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SUPPORTING FAMILIES FOR **NURTURING CARE**

23

BECOMING A PARENT:

PRENATAL VISITS TO FAMILIES

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MODULE 23

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KEY MESSAGES - why is this topic important for you?

The first 1,000 days of a child's life begin at conception. Even though the interactions with the unborn child are not visible yet during pregnancy, this is the time when the foundations of nurturing care are laid, especially in relation to good health, adequate nutrition, and early bonding between the expectant parents and the unborn child.

- Prenatal visits allow healthcare providers to perform physical examinations, and provide orientation about a healthy lifestyle (i.e., eating habits and healthy foods, adequate weight gain and staying active during pregnancy). A healthcare provider may also order blood, urine or imaging tests to monitor the mother's and foetus's health and development.
- Pregnancy is the time when first emotional bonding with the child is achieved and the first decisions related to the care of the child are made.
- As *the child has not been born yet and no visible social interactions* that could be observed and supported, work with the family in this period relies on conversation and the skills of the home visitor to raise topics for discussion, inform families, enable learning and opportunities to reflect and develop new roles, relationships and identities in the emerging family.
- The establishment of a trustful partnership with parents, since pregnancy is key to the success of the work performed by healthcare providers during pre- and postnatal care.
- Equally, work in this period relies on carefully listening to the needs of both parents and empowering the family to develop a functional support network for their parenting.
- Finally, the transition to parenthood provides a unique opportunity for healthcare providers to carefully listen to expectant **parents** and address their physical, mental, and nutritional needs, which, in turn, builds the foundations of nurturing care.

LEARNING OUTCOMES

By the end of this module, you will be able to:

- Describe the key features and dimensions of transition to parenthood.
- Think of strategies how you, as a home visitor, can support parents to take good care of their physical health, and pursue a healthy lifestyle (i.e., engaging in physical activities, eating healthy food, etc.).
- Provide guidance to mothers and family members related to danger signs for pregnant women, nutrition during pregnancy, the importance of antenatal services provided via home visits or in health facilities, and screening for potential conditions that can affect pregnancy.
- Explain to parents why their mental health and emotional wellbeing are so important, and how they can take good care of themselves during pregnancy and beyond.
- Describe to parents how they can be prepared for labour and delivery (i.e., inform them about the different types of delivery, signs of labour, maternity requirements, and preparedness of a support person during labour and delivery).
- Come up with strategies to support parents, especially mothers, to breastfeed.
- Think of and apply strategies to support parent-child emotional bonding and wellbeing.
- Describe to fathers why they play a critical role in supporting child development and wellbeing.
- Support parents in building foundations of parenting alliance during transition to parenthood.
- Support mother's wellbeing.

1 INTRODUCTION

A healthy pregnancy is critical for setting the course for lifelong health. It has been proved that the first 1,000 days of a person's life—from conception to two years—is the most critical period for brain and body development. Thus, expectant and new parents can benefit from visits delivered by skilled healthcare providers who may offer them information and advice, monitor health and nutritional status, and identify high-risk conditions that require special care during pregnancy.

Additionally, science tell us that interventions aiming to strengthen maternal and paternal bonding during pregnancy may enhance bonding after birth and infant health outcomes.[1] Mother-infant bonding is key for developing secure attachment and affects many facets of a child's socio-emotional development through the lifespan, including later parenting.

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[1] Rossen, L., Hutchinson, D., Wilson, J., Burns, L., Allsop, S., Elliott, E. J., Jacobs, S., Macdonald, J. A., Olsson, C., & Mattick, R. P. (2017). Maternal Bonding through Pregnancy and Postnatal: Findings from an Australian Longitudinal Study. *American Journal of Perinatology*, 34(8), 808–817. https://doi.org/10.1055/s-0037-1599052

II

TRANSITION TO PARENTHOOD: CRITICAL CHANGES

Transition to parenthood is one of the major transition points in individual and family life courses. It mobilizes personal identities, relations, and gender roles within families and imposes a series of (expected) changes that result in capacity building, the development of new behaviours, roles, and relationships in order to adapt to being a parent. Changes in a woman's body and prenatal growth and development of the unborn child are certainly the most obvious aspects of the prenatal period. At the same time, however, although perhaps less visibly, this period entails a series of very complex changes that lay the foundations of parenthood. This is why the prenatal period is recognized as the transition to parenthood.

Other than physical, expected changes during the transition to parenthood include

1. PERSONAL CHANGES FOR BOTH MOTHER AND FATHER

- **Redefining identity** – the transition to motherhood and fatherhood produces changes in other pre-existing roles (i.e., becoming a parent while still being a child to his/her parents, husband/wife, sister, friend).
- **Preparation for the new relationships related to parenthood** – primarily for parent-child relationship (building individual capacities for childcare, rethinking one's own experiences of being a child and being cared for by one's parents; developing a personal parenting style, defining personal expectations of parenthood and personal indicators of parenting competency).

2. RELATIONAL CHANGES

- **Development of mother-child, father-child relations** and adapting to the changes in the marital relationship (e.g., less time to devote to the partner).
- **Forming a *parenting alliance,*** a specific relationship dedicated to parenting itself. In order to develop such an alliance, parents need skills to separate (co)parental functioning from marital relations. They also need skills to make parenting alliance strong and functional so that could help both mothers and fathers develop nurturing and responsive care, and, at the same time, help them support each other and think of each other as equals. Functional and strong parenting alliance will enable involvement and building knowledge and skills related to childcare for both mothers and fathers.

3. NETWORKING

- When the child is born, the parents become engaged in different networks that aim to support childrearing and childcare.
- Some of these networks are informal (i.e., friends, other parents, online parenting communities, etc.).
- Others are formal (i.e., different professionals who are involved in childcare or services for children and families, including monitoring and supporting children's growth, health, development, and learning). These professionals can observe, discuss, and provide support related to parents' feelings about their child, or skills to cope with parenting tasks, daily routines, attitudes, and competencies.
- Each family has to adapt and try to find the way to include support networks, while maintaining healthy boundaries.

Reflection and discussion

Go through this excerpt from a pregnancy diary.

"We were shopping for the baby today. Peter (father) commented on how everything is so tiny. And it is still going to be too large for him at the beginning", I added. We looked at each other and I knew we had the same thought: *How are we going to take care of such a fragile human being?*

I catch myself thinking about that more and more often. What does it mean, this phrase-*baby is fragile?* It obviously has something to do with baby' s size and physical appearance, and the lack of skills to survive. *Does he (baby-boy) totally depend on us? How shall we know what he needs other than feeding and changing diapers?*

Does he already know us? How will he learn that we are the ones who will take care of him? Just by our presence? What if he doesn't like us or accept us as caregivers?

And the most frightening thing for me: *How are we going to help him become a man, a father one day?* It is such a long, unpredictable way from a tiny baby to an adult and we have to be competent to support him at all moments of that journey. *How shall we become good enough parents for such a task?*

I think parents are fragile too. We end up so troubled so easily."

- *Try to give a name to what this mother is writing about.*
- *Which challenges related to childcare and adapting to parenting is she thinking about?*
- *How may these challenges affect her experience of pregnancy?*

Reflection and discussion

Think about the challenges families may face during the transition period. Consider having a discussion with other home visitor(s) on these topics:

- *Which processes of adapting to parenthood are the most obvious in your everyday work with expectant parents?*
- *Which processes of adapting to parenthood is the mother talking about in the diary excerpt? To what extent are you aware of them in your everyday work with families?*

Video clips

Watch these video clips of mothers talking about their experiences during pregnancy.

https://www.healthtalkaustralia.org/early-parenthood/experiences-of-pregnancy/

Now, name changes related to the transition to parenthood that you have recognized in these video clips.

Reflection and discussion

As a home visitor, you are part of a formal support network for (expectant) parents during their transition to parenthood.[2]

- *Which aspects of your role do you find to be the most important for families in this period?*
- *Which aspects of communication do you find to be the most important when working with families during this period?*

Many factors influence the successful transition to parenthood. The critical elements related to parents' life are summarized below.

Parents' personal history	Early childhood experiences, personality traits, attachment style
Parental mental health	Sources of stress, coping skills, resilience, emotional wellbeing, life satisfaction
Quality of existing relations	Marital, but also relations to siblings, family members, relations with friends, co-workers
Quality of existing support networks	Availability, resources and services, communication and relations with professionals

Some specific contexts or family life conditions during pregnancy may add special challenges to the transition to parenthood. This may include forming and supporting loving relationships between siblings, helping to redefine the roles of older siblings, and being responsive to the needs of all offspring.

Some other contexts may be extremely stressful or demanding. For example, when a pregnancy is unwanted or is a result of violent sexual assault or abusive intimate relationship, the mother may face challenges to form a parental identity, and to accept and/or take care of the child. In such stressful situations, there is a higher probability of developing mental health problems such as depression or anxiety, increasing the risk of poor mother-child interactions. For example, if the pregnancy is a result of a traumatic event (e.g., violent sexual assault), mental health problems may originate from the trauma itself, as well as stigma and discrimination related to being a victim of rape. Therefore, those circumstances require additional services to support mothers during pre- and postnatal periods. Such mothers would greatly benefit from targeted and intensive services focusing on their specific parenthood contexts.

Case study

a. Think about these families:

1. *A couple is expecting their first child. This pregnancy is intended, following one miscarriage and one stillbirth.*
2. *A couple is expecting their first child, after several years of infertility treatments.*
3. *A couple is expecting their first child. Mother's own mother died shortly after the pregnancy news.*

[2] Before this discussion, consider reviewing Module 2: The New Role of Home Visitor, available at: https://www.issa.nl/node/342 and Module 10: Caring and Empowering: Enhancing communication skills for home visitors, available at: https://www.issa.nl/node/350

4. *A couple is expecting their first child. Both parents are still at school, mother is 18 years old. They live with her parents.*

b. *Now, write down the specific challenges for transitioning to parenthood each described family face in your view.*

c. *Think of strategies a home visitor could use to support those families to overcome their challenges or barriers and adapt to parenthood. Write down your strategies.*

d. *Finally*, discuss your notes and perspectives with your colleagues.

Previous experiences of losing a child (through miscarriage or stillbirth) may cause mourning that is often neglected. Losing a close family member is also an experience that causes deep emotional trauma. Both of these contexts elevate stress, and may cause emotional distancing or feeling guilty for being sad, or giving a special and often demanding role to the child that is about to be born ("the child that survived", "the child that saved me"). This emotionally challenging context may require extra attention or even targeted or more intensive support to the parents and the family.

Young parents fight stigma regarding their age and (in)appropriate unprotected sexual activity that led to pregnancy. Aside from social discrimination, very young parents have additional adaptations to deal with, such as balancing education or peer relations and parenting; taking financial and other responsibilities for the child; looking for extra support of functional social networks, which often include their own parents, while creating healthy boundaries and taking the role of the child's primary caregivers.

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III SUPPORTING PHYSICAL HEALTH AND PHYSICAL ACTIVITY DURING PREGNANCY

Having a healthy pregnancy means regular health check-ups, quality nutrition, avoiding health-related harmful and risky behaviours and substances, and maintaining regular physical activity and quality leisure time.

Health check-ups. Having regular health check-ups includes both monitoring the health of the mother, as well as the development and the growth of the baby. Health check-ups aim to ensure that the mother and the baby are in good health, as well as to identify and prevent health-related conditions that may pose a risk for prenatal development (or pregnancy) or at birth. In addition, the ultrasound images of the growing foetus may help the mother and the father form mental images of the unborn baby, learn about it, and develop bonding even before birth.

Since the number of antenatal appointments[3] and exams[4] during pregnancy varies from country to country (or even within a country, between urban and rural areas), when conducting prenatal visits consider creating a list of expected regular check-ups. Additionally, inform the family about the timeline and main goals of each antenatal visit and check-up. Encourage fathers to attend the health check-ups and together with the mother to write down the questions they may have for the physician or gynaecologist about the pregnancy, mother's health, as well as baby's health and development. Consider providing the family with a list of "danger signs" (see Information Card 1 available in the Annexes) and encourage them to promptly visit the doctor if any danger signs appear. Encourage them to go through the list with their physician or gynaecologist and add other "red flags" if advised.

Adequate nutrition. During pregnancy, all the rules related to healthy nutrition of the general population should be applied. It is very important to emphasize to families that a pregnant woman should not eat for two as this may lead to overeating, which in turn can cause excessive weight gain. The diet plan of each pregnant woman is created individually depending on her age, body mass index (BMI), and physical activity level. For specific guidance on adequate nutrition, see Information Card 2 in the Annexes.

Reflection and discussion

Think about the families you visit when answering the questions below.

- *What is their usual diet?*
- *How do families' diets vary depending on their socio-economic status (SES)?*
- *When working with families of low socio-economic background, how could you advise them to maintain a balanced died? What nutritious and healthy foods are locally available and can replace those the family cannot afford?*

Consider offering information and ideas on healthy nutrition and adequate supplementation (iron, folic acid, etc.) to the families you work with (see Information Card 2 for guidance). Keep in mind to involve all the relevant family members in this conversation. In multigenerational or multifamily households, this may include all members who participate in grocery shopping and/or preparing meals.

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[3] According to the World Health Organization (WHO), a minimum of eight prenatal contacts are recommended to reduce perinatal mortality and promote positive childbirth experiences. WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience, https://www.who.int/publications/i/item/9789241550215

[4] The WHO recommends one ultrasound scan before 24 weeks of gestation to estimate the gestational age, improve detection of foetal anomalies and multiple pregnancies, and improve a woman's pregnancy experience.

SPECIAL CASES

Dealing with overweight and obesity in pregnancy. Families of overweight pregnant women, especially those who gain significant weight during pregnancy are at risk of non-responsive feeding practices after the birth of the child, and early obesity of the child.[5] This is why these families need more intensive and targeted support (nutrition-specific interventions) to develop healthy eating habits.

Living in extreme poverty. Families living in extreme poverty may be at risk of under-nutrition which can have lasting negative effects for children especially during the first 1,000 days (from conception to the child's 24 months of age). These families may need intensive support and referral to social welfare services, and/or targeted nutrition-specific and nutrition-sensitive interventions.

To ensure adequate referral, consider creating a map of existing nutrition-related services in the community, as well as learn about the existing social welfare programs aiming to improve the nutrition of vulnerable groups or provide income support (e.g., enrol disadvantaged families in a cash transfer program).

Avoiding risky and harmful substances. Growing body of evidence indicates the negative effects harmful habits such as smoking or alcohol can have on pregnancy progress and outcomes, and the health and development of the baby (before and after birth). Alcohol use during pregnancy increases the risk of miscarriage, stillbirth, and newborn death. Any alcohol use, but especially heavy use, can increase the risk of lifelong physical, behavioural, and intellectual disabilities. These disabilities are known as foetal alcohol spectrum disorder (FASD). There is no safe amount of alcohol that can be consumed during pregnancy, and there is no time during pregnancy when it is safe to drink. All types of alcohol are equally harmful, including wine and beer. Additionally, smoking during pregnancy can cause preterm birth, low birth weight, and separation of the placenta from the uterus prior to delivery, which can have serious consequences. Also, some studies have shown an increased risk of birth defects of the lip and mouth (such as cleft lip or palate) as well as tissue damage to the foetus's lungs and brain. Smoking during and after pregnancy also increases the risk of sudden unexpected infant death.[6]

Reflection and discussion

Think about the families you visit when answering the questions below.

- *What are the most common harmful habits among the expectant parents with whom you work?*
- *How could you start a conversation with the parents about the negative effects of their habits?* You may consider:
  - *Giving information about* what substances and habits may affect the baby's prenatal development and what their lifelong developmental and health risks are. Keep in mind to include fathers when informing families and ensure joint learning of the negative effects and risks.
  - *Referring* families to counselling or targeted parenting groups that exist in their communities (such as smoking cessation groups, Alcoholics Anonymous groups, etc.).
  - *Demonstrating and supporting* families in setting achievable goals related to adopting healthy habits in a feasible time frame. For example, if an expectant mother or a father has smoked for years before pregnancy, it is not realistic to expect them to quit smoking based only on conversation. It is of utmost importance to understand their motivations to

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[5] Williams, C. B., Mackenzie, K. C., & Gahagan, S. (2014). The Effect of Maternal Obesity on the Offspring. Clinical Obstetrics and Gynecology, 57(3), 508. https://doi.org/10.1097/GRF.0000000000000043

Miller, N., Mallan, K. M., Byrne, R., de Jersey, S., Jansen, E., & Daniels, L. A. (2020). Non-responsive feeding practices mediate the relationship between maternal and child obesogenic eating behaviours. Appetite, 151, 104648.

https://doi.org/10.1016/j.appet.2020.104648

[6] Source: https://www.ucsfhealth.org/education/substance-use-during-pregnancy

keep the unhealthy habit) and barriers (to overcome it). Thus, it may be more realistic to reduce the number of cigarettes, or reduce the exposure of pregnant women to second-hand smoke by arranging a smoking area for the father or other family members outside the home (in the backyard or the terrace).

- *Encouraging* families to stick to the plan, and help them identify persons and strategies that might help them persevere.
- *Providing support for regular physical activity and leisure time*. Based on available research evidence, the WHO states that physical activity during pregnancy benefits both mother's and foetus's health, decreases risks of pregnancy complications (such as, pre-eclampsia, gestational hypertension, and diabetes), as well as the risk of complications at birth, and of postpartum depression[7]. Adequate physical activity will not increase the risk of early pregnancy loss, stillbirth or preterm delivery, low birth weight. On the contrary, it may reduce the length of labour and postpartum recovery. On the other hand, a sedentary lifestyle contributes to risks and, therefore, is advised to be replaced with physical activity, even low intensity. Safety precautions are advised, such as avoiding physical activity during excessive heat, staying hydrated, avoiding activities that pose a risk of falling or limit oxygenation (i.e., climbing). Encourage the mother to talk with her physician about the danger signs, or required limitations to physical activity that should be observed in her individual case.

IMPORTANT

Introducing and maintaining regular physical activity during pregnancy is beneficial for the physical health of both the mother and the child. It is also important for mothers' mental health and stress reduction. Joint physical activities are also a good way to maintain the couple's healthy relationship during pregnancy.

Case study

Go through this excerpt from a pregnancy diary.

"I had a doctor's appointment today. When I finished my routine examination, I saw flyers for swimming, yoga, and aerobics for pregnant women in the waiting room. They offered information on the importance of physical activities for pregnant women and their partners. Well, he (husband) plays football once a week. I'm not sure we'll be able to agree on a time that works for both of us, although it would be exciting to enjoy some physical activity together.

I heard from a friend that her physician (gynaecologist) told her that it is forbidden to exercise during pregnancy. She was overweight before pregnancy, and then gained even more weight. I have to talk to the physician about this topic next time, if there is time left after the examination. I'm worried that I'll gain too much weight if I'm not active, but I'm more afraid that I'll mess something up with the pregnancy or that the baby might get hurt if I exercise."

Please, take a moment to answer the questions below.

- *What is this pregnant woman concerned about?*
- *How would you talk to her about physical activity during pregnancy?*

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[7] Nakamura, A., van der Waerden, J., Melchior, M., Bolze, C., El-Khoury, F., & Pryor, L. (2019). Physical activity during pregnancy and postpartum depression: Systematic review and meta-analysis. Journal of Affective Disorders, 246, 29-41. https://doi.org/10.1016/j.jad.2018.12.009

Now, think about the families you visit.

- *How many of them stop being physically active during pregnancy?*
- *How do you discuss physical activity during pregnancy?*

When talking to expectant parents about physical activity, please consider:

- Informing both mothers and fathers on the importance and benefits of staying active or introducing even low-intensity exercises as a daily routine during pregnancy
- Encouraging them to talk to the mother's physician about possible risks and limitations, as well as contraindications and danger signs.
- Including both parents in joint learning.
- Demonstrating and coaching them (e.g., invite them to write down physical activities they would both enjoy doing such as walking, swimming, yoga, dance, etc.). Then jointly draw a card of daily routines to find and define time when they can have some joint physical activity (see Information Card 3 in the Annexes).
- Referring families to physical activity programs for pregnant women and expectant couples that are available in their communities.

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IV SUPPORTING MENTAL HEALTH AND EMOTIONAL WELLBEING DURING PREGNANCY

Transition to parenthood is an individual experience, and many factors may affect how parents feel and cope with the changes. Most expectant parents feel worried about the pregnancy and prenatal development of their child, the changes in existing close relationships (i.e., with the romantic partner, family, friends, etc.), and about being able to bond with the child (i.e., be a good parent, and overcome the fear of childbirth).

Some expectant parents do not feel happy about pregnancy or may not be willing or feel prepared to take care of a child. Others may have had mental health issues before conception, or may face concurrent stressful events. Mental health problems in pregnancy and postpartum, such as depression or anxiety (comorbidity is common), are very common among both future fathers[8] and mothers.[9] Although the prevalence of both anxiety and depression may vary, most studies indicate that anxiety affects about 7-15% of the sample in high-income countries (HIC) and 19-25% of the sample in low- and middle-income countries (LMIC), with some studies reporting up to 54% of women facing elevated anxiety rates during at least one trimester, and depression in up to 10-25% of women. Pregnant women usually report higher levels of depression than men (in a sample of future fathers, the prevalence of depression is up to 6%, with some studies reporting no significant gender gap). Intensity and prevalence of both depressive and anxiety symptoms varies during the course of pregnancy; however, it is reported to be significant in all trimesters.

There is considerable evidence that prenatal stress, anxiety, and depression may contribute to a range of adverse neurodevelopmental outcomes, increasing the risk for emotional, behavioural, and cognitive difficulties in the child, or may cause lower birth weight (for gestational age) or premature birth.[10] Of course, not all children are affected. However, anxiety and depression during pregnancy are linked to negative health-related behaviours of expectant parents: substance and alcohol abuse, poor nutrition and inadequate prenatal care.[11] Stress and mental health problems during pregnancy have a negative effect on the ability of the parent to emotionally bond with the child and take on the parental role, and may be associated with higher risks for postpartum depression or suicide. In this way, stress, anxiety, and depression during pregnancy can reduce the capacity of parents to take good care of the child after birth.

Several different types of prenatal stress have been recognized to have an impact on the wellbeing of the parents and the child during pregnancy and after birth. They include the stress associated with significant life events (such as coping with losses, adapting to relocation or change of job), traumatic events or experiences (such as domestic violence or abuse), and may also include everyday hassles, worrying about pregnancy course and outcome, etc. Depression and anxiety are influenced by a number of risk factors ranging from intimate violence to unintended pregnancy, lack of social support, isolation, and increased somatic symptoms (i.e., nausea).

Having this in mind, it is very important for a home visitor to recognize and identify these factors during prenatal visits to the family. Home visitors should, if necessary, refer parents to more specialized or intensive care, and work together with a team of specialists to support parents or the whole family.

Care for emotional wellbeing of expectant parents, especially mothers, is equally important as caring for their physical health. Mental health, although often neglected comparing to physical health, is one of the key factors of healthy pregnancy and nurturing environment in prenatal development.

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[8] Cameron, E. E., Sedov, I. D., & Tomfohr-Madsen, L. M. (2016). Prevalence of paternal depression in pregnancy and the postpartum: An updated meta-analysis. Journal of Affective Disorders, 206, 189-203. https://doi.org/10.1016/j.jad.2016.07.044

[9] Shorey, S., Chee, C. Y. I., Ng, E. D., Chan, Y. H., San Tam, W. W., & Chong, Y. S. (2018). Prevalence and incidence of postpartum depression among healthy mothers: A systematic review and meta-analysis. Journal of Psychiatric Research, 104, 235-248. https://www.sciencedirect.com/science/article/abs/pii/S0022395618304928

[10] Gelaye, B., Rondon, M. B., Araya, R., & Williams, M. A. (2016). Epidemiology of maternal depression, risk factors, and child outcomes in low-income and middle-income countries. The Lancet. Psychiatry, 3(10), 973–982. https://doi.org/10.1016/S2215-0366(16)30284-X

[11] Dunkel Schetter, C., & Tanner, L. (2012). Anxiety, depression and stress in pregnancy: implications for mothers, children, research, and practice. Current opinion in psychiatry, 25(2), 141–148. https://doi.org/10.1097/YCO.0b013e3283503680

Video clips

Watch these video clips:

1. Why mental support is crucial for pregnant women - BBC London
Available at: https://www.youtube.com/watch?v=uTD5mn4tAPQ

2. Mental health as a dad-to-be (Ben's story)
Available at: https://www.youtube.com/watch?v=2oAeQe2x_40

- Please name the challenges related to mental health and emotional wellbeing that you have learned about from the videos.
- Think about the support that can be offered to parents and expectant parents. How can the support be provided?
- Why should those services be available for every family?

Please reflect, take your own notes, and discuss your perspective with your colleagues (if possible).

When considering services that could support parental mental health and emotional wellbeing, think first what the universal needs that every family has are, and second – what the contexts of parenthood that may require targeted and/or intensive support are. Fathers, for example, could benefit from universally offered emotional support. However, they may also need additional attention to address their specific experiences of transition to fatherhood in the form of targeted services (such as fathers' groups). Single parents could benefit from universally offered support as well, but may also need some more intensive support through targeted services (e.g., legal assistance, single parents' groups, etc.).

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IMPORTANT

Keep in mind that the mental health support you (and more specialized professionals) provide to mothers and fathers has a great impact on mother/father-child relationships, and, therefore, on the quality of care for the child, and child developmental outcomes.

When talking about mental health during pregnancy explore:[12]

- *How do both parents feel about that pregnancy?*
- *What is their mood in general? You, as a frontline worker, may ask: How do you feel most of the time these days?*
- *How do the mother and the father respond to the pregnancy and the changes in the way they both feel about becoming a parent?*

You may ask:

- *When you first learned that you will have a baby, how did you react? How did you feel, what did you think?*
- *How did your partner feel? What did you talk about?*
- *As the pregnancy progresses, how have your feelings and thoughts changed?*
- *What do you think about now? How do you feel about becoming a parent, or how do you feel about the baby? What about your partner?*

Try to understand what concerns the mother and the father have about the pregnancy, about being a parent, and raising a child.

You may ask:

- *Many expectant parents sometimes feel worried or anxious about pregnancy or childcare. Do you or your partner sometimes worry about these things?*
- *How did other family members or friends feel or behave when they learned about the pregnancy?*
- *Who was the first with whom you shared the news about the baby? How did he/she react? How did you feel telling him/her?*
- *Who was the most excited, or maybe the most worried about you having a baby?*
- *As the pregnancy progresses, how have the feelings and the behaviour of the people around you changed? Who is becoming more supportive (how)?*
- *Sometimes people may distance themselves in such big life events. Did it happen to you with any of the people important to you?*

Explore the available network of support by asking:

- *Who is currently being the most supportive for you (and your partner)? In what way?*
- *Whom do you believe and who do you feel understands you?*
- *With whom can you share your thoughts or feelings about pregnancy and parenthood?*
- *Who do you expect to be there for you when the baby is born? In what way?*

SPECIAL CASES

Keep in mind that some expectant parents may have had mental health problems before the pregnancy. Talk to them openly about it and support them to keep in touch with their doctors and/or psychotherapists. It is very important for them to have adequate therapy and a plan for recognizing deterioration and reacting in case of concern or worsening emotional state.

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[12] Please see Information Card 4 in the Annexes.

Reflection and discussion

When supporting mental health and emotional wellbeing of families, it may be useful for some of them to develop a sort of plan or reminder on how to look after their own mental health.

Please read the pregnancy and post-birth wellbeing plan provided below.
My pregnancy & post-birth
Consider having a discussion with another home visitor on how/when such resources may be useful to you and families with whom you work.

When supporting mental health during pregnancy, consider to:

LISTEN. Ask open-ended questions to hear about the way that expectant parents feel, to hear about their thoughts, concerns or experiences. Be open to different kinds of feelings or experiences, or questions parents may be willing to share with you. By allowing them to talk freely, and listening and responding to what you hear in a non-judgmental way, you are truly becoming a friend of the family and building trusting relationships. At the same time, this provides you with the opportunity to recognize strengths and resilience, but also risks and vulnerabilities that may affect the quality of childcare in the family.

INFORM. *Share materials and discuss self-help strategies with the expectant parents.* Self-help materials, written or video may be a good source for dealing with different experiences and feelings, or getting answers to many questions parents may have about parenting and the baby. These materials may also be used to enable normalization (i.e., the experience that other parents or at least some of them can feel or think similarly). Self-help materials may offer guidelines and advice on how to recognize risks or how to act in certain situations. Since a variety of materials can be found online, it is important that you inform families on reliable and evidence-based sources.

IMPORTANT

Ensure that you go through the content of the self-help materials with both parents and encourage the mother and the father to discuss the information in the materials, regardless of for whom it is intended. When talking about the content of the material, emphasize and summarize the core messages. You may ask parents what they have learned from the material, what particularly interests them, what information or knowledge is particularly important to them, as well as whether there is anything else they are wondering about, but were unable to find in the materials you shared with them.

ENCOURAGE. Build parents' competencies. Anxiety, worry, and concern during pregnancy can be triggered or intensified by the anticipation of the many changes and demands that the parenthood would bring. Some parents worry about everyday family and household organization after the child is born, or wonder if they will be able to communicate and rely on professionals, other family members, friends of other parents when it comes to caring for the child. Some parents wonder if they will be skilled enough to understand and care for the baby. It is often helpful for parents to know that some of their knowledge, characteristics, habits, or skills they already have will be useful in everyday parenting tasks.

Consider trying this exercise with the family: Ask parents to think of all the things they are good at. After that, ask them to think and talk about how they could use those skills in parenting.

IMPORTANT

Whenever possible, include both parents in this conversation. Enable sharing ideas and supporting each other in recognizing multiple skills they have and different ways their competencies might be useful in childcare. Help them remember different skills they have related to domestic housework, leisure, communication, special hobbies, etc.

Look at this sample list:

Things I am good at	**How can I use it in parenting**
I can sing	
I am patient when building something	
I like going to museums	
I know a lot of poems for children by heart	
I enjoy washing the dishes	
I exercise every morning	
I like walking	
I am good at making lists	
I like gardening	
I am good at meeting new people	
I am good at searching on the internet	
I am good at negotiating or delegating jobs	

Try thinking of different ways this parent may use his/her skills in parenting.

Skills listed here may be useful in parenting in many ways. Singing may be a good way to sooth the baby, but also to provide exciting learning opportunity from the first days after birth. Taking the baby for a walk provides a lot of learning and communication opportunities. Walking the baby may also provide her with a calming routine, and can allow the other parent to take some time for him/herself. Being comfortable meeting new people may be useful in making a formal network of support (communicating with professionals), but also in meeting other parents, participating in informal parenting groups- and can enable joint learning, sharing information and experiences, etc. When you discuss with the parents how the things they are good at can be useful in their new roles as parents, encourage them to be creative and to explore: how a particular skill can be useful in interacting with the child, for having leisure time, for everyday organization of family life, for communicating with different sources of support, etc.

ENGAGE AND CONNECT. *Refer parents to parenting groups or other available forms of parenting support.* Some parents may benefit from meeting other parents. The meetings may offer an opportunity to share experiences, feelings, and thoughts on pregnancy and parenting, and may also include joint learning about different aspects of pregnancy, childbirth, and childcare. Keep in mind that not all parents may benefit from the same type of group activities. Families (couples and individuals) may differ in their willingness to communicate, interact with new people or openly share their experiences. Parents' needs may be different. For some persons, it may be healing to hear the experiences and feelings of others or to share ways of coping with challenges, while others may benefit more from learning and creating clear sets of guidelines and information about how to act in different situations.

This is why a home visitor should be informed about different group activities that are available to families in the community.

Consider creating a map of existing resources in the communities with which you work. Continuously update your map. Share information with the families when referring them to reliable services.

Look at this example list of available resources for expectant families in a community. Please consider that resources vary according to countries, municipalities, and neighbourhoods:

How to read to the baby workshops. Weekly meetings at a public library where parents can learn why it is important to talk and read to the child since birth, which books are suitable for reading to babies, how to engage babies in book-shared reading activity, etc.[13]

[13] Program developed and offered at the Centre for Support to ECD and Family Relations Harmonija, Novi Sad, Serbia

Preparing for childbirth. Weekly meetings in a community health centre, maternity hospital or other suitable places in the community where families learn how to prepare for childbirth, what to do during delivery, and what to expect in maternity hospital. They talk to midwives and have the opportunity to hear presentations or visit maternity wards.[14]

Parental wellbeing group. Weekly/regular meetings in a community centre or service focusing on the different emotional aspects of the transition to parenthood, dealing with stress, anxiety, etc.

Book club for expectant parents. Weekly/regular meetings at a public library. They usually offer informal group meetings.

A small cup of warm conversation - online parenting group. Open group discussions on different topics related to emotional wellbeing (an existing online parenting group).

Yoga for expectant mothers. Informal group exercises.[15]

Small school of early childhood development. Workshops on early childhood development at a community family centre. Programmes on nurturing care may focus on parental responsive interactions and care, supporting child development through early learning activities, health care, and adequate nutrition, and protecting child's wellbeing (security and safety issues).[16]

Fathers' club. Weekly meetings of fathers at a community health centre.

Maternal mental health alliance. A society or support group for mothers who suffer from depression and anxiety. Group meetings and individual sessions.

Women's safe house and shelter offering accommodation, protection, and support for women with experiences of violence and abuse.[17]

Family counselling service. Family and marriage counselling, individual counselling, parenting groups.[18]

The family friend. Intensive social welfare service, additional home visiting by mental health or social protection professional.[19]

Cooking for babies. Cooking school at a local restaurant.

Single moms' club. Informal group meetings, hobbies, foreign language education, legal counselling, mental health, and parenting counselling.

Roma family club. Parenting counselling, legal counselling, referral to intensive services, head start programs for children. Informal group meetings.

Some of the services listed here offer universal support and opportunities for joint learning and building competencies *(Preparing for childbirth, How to read to the baby, Small school of early childhood development, Cooking for the babies)*, and others, like *Fathers' club, Single moms' club, Roma family club* provide targeted or intensive support *(Women's safe house, Family counselling, Family friend)*. Some of these services aim to provide support through creating informal networks of support *(Book club, Small cup of warm conversation),* while others deal with leisure and self-care or physical activities *(Yoga for expectant mothers).*

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[14] Program offered at the Community Health Centre, Novi Sad; but also BEBAC Startup Centre Novi Sad and similar NGO and private sector organizations, Novi Sad, Serbia.

[15] Program offered at multiple pilates and yoga (sports) centres (private sector) in the Novi Sad community, Serbia

[16] Program developed and offered at the Centre for Support to ECD and Family Relations Harmonija, Novi Sad, Serbia; also offered in the Sremski Karlovci community (the local government funds the program).

[17] Program offered at the community social welfare centre, Novi Sad, Serbia. Women's shelters exist in many communities, this is just an example.

[18] Program offered at the community social welfare centre, Novi Sad, Serbia, a free counselling service.

[19] Project funded initiative, developed by the Republic Centre for Social Welfare Serbia, service offered in Novi Sad and other communities.

[20] When referring families to different forms of support, home visitors should be open to the idea of support being offered in different ways, settings, and by different actors at the community level (not always by health or family counselling services).

What kind of resources have you, as the home visitor, mapped for the expectant families you serve? Who offers these services? How can they support mental health of expectant families? Which families can benefit from these services?

Although parenting support services may be different in terms of their form and the intensity of support provided, they have something in common. First, they enable expectant families to meet and create a new support network that can help them in their role as parents. The network consists of other families, as well as professionals. In addition to preventing isolation and withdrawal, the activities offer families the opportunity to learn what parenting issues they may face in the future (i.e., learn that there are different solutions and places where support can be found in times of need).

IMPORTANT

Remember that it is important to discuss with the families how they experience the group activities you have referred them to and keep track of what the family is getting out of them. This will help you better monitor the development of the parents' competencies to care for their child, their mental health, and emotional well-being. The follow-up conversations with you will give parents a perspective of continuity and foster a trusting relationship with you.

Reflection and discussion

Think about the existing resources in the community. Consider talking to colleagues about creating and continuously updating maps of existing resources for expectant families in their communities.

Case study

Think about these families.

1. *A single mother is expecting her first child. She is employed. Her parents live in another town. She has a few friends, but she is the only one who has children.*
2. *Parents are expecting their first child. Mother has suffered from depression before the pregnancy. She has regular meetings with her psychiatrist.*
3. *A woman is expecting her first child. She was engaged in a violent intimate relationship and pregnancy is not wanted. She is currently living at a women's safe house.*

- *What mental health risks do you recognize?*
- *What can you do to listen to, inform, encourage, engage, and connect these parents?*
- *Which community resources might be useful for them?*
- *What kind of plan for support of the emotional wellbeing would you try to develop in collaboration with these parents?*

Single parenthood, previous mental health difficulties, active traumatic, violent or abusive relationships may create additional and often high levels of stress and concerns about baby's safety and wellbeing. Parents facing these situations may question their competencies to take care of the child, which may generate anxiety and worries, difficulties accepting the child and being ready to take care of him/her. Please, consider:

- Talking openly to parents about existing circumstances whenever possible. Give “name” to the worries, anxiety, and other negative feelings that may be caused by the current context of parenthood.
- Inform parents about existing parenting groups or other services, and engage in referring or creating active support network for the parents.
- Encourage parents to use existing services, and to talk openly to professionals but also to other parents.
- Monitor if the parents are receiving the support they need from the other services they have been referred to, and be ready to consult and communicate on other forms of support parents may use.

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V PROMOTING BREASTFEEDING

Reflection and discussion

Go through this excerpt from a pregnancy diary.

"Yesterday, the visiting nurse visited me. My husband was at work and I was alone when she came. We talked about breastfeeding. She asked me how I planned to feed the baby when she is born. Until then, I didn't even think about it. The question caught me off guard. I told her that I would definitely breastfeed if I could do it.

Then she asked me if I have shared my decision with my partner. She understood my confusion when I looked at her so she explained why it is important. I didn't even know how significant and important it is when dad is involved in breastfeeding. She suggested talking to him about how I envision breastfeeding the baby with his support, as a homework task.

It was so good that I could say how I felt about breastfeeding. Sometimes I feel anxious and question my competency to breastfeed. I have a lot of friends who didn't manage to breastfeed even though they tried really hard. I will be totally disappointed if I fail to breastfeed. My mother would be the first to say that I am spoiled. My sister-in-law would say that I am incompetent. She always makes that sort of comment when she talks about women who struggle with, what she calls "normal parenting".

The visiting nurse told me that it is normal for expectant mothers to worry about it, but that we will take one step at a time when the baby is born. She recommended a link to a useful video."

How often have you had the opportunity to encounter this kind of situation in your work? When do families make decisions about how to feed a child? Who participates in the decision-making process?

When talking to parents about their decisions regarding feeding the child, pay attention to the beliefs and expectations within the family. Breastfeeding is the best option both for the baby and the mother, however there should be no pressure to breastfeed. Both parents should be informed, learn about the benefits of breastfeeding and then jointly decide to feed their baby this way. Talk openly about the doubts and anxieties parents may have, or about the different positive and negative experiences with breastfeeding about which they have heard. Support parents to openly communicate their concerns about this topic with you. This may help parents make an informed decision to breastfeed, but also may provide you with more opportunities to offer support and help with breastfeeding at the beginning.

The WHO recommends exclusive breastfeeding up to the age of six months, with continued breastfeeding after the introduction of solid foods, up to two years. Epidemiological studies indicate that breastfeeding has multiple benefits for child's and mother's health, and breastfeeding rates are increasing slowly.[21]

However, the prevalence of exclusive breastfeeding is still low, especially in LMIC.[22] Factors influencing parents' decision on early cessation of exclusive breastfeeding vary. The are usually associated with the use of pacifier, health-related issues (i.e., smoking, overweight, depression,

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[21] Neves, P. A., Vaz, J. S., Maia, F. S., Baker, P., Gatica-Domínguez, G., Piwoz, E., ... & Victora, C. G. (2021). Rates and time trends in the consumption of breastmilk, formula, and animal milk by children younger than 2 years from 2000 to 2019: analysis of 113 countries. The Lancet Child & Adolescent Health, 5(9), 619-630. https://www.thelancet.com/pdfs/journals/lanchi/PIIS2352-4642(21)00163-2.pdf

North, K., Gao, M., Allen, G., & Lee, A. C. (2022). Breastfeeding in a Global Context: Epidemiology, Impact, and Future Directions. Clinical Therapeutics, 44(2), 228-244. https://doi.org/10.1016/j.clinthera.2021.11.017

[22] Olufunlayo, T. F., Roberts, A. A., MacArthur, C., Thomas, N., Odeyemi, K. A., Price, M., & Jolly, K. (2019). Improving exclusive breastfeeding in low and middle-income countries: A systematic review. Maternal & Child Nutrition, 15(3), e12788. https://doi.org/10.1111/mcn.12788

low education level), age of the mother (younger mothers stop breastfeeding earlier), first child, and early parenting experiences (especially lack of opportunity for early and supported contacts between the mother and her baby after birth). Individual experiences (including advice on and support to breastfeeding, and anticipation of difficulties) may undermine the confidence and perceived competence to breastfeed, and negatively influence both the decision on breastfeeding and early cessation (before the 6th month).

The decision to breastfeed is usually made during the transition to parenthood, even before the third trimester, which makes prenatal visits the right time to support this decision. Home-based interventions are proven to be effective in improving exclusive, continued breastfeeding. The best effects were found in the studies of interventions that combine prenatal and postnatal family-based counselling.[23]

IMPORTANT

It is very important to understand that a family makes a decision about breastfeeding based on:

1. **Personal knowledge, experiences, and attitudes.**
2. **Influences of the immediate environment (i.e., attitudes and behaviour of the family and friends).**
3. **The society in which they live (i.e., shared cultural norms and beliefs).**
4. **National laws, policies, and the provision of services (i.e., laws to protect breastfeeding in general and in workplaces, services provided at home and in health institutions).**

Video clips

Watch this video clip:

Breastfeeding master class | UNICEF
Available at: https://www.youtube.com/watch?v=mTm9zvz5-Dc

Reflect on the video content and aforementioned factors that influence the decision to breastfeed. Please name the situations that can positively affect breastfeeding decision during pregnancy. For example, when it comes to national laws, policies and the provision of services, we expect positive effects when support is available to all families, it is continuous (from prenatal support, to "skin-to-skin" contact, early initiation of breastfeeding, support at maternity hospital, and immediately after birth), when services include both parents, etc.

Reflection and discussion

Think about how you feel when a family tells you they don't want to breastfeed their child. What do you think of that family? What do you think of the reasons why they made such a decision? What would you talk to them? With whom do you talk to (mother, father or both)?

It is very important to be aware of your own attitudes and expectations when working with the families on any topic, including breastfeeding. Some of your own believes and expectations may influence the way you talk to the family and truly provide them with the opportunity to jointly learn, be informed and decide based on information and knowledge, not on the pressure they may feel while communicating with you. Use supervision and other forms of professional learning groups to reflect on your attitudes and expectations.

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[23] Rollins, N. C., Bhandari, N., Hajeebhoy, N., Horton, S., Lutter, C. K., Martines, J. C., ... & Victora, C. G. (2016). Why invest, and what it will take to improve breastfeeding practices? The Lancet, 387(10017), 491-504. https://doi.org/10.1016/S0140-6736(15)01044-2

Video clip

Support from fathers is consistently associated with improved breastfeeding duration and exclusivity rates.[24] Additionally, there is growing evidence that fathers want to be included in breastfeeding interventions provided by health care professionals.[25]

Watch the video clip below and then think of the ways you could use it when working with expectant families.

Breastfeeding... Your Role as a Dad

Available at: https://www.youtube.com/watch?v=FqaxDBNeqFo

Case study

Reflect on the stories of the families shown below. Try to identify strengths and barriers that may influence their decision about breastfeeding.

1. *A visiting nurse comes to visit a family expecting their second baby. The previous pregnancy ended with a premature birth of a child who was hospitalized during the first month of life. The mother tried to maintain lactation but unsuccessfully. Her husband was very supportive during the previous experience, but it seemed to her that he silently blamed her for the loss of milk.*
2. *A visiting nurse comes to a family with a baby. The multigenerational family consists of a father-in-law and a mother-in-law, a mother and a father of a 3-month-old infant who is breastfed but the mother is already giving him a little of cow's milk with biscuits in the evening before sleep. The mother informs the visiting nurse that she is pregnant again and that it is not clear to her how it happened while she is breastfeeding.*
3. *A visiting nurse comes to an informal Roma settlement to a family consisting of a father-in-law and a mother-in-law, a mother and a father of 3 children aged 3, 2 years and 14 months. The mother is 6 months pregnant, malnourished and breastfeeding a 14-month-old child because he refuses solid food. The children's father is not around during the day because of his work. The mother-in-law goes to work during the day.*
4. *A visiting nurse comes to a family expecting a baby. The family is financially well-off and the plan is for the baby to have his/her own room after the birth. In the conversation with them, you learn that the mother plans to return to work after 3 months of maternity leave, and that the care of the child will be taken over by her partner, who will take leave from work. The mother claims that she earns more and that this is the reason for her early return to work and that she will work full hours from 9 am to 5 pm every weekday and Saturdays.*

What barriers to breastfeeding did you recognize? What would be your intervention plan with these parents?

Negative feelings of shame or guilt because of previous breastfeeding failure, being uninformed about quality nutrition in infancy or generally about breastfeeding and the needs of a young child, feeling tired or overwhelmed with everyday responsibilities and caretaking challenges,

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[24] Abbass-Dick, J., Stern, S. B., Nelson, L. E., Watson, W., & Dennis, C. L. (2015). Coparenting Breastfeeding Support and Exclusive Breastfeeding: A Randomized Controlled Trial. *Pediatrics*, 135(1), 102–110. https://doi.org/10.1542/peds.2014-1416

[25] Dagla, C., Antoniou, E., Sarantaki, A., Iliadou, M., Mrvoljak-Theodoropoulou, I., Andersson, E., & Dagla, M. (2023). The Effect of Antenatal Education on Expectant Fathers' Attitudes toward Breastfeeding and Attachment to the Fetus. *Nursing reports (Pavia, Italy)*, 13(1), 243–254. https://doi.org/10.3390/nursrep13010023

Brown, A., & Davies, R. (2014). Fathers' experiences of supporting breastfeeding: challenges for breastfeeding promotion and education. Maternal & child nutrition, 10(4), 510–526. https://doi.org/10.1111/mcn.12129

may, among other reasons, create barriers to breastfeeding. Talk to families openly about the barriers to breastfeeding they recognize or experience, and support them in learning more, coping with stress and recognizing the benefits of the breastfeeding. Be patient and keep in mind that, while working on supporting breastfeeding, you may actually have to provide help with creating a network of support, building alliance and joint actions of both parents, making plans for coping with everyday challenges and parenting stress or learning more on quality nutrition and recognizing child's needs (physical, but also emotional or social).

When you promote breastfeeding during pregnancy consider the following aspects. Watch the videos, and think of the key messages and the way you could use them in prenatal visits.

INFORM family about the benefits of:

- Breastfeeding for baby, mother, family, and society
  Breastfeeding: Why it's good
  Available at: https://www.youtube.com/watch?v=-GV0CN1JHus
- Skin-to-skin contact and its importance for breastfeeding
  UNICEF UK Baby Friendly Initiative | Meeting baby for the first time
  Available at: https://www.youtube.com/watch?v=0vzW9qPz3So&t=143s

DEMONSTRATE proper breastfeeding techniques:

How to breastfeed: Breastfeeding positions
Available at: https://youtu.be/qd9Ck_V8hno
Breastfeeding: correct attachment
Available at: https://youtu.be/jyOt9aB6sOo

Keep in mind the importance of including both parents in learning about breastfeeding.

ENCOURAGE families to:

- *Think about who makes their breastfeeding support network and what kind of support they expect from those people (e.g., outside helpers can help by preparing meals instead of the mother, but in order for them to know how to prepare meals that the family likes, they need to make a list of those dishes)*
- *Make a list of activities that may support breastfeeding and those activities that may have a negative impact on breastfeeding.*

Keep in mind to include both parents in discussions regarding their expectations of the support network. Both mother and father have certain expectations of the support network (who, when, how, how long, how much, why they should be part of the network). Try to listen to both of them, and facilitate their conversation, as these expectations may not be aligned or communicated between the partners.

REFER families to:

- *Breastfeeding education programmes or breastfeeding support groups in the community.*

VI PREPARING FOR CHILDBIRTH

Reflection and discussion

Go through this excerpt from a pregnancy diary.

"Today our home visiting nurse came to visit us. I am glad that we were both (husband and I) at home. We talked about various topics (e.g., she asked me about my health and how we monitor the pregnancy).

Then, she asked us how we wanted the birth to take place. We realized that we didn't even think about the need to have a plan and that there were so many options. We thought that there was absolutely nothing for us to choose - you go to a maternity hospital, the only one in our community, and professionals help you with the delivery.

I must admit that we were surprised. She asked my husband if he wanted to be with me during childbirth, he said he did, but asked me what I thought about it. I said I didn't mind, but I was not sure if I would be comfortable with it, and if he could accompany me to the maternity ward. She provided us with a bunch of materials and themes to discuss, including the existing programmes for preparing for childbirth and first days after we come home.

When she left, we talked about it again and realized that we (my husband and I) wanted to do it together."

How do you talk to families about childbirth? What do you think are relevant information or topics for a discussion about preparing for childbirth?

Are there any families with whom it is easier for you to discuss this topic? What are their characteristics, strengths or context that makes it easier to open discussions on this topic?

How often do you have an opportunity to talk to fathers about childbirth? How is it different from talking to mothers about this topic?

It is important to keep in mind that many families need support and preparation for childbirth. Their needs for support and ways to prepare may vary among individuals. Fear of labour and concerns related to complications during childbirth are quite common. If they are strong and persistent, they can increase the risks associated with pregnancy and delivery (e.g., elevated stress levels, preterm delivery or low birth weight). Moreover, the birth experience is one of the most intense experiences for a woman. Negative experiences during childbirth can result in deepened negative emotional experiences or even trauma. Such experiences negatively affect lactation and breastfeeding, bonding and acceptance of the child, and increase the risks of postpartum depression. Consequently, these factors impact the quality of care for the child after birth. The effects continue to manifest long after the birth and affect the mental health of mothers, their readiness for subsequent pregnancies or their choice of delivery method (e.g., they increase the incidence of caesarean sections).

Childbirth is a life changing event for parents, and there is a growing body of evidence that indicates the importance of considering father's perspective, needs, and experiences related to childbirth. The presence of the father during childbirth may positively influence his emotional bonding with the child, co-parental relations with the mother, his mental health, and childrearing practices.[26] Fathers, especially first-time fathers, experience anxiety and need information and involvement in order to feel secure and included.

[26] Johansson, M., Rubertsson, C., Rådestad, I., & Hildingsson, I. (2012). Childbirth - an emotionally demanding experience for fathers. Sexual & reproductive healthcare: Official journal of the Swedish Association of Midwives, 3(1), 11–20. https://doi.org/10.1016/j.srhc.2011.12.003

Childbirth is a multidimensional event. Thus, home visitors should provide multidimensional support parents may need. The list below presents four key areas of support to new parents regarding the preparation for childbirth.

Physical health. This may include *informing* mothers and fathers about the stages of delivery, early phases of recovery, starting and expected changes in lactation, and early adaptation of babies. Providing coaching in breathing and other techniques to facilitate labour, suggesting activities that may help alleviate labour pain and ease the process is important. Encourage parents to ask questions and seek information on what they may expect regarding this aspect of childbirth.

Psychological/emotional health. For first-time parents, the key element that contributes to the anxiety related to childbirth is the fear of the unknown. Experiences from previous deliveries may also influence the feelings around subsequent pregnancies. Either way, recognizing emotions and developing coping strategies with them is useful for parents. Parenting groups may be helpful, as well as accepting parents' feelings and worries, and normalization (i.e., making sure that a lot of parents experience the same discomfort and concerns). For most parents, having cognitive clarity and clear guidelines for behaviour and procedures is highly effective. Therefore, interventions such as maternity ward tours may help reduce stress levels and prepare parents for the delivery.

Relationships. Many families feel more secure when they know with whom they will be interacting during delivery and after birth and what to expect from them. Childbirth brings the mother/father-child relationship to life. Therefore, consider informing parents about the importance and benefits of skin-to-skin contact, first attempts at breastfeeding, and initial interactions with the child in general. Parents benefit from knowing baby's typical behaviour in the first hours and days after birth. It is important to encourage open communication between mothers and fathers about their feelings and needs. It is crucial not to impose or heighten expectations of parents that they will instantly "fall in love" with their child. Accepting the child and forming a relationship with him/her takes time. Fathers often feel excluded, especially if they are separated from the mother and baby while they are in the maternity hospital. Prenatal visits are the right time to encourage the couple to discuss ways in which father can be included during this period of separation.

Culture. Society, community, family traditions, values, cultural beliefs and norms influence parents' expectations and feelings about childbirth, decision making on different aspects of childbirth, and how they welcome a child into the family. Consider exploring parents' beliefs and cultural traditions that are important to them.

Reflection and discussion

Explore group programmes for preparation for childbirth that exist in your community (parenting groups, yoga, "schools for childbirth", maybe visits to a maternity hospital). What aspects of childbirth do these programmes take into account? Which aspects (if any) are overlooked?

Which families would you refer to these programmes?

Do existing programmes include fathers in preparation for childbirth? In what way?

Are existing programmes available to all families (families from marginalized groups, poor families)?

Case study

Think about the following families:

1. *A home visiting nurse visits a multi-generational family living in a rural area. The family consists of a father-in-law and a mother-in-law, a husband and his wife who is eight months pregnant. The pregnant woman spends her days alone because the family members are in the field all day. When asked how she imagines giving birth, she tells you that she doesn't even want to think about it because she is very afraid. Their village is far from the hospital and her family members are never at home. She doesn't know anyone because they have moved here when she has already been pregnant.*

2. *A home visiting nurse visits a family with three children. This is the woman`s fourth pregnancy in a row. The due date is in 10 days. The pregnant woman states that they (the family) work as a well-coordinated team, but she is rather worried about how long they will stay in the maternity ward and how dad will cope with it. Children are very attached to her.*
3. *A family is expecting their first child. Mother is very afraid of childbirth - mostly of pain and recovery after giving birth. She is 19 years old.*
4. *A family is expecting twins, and a caesarean section is planned. Mother is very disappointed since she has always hoped to be the first to welcome her child to the world (and now she will be sedated). She heard that mothers and babies are not placed together after a caesarean section.*
5. *A single expectant mother is pregnant with her first child. She is employed and currently living alone. Her mother and father do not live in the same town and are not willing to move and help her after the birth of the child.*

Reflect on different aspects of preparation for childbirth that may be useful for these families. What would be your plan for supporting these families in their preparation for childbirth?

When supporting expectant families in preparing for childbirth consider:

- Opening a conversation about childbirth so that you could learn what parents know, feel, and expect. You may use Information Card 5 for guidance (i.e., questions that may lead the conversation);
- Support and encourage joint decision making, when possible. You may use practice card 5 together with the family to go through different aspects of preparation for childbirth that a couple should talk and decide on;
- Inform and advise on things that need to be prepared for the maternity hospital, or how to create a plan (e.g., when and how to travel to the maternity hospital). Inform and advise on the questions families have regarding labour.
- Inform and advise on alternative maternal positioning during the first stage of labour, as upright position and being mobile (compared to lying down) may have positive influence on the labour process (reducing pain, risk of caesarean section, episiotomy rate, and less chance of a baby being admitted to neonatal unit).[27]
- Encourage joint learning about what to expect from the first contacts with the baby.
- Explore the role and perspective of the father in preparation for childbirth. Explore and inform fathers about their rights, talk about parental leave for both father and mother, and discuss the benefits of shared parental leave. Discuss with the couple the ways fathers could be active and involved in preparation for childbirth and delivery. Ensure best possible immediate contact between the father and the child.

Refer families to group programmes for preparation for childbirth.

[27] For additional information on women's choice of positions during labour, please consult the resources available here: https://www.cochrane.org/CD003934/PREG_mothers-position-during-the-first-stage-of-labour, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4052104/, or here: https://evidencebasedbirth.com/evidence-birthing-positions/

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VII SUPPORTING EMOTIONAL BONDING WITH THE BABY

Reflection and discussion

Go through this excerpt from a pregnancy diary.

We have a doctor's appointment in three days. I hope we will see her (baby girl) in 3D. Last time she was facing off the camera again. The doctor laughs, saying she has a strong personality and teases us to imagine her face.

Well, here it is, I often do imagine her face. And more and more often, when I think about childbirth, I try to imagine what her face would look like when we are eye to eye for the first time. Earlier, when I first felt her move, I was constantly afraid and worried whether she was alive or not. I was not sure if I wanted to have a baby at that time, and I felt so guilty because of that.

Now, I am constantly anxious about her personality - whether she is needy, or easily comforted, whether she hates baths, if she hates music and dancing. Is she anything like us, or is she totally different than anything I hoped for? I should be able to love her anyway and take care of her. But what happens if I cannot. What if I were not capable of loving her? These thoughts sometimes keep me awake in the middle of the night. I sometimes cry myself back to sleep. I hope she would turn her face to the camera and smile.

Try to give a name to what this mother is writing about. Which challenges related to childcare and adapting to parenting is she thinking about? In what way are these challenges related to mental health, emotional wellbeing, and preparing for parenting?

IMPORTANT

The foundations of responsive childcare after birth are laid during the transition to parenthood.

Emotional investment, bonding with the baby (prenatal attachment) and accepting the baby are considered to be some of the key factors influencing the later quality of care for the child. The quality of the emotional bonding and the prenatal attachment to the child influence the capacities of both mothers and fathers to provide nurturing and responsive care (i.e., how mothers and fathers will interact with the baby after birth, their caregiving behaviours, commitment to care about the child, emotional regulation and wellbeing).

Emotional investment means the readiness of parents to connect emotionally with the baby, demonstrate interest in the baby herself and care for her.

Emotional bonding with the baby refers to the development of strong feelings towards the baby, including the willingness to protect her/him. Equally, this emotional process includes a cognitive component (i.e., imagining the baby, thinking about, and envisioning baby's behaviour and communicated needs) decision-making about the care of the baby. Activities such as talking to the baby, being aware of the baby's movements, imagining the baby and thinking about the baby's personal characteristics, planning and imagining everyday life once the baby is born are indicators of emotional bonding.

Accepting the baby involves the process of understanding the skills, personal characteristics and needs of the baby as well as the meaning of caring for him/her as a parent. At the same time, it implies making the decision and having the willingness to actively take care of the expected baby, with those characteristics and needs.

The emotional bond with the baby grows stronger as the pregnancy progresses, continuously preparing parents for their parental role. For mothers, strengthening of the emotional bond with the baby is associated with the growing awareness of the baby, as well as with the formation of the mother's identity. Emotional bond fathers develop with the baby during pregnancy (since they do not experience the physical changes themselves) relies on their understanding of the role of fathers.

Not all parents can easily bond with the baby and be emotionally invested and accepting of the baby and their parenting role. Factors such as maternal age (young and older mothers), relationship status (being a single parent, perceived poor quality of relationship), mental health issues (anxiety and depression), trimester (early pregnancy), previous experience of parenting (first-time mothers, pregnancy loss), intense stress, history of maltreatment, or intense pregnancy-related physical symptoms may influence prenatal bonding.

Case study

Reflect on experiences that may influence bonding with the baby for these parents:

1. *A mother is expecting her first child. She has been in a turbulent and violent relationship. Pregnancy is unintended.*
2. *A mother is expecting her first child, and is in the 2nd trimester. Previous pregnancy ended with stillbirth. The mother is suffering from intense anxiety.*
3. *A father is expecting his first child. His early childhood is full of bad memories prior to being placed to foster care; he experienced severe neglect and physical abuse by his father.*
4. *A couple is expecting their second child. The mother suffered from severe postpartum depression after giving birth to her first child, and her mental health problems led to marital problems and a short-term separation soon after the birth of the child.*

What obstacles to emotional bonding with a baby do you recognize?

Parents coping with current abusive or dysfunctional close relationships, loss, or aversive childhood experiences may require additional and more intensive support to bond with the child. They may be less ready to emotionally invest in the relationship with their child or form a less functional prenatal attachment due to stress, depression or negative feelings such as guilt, fear, perceived lack of competency to take care of the child, and may experience a wish to abandon the child, or develop low levels of responsiveness and acceptance.

What would be your intervention plan for these parents?

When supporting prenatal bonding with a baby, consider following these steps:

- Be the person the family (the parent) trusts. Be empathetic, join (emotionally) the family.
- Talk to the family about the emotional processes that precede the birth of a child. Go through info-materials on emotional bonding, and the process of accepting the child. Let parents reflect on the information you provide.
- Use Information Card 6 to open a discussion on their emotional connection with their baby. Together identify concerns that parents (or one of them) may have about accepting the child and emotionally investing in the relationship with the baby. Be responsive, e.g., try to (jointly) name their worries. Remember and reassure parents that having a wide range of strong, often confusing emotions about the baby and yourself as a parent is perfectly normal.
- Acknowledge their concerns, fears or discomfort about bonding. Encourage bonding using Information Card 6. Introduce exercises while you are at their home and monitor the parents` reactions (i.e., allow them to reflect on their feelings, thoughts, what they are ready to do, or what they do not feel comfortable doing). Don't push, but provide continuous support to the parents. This is very important, especially if you work with families experiencing difficulties in bonding with their baby.
- Encourage parents to keep a "bonding diary" and have a daily "bonding routine" (using any of the exercises you tried with them), and then jointly reflect and write down their activities, thoughts, feelings, insights, and concerns.
- Refer parents to parenting groups or other services depending on the recognized needs and experiences hindering bonding.
- Follow up on the family`s experiences with the "bonding routines" and the services to which you referred them. Continuously encourage bonding.

VIII WHAT IS SO SPECIAL ABOUT BECOMING A FATHER?

Reflection and discussion

Go through this excerpt from a pregnancy diary.

When we first learnt that she (my wife) was pregnant, she got a list of healthy foods and guidelines for healthy daily routines. She had a chance to ensure everything was right for the baby. I felt like there was nothing I could do.

Later, as the pregnancy progressed, and the baby grew, she (my wife) was often giggling when the baby "jumped around", sometimes complaining of discomfort. Either way, she felt the baby being alive. She encouraged me to talk to the baby, to sing, and I did. However, she was the one who could feel the baby move or react to my voice. She was a sort of a translator, still being the only one who actually understood what the baby was doing or needed. There was nothing I could do without her.

She (my wife) is currently at the maternity hospital with Nadja (baby girl). She is breastfeeding, holding her when she cries, watching her smile and they fall asleep together. She sends me photos every day. I go through them a million times a day. But, when it comes to taking care of my baby girl, there is still nothing I can do.

And when she comes home?

Try to give a name to what this father is writing about. Which challenges related to childcare and adapting to parenting is he thinking about? In what way are these challenges related to mental health, emotional wellbeing and preparing for fatherhood?

There is a growing body of evidence about the importance of father's involvement for child development, the quality and functioning of family relationships, and for the well-being and mental health of mothers and fathers. There is an increased interest in fathers' experiences of parenting, including the transition to parenting. However, there is still significantly less literature on their experiences compared to mothers`, and most of the services supporting the transition to parenthood are tailored to the recognised needs of mothers.

Yet, there is evidence that:

1. During the transition to parenthood, fathers also develop their parenting identity with the spousal and father roles being central to them.
2. Fathers are willing and competent to form a strong emotional bond with the child during pregnancy. More and more, fathers are actively involved in activities such as communicating and interacting with the foetus, imagining the baby or participating in childbirth. Fathers are willing to participate in joint decision-making regarding childbirth or breastfeeding.
3. During the transition to parenthood, fathers experience stress and negative feelings (anxiety, depression and irritability), worries, doubts concerning their competence in childcare. In addition, they are often excluded from services and may feel that they are not entitled to being supported during the transition to parenthood (when compared to mothers). Factors contributing to this may be the attitudes of service providers and cultural or gender norms. Despite the increasing awareness of the importance of fathers' active engagement in childcare, many societies still hold dominant beliefs that the mother should be a primary caregiver. This discrepancy can contribute to negative feelings and stress during the transition. Perceived lack of support, pressure, and lack of parenting autonomy are the main factors influencing the risks for paternal postnatal depression[28].

[28] The Lancet. (2005). Postnatal depression in fathers. VOLUME 366, ISSUE 9490, P982, SEPTEMBER 17, 2005. https://doi.org/10.1016/S0140-6736(05)67372-2

Research data singles out three key groups of factors that strongly influence the mental health and well-being of fathers during the transition to parenthood. These are: (I) the development of the father's identity, (II) challenges related to the parental role, and (III) negative feelings and concerns related to fatherhood.

Although the research data on the experiences and needs of fathers in the transition to parenthood is significantly scarcer compared to the research involving mothers, the existing data indicate that fathers need more guidance regarding their role and the development of functional strategies to cope with the challenges of changes in relationships and roles. Fathers highlight the lack of information and guides created for them, as well as the lack of recognition of their needs, feelings and challenges by health and other professionals.

Video clip

Take a look at this report on fathers' experiences during pregnancy

http://www.fatherhoodinstitute.org/wp-content/uploads/2017/12/Whos-the-Bloke-in-the-Room-Full-Report.pdf

and watch this video clip https://www.youtube.com/watch?v=odesZD1DCGM

Please, name the specific challenges related to the transition to parenthood that fathers describe.

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Reflection and discussion

Now think of the way fathers are supported in the transition to parenthood in their *communities. What services exist that provide support to first-time fathers, or expectant fathers regardless of previous parenting experiences? Reflect on the needs of a new father (i.e., consider his mental health, bonding with the baby, adapting to changes in marital and other relations and roles, developing childcare competencies, etc.). In what ways is the transition to parenthood for fathers supported in the existing services in their community?*

Create your own list:

- What do I do to support expectant fathers (their emotional wellbeing, bonding with the child, adapting to the role and the relationship changes, creating a support network, developing capacities for nurturing care)?
- Check if you provide the same (or add some gender specific) support for expectant fathers.
- How do you talk about the fatherhood with expectant fathers?
- What topics do you find challenging?

Consider sharing your insights with your colleagues.

Go through and recall the content and key messages of the Module 5: Engaging Fathers, available at: https://www.issa.nl/node/345

Describe three things you could do to help expectant fathers (for example, value their experience and willingness to learn, etc.):

1.

2.

3.

IX BUILDING AN ALLIANCE

Reflection and discussion

Go through this excerpt from a pregnancy diary.

He (my husband) entered our home today, and gave both me and the baby a kiss. He is a jazz player, a fan of clubbing and jam sessions. He is a cool guy. And now he is the one talking to our unborn baby about "his guys", sharing all the "juicy details". He sings, he taps my belly with his fingers showing her how to feel the rhythm. He creates playlists for our evenings and makes me dance with him to the music, so that the baby can enjoy it.

He is so into becoming a father. I may be the only one who is pregnant, but I certainly am not the only one taking care of this baby. We are dreaming of the same baby. We are both welcoming her into our lives. No, he seems funny to me. All the things he does are sweet although silly at times. Parenting is more than a play. When I think about all the different things a baby needs, I honestly feel worried. He laughs at me and says that I exaggerate and take everything too seriously. Will he be able to get a bit MORE serious? Will we be able to agree on how to raise her?

Try to give a name to what this mother is writing about. Which challenges related to childcare and adapting to parenting is she thinking about? In what ways are these challenges related to mental health, emotional wellbeing, and preparing for parenting?

The transition to parenthood implies that both parents simultaneously develop their parental identities and capacities to take care of the child. However, the fact that they will take care of the same child requires them to discuss and coordinate their attitudes and expectations about parenting and to develop communication that will support the involvement of both parents and a quality relationship between the child and each of them. This process is defined as forming a parenting alliance[29].

Co-parenting relation - the basis of parenting alliances - is related but distinct from marital relation and reflects:

- Both parents` interest and investment in the child;
- The capacity of the couple to function together, cooperate in order to support each other in parenting and developing parental identity, share parenting ideas and wishes for the child, and to enable involvement and quality childcare for both mother and father.

The quality of parenting alliance influences father's involvement, perceived parenting stress, and the quality of parent-child relationship both for mothers and fathers, child developmental outcomes, marital satisfaction, and family functioning as a whole.[30]

The formation of parenting alliance is one of the key milestones of the transition to parenthood, as the couple reorganizes as a family. Research indicates that during pregnancy expectant parents develop representations of co-parenting by engaging in different activities such as imagining the baby and sharing thoughts and fantasies regarding baby`s personal characteristics, jointly learning about childcare practices or jointly making decisions regarding prenatal care and future childcare.[31] Most of the couples develop optimistic ideas of how co-parenting

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[29] To learn more about co-parenting and parenting alliance, consult the content of the Module 18: Gender Socialisation and Gender Dynamics in Families - The role of the Home Visitor, available at: https://www.issa.nl/node/371

[30] Matte-Gagné, C., Turgeon, N. R.-, Bernier, A., & Cyr, C. (2023). Toward a Better Understanding of the Associations Among Different Measures of Father Involvement and Parenting Alliance. *Journal of Family Issues, 44*(1), 244–263. https://doi.org/10.1177/0192513X211044735

[31] Favez, N., Frascarolo, F., Scaiola, C. L., & Corboz-Warnery, A. (2013). Prenatal Representations of Family in Parents and Coparental Interactions as Predictors of Triadic Interactions During Infancy. *Infant Mental Health Journal,* 34(1), 25–36. https://doi.org/10.1002/imhj.21372

would function, believing that they will be able to support each other and coordinate parenting beliefs and activities after the child is born. These expectations and behaviours are the foundations of parenting alliances. There is a growing body of evidence that prenatal foundation of parenting alliance is predictive of co-parenting behaviour following the birth of the child.[32]

The building blocks of quality parenting alliance are:

1. *Mutual trust in each other's competency.* An important message for mothers and fathers is that they both can learn how to take care of their child (no one is more competent at the very start), and that they both already have some competencies and knowledge that can help them recognize and respond to baby's needs and participate in childcare.
2. *Direct communication to support involvement and parent-child relationship*. An important message is that they should both speak openly and respectfully about what they think or feel, compliment and support each other's responsive interactions with the child and effort to actively engage in childcare.
3. *Equal opportunities and mutual support for contacts with the baby.* An important message is that child benefits the most if both mother and father are actively interacting with them. Parents should jointly agree on the way in which both of them will participate in childcare.
4. *Sharing views on their child and raising the child.* An important message is that parents should openly communicate about how they see their child, what they've learned about him/her, how they feel about being a parent, and what they wish for their child.
5. *Joint learning about the child.* An important message is that both mother and father are learning how to interact and take care of the child, and both have equal opportunities to develop capacities for responsive care.
6. *Joint decision-making* regarding organization of childcare and raising the child.

IMPORTANT

Foundations of a quality and functional parenting alliance are laid during the transition to parenthood.

To support the foundations of a parenting alliance during the transition to parenthood you, as a home visitor, can:

- *Create opportunities for joint decision making.* For example, during the prenatal visits, home visitors may talk and discuss feeding practices after birth, buying things and furnishing the space for the baby, and birth options with both parents present;
- *Create opportunities for both parents to be involved*. Explore with parents the roles of both parents in every aspect of childcare and "interacting with the child" during pregnancy and nurture, participation in childcare activities following the birth;
- *Encourage the couple to spend time together.* Enable and motivate joint physical activities and leisure time;
- *Create opportunities for joint learning* about child development and their own child. This activity may be a useful tool for supporting emotional bonding and accepting the child. When they have the opportunity to learn about child development together, it sends the message that they both have an equal chance to learn about child development and build their skills in understanding child's needs. In addition, they can share their thoughts and insights about what they learn. To enable *joint learning* about the child as one of

[32] Kuersten-Hogan R. (2017). Bridging the Gap across the Transition to Coparenthood: Triadic Interactions and Coparenting Representations from Pregnancy through 12 Months Postpartum. *Frontiers in Psychology,* 8, 475. https://doi.org/10.3389/fpsyg.2017.00475

the building blocks of the parenting alliance, a home visitor could:

- Provide both parents with information on child/prenatal development (you may send the materials by e-mail before the visit) and suggest that both parents read the material;
- During the home visit, go through the key messages in the material. Ask both parents about what they have learned; what is the most interesting to them.
- Encourage and support both of them to think of at least one way how they could use the information when interacting or taking care of the baby.

- Nurture open communication about the feelings, anxieties, and thoughts on raising their child

Reflection and discussion

Reflect on building blocks of parenting alliance. Think of the ways a home visitor could support them during the transition to parenthood.

Consider having a discussion with colleagues on the ways building blocks of parenting alliance are currently supported in your everyday practice with expectant parents.

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Case study

Think about these couples:

1. *A couple is expecting their first child. They live in multigenerational household with the husband's parents. The husband's mother is a housekeeper, and he is the youngest of their children.*
2. *A couple is expecting their second child. The mother believes that mothers are a "better skilled and biologically prepared parent" due to pregnancy ("baby growing inside her"). She organizes the entire care for the firstborn child. The father is rarely involved, mostly in "disciplining" and "transporting the child to preschool" (as he says).*

Which building blocks of parenting alliance might be missing? What might be the consequences?

How could you support these couples in building a parenting alliance foundation during the transition to parenthood?

Some families, such as those in the examples above, feel a strong impact of traditional role model values. This is very often a case in multigenerational households. Aside from the traditional role models and norms, the couples raising children in multigenerational homes may need additional support in creating healthy and functional boundaries which will ensure that parents have a leading role in taking care of the child while grandparents are valuable support to them, and have a loving relationship with the baby.

Gender role values may strongly influence expectations of the mother as a primary caregiver and a more competent and "prepared" parent. Many families face challenges due to specific dynamics of maternal gate keeping (i.e., specific behaviours and attitudes of the mother which control fathers' involvement in child rearing activities). Mothers in these families may provide fathers with guidance on how to interact with the child, organize everyday childcaring activities and include father as a "helper" in taking care of the child, or provide model for the "proper" interaction with the child. Although both parents may believe that a mother truly is the more competent one when it comes to childcare, maternal gate keeping dynamics creates a specific context that often results in elevated levels of parenting stress in mothers and prevent father involvement and development of quality father-child relations. This is why these families benefit from joint learning about childcaring practices from the transition to parenthood, as well as from strong messages and continuous support to mutual trust in each-other's competencies.

SPECIAL CASES

Keep in mind that some contexts make the development of a parental alliance specific. For example, highly traditional families may have strong beliefs related to gender roles and parental involvement in childcare.

Experiences of intimate violence or single motherhood/fatherhood create a context where it is important to build "co-parental" relations between a parent and another supportive person who is willing to participate in raising the child. It could be the parent`s mother, sister or friend. In these cases, coordinate your activities with other professionals who support the parents.

V ANNEX

1. INFORMATION CARDS

INFORMATION CARD 1: PHYSICAL HEALTH DURING PREGNANCY - "RED FLAGS"

Use this card to educate the family about any potential danger signs that may indicate a problem. Keep in mind to, whenever possible, talk to all adult family members about these "red flags".

Danger sign - red flag	Guidance and/or description of the danger sign
Vaginal bleeding	Advise to contact and report to a doctor any amount of vaginal bleeding during pregnancy.
Dizziness, fainting or convulsions	Advise to contact a physician if experiencing convulsions, fainting, ongoing dizziness or light-headedness, gaps in the memory.
Abdominal pains	Advise to contact a doctor if experiencing pain in lower abdomen (sharp, stabbing or cramp-like belly pain that does not go away, that starts suddenly, is severe or gradually gets worse) severe and persistent chest, shoulder or back pain.
Severe nausea or vomiting	Advise to contact a doctor if experiencing severe nausea or throwing up (beyond the usual that many pregnant women experience); if you are unable to drink for more than 8, or eat for more than 24 hours, or cannot keep any drink or food in your stomach; if experiencing dry mouth, headaches, fever, confusion, dizziness or light-headedness.
Headaches	Advise to contact a doctor if experiencing severe headaches, especially if accompanied by vision changes, swelling or elevated blood pressure. Pay attention to changes in vision (flashes of light or bright spots, blind spots, short periods of blindness, blurry vision, double vision).
Decrease in foetal movement	Advise to contact a doctor if noticing a decrease in baby's movement.
Fluid leakage	Advise to contact a doctor if experiencing a sudden gush or slow leak of fluid from the vagina.
Fever	Advise to contact a doctor if having fever. Infections during pregnancy may be dangerous for both mother and baby, and mother needs advice on which medication is safe to use.
High blood pressure	Advise to contact a doctor is blood pressure is consistently high.
Rapid weight gain	Advice to contact a doctor if gaining a lot of weight during a short period of time.
Swelling of fingers, face end legs	Advice to contact a doctor if experiencing constant and increasing swelling of fingers (hard to bend fingers or wear a ring), face (hard to open eyes all the way, looking puffy, lips and mouth feel swollen or numb) and legs or arms (swelling, pain or tenderness, usually in one leg; the painful area can also be red, swollen and worm to touch)
Trouble breathing	Sudden or constant feeling of short breath, inability to breathe deeply (enough to get enough air in your lungs); your throat and/or chest feel tight.
Thoughts about harming yourself or the baby	Feel very sad, hopeless, do not feel you have control over your life, feel extremely worried all the time, too tired to get out of bed and take care of yourself, losing interest in people, have scary thoughts and cannot make them go away.

When talking to the family consider:

- Most women have uneventful pregnancies and childbirth but sudden and unpredictable complications may happen at any time to any woman. Where problems do occur it is important to ensure that they are acted upon without delay. You need to find a way to explain the danger signs in familiar terms (using local words), so that the woman, her family and others in the community can recognize them if they should occur, and to ensure they know where to go in case of an emergency.[33]
- Together with the family, create a list of important contacts/telephone numbers such as the emergency line, health clinic, doctor or home visiting nurse.
- Add to the "red flags" list some danger signs that may be specific for each family you work with (as advised by the doctor).
- Encourage family members not to panic if any of the danger signs should occur, but to contact professionals from the list to get more specific guidance on how to proceed. Encourage them to have birth and emergency plans with information on transport, location of the nearest health facility, persons to support the pregnant women (for example, the name and contact of her physician, or home visitor, etc.), and logistical details.

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[33] For additional resources about "family friendly language" please check the website: https://www.cdc.gov/hearher/maternal-warning-signs/index.html

INFORMATION CARD 2: HEALTHY NUTRITION DURING PREGNANCY

Inform the family that healthy nutrition during pregnancy is very important for the growth and development of the child, as well as for the mother's health.

Keep in mind to talk to all family members about healthy nutrition, especially in multigenerational households.

Consider making a plan of a healthy diet (together with both parents):

		Examples for the family*
Variety of foods	Fruits, vegetables, whole grains, proteins, healthy fats	
Increase calorie intake	Need additional calories, but avoid overeating and excessive weight gain	
Enough proteins	Meat, fish, beans, lentils	
Avoid certain food	Raw, undercooked meat, fish or eggs	
Importance of hydration	Drink plenty of water and other fluids	
Supplementation	Folic acid (important for the development of neural tube)	Advised amount for the mother:
	Prenatal vitamins, iron or calcium	Advised supplementation for the mother:
Limit caffeine and avoid alcohol		

* Be aware of the family's economic conditions as well as eating habits. Introduce a healthy diet they can actually provide and integrate in everyday life.

Be aware of the family's economic conditions as well as eating habits. Introduce a healthy diet they can actually provide and integrate in everyday life.

INFORMATION CARD 3: CREATING A DAILY PHYSICAL ACTIVITY PLAN WITH THE FAMILY (EXAMPLE)

Step 0. Inform yourself about existing programs in the community that my offer opportunities for physical activities for the families expecting babies (yoga or Pilates classes for pregnant women, swimming, dancing classes, etc.). Some of these group activities could also be beneficial for supporting emotional wellbeing of the parents, the couple`s joint leisure time, or creating informal support network (i.e., connecting to other parents). In some communities such options may not be available, but there are many ways how parents can engage in physical activities.

Step 1. Inform the family on the importance of physical activity during pregnancy for both the baby and the mother (improving overall health, reducing risk of gestational diabetes and hypertension, improve sleep, reduce anxiety and stress).

Step 2. Explore the options for physical activity with the family.

- What kind of physical activities have they already practiced before the pregnancy?
- Advise the family to consult a doctor about any health concerns and related limitations to physical activities during pregnancy.
- What are their everyday routines? What options do they have for joint leisure activities or individual physical activities (keeping in mind work, household tasks, taking care of older children, among others)? In some families and communities parents may be very active doing different household chores or being engaged in the family business/activities.

Step 3. Offer general advice:

1. Choose safe activities - low-impact exercises such as walking, swimming, prenatal yoga or Pilates could be safe options; avoid high impact activities.
2. Start slowly - especially if the mother was not active before pregnancy.
3. Stay hydrated during physical activity (drink before, during and after the activity).
4. Wear appropriate clothing – loose fitting, comfortable.
5. Avoid overheating- avoid exercising in hot or humid conditions, take rest and breaks during exercises.
6. Listen to your body - stop if feeling any pain, discomfort or dizziness.

Step 4. Make an example of a daily (or weekly) physical activity plan for the family. Keep in mind the advice from the doctor. Whenever possible consider:

- Family routines and the opportunities they offer for physical activity.
- Balancing individual and the couple`s joint activities.
- Integrating the couple`s/family leisure activities and exercises.
- Integrating activities that are acceptable to family members (some families are likely to introduce only walking routines; others will be willing to start some new activities such as swimming, yoga or dancing).

Keep in mind that some pregnant women were very active prior to pregnancy. Consult with their doctors on how to advise them about healthy daily physical activities.

INFORMATION CARD 4: TALKING ABOUT EMOTIONAL WELLBEING WITH EXPECTANT PARENTS

Topic of the conversation	Example of questions
Current feelings of both parents and their general mood	*How do you feel most of the time these days?* Explore further by asking: *What makes you feel…?* *To what extent do you feel differently than usual?*
Reactions of mother and father to pregnancy and changes in the way they both feel about becoming a parent	*When you first learned that you would have a baby, how did you react? How did you feel, what did you think? How did your partner feel? What did you talk about?* *As the pregnancy progresses, how have your feelings and thoughts changed? What do you think about now? How do you feel about becoming a parent, or how do you feel about the baby? What about your partner?*
Perceived reactions to pregnancy and changes in the way that the family/friends feel and behave	*Who was the first you shared the news about the baby with? How did he/she react? How did you feel telling him/her? Who was the most excited, or maybe the most worried about you having a baby?* *As the pregnancy progresses, how have the feelings, behaviour of the people around you changed? Who is becoming more supportive (how)? Sometimes people may distance themselves in such big life events. Has it happened to you with any of the people important to you?*
Worries parents have about pregnancy, being a parent and raising a child	*Many expectant parents sometimes feel worried or anxious about pregnancy or childcare. Do you or your partner sometimes worry about these things?* Explore further by asking: *How often do you feel worried or anxious?* *What do you worry about? What concerns you the most?* *When did you start worrying about…?*
Available network of support	*Who do you talk to about the way you feel or about your worries, expectations about the baby and taking care of her?* *Who knows how you feel?* *Who do you talk to about parenting or yourself as a parent to the child you are expecting?* *Who is currently being the most supportive of you (and your partner)? In what way? Who do you feel understands you? With whom can you share your thoughts or feelings about the pregnancy and parenthood?* *Who do you expect to be there for you when the baby is born? In what way?*
Coping and resilience (if needed)	*What makes you feel better when you worry or feel anxious?* *What do you do to feel better? What could you do to feel better?* You could explore further by asking: *What would you like to know/learn/ be informed about to feel better?* *Who could you talk to, or spend time with to feel better?* *What activities do you enjoy participating in, which activities relax you?* *What do you do when you wish to relax or take some time off and enjoy?*

INFORMATION CARD 5: TALKING TO PARENTS ABOUT PREPARING FOR CHILDBIRTH

Inform and advise	Things to prepare for maternity hospital (consider jointly creating a list) How to create a plan – when (timing), how to (route) travel to maternity hospital, who to inform, etc. "Red flags" regarding childbirth
Educate	Labour - stages of childbirth Apgar score Recovery after childbirth Lactation after giving birth, first breastfeeding
Encourage joint learning and decision making	Type of delivery, choice of maternity hospital First contacts with the baby Magical hour Skin-to-skin contact Baby friendly maternity hospitals vs. separated wards
Explore	The role and perspective of the father in preparation to childbirth Inform parents about both parents` rights - using parental leave The ways father could be active and involved in childbirth preparation and delivery
Discuss	Benefits of shared parental leave Available network of functional support following the birth of the child
Ensure	Best possible contacts for both parents with the child
Refer	Group programmes for preparation for childbirth
Agree	On the timing of your visit after the birth of the child

INFORMATION CARD 6: TALKING TO PARENTS ABOUT EMOTIONAL BONDING WITH THE CHILD

Inform and normalize	Different feelings about being a parent are often felt by a majority of expectant parents. Some of these feelings are optimistic, but expectant parents may experience feeling stressed or confused.
Encourage (joint) learning	What do babies experience in the womb (e.g., hearing sounds, sight, sensations)? Introduce the ways to bond with the baby during pregnancy (bonding activities - see Information Card 7). How fathers and other family members bond with the baby?
Explore and recognize	Possible barriers and vulnerabilities that could create obstacles to bonding with the baby (current and significant close relationships, mental health and emotional wellbeing, contexts and challenging circumstances of life or pregnancy, etc.).
Ensure support and refer	Family or parent to other services that might be useful to the family (parenting groups, parenting classes). Consider targeted or more intensive support if needed. Consult with other service providers for the family if necessary (for example, mental health professionals, social welfare professionals, etc.).

INFORMATION CARD 7: BONDING EXERCISES (EXAMPLES)

Bonding Exercise #1

Babies learn from nurturing playful experience. When you play with them, even before birth they will learn about your voice, movement, emotional state, etc. You will have a chance to learn about communication and interaction with the baby.

Top three games to bond with your baby prenatally:

- Babies can hear even before birth, so: Talk and sing to your baby.
- Babies respond to movement, so: Play some gentle music and dance with your baby.
- Babies respond to touch, so: Gently stroke your belly while singing and talking to the baby.

Bonding Exercise #2

Let's learn baby's language! Before birth, babies communicate, react, and interact by movements.

To learn your baby's language, create your own dictionary:

- Monitor and write down when your baby is calm.
- Monitor and write down when your baby is active and moving around.
- Monitor and write down how your baby responds to different foods, drinks you take, your movements, and to different voices.

Use these "words" to interact with your baby: respond to your baby's kicks, hiccups or when the baby turns.

Bonding Exercise #3

Imagine your baby.

Monitor your baby's behaviour at different situations (during doctor's appointment, in the evenings, in the mornings, when you eat, when you take a bath, while walking, dancing, singing, and talking).

Describe what you have observed about your baby's behaviour:

- What does the baby enjoy/dislike?
- What makes the baby feel calm, engaged or upset?
- With whom the baby likes to stay with and respond to?
- Is the baby communicative?

Keep in mind: Your answers do not have to be correct.

Encourage parents to keep a joint diary and to write down their thoughts, feelings or experiences regarding any of the bonding exercises.