

# CFRP POLICY BRIEF

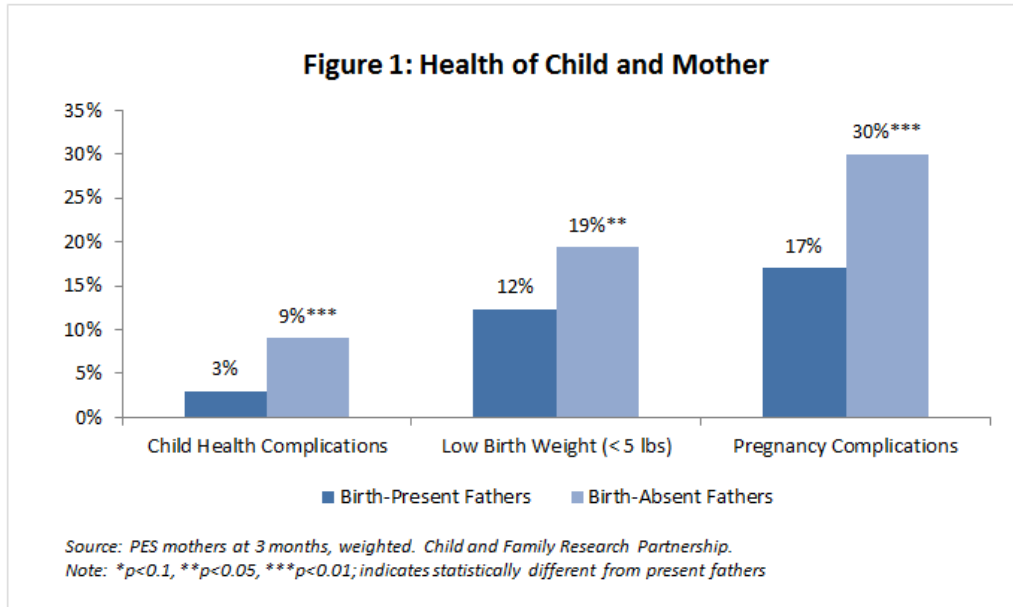
## Dad's Absence at Birth Linked to Adverse Health Outcomes for Mom and Baby

There was a time when dads didn't belong in the delivery room. Conventional wisdom of the 1950s held that a father's presence was not just a distraction, but a potential source of infection in an otherwise sterile environment. Today, of course, these attitudes have shifted and dads are considered a welcome source of support and comfort at a child's birth.

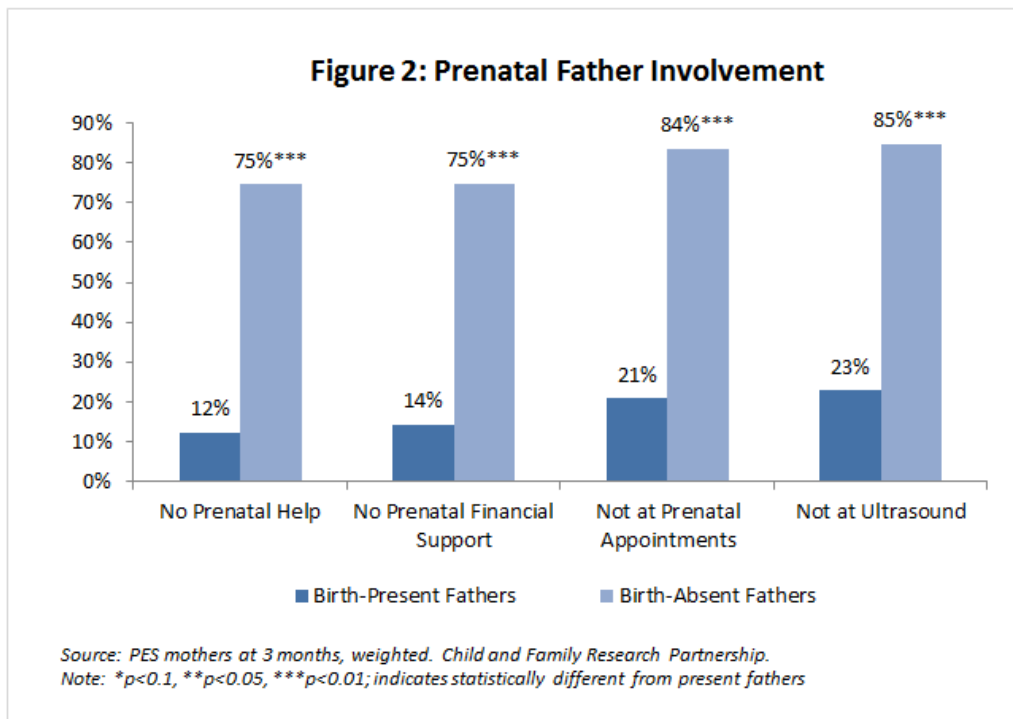
Recent findings from CFRP suggest that for unmarried parents there may be a connection between child health and fathers' birth attendance after all—albeit a very different connection from the one feared in the past. Newly collected data show that a father's absence at this key event, though not directly harmful, may nonetheless be a harbinger of early health complications for the newborn. These findings indicate that dad's attendance is more than a mere gesture of support and commitment—it's a window into the health and wellbeing of mother and child, and an opportunity for health policies that might anticipate and counteract adverse health outcomes for newborns.

CFRP's study is based on survey data drawn from a large sample of Texas mothers who had recently given birth outside of marriage. The data reveal that, compared to fathers who attend the births of their children, absent fathers are three times more likely to have children with health complications as early as 3 months after the birth [Figure 1.] They are also more likely to have children born underweight. Perhaps not surprisingly, these health problems affect more than just newborns of birth-absent fathers—they affect mothers too. Moms who are unaccompanied by the father at birth are more likely to have experienced complications during pregnancy or at the time of birth, suggesting that the poor health their children experience as newborns may reflect poor prenatal conditions earlier on.

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A closer look at these families during the prenatal period shows that fathers who are absent from the birth are largely absent during pregnancy as well [Figure 2.] They are less likely to have helped the mother with transportation or everyday chores, to have accompanied mom to the ultrasound, or to have attended prenatal appointments in general. They are also less likely to have provided financial support.



It's possible that stress imposed on the mother by a lack of father involvement during pregnancy contributes to prenatal health complications that in turn compromise newborn health. This connection could explain why fathers who are absent at birth, having already largely withdrawn from the child's life beforehand, are more likely to have children with health problems at 3 months old.

Other research has confirmed the link between maternal stress and child health. In a recent study of fetal scans, researchers found that when mothers are stressed out, their fetuses also show signs of distress.<sup>1</sup> And in a separate study of nearly 8,000 pregnant women, researchers noted that moms with high anxiety and depression are at greater risk of adverse birth outcomes, such as low birth weight.<sup>2</sup> These studies highlight the importance of identifying and alleviating prenatal maternal stress, a conclusion supported by CFRP data.

Research has long shown a connection between father involvement and child wellbeing in the domains of academic achievement, emotional health, and employment stability.<sup>3</sup> However, CFRP's findings suggest the impact of a father's absence may begin much earlier, with roughly 1 in 10 children born to unaccompanied mothers exhibiting health complications just three months after birth.

In light of these findings, health officials should consider developing early interventions for mothers whose partners are not present at prenatal appointments. Fathers' absence at the 20-week ultrasound, in particular, strongly predicts fathers' absence at the child's birth and should be considered a signal that a mother is at elevated risk for prenatal stress and adverse child health outcomes. These mothers may benefit from access to emotional and financial support services aimed at stress reduction. Prenatal classes targeted at emotional self-management, co-parenting, and communication have also shown some success.<sup>4</sup> In the long-term, these mothers may need other forms of support. Early outreach on the topic of paternity establishment, as well as information regarding child support and visitation arrangements, may help these mothers better navigate the legal landscape ahead. These actions may also alleviate some of the burdens imposed by a father's absence, and ensure that children have the emotional and financial support they need to succeed and be healthy.

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Go to [childandfamilyresearch.org/publications/fathers](http://childandfamilyresearch.org/publications/fathers) for more about CFRP's work in the areas of father involvement and paternity establishment.

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<sup>1</sup> Reissland, N., Aydin, E., Francis, B., & Exley, K. (2015). Laterality of foetal self-touch in relation to maternal stress. *Laterality: Asymmetries of Body, Brain and Cognition*, 20(1), 82-94. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/1357650X.2014.920339>

<sup>2</sup> Loomans, E. M., Van Dijk, A. E., Vrijkotte, T. G., Van Eijsden, M., Stronks, K., Gemke, R. J., & Van den Bergh, B. R. (2013). Psychosocial stress during pregnancy is related to adverse birth outcomes: results from a large multi-ethnic community-based birth cohort. *The European Journal of Public Health*, 23(3), 485-491. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/22850187>

<sup>3</sup> Child and Family Research Partnership. (2013, October). *The Importance of Father Involvement* [Flyer]. Retrieved from [http://childandfamilyresearch.org/content/uploads/CFRPatUT\\_Father\\_Flyer.pdf](http://childandfamilyresearch.org/content/uploads/CFRPatUT_Father_Flyer.pdf)

<sup>4</sup> Feinberg, M. E., Roettger, M. E., Jones, D. E., Paul, I. M., & Kan, M. L. (2015). Effects of a psychosocial couple-based prevention program on adverse birth outcomes. *Maternal and child health journal*, 19(1), 102-111. Retrieved from <http://link.springer.com/article/10.1007/s10995-014-1500-5/fulltext.html>