

# Encouraging breastfeeding: The role of fathers

## › Abstract

National and international policy and guidance recognise the health and other benefits of breastfeeding. Fathers are often the closest form of social support to the mother, with research suggesting that fathers can be an important source of breastfeeding support; however, they are not acknowledged in many existing breastfeeding protocols or policies. The aim of this literature review is to explore the role of the father in supporting breastfeeding. Nine studies were included in the literature review. Three themes were identified: duration of breastfeeding; educating fathers; and breastfeeding support from fathers. Findings suggest fathers offer a potentially valuable support for breastfeeding mothers. Resources and interventions for fathers need to be designed and researched with a need for policies and guidelines to acknowledge their role.

### Key words

› Breastfeeding › Fathers › Support › Health visitors › Mothers

Professionals have long known that breastfeeding brings short- and long-term health benefits for both mother and infant (UNICEF, 2013). There is an established evidence base to support encouraging mothers to breastfeed. In the UK, higher rates of breastfeeding prevalence have been correlated with lower admissions for infections, such as gastroenteritis and lower respiratory tract infections in infants under 1 year of age (Department of Health and Social Care (DHSC), 2013).

International studies have shown that breastfeeding reduces the risk of allergies, eczema and sudden infant death syndrome (American Academy for Paediatrics, 2012). In the longer term, there is evidence that breastfeeding offers protection against childhood obesity (Bartok

and Ventura, 2009; Scott et al, 2012; McCrory and Layte, 2012), diabetes and cardiovascular disease (Horta and Victora, 2013). Some research suggests that breastfed babies may have better neurological development, and improved performance and intelligence later in life (Horta and Victora, 2013). There is a growing consensus that breastfeeding can offer protection for the mother against the risk of ovarian and breast cancer (World Cancer Research Fund, 2009), as well as promoting breastfeeding, positive parenting and attachment (Gutman et al, 2009; Field, 2010; Wave Trust and Department for Education, 2013).

This evidence base has underpinned both national and international breastfeeding policy with UNICEF, the World Health Organization (WHO), and the US Department of Health and Human Services encouraging breastfeeding from birth (WHO, 2009; US Department of Health and Human Services, 2011; UNICEF, 2013). Likewise, in England, government policy (DHSC, 2009) has recognised breastfeeding as a priority for health professionals. Most recently (DHSC, 2014), it has placed responsibility on health visitors to encourage breastfeeding to positively influence a child's start in life.

Nearly three-quarters of mothers in England initiate breastfeeding (73.8%) (NHS England, 2015); however, data from Public Health England (PHE) (2016) suggest that only 43.7% of infants at 6–8 weeks are still breastfed. There are several points in antenatal and postnatal care plans where women should receive information about the benefits of breastfeeding. Often, the midwife initiates discussions about breastfeeding and midwives are identified by mothers as the most common source of information (83%) on breastfeeding (McAndrew et al, 2012). Once mother and baby leave maternity care, the health visitor becomes the primary professional supporter for continued breastfeeding. However, health visitors do not see the mother and baby until 10–14 days after birth, a crucial period for sustaining breastfeeding. Fathers can support the mother during this time.

Fathers are often the closest form of social support to the mother, with research suggesting

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that fathers can be an important source of breastfeeding support (Bar-Yam and Darby, 1997). Despite this, the father's role has not been acknowledged in existing breastfeeding protocols. None of the existing international or UK policy or guidance specifically refer to the role of the father, although some do mention 'partner' support (DHSC, 2009; WHO/UNICEF, 2009; National Institute of Health and Care Excellence (NICE), 2015).

There is currently a gap in the knowledge of fathers' understanding of the value of breastfeeding, their attitude towards it and their interest in supporting their partners. Could they play a more prominent role?

### Aims and objectives

This article reviews the literature exploring the role of fathers in the continuation of partial or exclusive breastfeeding. The methodology was chosen to allow exploration of the existing research, and to critically appraise any strengths and weakness in the published evidence base with a view to examining whether current breastfeeding policies adequately reflect the role of the father.

## Methods

### Search strategy

An initial search was conducted using Google Scholar. This identified the volume of research and helped in finding key terms for the literature search. This process highlighted key studies and focused the project on the period between 2009 and 2016, when most of the research was published. The database EBSCOHost was searched including Academic Search Premier, MEDLINE, Psychology and Behavioural Sciences Collection, PsycINFO, SPORTDiscus and CINAHL Plus with Full Text. Key terms are displayed in *Table 1*.

At the outset, the following inclusion criteria were identified:

- ◆ Publications that originated from western Europe, north America, Canada, Australia or New Zealand (due to similar demographics and cultures to the UK and, therefore, findings more likely to be transferable)
- ◆ Primary research
- ◆ Studies focusing on fathers' attitudes, knowledge and support in relation to breastfeeding rates or mothers' breastfeeding experiences in the postpartum period
- ◆ Studies focusing on fathers (originally, the inclusion criteria were cohabiting biological fathers; however, due to limited findings of this description in studies, the criteria was widened to just fathers)
- ◆ Peer-reviewed papers
- ◆ Published in English only.

All papers were critically appraised using the Critical Appraisal Skills Programme (CASP) tools, (CASP, 2014). Three different types of the CASP checklist were used: a randomised controlled trial (RCT) checklist; a cohort study checklist; and a qualitative study checklist.

### Sample

The initial search identified 1698 papers. Of these, 1197 were duplicates. The remaining 501 papers were assessed against the inclusion criteria. Nine papers were identified as relevant to this study. Of the nine papers collated for the review, three were conducted in Canada, two in Australia, two in north America, one in the UK and one in Cyprus (*Table 2*). The studies employed various research designs; three were quantitative studies using an experimental method of a RCT.

Three papers were quantitative studies that used a non-experimental design of a cross-sectional study. Three qualitative studies used a thematic analysis approach. Common trends were identified

with the quantitative studies through comparison of the findings. The process of deriving themes was completed using a deductive thematic analysis approach. Pre-assigned codes and themes were developed and findings of the papers were used to support them. Following the stages of thematic analysis, themes were identified through coding and categorising data to redefine themes (Braun and Clarke, 2006). Themes and trends identified were:

- ♦ Duration of breastfeeding.
- ♦ Fathers' education.
- ♦ Fathers' support.

## Findings

### Duration of breastfeeding

A trend throughout seven studies was the duration of the mother's breastfeeding. Ozluses and Celebioglu (2014) conducted a RCT to explore the exclusive breastfeeding (EBF) rate after mothers and fathers had received EBF education vs mothers only receiving EBF education.

The EBF rate was higher at 6 months for mothers and fathers receiving EBF in comparison to mothers only. The results showed significant differences in the duration of breastfeeding between the groups from the first to the sixth month postpartum. In the study, however, the researcher was not blind to group allocation so there was a risk of contamination between different intervention groups. In comparison to Özluses and Çelebioglu (2014), Maycock et al (2013) did not find any significant difference in breastfeeding status at 6 months postpartum, in a RCT where fathers received a male-led antenatal education session and 6-week postnatal support package. However, Maycock et al (2013) did find that there was a significant difference in mothers engaging in any breastfeeding at 6 weeks postpartum between the two groups.

In a study by Abbass-Dick et al (2015), although results were non-significant, more mothers were EBF at 6 weeks and 12 weeks postpartum in a RCT intervention group where mothers and fathers received a co-parenting breastfeeding support education package. The study did discover significantly higher rates of any breastfeeding at 12 weeks in the intervention group. There was a high follow-up participation rate in this study, but although the sample was multicultural, participants were middle class, educated and highly motivated to breastfeed. Therefore, the results may not be generalisable to other mothers.

Hunter and Cattelona (2014) conducted a survey to explore breastfeeding initiation and

**Table 1. Search strategy: databases and search terms**

Search database	Search terms		
<b>EBSCOHost Health Sciences Research Database</b> Academic Search Premier, MEDLINE, Psychology and Behavioural Sciences Collection, PsycINFO, SPORTDiscus and CINAHLPlus with Full Text	Breastfeeding	<b>AND</b> Assistance Attitude Encourage Help Involvement Knowledge Role Support	<b>AND</b> Dad Father Husband Men Partner Paternal

duration, and partner support in the first 48 hours of the postpartum period. Findings revealed that EBF at 6 months was significantly higher among mothers who reported involvement and support from their partners. The study showed a big effect, albeit reliant on subjective data of mothers' self-reporting. Mothers were recruited via two different types of antenatal classes, but no difference in effect on breastfeeding experience was found between classes. The study did, however, concentrate on first-time mothers limiting any bias for previous breastfeeding experience. There were also no strict inclusion criteria, suggesting that findings could be generalisable to other breastfeeding mothers.

Maternal confidence and maternal satisfaction were identified as themes in three studies. Mannion et al (2013) conducted a survey to identify mothers' perceived partner support and breastfeeding self-efficacy, finding that partner support was associated with higher maternal confidence in breastfeeding. Women who perceived positive or active support from their partner had higher self-efficacy and breastfed longer in comparison to those who did not report positive partner support.

Mannion et al (2013) also found no significant difference between those mothers who perceived positive support and those who did not in their perception of milk production. It concluded that partner support has a greater influence on breastfeeding confidence than the mother's perception of her milk production. The study had self-selection bias, where participants chose

*» There is a gap in the knowledge of fathers' understanding of the value of breastfeeding, their attitude towards it and their interest in supporting their partners «*

**Table 2. Studies included in review**

Journal article	Study aims	Sample characteristics	Data collection	Data analysis	Findings	Study limitations
Tohotoa, J, Maycock, B, Hauck, YL, Howat P, Burns S, Binns CW Dads make a difference: An exploratory study of paternal support for breastfeeding in Perth, Western Australia. International Breastfeeding Journal Australia, 2009	To identify what women and men perceive as essential paternal support to facilitate successful breastfeeding. What men believe they need to assist them to be a successful breastfeeding advocate	48 postnatal mothers. Breastfeeding or had in past 6 months. 28 men. Recruited via posters at child health clinics, child care centres and early learning centres. Fathers recruited by their partners with 'wanted' notices at the above centres. Mainly first-time parents, married or living together	8 focus groups of 4–10 mothers each using interview questions. Fathers variety of means, telephone interviews, online survey and focus groups	Qualitative data thematic analysis. Coding and categorising themes. Two major themes: 'Dads make a difference' and 'Wanting to be involved'. Mothers subthemes: 'Anticipating needs and getting the job done', 'Encouraging to do your best' and 'Paternal commitment to breastfeeding'. Fathers subthemes: 'Wanting relevant information', 'Learning the role' and 'Being an advocate'	Fathers' support essential to the mother being able to breastfeed successfully. Mothers identified that fathers should encourage and problem solve. Fathers identified that they require information, recognition of their role and involvement in antenatal classes for them to be advocates and supporters of breastfeeding	Non-representative self-selected sample. Small sample
Rempel LA, Rempel JK, Moore KCJ. Relationships between types of father breastfeeding support and breastfeeding outcomes. Canada, 2017 Maternal and Child Nutrition	To examine the relationship between fathers' reported and mothers' perceptions of breastfeeding support and mothers' breastfeeding intentions, satisfaction and duration	Study 1: 64 women and 41 men (34 couples) with children born in past year. Sample identified from newspaper birth announcements and recruited by telephone. Study 2: 80 mothers and 63 fathers had originally participated in breastfeeding best practice guidelines implementation study (Rempel and McCleary, 2012), initially recruited from hospitals	Questionnaires either online or by mail. Partner breastfeeding influence scale (PBIS) used to measure mothers' and fathers' breastfeeding duration intention. Breastfeeding experiences rated by mothers and fathers using breastfeeding satisfaction scale. Study 2: 12 months' post-partum follow-up study. Questionnaire by telephone or mail. PBIS, maternal breastfeeding evaluation scale, breastfeeding status and duration of breastfeeding	Statistical analysis	Responsiveness most frequent influence behaviour. Mothers' breastfeeding satisfaction and success rates significantly positively correlated with her perceptions of partner's responsiveness during breastfeeding. When fathers claimed breastfeeding support behaviours of appreciation, presence and informed about breastfeeding, mothers actually breastfed for shorter time. May not have been sensitive and responsive enough if mother having difficulties and affected self-efficacy and autonomy	Small sample sizes. Sample not representative of wider population. Breastfeeding behaviours may not be representative of different cultures

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Journal article	Study aims	Sample characteristics	Data collection	Findings	Study limitations
Abbass-Dick J, Stern SB, Nelson LE, Watson W, Dennis C. Coparenting Breastfeeding support and exclusive breastfeeding: a randomised control trial. Pediatrics Canada, 2015	To evaluate the effect of a co-parenting breastfeeding support intervention on exclusive breastfeeding	Primiparas mothers and fathers cohabiting. Recruited from hospital in the first 2 days postpartum. 107 couples in intervention group	Follow-up data collected at 6 weeks postpartum from mothers and fathers, and from mothers alone at 12 weeks, which included breastfeeding status, duration and how much interventions learnt in the group were used. 12 weeks co-parenting relationship scale. Brief scale used at baseline and 6 weeks. Postpartum partner support scale at 6 weeks. Breastfeeding self-efficacy scale adapted to assess paternal breastfeeding self-efficacy to measure confidence in assisting the mother. Baseline and 6 weeks. Paternal infant feeding attitude scale at baseline and 6 weeks for fathers. Mothers breastfeeding support 6 and 12 week who supported and frequency. Self-report online or telephone questionnaire	Co-parenting intervention increased breastfeeding duration at 12 weeks significantly. Duration rate at 6 weeks and exclusivity rates at 6 and 12 weeks higher than control group but not significant. Significant improvement in paternal breastfeeding self-efficacy over first 6 weeks in intervention group. Significantly more mothers received breastfeeding help from fathers in first 6 weeks and were satisfied with father involvement and information received	Possibly measured too early to detect significant difference in exclusive breastfeeding between the groups. Highly motivated to breastfeeding sample. Limited variability. Selection bias. Eligibility. Postpartum period busy time to review information could have been delivered prenatally
Hunter T, Cattelona G. Breastfeeding initiation and duration in first time mothers: Exploring the impact of father involvement in the early postpartum period. USA, 2014. Health Promotion Perspectives	To explore the influence of social support of the male partner on first-time mothers' breastfeeding initiation and duration. To assess the level of father involvement and support. Assess the partner participation in breastfeeding decisions	First-time mothers recruited from Bloomington Area Birth Services, Indiana. Had a baby in last 12 months. 146 mothers	Self-administered questionnaire assessing demographics, breastfeeding initiation, early post-partum breastfeeding, breastfeeding plans, support and duration	Prevalence of exclusive breastfeeding at 6 months significantly higher among mothers who had involvement and support from fathers during the early post-partum period (first 48 hours)	

to take part in the study, which affected the generalisability of the results. The study also relied on subjective self-report data from mothers' perceptions, which could increase the risk of recall bias.

Tohotoa et al (2009) found that mothers felt increased self-confidence in relation to her partner's support. This study conducted eight focus groups to explore mothers' perceptions of her partner support and to ascertain partners'

perceptions of the help they needed to support the mother effectively. The study had limited success in recruiting fathers, although used a range of data collection methods to overcome this limitation. Fathers were recruited via mothers, suggesting a possible sample of the most committed mothers to breastfeeding risking self-selection bias.

In a quantitative study, Rempel et al (2017) found maternal satisfaction in breastfeeding to be a protective factor in reducing the risk of early

**Table 2. Studies included in review**

Journal article	Study aims	Sample characteristics	Data collection	Data analysis	Findings	Study limitations
Mannion CA, Hobbs AJ, McDonald SW, Tough SC. Maternal Perceptions of partner support during breastfeeding. International Breastfeeding Journal Canada, 2013	To find out if mothers reporting positive support from their partners would have a higher confidence in breast milk production and higher breastfeeding self-efficacy	Convenience sample from a larger study. Recruitment posters at health centres, breastfeeding women approached and referred to research assistants. 76 mothers. Inclusion currently or recently breastfeeding women currently with the partner	Breastfeeding self-efficacy scale and the Hill and Humenick Lactation scale perceived milk supply. Demographic questionnaire also addressed breastfeeding status, duration and variables that can affect breastfeeding. Also perceived partner support	Statistical analysis. Responses to questions of perceived partner support categorised into positive, negative/ ambivalent	Women who perceived active or positive support from their partner in breastfeeding had higher self-efficacy scores than those who perceived negative or ambivalent support. Only 5% discussed decision to breastfeed with partner. No differences in perceived support and lactation scale	Non-representative sample of wider population. Majority highly educated and only majority living with partner. Only focuses on maternal perceptions, could have changed over time. Self-report-recall bias, could have forgotten initial perceptions. Convenience sample-selection bias. Small sample size limits generalisability
Maycock B, Binns CW, Dhaliwal S, Tohotoa J, Hauck Y, Burns S, Howat P. Education and Support for fathers improves breastfeeding rates: A randomised control trial. Journal of Human Lactation Australia, 2013	To investigate the effects of an antenatal education package and postnatal support targeted to fathers on the initiation and duration of breastfeeding	Sample recruited from eight maternity hospitals. Fathers had to intend to participate in the rearing of the child. 295 men attended session and responded to 6-week questionnaire	Questionnaires antenatal and postnatal 6 weeks and 6 months. Breastfeeding status assessed at 6 weeks. Fathers followed up by questionnaire or by telephone. Iowa Infant Feeding Attitude Scale measured at baseline and 6 months	Statistical analysis	Any breastfeeding rates at 6 weeks significantly greater in intervention group and less formula use. Exclusivity at 6 weeks non-significant. No significant differences at 6 months between the groups	Breastfeeding rates higher in Australia than other countries, harder to measure change. Small chance of contamination between control and intervention group. Did not account for previous breastfeeding experience. Intervention stopped at 6 weeks, contributes to lack of significant difference at 6 months
Nickerson LE, Sykes AC, Fung TT. Mothers Experience of fathers' support for breastfeeding. Public Health Nutrition USA, 2012	To examine mothers' experiences of support received from fathers for breastfeeding	Convenience sample. Living with biological father. Had baby in last 12 months. No more than 3 months since stopped breastfeeding and breastfed for at least a month	19 semi-structured interviews using questions on type of support received from fathers for breastfeeding. Questions included mother's opinion of the role of the father in breastfeeding process, preparation of the father for breastfeeding and what is absent in the fathers support for breastfeeding	Thematic analysis. Ten thematic categories found	Mothers perceived fathers to play an important role in breastfeeding process by emotionally and physically supporting the mother and are a critical component to success. Fathers' support was crucial during breastfeeding challenges to help them persevere and continue	Not representative of populations in other areas of the USA. Socially and economically homogenous sample. Mothers' perception only

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**Table 2. Studies included in review**

Journal article	Study aims	Sample characteristics	Data collection	Data analysis	Findings	Study limitations
Datta J, Graham B, Wellings K. The role of fathers in breastfeeding: Decision making and support. <i>British Journal of Midwifery</i> . UK, 2012	To evaluate an intervention to provide fathers information about breastfeeding. Women targeted to gather views on the role of fathers in relation to breastfeeding	14 men and 4 women. Recruited at the hospital when attending for 20-week scan or following delivery on postnatal ward-took advice from midwives as to who to approach. Recruitment via the mothers in some instances. Inclusion-breastfeeding mother or planning to breastfeed	Interviews questions on general views on breastfeeding, decision making regarding infant feeding, father's role in breastfeeding and experiences of breastfeeding	Thematic analysis	Fathers felt it was mother's decision to breastfeed, although saw it as their role to provide support. Implication is that some women may not start breastfeeding without partner support in decision making. Father's role in providing practical and emotional support may be essential to breastfeeding success. Fathers providing encouragement, support enabled mothers to continue breastfeeding despite facing difficulties. Information pack provided new knowledge and strengthened existing attitude of breastfeeding	Initiation rates already high in the area of UK. Findings may not be generalised to other areas of UK. The sample was positive about breastfeeding-not generalisable-selection bias. Small sample size. Well educated participants. Some couples changed their mind about participating due to having difficulties breastfeeding
Ozluş E, Celebioglu A. Educating fathers to improve breastfeeding rates and paternal infant attachment. <i>Indian Pediatrics</i> . Turkey, 2014	To determine the effect of breastfeeding education provided to fathers on the rate of EBF and paternal infant attachment	Parents of infants younger than 6 months. 117 families	Infant feeding type for EBF rate checked at 1, 2, 4, 6 months. Using interviews during check-ups. Paternal infant attachment scale used to measure strength of the bond between father and infant	Statistical analysis	From 1–6 months significant differences between groups. EBF rates high at 6 months when mother and father both educated. Paternal infant attachment score higher in group with fathers educated also	

cessation of breastfeeding. This work presented the results of two surveys, which explored how when fathers engaged in breastfeeding this influenced behaviours. The effect on the breastfeeding intention, satisfaction of the experience and the duration of breastfeeding was explored.

To measure how often fathers engaged in breastfeeding behaviours, a partner breastfeeding influence scale (PBIS) was used, which included subscales of being 'breastfeeding savvy', helping, appreciation, breastfeeding presence and responsiveness. Mothers who reported perceptions of their partner's presence and responsiveness during the breastfeeding experience was positively correlated with greater breastfeeding satisfaction.

Partner responsiveness was also associated with a longer duration of breastfeeding (Rempel et al, 2017). It is questionable as to whether the PBIS

is a validated tool, and the PBIS used a Likert scale, which is subjective and open to different participant interpretations. Each study used different samples, although both were highly educated, affluent and not culturally diverse. The recruitment processes have selection bias, which opened the generalisability of the results to question. The first study recruited via birth announcements in the local newspaper and the second study used a small convenience sample; mothers chose to take part, recruited through public health nurses.

### Educating fathers

A theme that emerged through the thematic analysis was fathers' education of breastfeeding, with codes of information, education and knowledge identified in several studies.

» *More mothers reported receiving help from their partner and being satisfied with the partner's involvement when fathers received the co-parenting intervention* «

Fathers receiving education manuals on breastfeeding and an education session on the technical processes of breastfeeding were suggested by Özlüses and Çelebioglu (2014) to have influenced the mother's duration of breastfeeding. Similarly, Maycock et al (2013) concluded that an education session for fathers promoted breastfeeding and influenced mothers' breastfeeding rates. The education session and additional 6-week follow-up package was aimed to increase fathers' knowledge, skills and problem-solving abilities in infant feeding by educating fathers about the benefits of breastfeeding, difficulties that can be encountered and how to support the breastfeeding mother (Maycock et al, 2013).

Maycock et al (2013) indicated that fathers attending an education session in the intervention group had an influence on the mother's attitude and knowledge towards breastfeeding, with higher maternal favourable attitudes to breastfeeding compared to the control group.

In a study by Abbas-Dick et al (2015), fathers were given breastfeeding information on the postnatal ward and a workbook, video and website to access at home. They ascertained that fathers participating in the programme had high paternal self-efficacy and infant feeding attitudes compared to the control group (Abbas-Dick et al, 2015). More mothers reported receiving help from their partner and being satisfied with the partner's involvement when fathers received the co-parenting intervention (Abbas-Dick et al, 2015).

Two studies examined fathers attending antenatal breastfeeding classes, which was collapsed into the education code (Datta et al, 2012; Nickerson et al, 2012). Nickerson et al (2012) interviewed mothers to explore the mother's breastfeeding experience and the support she received from the father. Nickerson et al (2012) indicated that mothers reported feeling that their husbands benefited from attending antenatal breastfeeding classes and spending time with a lactation consultant as they could remember the information and apply the knowledge to support the mother during breastfeeding difficulties. However, a small sample size of non-culturally

diverse, educated mothers from an urban area, meant that results may not be generalisable to the whole area. Although the study only looked at mothers' perceptions of support, it did account for recall bias by ensuring that mothers had stopped breastfeeding in the last 3 months.

Datta et al (2012) interviewed mothers and fathers to evaluate a breastfeeding information pack for fathers. They also looked at the father's role in decision making regarding breastfeeding and fathers' experiences of breastfeeding challenges faced in supporting the mother. Datta et al's (2012) results highlighted that fathers had attended antenatal classes and read information on breastfeeding, but few were prepared for problems arising during breastfeeding. Only one father in the study reported that the antenatal class had alerted him to possible difficulties (Datta et al, 2012). However, Datta et al (2012) acknowledged limitations in the small sample size of parents who were educated, older and positive about breastfeeding, creating a self-selection bias. The study area also had higher breastfeeding rates in comparison to the rest of the UK. Datta et al (2012) emphasised that their findings should be interpreted with caution.

Breastfeeding knowledge was a code identified through the thematic analysis, with four studies highlighting that fathers supported the mother's decision to breastfeed as they were aware of the health benefits of breastfeeding (Tohotoa et al, 2009; Datta et al, 2012; Nickerson et al, 2012; Mannion et al, 2013). Despite this, Datta et al (2012) found that some fathers still lacked knowledge of specific benefits to breastfeeding and generally felt it was the mother's decision to breastfeed and whether to continue during the challenges of breastfeeding.

Fathers reported feeling they were able to encourage the mother to continue breastfeeding by providing information on the benefits (Datta et al, 2012; Nickerson et al, 2012). This supported Tohotoa et al's (2009) findings that mothers reported fathers to be committed and supportive towards breastfeeding as they were knowledgeable about the benefits. Mothers also reported fathers being able to help reduce breastfeeding positioning and attachment difficulties for them by researching on the internet (Tohotoa et al, 2009). Some fathers felt inadequate in their knowledge and ability to effectively support the mother and felt unprepared for the fathering role (Tohotoa et al, 2009). Fathers expressed wanting more information on difficulties in breastfeeding and how they could support the mother (Tohotoa et al, 2009).



Rempel et al (2017) identified that fathers' breastfeeding influence behaviour of being 'savvy', termed as 'learning about breastfeeding and using the knowledge to encourage the mother and suggest solutions to breastfeeding problems', was the least demonstrated type of support to the mother's breastfeeding. In contrast to other studies, Rempel et al (2017) concluded that when fathers used their knowledge to support the mother, breastfeeding duration was shorter.

### Breastfeeding support from fathers

Fathers' support was a common theme in the literature. Several papers established that mothers valued fathers' support and this influenced the duration of breastfeeding (Tohotoa et al, 2009; Datta et al, 2012; Nickerson et al, 2012). Nickerson et al (2012) found mothers felt the support of the father was imperative to them continuing breastfeeding. Some studies illustrated the view that mothers believed without the presence and support of the father, they would not have been able to continue when facing breastfeeding challenges (Tohotoa et al, 2009; Datta et al, 2012; Nickerson et al, 2012).

Many mothers identified fathers as 'just being there' to offer support and assistance as an important role for fathers (Tohotoa et al, 2009), especially in the first few weeks after giving birth. This was clear in the study by Nickerson et al (2012), who found that most mothers perceived their husband to be a 'partner' in breastfeeding. This became especially apparent in circumstances where mothers felt they needed additional support from their husband (first-time mothers, mothers recovering from caesarean sections and during breastfeeding challenges).

Partner emotional support in successful breastfeeding was also a theme in the literature. Many of the papers identified that mothers valued this emotional support during the breastfeeding process (Tohotoa et al, 2009; Datta et al, 2012; Nickerson et al, 2012; Mannion et al, 2013; Rempel et al, 2017). Mothers reported that the beginning of breastfeeding was especially difficult (Nickerson et al, 2012). Mothers perceived encouragement, affirmation and reassurance as key factors in fathers providing emotional support (Tohotoa et al, 2009; Nickerson et al, 2012; Mannion et al, 2013). Similarly, fathers identified encouragement as a method used to support the mother to continue breastfeeding (Datta et al, 2012). Both mothers and fathers reported that the father showing kindness and affection was a valued element of emotional support, with fathers assuming a loving and supportive role (Datta et al, 2012).

» *Previous research has found that if fathers have a positive attitude and the appropriate skills to support breastfeeding, they can have a significant impact* «

Tohotoa et al (2009) suggested that acknowledgment of the effort in breastfeeding was an aspect mothers found especially important. Mothers (22%) indicated in one study (Mannion et al, 2013) that their partner felt indifferently or negatively about breastfeeding. Negative comments included breastfeeding being 'too time-consuming' (Mannion et al, 2013).

Interestingly, Rempel et al (2017) found when fathers wanted the mother to breastfeed for longer, showed appreciation, and were present and informed (savvy) about breastfeeding, mothers actually breastfed for a shorter time.

An equally important factor for mothers was the practical support offered by fathers (Tohotoa et al, 2009; Datta et al, 2012; Nickerson et al, 2012; Mannion et al, 2013). Nickerson et al (2012) found the mother's experience of physical support from the father was a common theme. This included help with household tasks, bringing items to the mother while she was breastfeeding, physically helping the mother to nurse and assisting her in public. In other papers, mothers also reported similar practical ways in which the father supported her (Tohotoa et al, 2009; Mannion et al, 2013). Fathers also felt that doing as much as possible to practically support the mother was something they could do effectively in their role (Datta et al, 2012).

### Discussion

The literature supports the father's role in breastfeeding. In particular, fathers are pivotal supporters when they are recipients of education and information about breastfeeding. Mothers welcome their support, especially with the practical work around the home. They are also a motivator and encourager in the early attempts at breastfeeding.

Previous research has found that if fathers have a positive attitude and the appropriate skills to support breastfeeding, they can have a significant impact (Clifford and McIntyre, 2008). However, a recent study found that interventions are needed to engage fathers more in the breastfeeding decision (Brown and Davies, 2014). Research has also shown that fathers are interested in breastfeeding and want to be involved (Sheriff et

### Key points

- ◆ Research suggests that fathers can be an important source of breastfeeding support but are not acknowledged in many existing breastfeeding protocols or policies
- ◆ Fathers are pivotal when they are recipients of education and information about breastfeeding
- ◆ Mothers welcome their support, especially with the practical work around the home. They are also a motivator and encourager in the early attempts at breastfeeding
- ◆ There is a need for existing policies and guidelines to acknowledge the father's role
- ◆ Resources and interventions for fathers need to be designed and researched

al, 2009). However, fathers have previously reported feeling that they lack knowledge and want more information to be proactively involved and able to support their partners (Sheriff et al, 2009). There is not a vast amount of literature on this topic and throughout this article the limitations of the research reviewed has been discussed. Nonetheless, against a backdrop of low breastfeeding rates and the positive impact that breastfeeding has on the health, attachment of child and mother and the bonding of the family, this body of evidence is important (UNICEF, 2013; Gutman et al, 2009; Field, 2010; Wave Trust and Department for Education, 2013; PHE, 2016).

The health visitor working day to day with mothers trying to breastfeed should be aware of the potentially valuable role of fathers in supporting the mother and include them in the advice they give the mothers. Typically, health visitors, while not discouraged during training from engaging with fathers on this topic, are not given information about how to support fathers. In practical terms, there are no leaflets, websites or other sources of information that are 'father friendly'.

Many relevant international and national policies and guidance are not explicit about the positive role fathers could play in supporting mothers. Thus, while there is a strong push for health visitors to support breastfeeding mothers, there is no onus on them to include fathers in their approach. Such an approach could include additional guidance on how to engage with fathers in these circumstances, and the development of resources and toolkits to help health visitors in the community, as well as positive public health communications about the role of fathers as breastfeeding supporters.

### Limitations of the study

This literature review identified only nine relevant studies, which makes it difficult to generalise the findings. In addition, the relevant studies

employed different methods, making comparison of findings challenging. However, the wider support network for mothers trying to breastfeed is important and there remains a lack of research in this area. Thus, even with a small evidence base it is important to consider the role of the father.

### Conclusion

As discussed, there is a lack of research in this important area. Breastfeeding researchers and clinical academics should look closely at the father's role, understand how they can be supportive and what resources they need to support them. There is a need to build on the interventions (educational, peer support, father 'friendly' resources) described in this article and to trial them as larger-scale studies with more diverse groups of fathers.

JHV

This article has been subject to peer review.

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