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# Fatherhood Research Bulletin

Bulletin 16

JANUARY 2013

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## [NEWS from the Australian Fatherhood Research Network](#)

### **Australian Research Alliance for Children and Youth (ARACY) activities**

#### **Webinar on Fathers for School Readiness October 18<sup>th</sup>**



#### **"Making paternity leave work: context, policy and practice"**

Join us for a Webinar on February 6<sup>th</sup>. Reserve your Webinar seat now at:  
<https://www3.gotomeeting.com/register/883052166>

On 1 January 2013, Australia introduced two weeks government-funded Dad and Partner Pay for eligible working fathers or partners, including adopting parents and parents in same-sex couples.

Penelope Rush, Child Family Community Australia Information Exchange, and Dr Richard Fletcher, Fatherhood Research Network Convenor, will describe in this webinar Australia's family leave policy history, the social context and current family models in Australia. Key findings from a review of international paternity leave policies and practices that may inform Australia's future approach to parental leave will also be presented. The webinar will also present recent research highlighting the importance of father-infant attachment for children's development. Resources assisting practitioners to include fathers in their support for families with newborns will be described.

Title: Making paternity leave work: context, policy and practice  
Date: Wednesday, February 6, 2013  
Time: 12:30 PM - 2:00 PM AEDT

After registering you will receive a confirmation email containing information about joining the Webinar

## NEWS from the Australian Fatherhood Research Network

### FROM BULLETIN 15

#### Re: A Program for fathers in Bangladesh

In the last Bulletin we featured the work of A Program for fathers in Bangladesh. Unfortunately we omitted to give the contact details for the project.

Those wishing to find out more about can contact:

Md. Imam Nahil | Deputy Manager, P-3 Years Intervention, Shishuder Jonno Program | Save the Children in Bangladesh [imam.nahil@savethechildren.org](mailto:imam.nahil@savethechildren.org)

#### Re: Webinar on Fathers for School Readiness October 18<sup>th</sup> 2012

We alerted readers to this webinar last year. It is now available on the ARACY website

<http://www.aracy.org.au/publications-resources/area?command=record&id=11&cid=5>

## RESOURCES ON THE WEB

### An information centre for new dads

Tweddle Child & family Health Service based in Victoria employs a specialised team of health and early childhood professionals to provide support to over 4,000 families for concerns ranging from sleep and settling, to challenging toddler behaviour, lactation support, mental illness and isolation.

They have recently created a new section on their website to offer information specifically to fathers. Kerrie Gottliebsen, Communications Co-ordinator, describes the thinking behind the creation.

*I initially decided to create a section for dads on our website after reading research from The Family Action Centre on the insufficient early parenting and mental health online support and resources available to new dads. I was inspired by the increasing number of dads attending our early parenting programs at Tweddle with their partners and young children. Many fathers attending Tweddle with their families are diagnosed with stress, anxiety, depression and fatigue. On top of this, many of their partners are not coping or have postnatal depression. My aim is to create a hub of support, empathy and education in a bloke friendly environment which will in turn help the whole family.*

The web address is [http://www.tweddle.org.au/Pages/Parent Resources/Dad s Information Centre.aspx](http://www.tweddle.org.au/Pages/Parent%20Resources/Dad%20s%20Information%20Centre.aspx)

For more information contact Kerrie Gottliebsen [Kerrie.Gottliebsen@tweddle.org.au](mailto:Kerrie.Gottliebsen@tweddle.org.au)

## RESOURCES ON THE WEB

### **Perinatal mental health and dads: The Elephant in the Nursery Symposium**

On 26<sup>th</sup> November 2012 a symposium to discuss the important topic of fathers' mental health and the mental health of their babies was held.

The welcoming comments reprinted below explained the name of the symposium and the thinking of the organisers.

*"This year's symposium has been a collaboration between the WA Perinatal Mental Health Services at Women and Newborn Health Service—namely, the WA Perinatal Mental Health Unit, the Mother and Baby Unit, and the Department of Psychological Medicine. On behalf of the organising committee, I welcome you to 'Perinatal mental health and dads: The elephant in the nursery'.*

*In the field of perinatal and infant mental health, many professionals have also heard of 'ghosts in the nursery', a term coined by Selma Fraiberg and colleagues, referring to a hurtful parental past that may haunt the infant-parent relationship. In response to this, Alicia Lieberman and colleagues came up with 'angels in the nursery', that is the protective and compassionate relationships of parental past that support the infant-parent relationship.*

*With this symposium, the committee wished to take this metaphor one step further. As fathers are often overlooked throughout the perinatal period, the committee hoped that this symposium would draw attention to the 'elephant in the room' (i.e., the idiomatic issue at hand that is going un-addressed and/or unnoticed); hence, 'the elephant in the nursery' concept was born.*

*The day has been dedicated to dads. We hope you enjoy it."*

#### **The Symposium Organising Committee**

WA Perinatal Mental Health Services

Presentations and posters from the day are online and can be downloaded without cost. Go to:

[http://kemh.health.wa.gov.au/health\\_professionals/WA\\_perinatal\\_mental\\_health\\_unit/symposium2012.php](http://kemh.health.wa.gov.au/health_professionals/WA_perinatal_mental_health_unit/symposium2012.php)

For further information contact Education and Training Officer - Lea Davidson -

[lea.davidson@health.wa.gov.au](mailto:lea.davidson@health.wa.gov.au)

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#### **A reminder about dads**

Renaë Gibson, Health Promotion Officer, WA Perinatal Mental Health Unit

A couple of weeks ago, a collection of agencies including Parenting WA, City of Stirling, Child and Adolescent Community Health, Playgroup WA and the WA Perinatal Mental Health Unit joined forces to host a PND information tent at a community fair in Tuart Hill. We each brought along a selection of resources to let parents know about the different services in their area they could access for support, should they need it. I took along the usual suspects from the WA Perinatal Mental Health Unit and beyondblue so parents could help themselves to whatever they felt they needed. *(continued on pg. 5)*

## RESOURCES ON THE WEB

(continued from pg. 4)

This included two items I consider to be essential information for parents with or expecting a baby: “Emotional health during pregnancy and early parenthood” (beyondblue) and “Hey Dad: Fatherhood – First 12 Months” (Hey Dad WA and beyondblue). While I made a special effort to provide a range of resources for men, I couldn’t have predicted just how hungry fathers were for information. Nearly 90 Hey Dad booklets walked out the door during the course of the day, compared to less than a dozen Emotional Health booklets. This served as a reminder to me – and my colleagues at the fair – just how important it is to keep fathers in mind. It also got me wondering: What else can be done for men during the perinatal period? My guess is: A LOT!

From Issue 23 April 2012 WA Perinatal Mental Health Newsletter. Reprinted with permission of Women and Newborn Health Service. <http://www.kemh.health.wa.gov.au/>

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### **Nurses decide to include dads**

The Maternal and Child Health Nurses from Moonee Valley City Council decided to purposefully include dads in all their activities; firstly as part of the team goals for 2011-12 and then embraced as part of practice in an ongoing way.

The conversations about addressing the role of dads came from a few events: a stay at home dad had approached us to start a Dad’s Playgroup; several nurses had heard Dr. Richard Fletcher at The Australian Association of Maternal, Child and Family Health Nurses in May, 2011 and a keenness to provide a truly family centred practice all provided impetus.

The nurses agreed to the following strategies to be incorporated into their clinical practice:

- Encouraging dads to talk with the nurses on the phone when they ring to organise the initial home visit and not immediately passing to the mother
- Asking and inviting the dads to be present for the home visit and subsequent centre visits
- Involving the dads in conversation and giving handouts specifically relating to dad’s roles with supporting breast feeding and parenting
- Giving the flyer about the Dads Playgroup and also inviting them to join the new parents group
- Utilising all opportunities to discuss with the mother the important role that dad plays. Asking important questions like “how does the baby respond when he hears his dad’s voice, when dad changes her nappy, when he plays with the child?”
- Have copies of the Father Inclusive Practice Guide in the office to show parents
- Including questions specifically related to dads in the annual survey to gain their feedback on the Maternal and Child Health Service

We would also like to change the service name to Family and Child Health however this would be out of alignment with the rest of Victoria. Unfortunately the numbers for the dads playgroup have not been significant but we have had large numbers of dads stay around for the home visit, attend centre appointments and provide feedback. The Maternal and Child Health team will continue with these practice initiatives.

## PROGRAMS AND FATHER INCLUSIVE PRACTICE

### Report on BushMob work with Aboriginal fathers (and other family members) in the Northern Territory



**Contributed by Wayne Clarke, Central Australian Aboriginal Congress, Targeted Family Support Service, Tyerrtye Arntarnte-Areme (Caring for People)**

BushMob is an organisation that started up ... it was started up basically by the youth of Alice Springs. Children, particularly the petrol sniffers, really bad substance abusers, really didn't have anywhere to go. When a youth worker asked the young girls and boys of Alice Springs, "If you had a dream what would your dream be right now, right today" the kids said "Go bush". So we thought, okay, that sounds pretty simple, going bush, yeah. But when you actually think about it and you try and put that into practice, particularly for families who are really large, who have really large families, if there's one Toyota and it's going bush, well, it creates a bit of a problem because they all want to go bush. So we set up an organisation that can actually make that happen, just taking kids back to bush. So what we get out of the bush is, you know, the children, for the time they're with us in the bush environment, well, they're not abusing substance, whether it's a two or three day camp or an eight hour journey out in the bush just for the day. The children are safe from any sort of substance. They get a good meal. That was one thing we tried to provide, was one healthy meal, so knowing that if we were going out of eight hours that that kid's going to get a really good feed. And then we'd drop them back off to the town environment. So it was really set up by the youth for the youth of Alice Springs. And they made the rules in regards to anyone's welcome to get into the vehicle but all participants are not to take any substance whatsoever. So that included petrol and alcohol on any journeys. They also made the rules that you could be there with your girlfriend or your partner but when we were out camping that you were not allowed to sleep in the same swags because we had other young people there that didn't have partners. And one of the things we came up with in conjunction with the community up here is we have a horse trek, yeah, which runs for a week out at Santa Teresa. And what we do there is we engage the community men and the community women. So the men will work with the horses and prepare them all. The women will do all of the cooking and all of the mothering stuff at the camps and we invite up to 100 participants to join us once a year and we go out to Santa Teresa and just walk around with the horses. We walk around with elderly people ... talking to us about country and bush medicine and all the sacred sites and all of that and sort of do all the horsey stuff, so the nurturing of the horses and making sure children know the rules prior to getting onto a horse. We've probably had about four of them journeys at this stage, which have been really successful.

*(Continued on pg. 7)*

## PROGRAMS AND FATHER INCLUSIVE PRACTICE

### **Report on BushMob work with Aboriginal fathers (and other family members) in the Northern Territory** *(Continued from pg. 6)*

What we do is we walk from ... we have a radius of about 60 kilometres, so we start on the Monday and we start our journey and what it does is it starts at the community and then it comes back and we just do it back, come back in a bit of, I suppose, a horseshoe and come back into the community by Friday. We just go out in the remote areas. There's no showers, there's no nothing. You're living in the elements. Generally during the winter periods it's nice and cool, very, very lovely. Yeah, very rewarding. One of the ideas, I suppose, behind the horse trek was to actually engage dads and give them something real. So it was actually something that they've enjoyed as children or their grandparents, their parents, have enjoyed. So we really try to instil some of that pride back into the families who are working with animals and horses or working to engage our children. So when we take dads out we ask them ... when we take young people out we invite dads to come along and have that journey with their children. They do and it's just incredible. If we can get a dad out there for the whole week with their children that's just one hell of a moving experience, not just for us as workers but for the child. The child absolutely adores it. The father just gets incredibly proud because he's been with his son all week and he's showed him a lot of stuff. No one judges dad. No one judges anybody, so it's a really nurturing environment for that. We get a lot of good stuff happens there with dads and their families. You know, whether it's a young girl or young boy, we really do encourage that. And if possible, if mum's around and available, we also encourage mum to participate in that. So, yeah, when we do cook up the barbecues and all that, you know, we get dads to serve mum. How often does that happen? We get the children to serve. We get the children to serve both parents, "You come and pick up mum's plate and dad's plate and you take it to them." So sharing that good stuff but also getting dads having input into their children, I suppose. So sharing and learning all the time, really just trying to impart some of the skills onto the young dads and young men that we have, saying that we can have really good fun and good times away from alcohol and violence.

For information contact Wayne Clarke [wayne.clarke@caac.org.au](mailto:wayne.clarke@caac.org.au)  
or see the Bushmob website [www.bushmob.com.au](http://www.bushmob.com.au)

See also *Growing Up Our Way: The First Year of Life in Remote Aboriginal Australia* in the Research section below.

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## PROGRAMS AND FATHER INCLUSIVE PRACTICE

### DADS READING TO THEIR BUBS

At Parkes in Western NSW the library has been striving to include dads in literacy-related activities with young children.

During our REaDTEMBER 2012 literacy celebrations we ran new literacy programs. One was PyjamaRama where everyone was invited to come to the library for stories in the evening. This turned into something a little more party-ish than we expected with mums, dads, grandpas, and grandmas all wearing their pj's, happy to participate in the hokey-pokey before bed! We may as well have served shots of red cordial but everyone had such a good time together that one mother has started a petition to make PyjamaRama a regular occurrence.

Another program was 'Rocket Man' where dads and their bubs 0-12 months were invited to participate. This was advertised for fathers / male caregivers only and had limited success with between 2 and 6 fathers turning up for each session that was run on Saturday morning. Surprisingly, the group attracted a bigger audience of older children and their parents wishing to join in. Lessons learned!



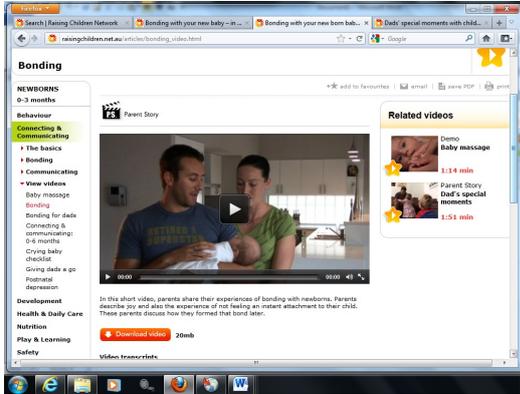
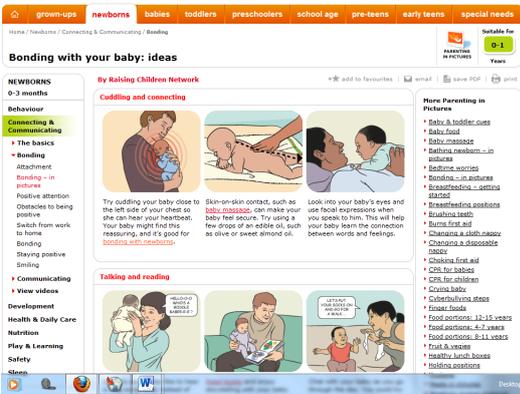
For further information contact Parkes Library ; [library@parkes.nsw.gov.au](mailto:library@parkes.nsw.gov.au)

## PROGRAMS AND FATHER INCLUSIVE PRACTICE

### The FRB Quick guide to father-baby bonding on the *Raising Children Network* website

When dads in antenatal classes are asked what they plan to do with their time away from work they often say that they are not sure, that they'll work it out as it happens. These dads are keen to do a great job with their newborn, but exactly how is a bit of a mystery.

One key task they will face is connecting or bonding with their baby. The Raising Children Network is a government funded, evidence-based source of practical information for parents. On their website they have videos and information specifically designed for dads. In the following section pages that deal with fathers bonding with their infants have been selected. The notes beside each page give some idea of how the content might be useful to a dad with a new baby.

	<p style="text-align: center;"><b>Bonding</b></p> <p>This short (2 min 45 sec) video has dads and mums talking about the feelings of real connection with their baby. Not all dads felt the same way and, as some mums tell it, bonding can take quite a while.</p>
	<p style="text-align: center;"><b>Bonding with your baby</b></p> <p>This page has illustrations of the many small ways bonding can take place. Dads are featured throughout.</p>
	<p style="text-align: center;"><b>Bonding for dads</b></p> <p>Is an entertaining look at how dads make the links with their baby. Some are funny, others are tender but they approach their baby with loving enthusiasm. This video runs through lots of behaviours, smiling, talking, playing, making faces, showing each one in just a few seconds.</p>

(table continued on pg. 10)

## PROGRAMS AND FATHER INCLUSIVE PRACTICE

(table continued from pg. 9)

	<p><b>Baby cues video guide</b></p> <p>The last suggestion in the rapid-fire <i>Bonding for dads video</i> is to notice your baby's signals. A great suggestion, but how do you do it? This video has real babies giving signals that they are tired, hungry, fed up or ready to play. There is even a quiz to test yourself after you've watched the video.</p>
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## RESEARCH

The research section for this special edition of the Bulletin has a focus on the perinatal period. From the recently published papers three themes relevant to the new paid paternity leave have been selected:

- Fathers cutting the cord and holding their baby after caesarean section
- Father-infant attachment and three way interactions between infants, fathers and mothers
- Postnatal depression.

As well we have included a paper which describes Aboriginal views of children's development.

### **Fathers cutting the cord and holding their baby after caesarean section**

*FRB comment: Since the 1980s in Australia fathers have been invited into birthing suites to observe and support the mother giving birth. There has been criticism of this practice both because it expects too much of the father and because it gets in the way of more effective support from female relatives, doulas or midwives. Nevertheless the practice is now widespread and in some births fathers are permitted or even encouraged to cut the umbilical cord. The paper by Brandao and Figueiredo tested Portuguese fathers' bonding with their baby (although using a scale developed for mothers) and matched their score with their cord cutting experience. The study pointed to the benefits, in terms of maintaining fathers' positive affection, of having cut the cord after delivery. Advocating for more father involvement at the birth however should also take into account the effect on mothers and their bonding as well. Velandia and colleagues from Sweden assessed infants behaviours after caesarean section when placed skin-to-skin with mothers or fathers. As they report there are trade offs in how the infant responds. The decision to offer dads early contact should take account of the mothers' and the infants benefits as well.*

## RESEARCH

### **Fathers' emotional involvement with the neonate: impact of the umbilical cord cutting experience**

**Aims.** This paper is a report on a study analysing the effect of the umbilical cord cutting experience on fathers' emotional involvement with their infants.

**Background.** Participation in childbirth offers an opportunity for father and mother to share the childbirth experience, so it is vital that midwives improve the fathers' participation in this event.

**Design.** A quasi-experimental study with a quantitative methodology was implemented.

**Methods.** One hundred and five fathers were recruited as part of a convenience sample in a Maternity Public Hospital in a Metropolitan City in Portugal, between January and May of 2008. The Bonding Scale, the Portuguese version of the 'Mother-to-Infant Bonding Scale' was used to evaluate the fathers' emotional involvement with the neonate at different moments: before childbirth, first day after childbirth and first month after childbirth. After childbirth, the fathers were divided into three separate groups depending on their umbilical cord cutting experience.

**Results.** The results demonstrate that the emotional involvement between father and child tends to increase during the first days after childbirth and to decrease when evaluated 1 month after birth, for fathers who did not cut the umbilical cord. However, fathers who cut the umbilical cord demonstrate an improvement in emotional involvement 1 month later.

**Conclusion.** Results suggest that the umbilical cord cutting experience benefits the father's emotional involvement with the neonate, supporting the benefits of his participation and empowerment in childbirth.

Brandao, S & Figueiredo, B. (2012), Fathers' emotional involvement with the neonate: impact of the umbilical cord cutting experience, *Journal of Advanced Nursing*, doi: 10.1111/j.1365-2648.2012.05978.x

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### **Sex differences in newborn interaction with mother or father during skin-to-skin contact after Caesarean section**

**Aim:** To investigate differences between the breast-seeking and crying behaviour of girls and boys in skin-to-skin contact (SSC) with their mother or their father after Caesarean section as well as the point-in-time for the first breastfeeding and to compare mothers' and fathers' interactive behaviour with their newborn girl or boy.

**Methods:** Twenty girls and 17 boys were randomized to 25 min of SSC with one or the other parent immediately after birth. The interaction was videotaped.

**Results:** Girls started rooting movements earlier than boys in SSC with either parent ( $p = 0.027$ ). Infants started to breastfeed significantly earlier if having been in SSC with mothers compared with SSC with fathers during the first 5–30 min ( $p = 0.018$ ). Girls cried more than boys in SSC with either parent ( $p = 0.02$ ). Mothers used more touching behaviour towards their newborn infant than fathers ( $p = 0.001$ ). Mothers touched girls less than boys ( $p = 0.038$ ). Fathers directed less speech towards girls compared with boys ( $p = 0.042$ ).

**Conclusion:** Early mother–infant SSC immediately after Caesarean section should be promoted until the occurrence of the first breastfeed. If the mother is unable to provide SSC immediately after birth, the father–infant SSC is a valuable alternative because it enhances paternal interaction.

Velandia, M., Uvnäs-Moberg, K., Nissen, E. (2012), Sex differences in newborn interaction with mother or father during skin-to-skin contact after Caesarean section, *Acta Paediatrica*, 101 (4), 360–367

## RESEARCH

### Father-infant attachment and father-infant-mother attachment

*FRB Comment: The literature examining mother-infant interaction is voluminous. In recent years father-infant dyads have also been studied and we provide some recent examples below. Brown and colleagues try to tease apart the overlapping effects of fathers' involvement, their sensitivity to their infants' cues and the infant's attachment status with the father. Their results are typical in not pointing to a simple cause and effect. Three year olds attachment to their fathers was related to both quantity and quality of fathers' interaction and also was reciprocal in that the infants influenced their fathers. British researchers led by Ramchandani however have identified a direct link between father's behaviour with their three month old infants and the infant's risk of developing behaviour problems at one year. While in a study of Israeli fathers, Weisman and colleagues found that administering oxytocin (a substance that increases social confidence the communication warmth) to fathers not only boosted their fathering skills but changed their five month old baby's behaviour too. However there is also a growing interest in assessing not simply parent-infant dyads but triadic, father-infant-mother relationships. Favez and his team have tracked the path of the family alliance, a measure of how well the father, mother and infant function together, from before birth to when the child reached five years of age. They found that the children's temperament interacted with the family alliance to predict children's outcomes.*

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#### Father Involvement, Paternal Sensitivity, and Father-Child Attachment Security in the First 3 Years

To reach a greater understanding of the early father-child attachment relationship, this study examined concurrent and longitudinal associations among father involvement, paternal sensitivity, and father-child attachment security at 13 months and 3 years of age. Analyses revealed few associations among these variables at 13 months of age, but involvement and sensitivity independently predicted father-child attachment security at age 3. Moreover, sensitivity moderated the association between involvement and attachment security at 3 years. Specifically, involvement was unrelated to attachment security when fathers were highly sensitive, but positively related to attachment security when fathers were relatively less sensitive. Father involvement was also moderately stable across the two time points, but paternal sensitivity was not. Furthermore, there was significant stability in father-child attachment security from 13 months to 3 years. Secure attachment at 13 months also predicted greater levels of paternal sensitivity at 3 years, with sensitivity at age 3 mediating the association between 13 month and 3 year attachment security. In sum, a secure father-child attachment relationship (a) was related to both quantity and quality of fathering behavior, (b) remained relatively stable across early childhood, and (c) predicted increased paternal sensitivity over time. These findings further our understanding of the correlates of early father-child attachment, and underscore the need to consider multiple domains of fathers' parenting and reciprocal relations between fathering behavior and father-child attachment security.

Brown, G.L., Mangelsdorf, S.C. and Neff, C. (2012), Father Involvement, Paternal Sensitivity, and Father-Child Attachment Security in the First 3 Years, *Journal of Family Psychology*, 26(3), 421—430.

## RESEARCH

### **Do early father–infant interactions predict the onset of externalising behaviours in young children? Findings from a longitudinal cohort study**

**Background:** Factors related to parents and parenting capacities are important predictors of the development of behavioural problems in children. Recently, there has been an increasing research focus in this field on the earliest years of life, however, relatively few studies have addressed the role of fathers, despite this appearing to be particularly pertinent to child behavioural development. This study aimed to examine whether father–infant interactions at age 3 months independently predicted child behavioural problems at 1 year of age. **Method:** A sample of 192 families was recruited from two maternity units in the United Kingdom. Father–infant interactions were assessed in the family home and coded using the Global Rating Scales. Child behaviour problems were assessed by maternal report. Hierarchical and logistic regression analyses were used to examine associations between father–infant interaction and the development of behavioural problems. **Results:** Disengaged and remote interactions between fathers and their infants were found to predict externalising behavioural problems at the age of 1 year. The children of the most disengaged fathers had an increased risk of developing early externalising behavioural problems [disengaged (nonintrusive) interactions – adjusted Odds Ratio 5.33 (95% Confidence Interval; 1.39, 20.40): remote interactions adj. OR 3.32 (0.92, 12.05)] **Conclusions:** Disengaged interactions of fathers with their infants, as early as the third month of life, predict early behavioural problems in children. These interactions may be critical factors to address, from a very early age in the child’s life, and offer a potential opportunity for preventive intervention.

Ramchandani, P.G, Domoney, J., Sethna, V., Lamprini, P., Vlachos, H. and Murray, L. (2013), Do early father–infant interactions predict the onset of externalising behaviours in young children? Findings from a longitudinal cohort study, *Journal of Child Psychology and Psychiatry*, 54(1), 56-64.

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### **Oxytocin Administration to Parent Enhances Infant Physiological and Behavioral Readiness for Social Engagement**

**Background:** The social milieu provides the context for the organism’s survival, endurance, and adaptation. In mammals, social participation originates within the parent-infant bond and is supported by the oxytocin (OT) system, whose functioning is transmitted from parent to child through patterns of parental care. Human studies indicate that OT administration increases affiliative behavior, including trust, empathy, and social reciprocity. Here, we examine whether OT administration to parent can enhance physiological and behavioral processes that support parental social engagement but, moreover, can have parallel effects on the infant.

**Methods:** Utilizing a double-blind, placebo-controlled crossover design, 35 fathers and their 5-month-old infants were observed twice following administration of OT or placebo to father in the face-to-face still-face paradigm. Parent and infant salivary OT were assessed at multiple time points, respiratory sinus arrhythmia (RSA) was measured in the three face-to-face still-face episodes, and social behaviors of the parent and child were micro-coded for indices of social engagement.

**Results:** Oxytocin administration increased father salivary OT, RSA during free play, and key parenting behaviors that support parental infant bonding. Parallel increases were also found in the infant’s salivary OT, RSA response, and engagement behavior, including social gaze, exploration, and social reciprocity.

**Conclusions:** Results are the first to demonstrate that OT administration to one attachment partner can have parallel effects on the other and underscore the role of OT in the cross-generation transmission of human social participation. Findings have translational implications for conditions associated.

Weisman, O., Zagoory-Sharon, O, and Feldman, R. (2012), Oxytocin Administration to Parent Enhances Infant Physiological and Behavioral Readiness for Social Engagement, *Biological Psychiatry*, 72(12), 982–989.

## RESEARCH

### **The Development of Family Alliance From Pregnancy to Toddlerhood and Child Outcomes at 5 Years**

This article presents a longitudinal study of the development of “family alliance” from pregnancy to toddlerhood in a community sample, as well as its links with the emotional and cognitive development of the child at age 5 years. Family alliance is defined as the quality of the interactive coordination between family members. We consider that the alliance constitutes a context for the child to learn emotion regulation and to develop an understanding of inner states. Family interactions (N = 38) were observed at the 5th month of pregnancy and at 3, 9, and 18 months after birth in a standardized situation of observation

(Lausanne Trilogue Play). Marital satisfaction and child temperament were assessed through self-reported questionnaires. Several outcomes of the child at age 5 years were measured: theory of mind performances, predominant emotional themes in pretend play, internalized and externalized symptoms. Results show that (a) three patterns of evolution of family alliance occur: “high stable” (n = 19), “high to low” (n = 10), and “low stable” (n = 9); (b) a high stable alliance is predictive of better outcomes in children at age 5 years, especially regarding theory of mind; (c) the temperament of the child is predictive of child outcomes; and (d) an interaction effect occurs between family alliance and temperament. These results highlight the importance of both family-level and individual-level variables for understanding individual differences in the social and cognitive development of children.

Favez, N., Lopes, F., Bernard, M., Franscarolo, F., Lavanchy Scaiola, C., Corboz-Warnery, A. and Fivaz-Depeursinge, E. (2012), The Development of Family Alliance From Pregnancy to Toddlerhood and Child Outcomes at 5 Years, *Family Process*, 51, 542–556.

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### **Viewing parenting and child development from another standpoint**

*FRB comment: Non-Aboriginal professionals working with Aboriginal families try to avoid imposing a ‘white’ view of family and parenting on their clients. However recognising when we might be missing an important difference in the way that parenting is conceived is no easy matter. The work by Kruske and colleagues offers important insights into the way Aboriginal mothers from remote communities in northern Australia see the role of parents. While we would want this research to extend to record fathers’ views it nevertheless gives a useful picture of alternative ways of thinking about how to foster children’s development. (See also Kanyininpa (Holding): A Way of Nurturing Children in Aboriginal Australia is FRB No 5).*

### **Growing Up Our Way: The First Year of Life in Remote Aboriginal Australia**

In this study, we attempted to explore the experiences and beliefs of Aboriginal families as they cared for their children in the first year of life. We collected family stories concerning child rearing, development, behavior, health, and wellbeing between each infant’s birth and first birthday. We found significant differences in parenting behaviors and childrearing practices between Aboriginal groups and mainstream Australians. Aboriginal parents perceived their children to be autonomous individuals with responsibilities toward a large family group. The children were active agents in determining their own needs, highly prized, and included in all aspects of community life. Concurrent with poverty, neocolonialism, and medical hegemony, child-led parenting styles hamper the effectiveness of health services. Hence, until the planners of Australia’s health systems better understand Aboriginal knowledge systems and incorporate them into their planning, we can continue to expect the failure of government and health services among Aboriginal communities.

Kruske, S., Belton, S., Wardaguga, M. and Narjic, C. (2012), Growing Up Our Way: The First Year of Life in Remote Aboriginal Australia, *Qualitative Health Research*, 22(6):777-87

## RESEARCH

### Postnatal depression

*FRB Comment: One of the most persistent problems that new families can face is depressed mood and distress among mothers or fathers. Although this condition has traditionally been considered a mothers' issue there is now clear evidence that fathers also suffer from depression and anxiety after the birth and that in these families children's development is put at risk. Letourneau and colleagues from Canada put the case for considering PND not a condition that can be ascribed to an individual. It should be considered, they say, as a family affair. Previous studies examining paternal depression have measured children's cognitive and behavioural outcomes to describe its effects. Lee and colleagues, using a sample of over 1000 US families add child abuse to the list of risks faced by children of depressed fathers. Thome and Arnardottir present a hopeful report of a couple-focused intervention consisting of four home visits before the birth. Both the distressed mothers and the fathers improved on all indicators.*

#### **Postpartum Depression is a Family Affair: Addressing the Impact on Mothers, Fathers, and Children**

The purpose of this paper is to present research on the effects of postpartum depression (PPD) on mothers, fathers, and children that point to a re-conceptualization of PPD as a mental health condition that affects the whole family. As such, the objectives of this paper are to discuss: (1) the incidence and effects of PPD on mothers and fathers; (2) common predictors of PPD in mothers and fathers, and (3) the effects of PPD on parenting and parent-child relationships, and (4) the effects of PPD on children's health, and their cognitive and social-emotional development. Finally, the implications for screening and intervention if depression is re-conceptualized as a condition of the family are discussed.

Dennis, C., Benzies, K., Duffet-Leger, L., Stewart, M., Tryphonopoulos, P., Este, D. and Watson, W., (2012), Postpartum Depression is a Family Affair: Addressing the Impact on Mothers, Fathers, and Children, *Child Abuse & Neglect*, 36(5), 461—469.

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#### **Paternal depression and risk for child neglect in father-involved families of young children**

##### **Objective**

To examine the association of paternal depression with risk for parental neglect of young children.

##### **Study design**

The sample was derived from a birth cohort study of 1,089 families in which both biological parents resided in the home when the target child was 3- and 5-years old. Prospective analyses examined the contribution of paternal and maternal parenting risks (e.g., depression, alcohol use, and parenting stress) to the incidence of neglect of the target child. Models accounted for a comprehensive set of factors associated with parental child neglect in 2-parent families, including quality of the parental relationship, household economic conditions, and paternal demographic characteristics.

##### **Results**

Approximately 12% of families reported at least 1 instance of neglect; 10% of fathers were depressed when their child was 3-years old. Rates of paternal and maternal depression were twice as high in families in which child neglect was present. Paternal depression when a child was 3-years old was associated with increased odds of child neglect at age 5 [adjusted odds ratio: 1.94 (95% confidence interval: 1.18–3.19);  $P < .01$ ]. Father-related risks for neglect remained statistically significant after accounting for strong, significant effects of maternal parenting risks, including maternal depression, and household economic hardship. Paternal parenting stress was also associated with heightened risk for neglect, although only at the level of marginal significance after accounting for maternal parenting risks [adjusted odds ratio: 1.40 (95% confidence interval: 0.97–2.04);  $P = .075$ ].

*(continued on pg. 16)*

## RESEARCH

(continued from page 15)

### Conclusions

Screening fathers for parenting risks such as depression during well-baby visits and social work intervention to facilitate fathers' help-seeking behaviors related to treatment of depression may help to prevent and reduce risk of neglect.

Lee, S.J., Taylor, C., Bellamy, J.L. (2012), Paternal depression and risk for child neglect in father-involved families of young children, *Child Abuse & Neglect*, 36 (5), 461—469.

### **Evaluation of a family nursing intervention for distressed pregnant women and their partners: a single group before and after study.**

**Aim.** To report a study of the effects of an antenatal family nursing intervention for emotionally distressed women and their partners.

**Background.** High levels of depressive symptoms and anxiety are common in pregnant women, and their partners are likely to suffer from a higher degree of these symptoms than those of non-distressed women. Maternal anxiety and depressive symptoms influence the development of the foetus and child negatively. Distress reducing interventions for couples are scarce.

**Design.** The design was a pre- and post-test single group quasi-experiment.

**Methods.** All women distressed during the last two trimesters of pregnancy were referred by midwives to a family nursing home-visiting service in a primary care setting in Iceland. They were invited to participate in the study from November 2007–September 2009. The final sample was 39 couples.

**Assessment of distress** was through self-reporting of depressive symptoms and anxiety, self-esteem, and dyadic adjustment. The couple received four home visits that were guided by the Calgary Family Nursing Model.

**Results.** Women experienced a higher degree of distress than men before the intervention. Couple's distress was interrelated, and improvement was significant on all indicators after the intervention.

**Conclusion.** Healthcare professionals who care for distressed expectant women should attend to their partners' mental health status. The Calgary Family Nursing Model is an appropriate guide for nursing care of distressed prospective couples in a primary care setting.

Thome, M. & Arnardottir, S.B. (2012) Evaluation of a family nursing intervention for distressed pregnant women and their partners: a single group before and after study. *Journal of Advanced Nursing*, doi: 10.1111/j.1365-2648.2012.06063.x



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<http://www.newcastle.edu.au/research-centre/fac/research/fathers/afn.html>

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