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The Breastfeeding Team: The Role of Involved Fathers in the Breastfeeding Family

Lynn A. Rempel, RN, PhD, and John K. Rempel, PhD

Abstract

Fathers influence mothers' breastfeeding decisions and experiences. Fathers' perceptions of their roles as members of the breastfeeding family are likely important components of that influence. To explore that possibility, 21 involved fathers of breastfeeding babies volunteered to be interviewed regarding their fathering breastfed babies and their roles in the breastfeeding family. Fathers identified their unique roles as team members ensuring that their babies received the benefits of breastfeeding. A primary fathering role was that of supporting breastfeeding by becoming breastfeeding savvy, by using their knowledge to encourage and assist mothers in breastfeeding, by valuing the breastfeeding mothers, and by sharing housework and child care. Fathers' nurturing roles involved fostering positive father-infant relationships in the face of limited opportunities to bond with their babies through feeding. The experiences of these fathers suggest the importance of assisting them to recognize their unique contributions to the nurture of their children as members of the breastfeeding team. *J Hum Lact.* 27(2):115-121.

Keywords: fathers, support, father-infant relationship, breastfeeding family, partner influence

Research into the role of the father in the breastfeeding family is relatively new, and those who have examined the father's influence have often asked the mother for her perspective on his role. Studies asking men directly about their breastfeeding-related experiences are rare, and the studies that do exist have predominantly focused on the "dark side" of the father's experience with breastfeeding. Fathers lament their inability to nurture and bond with their children through feeding, and they express jealousy at the unique relationship

shared by mother and child.¹ Fathers are portrayed as "postponing"² or waiting until they can form a closer feeding bond with their weaned children. Other types of interaction, such as playing, bathing, and diapering, are seen as compensating for the feeding deprivation. Of course, the exclusion that men experience may not be limited to breastfeeding,³ but feeding is an important symbol of intimacy.⁴

There is evidence that fathers play a significant role in influencing infant-feeding decisions. Mothers are more likely to initiate breastfeeding and continue to breastfeed when they believe that their partners have positive attitudes toward breastfeeding.⁵⁻⁸ Fathers' actual prenatal breastfeeding beliefs exert additional influence on mothers' breastfeeding intentions and behavior.⁹ Fathers are considered an important source of breastfeeding support,^{5,7,10,11} and there is some evidence that their knowledge of the benefits and management of breastfeeding can affect initiation and duration.^{7,12-17}

Despite fathers' demonstrated influence on mothers' breastfeeding behavior, there has been little investigation of the myriad ways through which this influence might be actualized. In interviews with 8 fathers in Britain, Sherriff et al¹⁸ found that fathers believed breastfeeding to be the best way to feed their babies and that they supported breastfeeding in a variety of

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ways, including taking care of household tasks, offering emotional support and advice, and supporting breastfeeding in public. Thus, preliminary evidence shows that fathers' perception of their broader roles as members of the breastfeeding family may be important factors influencing mothers' breastfeeding decisions and experiences. To explore this in depth, we conducted a qualitative study in which we asked fathers to describe what it is like to be the father of a breastfed baby and what role they play in the breastfeeding family.

Method

Twenty-one couples in which the mother was currently breastfeeding participated in 30- to 50-minute interviews conducted in their own homes. Couples were recruited to participate in a study of the father in the breastfeeding family, through posted flyers at provincial parenting resource centers in 2 regions in Ontario, Canada, and through in-person invitations at mother-infant play groups and fathering groups offered by the centers. Attempts were made, without success, to recruit young high-risk fathers attending fathering groups. Other participants were recruited by snowballing technique via previous participants or health professionals aware of the study.

A sex-matched researcher (the first or second author) interviewed participants separately in the couples' home. This report is limited to the results from the fathers' interviews. To elicit the most salient, "top of head" aspects of the fathers' experiences, the semistructured interview opened with the question "What is like to be the father of a breastfed baby?" Probes included questions regarding how fathers might influence the breastfeeding process, including examples of possible forms of supports, such as help with household tasks and child care. Men were asked about the ways in which they created an emotional bond with their infants and to speculate on how their experiences may have differed from the experiences of fathers of bottle-feeding infants. Analysis of early interviews led to probes regarding how breastfeeding might have affected the couple's relationship. The interview concluded with the question "To summarize, in a nutshell, what do you think is the role of a father in the family when the mother is breastfeeding?" The study procedures received approval from the research ethics boards of Brock University and the University of Waterloo and were followed as proposed. Interviews were tape recorded and transcribed verbatim. Three interviews were not recorded due to technical

difficulties. Each individual was mailed the transcript of his interview and given the opportunity to contact the researchers if he wanted to clarify any content. No participant requested any changes.

Both researchers, as well a research assistant with experience coding open-ended data, independently coded transcripts. In vivo codes were identified to describe aspects of fathers' experiences and then combined to form categories and themes explaining similarities and variances in the data. Researchers compared, discussed, and agreed on codes and themes. Analysis of early interviews led to deeper exploration of preliminary categories in future interviews. Recruitment and data collection continued until saturation was achieved regarding fathers' breastfeeding influence, fathering, and relationship effects. Relationships between categories were explored and the core theme determined—namely, *the breastfeeding team*.

Results

Participant Characteristics

Fathers' ages ranged from 27 to 48 years (median, 33); mothers' ages, from 21 to 38 years (median, 31); and breastfed children, from 1 month to 4 years (median, 7 months). For 13 couples, this was their first child. Income information was not collected. However, all fathers were employed, and except for one couple who lived in a moderately priced apartment, couples lived in semidetached or detached houses, suggesting middle- to upper-middle-income levels. Most mothers were also employed. However, since Canadian Employment Insurance provides up to 50 weeks of maternity leave benefits, few were working at the time of the interview.

What Is It Like to Be the Father of a Breastfeeding Baby?

When asked this "grand tour" opening question, fathers generally focused on the pleasure of knowing that their babies were obtaining the benefits of breastfeeding; they also focused on their role in supporting the breastfeeding mothers. They frequently used the term *we* when talking about breastfeeding, suggesting their roles as integral members of the breastfeeding team. Some identified the impact on their own lives in terms of convenience (eg, not needing to get up at night or prepare formula), whereas others spoke of inconveniences (eg, being disturbed by frequent nighttime feedings). Few focused on their roles as fathers, but those who did expressed ambivalence about being

on the periphery of their babies' lives (because they were limited in their ability to bond via feeding) or indicated that being the father of a breastfeeding baby is the same as being the father of any baby. During the interviews, fathers elaborated on the themes uncovered in the opening question.

The Pleasure They Derive From Knowing That Their Children Benefit From Breastfeeding

Fathers described breastfeeding as healthy, pure, natural, and beneficial. One father said, "I think it's very nutritious for him and I think it's essential for him." They appreciated seeing their infants receive the advantages of breastfeeding and sometimes of extended breastfeeding, including essential nutrients, vitamins, and antibodies. Fathers also expressed pleasure from observing the bond between mother and child. One father explained, "The bond is so nice to watch, you know, as they get older. Like when he was 8, 9, 10 months it was so cool to see that they had that bond and everything was working right."

Teamwork

Many fathers saw breastfeeding as a team endeavor and characterized themselves as supporting cast members to the mothers' starring roles. One father summed up his role as "a support person . . . almost like a checking line as opposed to scoring line. She's doing the big good stuff and I'm just supporting her to get that done." Another father used the words "assisting her or coaching" to describe his role when his partner was going through a difficult time of establishing breastfeeding.

Several fathers were involved in decisions about whether or how long to breastfeed. One said, "My wife and I decided that we were going to do this." Another talked about their decision-making process regarding breastfeeding duration: "I guess we mutually came to the agreement that we didn't feel there was anything unhealthy about continuing to breastfeed longer and I supported it then." Although all fathers thought that mothers had the final say, some had strong opinions about the importance of breastfeeding. One said, "I have always pushed it with her to. Even if she would want to stop I don't think I would just let her stop right away." Once breastfeeding and other parenting decisions had been made, fathers generally wanted to present a unified stance with family and friends. It was important to bolster their belief that, as a team, they were making the best decisions for their child and themselves.

Fathers' most common roles as team members involved sharing parenting and household tasks, but the most important team role was that of supporting the mother and facilitating breastfeeding. Fathers described many ways by which they supported their breastfeeding partners. These include several forms of emotional and instrumental support.

Encouragement to continue breastfeeding. Fathers often noted how difficult and demanding breastfeeding is for the mother, especially in the early weeks. Working together to overcome early breastfeeding problems was significant for many couples. For example, one father proudly said, "We've made it this far and there's no stopping us now." Another father acted as a cheerleader, urging his partner to persevere: "Just being there and saying, you know, 'Hey, this is excellent, you're doing a great job, don't stop now, you've gone this far, we've gone this far.'" Another described supporting his wife by allowing her to vent to him when she was feeling frustrated with her breastfeeding experience and her perceived lack of help from hospital staff.

Breastfeeding savvy. Many fathers were involved in learning and sharing knowledge about breastfeeding. Some fathers learned about breastfeeding from only their partners, but others learned by attending prenatal and breastfeeding classes, searching the Internet, and reading books and magazines. Some fathers used their knowledge to remind mothers of the benefits of breastfeeding when they felt discouraged about breastfeeding challenges.

Several fathers paid attention to nurses and lactation consultants while they were helping the mother with breastfeeding, to be the mother's memory when she could not take in all the advice. Fathers used their knowledge of breastfeeding resources to encourage mothers to seek out professional breastfeeding support and, sometimes, to contact the midwife or consultant directly. Some fathers suggested potential solutions to breastfeeding problems, such as altering breastfeeding positions. Given what he had read, one father—whose wife was frustrated regarding ongoing use of nipple shields—proposed that she try breastfeeding without the shield, and "she was very hesitant at first but then she tried it and that's what worked."

Some fathers shared breastfeeding information with family and friends. One father talked about cutting articles out of the newspaper and giving information on the value of breastfeeding to friends to garner their

acceptance of his wife's continued breastfeeding. Another father demonstrated his breastfeeding support by contacting a formula company to complain about being mailed formula in a gift package.

Valuing the breastfeeding mother. All fathers valued their partners' decision to breastfeed. One father said, "I think we should be grateful that the mother is willing to do that because it's such a health benefit for the baby." Fathers expressed that valuing to mothers in verbal and nonverbal ways. One father described how he would note the baby's developmental and physical progress and attribute it to breastfeeding. Another talked about expressing his appreciation: "[You] gotta let them know that they're beautiful and what they are doing is beautiful." However, as one father said, "a lot of the support is nonverbal. . . . It's just you being happy." Other fathers identified the importance of their physical presence in the breastfeeding moment as a message of value and support for the breastfeeding mother.

Fathers also valued the breastfeeding mother by trusting, respecting, and supporting her personal choices. One father, though willing to help if asked, did not provide much direct support, because his partner was a capable mother who was having no problems and enjoyed her mothering and breastfeeding role. His role involved "giving her space to do that thing, to do that thing that inspires her, to be that mom and do those motherly things." Another said, "I'm not gonna stand here and tell you what the right thing to do in this situation is. It's like 'I trust you. You can do it.'" Such support was also important if the mother decided to stop breastfeeding. One father identified the need to "play both sides of the fence" in the beginning by doing what he could to support continued breastfeeding while telling his wife that she could use formula if needed. Another father said, "Don't make them feel bad if things don't work out. Ahh . . . just do your best and, I guess understand that at the end of the day, if the baby isn't breastfed, it's not the end of the world, the baby's not gonna die."

Similarly, fathers' realistic and understanding expectations of the mothers' time and energy demonstrated respect. One father said, "Where you think that something needs to get done, don't get upset that they're not done." Some fathers also recognized that the energy required for breastfeeding might limit the energy available for the couple's relationship. For one father, this meant "not putting any demands on the intimacy as much beyond what she would be interested in." Fathers also

talked about the importance of remaining aware of how the mother is experiencing breastfeeding. One father advised, "Ask her how it's going. Ask her how she is feeling."

Another choice that often required valuing and support was whether to breastfeed in the company of others, either at gatherings with family or friends or in public places. Fathers expressed their comfort levels with this decision. Sometimes their support involved talking to others about the normalcy of breastfeeding in the company of others.

Household support. Fathers frequently provided concrete forms of instrumental support. One father said that his role was to "support the mother in ensuring any task that would distract her or anything that she would worry about as a result of breastfeeding, not being able to do things, those tasks are taken care of." For example, many fathers were involved in cooking, often as a way of "refueling" the mothers who were giving nutritionally to their babies.

Assistance while breastfeeding. Fathers often tried to anticipate ways to facilitate mothers' comfort while breastfeeding. One father said that he would "provide a glass of water, food, whatever is needed." Fathers would bring pillows or a stool and help their partners find comfortable and effective nursing positions. Several fathers also provided assistance with the use of breastfeeding equipment. When mothers needed a lactation aid to support breastfeeding, some fathers were directly involved in providing the extra pair of hands required to place the tube and hold the formula. When mothers chose to pump breast milk, fathers were often involved, particularly with preparing the pump. One couple found that they were able to pump breast milk more effectively if the father pumped one breast while the mother was nursing on the other.

Assisting with breastfeeding sometimes involved reducing distractions to allow the baby to breastfeed, especially with older babies who were attuned to ambient activity. As needed, fathers removed siblings, pets, and sometimes himself from the vicinity. One father explained, "I often find other things to do so that they can have the time alone." When the mother was uncomfortable breastfeeding in the presence of others, fathers reported entertaining company to allow the mother to breastfeed in another part of their home or joining the mother so that she was not alone when breastfeeding at the home of others.

Child care. Most fathers reported supporting breastfeeding by engaging in child care. Fathers helped with burping, diapering, bathing, and calming the baby—whatever was needed. They also cared for older children so, as one father said, “she has less things to be stressed about.”

Several fathers described providing mothers respite from the babies to give them personal time for relaxation or rejuvenation. For example, one mother liked to play hockey; for her, it was a physical and mental outlet. The father accompanied his wife to her games with the infant so that the infant was readily available to breastfeed as needed. Although no father reported feeding a bottle at night, several fathers assisted by taking care of babies before and after night feedings to help the mothers obtain needed sleep.

Being the Father of a Breastfed Baby Is Not Unique, But . . .

Fathering a breastfed baby is normal and pleasurable and frequently characterized as being similar to fathering a bottle-fed baby. Some fathers identified advantages and disadvantages of breastfeeding in terms of their lives. Advantages included more sleep at night and no formula preparation. Inconveniences were typically discounted in light of fathers’ positive attitude toward breastfeeding. One said, “I am still awake often in the night, but the experience as a whole is really good.” Another noted, “It’s interfered with aspects of our life but compared to the benefits it’s nothing.”

Patiently waiting for his turn. The most significant disadvantage—and the one met with most ambivalence—is that breastfeeding reduces fathers’ ability to feed their babies. As one father said, “you do lose some of the, some of the joy of feeding him,” The inability to feed sometimes undermines fathers’ sense of bonding with their infants. One father equated getting food with a baby’s feeling of closeness and safety. Another father missed the experience of the prolonged gaze that he observed during breastfeeding. “Where if I’m changing him, he’s looking at me but he’s also kinda looking around, but with a bottle, he’s looking right at you. Same thing with breastfeeding, he’s just looking at mom. So that part I won’t have.”

Fathers demonstrated a range of responses to their inability to feed their children. At one end of the continuum were a small number of fathers for whom breastfeeding was part of the natural progression of parenting

from primarily mother centered to a more shared process, and they expressed no desire to feed their children and upset the natural order. For fathers at the other end, feeding the baby was very important. One father stated, “I can’t feed him, which is a big downside.” However, most fathers wanted involvement in feeding but willingly delayed that experience for the benefit of their children. Some satisfied their desire to bond through feeding expressed breast milk; others waited patiently until they could feed solid foods. “I don’t get to bond with him as much as she does. . . . Since we started him with solids, there has been a good balance.” Fathers also often found other ways to forge their relationships with the baby. As one said, “I haven’t really had the experience with the bottle-feeding, but it’s not something that I would sacrifice the benefits of breastfeeding to have. I do other things, in fact I’m very involved.”

Bonding “in the feeding zone.” Some fathers chose to increase feeding-related bonding by participating in the breastfeeding experience. These fathers enjoyed sitting beside the mother, talking or singing to his infant, and burping or diapering immediately after feeding to allow them to bond while the infant “is still in the feeding zone.” One father described his involvement in the breastfeeding moment: “Especially in the early days I was there nearby stroking the baby, so it ends up, feeding becomes a family effort.” Fathers also described initiating the breastfeeding moment by recognizing signs of hunger or encouraging breastfeeding to soothe the baby.

Nurturing. Almost all fathers wanted to be involved in nurturing their infants. There was a general sense that “the mother is the best nurturer of the baby, but the father can bring so much to the table as well.” Fathers sang, walked, rocked, and comforted their babies. Most fathers described playing with their babies, often engaging in physical or active play that would prompt the babies to smile and laugh. Many fathers developed rituals for spending time with the babies. Bathing was often a special father-baby time. Fathers also found their own masculine ways of nurturing, such as holding their infant with their strong arms and talking to the infant in their deeper voice. One father talked about feeling the bond when his baby “relaxes, head down on my shoulder.” Another father talked about his baby’s reaction to his ritual of rubbing her stomach. “You kind of knew she loved this and that would be part of our little time.”

Fathers recognized the large range of experiences that facilitate the development of the father-child relationship.

Everything creates a little bit of a bond here and there. Even the bad things, when she's crying at night, holding her and soothing her you know to the wee hours. Its hard but the difficult thing to do, you're tired and no one likes a crying baby, but knowing that you're there for your baby is creating an emotional bond.

At times, the strong, often preferential relationship that the baby had with the mother caused fathers to feel some jealousy. One father expressed his ambivalence about such feelings by saying, "I would say once or twice it has bothered me that they baby has gone to [the mother]. But then I thought why should it bother me. I truly don't care." Fathers with older children noted the transitory nature of that preferential relationship with the mother and recognized that all relationships with their children changed over time.

Change in relationship with mother. Some fathers perceived that the couple relationship had changed, although most were unsure whether that was just due to being new parents. Working through breastfeeding challenges together was sometimes understood as being beneficial to the couple's relationship. According to one father, "I respect my wife more and I certainly feel close to her . . . when I look at her and my daughter because I have been there for those tough periods."

Some fathers identified relationship strains, including changes in physical intimacy related to mothers' discomfort with having their breasts touched sexually. Fathers sometimes expressed appreciation for the mother's increased breast size, although there was some ambivalence about "sounding like a pig." Fathers whose children slept in their beds often appreciated the convenience and limited nighttime interruptions but were not uniformly happy with the crowded bed or the limitations on the couple's intimacy. Two fathers talked about decreased couple time and irritability due to fatigue but suggested that it was mostly due to parenting.

Discussion

As one of the few studies of fathers and breastfeeding that asks fathers about their experiences, the present research expands on previous studies by obtaining a complex picture of the positive contributions that fathers make in the breastfeeding family, as

well as some of their negative experiences. It also goes beyond previous research that identified the importance of father's breastfeeding support by amplifying on the varied ways that such support takes place.

In response to the initial question regarding what it is like to be the father of a breastfed baby, fathers tended to focus on breastfeeding more than on fathering, perhaps because the consent information indicated that participants would be interviewed about the father's role in breastfeeding. Even so, throughout the interviews, their fathering role seemed secondary to the value of breastfeeding for their children. Of paramount importance to them as fathers was support for the mother as she provided for their child's well-being.

Supportive actions remove stressors so that the mother is enabled to breastfeed successfully. Support must also be responsive to the mother's needs in ways that are feasible for the father. Fathers described providing many forms of direct and indirect support to their breastfeeding partners, including verbal and non-verbal encouragement to continue. This was often enhanced when fathers became breastfeeding savvy, learning about breastfeeding and using their knowledge to assist the mother and reinforce her breastfeeding decisions. Fathers' expressions of valuing the breastfeeding mother were perceived as important forms of emotional support. Forms of instrumental support ranged from engaging in household tasks and child care to direct assistance with the act of breastfeeding.

As previously described by Jordan and Wall,¹ some fathers indicated that breastfeeding placed them more on the periphery in terms of bonding with their children. When fathers are characterized as being deprived, their supportive and nurturing behaviors are seen as ways for them to compensate for the loss of feeding-based intimacy as they postpone full bonding until their children are weaned.² Certainly, some fathers in this study patiently waited for their turns to fully bond with their children, but most did not express a sense of exclusion or emotional distance from them. Rather, they saw themselves as part of a team, working in tandem with the mother to provide the best for their child. They experienced convenience and hassles, pleasure and frustration. Their relationships changed, sometimes strengthened and sometimes strained. Fathers recognized that parenting is a significant transition that results in a range of experiences that are unique to each family.

In this teamwork approach, the men found their own unique roles. Some provided instrumental or emotional support from a distance, whereas others participated directly in the "feeding zone." All fathers found their

own ways to relate to their babies and partners. These supportive and nurturing behaviors were not seen as compensatory but as important contributions in their own right.

A limitation to this study is that, despite attempts to recruit a range of couples through a publicly funded parenting resource center, these volunteer participants may have been more supportive of breastfeeding and involved in breastfeeding than others. However, given that fathers in North American society are showing increased family involvement,¹⁹ the extent to which our sample was unusually supportive is a question for future research. Another possible limitation is that probes in the interview guide might have resulted in greater mention of household help, child care, and emotional support than that found in a completely open-ended interview. However, these themes were identified through responses to the initial grand tour question and would thus have been identified even without the probes. Future research should examine the prevalence of the behaviors identified in this study and the effects of those behaviors on fathers and breastfeeding mothers.

These findings are relevant for the many fathers who desire involvement in the lives of their breastfeeding children. Health care providers should be encouraged to acknowledge fathers as members of the breastfeeding team and to engage fathers in learning about breastfeeding and the many possible forms of breastfeeding support. Each father should be encouraged to communicate with his partner about her goals and desires for breastfeeding and regularly negotiate the type and amount of involvement that both parents want the father to have. Such negotiation might be particularly important; there is some evidence that encouraging fathers to take on roles that conflict with their self-images could negatively affect breastfeeding duration.¹⁷ Future research should examine the nature and impact of the negotiation of fathers' roles in the breastfeeding family. At this point, given the experiences of the fathers in this study, we suggest that they be presented with a range of possible supportive behaviors and empowered to explore and determine their own unique roles as integral parts of the feeding process—one in which although they may be the “supporting actors” and the mothers the “stars,” both roles are essential and worthy of acclaim.

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References

- Jordan PL, Wall VR. Breastfeeding and fathers: Illuminating the darker side. *Birth*. 1990;17:210-213.
- Gamble D, Morse JM. Fathers of breastfed infants: postponing and types of involvement. *J Obstet Gynecol Neonatal Nurs*. 1993;22:358-365.
- Nystrom K, Ohrling K. Parenthood experiences during the child's first year: literature review. *J Adv Nurs*. 2004;46:319-330.
- Goodman JH. Becoming an involved father of an infant. *J Obstet Gynecol Neonatal Nurs*. 2005;34:190-200.
- Bar-Yam NB, Darby, L. Fathers and breastfeeding: a review of the literature. *J Hum Lact*. 1997;13:45-50.
- Freed GL, Fraley JK. Effect of expectant mothers' feeding plan on prediction of fathers' attitudes regarding breastfeeding. *Am J Perinatol*. 1993;10:300-303.
- Giugliani ERJ, Bronner Y, Caiaffa WT, Vogelhut J, Witter FR, Perman JA. Are fathers prepared to encourage their partners to breast feed? A study about fathers' knowledge of breastfeeding. *Acta Paediatr*. 1994;83:1127-1131.
- Scott JA, Binns CW, Aroni RA. The influence of reported paternal attitudes on the decision to breast-feed. *J Paediatr Child Health*. 1997; 33:305-307.
- Rempel LA, Rempel JK. Partner influence on health behavior decision-making: Increasing breastfeeding duration. *J Soc Pers Relat*. 2004;21: 92-111.
- Giugliani ERJ, Issler RMS, Justo EB, Seffrin CF, Hartmann RM, Carvalho NM. Risk factors for early termination of breastfeeding in Brazil. *Acta Paediatr*. 1992;81:484-487.
- Scott JA, Binns CW. Factors associated with the initiation and duration of breastfeeding: a review of the literature. *Breastfeed Rev*. 1999;7: 5-16.
- Pisacane A, Continisio GI, Aldinucci M, D'Amora, Continisio P. A controlled trial of the father's role in breastfeeding promotion. *Pediatrics*. 2005;116:494-498.
- Freed L, Fraley JK, Schanler RJ. Attitudes of expectant fathers regarding breastfeeding. *Pediatrics*. 1992;90:224-225. www.pediatrics.org/cgi/doi/10.1542/peds.2005-0479. Accessed January 31, 2006.
- Shaker I, Scott JA, Reid M. Infant feeding attitudes of expectant parents: breastfeeding and formula feeding. *J Adv Nurs*. 2004;45: 260-268.
- Susin LRO, Giugliani ERJ, Kummer SC, Maciel M, Simon C, de Silveira LC. Does parental breastfeeding knowledge increase breastfeeding rates? *Birth*. 1999;26:149-156.
- Wolfberg AJ, Michels KB, Shields W, O'Campo P, Bronner Y, Bienstock J. Dads as breastfeeding advocates: results from a randomized controlled trial of an educational intervention. *Am J Obstet Gynecol*. 2004;191:708-712. <http://journals1.scholarsportal.info.proxy.library.brocku.ca/tmp/5937860880115769481.pdf>. Accessed January 15, 2010.
- Susin LRO, Giugliani ERJ. Inclusion of fathers in an intervention to promote breastfeeding: impact on breastfeeding rates. *J Hum Lact*. 2008;24:386-392.
- Sherriff N, Hall V, Pickin M. Fathers perspectives on breastfeeding: ideas for intervention. *Br J Midwifery*. 2009;17:283-287.
- Cabrera NJ, Tamis-LeMonda ST, Bradley RH, Hofferth S, Lamb ME. Fatherhood in the twenty-first century. *Child Dev*. 2000;71:127-136.