

Childbirth education: Module utilizing mothers for father-infant attachment during deployment

by

Sabrina M. Rinaldi

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Approved by:

Major Professor
Mindy Markham

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Abstract

Childbirth has an effect on an individual and family. In Western culture, the presence of fathers is expected at labor and birth. The role fathers play during pregnancy, labor and birth, and postpartum is ambiguous. Paternal and infant attachment are developed during this transition to parenthood. There are many choices and unexpected outcomes but through childbirth education, individuals and families can be empowered to have a satisfying experience, ultimately setting the family up for success. Military individuals and families have unique and often challenging obstacles when it comes to participation in childbirth. Utilizing education developed to address concerns military individuals and families might face can lead to an empowering and satisfying experience, and help family bonds during a deployment. A module was created to bridge the gap in childbirth education, specifically for military families facing deployment. The module was developed to supplement existing childbirth education curriculum and is divided into three subsections: pregnancy, labor and birth, and postpartum.

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Chapter 1- Introduction

Ongoing Military deployments occurring over the last 17 years have caused families to be separated during life events. (Department of Defense, 2017; Department of Defense, 2018). Father-infant attachment, simultaneously, over the last 15 years, has been an increased academic interest. According to PsychInfo, which contains literature from over 1,900 journal titles in Psychology, behavioral sciences, and associated fields, there was 511 citations when searching “father- infant attachment” from 1970-2018 with 321 between 2002-2018.

Attachment to mothers was the primary focus of research in the 1970s; father- infant attachment was excluded except to discuss when fathers were absent (Lamb, 1975). Lamb (1975) put the role of the father at the forefront of research by looking at how fathers were excluded in studies about attachment or devalued in their role in attachment. Infants form attachments to their fathers in different ways compared to mothers (Lamb, 1975; Palm, 2014). Lamb discussed the expected presence of fathers at the birth of their child (Lamb, 1981). Through father presence, a relationship between the father and infant was developed. Military fathers may not have the opportunity for presence due to military deployments (Department of Defense, 2017; Department of Defense, 2018).

Family Life Education was developed to strengthen family relations throughout the life span (Arcus & Thomas, 1993). Military educational programs are developed to target and strengthen military families during deployment on various topics families might face (Gewirtz, Erbes, Polusny, Forgatch, & DeGarmo, 2011). Among programs developed, topics relating to father-child relations were included.

Childbirth education courses may be used to prepare families prenatally through the physical and emotional process of childbirth. The purpose of childbirth education is to inform

families of physical changes, the process of birth, and expectations postpartum (Bradley, 1965; Dick-Read, 1944; Lamaze, 1958; Wertz & Wertz, 1989). However, educational information on father and infant relations may not be directly stated.

Those experiencing military deployment during the transition to parenthood were the focus of this report because of the intense nature both childbirth and military deployment have on father-infant attachment. This report examines father-infant attachment, maternal gatekeeping, and military father absence because of military deployment, during pregnancy, labor and birth, and postpartum. The use of newborn infant senses (Palm, 2014; Radhakrishnan, 2012; Righard, 2008) involved in attachment are examined and applied to develop a supplementary module for prenatal childbirth education courses aimed at utilizing pregnant mothers through open maternal gatekeeping (Lamb, 1981) to facilitate father-infant attachment during pregnancy, labor and birth, and postpartum when the father is absent due to military deployment. Attachment Theory is used as a lens to develop this supplementary module to educate families experiencing this unique phenomenon.

Chapter 2- Literature Review

Childbirth and Childbirth Education

Birth initially was an event that occurred in the home and was attended by midwives or physicians, surrounded by family (Dye, 1980; Wertz & Wertz, 1989). In the 1940s, birth moved to the hospital to be attended by a physician and nursing staff, and family was no longer allowed or accepted for fear of contamination and lack of education. By the 1950s, individuals and families were demanding to be included with laboring spouses (Dick-Read, 1944; Wertz & Wertz, 1989). In order for this to occur, education was deemed necessary for the expectant couple. Childbirth education was developed to educate expecting families prenatally about the process of labor and birth in a hospital setting (Bradley, 1965; Dick-Read, 1944; Lamaze, 1958; Wertz & Wertz, 1989). Childbirth education was also utilized to inform families of policy and practice within the hospital setting (Wertz & Wertz, 1989).

Gradually, various types of childbirth education were developed to suit various backgrounds, motives, and desires of expectant families as they transition to parenthood. Hospital childbirth education continued to focus on the hospital policy and procedure with little information about process and comfort measures (Palkovitz, 1985). Dr. Dick-Read (1944) developed *Childbirth without Fear*, focusing on the natural process of childbirth with little to no intervention. Lamaze (1958) was developed with the focus on *Childbirth without Pain*, utilizing relaxation techniques.

Dr. Bradley (1965) developed the *Husband Coached Childbirth* or *Bradley Method of Childbirth*, emphasizing the important role of the father in childbirth. Dr. Bradley's (1958) childbirth education series is the only one that has stressed the role of the father by educating and including him as the primary support person for the laboring mother. Dr. Bradley (1958)

incorporated fathers into the curriculum by offering education and coping techniques to the birth family as a unit over the course of a 12-week childbirth education series. Although fathers are specifically incorporated into the series, information about the importance of fathers or how to facilitate father-infant bonding is not included.

Fathers

Western culture has largely influenced the expectations placed on fathers during childbirth (Abushaikha & Massah, 2012; Kainz, Eliasson, & Von Post, 2010). Being present at the birth is seen as fulfilling a social obligation to their partner. New parents are able to obtain a mutual sharing of the labor and birthing experience when a father is present (Asenhed, Kilstam, Alehagen, & Baggens, 2014; Kainz et al., 2010).

The father has an important role in the process of childbirth (Abushaikha & Massah, 2012; Chandler & Field, 1997; Kainz et al., 2010). Chandler and Field (1997) stressed addressing the fathers' needs and feelings during childbirth pertaining to their role as it relates to laboring mothers, including security/gatekeeper, provider of emotional support and information, partner in decision-making, and comforter (Abushaikha & Massah, 2012; Chandler & Field, 1997; Draper, 1997). Fathers' attendance in the birth experience provides mothers with calmness and security (Kainz et al., 2010). The presence of the father is seen as a duty and part of the process of confirming and becoming a father (Draper, 1997; Vehvilainen-Julkunen & Liukkonen, 1997).

Chandler and Field (1997) found fathers felt helpless during labor and that the energy and focus was placed on the spouse and baby; as the labor progressed, fathers' stress increased. Asenhed and colleagues (2013) indicated that when fathers were excluded from prenatal care, it was difficult for them to know how to support their partner through childbirth. Being present in

the delivery was a source of anxiety for some expectant fathers, stemming from a lack of guidance and support from providers (Vehvilainen-Julkunen & Liukkonen, 1997).

Marital Satisfaction

The presence of fathers attending the birth is evident in improving marital satisfaction and inclusion in the family (Palkovitz, 1985). The presence of the father during childbirth has a positive effect not only on the relationship between the mother and child, but also for mother and partner togetherness and future well-being (Abushaikha & Massah, 2012; Kainz et al., 2010; Vehvilainen-Julkunen & Liukkonen, 1997). Fathers' involvement in the childbirth experience has also been found to be related to marital satisfaction. How the father attaches to the mother reflects how he will attach to his infant (Condon, Corkindale, Boyce, & Gamble, 2013; Hall, De Waard, Hoffenkamp, Tooten, Vingerhoets, & Van Bakel, 2014; Wynter Rowe, Tran, & Fisher, 2016). Brandon, Pitts, Denton, Stringer, and Evans (2009) stated that mother and father prenatal attachment was positively related to the quality of the marital relationship.

Attachment Theory

Attachment theory is built on attaining or maintaining proximity to another individual, mother, or caregiver, to assist in interpreting surroundings and providing security (Bowlby, 1982). Bowlby (1982) explored the association with attachment and the bonds that adhere humans to one another and that assist in the development of relationships. Attachment is defined by the tie between one another, whereas attachment behaviors are the behaviors that foster the contact that drives the attachment (Ainsworth, Bell, & Stayton, 1991). Attachment bonds affect individuals throughout the life course. These bonds are a critical part in the development of future relationships, security, mental health, and self-being (Bowlby, 1978; Bowlby, 1982; Young, 2013).

Early attachment to the mother or caregiver is the foundation for attachment in infants in later life (Bowlby, 1978). Infant attachment is directed at the mother or close caregiver that offers security and explanation of surroundings (Bowlby, 1978). The infant will seek out the mother in times of distress, but in her absence will go toward a secondary caregiver in times of need (Bowlby, 1982). This continuum of care is achieved by having close stable caregivers for the infant (Bowlby, 1982). Facilitating the bond early and quickly after the birth of a child is crucial in fostering the development of attachment (Young, 2013). How the father attaches to the mother reflects how he will attach to his infant (Condon, Corkindale, Boyce, & Gamble, 2013; Hall, De Waard, Hoffenkamp, Tooten, Vingerhoets & Van Bakel, 2014; Wynter Rowe, Tran & Fisher, 2016). Time spent with the infant is also important to attachment (Fuertes, Faria, Beeghley, & Lopes de Santos, 2016).

Maternal gatekeeping. Mothers play an important role in father-infant attachment through maternal gatekeeping, which is an aspect of co-parenting relationships (Schooppe-Sullivan, Altenburger, Lee, Bower, & Dush, 2015; Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008). Maternal gatekeeping is seen in two different views: (a) open: the paternal parent is granted access and involvement, and (b) closed: the paternal parent is not permitted or reduced availability exists, hindering the parent-child involvement and relationship (Lamb, 1981) Mothers are a major influence in the role fathers maintain with their offspring, which is based on the maternal view of the father role (McBride, Brown, Bost, Shin, Vaughn, & Korth 2005).

The partner relationship is a significant factor in fathers' attachment to infants; gatekeeping behaviors that are found to be open are often seen with mothers who are in stable relationships (Schoppe-Sullivan et al., 2015). Parents who have an emotional attachment to their

baby during pregnancy are better able to attach with their infants postpartum (Brandon et al., 2009). The increased involvement of fathers in the care of infants could potentially lead to increased father infant sensitivity (Fuertes et al., 2016).

Paternal sensitivity in father-infant attachment. Sensitivity in attachment is the response and reaction to infant cues (e.g., crying) by an immediate caregiver as a result of infant behavior (Lamb, 1981). The ability to respond quickly and appropriately to the needs of the infant determine the degree of sensitivity. Lamb (1981) found that fathers' ability to effectively interpret and respond to infant cues facilitated the father-infant relationship. The ability for fathers to respond to the infant, thus effecting their responsiveness, may be a direct result of the responsibility that the father has for the infant (Lamb, 1981). Fathers are able to make a connection with infants through tangible experiences, the external feeling of fetal movements, and with witnessing the event of birth (Chandler & Field, 1997; Vehvilainen-Julkunen & Liukkonen, 1997).

Prenatally, incorporating fathers in aspects of the developing pregnancy assists fathers in developing a bond with their unborn child (Brandon et al., 2009; Condon et al., 2013; Vreewijk, Maas, Rijk, Braeken, & van Bakel, 2014). Presence during prenatal ultrasounds and physical touch – feeling external fetal movement – helped to establish a connection between the father and infant prenatally (Brandon et al., 2009; Condon et al., 2013; Vreewijk et al., 2014). Perhaps, the images of ultrasound or video of external fetal movement given to the father can establish the same connection for the father, when they are unable to physically be present.

Relationship between senses and attachment. Newborns have the ability to use their senses and reflexes immediately after birth (Radhakrishnan, 2012; Righard, 2008). These senses include: olfactory, visual, and auditory; the newborn relies on innate abilities moments after birth

(Radhakrishnan, 2012). Although using innate senses to obtain nourishment for survival, the newborn infant simultaneously triggers the forming of attachment (Radhakrishnan, 2012). Perhaps eliciting senses used for attachment could be the key to assist father-infant attachment when the father is absent.

Olfactory. The olfactory (smell) response is developed during embryotic development (Abadie, Chalouhi, Faulcon, & Bonfils, 2011). The ability for newborn babies to identify mothers through smell has been studied. Marin, Rapisardi, and Tani (2014) found that newborns that were breastfeed along with uninterrupted skin-to-skin time with their mother were able to distinguish the smell of their mothers' milk and axillary odor. Olfactory has been found to provide comfort to individuals when the attachment is seen as secure during absence (McBurney, Streeter, & Euler, 2012). Because smell is important for babies and their attachment with their mothers, it could be that hypothesized that the olfactory response is also important for babies' attachment to their fathers. Perhaps, by providing the father's scent via clothing to the newborn early and often, the scent can become familiar and comforting to the newborn, facilitating attachment between the infant and father.

Visual. Sight and repeat exposure to images related to familiar faces can facilitate recognition. Bushnell (2001) examined newborns' ability to identify mothers' faces compared to strangers, and found that infants were able to identify their mother. The study also suggested that repeat exposure and increased opportunity could be a factor in strengthening recognition. It can be assumed that this may be true for infants' abilities to identify fathers as well. Perhaps, through repeated exposure through photographs, computer images, and video recordings fathers that are unable to be present physically due to deployment will help infants become familiar with their fathers' faces.

Auditory. The ability for baby to learn through sound in utero has been examined. Martens (2013) and Kisilevsky and colleagues (2009) discussed the ability for a term fetus to use memory to identify their mothers' voice from another individual at birth. Lee and Kisilevsky (2014) suggested that infants did indeed show preference to their mother's voice over father's voice, but they also respond to fathers. Perhaps it was due to the constant exposure to the mother's voice in utero that led to this preference. Additionally, Cecchini, Baroni, Di Vito, Piccolo, and Lai (2011) suggested that infants preferred to look at faces that communicated over those that did not communicate. If the father's voice was more frequent, both through increased physical exposure and recorded voice, maybe the infant would also show preference for the father's voice.

Military Deployment

Military service members have been deployed over the last 17 years in Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn, resulting in military families enduring repeat deployments overseas for extended periods. The Department of Defense (2018) published the current strength of United States Armed Services at 1,332,162 personnel. There were 290,984 service members stationed overseas in 2017 (Department of Defense, 2017). These deployments create physical distance between families affecting family dynamics, communication, and involvement.

Facilitating communication. Online communication and social media can often be seen as a divide and removing social contact and interaction, but in military families they appear to do the opposite (Rea, Behnke, Huff, & Allen, 2015). Online communication is often seen as a lifeline for military families through deployment (Rea et al., 2015). The distance that the military places on military families often results in separation for unknown periods of time. The

connection that online communication offers military families during these separations assists in building a bridge to the deployed soldier and family. Not only are they able to communicate in real time, but they are often able to hear and physically see one another, thus enhancing the connection (Rea et al., 2015). Through social media, email, and video conversations, families are able to reach out with the touch of a button.

Military deployments are seen as a cycle. Willerton and colleagues (2011) discussed father involvement consisted of “planning, coordination and creative thinking. *Before* leaving, fathers thought about how to best stay connected and involved when deployed” (p. 528).

Open maternal gatekeeping. Open maternal gatekeeping can be a bridge that connects deployed fathers with children (Marini, Wadsworth, Kwon, & Pagnan, 2016; Willerton, Schwarz, Wadsworth, & Oglesby, 2011). Open maternal gatekeeping can promote the relationship between the deployed parent and child. This can be achieved by not only vocal communication, but also physical communication- in the form of drawings, pictures, and pre-recorded books (Marini et al., 2016). Mothers who incorporate fathers into daily life such as household and parenting decision-making, assist in the role of fathers in their absence (Willerton, et al., 2011). Willerton and colleagues (2011) stated that mothers took the role of explaining the fathers’ work to the child and the reason for the absence, along with reiterating fathers’ emotions. Perhaps, mothers are talking to their babies while the fetus is in-utero during pregnancy or during the postpartum period, sharing stories about the father or explaining the father’s absence.

Resources and programs. Resources aimed at military families facing deployment have been found to be beneficial (Rea, Behnke, Huff, & Allen, 2015). Resources and programs not only benefit the spouses by providing information, but also by connecting spouses with others

enduring deployment (Rea et al., 2015). Resources and the military community help mothers navigate deployment and strengthen marital relationships (Rea et al., 2015;). Rea and colleagues (2015) also found that the military community in itself is a protective factor for military families. This could be a result of the shared experience causing families to come together to support, network, and rely on one another.

Programs aimed at military families during the deployment are developed to fill gaps as needs of military families become evident (Lester et al., 2012). Often, military programs are modeled after civilian-based programs that were evaluated and proven effective (Lester et al., 2012). For example, the *After Deployment Adaptive Parenting Tools Program (ADAPT)* was adapted from *Parent Management Training-Oregon Model* to improve parent-child relations during redeployment (Gewirtz et al., 2011). The *United through Reading Military Program* was adapted from *Listen, talk, connect* DVDs and online activities created by Sesame Street and a military designed program *With you all the Way* to assist coping in young children during deployment (Crawford, Jewell, Hupp, Everett, & Hall, 2016). The *United through reading Military Program* provided the opportunity to make video recordings of the deployed father reading meant to be viewed by their child during deployment. This program was evaluated and found to be an effective program in assisting a child of deployed father during father absence. It may be helpful to adapt childbirth education programs to meet specific needs of military families experiencing deployment prenatally, during labor and birth, and/or postpartum.

Childbirth education module for military families. Schachman (2010) found that deployment disrupted the father's primary role – provider and protector. The timing of these deployments is based on the demands of the military; as a result they can occur during life events. One of these life events is the transition to parenthood: pregnancy, labor and birth, and

postpartum. The role of fathers in the process is beneficial to the father-infant relationship and family relationship.

Vehvilainen-Julkunen and Liukkonen (1997) stated the role of the father is important, but his actual presence is not necessary. For military families, continuing to facilitate the relationship through online communication and involvement, preserves the role of the father and possibly serve as a protective factor for the father and infant relationship. Hall and colleagues (2014) suggested that father attachment can be identified early in infancy, and possibly prenatally. This may suggest that early prenatal education could assist in father-infant attachment.

In summary, father-infant attachment has lifelong implications for infant's attachment style, self-image, and future relationships (Palm, 2014). The presence and involvement early and often of fathers with their newborn infant facilitates the father-infant attachment relationship (Palm, 2014). Military fathers are often absent due to military obligations (Department of Defense, 2017) leading them to be absent during these initial phases, pregnancy, labor and birth, and postpartum. Fathers take the initiative to plan prior to deployment ways to connect with infants (Willerton et al., 2011). Evaluated programs that have shown to be effective could prepare families during deployment and assist in the attachment. Perhaps, by understanding the fetal and newborn senses, olfactory, sight, hearing, and attachment, mothers can facilitate father-infant attachment in cooperation with father, as a way to promote father- infant attachment during father's absence due to military deployment.

Chapter 3- Application: Online Module for Childbirth Education

Instructors

As societies become more complex, the ability for families to learn from one another directly in an informal setting decreases (Arcus & Thomas, 1993). This can lead to disruptions in society due to family matters. Family-focused education was developed to improve families in an effort to decrease societal problems that are a result of family distress (Arcus & Thomas, 1993). Family life education has many facets – individual centered, family centered, problem focused, areas of concern, creating knowledge, and developing skills, to name a few. Family Life Education was developed to address all aspects of families and society. Family Life Education could be each individual member of a family and/or the family as a whole. Family Life Education can address a specific problem and/or multiple areas of concern and/or create knowledge and/or develop skills to strengthen the family. This module focused on open maternal gatekeeping to facilitate father-infant attachment addressing the specific problem of father absence due to military deployment by connecting research-based knowledge in a useful way to participants.

Family Life Education

Childbirth education courses are family-focused education centered on the transition to parenthood. A subset of families are affected by military deployment causing disruption in family life, but there is no current education to support and educate military families through the childbirth transition. An education module was developed to fill this gap. This module is intended to be tailored to supplement an existing childbirth curriculum, for example a hospital setting that takes place over three separate meetings or an in single session private education

course. This module was developed for Childbirth Educators centered on military families and deployment is designed to be accessible for instructors potentially online to incorporate into an existing program. The searchability and instant availability of this module online enables more educators to have access to this module to offer to clientele or patients in any class the setting, addressing Family Life Education's (FLE's) fourth operational principle, that FLE be offered in various settings (Arcus & Thomas, 1993). The module is broken up into three sections: a) pregnancy, b) labor and birth, and c) postpartum. The sections focus on specific ways mothers can facilitate the father and infant relationship based on their point in their childbirth education course.

The Leader Guide (Appendix A) is an introduction and manual for the childbirth education leader. The Leader Guide explains the important role the childbirth educator plays for expecting military families. The leader is provided instructions regarding how to prepare to utilize this module as well as how to facilitate the module within an existing childbirth education courses.

After reviewing the Leader Guide, the instructor is to review the Instructor PowerPoint slides (Appendix B). The instructor PowerPoint slides are to educate the instructor on the topic, how it relates to childbirth education courses, and why it is important. It is important for the educators to have an understanding about the military culture, experiences of military families, and information on father-infant attachment in order to better meet the needs of expecting military families.

After the instructor has reviewed the Instructor PowerPoint slides, he/she should then take the post-test (Appendix C). The purpose of the post-test is to ensure instructors are understanding the key components within the content of the module.

Once the instructor has read the Leader Guide and Instructor PowerPoint slides, and has taken the Post-test, he/she is ready to review the Participant PowerPoint slides (Appendix D). The Participant PowerPoint slides are to be used during the education course. These slides correspond with the related section that is taught: pregnancy, labor and birth, and postpartum. The leader will use each section based on what section they are teaching at the time. Each section has a corresponding participant handout (Appendices E, F, and G). After the leader teaches the section, he or she will then provide the participants the corresponding handout. This handout is intended for the participants to take home and review with their partners. The handout also serves as a reminder of ways to incorporate fathers and develop the father-infant relationship.

Following the end of the module, the instructor is to hand out the Participant Evaluation (Appendix H). The purpose of the evaluation is to understand the outcomes for the participants. Included are questions on the information along with the structure and delivery of the content. The participant is given the option to include personal information for follow-up and potential future research.

After the childbirth education course is completed with this supplementary module used in its entirety, the instructor is to take the Instructor Evaluation (Appendix I). The Instructor Evaluation is used to get the perspective of the instructor on the module. Similar to the participant evaluation, the instructor is asked to evaluate the content along with delivery and relevance to their demographic. Evaluation from both participants and instructors that critiques the delivery and content allows myself and those using this module to know if the aim of this module was addressed. As a researcher, the demographic and supplementary questions allow me to know if I am reaching various demographics, and opens the possibility for future research.

This module will be available to current and future childbirth educators to supplement their current curriculum to address the needs of military families. Included in this module are techniques , active listening and couple communication, to assist military families in preparation for childbirth during deployment and can be implemented for other military induced separations (e.g., trainings).

Arcus and Thomas, (1993) stated that the FLE is relevant to individuals and families across the life span. The module is relevant not only to educators, but the individuals within the family and the family unit. The transition to parenthood can be considered a normative event for families, but those experiencing military deployment in parallel with the transition to parenthood can be considered a non-normative event. Normative and non-normative transitions created specialties in Family Life Education; newer specialties are considered emerging (Arcus & Thomas, 1993). This module addresses an emerging specialty for Family Life Educators, focusing on military families that are transitioning to parenthood.

Arcus and Thomas, (1993) indicated FLE should be based on the needs of the individuals and families. This module not only fits an immediate need, with continued military deployments (DoD, 2017; DoD, 2018), but also enriches the lives of military families by working to strengthen bonds between fathers and infants, marital partners, and the family as a whole. The developed module is a “felt need” (Arcus & Thomas, 1993). I attended childbirth education courses myself and the need was expressed or implied by families and individuals. This module fills a gap in childbirth education course curriculum for participants by providing information on ways to develop father-infant attachment when military fathers are absent due to deployment during the transition to parenthood. Being an educational program, the module fulfils the fifth principle of FLE, taking an educational approach as opposed to a therapeutic one (Arcus &

Thomas, 1993). This supplemental module developed for childbirth education courses gives information to educate families to facilitate the father-infant bond while experiencing childbirth during deployment as opposed to restoring family relationships during deployment.

This module was developed to meet the standards of FLE. The third FLE principle is that FLE is multi-professional and multidisciplinary utilizing multiple fields of study and disciplines (Arcus & Thomas, 1993) This module is developed in a FLE field of study collaborating with disciplines through research including medical, developmental, and psychology making the module multidisciplinary. Childbirth education courses I observed were taught by various types of professionals to include: nurses, midwives, and independent instructors, fulfilling FLE multi-professional disciplines.

Arcus and Thomas's (1993) Principle five, FLE should present and respect differing family values, is addressed by making the module available to all types of childbirth education courses whether hospital-based or independent practice. The module is designed to supplement an established childbirth education course curriculum meaning families are not required to take a specific childbirth education course to get the information on ways to foster father-infant attachment when the father is absent due to military deployment. Instead the participants could take a childbirth education course that suits their childbirth needs and the module would supplement their education.

Framework for Curriculum in Family Life Education

Hughes (1994) discussed the importance of developing a framework for family life education programs; without guidelines for educators to utilize, the field is not advanced. The framework proposed by Hughes (1994) consists of four distinct sections: (a) content, (b)

instructional process, (c) implementation, and (d) evaluation. Hughes (1994) included a template to evaluate family life education programs to ensure that a standard is met.

Content. Hughes (1994) stated the importance of relevant research and that the program be guided by a theoretical prospective. The most up-to-date research relevant to the topic and attachment theory were utilized when developing the military childbirth education supplementary module. Attachment theory (Bowlby, 1978) was used as a lens that guided the author to identify current research and the content to include in the module. Context is also important to consider when developing program content (Hughes, 1994). The context of the module is specifically addressing father-infant attachment through the childbirth process in military.

To address context relevance, I reviewed current research about military families during deployment, and the issues they face during deployment. For example, closed maternal gatekeeping is seen as a negative impact for father and infant bonding, but in military families, especially those during deployment, open maternal gatekeeping is observed and was a protective factor for the dyad (Marini et al., 2016; Willerton et al., 2011). Because of the importance of the mother for father-infant attachment (Marini et al., 2016; Willerton et al., 2011), particularly in military families, the module I created is targeted toward an audience of pregnant mothers in military families. Utilizing the research on olfactory response (Marin et al., 2014; McBurney et al., 2012), sight (Bushnell, 2001), and hearing (Lee and Kisilevsky, 2014; Martens, 2013), the module was developed to educate military mothers on the importance of infant-father attachment and to provide practical ways they can help to promote infant-father attachment while the father is not present during pregnancy, labor and birth, and postpartum.

Instructional process. Hughes (1994) indicated a successful program should have an instructional process that not only addresses the topic, but also includes teaching plans and a thoughtout presentation. The teaching plans have been thought out based on the audience that is partaking in the module. Teaching plans should include activities that correspond with the objective of the program. Each activity within the program states the objective that it is addressing, which is broken down into three sections. Teaching objectives are stated in the Leader Guide. The leader is to review and become familiar with the Leader Guide, the Instructor PowerPoint, and all materials prior to teaching the course. The Leader Guide provides step-by-step instructions to teach the module, including what the instructor should do prior, during, and after the module is taught. The leader has PowerPoint slides and handouts to utilize during the presentation to the participants for each section. The PowerPoint slides are used to present the topic of the section and share exercises and discussion points. The handouts are for the participants to take home and share with their child's father. The handouts are meant to serve as a reminder about what was discussed and facilitate active listening and positive communication.

Understanding the audience contains a variety of learning styles, the module utilizes a variety of activities (Hughes, 1994). Both adult learners and learning styles were researched to best present to this audience.

Adult learners. McDonough (2013) discussed the various types of techniques used when working with adult learners. Adult learners' process of learning, previous background, experiences, and motivation to learn are key factors in learning outcomes. Motivation is seen to be a driving force in adult learners' desire to learn and retain knowledge gained. The ability to learn in a safe, secure, and supportive environment assists in retaining the adult learners engaged during the learning process. By incorporating all types of learning preferences: those who need

to see demonstrations, those who need to read instructions, and those who need to actively participate, I ensure that all learners are included by having a method that allows them to comprehend. Each section has components directed at different learning styles. For example, the activities within each section give the learner an opportunity to practice or help them think abstractly about the skills and information they have newly learned. The audience is also given handouts, which is tangible information to take home with them.

Schroder and colleagues (2017) adapted Kolb's model of learning styles: a) concrete experience, b) observation and reflection, c) abstract conceptualization, and d) active experiment. Concrete experience is the demonstration process. I utilized concrete experience in this module by introducing the topic and disseminating the information. In observation and reflection, the learner is watching and experiencing. I used this in the module when the participants are doing an activity in which they are participating in an icebreaker involving active listening. Abstract conceptualization is watching and thinking. For the participants this happens as they are listening to the other participants during the icebreaker and again when they are reviewing the handout given by the instructor that gives talking points. Active experiment is demonstrated by the participants utilizing the skills they have learned in the module. Active experiment will be utilized in the labor and birth section as the participants will practice role playing. This activity teaches them how to be effective communicators, so they are able to disseminate and utilize the information that was shared in the module to facilitate father and infant attachment during deployment.

Communication. Within the module there is information provided on active listening (Lewis, 1989; Nemece, Spagnolo, & Soydan, 2017; Topornycky & Goparian, 2016) and couple communication (Lee & Kisilevsky, 2014; Miller & Sherrard, 1999) to help the mothers learn

ways they can effectively communicate with their spouses about issues relating to the childbirth process. Active listening is characterized by empathically replying to both to word and actions (Nemec, Spagnolo, & Soydan, 2017). The listener is not only listening to the words stated, but also the meanings, point of view, and body language given by the speaker. There are four key aspects to active listening: a) preparing to active listen, focus, and acknowledgement; b) open-ended questions; c) paraphrasing; and d) reflecting feelings (Lewis, 1989; Nemec et al., 2017; Topornycky & Golparian, 2016). First, the listener must be prepared to listen, clear their mind and space physically and mentally so that they can focus on the speaker without distraction and acknowledge their speech. Next, ask open-ended questions to fully understand the speaker, engage the conversation, and further understand the speaker. This is followed by paraphrasing what they heard and saw. Lastly, individuals should reflect feelings, validating the speaker.

I also applied couple communication techniques in conflict resolution for pregnant mothers to facilitate father-infant attachment. Couple communication in this module utilized “eight steps of mapping an issue” (Miller & Sherrard, 1999, p.142-143) tailored toward father-infant attachment. The “eight steps of mapping an issue” (Miller & Sherrard, 1999, p.142-143) include: a) identify and define the issue, b) contract to work through the issue, c) understand the issue completely, d) identify wants, e) generate options, f) choose actions, g) test the action plan, and h) evaluate the outcome.

First, the couples must decide what the subject is that they will discuss. Then they are asked to discuss separate viewpoints, which allows them to take turns talking about various thoughts relating to the topic. Then they must understand the viewpoints completely. This is done by asking open-ended questions. Open-ended questions consist of who, what, when, where, why and how. These allow the questioner an in-depth understanding of the viewpoint. Once all

the information is received couples must come to a decision about their desires and wants (Miller & Sherrard, 1999).

Next, the couples must generate options, which includes brainstorming and developing solutions based on the information. The goal is to find a “win-win” for both sides. Then they must choose a plan, and decide what options they plan to use. They then test the plan, which allows those in the discussion to hypothetically test the plan by thinking out what outcomes would result. Lastly, couples evaluate, deciding if their choice is acceptable for both (Miller & Sherrard, 1999).

These techniques should be practiced in order to strengthen the skills. Individuals can practice this technique utilizing prompts (Nemec et al., 2017). This allows the listener to give a prompt to the speaker to talk about while the listener actively listens to the speaker, and then reports back to the speaker about what they heard. This technique is utilized in the pregnancy section of the module to provide the mothers an opportunity to practice active listening. Mothers are also asked to use active listening and couple communication skills during a role-play activity in the labor and birth section of the module.

Implementation process. Hughes (1994) indicated that Family Life Educators must also examine the implementation process, and understand the program’s intended audience and how the program is to be used (Hughes, 1994). Hughes (1994) acknowledged that programs that have Leader Guides that outline the implementation process are less likely to fail. The implementation process can dictate the success of a program (Hughes, 1994).

The module developed is supplementary to an already existing program. According to Hughes (1994), many programs fail due to lack of interest or implementation failure. Marketing this module to educators/instructors who currently teach childbirth education courses as a

supplemental module filling a gap on how to foster father-infant attachment when military fathers are absent due to military deployment, can potentially benefit both educators/instructors and participants. I will reach out to extension programs, such as Kansas State University Research and Extension, to make the module accessible to childbirth instructors and facilities that offer childbirth education courses. I am fortunate to have on my committee faculty from K-State Research and Extension, with whom I plan to discuss the process of publishing my module. Having a published module will allow for access to my module online. Being published online enables the module to be accessible to childbirth educators looking to expand their curricula to include families of this demographic. I will also share the module with local Military Treatment Facilities that offer care to military families. I will create flyers and visit labor and delivery units and speak with instructors about the module I have developed to incorporate into their already existing curriculum. I will also reach out to local private practice childbirth educators to share the value the curriculum can bring to the community they serve. The module offers training through the Leader Guide and Instructor PowerPoint; no additional training is necessary for the instructor teaching the module.

Evaluation. Hughes (1994) stated the importance of evaluation to be both practical and reasonable in family life programs and weaknesses in evaluation at the time. Hughes (1994) turned to Jacobs (1988) framework as a guideline for developing evaluation strategies and ways to critique evaluations to push the Family Life Program field forward. Through evaluation from both instructors and participants, questions addressing the need of the module and effectiveness addressing that need are asked. I have utilized the Hughes's (1994) Family Life Education Review form to develop the module to ensure that it follows Family Life Education standards. The first aspect of the evaluation is to ensure that the module is addressing the needs of the

audience (Hughes, 1994). I have a unique situation having not only the lived experience of spousal absence during childbirth due to military deployment, but I have worked closely with military families during the transition to parenthood during internships in both undergraduate and graduate studies and through professional experiences. I have used my knowledge of military families' needs as well as research and attachment theory to guide the development of this module.

The second aspect discussed by Hughes (1994) is that a program has accountability. To do so, data should be collected to show that the course is being used and who is participating in the course to ensure the target audience is reached (Jacobs, 1988). I address this by collecting participant demographic information.

The third phase is formative evaluation to monitor the implementation process to improve the program (Jacobs, 1988). I ask instructors and participants to assess the content, organization, and relevance of the module. I ask open-ended questions to both the participant and instructor to learn what changes could be made to make the module better and what the program is lacking. I ask instructors to send these evaluations directly to me once they are completed so I can make timely modifications to the program to better meet the needs of the audience.

The fourth phase requires Family Life Educators to assess whether or not the program is meeting short-term objectives. I utilized information and a rubric presented by Darling, Cassidy, and Powell (2014) to aid in the development of measurable module objectives. The key aspect of short-term objectives is the degree that the participants and the instructor are satisfied with the content, instructional processes, and implementation of the program. These short-term objectives allow the program authors are able to make modifications to the program as needed to maintain

participant and program satisfaction and address possible implementation issues. I have included short-term objective questions in my module evaluations for both participant and instructor.

Striving for Jacobs' (1988) final phase, progress toward objectives, I include a section on the evaluation for the participant to be contacted for future research. This provides the opportunity for data to be collected about the long-term effectiveness of the module and the potential to conduct research to better understand the lived experiences of military families that are transitioning to parenthood during deployment.

Chapter 4- Conclusion

As this report has examined the importance of attachment and the role of fathers in infants' lives, it explored how best to achieve this with military fathers who are absent during childbirth. Including fathers in pregnancy, labor and birth, and postpartum education and decision-making allows fathers to obtain an active role in the pregnancy and childbirth even when they are physically unable to be present due to military obligations. With the guidance and support from mothers and inclusion in the process, fathers are able to facilitate a bond with their unborn child during pregnancy and newborn postpartum. Mothers and care providers play an active role in facilitating father-infant attachment.

Implications for Future Practice

This module is directed at educators/instructors that offer childbirth education courses to military families to facilitate father-infant attachment when the father is absent due to military deployment. This module is designed to be incorporated into an already existing curriculum for childbirth education course and is directed specifically at military families who have a deployed father, but it could be implemented when military fathers are absent due to military training, military schools, or other military obligations. The possibility to offer this module as a stand-alone course for military families could also be considered for those who chose not to attend a childbirth education course. This module could also be applicable to fathers who are absent due to work obligations, incarceration, health issues, or other commitments and responsibilities.

Implications for Future Research

Based on relevant research, we know mothers play an important role in father-infant attachment through maternal gatekeeping; it would be interesting to see what online applications could do to facilitate father-infant attachment. Fletcher and St George (2011) found online

support for fathers to be beneficial at offering social support for fathers. Fathers were able to share experiences and information with one another. Future research into the development of a program directed at providing online support to fathers could be beneficial for military fathers who are unable to be present for the pregnancy, labor and birth, and postpartum of their child.

Future research could examine the ability to share not only face-to-face but online, their experience, coping mechanisms, fears, and other concerns with other military fathers who have been in their position, absent during pregnancy, labor and birth, and postpartum, could potentially increase their confidence and ability, which in turn could strengthen father-infant bond and thus family bonds. The development of an online network directly aimed at military fathers who are absent for pregnancy, labor and birth, and postpartum, would allow them access to the support and networking from other military fathers experiencing or experienced an absence due to military deployment along with providing childbirth education course and this supplemental module. Future research could examine: what could fathers learn? Would they connect? How does this improve families and family life? How can this improve father-infant relations? How are stressors of military deployment or separations affecting father-infant relations? How are they affecting the family?

This module was developed to facilitate father-infant attachment in pregnancy, labor and birth and postpartum. when they are away due to military obligations. Future research could review the evaluations obtained from this module and contact the participants for potential interviews. The information obtained from the shared experience of absence due to military deployment during pregnancy, labor and birth, and postpartum, could explore the lived experiences of these military fathers when they are absent for the birth of a child due to military deployment. Future researchers could examine: What are the lived experience of fathers absent

due to deployment? What is it like for fathers to be absent for the pregnancy, birth, or postpartum of their child? How does this affect family relations?

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Appendix A- Leader's Guide

Letter to leader

This module for Childbirth Educators is centered on military families and deployment. The module is designed to equip you with the information you need to better understand and support families facing childbirth during deployment. This course is aimed at bridging the gap between the curriculum you are already using and a demographic you may encounter to assist them in a successful transition to parenthood. The module is intended to be tailored to supplement an established childbirth curriculum and to address ways to foster attachment between deployed fathers and infants during a) pregnancy, b) labor and birth, and c) postpartum.

Based on your established childbirth education series, you will determine when to incorporate the three sections of the module. The Instructor PowerPoint is designed to give you information on the module so that you have an understanding of the topic. The Participant PowerPoint is to be incorporated into your established childbirth education series.

Module Objective

Upon completion of this module, mothers will be able to:

- Identify the 5 key aspects of Active Listening
- Use Active Listening Skills with the father
- List 8 steps of Couple Communication
- Describe Couple communication to the father
- Name the 3 S's for bonding
- Identify one way to promote father-infant attachment relating to each of the 3S's
- Integrate Active Listening and Effective communication into communication with the father

Audience

Participants in your childbirth education series that are experiencing deployment during pregnancy, labor and birth, and/or postpartum.

Preparation

Prior to your childbirth education course, please do the following:

- Review the Leader Guide
- Review the Leader PowerPoint
- Take Leader Post-test
- Review participant PowerPoint
- Review participant handouts
- Determine what sections apply to the childbirth education course you are teaching and when each section should be incorporated
- Review the talking points for the section you will be including
- Prepare participant evaluation

Talking points for conducting the lesson

Welcome families to the section that they will be covering along with the standard childbirth education. Give an overview on how there will be a dedicated subsection within each childbirth education series that includes military families.

Introduction (First slide)

“Hello families, my name is _____ and for this section on childbirth education we are going to talk about how to involve fathers who are not present due to military deployment. Having your father away during this time can pose some challenges. Among those is how to incorporate and actively involve fathers when they are unable to be physically present due to military needs.

(Change slide – read slide aloud)

(Change slide – read slide aloud)

(Change slide – read slide aloud)

(Change slide)

“As mothers, you are at the forefront of father and infant relationships. Through you, they are able to develop and maintain a relationship even when the demands of the military cause them to be physically away. Understanding ways to directly facilitate the father and infant relationship can help reduce some stressors in both father and infant relations and family relations while improving family life.

After we complete each section of the childbirth education series, we will talk about ways to incorporate your partner and help facilitate the father-child relationship.”

(Change slide – read slide aloud)

Pregnancy

(Change slide – read slide aloud)

“Today we will begin with an icebreaker that will help us practice active listening. For this exercise, you will need to pair up with someone you did not come with. (Change slide) We are going to take 5 minutes to do this activity.”

After about 5 minutes: (Change Slide) “Now we’ll go around and share. Was that a hard exercise? What techniques did you use while listening to your partner?”

(Change slide and discuss active listening)

Hand out pregnancy handout to participants.

Review and discuss remaining slides.

Labor and Birth

(Read first slide with section objectives)

Activity 1: Role-play

“Today we will be discussing 8 steps for couple communication.”

(Change slide read slide aloud)

(Change slide)

“For this exercise, we are going to role-play. Please pair up with a partner. One person will take the role of the mother and the other person will take the role of the father. Using the 8 steps for couple communication we saw on the previous slide you are going to come up with the name of your baby. One person must take the thought that the baby must have a traditional name, while the other person must take the thought that the baby must have a unique name. You must come to an agreement on a name for your baby. We are going to take 5 minutes for this activity.”

(Change slide so they are able to see the 8 steps for couple communication)

Walk around spending about a minute with each pair and listen to the conversations.

After about 5 minutes: (Change slide) Debriefing: “Share with your partner (read aloud share with your partner talking points).” After partners have had time to share with one another, ask the participants to individually reflect (read aloud personal reflection talking points).

(Change slide)

Hand out Labor & Birth handout to participants.

Review and discuss remaining slides.

Postpartum

(Read first slide with section objectives)

(Change slide)

Activity 1: Brainstorming – individual

“For this exercise, I would like you to individually brainstorm ways you can include father in the postpartum process using sight, smell, and sound if they cannot be there physically. For example, you can purchase a daddy doll with Dad’s face. We are going to take 5 minutes and think of ways you can incorporate Dad in postpartum.

After about 5 minutes: “Was that a hard exercise? What ideas did you come up with? What about: (change slide and discuss what is listed on the slide).”

Hand out Postpartum handout to participants.

Review and discuss remaining slides.

At the end of this section hand out participant evaluation.

Once you have completed the module within a series please complete the Instructor Module Evaluation.

Summary

The module was designed to help facilitate father-infant relationships by incorporating fathers in the process of pregnancy, labor & birth, and postpartum.

After the program

Hand out evaluations to participants. Once completed send completed participant and instructor evaluations to:

Sabrina Rinaldi

26804 Arcadia Dr,

Fort Riley, KS 66442

Sab.rina.ldi84@gmail.com

Appendix B- PowerPoint Slides Instructor

CHILDBIRTH EDUCATION: MODULE FOR FATHER-INFANT ATTACHMENT DURING DEPLOYMENT

Introduction for Educators: The 3S's for Attachment

Introduction

Over the course of the Childbirth Education Series module we will discuss ways mothers can assist fathers to be active participants in pregnancy, labor and birth, and postpartum to develop a bond and form healthy attachments with the baby while absent due to military deployment.

This PowerPoint gives you the background information on the topic you will need to teach to the participant module. In order to fully understand the information in the participant module, this PowerPoint should be reviewed prior to incorporating the module into your childbirth education curricula.

Outline

- Purpose
- Childbirth and Fathers
- Theory
- Smell, sight, sound
- Military families
- Maternal Gatekeeping in Military Families
 - *Active Listening*
 - *Communication*
- Posttest
- Participant Module
- Handouts
- Post Module Evaluation

Purpose

Maternal gatekeeping is seen as a protective factor for military fathers when it comes to father-infant attachment (Marini, Wadsworth, Kwon, & Pagnan, 2016; Willerton, Schwarz, Wadsworth, & Oglesby, 2011). Because of the importance of the mother for father-infant attachment (Marini et al., 2016; Willerton et al., 2011), particularly in military families, this module is targeted toward an audience of pregnant mothers in military families. Utilizing the research on olfactory response (Marin, Rapisardi, & Tani, 2014; McBurnery, Streeter, & Euler, 2012), sight, (Bushnell, 2001), and hearing (Lee and Kisilevsky, 2013; Martens, 2013), this module was developed to educate military mothers on the importance of father-infant attachment and provide practical ways they can help promote father-infant attachment while the father is not present during pregnancy, labor and birth, and postpartum.

Childbirth: Fathers

Expectation and Experience

- Fathers are influenced by culture
 - *Attending is fulfilling an obligation*
 - *Solidifies their role as father*
- Fathers learn their expectations for the birthing process through the media, family, and friends
 - *This can lead to stress when the expectations of childbirth do not meet the reality of what occurs*
- When fathers are present during childbirth, it is seen as a shared experience for mother and father

Childbirth: Fathers

Role and Implication

- Fathers serve various roles for mother
 - *Ex: Security, emotional support, decision-making, informational support, physical support*
- Fathers are often not included in childbirth education
- Fathers tend to be unsure of their role in actual birth
 - *Ex: How to they support mother? What is normal during pregnancy, labor and birth, and postpartum?*
- Fathers indicate that attending is part of their duty, an aspect of becoming a father

Theory

- This module is guided by:
 - *Attachment Theory*

Attachment Theory

- Attachment theory is built on attaining or maintaining proximity to another individual, mother, or caregiver, to assist in interpreting surroundings and providing security (Bowlby, 1982)
- Your child attaches to you based on your sensitivity and availability (Bowlby, 1978)
 - *Sensitivity is your ability to respond to your infant promptly and appropriately to their cues (Lamb, 1981)*
 - For example: hungry you feed, cry you try to find why, etc.
 - *Availability to meet the needs of the baby*
 - Caregiver needs to be physically present to address needs

Attachment Theory

■ Bonding

- *Attachment bonds affect individuals throughout the life course*
- *These bonds are a critical part in the development of future relationships, security, mental health, and self-being* (Bowlby, 1978; Bowlby, 1982, Young, 2013).
- *Facilitating a bond early and quickly after the birth of a child is critical in fostering the development of attachment* (Young, 2013)

The 3 S's Father infant attachment during deployment

■ Newborn's senses

- *Sound*
 - A baby has the ability to use memory from in utero to identify their mother's voice from another individual at birth (Martens (2013)
- *Sight*
 - Sight and repeated exposure to images related to familiar faces can facilitate recognition (Bushnell, 2011)
- *Smell*
 - Olfactory has been found to provide comfort to individuals when the attachment is seen as secure during absence (McBurney, Streeter, & Euler, 2012)

Sound, Sight, & Smell

There are various ways to include sound, sight, and smell to help father-infant attachment during absence. Here are a few suggestions:

- Sound
 - *Speaker phone calls; Video calls;*
 - *Send home recordings reading stories or songs to be played for baby.*
 - *Video and/or voice*
 - *Send home books with recorded voice of father reading.*
 - *Talk about father*
- Sight
 - *Skype/zoom*
 - *Daddy dolls/ blanket pictures*
- Smell
 - *Have the father sleep in shirts, place shirts in Ziploc bag and send home for infant to sleep on or be wrapped in.*

Military families

Military service members have been deployed over the last decade in Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn, resulting in military families enduring repeat deployments overseas for extended periods.

The Department of Defense (2018) published the current strength of United States Armed Services at 1,332,162 personnel. Currently there are 290,984 service members stationed overseas (Department of Defense, 2017). These deployments create physical distance between families affecting family dynamics, communication, and involvement.

Maternal Gatekeeping in Military families

- Mothers often determine fathers' access to child
 - *Closed- denying access*
 - *Open- allowing access*

- Gatekeeping can be seen as both positive or negative
 - *For military families, maternal gatekeeping can be seen as beneficial in*
 - Mothers including fathers in routine
 - Including fathers in decisions

Active Listening

- One component of effective communication is active listening.
- Active listening is empathically replying to words and actions (Nemec, Spagnolo, & Soydan, 2017)
- Key Aspects of Active Listening:
 - *Preparing to active listen*
 - *Focus and acknowledgement*
 - *Open-ended questions*
 - *Paraphrasing*
 - *Reflecting feelings*

- Preparing to active listen
 - *This requires removing distractions, committing your full self to the conversation*
- Focus and acknowledgement
 - *Focus on the stated and implied words, show/express you are listening (facial reactions, verbal cues)*
- Open-ended questions
 - *Asking questions with who, what , when, where, why, and how, to get depth to information received*
- Paraphrasing
 - *Summarizing what you have heard to ensure you have heard and understood all aspects correctly*
- Reflecting feelings
 - *Stating the feeling the listener has interpreted from the speaker*

Military Families and communication

Here are some examples of what communication in military families looks like and how it can be used for attachment.

What is Couple Communication?

When communicating, mothers and fathers can use the following 8 Steps for Couple Communication adapted from a process for resolving conflict known as “mapping an issue”

(Miller & Sherrard,1999).

- Deployment communication
 - *Military families have various ways to access one another with today's technology. For example:*
 - Phone
 - Email
 - Social media
- Through communication pregnant mothers can involve the father about:
 - *Events of day-to-day life*
 - *Decision making*

1. *Identify and define*
 - What is the subject of discussion?
 - *First you must know what the topic you plan to discuss*
2. *Work through*
 - Discuss various points of view
 - *Take turns talking about various viewpoints relating to the topic*
3. *Understand completely*
 - Ask open-ended questions so you understand each viewpoint
 - *By asking questions such as "who, what, when, where, why"*
 - *open-ended questions give you more depth*
4. *Identify wants*
 - Clearly state preferences
 - *Each person should make clear their desires*

What is Couple Communication?

When communicating, mothers and fathers can use the following 8 Steps for Couple Communication adapted from a process for resolving conflict known as “mapping an issue” (Miller & Sherrard, 1999).

5. *Generate options*
 - Brainstorming
 - *Finding a an alternative that makes both happy “win-win”*
6. *Choose actions*
 - Develop a plan
 - *Decide what options you plan to use*
7. *Test plan*
 - Discuss possible outcomes
 - *Ensure you discuss possible outcomes for your actions or decisions*
8. *Evaluate*
 - Decide if plan needs alterations
 - *After discussing possible outcomes, re-evaluate if the plan is still acceptable to both parties*

Post test

You have now finished the reading portion of the module. Please stop and take the post- test (Appendix C) to review the content you have just read before continuing on.

Participant Module

Please take a moment to review the participant PowerPoint Module (Appendix D).

The PowerPoint is designed to be added to the end of each of the pregnancy, labor and birth, and postpartum sections within a childbirth education series.

Handouts

- Please take a moment to review the handouts for this module.
 - *Prenatal (Appendix E)*
 - *Childbirth (Appendix F)*
 - *Postpartum (Appendix G)*
 - *Participant Evaluation (Appendix H)*

Post Module Evaluation

Once you have completed the module in its entirety during a childbirth education series please take a moment to fill out the module evaluation (Appendix I)

Thank you!

Thank you for including this module to enrich the lives of military families that are experiencing military deployment during childbirth.

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Appendix C- Post Test

1. Childbirth education traditionally consists of what three sections?
 - a. Pregnancy, newborn care, ultrasounds
 - b. Pregnancy, labor & birth, postpartum
 - c. Labor, breastfeeding, personal hygiene
 - d. Doctor appointments, hair appointments, cord care
2. Childbirth education started due to
 - a. The desire for others to learn about hospitals
 - b. For physicians to education staff
 - c. For expectant families to learn about the process of labor and birth in a hospital setting
 - d. For families to learn to care for their aging family
3. Where does the father gain expectations and experience in childbirth?
 - a. Television and movies
 - b. Social media
 - c. Family and friends
 - d. Childbirth education
 - e. All of the above
4. What is the fathers' role?
 - a. security/gatekeeper, provider of emotional support and information, partner in decision-making, and comforter
 - b. Audience

- c. Medical provider
 - d. Provide meals
5. What are the 3 S's this module utilizes
- a. Sight, sound, smell
 - b. Sleep, sound, suction
 - c. Smell, silence, sugar
 - d. Sound, silence, sight
6. Childbirth has a _____ effect on marital satisfaction.
- a. Negative
 - b. Neutral
 - c. Positive
 - d. none
7. List the two types of maternal gatekeeping.
- a. open: the paternal parent is granted access and involvement
 - b. closed: the mother prohibits or reduced availability hindering the father involvement and relationship
8. Attachment and sensitivity is described as...
- a. The relational bonds that ties one to another
 - b. The biological response to an infant
 - c. Adult responding promptly and appropriately to an infant, leading infant to interpret adult as reliable and predictable
 - d. All of the above
9. Maternal gatekeeping is different for military families during deployment as it

- a. Can facilitate the father and infant relationship
 - b. Can be negative toward father and infant relationship
 - c. does not happen during military deployments
 - d. None of the above
10. Online communication for military families during deployment is seen as...
- a. Negative and causes a divide.
 - b. Inaccessible.
 - c. Positive and facilitates communication and family involvement.
 - d. None of the above
11. Maternal gatekeeping in military families facing deployment is protective in what way(s)?
- a. Serving as a bridge that keeps the father involved in the unit
 - b. Including fathers in family decisions and daily life
 - c. Explaining fathers' absence to children
 - d. All of the above
12. List the 5 key aspects of Active Listening.
- Preparing to active listen, Focus and acknowledgement, Open-ended questions, Paraphrasing, Reflective feelings
13. List the 8 couple communication steps.
- Identify and define, Work through, Understand completely, Identify wants, Generate options, Choose actions, Test plan, evaluate

Appendix D- PowerPoint Slides- Participant

CHILDBIRTH EDUCATION

Module for Father-Infant Attachment During
Deployment Using the 3 S's

Purpose

Over the course of the Childbirth Education Series we will discuss ways mothers can assist fathers to be active participants in pregnancy, labor and birth, and postpartum to develop a bond and form healthy attachments with the baby while absent due to military deployment

What is Attachment?

- Attachment is defined by the tie between one another (Ainsworth, Bell, & Stayton, 1991).

Why is Attachment and Bonding Important?

- Research shows us:
 - *Attachment bonds affect an individual throughout the life course*
 - *Bonds are a critical part in the development of future relationships, security, mental health, and self-being* (Bowlby, 1978; Bowlby, 1982; Young, 2013).
 - *Attachment has lifelong implications for individual relationships* (Palm, 2014)
 - *Infant attachment offers security and explanation of surroundings* (Bowlby, 1982)

How Mothers Facilitate Father-Infant Attachment and Bonding

- Mothers are the bridge that link fathers and infants during deployments (Marini, Wadsworth, Kwon, & Pagnan, 2016; Willerton, Schwarz, Wadsworth, & Oglesby, 2011).
- Mothers can actively promote a relationship between father and infant (Marini et al., 2016).
- Mother can incorporate fathers into daily life during deployment (Willerton, et al., 2011).

Module Objectives

- Pregnancy: Active Listening
 - *Identify the 5 key aspects of Active Listening*
 - *Use Active Listening Skills with the Father*
- Labor and Birth: Couple communication
 - *List 8 steps of Couple Communication*
 - *Describe Couple Communication to the father*
- Postpartum: 3S's for Father-Infant Attachment
 - *Name the 3 S's for bonding*
 - *Identify one way to promote father-infant attachment relating to each of the 3S's*
 - *Integrate Active Listening and Couple Communication into communication with the father*

Pregnancy

Section Objectives

At the end of this section mothers will be able to:

1. Identify the 5 key aspects of Active Listening
2. Use Active Listening Skills with the father

Pregnancy

- Active listening – icebreaker
 - *Pair up with another person and take turns sharing:*
 - What is your name? Is this your first baby? Do you have a name picked out? What are you most excited about this pregnancy?
 - What are ways pregnant mothers can include deployed fathers in pregnancy?

Pregnancy

- Share with the group 2-3 things that were shared with you

Active Listening

- Empathically replying to words and actions (Nemec, Spagnolo, & Soydan, 2017)
- Key Aspects
 - *Preparing to active listen*
 - *Focus and acknowledgement*
 - *Open-ended questions*
 - *Paraphrasing*
 - *Reflecting feelings*

Pregnancy Handout

Pregnancy

- Use Active Listening to learn what questions your partner has prior to your appointments:
 - *Optional talking points:*
 - What did you do at the appointment?
 - How long was the appointment?
 - Share how you felt about the appointment.
 - When is your next appointment?
 - What will happen at your next appointment?
 - When/why should I contact provider?

Pregnancy

Using Active Listening, discuss pregnancy expectations with your partner:

- Suggested open-ended questions for pregnancy expectations:
 - *If this was a perfect pregnancy, how would you imagine it going?*
 - *Will you be able to reach one another/how will you reach your partner when labor begins?*
 - *If this was the perfect birth, how do you imagine it going? Explain this to your partner.*
 - *What is your partner's expectation for birth? How do they see it going? Have them explain it to you.*
 - *Contact*
 - What are ways you can reach your partner (email, social media, phone, Skype, Zoom, Etc.)?

Pregnancy

Using Active Listening, discuss pregnancy concerns with your partner:

- Suggested open-ended questions for pregnancy concerns:
 - *What concerns do you have for pregnancy? Ask father to describe this to you.*
 - *What discomforts are you having with pregnancy?*

Pregnancy

Using Active Listening, discuss legal aspects with your partner:

- Legal paperwork:
 - *Do you need a Power of Attorney?*
 - *How will you enroll you baby in DEERS?*
 - *Do you have a will/living will?*
 - *Who have you designated as next of kin?*

Pregnancy

Suggestions for involving your spouse in the physical changes of pregnancy:

- Physical changes in pregnancy:
 - *Get copies of ultrasounds to send to partner*
 - *Ask for printed pictures or if pictures can be placed on a CD*
 - *If they are unable to, ask if you can take pictures using your mobile device or camera*
 - *Record heartbeat*
 - *Send pictures of growing stomach*
 - *Share fetal movements/changes*

Pregnancy

- Homework
 - *Go back and review talking points in the Pregnancy handout and discuss with the father using Active Listening.*

Labor and Birth

Section Objectives

At the end of this section mothers will be able to:

- *List 8 steps of Couple Communication*
- *Describe Couple communication to the father*

Labor and Birth

8 Steps for Couple Communication adapted from a process for resolving conflict known as “mapping an issue” (Williams, 2015).

1. *Identify and define*
 - What is the subject of discussion?
2. *Work through*
 - Discuss various points of view
3. *Understand completely*
 - Ask open-ended questions so you understand each viewpoint
4. *Identify wants*
 - Clearly state preferences
5. *Generate options*
 - Brainstorming
6. *Choose actions*
 - Develop a plan
7. *Test plan*
 - Discuss possible outcomes
8. *Evaluate*
 - Decide if plan needs alterations

Labor and Birth

- Role Play – Feedback – Debriefing
 - *Pair up, one person will take the role of the mother and the other will take the role of the father*

Using Couple communication:

Question: Name the baby game

- Person 1: Takes the role of having to use a traditional name
- Person 2: Other takes the role of having to use unique name

Labor and Birth

8 Steps for Couple Communication

1. *Identify and define*
 - What is the subject of discussion?
2. *Work through*
 - Discuss various points of view
3. *Understand completely*
 - Ask open-ended questions so you understand each viewpoint
4. *Identify wants*
 - Clearly state preferences
5. *Generate options*
 - Brainstorming
6. *Choose actions*
 - Develop a plan
7. *Test plan*
 - Discuss possible outcomes
8. *Evaluate*
 - Decide if plan needs alterations

Labor and Birth

- Debriefing
 - *Share with your partner:*
 - How you felt they did overall.
 - What step was their strongest?
 - What step was their weakest?
 - *Personal reflection:*
 - Was that exercise hard?
 - What step helped you?
 - What step do you feel will be hard?
 - Do you see how this can help you and the father to communicate effectively?

Labor and Birth Handout

Labor and Birth

Active Listening and Couple Communication Suggested Talking Points:

- Discuss desires in labor and birth:
 - *How do you get to the place of birth?*
 - *Explain to your partner what you want for labor and birth:*
 - What do you need from your partner? For example, is talking comforting? Would you rather have constant contact or do you want to check in as things progress? When would you prefer constant contact?
 - *What people do you want present?*
 - Are friends or family coming into town?
 - How long are they staying?
 - Where are they staying?
 - *What people do you not want present?*

Labor and Birth

Active Listening and Couple Communication Suggested Talking Points:

- Discuss ways to communicate during labor and childbirth:
 - *Is Wi-Fi available?*
 - What is hospital policy regarding technology?
 - *Do you have a mobile hotspot?*
 - *Have all chargers located and ready.*
 - *What devices will you need or do you have?*
 - *How will you contact your partner at the onset of labor?*
 - Have that information in an easy accessible location.
 - Know what ways to contact when (e.g., day versus night)
 - *When should you contact your partner?*

Labor and Birth

Active Listening and Couple Communication Suggested Talking Points:

- Discuss possible procedures:
 - *Maternal care*
 - What if mother needs to have labor induced?
 - What if mother needs IV antibiotics?
 - What if an epidural is needed?
 - What if there is not time for an epidural?
 - What if mother prefers to decline procedures?
 - *What procedures (e.g., induction, routine/standard medication)?*
 - If there are changes in labor, are you making decisions together?
 - If a surgical birth is planned or necessary, how will the father be incorporated?
- What if your partner is able to make it home in time?
 - *What do they need? Pack them a bag and have it ready.*

Labor and Birth

Active Listening and Couple Communication Suggested Talking Points:

- Emergency procedures:
 - *What if mother needs an emergent cesarean section?*
 - *What if mother needs to be under general anesthesia?*
- Unexpected outcomes:
 - *What if there is fetal demise?*
 - *What if mother becomes ill?*
 - *What if there is maternal loss?*

Labor and Birth

- Homework
 - *Go back and review talking points in the Pregnancy and Labor and Birth handouts and discuss with father using Active Listening and Couple Communication*

Postpartum

Section Objectives

At the end of this section mothers will be able to:

- *Name the 3 S's for bonding*
- *Identify one way to promote father-infant attachment relating to each of the 3S's*
- *Integrate Active Listening and Couple communication into communication with the father*

Postpartum

■ 3 S's to Facilitate bonding:

- *Smell*
- *Sight*
- *Sound*

■ Brainstorming:

- *Using smell, sight, and sound, what are some ways you think you could include deployed fathers?*
- *What are other ways you might including your partner postpartum?*

Using 3 S's to Facilitate Infant Attachment and Bonding with the Father

- Sound
 - *Speaker phone calls; Video calls*
 - *Send home recordings reading stories or songs to be played for baby.*
 - *Video and/or voice*
 - *Send home books with recorded voice of father reading*
 - *Talk about father*
- Sight
 - *Skype/zoom*
 - *Daddy dolls/ blanket pictures*
- Smell
 - *Have the father sleep in shirts, place shirts in Ziploc bag and send home for the infant to sleep on or be wrapped in.*

Postpartum Handout

Postpartum

Active Listening and Couple Communication Suggested Talking Points:

- Discuss postpartum options:
 - *Newborn care*
 - What if baby is born premature?
 - What if baby needs additional care?
 - What if baby needs to be transferred to another hospital for care?
 - What is baby needs to be admitted after discharge?

Postpartum

Active Listening and Couple Communication Suggested Talking Points:

- If you are giving birth at a hospital or birth center...
 - *How do you get home?*
 - What if you deliver outside the time your chosen support person/people are available?
- Visitors
 - *Is anyone coming to visit?*
 - Who?
 - How long are they staying?
 - Where are they staying?
 - How do you plan to involve them in your and your baby's care?

Postpartum

Active Listening and Couple Communication Suggested Talking Points:

- Father involvement:
 - *Newborn Care:*
 - How will you feed your baby?
 - How will you comfort your baby?
 - *Knowing Father*
 - Send home recordings reading stories or songs to be played for baby.
 - *Video and/or voice*
 - *Send home books with recorded voice of father reading.*
 - Video calls
 - Send home an article of clothing or small blanket that father has slept with to give to baby that has his "scent"

Postpartum

- Homework
 - *Go back and review talking points in the Pregnancy, Labor and Birth, and Postpartum handouts and discuss with father using Active Listening and Couple Communication*

Thank you!

for participating in this module to discuss ways **mothers** can **assist fathers** to be **active participants** in pregnancy, labor and birth, and postpartum to **develop a bond** and form **healthy attachments** with the baby while absent due to military deployment

Please complete the evaluation for this module so we improve this program for you!

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Appendix E- Handout -Pregnancy

DISCUSSION POINTS TO INCLUDE MILITARY FATHERS IN DEVELOPING FATHER AND INFANT RELATIONSHIP

Pregnancy suggested talking points

1. Include father in appointments during pregnancy.
 - a. Ask the father what questions he has prior to your appointment, ask the questions in your appointment, and relay the information to the father post appointment.
 - b. Get copies of ultrasounds to send to father.
 - i. Ask for printed pictures or if pictures can be placed on a CD
 1. If they are unable to, ask if you can take pictures using your mobile device or camera
 - c. Record heartbeat to send to father.
 - d. Discuss pregnancy expectations
 - i. If this was the perfect birth, how do you imagine it going? Explain this to your partner.
 - ii. What is your partner's expectation for birth? How do they see it going? Have them explain it to you.
 - iii. Contact
 1. What are ways you can reach your partner (email, social media, phone, Skype, Zoom. Etc.)?
 - e. Discuss pregnancy concerns
 - i. What concerns do you have for pregnancy? Explain this to your partner.
 - ii. What concerns does your partner have for pregnancy? Have them explain them to you.

2. Knowing father

- a. Place phone calls on speaker and/or video calls so that the baby can be hear father's voice.
- b. Recordable books, videos, pictures, stuffed animals

3. Legal paper work

- a. Do you need a Power of Attorney?
- b. How will you enroll baby in DEERS?
- c. Do both have a will/living will?
- d. Who have you designated as the next of kin?

Appendix F- Handout -Labor and Birth

DISCUSSION POINTS TO INCLUDE MILITARY FATHERS IN DEVELOPING FATHER AND INFANT RELATIONSHIP

Labor & Birth suggested talking points

1. Discuss desires in labor and birth
 - a. How do you get to place of birth?
 - b. Explain to your partner what you want for labor and birth.
 - i. What do you need from your partner? For example, is talking comforting?
Would you rather have constant contact or do you want to check in as things progress? When would you prefer constant contact?
 - c. What people do you want present?
 - i. Are friends or family coming into town?
 - ii. How long are they staying?
 - iii. Where are they staying?
 - d. What people do you not want present?
2. Discuss ways to communicate during labor and childbirth
 - a. Is Wi-Fi available?
 - i. What is hospital policy regarding technology?
 - b. Do you have a mobile hotspot?
 - c. Have all chargers located and ready.
 - d. What devices will you need or do you have?
 - e. How will you contact your partner at the onset of labor?
 - i. Have that information in an easy accessible location.
 - ii. Know what ways to contact when (e.g., day versus night)

- f. When should you contact your partner?
3. Discuss possible procedures:
- a. Maternal care
 - i. What if mother needs to have labor induced?
 - ii. What if mother needs IV antibiotics?
 - iii. What if an epidural is needed?
 - iv. What if there is not time for an epidural?
 - v. What if mother prefers to decline procedures?
 - 1. What procedures (e.g., induction, routine/standard medication)?
 - vi. If there are changes in labor, are you making decisions together?
 - i. If a surgical birth is planned or necessary, how will father be incorporated?
 - b. Discuss what if your partner is able to make it home in time?
 - i. What do they need? Pack them a bag and have it ready
 - c. Emergency procedures
 - i. What if mother needs an emergent cesarean section?
 - ii. What if mother needs to be under general anesthesia?
 - d. Unexpected outcomes
 - i. What if there is fetal demise?
 - ii. What if mother becomes ill?
 - iii. What if there is maternal loss?

Appendix G- Handout -Postpartum

DISCUSSION POINTS TO INCLUDE MILITARY FATHERS IN DEVELOPING FATHER AND INFANT RELATIONSHIP

Postpartum suggested talking points

1. Discuss postpartum options:
 - a. Newborn care
 - i. What if baby is born premature?
 - ii. What if baby needs additional care?
 - iii. What if baby needs to be transferred to another hospital for care?
 - iv. What is baby needs to be admitted after discharge?
 - b. If you are giving birth at a hospital or birth center...
 - i. How do you get home?
 1. What if you deliver outside the time your chosen support person/people are available?
2. Father involvement:
 - a. Newborn Care:
 - i. How will you feed your baby?
 - ii. How will you comfort your baby?
 - b. Knowing father
 - i. Sight
 1. Display photos of father around home
 2. Send home books with recorded video of father reading.
 3. Obtain or create a daddy doll for baby

- a. www.daddydolls.com/HugAHero
- b. www.huggeemissyou.com

ii. Sound

1. Send home books with recorded voice of father reading.
2. Send home songs/ lullabies sung by dad to be played for baby.
3. Video/voice calls
4. Video/voice recordings

iii. Smell

1. Have father sleep in shirts, place shirts in Ziploc bag and send home for infant to sleep on or be wrapped in.

3. Visitors

- a. Is anyone coming to visit?
 - i. Who?
 - ii. How long are they staying?
 - iii. Where are they staying?
 - iv. How do you plan to involve them in your and your baby's care?
 - v. Do they understand your parenting beliefs/wishes?

Appendix H- Participant Evaluation

1. Please rate the module using the follow categories, Check the appropriate box

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This program helped me understand the importance of father-infant attachment					
This program equipped me with information to help the deployed father					
I learned new ways to support attachment with my deployed partner during pregnancy, birth, and postpartum					
I understand the importance of communication during deployment					
I understand the importance of active listening					
This topic was useful for me					
The activities were useful in understanding how to use the information					
The content was well organized					
Overall, this is a great program					
I am glad this information was included in the curriculum					

2. In what ways could this module be improved?

3. If you could add anything to the module, what would you add?

(more on reverse side)

4. What did you like about the module?

5. Comments:

6. Is this your first experience with deployment or absence?

If no, how many deployments or absences have you experienced prior to this?

7. Is this your first pregnancy?

If no, how many times have you been pregnant?

If no, is this the first pregnancy your partner will miss?

8. May we contact you to talk about your experience?

If yes, please fill out your contact information below:

Name:

Address:

City:

State:

Zip:

Phone number:

Email:

Thank you for you for completing this form!

Appendix I- Instructor Module Evaluation

1. Please rate the program using the follow categories, Check the appropriate box

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I understand the importance of attachment as it pertains to fathers					
I feel I can adequately discuss the importance of father- infant attachment					
This program equipped me with information to assist families with a deployed father					
I understand the importance of communication during deployment					
I understand maternal gate-keeping and how it can impact father-infant relations					
This topic is important to the families I serve					
The activities are useful in understanding the topic					
The program is easy to use					
The content is well organized					
The module was easy to incorporate into my program					
Overall, I think this is a great program					

2. In what ways could this module be improved?

3. What did you find most useful with this program?

4. What was the least helpful with this program?