Supportive Education & Follow-Up for New Fathers

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This study was funded by a CTSA Grant through the Houston Methodist Research Institute.
Conflict of Interest Statement

As required by the American Nurses Credentialing Center’s Accreditation Program, we would like to make you aware of all potential conflicts of interests. This educational activity’s planners and the presenter have indicated they have no bias or conflict of interest.
Learner Objectives

Upon completion of this session, the learner will be able to:

• Describe one parenting program for fathers and the preliminary results of the program for one group of fathers

• Discuss the effectiveness of the program in impacting parenting knowledge and parenting satisfaction
Background

• Information on infant health and development has been shown to be readily available, well accepted by new parents and can build parents’ confidence and nurturing behaviors

• Despite accumulating evidence of the importance of fathers to their children, fathers rarely seek the information to support them in this role
Background

• There is a trend to begin providing transition programs to new dads

• Research on their actual needs and the efficacy of the existing programs is sparse (Sons to Dads, Boot Camp for New Dads, Father Time)
The purpose of this study was to evaluate a facilitated program to educate and support new fathers during the transition into fatherhood.
Aims

• To evaluate the efficacy of a specialized multi-modal program for new fathers in impacting parenting self efficacy and parenting satisfaction

• To determine which aspects of the program are viewed by the fathers as most helpful in implementing the new father role
Research Design

This exploratory study employed a one group, repeated measures design to evaluate a facilitated program to educate and support new fathers during the transition into fatherhood.
Methodology

After IRB approval:

• Prospective fathers were recruited from the rosters for the antenatal classes taught at Houston Methodist Hospital

• Fathers who agreed to participate in the study had the study explained and were consented

• They were asked to attend a two-and-a-half-hour session on topics related to infant care and fathering
Methodology

• The class was taught in the prenatal period

• After the birth, the fathers had the option to have the researcher visit with them and their babies on the postpartum unit

• After discharge, the facilitator contacted the father by phone at one week, one month and four months to allow the father to ask questions

• Prior to the class, at one month and at four months, the fathers were asked to complete questionnaires
Class Content

- First Issues for New Fathers
- Challenges in Forming a Parenting Team
- The Fathering Role
- Supporting the Mom
- Caring for the Infant

- Capabilities of the Infant
- Finding Support Systems
- Available Resources for Fathers
- Safety Issues
Instruments

The Self Efficacy in Infant Care Scale (Prasopkittikin, et al., 2006) is a 42-item instrument with a rating scale of 0-100.

The What Being a Parent of a New Baby is Like scale (Pridham and Chang, 1989; Elek, Hudson, & Bouffard, 2003) has three subscales, evaluation, centrality, and life change. Responses are on a 9-point Likert type scale.

The Demographic Data Scale included educational level, age, gender, ethnicity, occupation, work status, marital status and income.
Instruments

- **Satisfaction with the Program** was measured on a 1 to 5 ranking scale for each of the components of the program.
- Fathers were asked to rate the delivery method and the usefulness of the information.
Statistical Analysis

• Descriptive statistics to describe the demographic and questionnaire data of patients participating in this study

• T-Test was used to complete the differences between measurements 1 and 2 for this initial data analysis

• ANOVA with repeated measures was used to assess differences among the pre-tests and the one month and four month post-tests
Results

Demographics: N=58

• Ages ranged from 20-47
• Highest degree varied from high school to PhD/MD/JD
• Ethnicity primarily Caucasian (32; 55.17%) with
  – Hispanic (12; 20.6%)
  – Asian (10; 17.2%)
  – Black American/Black African (4; 6.9%)
• Primarily full-time employed
Results

- Years with partner varied from .83 to 12 years
- Experience with children/child care varied from:

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>None</td>
<td>10</td>
<td>5.7</td>
</tr>
<tr>
<td>Contact but no experience</td>
<td>30</td>
<td>17.2</td>
</tr>
<tr>
<td>Supervised care experience</td>
<td>4</td>
<td>2.3</td>
</tr>
<tr>
<td>Care of someone else’s child</td>
<td>11</td>
<td>6.3</td>
</tr>
<tr>
<td>Care of own child</td>
<td>3</td>
<td>1.7</td>
</tr>
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Infant Care Expectations

<table>
<thead>
<tr>
<th>Domain</th>
<th>t</th>
<th>Sig 2-tailed</th>
<th>Mean Diff</th>
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<tbody>
<tr>
<td>Emotionality Domain</td>
<td>37.091</td>
<td>.000</td>
<td>3.177</td>
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<tr>
<td>Responsiveness Domain</td>
<td>40.201</td>
<td>.000</td>
<td>3.820</td>
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<tr>
<td>Father &amp; Baby Domain</td>
<td>40.764</td>
<td>.000</td>
<td>3.087</td>
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What Being the Parent of a Baby is Like

<table>
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<tr>
<th></th>
<th>F</th>
<th>Significance</th>
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<tr>
<td>Life Change</td>
<td>1.506</td>
<td>.232</td>
</tr>
<tr>
<td>Centrality</td>
<td>0.943</td>
<td>.342</td>
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<tr>
<td>Evaluation (Success)</td>
<td>5.646</td>
<td>.026</td>
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</tbody>
</table>
Satisfaction with the Class

• Scores could vary from 1-5

• 87% of the respondents rated their satisfaction level as 4 or 5 indicating satisfaction with the class
Conclusions

• The class and follow-up interventions provided new information and reinforced existing knowledge

• Fathers were willing to spend the time in class after work to acquire new information

• Although the classes were presented by women, prospective fathers rated the classes as helpful and the presenters as knowledgeable
Limitations

• The sample was relatively small

• The population was limited to fathers from one hospital system who were enrolled in childbirth classes

• Classes were provided on fathering by female nurses and a counselor
References


References


