NJSEEDlings

Supporting Everyone in Early Development

Quarterly Learning Community

Session 10: Thriving as Parents: Strenghtening Connections & Balancing Parenthood

June 24th, 2025

New Jersey Chapter
OF THE AMERICAN ACADEMY OF PEDIATRICS
INCORPORATED IN NEW JERSEY

NJSEEDlings
Supporting Everyone in Early Development

NJ SEEDlings: Supporting Everyone in Early Development

GOAL ONE: Increase the number of ECD experts in pediatric settings

GOAL TWO: Help pediatric practices integrate a continuum of ECD services

GOAL THREE: Improve ECD knowledge and abilities among pediatric primary care staff

GOAL FOUR: Identify solutions to barriers to ensure sustained & holistic ECD services

Continuing Medical Education Statement

Accreditation Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey. New Jersey Chapter, American Academy of Pediatrics is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

AMA Designation Statement:

New Jersey Chapter, American Academy of Pediatrics designates this live internet activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABP MOC Part II:

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 1 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

Welcome & Housekeeping

Please **remain muted** & use the chat to share thoughts and ideas.

Submit any questions using the **Q&A box** or chat in the Zoom toolbar.

This session will be **recorded**. The recording & slides will be shared via email.

Please complete the **evaluation** at the conclusion of the program to provide feedback!

Program Speakers

Kristine Schmitz

MD, FAAP
Pediatrician
Assistant Professor
Rutgers RWJ Medical School

Ashley Torres

Father Involvement Specialist
Camden Healthy Start
The Cooperative

Danica LaFortune

CD, CHW
MEP Project Director
Paid Leave Ambassador
SPAN Parent Advocacy Network

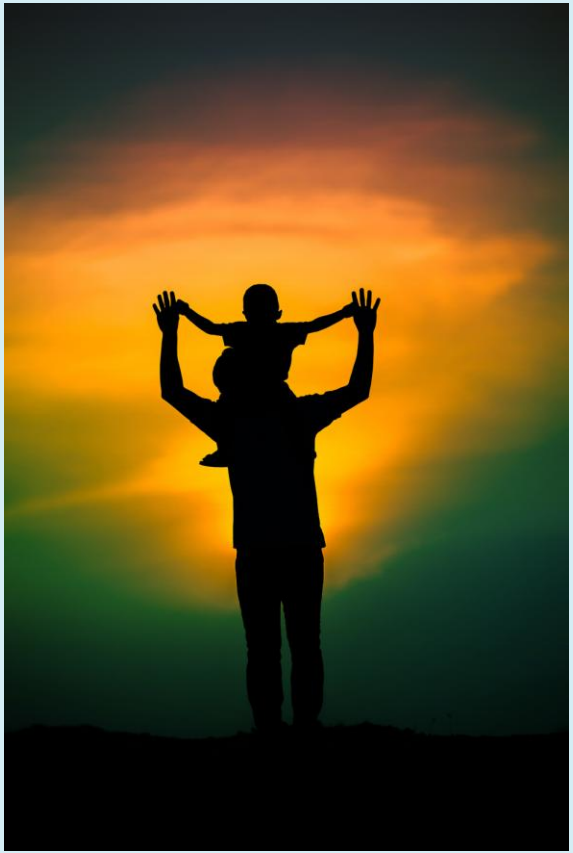
Disclosures: Dr. Schmitz, Ashley and Danica have no disclosures or conflicts of interest to report.

Father's Mental Health:

A Key to Healthy Child Development

Kristine Schmitz MD

Rutgers Robert Wood Johnson Medical School



RUTGERS HEALTH

Depression among fathers is prevalent

- About 10% of fathers experience perinatal depression; rates can be as high as 25%.[1]
  - Increases to 50% when the mother also has postpartum depression.[2]

- Less is known about the prevalence of depression among fathers beyond the perinatal window

1-Earls MF, Yogman MW, Mattson G. Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. Pediatrics. 2019;143(1):9.
2-Paulson JF, Bazemore SD. Prenatal and Postpartum Depression in Fathers and Its Association With Maternal Depression: A Meta-analysis. JAMA. 2010;303(19):1961. doi:10.1001/jama.2010.605

Pediatricians recognize the important role fathers play in child health

2016

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics

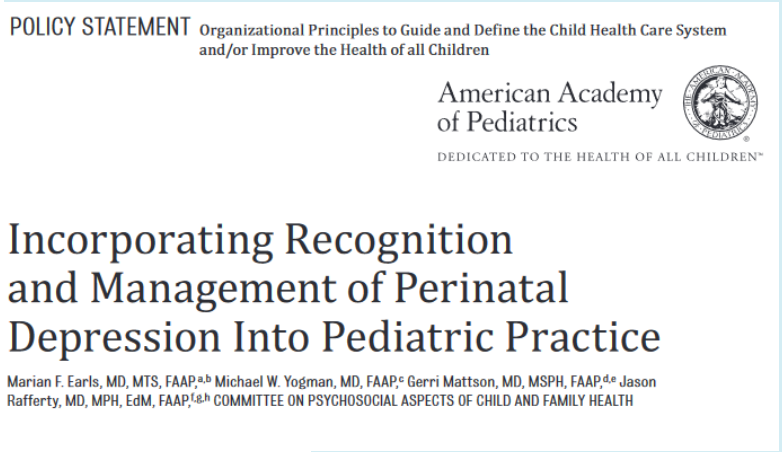
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Fathers' Roles in the Care and Development of Their Children: The Role of Pediatricians

Michael Yogman, MD, Craig F. Garfield, MD, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH

This Clinical Report was reaffirmed April 2022.

2019



POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

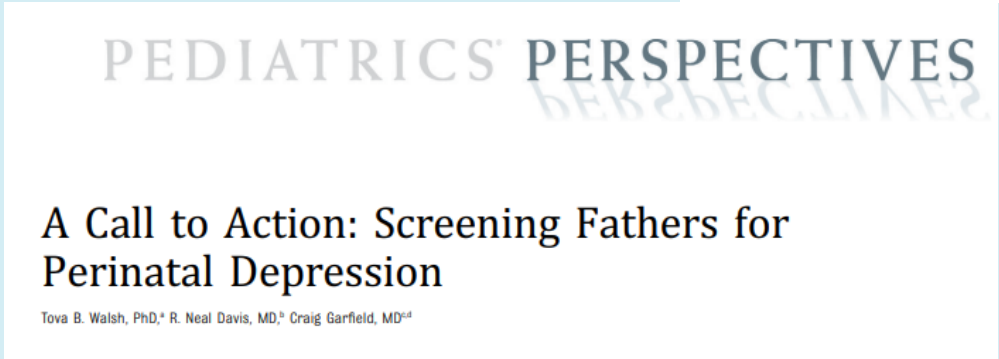
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice

Marian F. Earls, MD, MTS, FAAP,[a,b] Michael W. Yogman, MD, FAAP,[c] Gerri Mattson, MD, MSPH, FAAP,[d,e] Jason Rafferty, MD, MPH, EdM, FAAP,[f,g,h] COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH

2020



PEDIATRICS PERSPECTIVES

A Call to Action: Screening Fathers for Perinatal Depression

Tova B. Walsh, PhD,[a] R. Neal Davis, MD,[b] Craig Garfield, MD[c,d]

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Parents' mental health challenges are an important Adverse Childhood Experience (ACE)

Types of ACEs

ABUSE

- Emotional
- Physical
- Sexual

NEGLECT

- Emotional
- Physical

HOUSEHOLD CHALLENGES*

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

Other Adversity

- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
- Witnessing or experiencing acts of terrorism

* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

https://www.cdc.gov/aces/communication-resources/index.html

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Healthy parental relationships are critical **positive childhood experiences.**

Healthy Outcomes from Positive Experiences (HOPE) Framework

positiveexperience.org

Nurturing relationships in the family and with other children and adults

Safe and stable environments and communities

Social engagement to develop a sense of belonging

Emotional growth through play for self-regulation

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Linkages Between Paternal Depression and Child Outcomes

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Future of Families and Child Wellbeing Study

- One of the longest cohort studies in the United States.
- ~5,000 children in 1998-2000 from 20 cities
- By design, ~ 75% of the mothers were unmarried
- As a result, large proportions of low-income parents
- Both parents were interviewed and followed
- 7 waves of data collection --> 8th wave starting soon

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Postpartum paternal depression is associated with:

- Kindergarten readiness and child behavior1
  - Children whose fathers showed signs of postpartum depression during the postpartum year showed **3x higher odds** of externalizing behaviors at age 5

- Later father absence from the home2
  - We found that fathers' who reported depressive symptoms in their child's first year were significantly less likely to reside with their child when the child was 3, 5, and 9 years.

  - **68% lower odds** of living with their child at age 9

1- Schmitz K, Jimenez ME, Corman H, Noonan K, Reichman NE. Paternal depression in the postpartum year and children's behaviors at age 5 in an urban U.S. birth cohort. Sun CF, ed. PLoS ONE. 2024;19(4):e0300018.
2-Manuscript under review

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Fathers' mental health matters beyond postpartum

Children exposed to paternal depression at kindergarten entry show significantly poorer behavioral outcomes by age 9, as reported by their teachers:

- Children had **2x higher odds** of elevated:
  - oppositional behavior
  - hyperactivity
  - ADHD symptoms

- **less than half the odds** of:
  - high total positive social skills
  - strong assertion skills

- **2x higher odds** of:
  - Overall problematic social behavior
  - Internalizing behaviors (e.g. anxiety, withdrawal)

Schmitz K, Jimenez ME, Corman H, Noonan K, Reichman NE. Paternal depression in the postpartum year and children's behaviors at age 5 in an urban U.S. birth cohort. Sun CF, ed. PLoS ONE. 2024;19(4):e0300018.

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Recognizing postpartum depression in fathers

Postpartum depression peaks at **3-6 months postpartum**

- **Common Symptoms**:
  - Sadness, overwhelm, and anxiety
  - Irritability and emotional withdrawal

- **Additional Signs Often Seen in Fathers:**
  - Avoidant behaviors (e.g., overworking, excessive screen time or gaming)
  - Substance use or gambling
  - Increased relationship conflict
  - Difficulty engaging in positive parenting and attachment with their child
  - Decreased presence or engagement at home

Don’t forget to consider dad’s mental health beyond the immediate postpartum period—symptoms may emerge or persist over time.

Berg RC, Solberg BL, Glavin K, Olsvold N. Instruments to Identify Symptoms of Paternal Depression During Pregnancy and the First Postpartum Year: A Systematic Scoping Review. Am J Mens Health. 2022;16(5):15579883221114984. doi:10.1177/15579883221114984

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How Pediatric and Child-Serving Organizations Can Make an Impact

- Pediatricians have a unique opportunity to identify fathers at risk for depression during the postpartum period and beyond.

- Expanding depression screening and interventions to include fathers, alongside continued research and development of father-focused supports, can enhance the well-being of children and families.

- Emphasizing universal education, empowerment, and accessible resources is essential to support paternal mental health.

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Edinburgh Postnatal Depression Scale

It is validated for fathers

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- ☐ Yes, all the time
- ☒ Yes, most of the time
- ☐ No, not very often
- ☐ No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8 I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9 I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10 The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Local Resources

Daddy University

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Strengthening Support for Fathers

- **Engage fathers as equal partners** in their children's care
- **Expand research** on paternal depression and pediatric collaboration
- **Co-design interventions with fathers**
- **Promote father-inclusive** dyadic mental health care[1]
- **Advocate for improved payment models** to sustain inclusive care[1]

1-Schmitz K, Patel M, Ragavan MI, Rojas CR. Prioritizing caregiver mental health to promote child health. Pediatr Res. Published online December 17, 2024.

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Thank you and let's keep the conversation going!

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THE COOPERATIVE

Connecting South Jersey Families to Healthy Futures

Empowered Fathers Safer Mothers

Reducing Maternal Mortality Together

Camden HealthyStart

Meet Your Presenter

Ashley Torres, a Father Involvement Specialist at Camden Healthy Start, is focused on engaging fathers and ensuring they are active participants in their families' health and well-being. Her expertise in fostering strong, supportive relationships between fathers and their children has been fundamental in creating safer environments for mothers and promoting maternal health.

Ashley Torres

Fatherhood Involvement Specialist

Camden Healthy Start

Direct Causes

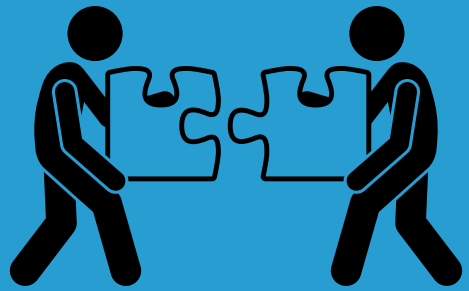
These are complications that arise during pregnancy, childbirth or postpartum. Common direct causes include **severe bleeding** (hemorrhage), **infections**, **high blood pressure during pregnancy** (preeclampsia and eclampsia), **complications from delivery** and **unsafe abortion**.

Indirect Causes

These are preexisting conditions or diseases that are **worsened** by pregnancy, such as **malaria**, **diabetes**, **cardiovascular diseases** and **HIV/AIDS**.

“A good father is one of the most unsung, unpraised, unnoticed and yet one of the most valuable assets in our society.”

—Billy Graham



Fathers **ARE** the **ANSWER**

Father involvement during pregnancy has an **indirect** impact on fetal outcomes

Father involvement can impact maternal stress, creating an opportunity for improved maternal well-being

Father involvement can directly impact maternal outcomes

Fathers play a crucial role in childbirth and raising their children.

Children with involved fathers and father figures are happier, healthier and more successful than children with non-involved/absent fathers.

What are the roles of a father during pregnancy?

Emotional Support

Men can actively listen to their partners' concerns, validating their feelings and offering practical assistance when needed.

Advocacy

What fathers see must be presented to the medical professionals.

Medical Decision

Make fathers aware they are included in medical decisions, make their presence known in the room and speak with the doctor even when they only speak with the pregnant person.

Decision Making

Pregnancy is something mom and partner experience together so all decisions should be made together.

Collaborative Efforts

01

Healthcare System Collaboration

Encourage hospitals and clinics to create welcoming environments for fathers, including father-specific resources in waiting rooms and educational materials.

02

Community-Based Partnerships

Create or partner with organizations that offer fatherhood programs emphasizing maternal health involvement.

03

Workplace Policies & Support

Promote paid paternity leave so fathers can be actively involved before, during and after childbirth.

04

Digital & Media Engagement

Create online content that highlights father involvement in maternal health.

While holding his second-born, this father describes his experience with pediatric appointments.

Action Plan: Empowered Fathers for Safer Mothers

1

Improve Access to Healthcare

Ensure fathers are actively involved in maternal health and remove barriers that prevent their engagement.

2

Integrate Fathers

Promote positive involvement of men as fathers during pregnancy, childbirth and after delivery.

3

Be a Trusted Advocate

Be aware of potential health issues and disparities that can occur at any time during pregnancy or in the year after delivery.

4

Make Room for Change

Work collaboratively to recognize the unique needs of women in existing efforts to reduce maternal health disparities.

About Camden Healthy Start

Camden Healthy Start is a program of The Cooperative and serves residents who live in the city of Camden. Camden Healthy Start supports individuals who are pregnant, seeking to be pregnant, fathers and children from birth to 12 months. We are here every step of the way to help support the entire family for better health and a better future.

Mission

Our mission is to reduce infant mortality in the city of Camden.

Community Action Network #DadsInThePicture

Join the Community Action Network

Meets on the third Tuesday of every month, virtually or in-person
3 – 4:30 PM

What Services Does Camden Healthy Start Provide Families?

- Free, supplemental diapers
- One-on-one support with a Father Involvement Specialist or Family Support Specialist
- Community engagement
- Parenting education and support
- Advocacy
- Assistance with applying for community resources such as childcare/voucher, healthcare, homelessness, etc.

This Photo by Unknown Author is licensed under CC BY-SA-NC

Thank You

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Father Involvement Specialist

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THE COOPERATIVE

Camden HealthyStart

Resilience in Rest: Understanding the beneifts of Rest as Self-Care

Danica LaFortune

SPAN Parent Advocacy Network:

Migrant Education Program Project Director

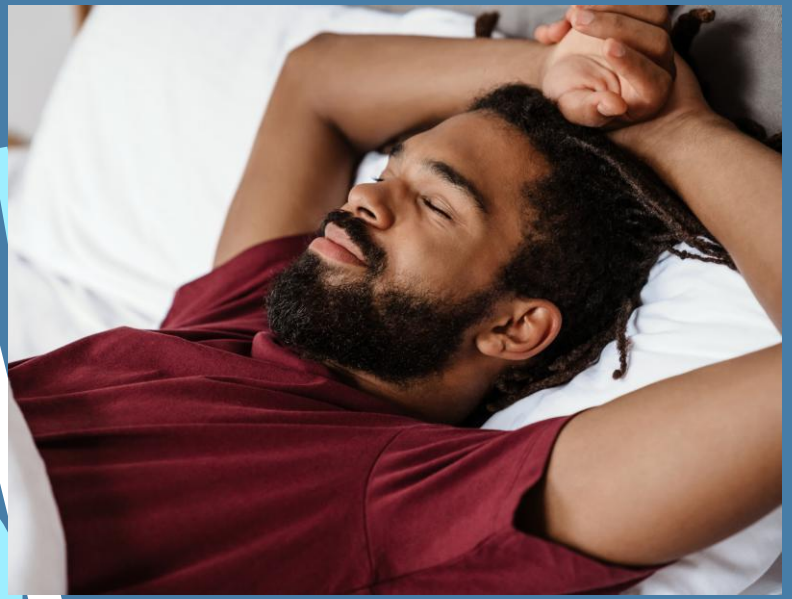
Paid Leave Ambassador

Community Health Worker

Community Doula

Family Health Initiatives:

Power of NJ Birth Stories Survey Liaison



SPAN
Parent Advocacy Network

SPAN's 35 Years of Advocacy!

Providing information, resources, support, and advocacy assistance to families, professionals, policy makers, and our Parent Center colleagues

Our foremost commitment is to those with greatest need due to:

- *Disability or special health/mental health needs*
- *Material poverty or financial instability*
- *Discrimination (race, sex, language, immigrant status, homelessness, etc.)*
- *Involvement in the foster care, child welfare, or juvenile justice systems*
- *Geographic location*
- *Other special circumstances*

Our Commitment

Our foremost commitment is to children and families with the greatest need due to disability or special health/mental health needs; poverty; discrimination based on race/ethnicity, gender, gender identity, sexual orientation, language, immigrant or homeless status; involvement in the child welfare or juvenile justice systems; geographic location; or other special circumstances.

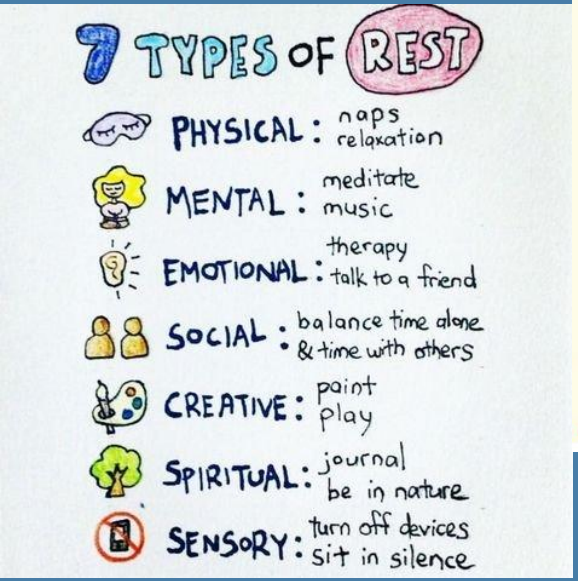
Our motto is Empowered Parents: Educated, Engaged, Effective!

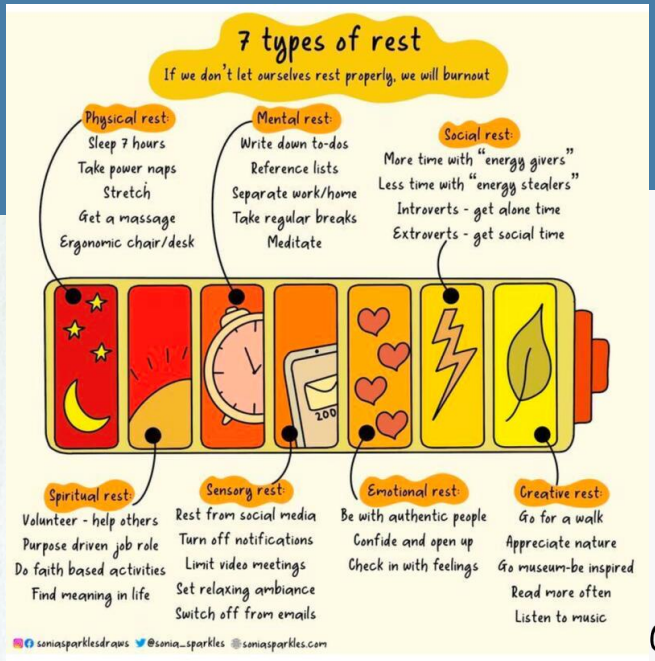
WE HELP FAMILIES:

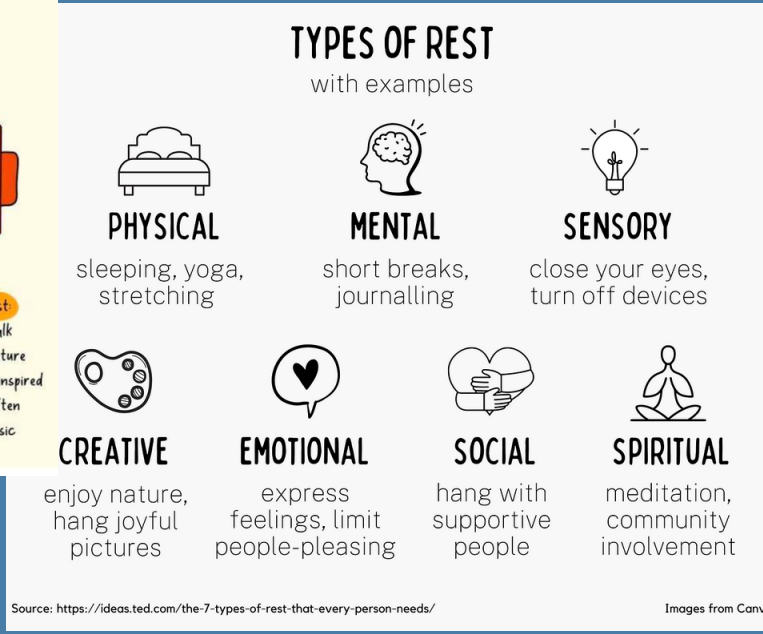
- ***KNOW*** *their rights*
- ***ACCESS*** *resources and information*
- ***SECURE*** *appropriate services*
- ***NAVIGATE*** *education, health, mental health systems*
- ***KEEP*** *children in school*
- ***PREPARE*** *for life after high school*
- ***CONNECT*** *with other parents who understand*
- ***BE*** *catalysts to improve services for children and families*
- ***START*** *parent groups*
- ***BECOME*** *effective partners in improving schools*
- ***ADVOCATE*** *for other children and families*

Rest is not just sleep...

Rest is not just sleep...







Resilience in Rest and Recovery:
benefits in NJ to support rest & recovery efforts.

TDI when you're sick, injured, or post-surgery

Eligible workers in NJ can take TDI post-surgery, due to prolonged illness or to recover from an injury. The healthcare provider certifies how long you need to recover from your medical condition, up to a maximum of 26 weeks.

Sick Days to rest when sick

Workers in NJ can use Earned Sick Days to take time off from work for physical/mental illness or wellness care.

TDI for Mental Health Concerns

Workers in NJ who are eligible can apply for TDI to tend to mental health concerns. If you have a mental condition which requires inpatient care, or continuing medical treatment or continuing supervision by a health care provider, you may be eligible.

Workers can use
NJ Family Leave Insurance
(FLI)

BONDING:

Both parents can take FLI to bond with a new child in the first year after birth, foster placement, or adoption.

CARING FOR A LOVED ONE:

Workers can take FLI to care for family or any loved one with a physical or mental health condition

A health care provider certifies their health condition.

Eligibility

FLI is available to most New Jersey employees.

Exemptions include:

- Federal government employees
- Out-of-state employees
- Faith-Based Organizations‘ Employees
- Workers who are not employees

(i.e., contractors)

Eligibility

An employee must have **worked** 20 weeks earning at least $303 weekly

Earned a combined total of $15,200 in the base year*

You must have a valid SS#

**A standard base year is the first 4 of the last completed 5 quarters (when employers report wages) before taking leave.*

Barriers

Awareness

Only about half (53%) of workers are aware of NJFLI, yet those earning less than $100,000 – traditionally workers of color – are least aware (41%)

Comprehension

Nearly 60% of workers are unsure whether they qualify, and many employees report confusion between types of leave they're eligible for (intermittent v. continuous)

Culture

More than half of eligible workers (55%) do not use NJFLI benefits due to fear of job loss, and/or loss of seniority and potential job advancement

Under-used, *particularly by those most likely to need it*

When confronted with the heightened need to take off from work to care for a loved one, low-wage workers are most likely to need financial support yet least likely to use NJFLI.

IN 2020

In 2022, approx. 4.0 million NJ workers were covered by FLI but only 52,931 eligible claims were filed.

The highest number of claims were by individuals with associate or bachelor's degrees

Over 50% of claimants were White, 17% were Hispanic/Latino and 14% were Black

75% of total claims were by females

Real Stories

Cultural stigma

"…This [male co-worker] got a little bit of, I don't want to say backlash….but, like, from co-workers, he'd get like little nitpicker comments of, 'Why are you taking leave? You know, it's not like you had the baby or stuff like that.'"

"[Employers] are like, 'You could go to yoga on your lunch hour, and/or go to your 30-minute class, but don't take time off for your dad's heart attack."

How Rest and Recovery lead to Resilience

Power of Rest and Recovery

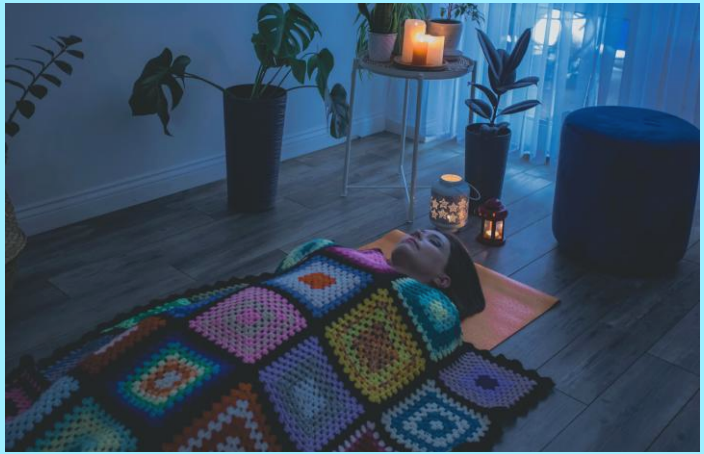
Rest and recovery are essential to a healthy and *sustainable lifestyle*. It is important to balance the demands of life with self-care to prevent burnout and improve overall well-being.

Mental and Emotional Resilience

Developing mental and emotional resilience through rest and recovery *practices* can help manage stress, build coping skills, and increase overall happiness and fulfillment.

Physical Resilience

Proper rest and recovery practices can also lead to improved *physical* resilience, allowing the body to recover and repair from physical exertion and injury.



"Rest when you're weary. Refresh and renew yourself, your body, your mind, your spirit. Then get back to work."

- Ralph Marston

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dlafortune@spanadvocacy.org

SPAN Parent Advocacy Network:

www.spanadvocacy.org

Feedback/Resources

Thank you for joining us! We welcome your feedback to help us plan for future NJ SEEDlings Learning Community Sessions.

Please scan the QR code below to complete a short session evaluation.
Completion is **required** for those wishing to **earn CME Credit/MOC Part 2 Pts**.

A recording of this session, along with slides and links to relevant resources, will be shared via email at a later date. Please complete the evaluation by **July 24th, 2025**.