

# WELCOME TO PARENTING IN THE EARLY YEARS CONFERENCE

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**TEENAGE PREGNANCY  
- IMPROVING OUTCOMES  
A proposed triad of care**

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# Is teenage pregnancy really associated with adverse outcomes?

- Many studies comparing outcomes of teenage versus nonteenage childbearing
- Multiple adverse outcomes reported
- BUT
- Were these fair comparisons?

Can you compare middle class, married women with solid financial and housing support to teenage mothers and attribute differences to maternal age alone?



Racial, socio-economic, support, & environmental differences could account for differing outcomes.



# More informative studies

- Control for heterogeneity by comparing economic outcomes of sisters or of teenagers who miscarry to those who do not.



# Sister' study

- Family background heterogeneity controlled by using 'within family' estimations.
- Study compared the differences in subsequent socio-economic status of sisters who experienced their first pregnancy at different ages, with one having their first birth as a teenager
- Still have 'within family heterogeneity', that may upward bias the estimated effects of a teen birth on long-term socio-economic status.

» Geronimus et al, 1992

- 3 large data sets:
  - National Longitudinal Survey Young Women’s Sample
  - Panel Study of Income Dynamics
  - National Longitudinal Survey Youth Sample
- Found
  - “the long term socio-economic differences were minimal between sisters in the NLSYN and NLSY cohorts, although minimal differences did persist in the PSID cohort.’
    - » Geronimus et al, 1992

- The authors concluded that
  - ‘within-family estimates suggest that the standard cross-sectional approaches to studying the effects of teen childbearing on future economic well-being overstate the costs of teen childbearing. These estimates also suggest that policy makers may be overly optimistic about the ability of programs that (solely) encourage delayed childbearing to improve the socio-economic status of poor women and their children”

» Geronimus et al, 1992

# Another study

- National Longitudinal Survey Young Women's Sample
- “Differences in maternal age and
  - low birthweight,
  - prenatal care,
  - smoking and alcohol use in pregnancy,
  - breastfeeding and
  - well-child visits
- Differences due to family background, NOT maternal age.
- **Teenage birth may add little to already negative social circumstances.**

» Geronimus et al, 1993

# But aren't Teenage mothers are expensive to society?

- USA study comparing teen mothers to those who would have been teen mothers but miscarried
- Results
  - “ The total expenditures on public assistance would *increase* slightly’
  - “Moreover, the lifetime earnings of teen mothers would decrease slightly if they delayed childbearing, and hence, so would their contribution to the tax base.’

# The economic analysis concluded...

- “the net (of taxes) annual outlays by government for cash-assistance and in-kind transfers to these women would actually increase by 35% or \$4 billion. This increase in net expenditure associated with delayed childbearing would amount to over \$1200 per teen mother.”

– Hotz et al, 1996

Most of the adverse outcomes for teen motherhood relate to socioeconomic environment.

These are poor unsupported women.

So how can we  
help teen  
mothers who  
have to  
overcome harsh  
socio-economic  
realities?



# The major barriers to teenage mothers breaking the poverty cycle:

- Antenatal factors
  - Preterm birth and poor obstetric outcomes
- Perinatal factors
  - Lack of stable housing
  - Lack of safety and high levels of family violence
  - Parenting skills
- Education opportunities
  - Limit maternal entry to the workforce
  - Create educational barriers for the next generation

Overcoming adverse  
antenatal factors....

# Preterm birth and adverse obstetric barriers

- Preterm birth is the leading cause of mortality and morbidity in modern obstetric practice.
- Teenage pregnancy, particularly involving mothers less than 18 years of age, is an independent risk factor for preterm birth in developed and developing nations.

# So what works?

## The evidence

- **TEENAGE ANTENATAL CLINICS**
  - Teenage-specific antenatal clinics that have comprehensive screening policies improve maternal and child outcomes.
  - Large Australia prospective study...

# Aim

- To determine whether teenage-specific antenatal clinics that have comprehensive screening policies for infection and psychosocial pathology are able to reduce the incidence of preterm birth.

– Quinlivan et al, BJOG, 2005

# TEEN ANTENATAL CLINICS

- Large cohort study of 794 pregnant teenagers.
- Enrolled at their 1<sup>st</sup> or 2<sup>nd</sup> antenatal clinic appointment.
- Patients attended particular clinics on the basis of geographic and convenience factors.
- There was approximately a 2:1 ratio of teenagers attending teenage, as compared to general, antenatal clinics, in the referral region.

– Quinlivan et al, BJOG, 2005

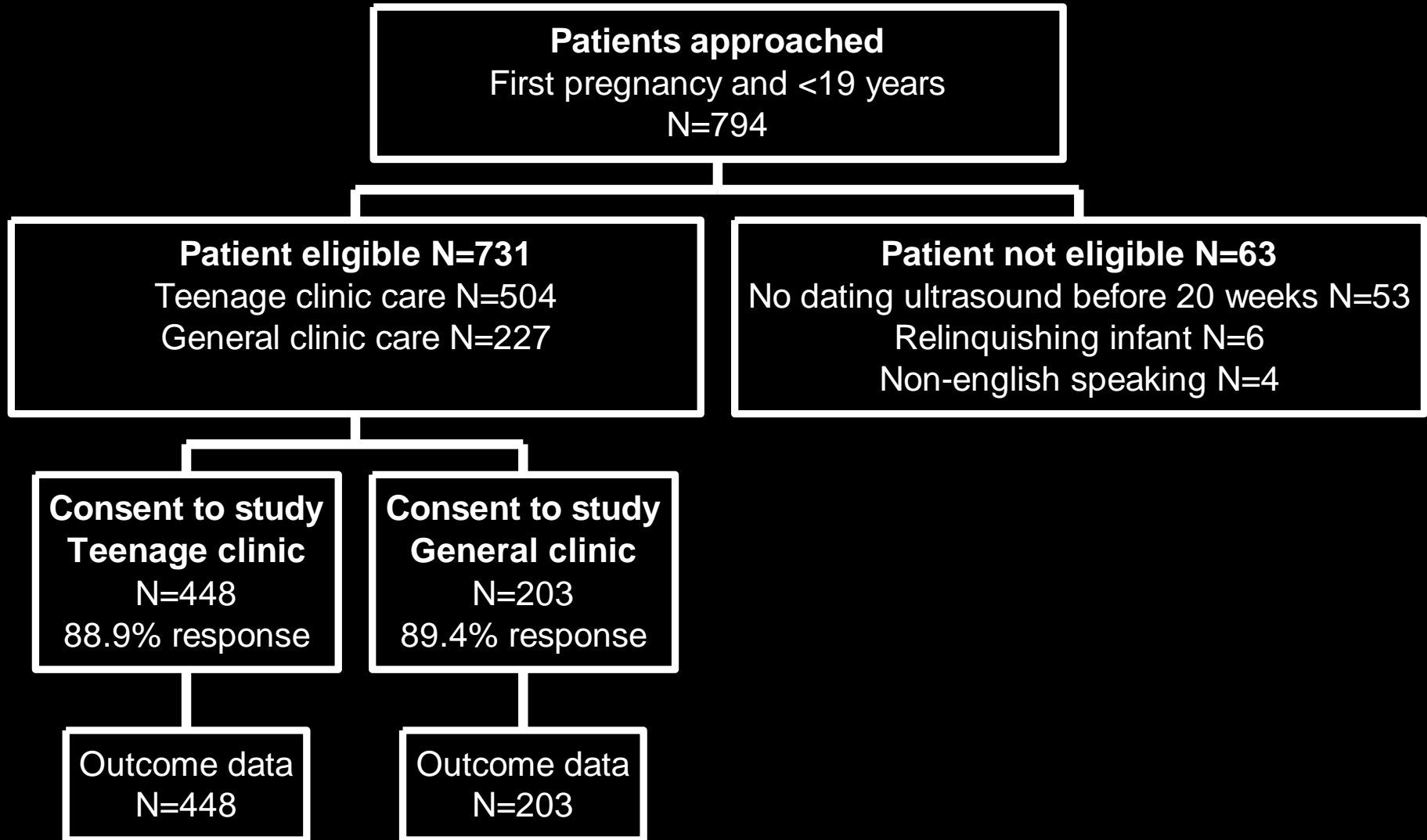
# General clinic care

- Care was provided by a team of obstetric doctors and midwifery staff.
- Patients were part of an antenatal clinic that included women of all ages and obstetric/medical risk levels.
- Referrals were available at the discretion of attending staff.

# Teenage clinic care

- Care provided by a multi-disciplinary team.
- Staff had guidelines for the management of teenage pregnancy that included:
  - screening for STDs and genital tract pathogens
  - screening for Pap smear irregularities
  - intensive social appraisals
  - management plans for illegal drug use
  - an open hospital admission policy.

# Study protocol



# Conclusion 1

- Teenage antenatal clinics were associated with
  - Improved rates of infection, Pap smear and social screening
  - When screening was performed, underlying rates of positive findings were similar
  - This suggests that problems are being missed in teenagers delivering in general clinics

## Conclusion 2

- Teenage antenatal clinics were associated with
  - Reductions in threatened preterm labour
  - Reductions in premature rupture of the membranes
  - Reductions in preterm birth.

Overcoming adverse  
perinatal factors....

**Nurse home visitation improves  
teenage pregnancy outcomes and  
the benefits persist into the next  
generation.**

# Home visitation

- Meta-analyses and surveys of over 3,000 studies show that nurse home visitation consistently provide the most positive outcomes for children both in the short term and sustained
  - Karoly LA, Greenwood PW et al. Investing in our children.: RAND Corporation, Santa Monica, CA, 1998

# Home visitation models

- **Should we use**
  - **Nurses?**
  - **Paraprofessionals?**
  - **Volunteers?**

# Nurses are effective – Old's model

- 2 large RCTs (rural New York/Memphis, Tenn).
- *Short term data*: Children have fewer health encounters, injuries or ingestions, hospitalisations, injuries, incidences of child abuse or neglect.
- *15 year follow-up data*: Adolescents less likely to run away, be arrested, convicted, violate parole, fewer sex partners, less smoking, alcohol, less behavioural problems.
  - Kitzman H et al, JAMA 1997; Olds D et al, JAMA 1997; Olds D et al, JAMA 1998; Kitzman H et al, JAMA 2000

**Are they effective in special groups? For example – teenage mothers**

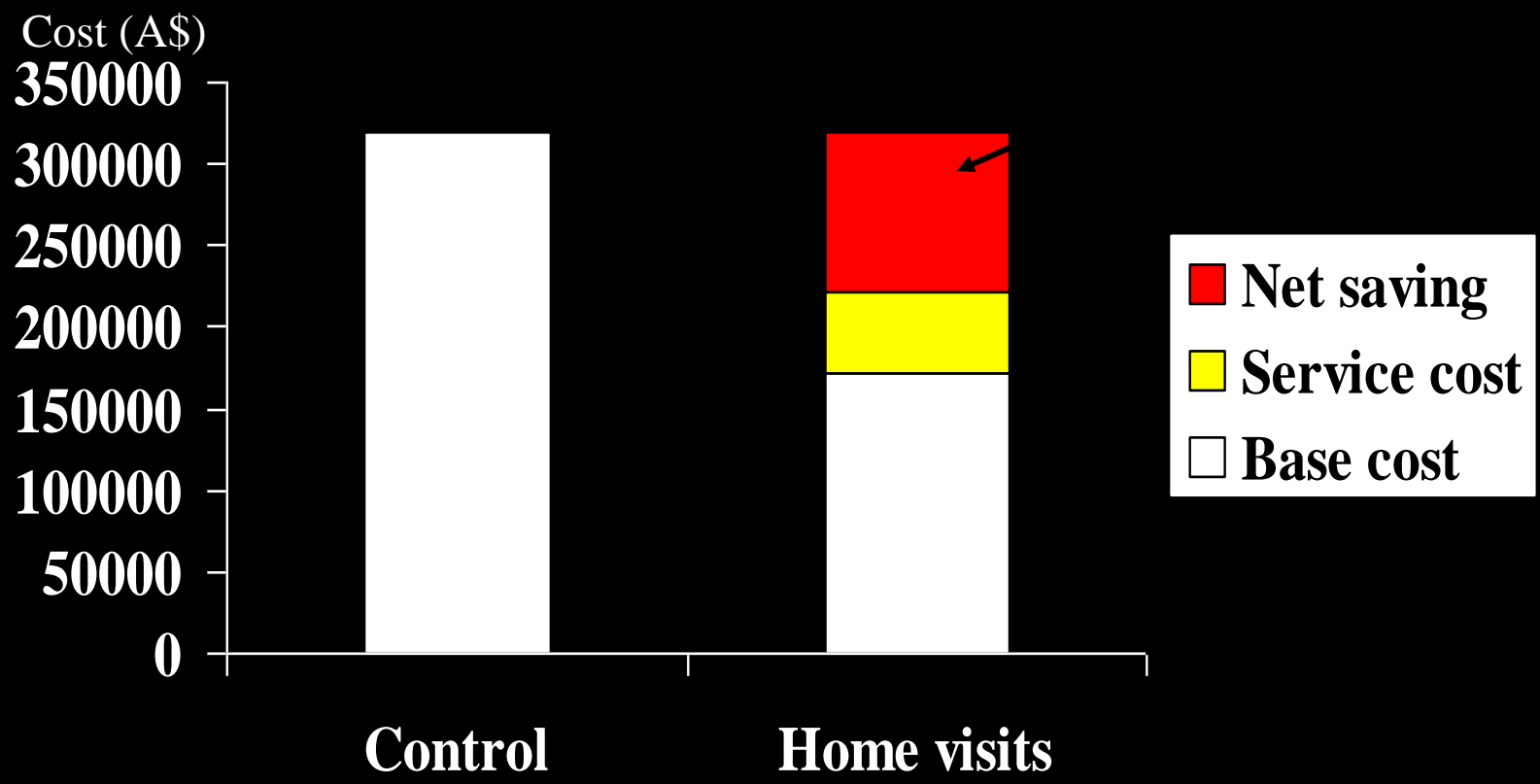


# Australian RCT: Nurses

- Reduce predefined adverse outcomes:
  - Neonatal death
  - Nonaccidental injury
  - Nonvoluntary relinquishment
- Improve knowledge of:
  - Contraception
  - Breast feeding
  - Infant vaccination

» Quinlivan et al, Lancet, 2003

# Anticipated Savings/100 Mothers and Infants - Birth to 6 Months



**What about paraprofessionals?**

# Paraprofessionals Vs. Nurses

- RCT of 1178 consecutive public care pregnant women of all ages
- 735 patients in each group - control, paraprofessional and nurse interventions
- Monthly home visits during pregnancy and until child was 2 years of age
- Training of paraprofessionals and nurses identical
- Ten main outcomes

– Olds *et al.* Pediatrics 2002

# Paraprofessionals Vs. Nurses

- Key findings
  - Paraprofessionals produced small effects that rarely achieved significance
  - Nurses produced significant effects in many areas of maternal and child health outcomes

**Maybe paraprofessional home  
visitation is effective in certain  
settings?**

**What about teenage mothers?**

# Paraprofessional home visitors & Teenage mothers

- RCT of 171 consecutive public care pregnant women aged less than 20 years
- Intervention group received in-home parenting instruction by a paraprofessional trained in parenting and child health
  - Ten home visits performed
- Five main outcomes
- No significant differences in any outcome

– Stevens-Simon *et al.* Child Abuse & Neglect 2001

**Paraprofessionals may not be  
as effective as nurses.**

**What about volunteers?**

# Volunteer Home Visitation

- RCT
- Regional health authority in Dublin.
- 262 first time mothers
- Intervention: 30 experienced mothers recruited as community mothers, who visited monthly during the first year of the child's life.

– Johnson Z et al, BMJ 1993

# Volunteer Home Visitation

- Intervention group were more likely to:
  - have received all of their primary immunisations,
  - to be read to, and to be read to daily,
  - played more cognitive games;
  - and were exposed to more nursery rhymes.
- Were less likely to:
  - begin cows' milk before 26 weeks and to receive an inappropriate energy intake and in-appropriate amounts of animal protein, non-animal protein, wholefoods, vegetables, fruit, and milk.
- Intervention mothers were less likely to:
  - be tired, feel miserable, and want to stay indoors; had more positive feelings; and were less likely to display negative feelings.
  - Johnson Z et al, BMJ 1993

**What about volunteers in  
special settings?**

# Volunteers and teenage mothers

- RCT Maryland USA
- 232 teenage mothers-mainly urban black
- Each volunteer paired with a teenage mother
- Weekly home visits
- Significant improvement in parenting behaviour
  - **Barnet B et al. Arch Ped Adol Med 2002**

# **Evidence-based recommendations**

- Nurse home visitation is an effective intervention to prevent child abuse and neglect and improves many outcomes for children
- Volunteer home visitation can also be effective but has not been evaluated in a randomised trial in Australian context.

Overcoming adverse  
educational barriers....

# Educational barriers

- Disengagement with schooling frequently precedes teenage pregnancy
- Poor self esteem and poor prior achievement levels mean many see that they carry no future in education.
- This carries into ‘work’ of any kind
- 73% of pregnant teenagers aged 18 years or less could not identify a career option from a list of 40 options except for “MOTHER.

# Educational barriers

- There is little investment in promoting career planning with pregnant teenagers to help each identify a career path – even if the pathway is longer and harder because of early motherhood.
- Few programs are available and evaluation of all of these is poor with the exception of....

Peri-preschool

# Peri-preschool

- Randomised trials show peri-preschool improves educational outcomes for children born to disadvantaged parents
- Therefore, the child of the teenage mother will benefit from attending peri-preschool.

# Peri-preschool 2

- Furthermore, whilst the child attends peri-preschool, the teenage mother has 'time' to undertake TAFE or other forms of adult education, enabling her to upgrade her own educational status.
- Linking free access of the teenage mother's child to peri-preschool with free access of the teenage mother herself to further schooling, creates educational benefits that span the intergenerational divide.

# Summary of the evidence

## A triad of care for teen mothers

- Care through a multidisciplinary ‘young mums’ clinic with screening
- Prolonged antenatal and postnatal home visitation with nurses
- Access to peripreschool for her child and to provide her with the time to complete her own education

If this was a drug that could be written on a prescription, it would receive Commonwealth subsidy through the PBS.

However, because it is a series of services, the same evidence results in an absence of practice.

As a result, the current generation of teenage mothers remain trapped in the cycle of poverty and disadvantage.

# WELCOME TO PARENTING IN THE EARLY YEARS CONFERENCE

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# **Engaging with fathers - the known and unknown**

Presentation to  
**Parenting in the Early Years  
Conference**

**Hobart 2009**

Richard Fletcher  
Family Action Centre  
Faculty of Health  
The University of Newcastle



Fathers' needs - What are they?



# Fathers' needs

Father-inclusive practice occurs when the needs of fathers (biological and social) are responded to through the planning, development and delivery of services.

***Are the needs of  
fathers known or  
unknown?***

# Surveying fathers to identify needs

- Russell and colleagues (1999) asked 1000 fathers in their telephone survey ***'What support and information do you feel you or other fathers need'?***

# Surveying fathers to identify needs

- The most common answers were:

***"don't know"*** and ***"nothing"***.

# Two mistakes

- Using surveys on fathers
- Concluding that they don't have needs

# Interviewing fathers...

- ...he just lets me get it out. He doesn't say anything, he just lets me ramble on and say what I've got to say; shakes his head, says 'Yeah'.

# Needs of separated fathers...

- My Mum was always there for me especially when I was struggling at times for money and I couldn't afford food, so Mum always looked after me even though I wasn't living here at home.

# Needs of separated fathers...

- I thank the Lord that I rang him that night ... because he sort of come to my place and stopped me because I was on my way over. I'd be in jail today.

# Identifying father's needs by group

- CALD father
- Indigenous father
- Step father
- Separated father
- Stay at home father
- Young father
- Father of a disabled child


# Fathers' role needs

- Recognise families as a system
- Acknowledge a balance between the needs of fathers and the family as a whole.

# Father's role needs



# Father's role needs



*I tried to write you  
but the words wouldn't come  
I felt your rejection  
I heard you mock my attempt  
at motherhood*

*I cried  
because I knew you were right*

© CD Maire

# Needs of new fathers?



Average age of first time fathers

**33**

So most were born around **1976**

# What do the dads say?

I ask them

*Where was your father when you were born and what did he do with you in the first six weeks?*

They say

- *Outside or at work*
- *Not much involvement*
- *No idea*

# The world of their fathers

## 1976

- Malcolm Frazer prime minister
- Equal pay (Almost)
- Mark Philippoussis

Brett Lee born



# Fathering is different now



# Involvement is expected



# What do the dads say?

## I ask them

*Why do it different to your own dad?*

## They say

- *Community expectation*
- *“She’ll kill me”*
- *Because I want the connection*

***“Because I want the connection”***

- **Their dads didn't do it**
- **They want to do it**

**BUT**

- **No men to observe**
- **No understanding of exactly how or why**

# Knowledge Gap



Fathers don't know about...

- brain growth
- self regulation
- attachment
- The father's influence on development



**Father's need practitioners who  
can...**

**enable fathers to understand  
their *roles and impact as*  
*fathers* and partners in their  
children/s lives**

# SELF RATING SCALE FOR FATHER ENGAGEMENT SKILLS

1= Very true

2= Somewhat true

3= Neither true nor false

4= Somewhat untrue

5= False

There are 7 questions.

On your page put numbers 1 to 7.

1= Very true 2 = Somewhat true 3= Neither true nor false 4= Somewhat untrue  
5= False

1. I can strike up a conversation with men who come from different backgrounds to mine
2. I can often tell what fathers need to connect to their children
3. I recognize that I bring with me my own history of being fathered
4. I have a good grasp of how fathering is similar and different to mothering

1= Very true 2 = Somewhat true 3= Neither true nor false 4= Somewhat untrue  
5= False

5. I often discuss how I dealt with a father and then come to a better understanding of what to do
6. I am competent at dealing with angry fathers, fathers with mental health or drug& alcohol issues
7. I can show a father that I respect him

# How do you...

**enable fathers to understand their *roles and impact as fathers* and partners in their children/s lives?**

- **There are several skills involved**
- **Knowledge of the evidence base will help**

# The evidence that underpins father inclusion?

- Men are different to women
- Fathering  $\neq$  Mothering
- Fathers influence children



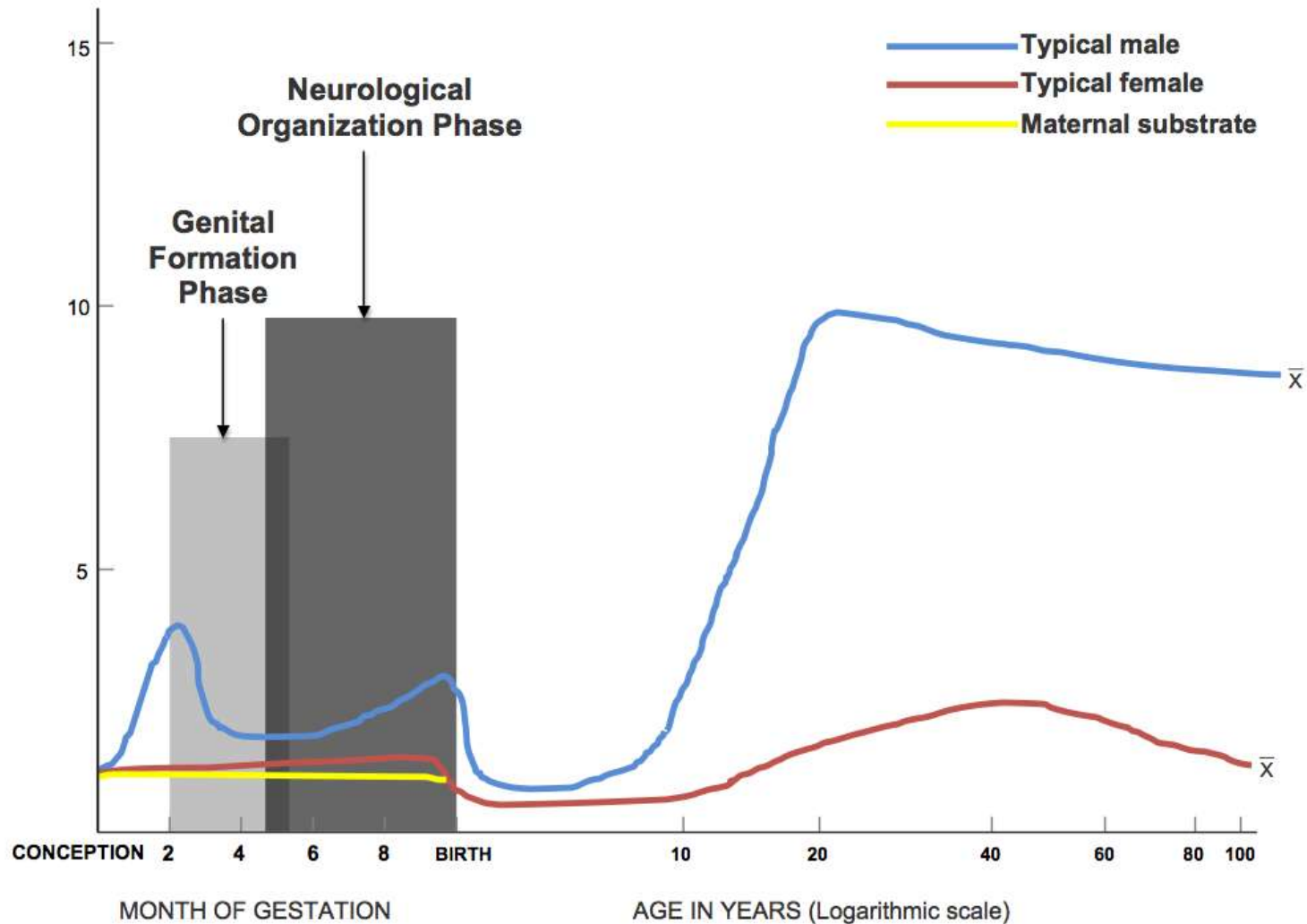
Men are different to women

# Recent research

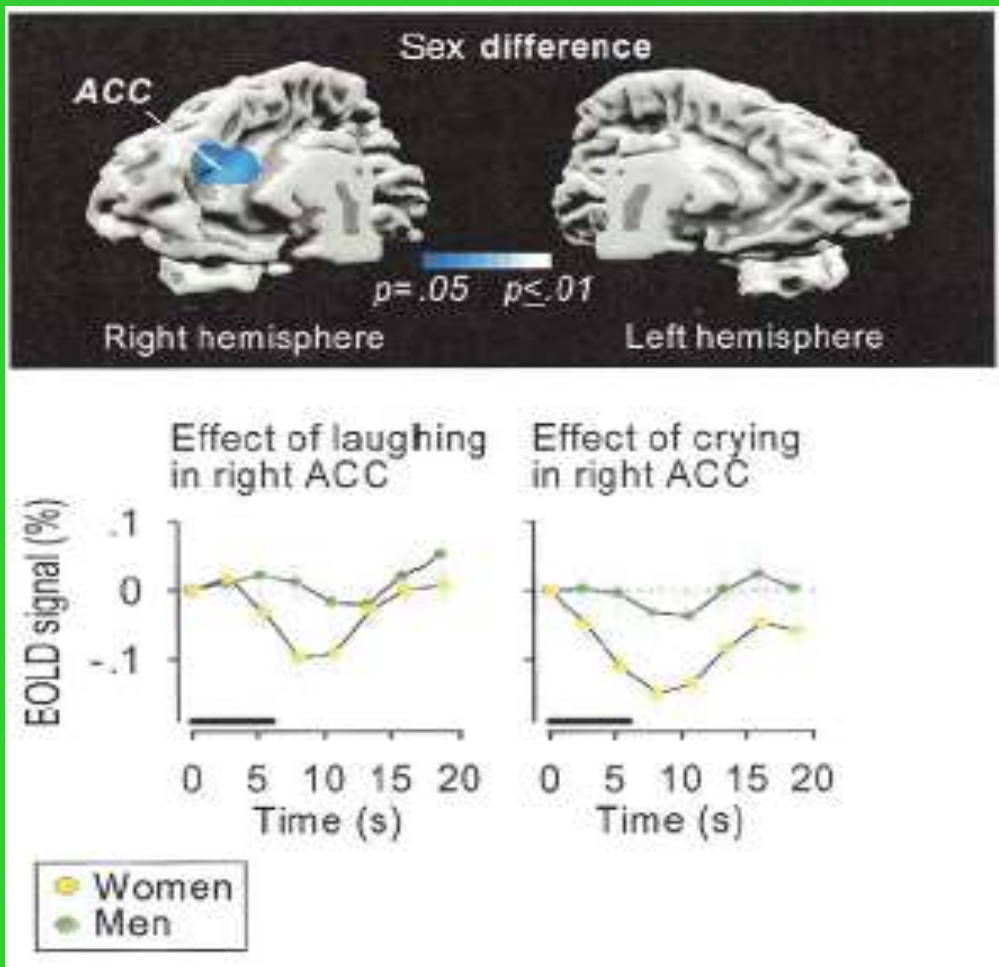
## Startling discovery - fathers are men!



# Brain architecture



# Men are different to women





Fathers ≠ Mothers



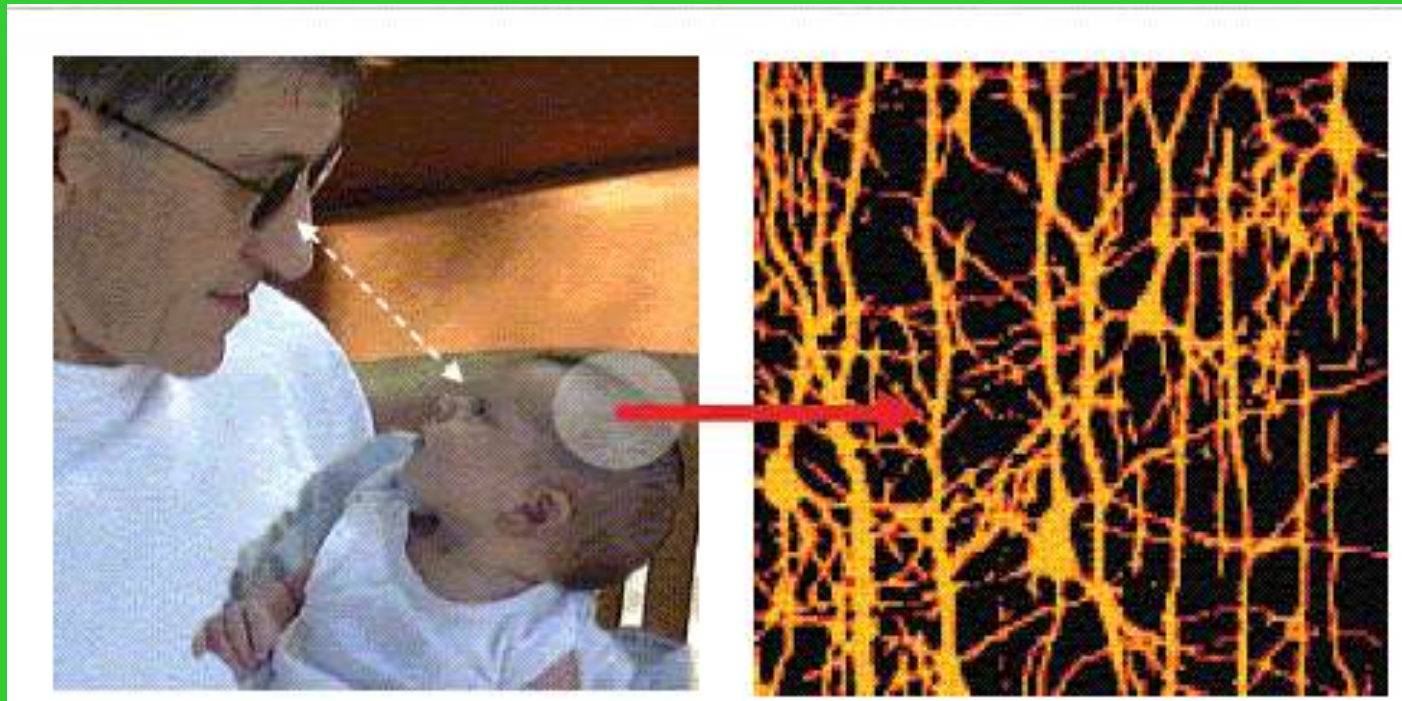
For older children  
we think dads = mums



But for younger?



# Father-infant attachment is different



# Recent research

Startling discovery – fathers influence children!



# The Transition to School

- 600 children (USA)
- videotaped fathers and mothers completing a task with children
- teachers rate children on behaviour and social skills
- *Research question:*  
*What best predicts social skills with peers and with teacher?*

# The Transition to School

- The tasks:
  - playing with a set of toy African animals
  - drawing a sailboat together using an Etch A Sketch toy (with the parent controlling one knob and the child controlling the other)



# The Transition to School

- Code videotapes for:
  - sensitivity to their child's cues and support for their autonomous activity

# The Transition to School

- Best predictor of children who had fewer behaviour problems and higher social skills?

## **Fathers who were sensitive and supportive of autonomy**

- This is independent of the mothers' effects
- An emotionally intimate marital relationship added to the positive effect of the fathers' effect

National Institute for Child Health and Development (2004) Fathers' and Mothers' Parenting Behavior and Beliefs as Predictors of Children's Social Adjustment in the Transition to School

# Established and emerging research

## ESTABLISHED RESEARCH (what we know)

- Fathers are not mothers
- Fathers influence children's development
- Services could include fathers

# Emerging (partly known) research

- Rough & Tumble play
- Father's depression
- Father-infant attachment
- Children's learning with fathers
- Complementary roles (Mother/father)
- Valuing fathers (Indigenous)

# Emerging research

- Recruiting fathers into school-based activities
- Supporting fathers in families with PND



# Using dadpics



- “DadPics” in a Year 2 class

# Dadpics



# Dadpics: What I would like to do



87 out of 102 fathers attended  
Homework with dad 2/26 to 24/26



# Supporting the baby and the mother by supporting the father

- **Mother severe PND**
- **Hospital 5 days after birth**
- **Father contacts service**

# Pilot service for fathers

## Brochure offered

“a free service for new fathers”

who may have

“a wife or partner who is not doing so well”.

## At interview offered

Home visits for father + baby

(based on Systematic Training in Effective & Enjoyable Parenting (STEEP))

# Involving Fathers in Early Childhood Services

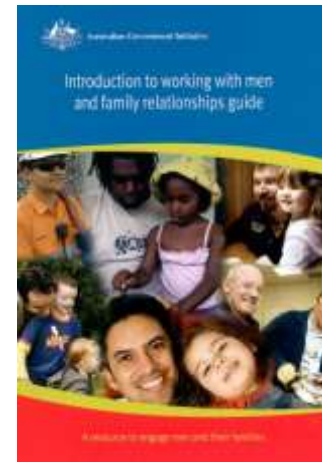
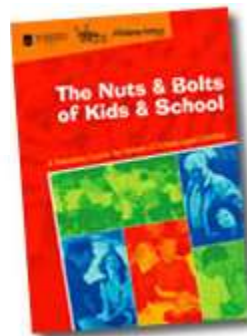
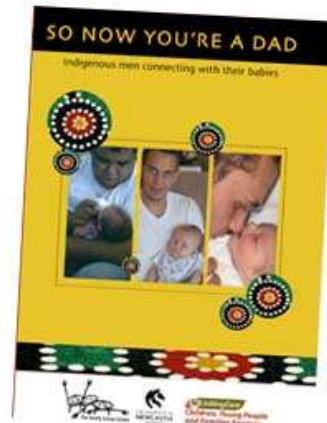
[www.newcastle.edu.au/childrens-centres](http://www.newcastle.edu.au/childrens-centres)



## Involving Fathers\* in Early Childhood Services

\*includes biological and social fathers

A joint project of the Family Action Centre and Good Beginnings



# 2<sup>nd</sup> Digit to 4<sup>th</sup> Digit Ratio

