

**‘A DAD’S GUIDE TO BREASTFEEDING’: AN INFORMATION
PACK FOR FATHERS DEVELOPED BY THE NATIONAL SOCIAL
MARKETING CENTRE**

EVALUATION REPORT

DRAFT

1. BACKGROUND

Exclusive breastfeeding for the first six months is recommended as optimal for babies globally and in the UK (WHO, 2003, DH, 2010a). Breastfeeding rates are relatively high in Brighton and Hove. In the third quarter of 2009/10, for example, the initiation rate was 85.2% compared to 72.6% for England. Six to eight weeks after birth, 57.6% of mothers in Brighton and Hove were exclusively breastfeeding compared to 29.4% in England (DH, 2010b).

The government has set a target for PCTs to raise initiation rates by 2% year on year (MacArthur et al. 2009). The local breastfeeding strategy (Brighton & Hove Breastfeeding Strategy Group, 2009) aims to increase rates of both initiation and duration by strengthening and improving existing services, promoting normalisation and acceptance of breastfeeding, reducing social inequalities in infant feeding practices, and integrating relevant interventions across the city. The Group set in place a range of activities to meet these aims, including working with the National Social Marketing Centre as a learning demonstration site.

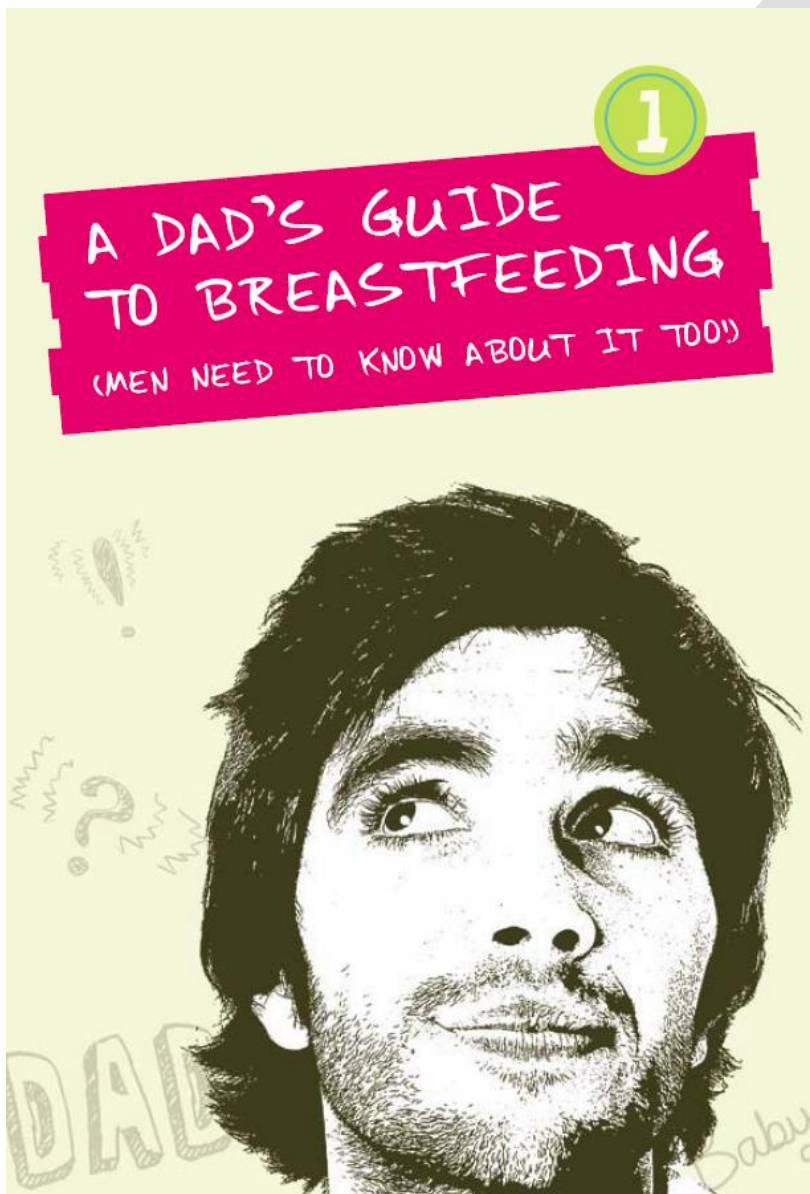
The demonstration site steering group initially suggested that mothers and health professionals should be the target audience for social marketing interventions. However, primary research carried out with fathers in the Brighton and Hove area (Sherriff, Hall and Pickin, 2009) identified a lack of targeted information on breastfeeding for fathers and suggested that 'father-friendly literature' had potential for supporting fathers' role in breastfeeding. After discussion about different possible options, it was agreed that the social marketing intervention should be an information booklet or pack aimed at fathers. Consultation with groups of fathers undertaken for the development stage of the intervention provided guidelines for the content, tone and design of the information source. A pilot pack was produced by the National Social Marketing Centre with advice from breastfeeding professionals in Brighton and Hove. This report outlines the evaluation of the pilot pack undertaken with parents.

2. THE INTERVENTION

The aim of the social marketing project was to:

- increase exclusive breastfeeding at six to eight weeks among women who initiate breastfeeding;
- increase the length of time that mothers breastfeed (exclusively and partially) to six months and beyond.

The pack itself comprises an A5 sized cardboard box containing ten numbered, illustrated, brightly coloured information cards and four coasters or 'beer mats'. The cards outline the benefits of breastfeeding for both baby and mother, the role of fathers in supporting their partner to breastfeed, facts about breastfeeding, responses to 'FAQs' (frequently asked questions), suggestions for ways that men can get close to their babies, and tips for making breastfeeding easier. They are illustrated with photographs of 'dads'. The 'beer mats' are also illustrated and remind fathers that 'the Dad's Guide to Breastfeeding is here to help answer your questions'.



Findings from focus groups with fathers facilitated by the National Social Marketing Centre in the development phase of the pack indicated that men would like to receive information on breastfeeding at either the 20 week ultrasound scan or immediately after their baby's birth.

3. AIM AND OBJECTIVES OF THE EVALUATION

The aim of the outcome evaluation was to assess the effectiveness of 'A Dad's Guide to Breastfeeding' in meeting its aims.

However, this was a small-scale, short term evaluation of the pilot phase of this intervention. Time and resources were not available to undertake a study with the scope to measure the impact of the pack on duration of breastfeeding in the Brighton and Hove area. The objectives of the evaluation (listed below) were therefore to assess the knowledge and confidence of the fathers involved, to describe parents' views on the pack, and their perception of its impact on breastfeeding.

Objectives included:

- assessing fathers' knowledge of infant feeding;
- gathering information on couples' feeding intentions before birth and practice when baby born;
- evaluating fathers' confidence in supporting partners' breastfeeding;
- the extent and quality of parents' communication re. breastfeeding;
- an assessment of the pack's content, format, design and tone;
- parents' perception of the impact of the pack on initiation and duration of breastfeeding.

4. EVALUATION METHODOLOGY

Interviews were carried out with 18 men and women who were either expecting a baby or who had recently had a baby. Interviews focused on knowledge of feeding babies, confidence in supporting partners' breastfeeding, fathers' role in breastfeeding, their assessment of the pack, and their perception of its impact on initiation and duration of breastfeeding.

SAMPLING RESPONDENTS

The majority of respondents (14) were recruited to the study by one of the research team as they either attended a 20 week scan in the ultrasound department or after delivery in the postnatal ward of the Royal Sussex County Hospital in Brighton. Two were recruited as they

visited the same hospital for other reasons, one via personal contact, and one by the Specialist Young Parent Health Visitors based at Moulsecoomb Children's Centre. Recruitment took place in April 2010.

Potential respondents in all settings were asked if they or their partner planned to breastfeed or if their baby was breastfed. Those who reported definitely planning not to breastfeed, and women who reported not having a partner were not asked to take part. In the postnatal ward, researchers took advice from midwives on which parents to approach. One mother, for example, whose baby had a cleft palette was not invited to take part. In line with the high proportion of women who initiate breastfeeding in Brighton and Hove, only a small number of mothers on the postnatal ward had decided against breastfeeding. Of those asked to participate in the evaluation, only one refused saying that her partner would not be interested in the pack.

Since the pack was aimed at fathers, men were primarily targeted for recruitment. However, a number of women were also invited to participate and their views were sought on the role of fathers in relation to breastfeeding and, in particular, on whether they thought the pack would have an impact on partners' knowledge and behaviour. As men were often present in both the ultrasound department and the postnatal ward, researchers approached them if they accompanied their partners and, if the woman was alone, she was invited to take part.

Those approached were given a copy of the pack and an information sheet about the study. At the point of recruitment, researchers made it clear that participation was voluntary and that potential participants could change their minds at any point. We were sensitive to the fact that parents with a new baby may have had other priorities. Of the 35 people who initially agreed to take part, just over half (18) were interviewed for the study. Of those who did not participate, 12 either could not be contacted or a convenient time could not be arranged, and five decided not to take part. Some of these mentioned having postnatal complications or difficulties breastfeeding. In some cases, for those who did take part, a number of attempts were made before a convenient time for an interview could be arranged.

Participants all gave written consent before interviews were carried out.

Table 3.1: Numbers of people recruited and numbers who participated

	Recruited			Participated		
	Male	Female	All	Male	Female	All
Antenatal						
20 week scan	10	4	14	4	2	6
Other antenatal	3		3			
Postnatal						
Postnatal ward	11	6	17	6	2	8
Other postnatal		1	1	3	1	4
Total	24	11	35	13	5	18

THE INTERVIEWS

Four topic guides were developed for use in interviews depending on the participant and their circumstances. These were for: men/women whose baby was not yet born; and for men/women whose baby had arrived. Interviews were carried out by telephone and lasted between 20 and 40 minutes.

All participants were rewarded with a £10 voucher for Amazon or another shop of their choice to thank them for their contribution to the evaluation.

5. RESULTS

THE PARTICIPANTS

The mean age of participants was 34.5 years. The oldest (M) was aged 64 and the youngest (F) 18 years.

Table 5.1 Age of participants (years)

	Male	Female	All
20 and under		1	1
21-25	1		1
26-30	2		2
31-35	7	1	8
36-40	3		3
41-45	1	1	2
over 45	1		1
Total	15	3	18

One of the aims of Brighton and Hove's breastfeeding strategy is to reduce social inequalities in the uptake and duration of breastfeeding. Evidence indicates that there is variation across groups with younger women from lower educational and socioeconomic groups least likely to breastfeed (Bolling et al. 2007). Participants in this evaluation were asked when they left full-time education as a proxy indicator of socioeconomic status. Two-thirds (12) were aged 21 or older when they completed their education suggesting that they were educated to at least degree level or equivalent.

Table 5.2 Age at leaving full-time education

	Male	Female	All
16 and under	2		2
17-18	1	2	3
19-22	7	1	8
over 22	4		4
Total	14	3	17

One male participant did not give his age at completing full-time education.

In order to measure the extent to which participants were established in the local area and the potential for family support in the early months of parenthood, participants were asked how long they had lived in Brighton and Hove and whether family members lived nearby.

More than half of participants (11) had lived in the area for at least five years. Two had grown up in Brighton and Hove while the shortest residence was five months.

Table 5.3 Number of years resident in Brighton and Hove

	All
less than 5	6
5-9	5
10 or more	6
Total	17

One participant who lived outside the city did not give length of residence.

Half of participants (9) reported having at least one family member living nearby while almost half (8) did not. One did not respond to this question.

The majority of participants (14) lived in central wards in the city of Brighton and Hove (Central Hove, Wish, Westbourne, Queens Park, Goldsmid, Preston Park, Brunswick & Adelaide, St Peter's & North Laine and East Brighton). The four others lived outside the unitary authority boundary.

Two-thirds of participants (12) were first time parents. Of the others, four had one child with their current partner (of whom one had two children with a previous partner), one had three children, and one had one child with a previous partner.

All those interviewed had attended, or were planning to attend, antenatal classes provided by local maternity services, the National Childbirth Trust (NCT) and/or YouToUs (an agency based in Brighton offering antenatal classes and breastfeeding support). Three reported attending classes for a previous pregnancy but did not plan to for this one.

Being well-informed was important to these participants who mentioned '*reading all the books*', their own awareness of the health benefits of breastfeeding, and work roles that involved the health of young children.

VIEWS AND EXPERIENCES OF BREASTFEEDING

In general, participants were very positive about breastfeeding. They reported being *'in favour'*, *'believing in it'*, being *'all for it'* and that breastfeeding was *'a good thing'*. Some gave more detailed responses saying how important breastfeeding is for establishing a bond between mother and baby, developing babies' immunity and reducing the risk of breast cancer for mothers. One father argued that it saved money – and washing up!

Breastfeeding, compared to formula feeding, seemed to be a norm for most of these participants. The majority (11) reported that they had been breastfed themselves and that family members and friends with babies breastfed although a number said they were not sure for how long.

Decisions about breastfeeding

Participants were asked whether they had discussed and decided upon a method of infant feeding prior to the baby's birth. All but two (whose babies had not arrived) had had some discussion about it and, in these cases, had made a joint decision to breastfeed. Some reported that they had both assumed that the baby would be breastfed which had limited the scope of their discussion. A number of fathers felt the decision should be made by the mother as she would be the one who fed the baby.

'It's her body at the end of the day.'

'Ultimately it's a mother's choice.'

'I don't think we're entitled [to make the decision] to be quite honest, it's not our bodies.'

'It's down to my wife as she has to do it.'

'I don't think I would have disputed it if she hadn't wanted to.'

Others balanced the share of influence on the decision arguing that the father's *'has to be less than 50%. It can't be prescriptive'* or *'70:30 her decision'* while a pregnant woman said *'he'd support whatever I wanted'*. One father thought a man could play a supportive role if a woman was ambivalent or unconfident about breastfeeding by ensuring they had as much information as possible to make a decision. A mother wondered what the extent of a father's influence would be if he was in favour of breastfeeding but his partner did not want to. One man answered this by suggesting that the father's role was as a *'sounding board'* for his partner but that there was no point in forcing breastfeeding on a woman who was not keen. A father wondered whether there would be more discussion if a mother was in favour and a father against breastfeeding.

In terms of duration of breastfeeding, some participants mentioned the length of time they thought they or their partner would breastfeed. Three said around six months while another

hoped to breastfeed for about a year and two others *'until the baby is weaned'*. One planned to introduce bottle feeding with expressed milk after four to six weeks as advised in the pack.

Some had discussed possible difficulties with breastfeeding and how they would deal with these. One, for example, reported that he and his partner had agreed while she was pregnant that she would breastfeed *'because of all the benefits but that equally we shouldn't be too hard on ourselves if things didn't work out'*.

One young woman who had not discussed feeding with the baby's father (who was not involved in supporting her through the pregnancy) had talked to family members and friends about breastfeeding and found them generally supportive. She planned to bring it up at her next meeting with her midwife. Her experience raises the question of whether the father's pack should have a wider application to others involved in supporting women through childbirth and early parenthood such as grandparents, same sex partners and friends.

Breastfeeding problems

Those whose babies had not arrived were generally *'not overly worried about breastfeeding'*, admitting in some cases that their first concern was with labour and delivery. Participants with friends who had experienced difficulties were aware that breastfeeding is not always effortless and easy. One was anxious about breastfeeding in public because a friend had been abused for feeding on a bus.

However, those with personal experience of breastfeeding (either as mothers or fathers) were aware that it may not be straightforward, especially at first, and that difficulties are not uncommon. Participants mentioned problems associated with the baby's birth, initial difficulties latching on, a tongue tied baby, constant feeding and associated exhaustion, 'sleepy' babies who feed for short periods leading to concerns that they are getting enough milk, painful nipples, mastitis, and general tiredness and anxiety. One mother explained the difficulties she had had breastfeeding, saying that her attention while pregnant had been on the baby's birth rather than on feeding but that in hindsight she had found breastfeeding more painful than labour.

Some participants mentioned the support they were receiving or had received from midwives, health visitors, the local NCT and/or family members. One father said that talking about breastfeeding at NCT classes changed his impression that successful breastfeeding was *'only a matter of putting them on the boob and away they go'*.

A range of views was expressed on the optimal duration of breastfeeding which some participants balanced against the preferences and needs of mothers. Some new parents planned to breastfeed for at least six months while one father said his partner would *'definitely really try to three months'* but that *'six months is more 50:50'*, citing the

consensus among their peer group that breastfeeding up to three months was most important by which time *'you've had a good go at it so don't beat yourself up'*. Another planned to breastfeed until the baby *'had teeth'* while a mother's return to work was mentioned as a reason to stop by another. Some reported that they would have liked to exclusively breastfeed for longer than they had and, in some cases, felt guilty about having stopped. Others mentioned *'topping up'* breast milk with formula, especially for night feeds.

There was a perceived *'pressure'* to breastfeed articulated by some parents. One postnatal father, for example, said that his wife *'might crumble'* if she had little sleep for a month and, in these circumstances, they may decide to introduce formula feeding at night even though they would prefer not to. Another father of three said that experience with his older children had taught him and his partner that bottle feeding was not *'a sign of failure'* if a baby was losing or not gaining weight. Regarding the new baby, he said

'We'll do everything we can but we also have to be flexible.'

VIEWS OF FATHERS' ROLE IN BREASTFEEDING

Fathers saw their role as supporting their partner to breastfeed and cited practical ways that they could do this, acknowledging that breastfeeding can be very time consuming. These included helping their partner find a comfortable breastfeeding position, enhancing the home environment, undertaking household tasks such as cooking and housework, and caring for the baby between feeds. One father thought that trying to *'second guess my partner's needs at any given time'* would help him to be closely involved with the baby. Providing encouragement and reassurance to partners was also mentioned, particularly if they faced difficulties breastfeeding, and supporting partners to seek advice from professionals and other new parents. A number of men mentioned feeling confident in their role of breastfeeding supporter and one said that the pack had given him practical ideas for how he could be involved.

One mother explained how important her partner's support had been to her when she experienced difficulties breastfeeding. Not only had he looked after her needs and the baby's but his understanding gave her license to stop breastfeeding if she decided she wanted to. In fact, his support encouraged her to persevere while introducing some formula feeds.

He said "well done, brilliant", taking the baby off me, making me rest, bringing me a cup of tea, feeding me, really taking care of me. You think you can just get up and run but you do need to rest – more than I realised. He helps a bit with the guilt about bottle feeding.

An experienced father thought that a breastfeeding woman had a number of needs and that it was the role of the father to *'soak up'* some of the emotional, *'hormonal'* needs and *'not*

let it affect you'. He found it *'quite a serving role and a demanding role'* and more exhausting than many people realised.

Another father thought that men can feel left out of caring for new babies but that, when his baby arrives, he will *'do bath times, playing, changing nappies, and baby massage'* and make sure that his partner had a break.

THE VALUE OF INFORMATION SPECIFICALLY TARGETED AT MEN

A guide concentrating on breastfeeding was welcomed, as most information and advice was said to focus primarily on the pregnancy and birthing process, not what happens afterwards. Moreover, all participants thought it was very worthwhile to have information specifically for men, as they were said to be largely sidelined in much other written information and in antenatal sessions run by professionals.

'...can be seen as very singular experience between mum and baby. It helps if dad knows as much about it as possible.'

However, not all those interviewed felt it essential to have a separate publication for men: given the amount of written information provided on pregnancy and childbirth, some said that targeting some of this existing information at fathers would be as valuable as providing something new.

VIEWS ON THE DESIGN

Format

Many of those interviewed had already read numerous pregnancy guides and 'baby' books, both bought privately and provided by the NHS, as well as sourcing information and advice from the internet. Some reported that they preferred the internet, which may simply reflect the demographic profile of many participants in this evaluation. A few queried whether the pack would be made available online, which would offer the advantage of easy linking and cross referring to other sources and may be effective in targeting some people. However, this would not be suitable for those without home access to the internet. This issue was not specifically explored in this evaluation. There was also a suggestion that getting men to read the pack in the first place might be a challenge and that some of the information would be received more readily from professionals.

Design

The design and presentation warranted evaluation, given their novelty and the intention to be both eye-catching and engaging.

The design of the pack attracted the greatest controversy. While some liked it, others very firmly did not. The individual aspects are addressed separately below. Some participants thought it would be hard to read for people with visual impairment because of the colours used and insufficient contrast between the coloured text and the backgrounds. One, who reported being dyslexic, had found it difficult to read. Readability may need to be considered and tested more widely.

The box

A number of respondents liked the box and particularly appreciated that it was both 'different' and eye-catching, and that it was not yet another booklet. However, many criticised what they saw as wasteful and excessive packaging, which would go '*straight into the recycling bin*'. Some found opening the box and removing the cards fiddly and difficult.

The cards

The use of individual cards to present the information attracted a mixed response. Some enjoyed the contrast with more common formats, such as leaflets and booklets and found the cards attractive and interesting.

'... good that there's not too much in one place. Helps low attention span - better than if in a booklet.'

Others felt that without any binding the cards would get lost, would add to clutter and were not a good idea given the general untidiness and upheaval when a new baby arrives. Locating specific pieces of information a second time was reported as difficult and the lack of indexing or signposting in the cards, combined with the boxed design, was said to make them hard to use.

'Gimmicky touches which turn me off.'

'Very expensive looking and hard to use.'

The graphics

Opinion was deeply divided about the pictures used. Several respondents welcomed illustrations of young, trendy looking men and appreciated a divergence from what was described as the normal '*mumsy*' images used in pregnancy and baby guides. On the other hand, others criticised the images in terms of representativeness: all the men pictured looked white Caucasian to those interviewed. Moreover, alongside some of the pack's

content, they were also perceived to be too 'laddish' and 'blokey'. Many men found the illustrations demeaning and insulting. Although some men and women said they liked the images, men were more likely to take offence than the women and it was men who found them undignified. Some were very irritated by the unshaven and untidy appearance of the men pictured. A few said that they were not inclined to open and read the pack, such was their annoyance with the images and possibly they had only pushed through this reluctance because of their involvement in this evaluation.

'Something from some probation office mug-shots... I don't relate to that... if it's trying to communicate with me.'

Some specific images attracted criticism. A number were described as pointless, such as those of men staring into space or looking confused.



The picture of the pregnant man was liked by one woman, but many men said they found it off-putting and bore no relevance to breastfeeding.

'...looks like a darts player who eats pies and drinks beer.'

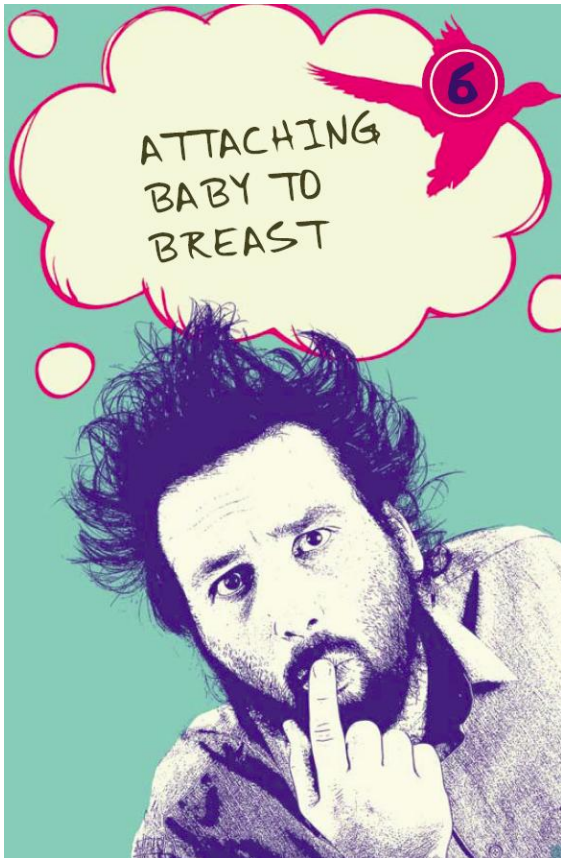
'Silly and debasing we already know we can't get pregnant.'

'Condescending and confusing... the portrayal of dads is all negative.'

Recommendations were made to use images which clearly linked with the information contained on each card. Using images of men actually looking after a baby or providing support to a partner was suggested. Pictures could show fathers holding or winding a baby or giving his partner a drink.

'Maybe a picture of a dad supporting a woman, rather than the pondering and looking a bit funny.'

Combined with the tone and content, the images raised issues relating to the intended target audience for this pack. Many of the men interviewed felt it was not aimed at them.



The coasters or 'beer mats'

Four small square card coasters were included in the pack. Interestingly, all participants perceived them as beer mats. On one level these were liked for their light-heartedness and comments on them included: *'little reminder', 'good fun, 'novel'*. Some people had left them around to provoke discussion when friends or family visited.

Overall, however, these mats attracted the greatest criticism on both a practical front and for their implied message. Some felt they were of little use or impact and were a waste of cardboard and their function and purpose were not immediately clear: *'silly', 'waste of money', 'pointless'*. Leaving messages about breastfeeding around on tables or in pubs had little appeal:

'We don't use coasters or beer mats and even less likely when the baby arrives.'

'Not going to do anything with them, especially as I'm not drinking beer.'

'I'm not going to use them –I don't live in a pub anyway.'

'Not sure I'd even use them as beer mats.'

Many found the mats *'weird', 'gimmicky, 'studenty' and 'strange'*. They were criticised for giving a *'very confusing'* message and again implying that men are only interested in beer, reinforcing a *'laddish'* and *'blokey'* stereotype of men.

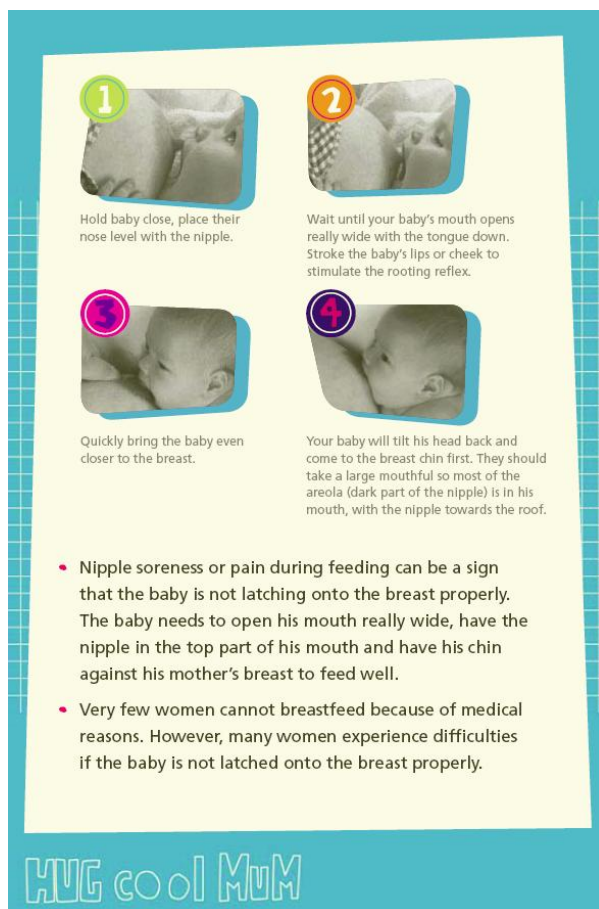
'We're in the 21st century now, just talk to us like... we don't have to just talk about beer.'

Some found it baffling to implicitly advocate beer drinking when pregnant or just after having a baby.

'I find the beer mats very confusing. I understand that men drink beer but at the same time promoting alcohol while about to have a baby is not a great idea – a bit strange.'

VIEWS ON THE CONTENT

Participants were generally happy with the amount and quality of the content of the pack. The card titled *'How can you help?'* with the pointers on how to support a partner while she breastfeeds was said to be particularly thought-provoking and welcome. Some said they liked the way the pack conceptualised cooking for the mother as in turn feeding their baby.



There was some disagreement about the amount of detail preferred or necessary. Some felt it was good to *'repeat the obvious'*, although it is difficult to ascertain what would be obvious to everyone. Many liked the practical contrasts made between breastfeeding and bottle feeding such as the cost, sterilising, carrying bottles everywhere and that bottles were not as *'instant'*. The fact that the pack covered more than merely how to get a baby to latch on correctly, unlike many books, was welcomed.

Suggestions for improvements included, most notably, greater details about the advantages of breastfeeding and more extensive comparisons between formula feed and breast milk. Participants also recommended that more mention be made of the other positive aspects of breastfeeding, such as the health benefits for the mother.

On this front the pack was said to make a number of statements which came across as mere assertions and that these would have been more convincing if they had been backed up by more scientific or referenced information. Some argued that as the pack was targeted at men and, because men like facts and science, it should therefore contain more of this kind of information.

'Makes broad statements, but not explanations.'

More details were requested on how parents can assess whether the baby is getting adequate nutrition and when and how to stop breastfeeding. While the pack gave

suggestions on practical ways in which a father can help, more precise examples of these were requested as well as a greater emphasis on the emotional and psychological needs of the breastfeeding mother.

Besides the positive aspects, those whose babies had arrived or who already had children felt that the pack should be a bit more *'honest and frank'* about common problems which can arise with breastfeeding. They mentioned, for example, soreness, mastitis, babies not gaining weight, and constant feeding, as well as how to best deal with these, and, in this context, what support a partner can provide. As one said, *'forewarned is forearmed'*. For those whose partners had experienced them, such difficulties had come as a huge shock. Most we spoke to had persevered, which was possibly down to sheer determination to breastfeed, but it is likely that many others facing similar problems would give up.

'...need to be made aware what pitfalls there may be as well.'

Other specific suggestions for additions included: more information on *'good', 'safe'* places where women can breastfeed outside the home and how men can help their partner breastfeed in public; more on how tired women get, how much rest they might need, and some *'real life'* case stories.

Tone, level and target audience

A divergence emerged in interviews: some liked the tone and level of the information and thought it just right, while others found it condescending and *'dumbed down'*. This again led to queries about the intended target audience. Most of the men interviewed felt that the pack was not intended for them and many felt the presentation and content was unclear in that context. Those who had previously had babies or had done some previous reading found little useful or new in the pack which they suggested was *'preaching to the converted'*.

The tone of the content and that of the graphics were said to differ. The graphics provoked very strong feelings. From the pictures used one man assumed it was for *'unshaven people who spend all their time in the pub, or have been in prison - not for me'*. Common deductions were that it was intended for younger, *'laddish'*, first time, poorly educated dads, with little knowledge about the subject. It was also felt to be excessively defensive and assumed that men were negative and inherently opposed to breastfeeding, rather than simply unaware or neutral.

On another note, some participants felt that the pack, like much of the *'baby literature,'* implicitly made mothers feel guilty and inadequate if they did not, or could not, breastfeed for one reason or another, rather than merely providing information on the best way to feed their baby.

THE EFFECTIVENESS AND IMPACT OF THE PACK

To gauge the effectiveness and impact of the pack we asked a series of questions: whether anxieties or worries about breastfeeding had been addressed by the pack; what if anything was learnt; what impact it had had on fathers; how effective it was in the initiation and continuation of breastfeeding; and, lastly, whether parents would recommend the pack to others.

Did the pack address worries/ anxieties about breastfeeding?

The answers to this question varied between those in the antenatal period and those who had already had their babies. Expectant parents were naturally more unsure whether they had enough information or not and had more generalised concerns about breastfeeding, especially regarding the ability to breastfeed at all and how to judge if the baby is getting enough nourishment. Some said they were already reading a lot in any case and so could not ascribe any change in their knowledge to the pack.

Of those who had already had their babies, a few said it had helped provide general reassurance and some useful pointers such as how to position the baby. On the whole, however, there was a common feeling that it *'needed more reality on real issues'* and a demand for greater depth and range of information particularly on addressing common problems.

'It's all very well reading things, but actually doing it is quite different.'

'Could have used examples of problems and solutions and where fathers can help, such as running to the [chemist] in the middle of the night to get nipple shields.'

'It's difficult before you breastfeed to imagine the sort of problems you might have.'

Men requested guidance on what their role should be if the woman is not keen to breastfeed, or not able to, or finds it very problematic, how to meet her emotional needs and at what stage she should just give up trying. Both women and men sought more information on where she could breastfeed comfortably outside the home, such as which shops and public places provided discreet breastfeeding facilities.

What was learnt

Most participants said they had not learned anything new from the pack, again a reflection of the fact that they had already researched considerably on pregnancy and had advice from professionals, but were nonetheless reassured by its content and appreciated confirmation of information gleaned elsewhere. However, one young woman said she would now consider breastfeeding whereas previously she had been set against it.

The most notable gains for men were ideas on how they could provide support to their breastfeeding partners, such as helping in the positioning, massaging her shoulders and providing drinks and food. Many liked the concept that feeding the mother was in turn feeding their baby. It helped raise awareness of the importance of the father's role.

Impact on fathers

Asked what impact the pack had on them, most fathers felt it had had little or none. However, it was difficult for them to distinguish its effect from information they had picked up elsewhere or indeed their pre-existing position in favour of breastfeeding in any case. Some felt it would have a greater impact on first time fathers and if it was provided early in the pregnancy. Of those who felt it had had an impact this mainly related to tips on how they could support and provide practical help to the mother, although one said it helped him understand how much time breastfeeding can take.

Effectiveness

We asked participants to assess how effective they thought the pack was in achieving its two main aims: to encourage parents to try breastfeeding in the first place; and to continue for at least six months. Overall it was judged more successful in getting parents to consider breastfeeding and give it a try, as long as it was received early enough. Only a few could remember any information they had read about duration of breastfeeding or the benefits of continuing for any specific period of time.

'Definitely, if you weren't considering breastfeeding this would encourage you to go with breastfeeding, as it clearly states the health benefits for the mother and child. ... If I didn't know I would have definitely been persuaded by the pack.'

'[It's] not going to completely change your mind, but if mum is looking for some support it does give dads a bit of ammunition, in terms of keeping it going.'

Recommendations to friends

When asked if they would recommend it to friends seven said yes, three said no and seven said it depended on either the target audience or on whether some of their recommended changes were incorporated first. One person did not answer this question. To get an indication of overall views of the pack, we also asked interviewees to give the pack a score

between 1 and 5, with 1 being very poor and 5 very good. Scores given ranged from 2.5 to 5, with an average of 3.5, and the most common score being 4 (seven people gave this).

CONCLUSION

Our small study sought the views of 18 parents – primarily fathers – living in or near Brighton and Hove on breastfeeding in general and on ‘A Dad’s Guide to Breastfeeding’ in particular. The majority of the sample were recruited from the Royal Sussex County Hospital either half way through pregnancy or postnatally. Most participants were in their thirties, had lived in the area for some years and were educated to degree level or equivalent. Two-thirds of them were first time parents.

Most had discussed infant feeding with their partners and all were either currently breastfeeding or had decided to do so when their baby was born. Parents who had decided not to breastfeed were not included in the sample of respondents.

Fathers believed that ultimately it was woman’s decision whether to breastfeed or not and that a father’s role was to provide support to help her to do so. Both practical and emotional support were mentioned and included taking responsibility for household tasks, caring for the baby between feeds, and helping a partner to find a comfortable position. The role of male partners was acknowledged as important for a woman struggling to breastfeed both as someone with whom to discuss problems and to offer encouragement and, if breastfeeding proved too difficult, supporting a decision to give up.

The ‘Dad’s Guide’ had a decidedly mixed reception among the fathers we talked to. Although the provision of information specifically targeted at fathers (and particularly first time fathers) was widely welcomed, the format and design of the pack were controversial for this sample of parents. Some liked the boxed pack for its innovation and the fact that it was different from a conventional booklet but others thought the packaging an unnecessary and expensive gimmick and found accessing and using the cards awkward. Men felt that the images were of stereotypical beer drinking ‘lads’ or ‘blokes’ and, in some cases, were insulted by these portrayals. Images of more diverse examples of men actively involved in caring for babies and supporting partners would have been preferable to many. The brightly coloured text was seen as potentially difficult to read for some parents. The ‘beer mats’ were liked by some but also attracted strong criticism, particularly because they implied that all men drink beer which was seen as an inappropriate ‘message’ in a pack aimed at those with a new baby.

The content of the cards was less controversial and most participants were generally happy with topics covered and the level of information although not all agreed on the amount of detail that should be included. In particular, participants felt that the pack should be explicit about potential difficulties women face in successfully breastfeeding and how best to

address them. There was seen to be a mismatch between the content and the style and format in which it was presented.

It was not possible to measure the effectiveness of the pack in meeting its aim to encourage initiation of breastfeeding and to extend the length of time that mothers breastfeed. It was judged more successful in meeting the first aim than the second. Participants found it difficult to distinguish the impact of the pack on how well-informed they were from other information they had gleaned from literature or the internet. Some mentioned ideas that they had gained from reading it such as how to support partners to breastfeed. The pack was seen as being of most value to first time fathers.

RECOMMENDATIONS

Information targeted at fathers was appreciated if made available during pregnancy. The 20 week ultrasound scan might be an appropriate time to do so. It could also be made accessible online.

The format and design of the pack could be altered to make it more attractive to a wide range of fathers by providing illustrations of a diverse group of men including those from minority ethnic groups and of different ages. Fathers could be pictured with their partners and babies actively involved in a caring role. Alternative formats could be explored. The content could include more 'facts' on the benefits of breastfeeding, particularly after three months, and be less ambiguous about the potential difficulties women experience breastfeeding perhaps using 'real life' case studies as exemplars of these and ways to solve them. The 'beer mats' could be excluded.

The inclusion of lists of 'baby friendly' local restaurants, shops and community facilities would be a welcome addition as would advice on breastfeeding in public places.

Although the pack is aimed at fathers, the provision of information on breastfeeding for others who support breastfeeding mothers (such as grandparents, same sex partners and friends) could be considered.

LIMITATIONS OF THE STUDY

This was a small qualitative study and included participants who were using maternity services. We recruited those planning to or already breastfeeding as it was not thought appropriate to ask those who had decided not to breastfeed in the settings where recruitment took place. The research team suspected that some potential participants who initially agreed to be interviewed but who eventually were not used 'passive refusal' to avoid taking part. Rather than refusing directly, they may have not answered researchers'

phone calls or not been available at the time an interview was scheduled. This may have been because they or their partner were having difficulties breastfeeding or had ceased to breastfeed and that they felt uncomfortable about talking about this given the message that 'breast is best'.

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