



Resources for Father/Partner Engagement

(Note that resources from additional other steps may help you with the step you have chosen, so we recommend you check resources throughout the document.)

Step 1- Have a written breastfeeding policy that is routinely communicated to all health care staff.

Sub-step 1.5 - “Does the hospital’s breastfeeding/infant feeding policy include a specific plan for including and engaging fathers/partners?”

An example would be an index or wallet sized card that is given to all fathers/partners on arrival at the maternity facility that briefly states the facility’s commitment to breastfeeding and to the father’s inclusion in the process (see under Resources <http://www.uhhospitals.org/macdonald/health-and-wellness/pregnancy-resources/lactation-services/breast-for-success/for-fathers>)

Another example would be wall posters with pictures that include fathers and the infant/infant breastfeeding (e.g. at <http://www.fns.usda.gov/wic/fathers-supporting-breastfeeding> and <http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFPosters.aspx>)

Step 2- Train all health care staff in skills necessary to implement the policy.

Sub-step 2.6 – “Are providers and non-clinical staff trained to include fathers/partners in breastfeeding support and education?”

Possible resources include

- 1- <http://www.newdadmanual.ca/manual.php?SectionID=2>
- 2- <http://www.ameda.com/docs/default-source/pdfs/dads-and-breastfeeding.pdf?sfvrsn=4> with more info at <http://www.ameda.com/breastfeeding/dad%27s-role>
- 3- http://www.huffingtonpost.com/2014/03/07/project-breastfeeding_n_4912436.html
- 4- <http://www.today.com/parents/dads-breast-feeding-their-babies-gender-bending-photos-aim-show-2D79316900>
- 5- <http://www.lli.org/nb/nbfathers.html>
- 6- <http://www.uhhospitals.org/macdonald/health-and-wellness/pregnancy-resources/lactation-services/breast-for-success/for-fathers>
- 7- <http://www.fns.usda.gov/wic/fathers-supporting-breastfeeding>



Step 3- Inform all pregnant women about the benefits and management of breastfeeding.

Sub-step 3.5 – “Are fathers/partners informed about the benefits and management of breastfeeding?”

Possible resources for father-specific education include all of those above and <http://www.uhhospitals.org/macdonald/health-and-wellness/pregnancy-resources/lactation-services/breast-for-success/for-fathers>

Use literature and informational cards with images that include fathers and that are culturally inclusive (Latino, African-American, Asian fathers).

Step 4- Help mothers initiate breastfeeding within one hour of birth.

Sub-step 4.5 - “Are fathers/partners taught how to help mothers initiate breastfeeding within one hour of birth?”

Show the baby crawl video (<http://www.breastcrawl.org/video.shtml>) in prenatal classes, include the father in all skin-to-skin teaching, introduce a policy that the father/partner is directly asked to do skin-to-skin in the first hour if mom is unable due to anesthesia or illness severity and is encouraged to do skin-to-skin throughout the hospital stay.

Directly teach fathers/partners ways of offering emotional support to the mother, including positive verbal statements, and massage and gentle touch.

Step 5 - Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.

Sub-step 5-7 – “Are partners/fathers taught how they can support mothers to breastfeed and maintain lactation, even if they are separated from their infants?”

Resources include a brief video (such as <http://www.ameda.com/healthcare-professionals/videos/your-baby-knows-how-to-latch-on> or <https://www.youtube.com/watch?v=6Hdhiii573A>), with more resources at <http://wicworks.nal.usda.gov/breastfeeding>.

See step 6 resources below also.



Step 6 - Give infants no food or drink other than breast milk, unless medically indicated.

Sub-step 6.6- “Are fathers/partners taught how to hand express breast milk and to take apart, put together and clean a breast pump?”

Provide father-focused direct teach information via written material (especially wallet-sized cards) or videos, see resources above, and

- 1- Teach father how to assist with engorgement (reverse pressure softening, breast massage, Tylenol and motrin and warm shower)
- 2- Teach father/partner how to support relaxation with massage and how to reach resources if mom states she is in pain
- 3- Have a poster in each room that shows mom/dad/baby and breastfeeding (see Step 1 resources)
- 4- Create a flip chart to teach each father/partner how to take apart/clean/use a breast pump, and how to save and label pumped breast milk.

Step 7 - Practice rooming-in – allow mothers and infants to remain together 24 hours a day.

Sub-step 7.3- “Are fathers/partners encouraged to room-in with mothers and infants 24 hours a day, and encouraged to protect the mother’s rest and breastfeeding?”

Use safe sleep materials and posters in rooms; provide direct scripting for providers and all staff. See <http://www.odh.ohio.gov/safesleep/> for more resources.

Encourage father/partners to room in 24/7 and teach safe sleep, bathing and infant care directly to the father; empower fathers/partners to limit visitors to let mom rest.

Offer New Dads Boot Camp at your hospital (<http://www.bootcampfornewdads.org/>)

Step 8 -Encourage breastfeeding on demand.

Sub-step 8.4 – “Are fathers/partners taught to recognize cues that indicate when their infants are hungry and when they are full?”

Use all instructional materials already in use and directly instruct fathers/partners during prenatal classes and on the postpartum floor.

Use our Tip Sheet and format/brand it for your institution.



Step 9- Give no pacifiers or artificial nipples to breastfeeding infants.

Sub-step 9.4- “Are fathers/partners taught to avoid pacifier use until breastfeeding is well established at one month of age?”

Use all instructional materials already in use and directly instruct fathers/partners during prenatal classes and on the postpartum floor.

Use our Tip Sheet and format/brand it for your institution.

Fathers/partners can help extended family understand why no pacifiers in the first month.

Step 10- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital.

Sub-step 10.5 – “Does the hospital encourage the establishment of father/partner inclusive breastfeeding support groups and resources, and connect fathers/partners to resources and groups on discharge from hospital?”

In addition to directly providing resource lists to fathers/partners, consider initiating a father breastfeeding support group (and/or groups that are inclusive of fathers and mothers) that runs concurrently with a mother’s group and is facilitated by a man.

Consider collaboration with local outpatient lactation centers and/or WIC. WIC has a tradition of Dad Peer Helper programs (see <http://breastfeeding.nichq.org/stories/fathers-breastfeeding-support>)

Identify or initiate culturally inclusive (Latino, African-American, Asian) breastfeeding support groups for men.