



# Talking to Dads

A guide for health practitioners



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## A guide for health practitioners

Do you work with people who are planning to have a child? Those who are pregnant? Or families that have recently had a baby?

Chances are you will have great skills and experience in working with mothers and birthing parents. Are you as confident when it comes to working with fathers and non-birthing parents? Do you know how best to engage with them and to inspire them to be confident, committed, equal parents? Would different words and/or messages have a better impact?

As the health system evolves from a mother-focus to a more family-centred approach, health practitioners are uniquely placed to create more inclusive experiences and environments for all parents.

**By communicating intentionally, and by being attuned to each parent's needs, you can set the scene early for a positive parenting experience that will help families to thrive.**

This guidebook provides practical recommendations for improving your communication with fathers and non-birthing parents. Some may appear obvious, or only subtly different to how you would communicate with mothers and birthing parents.

However, small changes can make a significant difference to the way each parent engages, learns and views themselves, and to how they make informed choices about parenting or help-seeking.

Whether you're new to working with families, or have been doing so for a long time, these recommendations should help you to inspire fathers and non-birthing parents to be engaged, confident, committed and equal parents.

### Do you want to know more?

Our evidence-informed recommendations are based on well-established theories about communication, family systems, attachment and gendered stereotypes and norms.

If you're wanting to take a closer look at the theoretical concepts and frameworks that relate to language and communication with fathers, please see our Theories Paper.

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## Why language matters

The transition to parenthood is a challenging time for all parents.<sup>2</sup> It is also a time when parents are potentially interacting with many health practitioners across a range of reproductive and perinatal health services. These interactions, whether positive or negative, can be highly influential in helping shape parents' knowledge, skills, attitudes and behaviours.

Although possibly unintentional, many fathers do not feel meaningfully engaged by the health system from preconception through to parenthood.<sup>3, 4, 5, 6, 7</sup> This can raise their anxiety and create a sense of helplessness.<sup>8, 9</sup>



### What do we mean by language?

We have taken a broad definition of language and communication to incorporate words (written and spoken), messages, non-verbal communication, visual elements and environments.

## Tuning in to fathers

Do you routinely look for meaningful ways to include each parent and to tune in to their particular questions or needs?

It is worth remembering that fathers, and indeed all parents, are products of their environments. Their knowledge, skills and attitudes will have been influenced by the worlds they live in — their own childhood experiences, their families and friends, their culture, their education, their socio-economic status, the media, our health system, and so on.<sup>11, 12, 13</sup> All these factors work to develop a father's identity, how they perceive their role/s and their engagement with their child and family.

**Although all men are different, there are some trends in their preferences for receiving information. An Australian study<sup>14</sup> showed that:**

- Men generally appreciate a competent, “frank approach”
- They often seek information online, particularly if related to issues such as fertility
- Men usually want to receive factual, statistical and/or practical information about pregnancy
- They tend to respond well to the thoughtful use of humour
- Men typically value health practitioners' empathy — their ability to communicate easily and on the person's level, and to listen and understand the person's perspective

Most men appreciate that the focus of perinatal appointments and education needs to be about the mother and/or child. They don't necessarily want the spotlight to be on them, but many do want to be actively included in the journey, and certainly not left out.



### Why engage fathers?

- Many men's knowledge about preconception, fertility, pregnancy, birth and early fatherhood is limited<sup>15</sup>
- If men are not engaged by the health system during the transition to fatherhood their frustration can leave them feeling uninformed and ill-equipped<sup>16</sup>
- One in five fathers report feeling totally isolated in the first year of fatherhood<sup>17</sup>
- One in 10 fathers experience depression and/or anxiety before or soon after birth<sup>18</sup>
- Men's preconception health affects fertility and the health of their children<sup>19</sup>
- Opportunities may be lost to prepare fathers for the impact parenthood will have on their lives, and their families
- If men become engaged, active parents there are likely to be better relationships within their families, improved family wellbeing and healthier child development<sup>20,21,22</sup>



**I understand that the majority of attention needs to be provided to the mother and I am supportive of this. However, having a child was still the most important event of my life, and yet I was often ignored completely during preconception consultations, during the pregnancy, and perinatally. Being treated like a member of the team on more occasions would have been valued.**

– Father, Plus Paternal survey participant

## Inclusive language

Ideally, our communication with parents, and people seeking to become parents, should make them feel comfortable and included. Although fathers are our focus here, the challenges they face during the transition to parenthood and throughout the perinatal period may well be shared more widely by non-birthing parents, regardless of their gender.

Using gender-neutral terms like 'parents' in relation to families and parenting acknowledges the diversity of families and helps create inclusive environments that recognise trans, gender-diverse and non-binary family members.

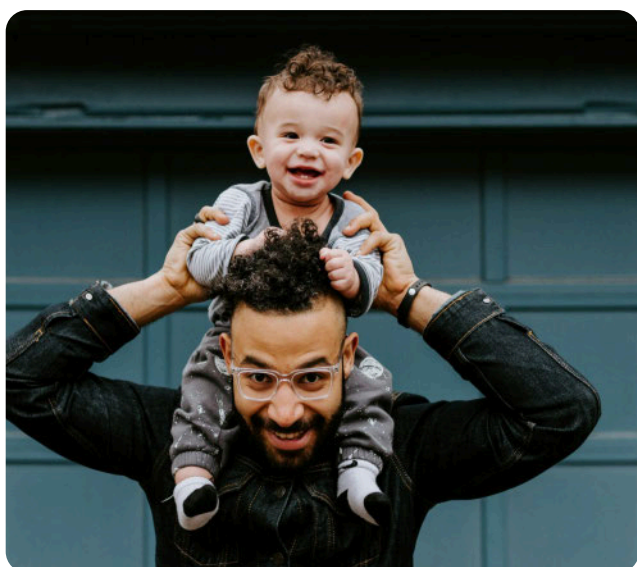


However, there are some risks in taking a blanket approach to gender-neutral communication. Parents mostly identify as either “mother” or “father” and understand these terms. They may not connect with gender-neutral terms such as “gestational parent” and “non-birthing parent.”<sup>23</sup> The term “birthing parent” does not speak to adoptive parents, and could elicit an emotional response where the birth experience has been traumatic.

**In short, inclusive parenting language is tricky and evolving. Society does not yet have the perfect terms for everyone. Where you can't individualise your language, our advice is to try and use gender-neutral language alongside the more traditional gendered terms. In this resource we have used “fathers and non-birthing parents”.**

#### Additional resources

- LGBTIQA+ Glossary of common terms – Australian Institute of Family Studies  
[aifs.gov.au/resources/resource-sheets/lgbtiqa-glossary-common-terms](https://aifs.gov.au/resources/resource-sheets/lgbtiqa-glossary-common-terms)
- LGBTIA+ Inclusive language guide – Victorian Government  
[vic.gov.au/inclusive-language-guide](https://vic.gov.au/inclusive-language-guide)



#### Recommendations

- ➔ Use both gender-neutral and gender-specific language where appropriate
- ➔ Be mindful not to make assumptions about gender. Ask about preferred names and pronouns
- ➔ Where appropriate, check in with your clients on their preferred terminology. For example, “How would you like me to refer to you each as parents: mum, dad, or perhaps another term?”
- ➔ Be conscious that the word “parent” may not gain men’s attention — call out men, dads or fathers on written communication so they don’t assume “parent” means “mother”
- ➔ When engaging with fathers, use the terms “father” or “dad”, along with gender-neutral terms where appropriate. For example, “Blackwood Health Service invites all parents; mums, dads, and partners, to attend its information session”
- ➔ Be conscious of the diversity of parents and families. You may be working with single parents, separated parents, LGBTIQA+ parents, those who are co-parenting and those who are not, or families that follow Aboriginal kinship or extended family structures



## Promoting gender equality in parenting

By avoiding language that supports gendered parenting stereotypes, you will give space for families to decide together how they will share their roles, and for all parents to make equal contributions to parenting.<sup>24</sup>

### Recommendations

**Instead of using words like “support” or “help”, try “teamwork”, “shared parenting” or “build a strong team”.**

- ➔ Encourage parents to work together as a team — to discuss and decide who will do what when the baby arrives, how they will share the household chores, how they will parent and troubleshoot together
- ➔ Encourage fathers and non-birthing parents to be actively involved as couples prepare for parenting. This might include attending antenatal appointments, participating in parenting education, etc.
- ➔ If a father visits or brings their children to an appointment without the mother, normalise their engagement — don't ask, “Where's your partner today?”. If a mother comes alone but indicates they would have liked their partner to have come too, suggest they invite them along next time if possible.

**Instead of using words like “be strong”, “be the rock”, “breadwinner”, or “provider”, try “comfort”, “nurture” and “caring”.**

- ➔ Use language that normalises fathers as nurturing, caring, responsive, emotionally available parents, such as “I can see that your child looks to you for support when they're upset”
- ➔ Build fathers' confidence that they will be able to develop strong bonds with their children. Let them know that this bond often develops through father-child play
- ➔ Routinely include fathers and non-birthing parents' in discussions or questions about childcare
- ➔ Reinforce that both parents can, and should, support their children's emotional security. Children soon learn that they can turn to either parent when they experience emotional pain or fear
- ➔ Acknowledge that it is common to feel uncertain or vulnerable and that it is okay to seek support
- ➔ Avoid any references to mothers always providing better or more instinctive care. Each parent will have strengths and weaknesses, but birth and breastfeeding aside, both should be equally capable of providing the care, comfort and support of exploration that children need



**Instead of ignoring (or reinforcing) gendered stereotypes, try to gently challenge parents' pre-existing beliefs or biases.**

- ➔ Encourage parents to keep an open mind about how they will share the different components of the parenting role
- ➔ Be conscious of your own biases and how they may be reinforced through the messages you give to parents. Asking a mother “Does your partner help you with the baby?” implies their partner is a “helper”, not an equal parent. Would you ask the same question of the father?
- ➔ Provide information from a range of sources
- ➔ Present differing views and examples of contradictory scenarios
- ➔ Be cautious of making definitive statements using “always” and “never”. Instead, use terms such as “sometimes”, or “some parents”, and provide examples of contradictory scenarios. For example, “Some parents prefer to take turns in getting their bub to sleep”



## Words to listen out for

Being alert to the language used by fathers and non-birthing parents is also important as their word choices, or body language (for example, their eye contact), may be a signal as to how they are feeling or coping with parenthood. The following words may be red flags that a father, or any parent, may be struggling, depressed or even suicidal.<sup>25</sup> If you hear them, prompt a deeper conversation to explore the extent of the parent's feelings and the support required. Provide information about support services and encourage them to seek help if needed.



### Words to listen out for and possible questions to prompt a deeper conversation

#### “Stressed”

- Can you tell me a bit more about the stress that you are feeling?

#### “Tired”

- Is your tiredness worse than you would have expected with a new baby?
- How difficult do you find it to fall asleep when you have the chance?
- If you are woken through the night, how hard is it to return to sleep?
- Do you feel refreshed when you wake up? (Consider administering Epworth Sleepiness Scale to see if there is any risk that needs to be managed) [epworthsleepinessscale.com](http://epworthsleepinessscale.com)
- Are you more tired at certain times of the day? (Depression and anxiety are often worse at the beginning of the day)
- Are you so tired that you are worried it might affect your ability to stay safe? For example, falling asleep at times when you shouldn't, not getting things done that you need to, etc.

### **“Not going too well”**

- Can you tell me more about what you are struggling with?

### **“Down in the dumps”**

- What does “down in the dumps” mean to you? How often do you have a low mood? Can you enjoy any of the things you used to enjoy before?

### **“Useless”**

- You said you were feeling ‘useless’. Can you tell me what has led to you feeling that way?
- Do you feel useless frequently? (Consider mental health screening or referral as appropriate.)

### **“Worthless”**

- Can you tell me what is going on that has led you to feel this way?

### **“Hopeless”**

- Can you see that anything will improve in the future? Are there any things you are still looking forward to?

### **“I’ve had enough”**

- Can you tell me more about the things you are struggling with?
- Have things been so bad that you have thought about harming yourself or others? If they say yes, consider a suicide risk assessment and/or high priority referral to relevant support services.

### **“Pointless”**

- Can you tell me more about feeling things are pointless?

### **“Over it”**

- Do you feel this way about everything in your life or just parenting? Is there anything that helps you keep going?

## **Additional resources**

- PANDA (Perinatal Anxiety & Depression Australia) supports women, men and families across Australia affected by anxiety and depression during pregnancy and in the first year of parenthood. Call 1300 726 306, 9am-7:30pm AEST (Mon-Fri) [panda.org.au](http://panda.org.au)
- Lifeline provides 24-hour crisis counselling, support groups and suicide prevention services. Call 13 11 14, text on 0477 13 11 14 (12pm to midnight AEST) or chat online [lifeline.org.au](http://lifeline.org.au)
- Beyond Blue aims to increase awareness of depression and anxiety and reduce stigma. Call 1300 22 4636, 24 hours/7 days a week, chat online or email [beyondblue.org.au](http://beyondblue.org.au)
- MensLine Australia is a professional telephone and online counselling service offering support to Australian men. Call 1300 78 9978, 24 hours/7 days a week, chat online or organise a video chat [mensline.org.au](http://mensline.org.au)
- Suicide Call Back Service provides 24/7 support if you or someone you know is feeling suicidal. Call 1300 659 467 [suicidecallbackservice.org.au](http://suicidecallbackservice.org.au)
- RaisingChildren.net.au is an Australian parenting website that provides resources for fathers and all non-birthing parents [raisingchildren.net.au](http://raisingchildren.net.au)





# It's not just about what you say

Your non-verbal communication helps to build relationships, provides cues to unspoken concerns and/or emotions, and may help to either reinforce, or contradict, your verbal comments. Importantly, it can also show that you have empathy.<sup>26</sup>

If you are displaying positive body language, your nonverbal movements and gestures will be communicating interest, enthusiasm, and positive reactions to what others are saying.

Take a minute to reflect on your body language and how it may be helping or hindering your engagement with parents.



## Ask yourself the following questions:

- If meeting with two parents, do you regularly make eye contact with them both (unless there are cultural issues that preclude this)? Who do you look at most frequently? Do you display active listening skills, such as head nodding? Are your facial expressions appropriate? Do you use gestures that promote engagement (for example, welcoming hand motions) or detract from it (for example, fidgeting)?
- Do you routinely and actively include fathers and non-birthing parents throughout the visit? What is the position of your body in relation to each parent? Is the layout of the space designed for a group interaction? Are the chairs positioned to maximise everyone's engagement in the conversation?
- Do you use non-verbal cues to show that you believe the father is a capable and equal parent, such as handing the baby to them to hold during an examination?
- Do the images presented in your service, on your website and in written materials portray diverse parents? Are there pictures of fathers, same-sex couples, single-parents, etc.? Are the colours in your waiting room and on written materials appropriate to engage everyone (for example, not all pink)?



**The language we use and the (antenatal) environments are still geared towards women.**

– Health practitioner, Plus Paternal survey participant

## Service-level language and communication

Positive impacts on families will be amplified if health services take a whole-of-service approach to inclusive practice and use language across all communication formats that reflects fathers and non-birthing parents as valuable, competent, equal parents.

### Engage your colleagues to work through this service checklist:

- 1. Reflect on your service culture and the expectations of staff. Are all staff on-board with “family-centred practice” that includes and supports all family members? Is it discussed within teams?
- 2. Do your policies and procedures support the active inclusion and valuing of all parents?
- 3. Do you provide inclusive messages at all points of access for parents? For example, during appointments, when undertaking tests, when taking bookings, in education sessions, during postnatal stays, in written correspondence, etc.
- 4. Does your service routinely share information relating to fertility, preconception health, conception, pregnancy, birth, breastfeeding, and parenting with all parents?
- 5. Do you provide resources for each parent? There are an increasing number of resources available for fathers and non-birthing parents
- 6. How do you get information to parents who can't attend appointments? Do you ask the attending parents to pass written information on? Are both parents on your email lists?

- 1. Consider how gendered language is used across your health service. Mother-focussed terminology can give the impression that fathers and non-birthing parents do not belong and that the space is primarily reserved for mothers
- 2. Take a fresh look at your physical environment, publications, and marketing materials. Do they reinforce gender stereotypes about families and/or parenting roles? Have you completed an image audit to identify opportunities for improvement?
- 3. Do you understand what the experience is like for fathers and non-birthing parents at your service? Have you asked?

## Fathers ‘welcome’ is not enough

Many health organisations say that fathers, non-birthing parents and other partners are ‘welcome’ to attend and participate in their services. But what does this actually mean? That fathers can sit in if they'd like, or that fathers are invited by name and encouraged to attend? Or something else?

Unpacking the ‘welcome’ concept is an important step in increasing and improving the engagement of fathers and non-birthing parents. Although ‘welcome’ is a positive term which evokes warmth and inclusiveness, we would argue that it does not necessarily initiate the engagement of fathers and non-birthing parents in a sector that was not created for them, and has in many ways excluded them.

Some might also argue that the term ‘welcome’ provides an excuse for services (e.g. “We said they were welcome but they chose not to attend. We did our job.”).



The word can also feel like health services are welcoming an observer or third party, rather than an equal member of the parenting team.

### Moving on from welcome

There are two ways to change our messaging in relation to fathers and non-birthing parents:

- Our internal language (within the workplace)
- Our external language (to families/fathers, etc.)

**Internally, a shift from ‘welcome’ could move a health service to more of an active state, where they are ready and expecting fathers and non-birthing parents to participate. This would include building the knowledge and skills of practitioners to work with fathers and non-birthing parents, and for this to be seen as an important part of their job.**

External language and messaging might need to be a little different. The word ‘expected’ can come across as quite demanding and put parents off. Any expectations should be framed in relation to ‘if and when’ you can attend. Health services need to be flexible and to provide at least some after-hours or telehealth sessions to facilitate engagement.

### Services might choose phrases such as:

- We consider the participation of fathers and non-birthing parents to be necessary
- We strongly encourage fathers and non-birthing parents to attend
- The participation of fathers and non-birthing parents is really important

And go on to explain why. A simple rationale is that the participation of the ‘parenting team’ will mean both parents receive the information and skills needed to provide the best possible care for their child. Equal knowledge and skills set parents up as equal partners at home.

Moving beyond ‘welcome’ to inclusive practice starts with inviting fathers and non-birthing parents to participate, and being ready for them when they do.



### Key messages for fathers and non-birthing parents

- Becoming a parent is a significant life transition
- The whole family will benefit if you are engaged and informed before conceiving, through pregnancy and when the baby arrives
- By being involved you can help improve relationships within your family and contribute to healthier child development
- It’s okay to feel uncertain and to ask for help
- You will be able to build a strong bond with your child/children
- You’re an equally important parent
- Each parent will have their strengths, but both are equally capable of providing the care, comfort and support that children need
- Your health and wellbeing needs are important to the whole family



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## Contact information


1300 303 878

[info@healthymale.org.au](mailto:info@healthymale.org.au)

PO Box 7715  
Melbourne VIC 3004

**National office**  
Level 2, 492 St Kilda Road,  
Melbourne VIC 3004

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