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the voice of the Army community

Briefing

November 2017

Parenthood in the Armed Forces - identifying the issues and support required

A significant number of Service personnel become parents whilst serving in the Armed Forces, and due to the unique nature of Service life - deployment and training, separation and isolation - this can create issues and concerns for parents and their wider family. AFF would like to see these issues and concerns acknowledged, so that future support and provision can be considered and, where required, improved upon.

Karen Ross
Health & Additional Needs Specialist
07552 861983
additionalneeds@aff.org.uk

Background

As part of AFF's 2017 'Transition' theme, AFF has investigated the impact of Service life on Army families' transition to becoming new parents.

Transition to motherhood is one of the most common life transitions experienced by women and can signify a period of great disruption, with risk to both the mother and baby's health and wellbeing, but also with a risk to family stability (Nelson,2003)¹.

With health, wellbeing and family in mind, AFF looked at parenthood from conception to birth within a variety of different circumstances unique to military life: dual serving, living overseas and separation due to deployment and training.

AFF investigated the support that was available, both from the chain of command (CoC) and outside organisations and agencies. As a result of using qualitative data (derived from the enquiries we receive and interviews with families for the Army&You magazine), alongside anecdotal evidence, we have identified some gaps in provision and reoccurring concerns.

Issues

1. Assisted conception

1.1 Lifestyle choice

AFF receives a steady number of enquiries about assisted conception treatment, particularly IVF. The Army has a relatively young demographic, with the majority being of child bearing age. Statistics suggest that one in seven couples may have difficulty conceiving², so within the Army there will be a significant number of couples diagnosed with infertility.

Some couples have experienced a lack of sensitivity and support from their welfare teams and CoC; often, couples are told that assisted conception treatment is a 'lifestyle choice'. However, the World Health Organisation classifies infertility as 'a disease and, as with any other medical condition, it is deserving of treatment. If left untreated, infertility can result in stress, anxiety, depression and the breakdown of relationships'³.

1.2 Geographical stability

A number of enquiries related to geographical stability and there is an MOD Assisted Conception and Fertility Policy⁴ that supports this. It sets out the process for Service personnel to follow, when considering assisted conception, to ensure that the CoC can support and provide geographical stability.

However, the policy's overriding message is that the needs of the Service come first. This has, therefore, in some cases, resulted in treatment being disrupted or abandoned, or the spouse having to undergo treatment unaccompanied. Couples are often left with a difficult decision, do they stay together and move, or do they live unaccompanied? If they opt for living unaccompanied, retention of their SFA can also pose problems because they are often required to submit very personal and confidential medical information to justify it.

AFF View

AFF would like to see greater understanding from the CoC about infertility issues and how mobility and separation can greatly impact on treatment and outcome. Although

¹ Nelson, A. M. (2003), Transition to Motherhood. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 32: 465-477

² <http://www.nhs.uk/conditions/Infertility/pages/introduction.aspx>

³ http://www.fertilityfairness.co.uk/wp-content/uploads/2016/12/IVF_Infographic-2016.pdf

⁴ Assisted Conception and Fertility Policy, 2016DIN01-052

there is a policy supporting geographical stability, this is not always granted, even though it may be crucial to the success of the treatment.

2. Support from the Serving spouse/partner

2.1 Serving spouse being present at the birth

A number of pregnant spouses AFF spoke to mentioned their anxiety about the risk of their husband or partner not being present at the birth, due to their Service commitments. They spoke of the constant uncertainty of either their spouse being deployed, or for those living unaccompanied, whether they would get back home in time.

Another concern was whether, in cases of premature labour or other medical emergencies, they would be able to easily contact their spouse and whether they would be allowed to come home, if serving overseas or some distance from the family home. Other women spoke about the uncertainty of imminent deployment or unpredictable working hours being a concern during their pregnancy.

2.2 Parental leave

Those women who did have their husband/partner present at the birth were concerned about the time they were given together afterwards to bond as a family. Some Service personnel were expected to return to operations very soon after the birth of their child. Women spoke of the regret and resentment that this created because their child's father had missed those precious first months of their development.

Even though MOD policy allows for Paternity Leave⁵, there is a caveat that states that leave can be deferred if operational circumstances require this. Many new mothers rely on their partner for support during the post-natal period, particularly when many Army families live a considerable distance away from family support, due to the mobile nature of Service life. High levels of stress in pregnancy are associated with maternal factors known to contribute to poor pregnancy outcomes (Woods et al,2010)⁶.

AFF recognises that civilian families may experience similar issues. However, civilian employers may be able to allow deferral of the employee's time away, to ensure that parental leave is able to be taken when required. Service personnel are often not in a position to request a postponement of absence from their family, due to their unlimited liability and the important requirement for manning in both operational and non-operational deployments.

“My husband had actually been away with the Army in Kenya for 2 months and only got home 3 days before I was induced! We knew there was a chance that he might be sent to Iraq [...] Unfortunately whilst we were home enjoying having us all back together as a family whilst he was on paternity leave, our daughter was 9 days old, he got the phone call saying he was to be sent to Iraq 2 days later!! [...] I actually had a meltdown in the middle of Asda I couldn't believe it I think my hormones and emotions got the better of me as I couldn't stop crying!”

2.2 Affordable childcare

For dual and single serving parents, affordable childcare was raised as a key concern, particularly the variation in cost between providers and geographical location. In general, Servicewomen considered themselves the main carer/parent. They spoke about how the unpredictable nature of their roles, and long working hours, can make childcare a challenge, particularly when the child becomes unwell or requires additional care.

⁵ JSP 760, Tri -Service Regulations for Leave & Other Types of Absences

⁶ Woods, S.M., Melville, J.L., Guo, Y., Fan, M-Y, (2010) 'Psychosocial Stress During Pregnancy' American Journal of Obstetrics and Gynecology 202,1,61. e1-61Wo

Due to the mobile nature of Service life, Service personnel can often live some distance from both family support, and each other if dual serving - missing out on the additional support that civilian families often rely on. AFF has been working with the MOD on childcare issues and concerns.

AFF View

AFF would like to see more understanding from the CoC regarding the importance of childbirth and the support required by Service personnel when becoming new parents, including providing time for families to bond following childbirth. We would like to see, where possible, enough time given to Service personnel to plan for assignments and operational commitments, when their spouse/parent is pregnant.

3. Other support

3.1 Lack of family support

Most women spoke about their lack of spousal or family support during pregnancy, confinement and the post-natal period. Very few had reason for accessing welfare support, unless a serious issue had arisen such as post-natal depression or the child or mother was unwell. Most women spoke about getting their support from the Armed Forces community, particularly when living in SFA.

Some spouses living unaccompanied or in their own homes found it more difficult to receive support when living in the civilian community, compared to when they lived in SFA because this provided an instant supportive community. Families living unaccompanied or in their own homes may have less immediate access to welfare support and to schemes such as the Trusted Friend Scheme⁷. First time mothers who were living unaccompanied with a new baby found it difficult to socialise if they hadn't established friendships or had family close by.

A number of young mothers welcome the opportunity to access health visitor provision on camp and may be more likely to attend clinics, particularly in more remote areas with poor transport links. They also spoke about the peer support offered by other spouses and how it is easier to go with a friend. However, with the demand on the NHS for health visitors, in some areas this provision has been cut. These services can also be less accessible for those living in geographically dispersed areas.

In overseas locations that rely on host nation healthcare provision, mothers are concerned about the lack of midwifery and health visitor provision and access to them. This is an area that AFF is also currently investigating.

“My husband works away most weeks and frequently at weekends - we deliberately chose not to move into MQ [...]. As our parents don't live close, I've mostly had to cope on my own when he's been away. We don't really have the opportunity to ask friends and relatives to babysit so we can have a night off”

AFF View

AFF would like to see more targeted information provided to those families living unaccompanied and to Reservists families, including how they can access welfare support.

AFF would like the Future Accommodation Model to consider the issue of support for Service personnel and their partners who become new parents, following the removal of informal patch welfare support networks.

⁷ https://www.army.mod.uk/documents/general/20110308_PDF_Families_Deployment_guide_March2011.pdf

4. Vulnerable families

4.1 Perinatal depression

A number of women have spoken to AFF about their experiences with suffering from perinatal depression, predominantly postnatal depression. Postnatal depression is a depressive illness that affects between 10 to 15 in every 100 women having a baby⁸, therefore, with an estimated 1,250 women giving birth a year across NHS England's commissioned Armed Forces population⁹, a significant number of women within this cohort are at risk.

The major concern for women suffering from perinatal depression was the lack of understanding and support provided by the unit welfare teams and CoC. Women reported that their welfare teams had bullied and threatened their husbands and on occasion had refused support. One spouse's GP recommended that she shouldn't be left alone, but her family were too far away to offer support and her husband was deployed. When they requested that her husband be sent home he was told, "Your wife doesn't run this battalion, we do."

Some spouses have experienced difficulties with the JCCC process and have felt intimidated by the degree of confidential information they are required to share. Other women have felt reluctant to request a move to be closer to family support. A significant number of women suffering from PND have said that they didn't feel they could or would want to share their condition with a unit welfare team.

"I could go on for hours about how the Army has pretended to be caring and concerned for myself and my family, when in reality we are nothing more than a hindrance. They've literally washed their hands of us."

4.2 Medical conditions

Families are also more vulnerable when their child has an acute medical condition, disability or is born prematurely. There are joint and single Service policies¹⁰ that Service personnel should adhere to, which ensure that the CoC is aware of the extra support required. However, often Service personnel and welfare teams are not always aware of these or there is a reluctance to register because of the perceived impact it may have on their career.

AFF View

AFF believes that unit welfare staff should be given more specific and in-depth training to understand perinatal depression. The language used and advice given by welfare teams must be acceptable and current. They should also be aware of the external agencies and organisations that can provide appropriate and targeted support. Both welfare support, the CoC and Service personnel should be aware and have a greater understanding of the policies that govern additional needs and disability, so that the support required by families can be given effectively at the right time.

Conclusion

In conclusion, AFF would like to see more recognition from the CoC about the importance of Service personnel and their partners becoming parents. This includes a greater understanding about the support required and the anxiety that a Service lifestyle can create; particularly for more vulnerable families or those experiencing infertility issues. Where possible, there should be more adherence to MOD policies that provide support for parents and those undergoing assisted conception.

⁸ <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/postnataldepression.aspx>

⁹ Data provided by NHS England Armed Forces Commissioning Manager, Armed Forces Health (North)

¹⁰ JSP 820 and AGAI 108

AFF would like to see improved and more in-depth training for unit welfare staff, so that they have an additional insight and understanding about perinatal depression and additional needs and where families can be referred to for support. Welfare staff must be trained in identifying specific support for new serving parents who may have missed the birth or important milestones in their child's development due their operational commitment.

AFF believes that greater understanding and support will lead to a more stable and happier family, allowing the Serviceperson to then focus on their Service commitments.