



Fatherhood Talk Tuesday

January 12, 2021



Agenda



Housekeeping	Lisa Hong, NICHQ
Welcome	Brandon Wood, DHSPS
Introductions	Kenn Harris, NICHQ
Opportunities to Address Men's Health During the Perinatal Period	Bea Salvesen Von Essen, CDC/DDNID/NCCDPHP/DRH
Questions	All
Closing	Kenn Harris, NICHQ



Meeting Logistics

Please note the following:



- This session is being recorded, and will be archived for future viewing.



- All participants are muted upon entry. We ask that you remain muted to limit background noise.



- Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.

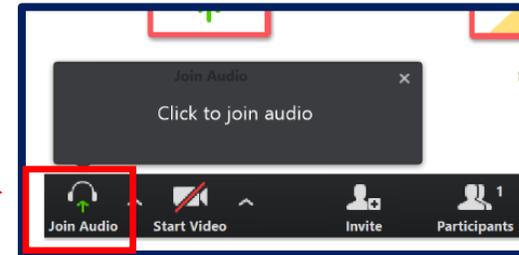
Connecting to the Audio Conference



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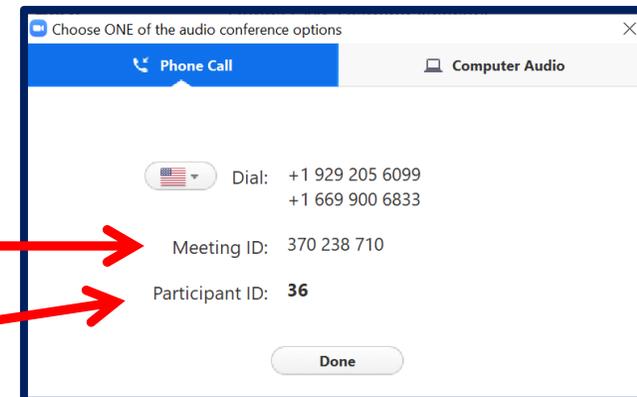
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- dial the number next to **"Dial"**
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- Then you will be prompted to enter the **"Participant ID"**



Ways to Participate: Chat



A screenshot of a Zoom meeting window. The window title is "Zoom Participant ID: 49 Meeting ID: 617-788-369". The main area shows meeting details: "Meeting Topic: Healthy Start Webinar", "Host: HS TA & Support Center", "Invitation URL: https://zoom.us/j/617788369", and "Participant ID: 49". At the bottom of the window is a toolbar with icons for "Join Audio", "Start Video", "Invite", "Participants", "Share", "Chat", "Record", and "Leave Meeting". The "Chat" icon is highlighted with a red box. A red arrow points from this box to a "Zoom Group Chat" sidebar on the right. The sidebar has a header "Zoom Group Chat" and a text input field "Type message here...". A red box around the input field contains the text "Chat here to everyone!". Another red box contains the text "After you click the 'Chat' button, a sidebar will appear where you can chat to all participants", with a red arrow pointing to the sidebar. A third red box contains the text "At the bottom of the Zoom window, you will see a 'Chat' button", with a red arrow pointing to the "Chat" icon in the toolbar. The "Share" icon in the toolbar is also highlighted with a red box and labeled "Share".

Welcome

Brandon Wood, DHSPS



Introductions

Kenn Harris, NICHQ



Upcoming Fatherhood Activities



- NPCL Fatherhood Training
 - Friday, January 15, 2021 from 12-4 PM ET
 - There are a few seats left! Email healthystart@nichq.org to register for this training.
- Initial Fatherhood Cohort Meeting
 - Wednesday, January 17 from 2-3:30 PM ET
- Building a Successful Fatherhood Program Workshop
 - Friday, January 29 from 11:30 AM-5:30 PM ET
- February Fatherhood Talk Tuesday
 - Tuesday, February 9 from 3-4:30 PM ET

Opportunities to Address Men's Health During the Perinatal Period

Bea Salvesen Von Essen
CDC/DDNID/NCCDPHP/DRH



Opportunities to Address Men's Health During the Perinatal Period – Puerto Rico 2017

Beatriz Salvesen von Essen, MPH; Katherine Kortsmit, PhD; Denise V. D'Angelo, MPH; Lee Warner, PhD; Ruben A. Smith, PhD; Clarissa Simon, PhD; Craig F. Garfield, MD; Wanda Hernández Virella, MPH; Manuel I. Vargas Bernal, MD

Morbidity and Mortality Weekly Report - January 1, 2021

Presenter:

Bea Salvesen von Essen, MPH
Project Coordinator (CDC Foundation)

Fatherhood Talk Tuesday Webinar
January 12, 2021

BACKGROUND

When compared to women:

- **Men are less likely to see or talk to a healthcare professional¹**
 - May limit opportunities for providers to engage with men regarding their own health.
- **Men have lower life expectancy and higher prevalence of substance use, cardiovascular disease and suicide.²**



BACKGROUND (continued)

- Studies have found **adverse associations between the transition to fatherhood and men's poor physical³ and mental health⁴.**
- Men's poor health can negatively impact paternal involvement⁵
 - Paternal involvement during pregnancy has been associated with maternal adoption of healthy prenatal⁶ and postpartum behaviors⁷
 - Paternal engagement with their children has also been associated with improved child outcomes⁸
- Addressing men's own health needs is especially important as they transition into fatherhood.



RESEARCH QUESTIONS

- What proportion of men in Puerto Rico attended a healthcare visit for themselves prior to their infant's birth?
- What proportion of men attended prenatal health care visits and their infant's delivery?

METHODS

- **Pregnancy Risk Assessment Monitoring System– Zika Postpartum Emergency Response (PRAMS-ZPER)**
 - Two-phase collaborative study between the Puerto Rico Department of Health and the Centers for Disease Control and Prevention
 - Stratified hospital survey of women with a live-birth in hospitals with ≥ 100 births in Puerto Rico
 - Collected data on maternal experiences and behaviors during and after pregnancy related to Zika virus

METHODS (continued)

- **Phase 2 of the PRAMS-ZPER study included:**
 - Educational component
 - Paternal/partner survey
- **In-hospital paternal/partner survey**
 - Survey of partners/infant's fathers of sampled women (not dependent on maternal participation)
 - Collected data on paternal/partner knowledge, experiences and behaviors before and during pregnancy related to Zika virus and pregnancy involvement
 - Data collected in the hospital, after infant's birth

METHODS (continued)

- **Analytic Sample**

- 1,178 fathers (76.7% response rate) of live-born infants who completed in-hospital surveys

- **Statistical Analysis:**

- Data weighted to account for the complex sampling design.
- Weighted prevalence and 95% confidence intervals (CI) were calculated for attendance at healthcare visits and pregnancy involvement by paternal age, education, employment, and insurance coverage.

Results

Paternal Characteristics of Respondents

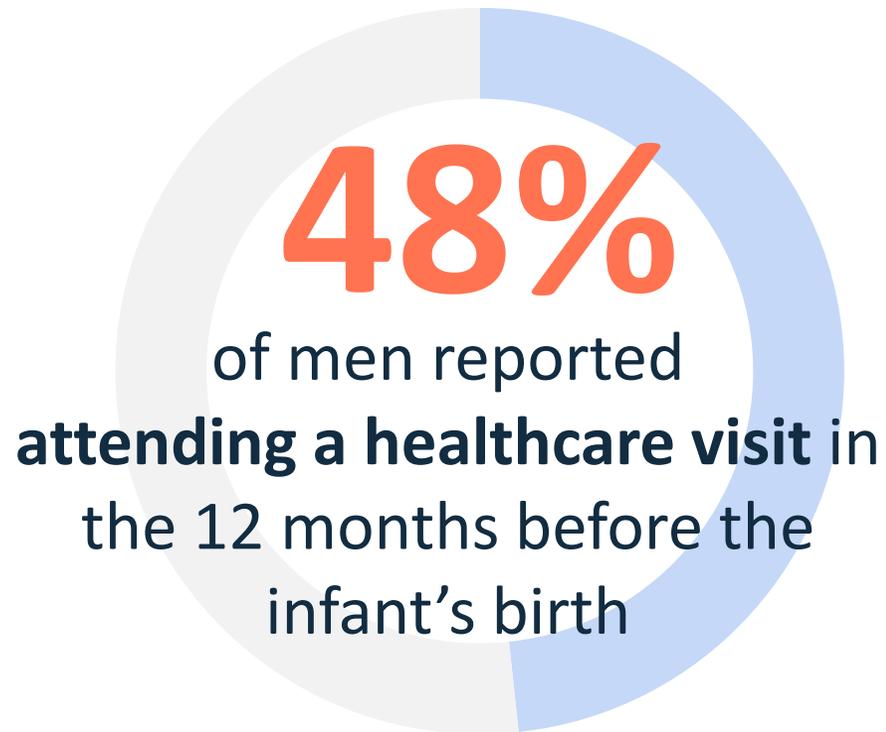
Socio-demographic characteristics

- Most were **Hispanic** (98%)
- Were **25 years or older** (74%)
- At least some **college education** (64%)
- Were **employed** (85%)
- Reported having **health insurance** (86%)

Fatherhood characteristics

- Less than half were **first-time fathers** (46%)
- More than half reported the **pregnancy was intended** (53%)
- Most reported **living with the infant's mother** during the entire pregnancy (84%)

Men's Attendance at Healthcare Visits



Attendance at health care visits was higher among men who:

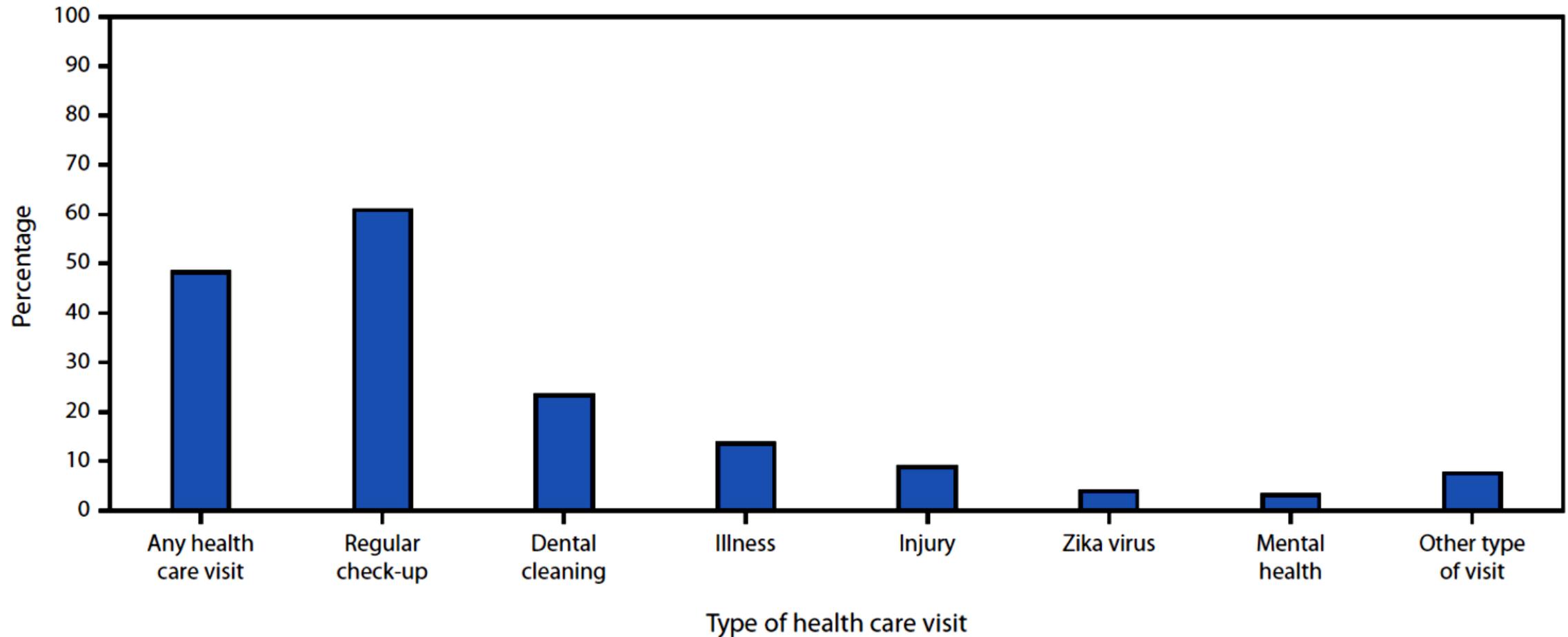


Completed college, compared with men with a high school education or less



Were insured compared with those who were uninsured.

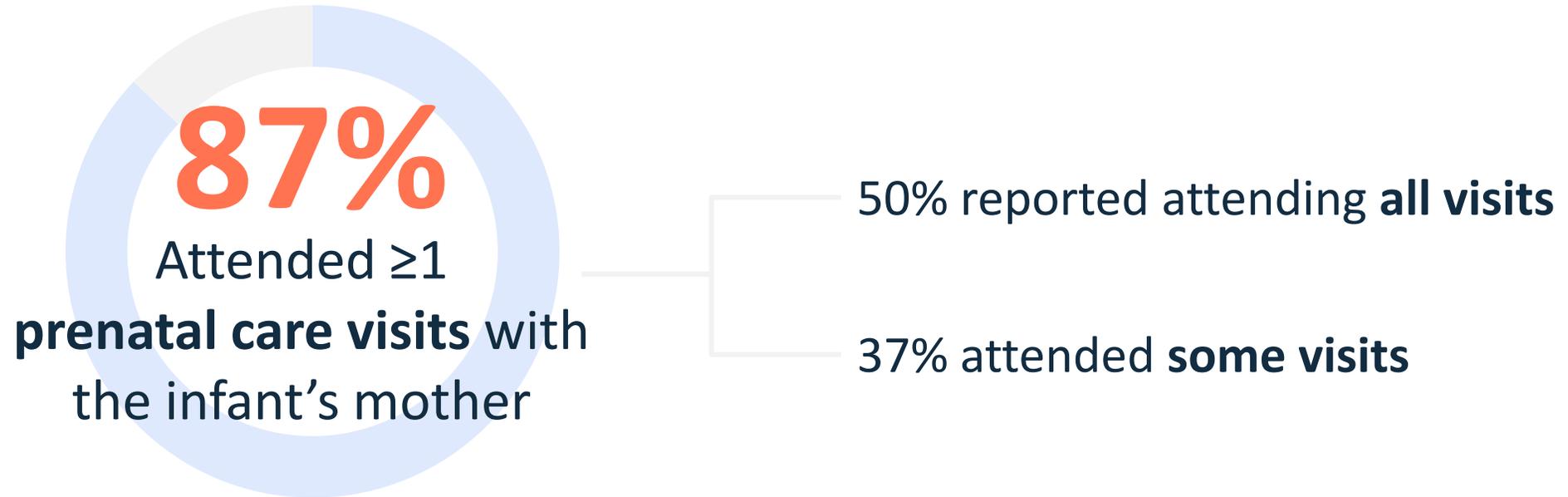
FIGURE. Percentage of health care visits* attended in the 12 months before the newborn's birth among recent fathers in Puerto Rico reporting any health care visit, by type of visit† — Pregnancy Risk Assessment Monitoring System-Zika Postpartum Emergency Response Study, Puerto Rico, 2017



* Among all respondents.

† Among respondents who reported having a health care visit.

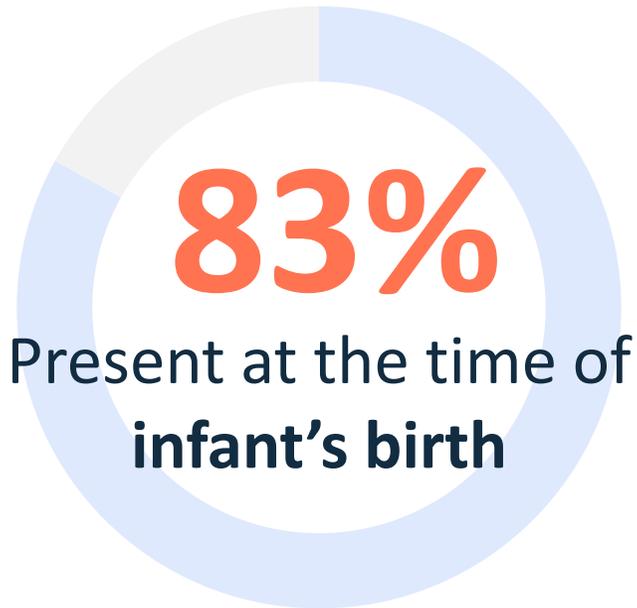
Men's Attendance at Prenatal Care Visits



MOST COMMON REASON FOR NOT ATTENDING PRENATAL CARE VISITS

Inability to take time off from work or school (81%)

Men's Attendance at Infant's Birth



MOST COMMON REASONS FOR NOT ATTENDING THE INFANT'S BIRTH

Birth occurred unexpectedly (31%)

Not being allowed by medical staff (26%)

Participation in Selected Pregnancy-related Activities



93% purchased **supplies for the infant** (crib, stroller, clothing, diapers, bottles, blankets)



92% prepared the home by setting up a space for the infant



91% talked with the infant's mother about pregnancy, birth, and caring for a new infant



71% sought information about pregnancy and birth on the internet or other places

SUMMARY OF FINDINGS

- Only about 1 in 2 men attended a healthcare visits for themselves, but over 4 in 5 men attended prenatal care visits and delivery with the infant's mother.
- Most men were also involved in preparing for the arrival of the infant.
- These findings suggest that the perinatal period may be an opportune time to engage with men about their own health and their influence on their families' health.

STRENGTHS

- Large, representative sample of fathers in Puerto Rico
- High response rates

LIMITATIONS

- Data may not be representative of all fathers
 - Self-reported data, subject to recall and social desirability bias
 - Data were collected after the Zika virus outbreak and in the aftermath of hurricanes Irma and Maria
 - Analysis does not address barriers to seeking health care
- 

CONCLUSION

- Perinatal visits may allow providers to talk to men about their own health and discuss opportunities for them to positively influence their family's overall health.
- There may be opportunities to include public health messaging targeted toward men throughout sources for obtaining pregnancy-related information or supplies.
- Further research is needed to understand the optimal approaches for integrating health messages for men into activities and encounters during the perinatal period.

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Acknowledgments

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PRAMS-ZPER Interviewers

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Field Sites

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Zika Pregnancy and Birth Defects Task Force

Pregnancy and Birth Defects Surveillance Team



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Morbidity and Mortality Weekly Report (MMWR)

Opportunities to Address Men's Health During the Perinatal Period — Puerto Rico, 2017

<https://www.cdc.gov/mmwr/volumes/69/wr/mm695152a2.htm>

Additional information on PRAMS-ZPER:

<https://www.cdc.gov/prams/special-projects/zika/index.htm>

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Q&A

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