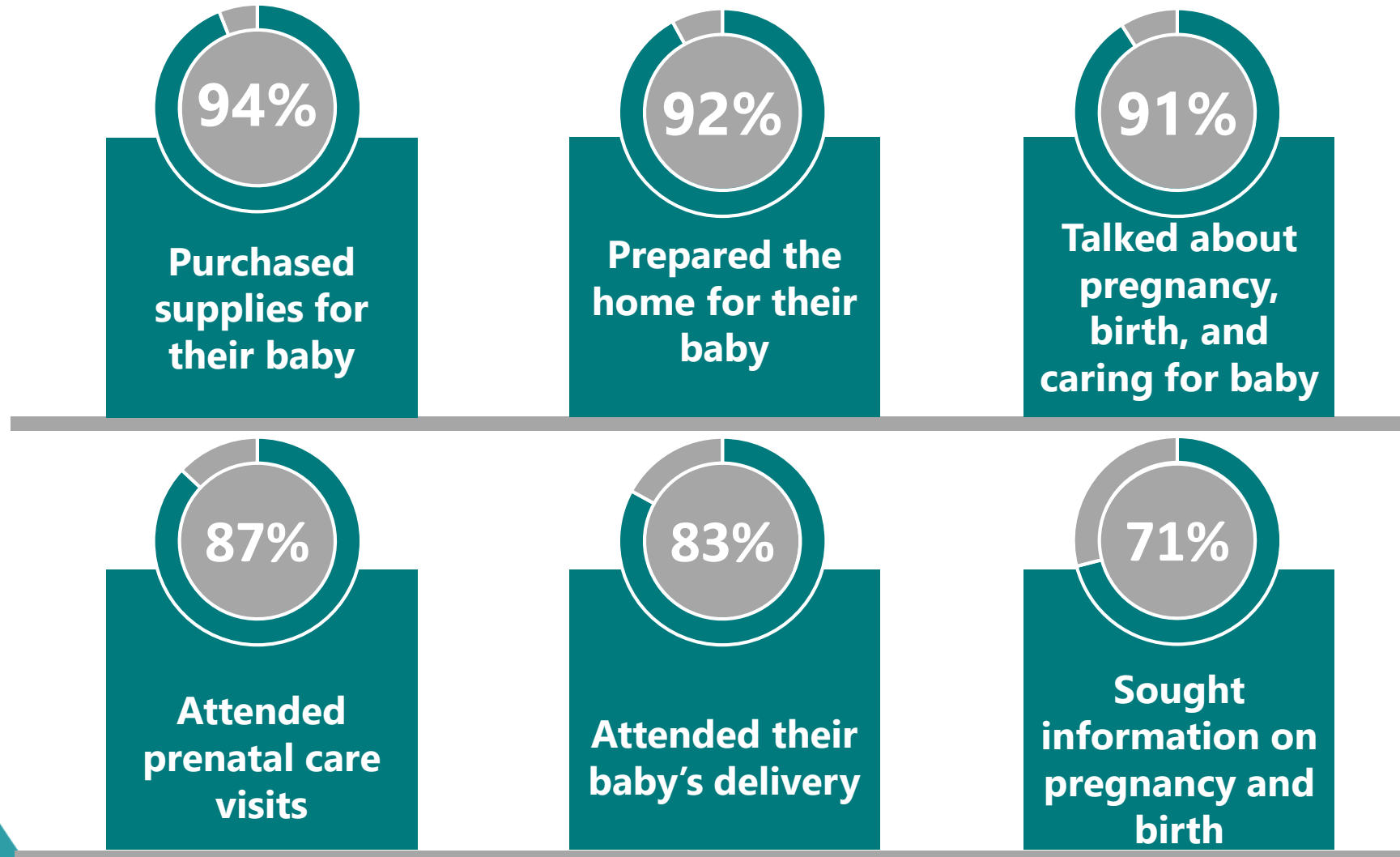


Attended a healthcare visit for themselves in the past 12 months

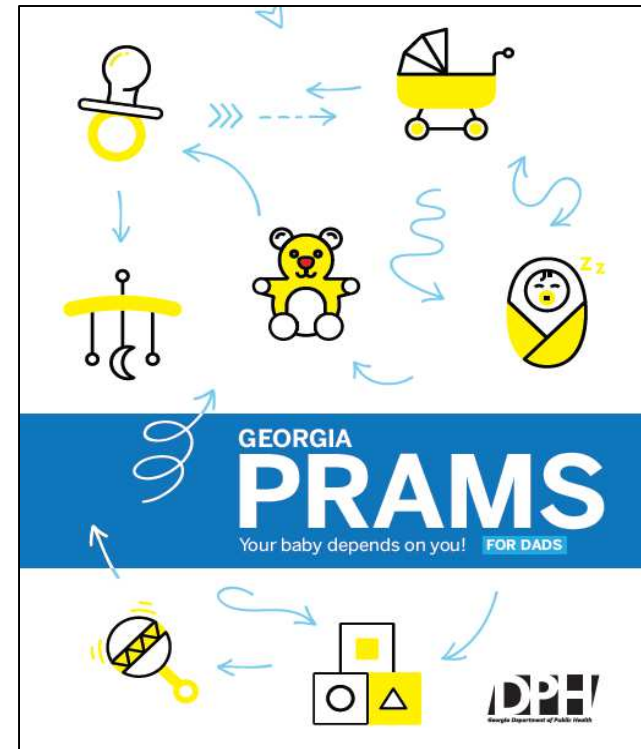
Type of healthcare visit



PATERNAL PARTICIPATION DURING PREGNANCY AND AT DELIVERY



CONTINUING WORK WITH NEW FATHERS: PILOT STUDY FOR PRAMS FOR DADS



WHAT IS PRAMS FOR DADS?



- Survey to examine men's health, attitudes, and experiences prior to and after becoming a father
- Collects comprehensive information about fathers before and after the birth of their child
- Links between paternal factors and pregnancy outcomes
- Builds on success of PRAMS methodology

AJPH PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

Pregnancy Risk Assessment Monitoring System for Dads: Public Health Surveillance of New Fathers in the Perinatal Period

As Father's Day approaches each June, the nation pauses to reflect on the importance of fathers. In the United States, approximately 60% of American men are fathers, 82% of whom live with at least one of their children.¹ Over the past few decades, we have learned that paternal involvement is strongly associated with better perinatal and postnatal maternal health and with improved developmental outcomes for children.² A number of key indicators demonstrate the influence fathers have on perinatal maternal and child health,³ including improvement in first trimester prenatal care initiation, infant morbidity and mortality, and breastfeeding initiation and continuation. Although fathers' involvement in families is increasing, there has been limited research on how fatherhood affects the health and well-being of fathers themselves, especially around the time of the transition into fatherhood. In particular, surveillance efforts examining new fathers' behavior and attitudes remain suboptimal. Expanding fathers' preconception health is a timely emerging area of research focused on measuring the health of men during their reproductive years, a key tenet of men's health.⁴

Although a few existing systems, such as the National Survey of Family Growth and the Fragile Families and Child Wellbeing Study, touch on aspects of fatherhood, there are no large-scale US-based public health surveillance efforts designed specifically for men during the perinatal period and the significant period of transition to fatherhood.

PERINATAL HEALTH SURVEILLANCE

Although a few existing systems, such as the National Survey of Family Growth and the Fragile Families and Child Wellbeing Study, touch on aspects of fatherhood, there are no large-scale US-based public health surveillance efforts designed specifically for men during the perinatal period and the significant period of transition to fatherhood.

MALE HEALTH AND NEW FATHERS

Beyond influences of paternal involvement on maternal and child health outcomes, enhanced paternal health surveillance presents an opportunity to benefit overall male health, as the transition to fatherhood affects male mental and physical health.⁵ A healthy father is more likely to produce a healthy offspring, participate fully in child-rearing, and provide financial support. Yet from the time of their high school physical until they reach middle age, many men do not access health care. The transition to fatherhood could be an opportune time to promote the integral involvement of fathers in their children's lives as well as serve as a lever for men's health change.⁶ Focused surveillance designed to better understand the health care needs of new fathers would provide insight into the gap in male health care services and use, ultimately supporting men and their families.

PRAMS

One of the longest-running and most successful public health surveillance programs is the Centers for Disease Control and Prevention's Pregnancy Risk Assessment Monitoring System (PRAMS), a 30-year-old state-based surveillance system conducted annually of mothers' perinatal behavior, attitudes, and experiences (see Shalman et al. in this issue of AJPH, p. 1305). PRAMS has been especially useful for tracking health indicators over time, evaluating public health programs, and addressing emerging health issues (e.g., cigarette use, influenza vaccine, Zika) during the perinatal period through the use of short questionnaire supplements. Currently, the primary question asked about fathers in PRAMS relates to domestic interpersonal violence around pregnancy. Although information regarding fathers could be expanded by using a PRAMS supplement, the issue remains that mothers would be reporting, hindering a firsthand examination of the father's personal experience. To expand knowledge of fatherhood risks, benefits, and opportunities—inclusive of positive aspects of parenthood as well as men's health—a wealth of topics related to fathers and their families could be directly asked of men, rather than indirectly through women, thereby

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Correspondence should be sent to Craig F. Gayfeldt, Professor, Northwestern University Feinberg School of Medicine, Department of Pediatrics, 631.51 Clark, Suite 19-019, Chicago, IL 60611 (e-mail: c-gayfeldt@northwestern.edu). Reprints can be ordered at <http://www.aaph.org> by clicking the "Reprints" link.

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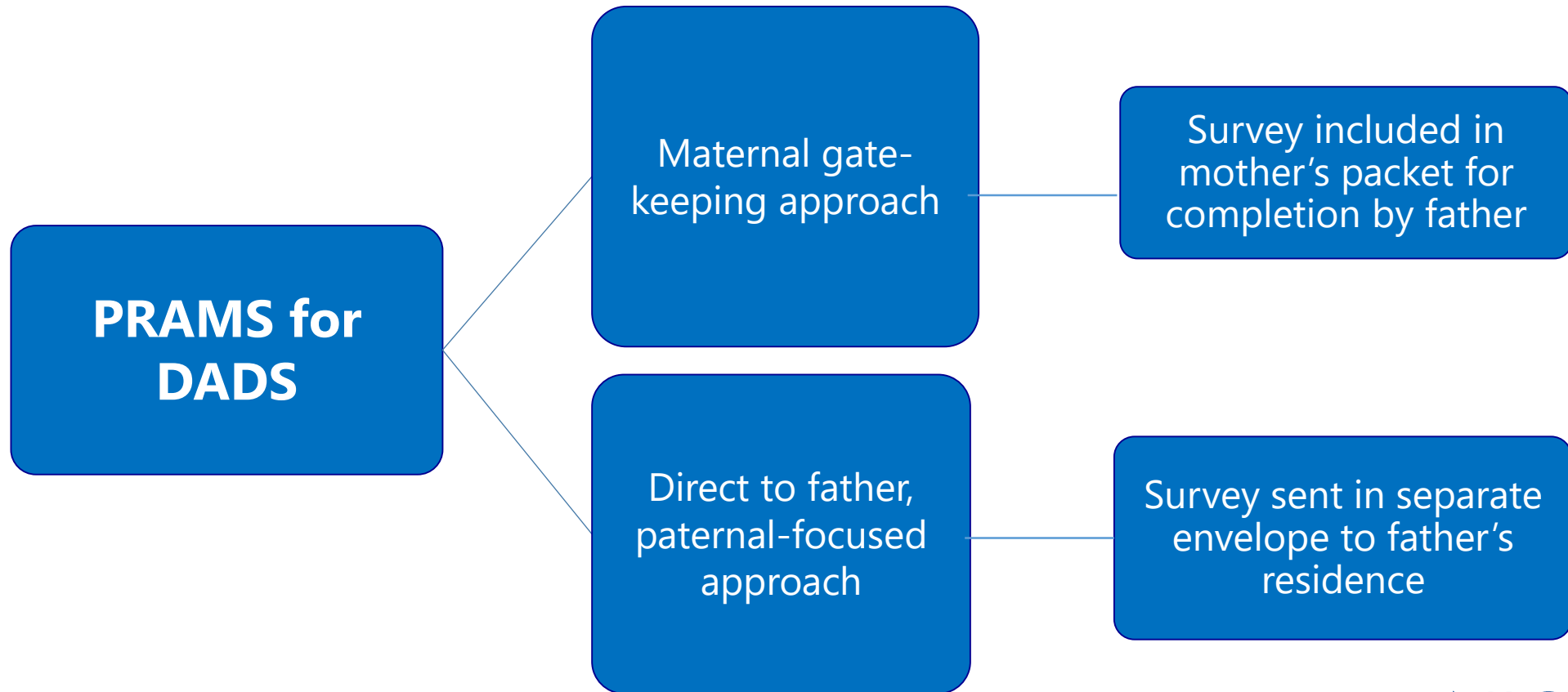
Note. The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention. doi: 10.2195/AJPH.2018.304664

1314 Editorial Gayfeldt et al. **AJPH** October 2018, Vol 108, No. 10

<https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2018.304664>



RANDOMIZED PILOT STUDY – 2 STUDY ARMS



REACHING FATHERS

- For married mothers (60% of births), husband is presumed to be father on birth record
- For unmarried mothers (40% of births),
 - Must check paternal acknowledgment on birth certificate
 - Voluntary acknowledgment of paternity (AOP/VAP) form filled out (70% overall completion rate)

DPH PATERNITY ACKNOWLEDGEMENT • FORM 3940 (REVISED 03/2018)

Please Note: There is a \$10.00 processing fee for this form. If the request is submitted after one year, if this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the State Office of Vital Records. A valid copy of your Photo ID must accompany this request. Please do not send cash by mail.
PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW AND SEE INSTRUCTIONS ON BACK.

Section 1: CHILD/PARENT'S INFORMATION

STATE FILE NUMBER: _____ FACILITY: _____

Please Note: Do not use this form if the mother was married to anyone within 10 months prior to the birth of this child or if, for any reason, there is another father of this child listed on the child's birth certificate.

MOTHER'S FIRST NAME AT BIRTH: _____ FATHER'S MIDDLE NAME AT BIRTH: _____ FATHER'S SOCIAL LAST NAME: _____ BIRTHDAY (M, D, Y): _____

The father acknowledges that he is the biological (natural) father of the child born to

MOTHER'S FIRST NAME AT BIRTH: _____ MOTHER'S MIDDLE NAME AT BIRTH: _____ MOTHER'S LAST NAME AT BIRTH: _____

We are requesting that the name of the biological father be placed on the birth certificate and that the child be named:

CHILD'S FIRST NAME: _____ CHILD'S MIDDLE NAME: _____ CHILD'S LAST NAME: _____ BIRTHDAY (M, D, Y): _____

CHILD'S SEX (MALE OR FEMALE): _____ CHILD'S DATE OF BIRTH & COUNTY: _____ COUNTY IF THERE WAS A PREL. DEATH OR STILLBORN: _____

Section 2: PARENT'S INFORMATION

MOTHER'S INFORMATION: ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE): _____

DATE & PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.): _____ SOCIAL SECURITY NUMBER: _____

EMPLOYER: _____ ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE): _____

FATHER'S INFORMATION: ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE): _____

DATE & PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.): _____ SOCIAL SECURITY NUMBER: _____

EMPLOYER: _____ ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE): _____

Section 3: NOTARY PUBLIC

I understand that either parent may withdraw this paternity acknowledgment, without penalty, within 60 days from the date of his/her signature. I have been informed of my rights and responsibilities as explained on the reverse side of this form.

Note: By signing this document, you are stating that you read and understood all of its provisions, including those printed on the reverse side of this document, and that the facts stated on this document are true. Pursuant to O.C.G.A. § 31-10-31, anyone making a false statement on this document may go to prison for up to five years and fined up to \$10,000. Photo ID is required of all individuals signing this document.

MOTHER'S SIGNATURE: _____	FATHER'S SIGNATURE: _____
FATHER'S SIGNATURE IF MOTHER IS A MINOR UNDER AGE 18, A PARENT MUST ALSO SIGN: _____	FATHER'S SIGNATURE IF FATHER IS A MINOR UNDER AGE 18, A PARENT MUST ALSO SIGN: _____
ACKNOWLEDGED TO BE TRUE BEFORE ME ON (NOTARY'S SIGNATURE & DATE): _____	ACKNOWLEDGED TO BE TRUE BEFORE ME ON (NOTARY'S SIGNATURE & DATE): _____
MY TERM EXPIRES ON (DATE): _____	MY TERM EXPIRES ON (DATE): _____
IDENTIFICATION TYPE & NO. PRESENTED BY MOTHER: _____	IDENTIFICATION TYPE & NO. PRESENTED BY FATHER: _____
PLEASE PLACE THE NOTARY SEAL BELOW: _____	PLEASE PLACE THE NOTARY SEAL BELOW: _____

PLEASE ADDRESS ALL CORRESPONDENCE TO THE ADDRESS BELOW:
STATE OFFICE OF VITAL RECORDS | 1680 PHOENIX BLVD. SUITE 100, ATLANTA, GA 30349 | PHONE 404.679.4702

CRITERIA FOR SELECTING A PRAMS STATE FOR THE PILOT



- High PRAMS response rate
- State prevalence of unmarried mothers comparable to national prevalence
- AOP completion rates
- Strong, stable operations
- Time available
- Willing to champion

State	% unmarried	% AOP	%2013 response rate
Alabama	40.6	70.1	53
Alaska			68.6
Arkansas	42.2 ---		60.9
Colorado	34.5	78.4	61.3
Delaware	45.0 ---		68.4
Florida	22.1	71.5	55.1
Georgia	47.8	31.6	65.9
Hawaii	48.0	72.9	70.4
Illinois	45.4	67.2	65.4
Louisiana	37.3 ---		58.4
Maine	40.4	69.2	65.3
Maryland	53.0	69.9	64.9
Massachusetts	41.0 ---		62
Michigan ⁵	40.4	72.8	59.7
Minnesota	33.5	75.7	60.2
Missouri	42.4	65.4	68.8
Nebraska	32.9	75.4	65.5
New Jersey	40.3	63.3	71.5
New Mexico	33.3	69.9	66.4
New York ⁶	35.6 ---		60.4
New York City	52.0	57.9	68
North Carolina	40.2	74.5	44.1
Ohio			56.4
Oklahoma	41.4	63.7	62.9
Oregon	43.7	61.1	62.2
Pennsylvania	42.2	68.7	68
Rhode Island	35.9	75.1	62
South Carolina	41.6	84.9	52.8
Tennessee	44.6 ---		60.7
Texas	47.3	52.9	55.1
Utah	44.0	64.0	66
Vermont	42.2	70.6	74.8
Virginia	18.9	68.5	45.2
Washington	40.2	82.2	65
West Virginia	34.6	70.6	66.3
Wisconsin	32.8	62.2	63
Wyoming	45.2 ---		61.8



PRAMS FOR DADS TEAM: A COLLABORATIVE PARTNERSHIP

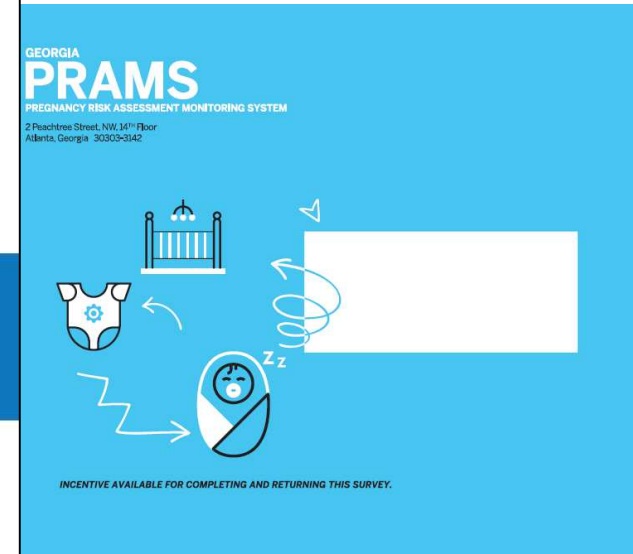
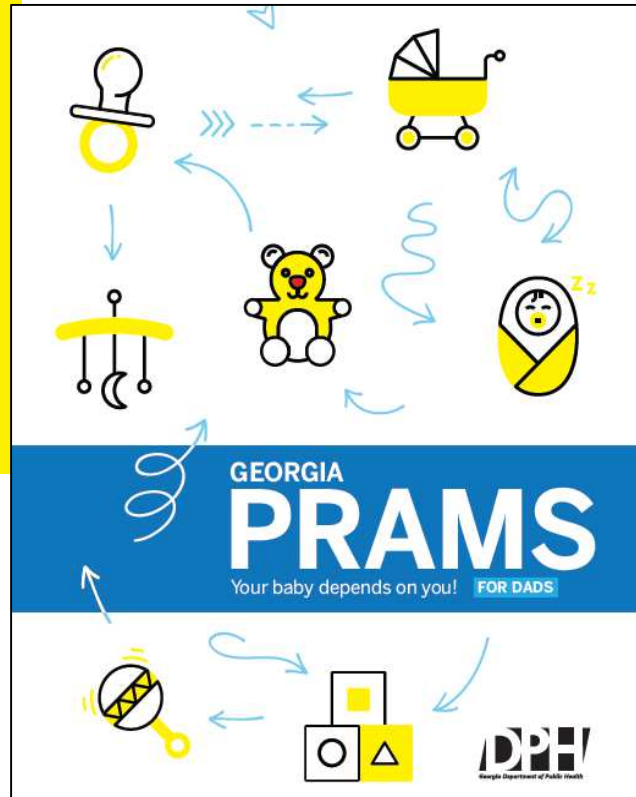
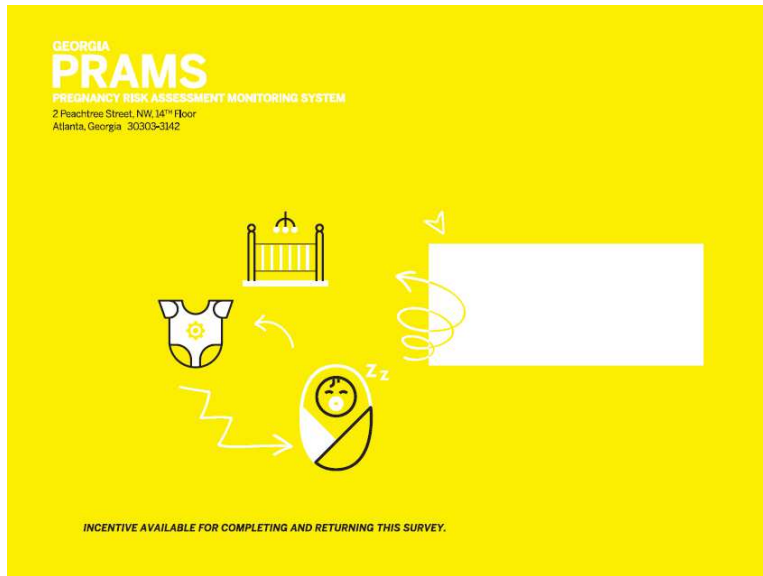
- Northwestern University
Feinberg School of Medicine
- Georgia Department of
Public Health, PRAMS Team
- PRAMS for Dads
Work Group, DRH, CDC



PILOT STUDY: OBJECTIVES

- To implement a PRAMS for Dads pilot study based on formative research.
- To identify the most effective approach for reaching residential and non-residential fathers in the perinatal period.

PRAMS FOR DADS MATERIALS

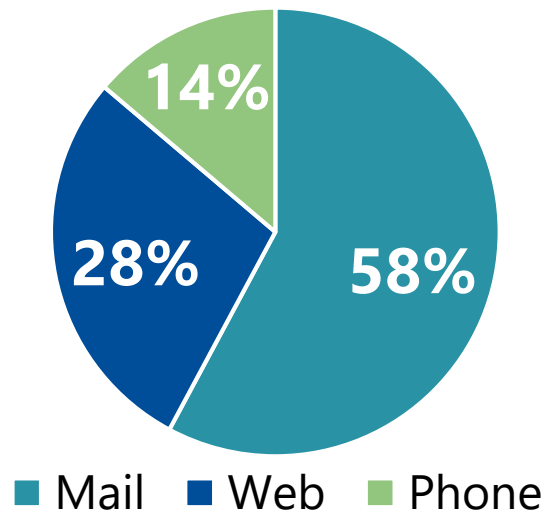


All Dads have the option to complete survey online!

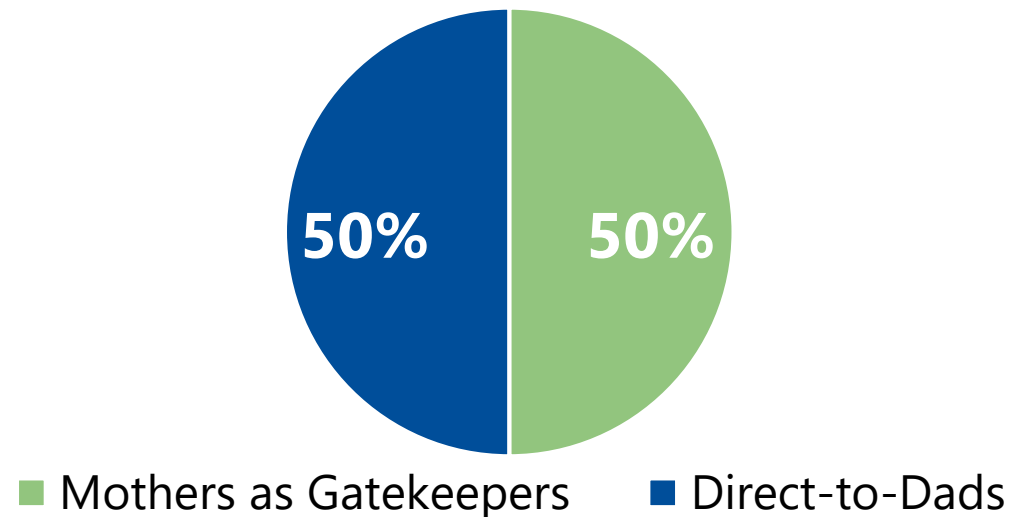
PRAMS FOR DADS FINDINGS

- Length of enrollment: October 2018 to June 2019
- 857 total fathers invited in completed batches
 - 268 completed surveys (31% response rate)
 - Similar response rates between two arms

Survey Completion Mode



Survey Completion Arm



LESSONS LEARNED FROM THE FIELD



- Challenges
 - Administrative and logistical barriers
 - Limited resources
- Opportunities
 - Continued commitment to the project success
 - Increased adaptability and flexibility in the field
 - Capturing the voice of both parents

CONCLUSIONS AND RECOMMENDATIONS



- Fielding a PRAMS for Dads survey is feasible with strong support from researchers, states, and national agencies
- Logistical difficulties can be overcome in order to optimize survey delivery and completion
- The best approach for reaching new fathers will be assessed upon project completion

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The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Questions?



Up Next



Healthy Start Town Hall

