PREPARED DAD FOUNDATION

POLICY SUBMISSION

Engaging Fathers to Improve Postpartum Care

Submission to the Select Committee on Women's Health — Inquiry into Postpartum Healthcare

SUBMISSION TO
Select Committee on Women's Health

INQUIRY
Postpartum Healthcare in Australia

SUBMITTED BY
Prepared Dad Foundation — September 2026

> *"Postpartum recovery does not happen in isolation. The father in the next room is more likely to be the mother's greatest support — if he is also supported and informed about his role in her care."*
>
> PREPARED DAD FOUNDATION

KEY RECOMMENDATION

That fathers be engaged as part of the perinatal health care team around the mother and baby, and equipped with the knowledge, confidence and practical skills to provide a genuinely higher standard of support than most are currently able to offer. The Committee should fund a pilot and independent evaluation of structured father preparation models to build the evidence base for this approach.

Contact: Steven Kennedy, Prepared Dad Foundation — Steven@preparedad.org.au

(The Prepared Dad Foundation has separately made a submission to the Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032.)

Contents

Introduction.....3

About the Prepared Dad Foundation.....3

The Case for Father-Inclusive Postpartum Care.....3

Why Father Involvement Improves Postpartum Outcomes.....4

Fathers Experiencing Infant Loss.....5

Building Father Capability.....6

What Structured Preparation Can Achieve.....6

An Illustrative Example: The Prepared Dad Program.....7

Recommendations.....9

Conclusion.....9

References.....10

Introduction

The Prepared Dad Foundation welcomes the opportunity to respond to the Select Committee on Women's Health's inquiry into postpartum healthcare in Australia.

This submission argues: that fathers should be recognised as part of the perinatal health care team around the mother and baby. If they are equipped, through knowledge, preparation and confidence-building, they can provide a genuinely higher standard of support than most fathers are currently able to offer. A supported, confident and well-informed father is better placed to support the mother's physical and psychological recovery, to respond appropriately to a baby's needs, and to share the practical and emotional load of early parenthood.

Through delivering the Prepared Dad Program nationally, the Foundation has become increasingly aware of a broader pattern: this generation of first time fathers want to support the mother's postpartum recovery well, but are rarely given the support to do so. This submission draws on that experience, together with the published evidence base on postpartum mental health and father involvement.

The program's own intake data provides clarity on that gap. Of the fathers who register for the program before completing any preparation, the large majority already want to be engaged, informed partners in their family's care — but only a minority feel they have the practical knowledge to do so well. The full breakdown of the self reported starting point for today's fathers is set out under *Building Father Capability*, below.

About the Prepared Dad Foundation

The Prepared Dad Foundation is a registered Australian health promotion charity dedicated to creating a culture of partnership and mutual support between first-time parents.

The Foundation was established after founder Steven Kennedy's experience of the life-threatening birth of his son in 2017. Steven recognised first-hand how unprepared many fathers are for childbirth, the realities of early parenthood, and the support role they are expected to play during one of the most vulnerable phases in a family's life.

Our mission is to prepare expectant first time fathers for childbirth and early parenthood by equipping them with knowledge, practical skills and emotional tools, inspiring them to reach their full perinatal potential and strengthening health and resilience for the whole family.

The Foundation delivers the Prepared Dad Program and provides ongoing peer support, including monthly check-ins and a private online community. Nearly 500 fathers registered for the program in 2025–26, delivered through recruitment relationships with 25 partner maternity hospitals and services across New South Wales, Western Australia and Queensland, Tasmania and the ACT.

The Foundation's work is grounded in the belief that informed, involved and emotionally engaged fathers contribute positively to maternal wellbeing, child development, relationship quality, self and whole family resilience.

The Case for Father-Inclusive Postpartum Care

Optimum recovery from pregnancy, labour and birth and the cumulative effects of sleep deprivation, depends heavily on practical support at home. In Australia this support is often provided by the father of the child with

less than optimum understanding of maternal perinatal health. Today's generation of fathers have a limited understanding of matrescence, post natal depletion or the baby blues but, as the foundation has discovered over the last 5 years, they are ready and willing to engage.

There is a further, practical economic case for engaging fathers. A supportive father is present in the home continuously, in a way that the formal postpartum care system — with scheduled appointments and finite home-visits— structurally cannot be. Fathers are typically the first person available during a difficult night feed, the first to notice a physical or mental health warning sign, and the ones filling the gaps between appointments, regardless of whether they are equipped to do so well. Investing in father capability is not a transfer of cost onto families; it is a recognition that this support is already being provided, largely without training, and that better-equipped fathers are likely to ease demand on stretched postpartum services — through fewer avoidable presentations to emergency departments and general practice, better follow-through on recovery and mental health referrals, and earlier identification of complications at home. This is consistent with international evidence that involving fathers in antenatal care is associated with improved healthcare utilisation by mothers (Suandi, Williams & Bhattacharya, 2019).

Beyond the practical, in-home case set out above, there is a broader economic argument for investing in father capability. Perinatal depression and anxiety alone are estimated to cost Australia $877 million in their first year of onset — in lost productivity, health service use and wellbeing impacts — with a further $5.2 billion in lifetime costs attributable to the children of affected parents (PwC Australia, commissioned by Gidget Foundation, 2019). Equipping fathers to notice early warning signs and support recovery is a modest, low-cost intervention relative to the downstream costs it may help avoid.

This is not a hypothetical gap. In the Prepared Dad Program's own intake survey of 145 expectant fathers — completed before any preparation — the pattern is stark: fathers overwhelmingly have the right attitude (89% understood the importance of being an involved, engaged father; 88% felt comfortable discussing birth and early parenting with their partner) but only a minority have the practical knowledge to act on it (only 17% understood what postpartum recovery involves and felt confident they could support their partner and baby through it; only 15% were aware of ways to help relieve labour pain). A more detailed breakdown is set out under *Building Father Capability*, below.

Why Father Involvement Improves Postpartum Outcomes

A growing body of evidence suggests that engaging fathers is not simply a courtesy — it is associated with better outcomes for women, directly relevant to best-practice postpartum care models.

A systematic review of psychosocial interventions involving fathers and family members in the support of women at risk of, or experiencing, perinatal depression and anxiety (Noonan, Jomeen & Doody, 2021) found that eight of nine reviewed studies reported meaningful improvements in maternal depression and/or anxiety outcomes where fathers were included in the intervention.

This is consistent with broader evidence on father engagement. A systematic review by Sarkadi et al. (2008) found that positive father involvement is associated with improved social, emotional and cognitive outcomes for children, while the American Academy of Pediatrics (Yogman & Garfield, 2016) has identified father engagement as an important contributor to maternal wellbeing and family functioning. Research by John and Julie Gottman (2007) has also shown that couples who develop strong communication and teamwork skills are better able to navigate the transition to parenthood, strengthening the capacity of the whole family system to adapt and recover.

> *My wife has said that she attributes how well she managed to go through the birth,*

> *despite a somewhat difficult and painful one, to how prepared and calm I was.*
>
> PREPARED DAD PROGRAM PARTICIPANT

THE CENTRAL PROPOSITION OF THIS SUBMISSION

Fathers should be recognised as part of the perinatal health care team around the mother and baby and equipped, through structured preparation, to provide a standard of practical and emotional support that most are not currently able to offer, including when a family is grieving the loss of a baby.

Fathers Experiencing Infant Loss

The Prepared Dad Foundation particularly welcomes the Committee's explicit recognition, in Terms of Reference item 1.1, that postpartum mental and physical health support must extend to "mothers and their partners including those who have experienced infant loss." This is one of the clearest and most consequential gaps in Australia's current postpartum care system.

The Prepared Dad Foundation does not currently deliver a broader clinical bereavement program, and we are careful not to overstate our expertise in this specific area of care. However, our broader work preparing fathers for the perinatal period has made us acutely aware of how little structured support exists once a father's role shifts from expectant parent to bereaved parent — and how readily that father can fall outside the reach of both maternal-focused bereavement services and men's health services more generally.

SNAPSHOT: THE BEREAVED DAD BROTHERHOOD

One direct response the Foundation has already built is the Bereaved Dad Brotherhood — a free, online peer support community for fathers who have experienced the loss of a pregnancy, infant or child. It is delivered jointly with the UK charity 4Louis, with input from a perinatal psychologist, and runs as a monthly bereavement support circle open to fathers in Australia and the UK, backed by an active WhatsApp group community members can use to stay in touch between sessions, giving bereaved fathers a confidential space to connect with others who understand their experience. The Foundation raises it here as one practical, low-cost example of accessible, father-specific bereavement support — not as a claim that peer support alone is sufficient, or that it should substitute for the formal clinical and hospital-based bereavement pathways.

We submit that this is precisely the kind of gap the Committee is well placed to close: not by treating father bereavement support as a niche addition, but by ensuring that the postpartum care models examined throughout this inquiry — discharge planning, follow-up care, mental health referral pathways — explicitly include fathers after infant loss as a matter of routine practice, not exception.

Building Father Capability

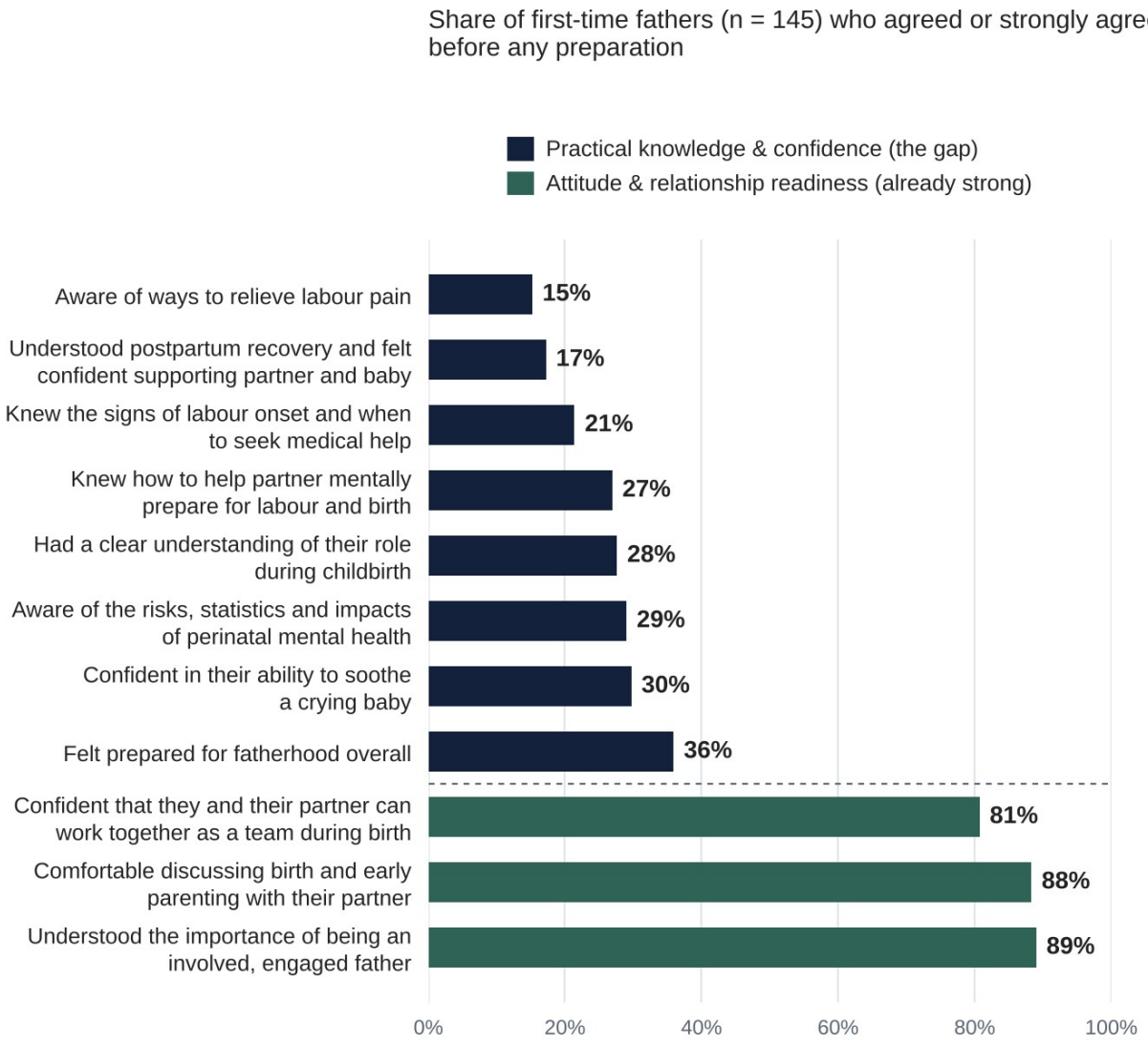
What Structured Preparation Can Achieve

The evidence set out earlier in this submission points to a consistent conclusion: fathers who are supported and prepared — through knowledge, practical skills and confidence-building — are more likely to provide significantly better support than fathers who are not. This is not a claim specific to any one program; it is the underlying case for investing in father capability as a matter of postpartum care policy.

Most fathers currently enter the postpartum period with little more preparation than what they have absorbed informally. Expectations on modern fathers have rapidly increased over the last few decades and there has not been a requisite systems and sociocultural response to support this change. The consequence is not that fathers are unwilling, the evidence in this submission suggests the opposite, it's that there is a missed opportunity to lift their capability before birth to ensure fathers are equipped to wrap around new mothers and babies throughout the perinatal period.

The program's own intake data illustrates how wide this gap is before any preparation takes place. Of the 145 expectant fathers surveyed on registration, a consistent pattern emerges: fathers rate their own motivation and relationship readiness highly, but rate their practical and clinical knowledge low. 89% agreed or strongly agreed that they understood the importance of being an involved, engaged father; 88% felt comfortable discussing birth and early parenting with their partner; and 81% felt confident they could work as a team with their partner during birth. Yet on the practical and clinical items the picture reverses: only 36% felt prepared for fatherhood overall, only 30% felt confident they could soothe a crying baby, only 29% were aware of the risks, statistics and impacts of perinatal mental health, only 21% felt knowledgeable about the signs of labour onset and when to seek medical help, only 17% understood what postpartum recovery involves and felt confident they could support their partner and baby through it, and only 15% were aware of ways to relieve labour pain.

This pattern — high motivation paired with low practical knowledge — is the clearest evidence available that the barrier to better father involvement in postpartum care is not willingness. Fathers already want to be engaged, informed partners in their family's care. What they lack, overwhelmingly, is the structured preparation that would let them act on that motivation effectively.



Starting-point survey results (n = 145), before any preparation

Source: Prepared Dad Program intake questionnaire, self-reported, completed before any program content (same 145-father cohort cited in the evaluation data below).

Structured preparation changes this. Where fathers are given clear information, practical skills and the confidence to use them, they are better placed to support a mother's physical and psychological recovery, to notice and respond to warning signs, and to take on a genuine, informed share of caregiving — rather than support that is well-intentioned but under-equipped.

An Illustrative Example: The Prepared Dad Program

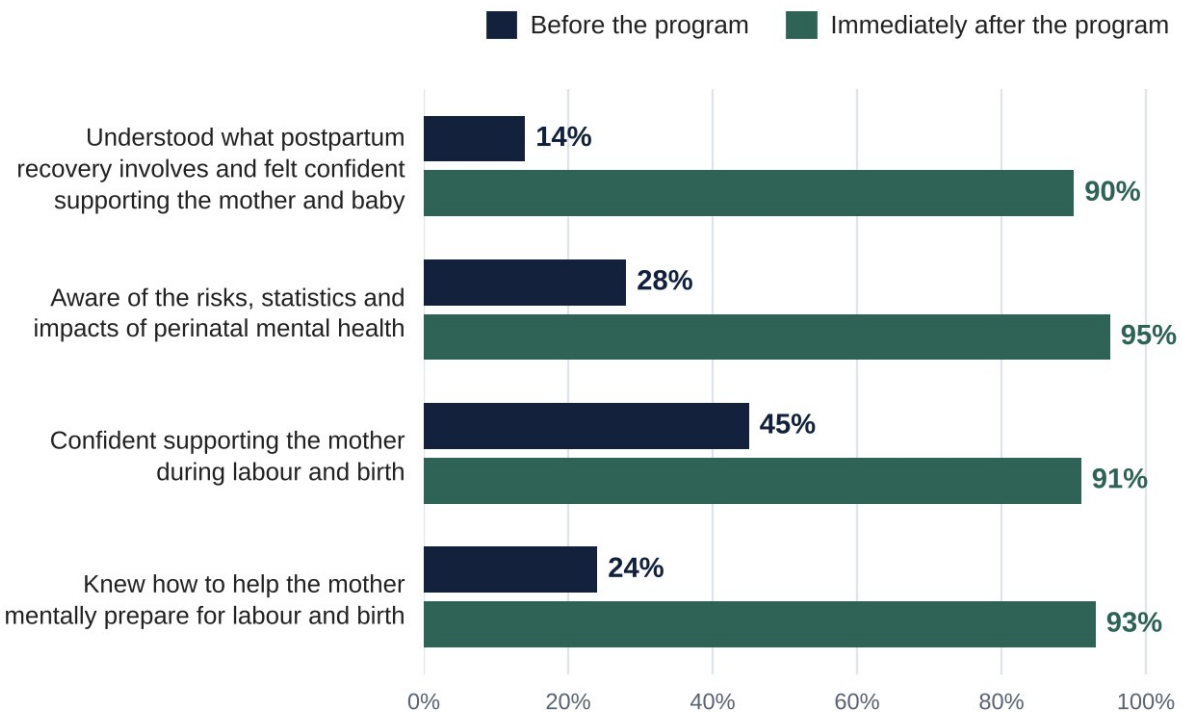
The Prepared Dad Foundation offers the Prepared Dad Program as one working example of what structured father preparation looks like in practice, not as the only model the Committee should consider. The program is a father-focused online education and support intervention, delivered nationally to hundreds of Australian expectant fathers, building knowledge, confidence and relational and emotional literacy across the perinatal period.

The Foundation does not claim that this program alone resolves the gaps identified in this submission, and has partnered with Curtin University, together with Western Sydney University and Tresillian, on a mixed-methods, ethics-approved academic evaluation of whether, and how, the program changes participants' knowledge, confidence and attitudes. The evaluation measures fathers before the program, immediately afterwards, and again roughly one to two months later. Preliminary results, matching individual respondents across time points

via an anonymous identifier, are consistent with the broader case made above: that structured preparation measurably shifts a father's knowledge, confidence and engagement.

Of 145 fathers surveyed before the program and 81 immediately afterwards, 58 could be matched to the same individual across both time points, including a small number of near-matches where a father entered a slightly different version of his anonymous ID between surveys. Among this matched group, average self-rated knowledge and confidence (on a composite five-point scale) rose from 3.2 to 4.2, with 57 of the 58 matched respondents improving. A smaller group of 9 fathers, matched across all three time points including roughly six to ten weeks after the program, maintained this improvement, with an average score of 4.3 and every one of the 9 showing improvement relative to their own pre-program baseline.

Share of matched respondents (n = 58) who agreed or strongly agreed with each statement, before the program versus immediately afterwards:



Matched respondents' capability scores (n = 58), before versus immediately after the program

Source: Curtin University-led evaluation, preliminary data, self-reported.

> *This course has really prompted some beautiful conversations between my partner and myself. It's ultimately reinforced our strengths and acknowledged our areas of improvement.*
>
> PREPARED DAD PROGRAM PARTICIPANT

These preliminary figures come from the program's own evaluation; a fuller, independent analysis by Curtin University, Western Sydney University and Tresillian — including qualitative interviews — is under way and has human research ethics approval. The Foundation offers this data as one data point in support of the general case above — that capability-building works.

Recommendations

The Prepared Dad Foundation recommends that the Committee's inquiry into postpartum healthcare:

1. Formally include fathers in postpartum care models where possible. Postpartum care planning — including hospital discharge planning, home visiting programs and Maternal and Child Health checks — should recognise the father as a support resource and include them in relevant conversations, information and follow-up, alongside the mother's own care.

2. Extend perinatal mental health screening to fathers as routine, funded practice. The National Perinatal Mental Health Guideline already recommends offering screening to non-birthing parents in the antenatal and postnatal periods. The Committee should examine funding and implementation pathways.

3. Ensure postpartum bereavement care routinely includes fathers after infant loss. Hospital discharge planning and follow-up care after stillbirth or neonatal death should explicitly include the father as a grieving parent in their own right — not solely as a support to the mother.

4. Train postpartum health professionals to engage fathers as part of family-centred care. Training for GPs, midwives, maternal and child health nurses and allied health professionals should include guidance on appropriately and effectively engaging fathers as part of the mother's postpartum care team, including in the context of infant loss.

5. Fund a pilot and independent evaluation of structured father preparation models. The Australian Government should fund a structured pilot of father capability-building models — programs that build fathers' knowledge, confidence and practical skills across the perinatal period.

Conclusion

Australia is rightly focused on improving postpartum healthcare for women. This submission proposes one practical way to strengthen that system: recognising fathers as part of the perinatal health care team around the mother and baby, and equipping them — through knowledge, preparation and confidence-building — to provide a standard of support that is genuinely better than what most fathers can currently offer, across routine postpartum recovery and, with particular urgency, in the aftermath of infant loss.

The evidence is clear that father engagement matters to postpartum outcomes. Father-inclusive interventions have been associated with improved maternal mental health outcomes, and engaged fathers contribute to maternal wellbeing, relationship functioning and family resilience more broadly. Where a family has experienced infant loss, the evidence is equally clear that fathers are too often left outside a system built around the mother — not because their grief matters less, but because the system has not been designed to reach them.

The Prepared Dad Foundation does not suggest that father involvement is a substitute for direct clinical care, nor that it addresses every barrier women face in postpartum recovery. Rather, we submit that fathers represent an underused resource within the postpartum care system: present, motivated, and largely unsupported in playing that role well.

Making fathers more capable, confident and knowledgeable is not a peripheral idea — it is a practical, underused lever for lifting the standard of support mothers and babies receive through postpartum recovery, including through the loss of a baby. The Prepared Dad Foundation believes the time has come to invest in it.

We thank the Committee for the opportunity to contribute to this inquiry, and would welcome the opportunity to discuss this submission further.

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