The Royal baby and modern fatherhood

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Prince William has made it to hospital for the birth of his first child, it has been reported, with no need for a dash back from Anglesey - but new ethics research from the University of Birmingham says that the culture of fathers being involved in all aspects of antenatal and maternity care, including the birth, may mean that men experience the disadvantages of the 'medicalisation' of pregnancy without the attendant advantages it offers mothers.

Equal involvement between parents is an aspiration of modern fatherhood, and the Prince is no different to most other modern fathers in wanting to be at the birth. But, the researchers say, creating the expectation that to become a good father a man should be present at all antenatal appointments and in attendance at the birth may reflect the same medicalisation of pregnancy and birth for fathers that is already well documented in the case of mothers.

The researchers, **Professor Heather Draper (http://www.birmingham.ac.uk/staff/profiles/haps/PrimaryCareClinicalSciences/draper-heather.aspx)** and **Dr Jonathan Ives (http://www.birmingham.ac.uk/staff/profiles/haps/PrimaryCareClinicalSciences/ives-jonathan.aspx)**, from the Medicine, Ethics, Society and History Unit at the University of Birmingham, argue that medicalisation of pregnancy – that is, defining pregnancy as a 'health condition' which requires medical intervention and treatment – is often mitigated for women because it reduces the risk of morbidity and mortality in pregnancy, regardless of the social impact. But there is currently no such mitigation for men.

Moreover, whilst men may have a personal interest in attending antenatal appointments and ultimately the birth, public policy encourages them to do so to maximise the chances of engaged fathering in the future, improving outcomes for their children. It is also thought to improve maternal outcomes. But because the involvement of fathers is justified as a means and not ends in itself, there is little impetus for services to accommodate men's concerns or the effect of a pregnancy on their own health and wellbeing.

In order to more effectively engage men early in pregnancy, additional support, outside the context of health care, for fathers who need it is suggested. Prof Draper and Dr Ives argue that health care services are not necessarily best placed to facilitate a man's transition towards active and involved fatherhood.

Prof Draper said: "The difficulty lies in identifying those men who need additional support and those who do not – and deciding whose job it is to provide it."

"Many, if not most, men want to be involved in pregnancy and birth, but the current emphasis on attendance in a medicalised setting risks producing a very thin notion of what it means to be a good father. How involved Prince William is during this time, and what form his involvement takes, is up to the royal couple alone. Nothing should be read into what kind of a father he will be by the decision they make about his attendance at the birth. This decision should be theirs alone, and not one that should be influenced by public opinion – nor ours for that matter."

The authors caution that the ethical tensions generated when the modern father-to-be is involved in antenatal health care and birth have not been given the attention they deserve.

The justifications for a man's involvement in his partner's pregnancy, namely his own future parental responsibilities, being the mother's advocate and protecting his child's interests, may require healthcare practitioners to be sensitive to the delicate balance of potentially competing interests and obligations.

Dr Ives said: "This does not mean Prince William or any other father should not be involved with antenatal care or be present at the birth. There are at least three good ethical justifications for fathers being there. However, it can be difficult for a father to fulfil all three roles flowing from these justifications simultaneously – especially against the backdrop of the medical setting, where men are, as a matter of necessity given modern medical norms, treated as guests rather than full participants."

In particular, the research highlights the tensions that any father may experience when he acts as the mother's advocate in the delivery suite. An advocate, the researchers argue, is not free to represent any of his own views or concerns about the pregnancy. The job of an advocate is only to ensure she gets the care she wants and to represent her views – not his own.

This is at odds with the justification of men being involved in order to shape their own future responsibilities – the notion that decisions to be made during pregnancy and childbirth could affect the unborn child which could, in turn, affect the nature of the responsibilities of both parents.

Equal decision-making is, however, Dr Ives and Professor Draper argue, potentially fraught with difficulties when parents do not have the strong relationship that the royal couple seems to enjoy. A father is unlikely to be at antenatal appointments or the birth at the women's invitation if their relationship has broken down. Nonetheless, if a father is justified in wanting to protect the future well-being of his child, his views about these interests should carry equal weight to the mother's in the case of any intervention which does not affect her body.

The research, Men's Involvement in antenatal care and labour: Rethinking a medical model is published in the July issue of Midwifery.

Notes to editors

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