An Educational Intervention to Support the Development of a Sense of Mastery of the Anticipated Paternal Role in Expectant Fathers: A Clinical Project

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ABSTRACT

This article presents a clinical project of the development and evaluation of an educational intervention that aimed at promoting the development of a sense of mastery of the anticipated paternal role in soon-to-be fathers. The preventive role supplementation conceptual framework guided the development of 4 educational sessions that were delivered to 6 expectant fathers attending prenatal classes at a local community services center in Greater Montreal area. The participants highly appreciated the content and format of the educational intervention. They also expressed to have developed a sense of mastery of the anticipated paternal role. This interactive educational intervention, which focused on the specific needs of expectant fathers, seems appropriate to support men in their transition to fatherhood.

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Fathers' involvement with their infant is beneficial for their offspring's cognitive, emotional, social, and physical development as well as for their own well-being (Allen & Daly, 2002). Their involvement with their partner during pregnancy is also crucial because it is associated with better maternal health behaviors (Alio, Lewis, Scarborough, Harris, & Fiscella, 2013; Martin, McNamara, Milot, Halle, & Hair,

2007), which in turn has a positive influence on the infant's health (Allen & Daly, 2002). Fathers involved during pregnancy are also more engaged with their infant during the first years of life (Cabrera, Fagan, & Farrie, 2008), and the father's involvement is enhanced by being in a relationship with the mother (Alio et al., 2013; Allen & Daly, 2002). Because paternal involvement brings benefits for all family

members (Allen & Daly, 2002), it is important to “better integrate fathers in interventions and show all the necessary openness to them” (Quebec Ministry of Health and Social Services, 2008, p. 4; free translation).

Several literature reviews have focused on the fathers’ experience of transition to fatherhood. They report that expectant fathers feel a range of emotions and sentiments (Chin, Hall, & Daiches, 2011; Genesoni & Tallandini, 2009; Kowlessar, Fox, & Wittkowski, 2014; Steen, Downe, Bamford, & Edozien, 2012) as well as various physical (Kowlessar et al., 2014), psychological (Chin et al., 2011; Genesoni & Tallandini, 2009; Kowlessar et al., 2014), and marital changes (Chin et al., 2011; Genesoni & Tallandini, 2009; Steen et al., 2012). Their experience differs from the one of mothers because they do not live nor feel the pregnancy, unlike their partner (Kowlessar et al., 2014). Thus, they have specific needs during the prenatal period (Steen et al., 2012). Based on the literature, the Figure 1 provides a detailed mapping of expectant fathers’ experience in terms of changes expected and emotions.

Prenatal classes are an ideal opportunity to educate fathers about their paternal role (Public Health Agency of Canada, 2007). However, these classes do not fully meet their needs (Fletcher, Silberberg, & Galloway, 2004; Kowlessar et al., 2014; Premberg & Lundgren, 2006) because their content is more focused on the expectant mothers’ experience (Steen et al., 2012) and does not sufficiently address the fathers’ role and needs (Premberg & Lundgren, 2006). This reinforces the fathers’ perception of playing a secondary role (Steen et al., 2012), that is to say, of having more a supportive role for their pregnant partner (Premberg & Lundgren, 2006) than an individual with specific concerns in preparation for parenthood (Steen et al., 2012) and as a participating partner (Premberg & Lundgren, 2006). This may exacerbate their perception to be excluded from the pregnancy and, by extension, complicate their transition to fatherhood in the prenatal period (Steen et al., 2012). Moreover, the usual lecture format of prenatal classes does not correspond to active learning methods adapted for fathers, who are looking for practical activities (Poh, Koh, Seow, & He, 2014; Premberg & Lundgren, 2006; Svensson, Barclay, & Cooke, 2008), as well as interactions and discussions with prospective (Chin et al., 2011; Premberg & Lundgren, 2006; Svensson et al., 2008) or new fathers (Deave & John-

son, 2008; Halle et al., 2008; Kowlessar et al., 2014; Svensson et al., 2008). Figure 1 presents expectant fathers’ needs related to information and their mode of learning.

In recent years, some prenatal education programs have been developed to support men in their transition to fatherhood. However, only two of them have been rigorously evaluated (Friedewald, Fletcher, & Fairbairn, 2005; Symon & Lee, 2003). These educational interventions consist of either sessions only for prospective fathers (Davidson & Johnstone, 2008; Friedewald et al., 2005; Sheehy, 2006) or sessions for both parents taking place in prenatal classes (Lee & Shmied, 2001; Sheehy, 2006; Symon & Lee, 2003; Villeneuve & McDiarmid, 2010). The fathers’ experience of pregnancy (Friedewald et al., 2005; Lee & Shmied, 2001; Sheehy, 2006; Villeneuve & McDiarmid, 2010); beliefs (Friedewald et al., 2005; Sheehy, 2006); as well as their fears, expectations, and concerns about their anticipated paternal role (Friedewald et al., 2005; Sheehy, 2006; Villeneuve & McDiarmid, 2010) were explored within these programs. The fathers were also invited to discuss their paternal models (Lee & Shmied, 2001; Sheehy, 2006; Symon & Lee, 2003; Villeneuve & McDiarmid, 2010), perceptions of maternal and paternal roles, and values they wanted to pass on to their child (Villeneuve & McDiarmid, 2010). Information on childbirth, postpartum period (Friedewald et al., 2005; Sheehy, 2006; Villeneuve & McDiarmid, 2010), infant care (Friedewald et al., 2005; Sheehy, 2006), infant needs (Sheehy, 2006), parenting (Sheehy, 2006; Villeneuve & McDiarmid, 2010), ways of interacting with the infant (Sheehy, 2006; Villeneuve & McDiarmid, 2010), the importance of the father’s involvement with their partner and child (Friedewald et al., 2005; Sheehy, 2006), and changes in marital relationship (Friedewald et al., 2005; Lee & Shmied, 2001; Sheehy, 2006; Villeneuve & McDiarmid, 2010) was also given and discussed. These educational interventions were highly appreciated by the participants (Davidson & Johnstone, 2008; Sheehy, 2006), who found them beneficial (Sheehy, 2006; Symon & Lee, 2003).

Because none of these interventions were responding entirely to the expectant fathers’ needs as identified by the literature review, an innovative nursing intervention, in the form of four educational sessions with complementary information booklets, was developed, implemented, and evaluated with six expectant fathers attending prenatal

EXPECTANT FATHERS' EXPERIENCES	
Changes expected	Emotions and experience
Psychological <ul style="list-style-type: none"> • Self-image adjustment (Genesoni & Tallandini, 2009) • Defining themselves as fathers (Chin et al., 2011; Genesoni & Tallandini, 2009; Kowlessar et al., 2014) Physical (Kowlessar et al., 2014) Marital <ul style="list-style-type: none"> • Redefining their marital relationship (Chin et al., 2011; Genesoni & Tallandini, 2009; Steen et al., 2012) Social <ul style="list-style-type: none"> • Alteration of their social status (Genesoni & Tallandini, 2009) 	<ul style="list-style-type: none"> • Expectant fathers do not feel or live the pregnancy (Kowlessar et al., 2014) • Differences between the needs and expectations of partners (Genesoni & Tallandini, 2009) • Being a bystander or detaining a secondary role (Steen et al., 2012) • Joy (Kowlessar et al., 2014) • Anxiety and worries (Kowlessar et al., 2014; Steen et al., 2012) • Confusion (Chin et al., 2011) • Unreality (Genesoni & Tallandini, 2009; Kowlessar et al., 2014) • Detached (Chin et al., 2011), then more emotionally invested as the pregnancy progress (Kowlessar et al., 2014)

EXPECTANT FATHERS' NEEDS	
Information (content)	Mode of learning (format)
<ul style="list-style-type: none"> • Importance of paternal engagement (Alio et al., 2013) • Father's role (Alio et al., 2013; Deave & Johnson, 2008; May & Fletcher, 2013) • Influence of parental models on their future parenting style (Chin et al., 2011) • Pregnancy (Alio et al., 2013; Poh et al., 2013) • Birth (Deave & Johnson, 2008; Poh et al., 2013; Premberg & Lundgren, 2006) • How to take care of (Deave & Johnson, 2008) and understand the baby's behaviors (May & Fletcher, 2013) • Practical aspects of their paternal role (Best Start Resource Centre, 2012; Deave & Johnson, 2008; Matthey et al., 2009) • Modification in the marital relationship (Chin et al., 2011; Deave & Johnson, 2008; May & Fletcher, 2013) • How to help or be present to their partner (Alio et al., 2013; May & Fletcher, 2013; Premberg & Lundgren, 2006) • Anticipated changes following the baby's birth (Fletcher et al., 2004; May & Fletcher, 2013) • Impacts (Halle et al., 2008) and how to handle (May & Fletcher, 2013) a crying baby • Impacts of loss of sleep (Halle et al., 2008) • How to handle their emotions (Premberg & Lundgren, 2006) • Paternal depression (May & Fletcher, 2013) 	<ul style="list-style-type: none"> • Interactive and dynamic learning (Deslauriers & Villeneuve, 2012) • Practical activities (Poh et al., 2013; Premberg & Lundgren, 2006; Svensson et al., 2008) • Problem-solving activities (Svensson et al., 2008) • Interaction and discussions with other expectant fathers (Chin et al., 2011; Premberg & Lundgren, 2006; Svensson et al., 2008) • Meeting with new fathers (Deave & Johnson, 2008; Halle et al., 2008; Kowlessar et al., 2014; Svensson et al., 2008) • Father's groups (Alio et al., 2013; Jungmarker et al., 2010; Lima-Pereira et al., 2011; Premberg & Lundgren, 2006) • Virtual learning (Internet or DVD) (Chin et al., 2011; Deave & Johnson, 2008; Kowlessar et al., 2014; Shia & Alabi, 2013)

Figure 1. Expectant fathers' experience and needs.

classes at a local community services center of the Greater Montreal area. This clinical project, based on the conceptual framework of the preventive role supplementation (Meleis, 1975; Meleis, Swendsen, & Jones, 1980; Swendsen, Meleis, & Jones, 1978) and inspired by the educational programs described earlier, aimed to support the development of a sense of mastery of the anticipated paternal role in future fathers.

CONCEPTUAL FRAMEWORK

The preventive role supplementation conceptual framework was used as the underlying theoretical foundation for the intervention. This framework was developed by Meleis (1975), tested empirically (Swendsen et al., 1978) and applied clinically (Meleis et al., 1980). Within this framework, strategies are proposed to individuals who are in role transition, for instance, men preparing for

fatherhood, to clarify their new role (understanding of the role) and put themselves in the place of others (role taking). The expected result is a mastery of the anticipated role, leading to an understanding of the expected behaviors, goals, sentiments, and associated costs and rewards related to the role (Meleis, 1975).

In this clinical project, the conceptual framework just outlined guided the educational intervention strategies (reference group, role modeling, and role rehearsal), process (interactive and relational format), components (role clarification and role taking), and goal (sense of mastery of the anticipated paternal role). It also oriented the evaluation of the educational intervention through the indicators of a sense of mastery of the anticipated role (knowledge of the behaviors, goals, sentiments, costs, and rewards related to the role). Figure 2 illustrates the adaptation of the conceptual framework to the educational intervention.

METHODS

Setting and Sample

The educational intervention was implemented in a local community services center in a suburb of Montreal, Canada. This center offers a series of six 2-hour prenatal classes in French to its population, which is younger and more socioeconomically favored than the entire region (Bellerose, 2008). The educational intervention was presented to expectant fathers attending prenatal classes 1 week before its implementation. The fathers expressed their free and informed consent to participate in the clinical project by voluntarily presenting themselves at the first and subsequent sessions.

Educational Intervention

The development of the educational intervention was based on a literature review, observations of prenatal classes, and counseling of two prenatal nurse educators from the local community services center. Led by the primary author, it consisted of four sessions with complementary booklets that addressed four main themes: (a) definition, components, and importance of the paternal role; (b) changes associated with fatherhood; (c) support and understanding the partner; and (d) infant care and needs. The first three sessions (30 minutes each) were integrated to the last three prenatal classes of a series of six. The last session (90 minutes) was conducted 1 week after the end of the series of prenatal

classes. During these sessions, the booklets were presented to the participating fathers in a brochure format. They were created by the primary author, and the content was revised three times by a panel of experts from the local community center as well as by coauthors of this article. Printed in color with pictures, each booklet is written in French and has around 20 pages. Whereas the primary author animated the sessions for expectant fathers, a prenatal nurse educator conducted activities (baby-wearing workshop, cardiorespiratory resuscitation and airway clearance, immunization and early childhood diseases, etc.) with expectant mothers. The content of the sessions was inspired by the previously mentioned educational interventions, the conceptual framework of the preventive role supplementation (Meleis, 1975; Meleis et al., 1980; Swendsen et al., 1978), as well as various educational programs (Becoming Parents [Quebec National Capital Health and Social Services, 2006]; California Baby Behavior Campaign [California Department of Public Health, 2015]) and websites (dadcentral.ca; enfant-encyclopedie.com; karitane.com.au; naitreetgrandir.com; raisingchildren.net.au) offering information relevant to expectant fathers. Active and interactive learning methods (case studies, discussions in small and large groups, games, and new fathers' testimonies with their infants) were used in complement to the lectures. A complementary booklet on the subjects discussed was given to the participants at each session. Figure 3 presents the content and format of the four educational sessions and booklets.

Evaluation of the Educational Intervention

Participants completed a self-administered questionnaire with Likert scales and open questions at the end of each educational session. The questionnaires aimed to assess the fathers' sense of mastery of the anticipated paternal role, conceptualized as their knowledge of expected behaviors, goals, sentiments, as well as costs and rewards of the paternal role, and satisfaction with the content and format of the educational intervention. The items which composed the questionnaire were derived from the literature as well as on the preventive role supplementation conceptual framework (Meleis, 1975; Meleis et al., 1980; Swendsen et al., 1978). The content and the format of the questionnaire were revised by the same panel of experts of the booklets, and three revisions were necessary before the final version.

Figure 2. The conceptual framework of preventive role supplementation (Meleis, 1975; Meleis et al., 1980; Swendsen et al., 1978) adapted to the educational intervention.

SESSION 1 (30 minutes) ROLE OF THE FATHER	SESSION 2 (30 minutes) BECOMING A FATHER: ADJUSTMENTS
Themes – Definition, components, and importance of the paternal role – Support and understanding the partner	Themes – Changes associated with fatherhood – Support and understanding the partner
Activities – Questions to answer in small groups – Discussion in large groups – Lecture	Activities – Study cases in large groups – Lecture
Topics discussed – Benefits to father's involvement – Facets of the paternal role – Ways to get involved as a father – Paternal role models – Expectations toward fathers	Topics discussed – Requirements of paternity (fatigue, baby crying, work/family balance) – Changes in the conjugal relationship – Emotions and concerns felt and to be anticipated for father and mother
SESSION 3 (30 minutes) TAKING CARE OF BABY	SESSION 4 (90 minutes) TESTIMONIES OF NEW FATHERS UNDERSTANDING AND INTERVENING WITH THE BABY
Themes – Infant care and needs	Themes – Definition, components, and importance of the paternal role – Changes associated with fatherhood – Infant care and needs
Activities – Videos – Games – Demonstration of toys – Demonstration of swaddling and babywearing	Activities – Testimony of two new fathers accompanied by their baby – Videos – Lecture
Topics discussed – Basic baby care – Toys for the developmental stages of the baby – How to use different baby carriers – Usefulness and techniques of swaddling – Home security	Topics discussed – Testimonial of new fathers (pregnancy of their partner, birth, and the first months in the life of their baby) – Baby's signals (hunger and satiety/fatigue/need for calmness or stimulation), cries, and sleep.

Figure 3. Content and format of the educational sessions.

RESULTS

The educational intervention was presented to the expectant fathers attending the prenatal class of October 28, 2014. Six of the seven fathers that participated to this series of prenatal classes (86%) participated to at least one of the four educational sessions, from November 4 to 26, 2014. Their participation was variable: 50% ($n = 3$) attended one session, 17% ($n = 1$) attended two, and 33% ($n = 2$) attended all four sessions. All participants

were francophone, and two of them (33%) were already fathers of another child. Participants' average age was 34.5 years ($SD = 4.5$ years), ranging from 30 to 42 years.

Fathers' Sense of Mastery of the Anticipated Paternal Role

All participating fathers completed a questionnaire on sense of mastery of the anticipated paternal role at the end of the sessions they attended. Tables 1 and 2 present the compilation of results from all four educational sessions on expected behaviors related to the paternal role and on paternal role goals, sentiments, costs, and rewards, respectively.

Participants gained knowledge about their paternal role and ways to get involved as a father, more with their infant than with their partner.

TABLE 1
Expected Behaviors of the Paternal Role

I Acquired Knowledge on:	Completely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Completely Agree
How I can get involved:					
a) with my pregnant partner			20% (<i>n</i> = 1/5)	40% (<i>n</i> = 2/5)	40% (<i>n</i> = 2/5)
b) with our baby to be born				60% (<i>n</i> = 3/5)	40% (<i>n</i> = 2/5)
c) with my partner after the birth of our baby				60% (<i>n</i> = 3/5)	40% (<i>n</i> = 2/5)
d) with my baby				40% (<i>n</i> = 2/5)	60% (<i>n</i> = 3/5)
How to hold my baby in different positions					100% (<i>n</i> = 3/3)
How to take care of my baby (give a bath and change a diaper)				33% (<i>n</i> = 1/3)	66% (<i>n</i> = 2/3)
How to babywear					100% (<i>n</i> = 3/3)
How to swaddle my baby					100% (<i>n</i> = 3/3)
How to play with my baby					100% (<i>n</i> = 3/3)
How to secure my home safely for my baby					100% (<i>n</i> = 2/2)
My baby's behavior:					
a) signals (hunger and satiety/fatigue/need for calmness or stimulation)					100% (<i>n</i> = 2/2)
b) cries					100% (<i>n</i> = 2/2)
c) awake/asleep					100% (<i>n</i> = 2/2)
The shaken baby syndrome				50% (<i>n</i> = 1/2)	50% (<i>n</i> = 1/2)
Facets of my role as a father				40% (<i>n</i> = 2/5)	60% (<i>n</i> = 3/5)
The influence of my paternal role models on the kind of father I want to be			40% (<i>n</i> = 2/5)	40% (<i>n</i> = 2/5)	20% (<i>n</i> = 1/5)
Strategies to preserve my couple relationship				33% (<i>n</i> = 1/3)	66% (<i>n</i> = 2/3)
I Will Be More Able to:	Completely Disagree	Somewhat Disagree	Undecided	Somewhat Agree	Completely Agree
Differentiate my baby's behaviors					100% (<i>n</i> = 2/2)
Adequately intervene with my baby depending on the signals he or she will give					100% (<i>n</i> = 2/2)
Comfort my baby when he or she needs to be					100% (<i>n</i> = 2/2)

Participants gained knowledge about their paternal role and ways to get involved as a father, more with their infant than with their partner (see Table 1). All responding fathers (*n* = 3) reported that they had learned about how to hold, babywear, swaddle, and play with their infant (100% completely agreed), change his or her diaper and give him or her a bath (66% completely agreed [*n* = 2] and 33% somewhat agreed [*n* = 1]). All responding fathers also gained a better understanding of their unborn infant's expected behavior and how to interact with him or her (100% completely agreed [*n* = 2]). In a word, the participating fathers increased their knowledge regarding the expected behaviors of the paternal figure, with the exception of the influence of paternal models on the desired parenting style (20% completely agreed [*n* = 1], 40% somewhat agreed [*n* = 2], and 40% were undecided [*n* = 2]).

Participants also learned about the benefits of their presence and involvement as a father (goal of the paternal role) as well as the sentiments experienced or anticipated both for themselves and for their partner (concerns, emotions, parental depression, and shaken baby syndrome). As for the costs and rewards associated with the paternal role, two participants (*n* = 2) somewhat agreed or completely agreed with statements on the gains and losses associated with fatherhood, whereas one participant (*n* = 1) had no opinion.

The Fathers' Satisfaction Regarding the Educational Intervention

The results of the fathers' satisfaction with the educational intervention are presented in Table 3. The participating fathers were very satisfied with the educational intervention because it prepared them for their paternal role. They appreciated the interac-

TABLE 2
Acquisition of Knowledge on the Goals, Feelings, as Well as Costs and Rewards Associated to the Paternal Role

Goals Expected With the Role:	Completely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Completely Agree
Benefits of my presence and my implication toward:					
a) my pregnant partner				60% (<i>n</i> = 3/5)	40% (<i>n</i> = 2/5)
b) my baby to be born				60% (<i>n</i> = 3/5)	40% (<i>n</i> = 2/5)
c) my partner after the birth of our baby				80% (<i>n</i> = 4/5)	20% (<i>n</i> = 1/5)
d) my baby				60% (<i>n</i> = 3/5)	40% (<i>n</i> = 2/5)
Feelings Associated to the Role:	Completely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Completely Agree
Preoccupations I might have before and after the birth of my baby				66% (<i>n</i> = 2/3)	33% (<i>n</i> = 1/3)
Preoccupations my partner might have before and after the birth of our baby				66% (<i>n</i> = 2/3)	33% (<i>n</i> = 1/3)
Emotions I might feel before and after the birth of our baby				66% (<i>n</i> = 2/3)	33% (<i>n</i> = 1/3)
Emotions my partner might feel before and after the birth of our baby				66% (<i>n</i> = 2/3)	33% (<i>n</i> = 1/3)
Paternal depression				66% (<i>n</i> = 2/3)	33% (<i>n</i> = 1/3)
The shaken baby syndrome				50% (<i>n</i> = 1/2)	50% (<i>n</i> = 1/2)
Costs and Rewards Associated With the Role:	Completely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Completely Agree
Possible gains to fatherhood			33% (<i>n</i> = 1/3)	33% (<i>n</i> = 1/3)	33% (<i>n</i> = 1/3)
Possible challenges to fatherhood			33% (<i>n</i> = 1/3)	33% (<i>n</i> = 1/3)	33% (<i>n</i> = 1/3)

TABLE 3
Appreciation of the Sessions and the Educational Intervention

Appreciation of the Educational Sessions	Completely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Completely Agree
I liked educational Session 1.				20% (<i>n</i> = 1/5)	80% (<i>n</i> = 4/5)
I liked educational Session 2.				33% (<i>n</i> = 1/3)	66% (<i>n</i> = 2/3)
I liked educational Session 3.					100% (<i>n</i> = 3/3)
I liked educational Session 4.					100% (<i>n</i> = 2/2)
Appreciation of the Educational Intervention	Completely Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Completely Agree
Generally, I liked the educational sessions for fathers.					100% (<i>n</i> = 2/2)
I found the educational sessions helpful in preparing me for my future father role.					100% (<i>n</i> = 2/2)
I liked the interactive session format (practical workshops, babywear, animation, etc.).					100% (<i>n</i> = 2/2)
I liked the contents of the sessions.					100% (<i>n</i> = 2/2)
I liked the diversity of the sessions.					100% (<i>n</i> = 2/2)
I found that there were not enough sessions.	50% (<i>n</i> = 1/2)	50% (<i>n</i> = 1/2)			
I found that there were too many sessions.	100% (<i>n</i> = 2/2)				
I liked participating in small groups with other future fathers.					100% (<i>n</i> = 2/2)
I talked to my partner of the activities and the content of the educative sessions for fathers.				50% (<i>n</i> = 1/2)	50% (<i>n</i> = 1/2)
I read the information pamphlets destined for future fathers.				50% (<i>n</i> = 1/2)	50% (<i>n</i> = 1/2)
I found the information pamphlets destined for future fathers helpful to prepare me in my future role.					100% (<i>n</i> = 2/2)

tive format, intervention content, and the diversity of covered themes and subjects (100% completely agreed [$n = 2$]). Participants did not find that there were too many sessions (100% completely disagreed [$n = 2$]) or that there were not enough (50% completely disagreed [$n = 1$], 50% somewhat disagreed [$n = 1$]), preferring the educational sessions integrated into prenatal classes over the additional session (100% [$n = 2$]). They also read the complementary booklets and found them useful in preparation to fatherhood ($n = 2$). They discussed the educational intervention with their partner ($n = 2$).

Open-ended questions revealed that participants appreciated discussing with other fathers ($n = 4$) and interacting with men who were already fathers ($n = 3$). They also appreciated receiving advice ($n = 2$) in addition to useful ($n = 1$) and tailored ($n = 1$) information for fathers as well as participating to practical activities ($n = 2$). The most appreciated educational sessions included practical activities (third session) and discussions with new fathers (fourth session; see Table 3). Finally, three fathers reported that the sessions were not long enough.

DISCUSSION

Overall, participants gained more knowledge about the expected behaviors of the paternal figure than about the goals, sentiments, costs, and rewards associated with the role. A possible reason for this finding is that the main learning methods used to address the expected behaviors of the paternal figure were interactive, in contrast to the more passive learning methods used to cover the goals, sentiments, costs, and rewards of the role. Moreover, we noted that most of the information given to fathers about the expected paternal behaviors was practical and related to infant care. Considering that expectant fathers prefer interactive and dynamic learning methods (Best Start Resource Centre, 2012; Deslauriers & Villeneuve, 2012), as well as practical information (Best Start Resource Centre, 2012; Deave & Johnson, 2008; Matthey, Reay, & Fletcher, 2009), we can hypothesize that the greater knowledge acquisition on behaviors associated with the anticipated paternal role was potentially influenced by the types of learning methods used and of information conveyed.

The participants gained less knowledge about the costs and rewards associated with their paternal role. It can be assumed that because expectant fathers have not yet fully integrated the reality of their

The amalgamation of active learning methods can potentially explain the success of the educational intervention.

paternal status (Deslauriers & Villeneuve, 2012), it can be difficult for them to envision the joys and challenges of fatherhood. Furthermore, it was observed that participants were more talkative about their present experiences than their anticipated reality with their newborn. In this respect, Fletcher and colleagues (2004) reported that new fathers in the postpartum period said they were unprepared for changes in lifestyle and marital relationship, although they had declared to be sufficiently informed about it prenatally. Several authors consider that it is essential to address these issues during the prenatal period (Ahldén, Ahlehagen, Dahlgren, & Josefsson, 2012; Chin et al., 2011; Deave & Johnson, 2008; Fletcher et al., 2004; May & Fletcher, 2013), even if expectant fathers are not sensitive to the costs and rewards of the anticipated paternal role during the prenatal period.

Also, considering many future fathers perceive their partner's needs as more important than theirs (Jungmarker, Lindgren, & Hildingsson, 2010), they may require more information on how to be present for her and how to support her. Because the educational intervention did not particularly address this subject, participants may have felt that they did not acquire sufficient knowledge about ways to support their pregnant partner. Thus, the conceptual framework of the preventive role supplementation (Meleis, 1975; Meleis et al., 1980; Swendsen et al., 1978), which emphasizes the importance for individuals to put themselves in the place of others, seems to be highly appropriate to help fathers understand the experience of their partner and allow them to identify ways of getting involved with her.

It was initially assumed that the educational intervention would be more relevant to first-time fathers than to men who were fathers already. Nevertheless, we found that the educational intervention brought many benefits to both first-time and more experienced fathers. However, and in line with Jungmarker and colleagues (2010), some differences were also observed. Compared to the first-time expectant fathers, the experienced fathers were less satisfied than novice ones regarding the information given during the prenatal period, which could be explained by their previous paternal experiences

(Jungmarker et al., 2010), where they already gained some skills, abilities, and knowledge about fathering compared to the first-time expectant fathers.

It is also interesting to note that despite the small number of participants, the results of the educational intervention are similar to the findings of previous studies. The participants particularly enjoyed the interactions with other expectant and new fathers, as reported by other studies (Friedewald et al., 2005; Sheehy, 2006; Symon & Lee, 2003). They also participated to practical activities (Davidson & Johnstone, 2008) and appreciated receiving information on concrete topics (Davidson & Johnstone, 2008; Sheehy, 2006) that were specific to them (Friedewald et al., 2005).

Finally, it is essential to discuss the role and characteristics of the prenatal educator who carried out such educational interventions with fathers. According to a literature review, the desired characteristics of a prenatal educator working with expectant fathers are the ability to communicate and facilitate discussion as well as to make contact with the participants (Friedewald, 2007). Prenatal educators should also tailor their interventions to reach and include fathers, to discuss issues affecting them and use a dynamic animation (Deslauriers & Villeneuve, 2012). Although a male facilitator is preferable to a woman, how to approach an expectant father is more important than the gender of the educator (Matthey et al., 2009). Nevertheless, it is essential that female educators working with expectant fathers recognize their own values and ideas of the paternal role because those influence the way they intervene with participants (Deslauriers & Villeneuve, 2012).

Strengths of the Educational Intervention

One of the strengths of this clinical project lies in the accuracy of the identification of the expectant fathers' needs. The scientific literature, conceptual framework, and previous prenatal programs were used to develop a pertinent nursing intervention tailored to the experience and needs of expectant fathers, to support their sense of mastery of the anticipated paternal role. Although the involvement of knowledge users in the implementation of a clinical project is recommended (National Public Health Institute of Quebec, 2009), it seems that the absence of involvement of expectant fathers in the development process of the intervention education has not impeded the adequate identification of the fathers' needs.

The educational intervention learning methods also contributed to the positive results of this clinical project. Participants appreciated the interactive education sessions, practical activities, and complementary booklets. The combination of several learning methods, rather than the use of a single one, enhances the success of an intervention (National Institute for Health and Care Excellence [NICE], 2007). Furthermore, interactive learning methods are deemed to increase the learner's motivation (Chamberland, Lavoie, & Marquis, 2003) because active participation in learning is essential for a clientele of young adults (Hagan & Bujold, 2013). To this end, Shia and Alabi (2013) observed that interactive rather than didactic prenatal classes increase the involvement of participants. Thus, the amalgamation of active learning methods can potentially explain the success of the educational intervention.

Finally, the selected clinical setting also facilitated the implementation of the educational intervention. Because the promotion of the paternal role was a priority in this local community services center, it has certainly facilitated the implementation of the intervention (Rycroft-Malone et al., 2004). Moreover, the intervention was developed taking into account the clinical context and community resources, as recommended by Robertson and Jochelson (2006). Because the educational intervention was integrated into existing facilities (Rycroft-Malone et al., 2004), it has ensured its successful implementation in the clinical setting.

Limitations of the Educational Intervention

The main limitation of this educational intervention was the small number of participants, because of the limited number of fathers attending the series of prenatal classes. Thus, the findings, their transferability, and their generalizability should be considered with caution, even though they are consistent with findings of previous studies. The work schedule and lack of time can constitute barriers to the fathers' participation in perinatal programs (Best Start Resource Centre, 2012). Therefore, the educational intervention should be revised in accordance with the fathers' availabilities and constraints while respecting the resources of the clinical setting. Moreover, the fathers' participation in sessions integrated to prenatal classes was higher than during the additional session that was outside of the regular series. Because the recruitment and retention of men in prenatal programs are generally challenging (Best

Start Resource Center, 2012; Matthey et al., 2009), it is recommended to integrate activities for fathers in services they already attend (Matthey et al., 2009). Besides, because men attend prenatal classes mainly to accompany their partner (Premberg & Lundgren, 2006), and are more likely to participate to prenatal classes if their partner is also present (Shia & Alabi, 2013), all the sessions should be integrated into the existing prenatal classes.

Finally, the intervention was provided to expectant fathers only, whereas expectant mothers were attending activities with a prenatal nurse educator. Some prenatal programs promoting the paternal role are offered to fathers and their partner (Sheehy, 2006; Villeneuve & McDiarmid, 2010), reflecting the current trend regarding educational interventions in the prenatal period. These programs are, however, more oriented toward marital relationship and parenting (Petch & Halford, 2008; Pinquart & Teubert, 2010). Both these approaches present advantages, but educational interventions specifically designed for future fathers are meeting their unique needs. A reflection on ways to integrate future mothers as part of the educational intervention, without losing the focus on transition to fatherhood, is necessary.

Recommendations for Nursing Practice

This clinical project allowed expectant fathers to develop a sense of mastery of the anticipated paternal role. In addition, they reported high satisfaction with the education intervention, content, and format. These positive results reinforce the relevance of integrating such an intervention in prenatal classes. Health-care professionals who wish to implement this intervention in their community health center should ensure they have the proper resources (Robertson & Jochelson, 2006) and that the intervention is adapted to their clientele (Hagan & Bu-jold, 2013), to ensure the acceptability, feasibility, and sustainability of its implementation.

Regarding the content of educational intervention, it would be appropriate to put more emphasis on subjects related to the marital relationship, paternal models, as well as gains and losses associated with fatherhood. Participants of the clinical project did not seem to get enough information about these subjects, and expectant fathers in general are not sufficiently prepared to changes associated with fatherhood (Chin et al., 2011; Deave & Johnson, 2008; Fletcher et al., 2004; May & Fletcher, 2013). Interactive and action-oriented activities, such as case

Encouraging future fathers to read the booklets with their partner would initiate discussions among partners about the father's role.

studies, discussions in small groups, and the testimony of a couple of future parents, could be used because these active learning methods were highly appreciated by the participants of the educational intervention. Finally, because online resources on pregnancy and childbirth are important sources of information for parents (Billingham, 2011; Lima Pereira, Bermúdez-Tamayo, & Jasienska, 2011), the educational intervention could include more links to reliable websites (Chin et al., 2011; Kowlessar et al., 2014; Lima-Pereira et al., 2011) that meet the quality criteria of online health information (Eysenbach, Powell, Kuss, & Sa, 2002).

The results of this clinical project lead us to recommend mixed groups of first-time and experienced fathers, to bring diversity and richness to discussions and allow participants to learn from each other. This recommendation is congruent with an active learning method, which encourages learners to build on prior knowledge, share experiences, and develop their skills through contacts with their peers (National Health Service, 2011). However, a special attention to the specific learning needs of experienced fathers should be paid so that they will not only act as a model for their colleagues but also learn from the educational intervention. For instance, experienced fathers could be met separately to have a tailored intervention addressing their own learning needs.

The complementary booklets given to participants at the end of the sessions, which are also a strategy recommended by several authors (Friedewald et al., 2005; Kowlessar et al., 2014; Sheehy, 2006), is an educational tool that would also be relevant for expectant mothers. Indeed, encouraging future fathers to read the booklets with their partner would initiate discussions among partners about the father's role. This written documentation could also be given to all mothers whose partner does not attend prenatal classes, so they both learn on fatherhood and paternal role. Moreover, the booklets could be offered to all couples at the maternity unit because their content on infant behavior, infant care, and ways to interact with him or her is relevant for new parents.

Finally, it would be essential to train prenatal nurse educators regarding the educational intervention content and interactive format, complementary

booklets, as well as on ways to approach men and interact with them. These nurse educators could afterward act as mentors or champions (NICE, 2007) among other health-care professionals to value the paternal role and promote a centered approach on the fathers' needs, experience, and learning style that support men in their transition to fatherhood.

Recommendations for Research

With the ultimate objective of evaluating the effects of the educational intervention on the success of the transition of expectant fathers to fatherhood, it would be pertinent to conduct a pilot study in the first place to assess the acceptability and feasibility of both the intervention and research methods (Feeley & Cossette, 2015, 2016). Questions related to the content of the intervention could be further addressed (Feeley & Cossette, 2015), such as the relevance of the complementary booklets, their readability for users with low literacy, and specific contribution to the acquisition of fathers' knowledge. Moreover, because many authors highly recommend using the Internet as a learning tool with expectant fathers (Chin et al., 2011; Deave & Johnson, 2008; Kowlessar et al., 2014; Lima-Pereira et al., 2011; Shia & Alabi, 2013), it would be interesting to include this virtual support and assess its appropriateness and convenience (Sidani & Braden, 2011) for future fathers. The feasibility of tailoring the intervention for novice and experienced fathers could also be evaluated, along with the identification of the aspects of the intervention that should be tailored (Feeley & Cossette, 2016). This evaluation would allow identifying differences and similarities in learning needs between these two categories of participants and could lead to the development of better tailored interventions.

CONCLUSION

A nursing intervention, composed of educational sessions and complementary booklets, has been developed, implemented, and evaluated with expectant fathers attending prenatal classes. Based on the conceptual framework of the preventive role supplementation (Meleis, 1975; Meleis et al., 1980; Swendsen et al., 1978), the intervention content and interactive learning methods seem to have allowed expectant fathers to develop a sense of mastery of the anticipated paternal role. The positive results of the educational intervention support the relevance of implementing this project in other

clinical settings offering prenatal classes. However, further studies are needed to assess the effects of this educational intervention in various clienteles of expectant fathers.

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REFERENCES

- Ahldén, I., Ahlehagen, S., Dahlgren, L. O., & Josefsson, A. (2012). Parents' expectations about participating in antenatal parenthood education classes. *The Journal of Perinatal Education*, 21(1), 11–17. <http://dx.doi.org/10.1891/1058-1243.21.1.11>
- Alio, A. P., Lewis, C. A., Scarborough, K., Harris, K., & Fiscella, K. (2013). A community perspective on the role of fathers during pregnancy: A qualitative study. *BMC Pregnancy and Childbirth*, 13, 60. <http://dx.doi.org/10.1186/1471-2393-13-60>
- Allen, S., & Daly, K. (2002). The effects of father involvement: A summary of the research evidence. *Newsletter of the Father Involvement Initiative—Ontario Network*, 1, 1–11.
- Bellerose, C. (2008). *Pour une appréciation de l'état de santé de la population: Synthèse du portrait type du RLS de Jardins-Roussillon* [For an assessment of the population's health: Portrait synthesis of the local network of services of Jardins-Roussillon]. Retrieved from http://www.santemonteregie.qc.ca/userfiles/file/jardins-roussillon/portrait_type_rls_jr.pdf
- Best Start Resource Centre. (2012). *Étape par étape: Engagement des pères dans les programmes pour familles* [Step by step: Engaging fathers in programs for families]. Retrieved from http://www.meilleurdepart.org/resources/howto/pdf/BSRC_Engaging_Fathers_fn.pdf
- Billingham, K. (2011). Preparing for parenthood: The role of antenatal education. *Community Practitioner*, 84(5), 36–38.
- Cabrera, N. J., Fagan, J., & Farrie, D. (2008). Explaining the long reach of fathers' prenatal involvement on later paternal engagement. *Journal of Marriage and Family*, 70(5), 1094. <http://dx.doi.org/10.1111/j.1741-3737.2008.00551.x>
- California Department of Public Health. (2015). *California baby behavior campaign*. Retrieved from <http://www.cdph.ca.gov/programs/wicworks/Pages/WICCaliforniaBabyBehaviorCampaign.aspx>
- Chamberland, G., Lavoie, L., & Marquis, D. (2003). *20 Formules pédagogiques* [20 Teaching formulas]. Sainte-Foy, Québec, Canada: Presses de l'Université du Québec.

- Chin, R., Hall, P., & Daiches, A. (2011). Fathers' experiences of their transition to fatherhood: A metasynthesis. *Journal of Reproductive and Infant Psychology*, 29(1), 4–18. <http://dx.doi.org/10.1080/02646838.2010.513044>
- Davidson, M., & Johnstone, P. (2008). *Involving men in antenatal education: The dads2b course: An evaluation of innovative practice and partnership working*. Retrieved from <http://www.wlcsurestart.org.uk/DADS%202%20B%20-%20article.pdf>
- Deave, T., & Johnson, D. (2008). The transition to parenthood: What does it mean for fathers? *Journal of Advanced Nursing*, 63(6), 626–633. <http://dx.doi.org/10.1111/j.1365-2648.2008.04748.x>
- Deslauriers, J. M., & Villeneuve, R. (2012). La préparation prénatale: Accompagner les pères et les couples [Prenatal preparation: Supporting fathers and couples]. In F. de Montigny, A. Devault, & C. Gervais (Eds.), *The birth of the family. Supporting parents and children in the perinatal period* (pp. 198–217). Montreal, Québec, Canada: Chenelière Éducation.
- Eysenbach, G., Powell, J., Kuss, O., & Sa, E.-R. (2002). Empirical studies assessing the quality of health information for consumers on the World Wide Web. A systematic review. *JAMA*, 287(20), 2691–2700. <http://dx.doi.org/10.1001/jama.287.20.2691>
- Feeley, N., & Cossette, S. (2015). Testing the waters. Pilot-ing a complex intervention. In D. A. Richards & I. R. Hallberg (Eds.), *Complex interventions in health. An overview of research methods* (pp. 166–174). New York, NY: Routledge.
- Feeley, N., & Cossette, S. (2016). Pilot studies for randomized clinical trials. In S. J. Henly (Ed.), *The Routledge international handbook of advanced quantitative methods in nursing research* (pp. 199–212). New York, NY: Routledge.
- Fletcher, R., Silberberg, S., & Galloway, D. (2004). New fathers' postbirth views of antenatal classes: Satisfaction, benefits, and knowledge of family services. *The Journal of Perinatal Education*, 13(3), 18–26. <http://dx.doi.org/10.1624/105812404X1734>
- Friedewald, M. (2007). Facilitating discussion among expectant fathers: Is anyone interested? *The Journal of Perinatal Education*, 16(2), 16–20. <http://dx.doi.org/10.1624/105812407X192424>
- Friedewald, M., Fletcher, R., & Fairbairn, H. (2005). All-male discussion forums for expectant fathers: Evaluation of a model. *The Journal of Perinatal Education*, 14(2), 8–18. <http://dx.doi.org/10.1624/105812405X44673>
- Genesoni, L., & Tallandini, M. A. (2009). Men's psychological transition to fatherhood: An analysis of the literature, 1989–2008. *Birth*, 36(4), 305–318. <http://dx.doi.org/10.1111/j.1523-536X.2009.00358.x>
- Hagan, L., & Bujold, L. (2013). *Éduquer à la santé. L'essentiel de la théorie et des méthodes* [Education to health. The essentials of the theory and methods]. Québec City, Québec, Canada: Presses de l'Université Laval.
- Halle, C., Dowd, T., Fowler, C., Rissel, K., Hennessy, K., MacNevin, R., & Nelson, M. A. (2008). Supporting fathers in the transition to parenthood. *Contemporary Nurse*, 31, 57–70.
- Jungmarker, E. B., Lindgren, H., & Hildingsson, I. (2010). Playing second fiddle is okay—Swedish fathers' experiences of prenatal care. *Journal of Midwifery & Women's Health*, 55, 421–429. <http://dx.doi.org/10.1016/j.jmwh.2010.03.007>
- Kowlessar, O., Fox, J. R., & Wittkowski, A. (2014). The pregnant male: A metasynthesis of first-time fathers' experiences of pregnancy. *Journal of Reproductive and Infant Psychology*, 33(2), 106–127. <http://dx.doi.org/10.1080/02646838.2014.970153>
- Lee, J., & Shmied, V. (2001). Involving men in antenatal education. *British Journal of Midwifery*, 9(9), 559–561. <http://dx.doi.org/10.12968/bjom.2001.9.9.9422>
- Lima-Pereira, P., Bermúdez-Tamayo, C., & Jasienska, G. (2011). Use of the Internet as a source of health information amongst participants of antenatal classes. *Journal of Clinical Nursing*, 21, 322–330. <http://dx.doi.org/10.1111/j.1365-2702.2011.03910.x>
- Martin, L. T., McNamara, M. J., Milot, A. S., Halle, T., & Hair, E. C. (2007). The effects of father involvement during pregnancy on receipt of prenatal care and maternal smoking. *Maternal and Child Health Journal*, 11, 595–602. <http://dx.doi.org/10.1007/s10995-007-0209-0>
- Matthey, S., Reay, R., & Fletcher, R. (2009). Service strategies for engaging fathers in the perinatal period—what have we learned so far? *International Journal of Mental Health Promotion*, 11(2), 29–41. <http://dx.doi.org/10.1080/14623730.2009.9721785>
- May, C., & Fletcher, R. (2013). Preparing fathers for the transition to parenthood: Recommendations for the content of antenatal education. *Midwifery*, 29, 474–478. <http://dx.doi.org/10.1016/j.midw.2012.03.005>
- Meleis, A. I. (1975). Role insufficiency and role supplementation: A conceptual frame- properties and dimensions to establish its work. In A. I. Meleis (Ed.), *Transitions theory: Middle-range and situation-specific theories in nursing research and practice* (pp. 13–24). New York, NY: Springer Publishing.
- Meleis, A. I., Swendsen, L., & Jones, D. (1980). Preventive role supplementation: A grounded conceptual framework. In A. I. Meleis (Ed.), *Transitions theory: Middle-range and situation-specific theories in nursing research and practice* (pp. 514–522). New York, NY: Springer Publishing.
- National Health Service. (2011). *Preparation for birth and beyond: A resource pack for leaders of community groups and activities*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215386/dh_134728.pdf
- National Institute for Health and Care Excellence. (2007). *How to change practice: Understand identify and overcome barriers to change*. London, United Kingdom: Author.
- National Public Health Institute of Quebec. (2009). *Animer un processus de transfert des connaissances. Bilan des connaissances et outil d'animation* [Leading a knowledge transfer process. Literature review and animation tool]. Retrieved from https://www.inspq.qc.ca/pdf/publications/1012_AnimerTransfertConn_Bilan.pdf
- Petch, J., & Halford, W. K. (2008). Psycho-education to enhance couples' transition to parenthood.

- Clinical Psychology Review*, 28, 1125–1137. <http://dx.doi.org/10.1016/j.cpr.2008.03.005>
- Pinquart, M., & Teubert, D. (2010). A meta-analytic study of couple interventions during the transition to parenthood. *Family Relations*, 59, 221–231. <http://dx.doi.org/10.1111/j.1741-3729.2010.00597.x>
- Poh, H. L., Koh, S. S. L., Seow, H. C. L., & He, H.-G. (2014). First-time fathers' experiences and needs during pregnancy and childbirth: A descriptive qualitative study. *Midwifery*, 30(6), 779–787. <http://dx.doi.org/10.1016/j.midw.2013.10.002>
- Premberg, A., & Lundgren, I. (2006). Fathers' experiences of childbirth education. *The Journal of Perinatal Education*, 15(2), 21–28. <http://dx.doi.org/10.1624/105812406X107780>
- Public Health Agency of Canada. (2007). *My daddy matters because... Fatherhood: It's the best job on the planet*. Retrieved from http://www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/pdf/nfp_toolkit_eng.pdf
- Quebec Ministry of Health and Social Services. (2008). *Politique de périnatalité 2008-2018—synthèse* [Perinatal policy 2008-2018—synthesis]. Retrieved from <http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2008/08-918-02.pdf>
- Quebec National Capital Health and Social Services. (2006). *Devenir parents* [Becoming parents]. Retrieved from <http://www.dspq.qc.ca/documents/3devenirparents.pdf>
- Robertson, R., & Jochelson, K. (2006). *Interventions that change clinician behaviour: Mapping the literature*. Retrieved from <https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/Support-for-service-improvement-and-audit/Kings-Fund-literature-review.pdf>
- Rycroft-Malone, J., Harvey, G., Seers, K., Kitson, A., McCormack, B., & Titchen, A. (2004). An exploration of the factors that influence the implementation of evidence into practice. *Journal of Clinical Nursing*, 13, 913–924. <http://dx.doi.org/10.1111/j.1365-2702.2004.01007.x>
- Sheehy, S. (2006). *Fatherhood support program: Outline and guidelines for father's antenatal education sessions: Women's and Children's Hospital and The Queen Elizabeth Hospital Adelaide*. Retrieved from http://www.wch.sa.gov.au/services/az/other/nwcfip/fatherhood/files/fatherhood_antenatal_updated_session_plan.pdf
- Shia, N., & Alabi, O. (2013). An evaluation of male partners' perceptions of antenatal classes in a national health service hospital: Implications for service provision in London. *The Journal of Perinatal Education*, 22(1), 30–38. <http://dx.doi.org/10.1891/1058-1243.22.1.30>
- Sidani, S., & Braden, C. J. (2011). *Design, evaluation, and translation of nursing interventions*. West Sussex, United Kingdom: Wiley.
- Steen, M., Downe, S., Bamford, N., & Edozien, L. (2012). Not-patient and not-visitor: A metasynthesis fathers' encounters with pregnancy, birth and maternity care. *Midwifery*, 28, 362–371. <http://dx.doi.org/10.1016/j.midw.2011.06.009>
- Svensson, J., Barclay, L., & Cooke, M. (2008). Effective antenatal education: Strategies recommended by expectant and new parents. *The Journal of Perinatal Education*, 17(4), 33–42. <http://dx.doi.org/10.1624/105812408X364152>
- Swendsen, L. A., Meleis, A. I., & Jones, D. (1978). Role supplementation for new parents—a role mastery plan. In A. I. Meleis (Ed.), *Transitions theory: Middle-range and situation-specific theories in nursing research and practice* (pp. 523–531). New York, NY: Springer Publishing.
- Symon, A., & Lee, J. (2003). Including men in antenatal education: Evaluating innovative practice. *Evidence Based Midwifery*, 1(1), 12–19.
- Villeneuve, R., & McDiarmid, L. (2010). *Six fiches atelier pour les pères pour les accompagner dans les cours prénatals* [Six workshop cards for fathers to accompany them in prenatal classes]. Retrieved from <http://docplayer.fr/16544105-Six-fiches-atelier-pour-les-peres-pour-les-accompagner-dans-les-cours-prenatals.html>

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