

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

Fatherhood Talk Tuesday

Tuesday, September 21, 2021 || 3:00pm to 4:30pm ET

HEALTHY
start
TA & SUPPORT CENTER

NICHQ
National Institute for
Children's Health Quality



Fatherhood Talk Tuesday



September 21, 2021



Agenda

Housekeeping

Lisa Hong, NICHQ

Welcome

Brandon Wood, DHSPS

Infant Mortality Awareness Month

Kenn Harris, NICHQ

Speaker Introductions

Kenn Harris, NICHQ

Programming for fathers in an MCH program:
Harnessing the promise of program evaluation

Dr. Derrick Gordon, Yale University School of
Medicine

Paternal Factors and Maternal Child Health

Dr. Haywood Brown, University of South Florida

Closing

Danisha Charles, NICHQ

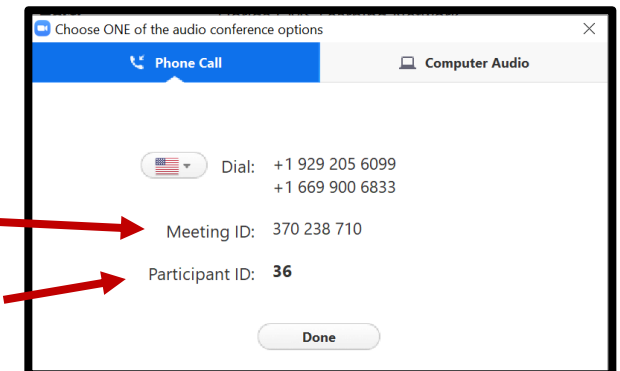
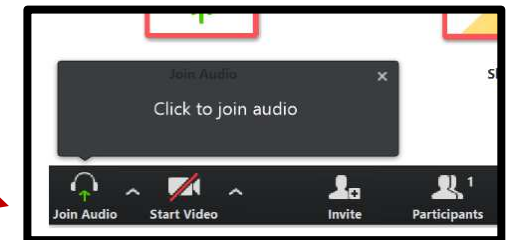
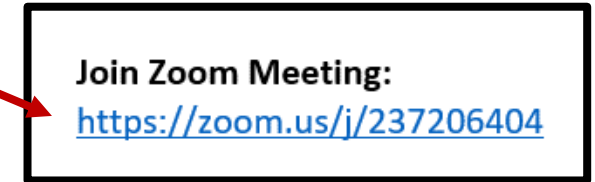
Meeting Logistics



- This session is being recorded.
- All participants are muted upon entry. We ask that you remain muted to limit background noise.
- Members are encouraged to participate in the discussion by typing your comments or asking questions using the chat box.

Connecting to the Audio Conference

- Join the Zoom Meeting by **clicking the Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
 - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
 - If using the phone:
 - Dial one of the given numbers next to **"Dial"**
 - You will be prompted to enter the **Meeting ID**
 - Then you will be prompted to enter the **Participant ID**



How to Chat

The image shows a Zoom Meeting window with a dark theme. At the bottom, there is a toolbar with icons for Unmute, Start Video, Participants, Chat, Share Screen, Record, and Reactions. A red box highlights the Chat icon. A red arrow points from this box to a sidebar on the right side of the window. The sidebar has a 'Chat' header and a 'View' dropdown. Below the header, there is a 'To:' dropdown menu set to 'Everyone', a 'File' icon, and a text input field labeled 'Type message here...'. Three numbered callouts in red circles with white text boxes provide instructions: 1. 'Click the Chat button at the bottom of the Zoom window.' 2. 'A sidebar will appear where you can chat to all participants.' 3. 'Chat here to everyone!'

1 Click the **Chat** button at the bottom of the Zoom window.

2 A sidebar will appear where you can chat to all participants.

3 Chat here to everyone!

Welcome & Introductions

Kenn Harris

Healthy Start TA & Support Center
NICHQ



Infant Mortality Awareness Month

Kenn Harris

Executive Project Director
Healthy Start TA & Support Center
National Institute for Children's
Health Quality (NICHQ)





SEPTEMBER

National Infant Mortality Awareness Month

we focus on bringing awareness to the rate of babies that die each year before they reach their first birthday.

The health and well-being of children and families across the globe are measured by infant mortality rates.



About Infant Mortality

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births.

In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society.

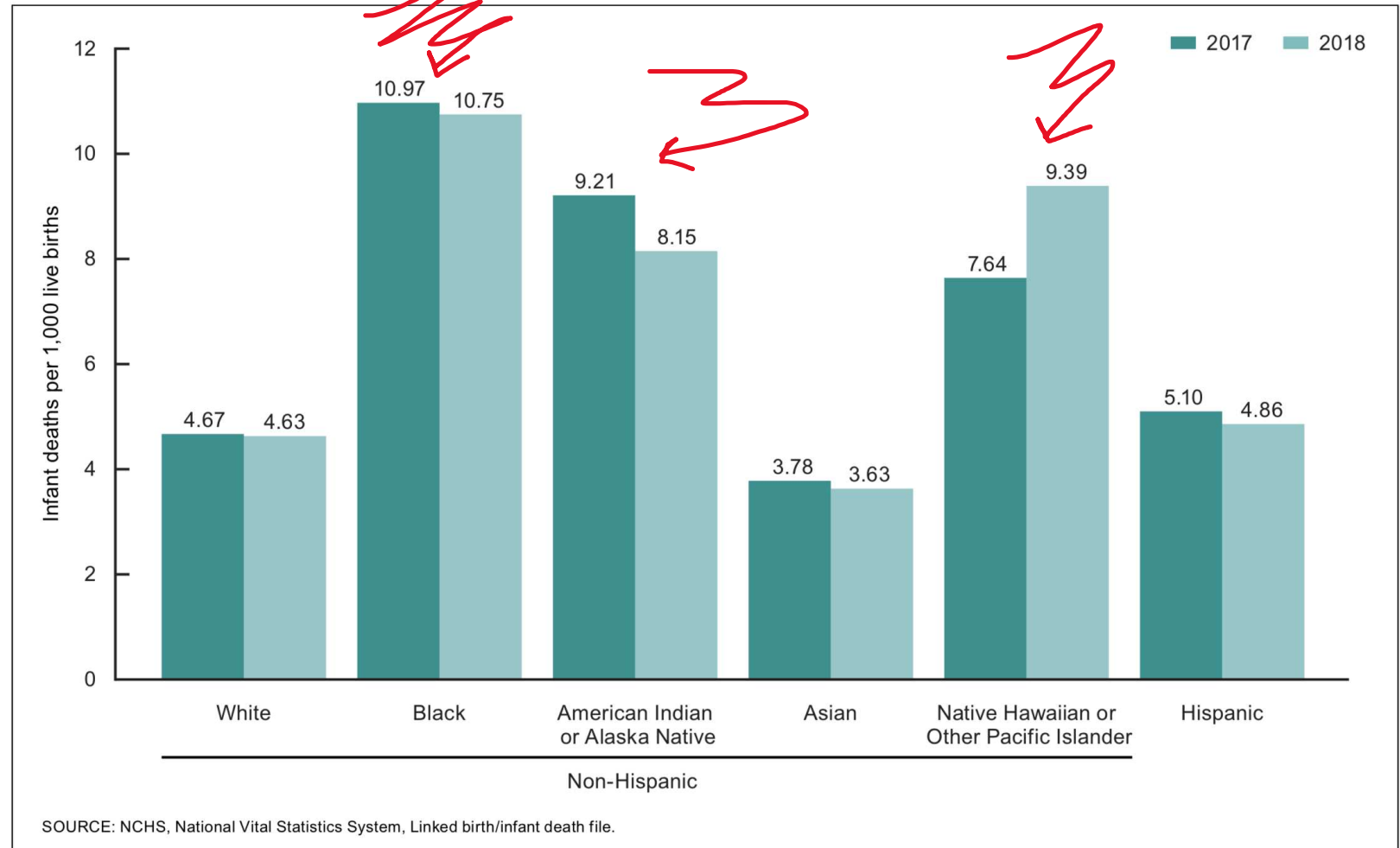


In 2019, the infant mortality rate in the United States was 5.6 deaths per 1,000 live births.

Infant mortality rates, by race and Hispanic origin: United States, 2017–2018

In 2018, infant mortality rates by race and ethnicity were as follows:

- Non-Hispanic black: **10.8**
- Native Hawaiian or other Pacific Islander: **9.4**
- American Indian/Alaska Native: **8.2**
- Hispanic: 4.9
- Non-Hispanic white: 4.6
- Asian: 3.6





<https://www.nationalhealthystart.org/celebrate-day-366/>

https://441563-2014355-raikfcquaxqncofqfm.stackpathdns.com/wp-content/uploads/2021/06/IMAC_ToolKit-Web-07_29_2016.pdf



NATIONAL
HEALTHY START
ASSOCIATION

The Celebrate Day 366...Every Baby Deserves a Chance Infant Mortality Awareness Campaign supports and inspires people from around the nation to take action in support of the Healthy People 2030 goal to improve the health and well-being of women, infants, children and families



Healthy Start believes that fathers play a role in addressing infant mortality too!





Speaker Introductions

Kenn Harris
Executive Project Director
Healthy Start TA & Support Center
National Institute for Children's
Health Quality (NICHQ)



Today's Speakers



Dr. Derrick Gordon

Associate Professor of Psychiatry;
Director, Research, Policy and
Program on Male Development,
The Consultation Center,
Yale University School of Medicine



Dr. Haywood Brown

Professor of Obstetrics and Gynecology,
University of South Florida
Co PI AIM CCI Postpartum Initiative






Welcome

Brandon Wood
Project Officer
Division for Healthy Start &
Perinatal Services



Programming for fathers in an MCH program: Harnessing the promise of program evaluation

Dr. Derrick Gordon
Yale University School of Medicine



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Programming for fathers in an MCH program:
Harnessing the promise of program evaluation

DERRICK M. GORDON, PH.D.

YALE UNIVERSITY SCHOOL OF MEDICINE

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Setting the Context

Today's Goals



ENGAGE YOU IN OUR THINKING ABOUT AN
EVALUATION STRATEGY FOR FATHERHOOD
PROGRAMMING IN AN MCH PROGRAM



HEAR YOUR REACTIONS TO THE AREAS
DEVELOPED THUS FAR



IDENTIFY NEXT STEPS

The Problem/ Challenge

- ❖ Men and fathers have historically been invisible to MCH programs
- ❖ Healthy Start programs have not demonstrated fathers' value in supporting positive pregnancy outcomes
- ❖ The questions then are:
 - ❖ How do we Involve, connect, and engage (ICE) fathers?
 - ❖ How do we understand their involvement/inclusion?
 - ❖ How do they show up in MCH's continuum of care?

What are our resources?

All the Healthy Start programs
funded through MHC of HHS

NICHQ

Staff

Community

Other funders

MCH's current fatherhood outcomes

Serve 100 fathers, annually

Fathers are connected to a Healthy Start
mother

Document your process (i.e., services,
policies, etc.)

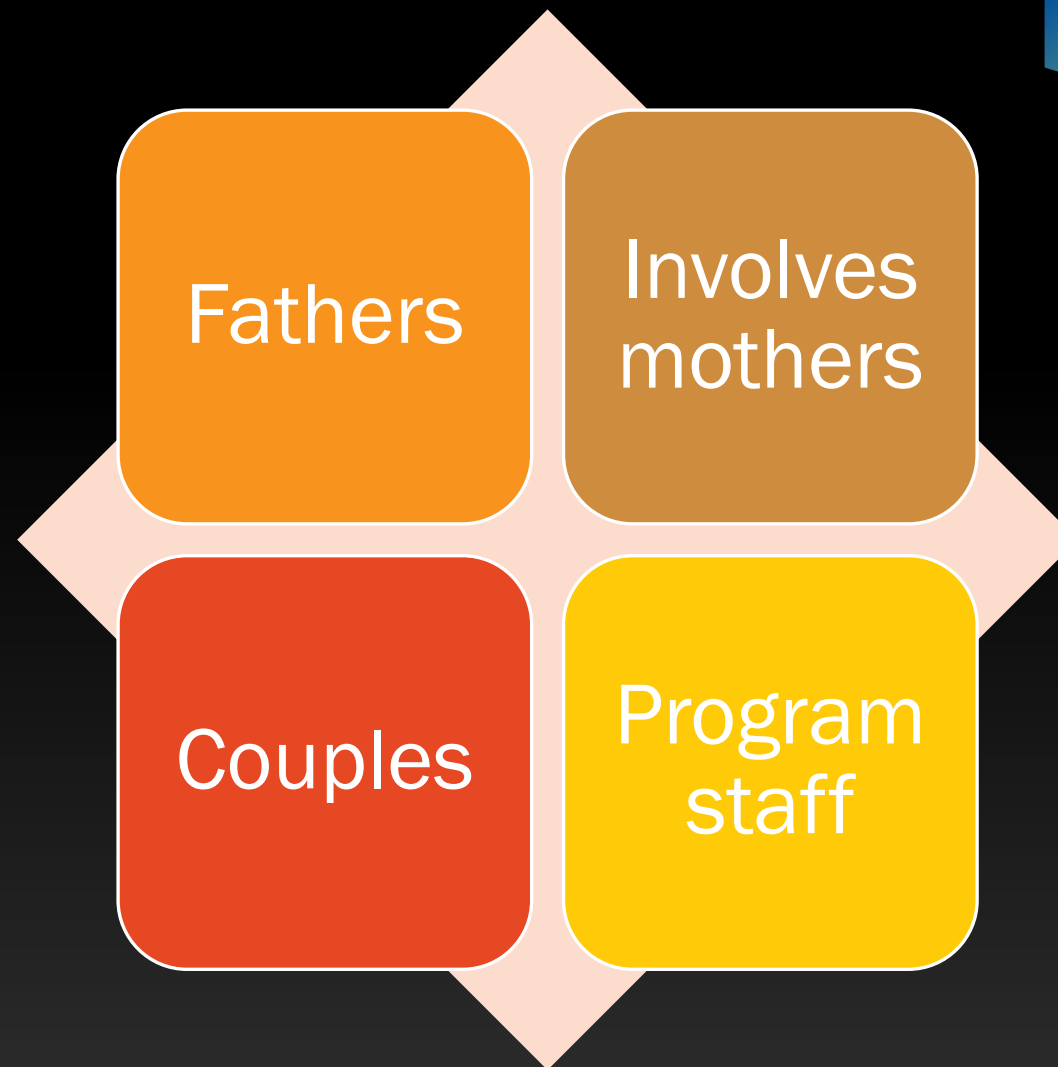
Connect fathers to mothers and children

Connect fathers to children early (0-18mts)



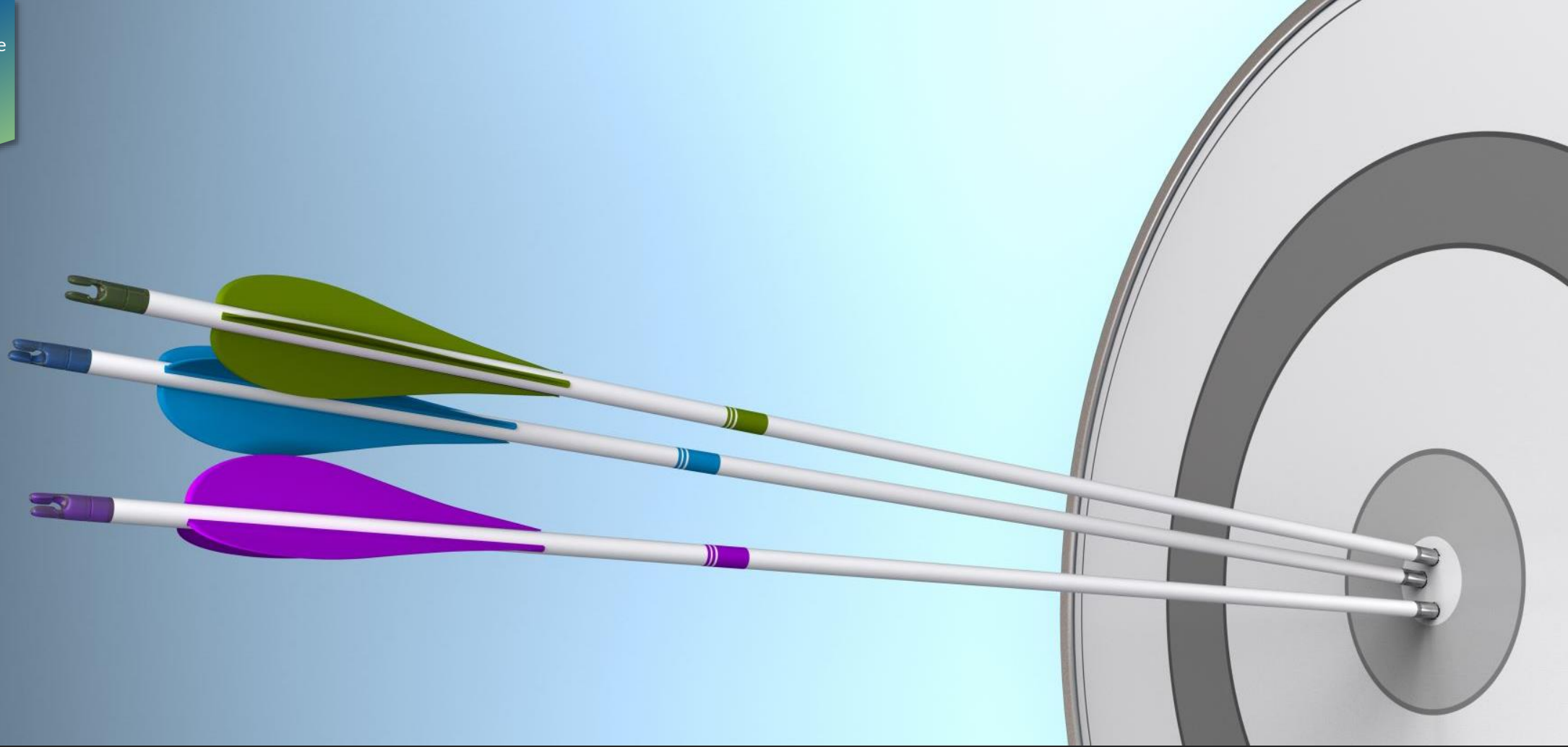
So, what is your strategy?

Building an
effective
approach...



What are your outputs?

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What are your outcomes?

DID YOU HIT YOUR MARK?



Using this data
to inform
program
planning and
development?





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Thank you

Derrick M. Gordon, Ph.D.

The Consultation Center, Yale University School of Medicine

Tel: 203-789-7645: email: derrick.gordon@yale.edu



Paternal Factors and Maternal Child Health

Dr. Haywood Brown
University of South Florida

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Paternal Factors and Maternal Child Health

Haywood L. Brown, MD
Professor of Obstetrics and Gynecology
University of South Florida
Co PI AIM CCI Postpartum Initiative
September 2021



The Expectant Father



Pregnancy Fast Facts!!!!

- Only 50% of pregnancies in the United States are planned and percentages vary significantly based on traditional marriage, maternal age and economic circumstances.
- What is the role of the expectant father in the 21st century?
- Childbirth education has evolved over the last three decades and has become more family centered. It is now an expectation that most fathers will enter the delivery room in a supporting role during childbirth and participate in some aspects of the birth process.

The Expectant Father



Pregnancy Fast Facts!!!!

- Paternal participation in and understanding of pregnancy and the birth process is important to a healthier childbirth experience for the couple and birth outcome.
- The father's attitude about breast feeding has a significant impact on the mother's decision to breast feed as well as contraceptive choices, both of which impact pregnancy spacing.
- Expectant parents, especially fathers to be are often ill-prepared for pregnancy complications that impact maternal and infant outcome and well-being including: preterm delivery, preeclampsia, birth defects or postpartum depression.

Paternal Involvement



- Paternal involvement during perinatal period may decrease proportion of infants born of very low birth or preterm.

Paternal Involvement



- **Paternal Involvement Positive influences on children**
 - Academic achievement
 - Behavior and cognitive development
 - Feto- Infant health
- **Birth Outcome by Marital status**
 - Married women less likely to smoke, more likely to seek early prenatal care and less likely to have LBW infants
 - ✦ MacDonald LD, Peak JL, Anderson HR. Marital status: association with social and economic circumstances, psychological state and outcomes of pregnancy. *J Public Health Medicine*, 14(1), 26-34, 1992
 - ✦ Ventura SJ. Births to unmarried mothers: US 1980-92. *Vital Health Statistics*, 21 (53), 1-55.

Paternal Involvement



- Obstetric Outcome by Father Presence vs. father-absent
 - Father absent group
 - ✦ Higher maternal anemia, eclampsia, placental abruption.
 - ✦ Earlier GA (wks) at delivery (38.32 vs. 38.64 w, $p < 0.01$)
 - ✦ Infant weight 165 g less (3169g vs. 3333g, $p < 0.01$)

Paternal Involvement

Alio et al. J Maternal Child Health 2010



- Florida Birth certificate records 1998-2005
- 1,276,820 (91.3%) father involved vs. 120,981 (8.7%) in the father absent groups
 - Women < 20 excluded (11.8%)

Paternal Involvement

Alio et al. J Maternal Child Health 2010

Table 3 Adjusted odds ratio for the association between father involvement and fetoinfant morbidity outcomes by race/ethnicity, Florida, 1998–2005

	White mothers Father-absent	Black mothers Father-present	Black mothers Father-absent	Hispanic mothers Father-present	Hispanic mother Father-absent
Low birth weight	1.53 (1.47–1.59)	2.22 (2.18–2.27)	2.73 (2.65–2.82)	1.15 (1.13–1.18)	1.52 (1.44–1.59)
Very low birth weight	2.26 (2.08–2.46)	3.02 (2.89–3.15)	4.85 (4.56–5.15)	1.29 (1.23–1.36)	2.40 (2.17–2.66)
Preterm	1.35 (1.30–1.40)	1.56 (1.54–1.59)	2.03 (1.98–2.09)	1.00 (0.98–1.01)	1.29 (1.23–1.34)
Very preterm	2.08 (1.91–2.25)	2.74 (2.63–2.85)	4.38 (4.14–4.64)	1.28 (1.23–1.34)	2.25 (2.05–2.47)
Small for gestational age	1.28 (1.23–1.32)	2.24 (2.20–2.28)	2.35 (2.29–2.42)	1.53 (1.47–1.60)	1.53 (1.47–1.60)

Referent group = White mothers in the father-involved group

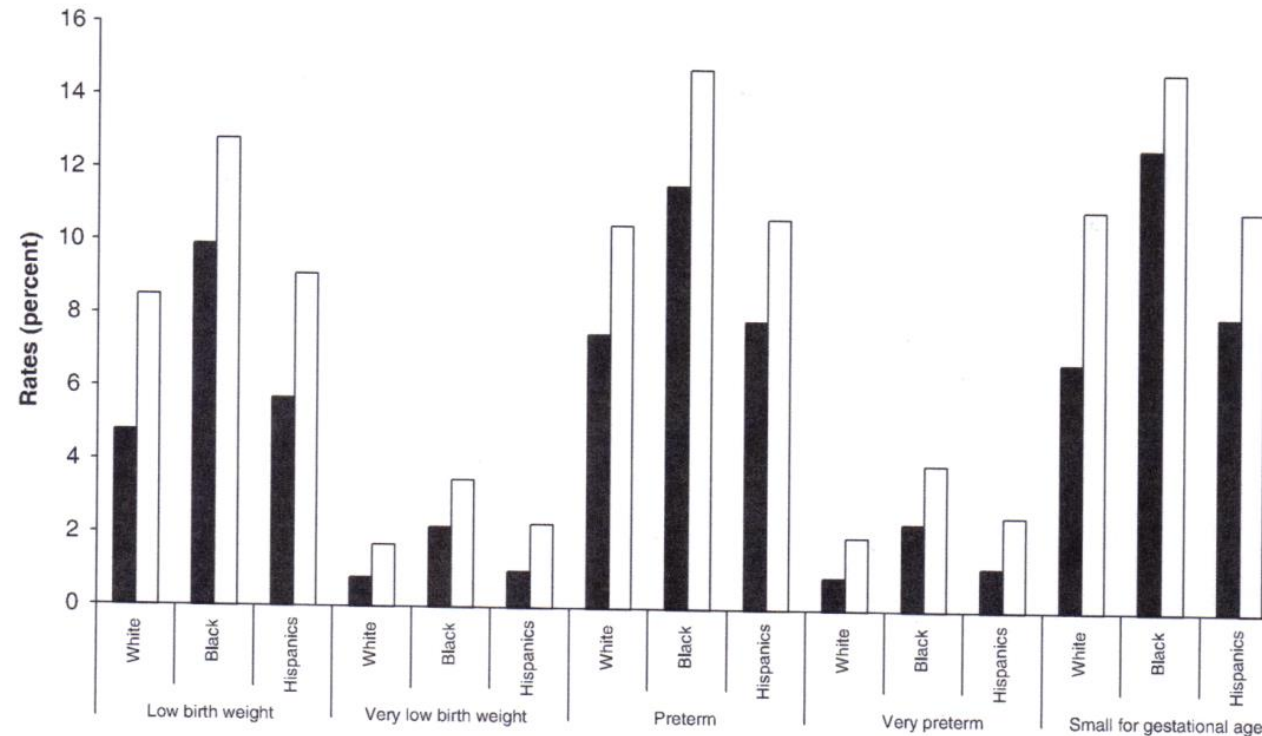
Adjusted estimates were generated after controlling for the effects of maternal age, parity, smoking, education, marital status, adequacy of prenatal care, anemia, cardiac disease, diabetes, preeclampsia, chronic hypertension, renal disease, eclampsia, placenta abruption, and placenta previa

Paternal Involvement

Alio et al. J Maternal Child Health 2010

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Fig. 1 Crude estimates of fetoinfant morbidity outcomes by father involvement status. *Filled square* father-involved, *open square* father-absent. *P* values for all comparison was less than 0.01



Paternal Attitude toward Breast Feeding

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- 75% of women make decision about breast feeding before pregnancy or in first trimester
- 40% -75% of women report that their perception of the partner's opinion or preference affects decision about breast feeding

Arora, S. Pediatrics 2000

Postpartum Depression Male Perspective

- Ryden (2004), Cohen (2002)
 - Postnatal depression and mental illness ~ same for both sexes
 - Women's depression occurs in first 3 months and men's depression starts at ~3-9 months after birth
 - Men with depressed wives had increase risk of depression
 - Postpartum Depression symptoms in men
 - ✦ irritation, aggression, nonsocial behavior, drug abuse, low impulse control
 - ✦ Leads to jealousy toward child, feelings of alienation, change in sexual life, violence against partner

Fathers view of Childbirth Education



- Men invited to antenatal classes designed for women's needs
 - Lack of father's needs disappointing to men
 - Women's model not best way to prepare fathers
- Important to men in childbirth education
 - Talk and share experiences with other men in the same situation and in small groups
 - Use father-facilitators in childbirth education
 - ✦ Premberg, RNM. Fathers' experience of childbirth education. *J Perinatal education*, 15(2), 21-28, 2006

Definition of “Good Father”

To understand more fully how these fathers define good fathering, we asked “What are the most important aspects of being a good father?” These answers were on a one to five scale where five is “extremely important”, four is “very important”, down to one is “not important”.

Provide love and emotional support

Extremely Important	(69/81)	85.19%
Very Important	(6/81)	7.41%
Important	(2/81)	2.47%
Occasionally	(1/81)	1.23%
Not Important	(0/81)	0%
Blank	(3/81)	3.7%

Be involved and present in your child’s life.

Extremely Important	(67/81)	82.72%
Very Important	(7/81)	8.64%
Important	(4/81)	4.94%
Occasionally	(0/81)	0%
Not Important	(0/81)	0%
Blank	(3/81)	3.7%

Be a teacher, guide and coach.

Extremely Important	(68/81)	83.95%
Very Important	(7/81)	8.64%
Important	(2/81)	2.47%
Occasionally	(0/81)	0%
Not Important	(1/81)	1.23%
Blank	(3/81)	3.7%

Hours Spent Interacting with Children

Less than 1 hour	(8/81)	9.88%
1 to 1.9 hours	(7/81)	8.64%
2 to 2.9 hours	(5/81)	6.17%
3 to 3.9 hours	(14/81)	17.28%
4 to 4.9 hours	(13/81)	16.05%
5 or more	(27/81)	33.33%
Blank	(7/81)	8.64%

Reading to Children

Every day of a child's earliest years matter



Families, schools and communities all have a role to play to ensure every child receives the lifelong advantages of literacy and early learning before an achievement gap is created.

From birth to age 5, when a child's brain develops rapidly, is the time to build the foundation of cognitive abilities and character.

Third graders who cannot read on grade level today are on track to be our nation's lowest income, least skilled citizens.

Some states use their elementary students' reading failure rates to predict future prison sizes.

Conclusions



- Paternal Participation is important to a healthier birth outcome
- Incorporation of encouragement of the father in education about pregnancy and childbirth is beneficial for the pregnancy woman and her partner
- There is knowledge gaps on the part of many expectant fathers with regard to expectations and pregnancy complications



Closing

Danisha Charles
Project Manager
Healthy Start TA & Support Center
NICHQ



Satisfaction Survey

Can be found on the EPIC website or
bit.ly/hs-deadlines-and-events

September 2021

Deadlines:

Sep 15 HSMED-II Report (CSV or XML) Due

Events:

Sep 15 Healthy Start COIN Meeting #10 – COIN members only

Sep 15 [An Innovative Approach to Preconception Care for Young African American Men: the Gabe Health IT System](#)

Sep 16 [Understanding Prenatal Alcohol Exposure and Preventing Fetal Alcohol Spectrum Disorders \(FASD\) Webinar #1](#)

Sep 20 TIROE CoP Learning Session #5 – COP members only

Sep 21 [Fatherhood Talk Tuesday](#)

Sep 23 [CAN Learning Academy Session #5](#)

Sep 28 [Fatherhood Learning Academy Session #3](#)

Contact Information

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A photograph of a man with a shaved head, wearing a yellow t-shirt, kissing a baby on the cheek. The baby is wearing a dark grey shirt and is looking towards the camera. They are in a bright, modern living room with a large window in the background. A light-colored sofa is visible behind them. The text "Thank You!" is overlaid in green on the right side of the image.

Thank
You!