

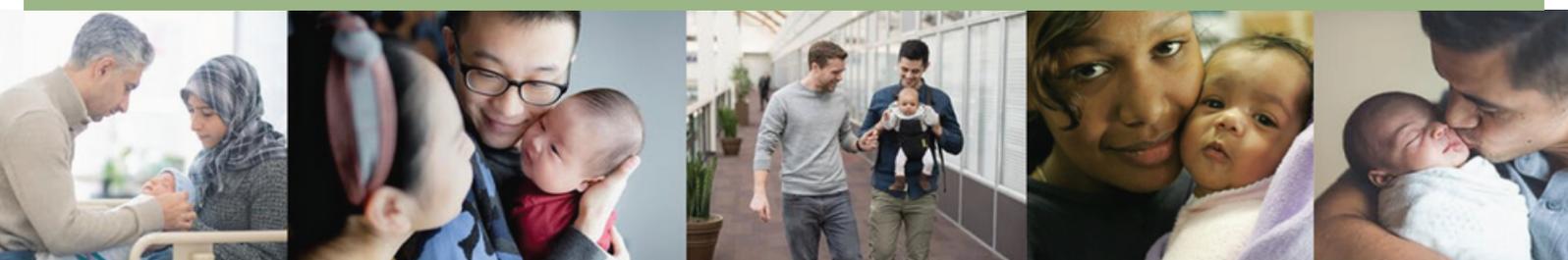
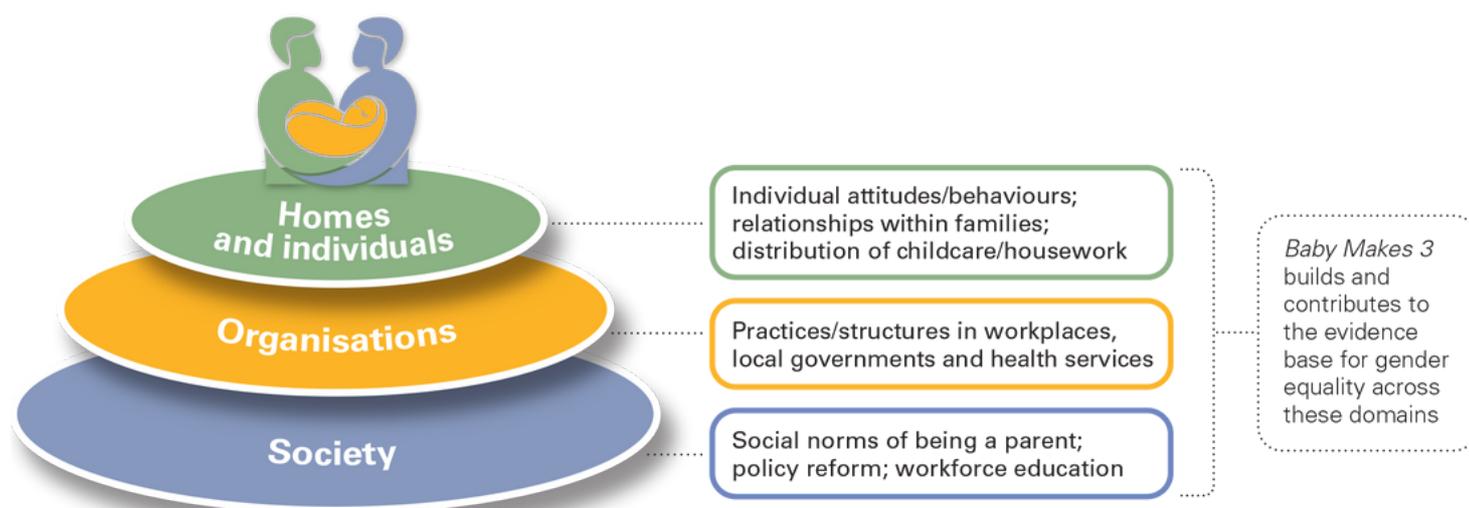
Baby Makes 3: Challenging gendered expectations of new parents through organisational and practice change

Baby Makes 3 (BM3) is a unique health promotion initiative which builds equal and respectful relationships between couples in the transition to becoming new parents.

In addition to a group program for parents (see *Case Study 1*), BM3 has a strong focus on influencing early years services through practice, structural and systems evolution to enable broad-scale, sustainable, long-term change to support the health and wellbeing of first-time parents and their babies.

Critical to this work is identifying opportunities to disrupt and shift outdated attitudes, norms, practices and structures that reinforce potentially damaging gender stereotypes and gendered expectations of being a parent. These shifts ultimately foster collaborative co-parenting that supports families to thrive – optimising mental health and wellbeing outcomes of parents and children, as well as contributing to the prevention of violence against women and other forms of family violence.

It's vitally important that local government Early Years services, including Maternal and Child Health services, embed gender equality principles and practices into their systems and processes and do not inadvertently reinforce potentially damaging gendered expectations of being a parent.



Challenging gendered expectations of new parents through organisational and practice change

Baby Makes 3 supports local government to take a whole of setting approach through consultation, workforce development and reviewing current structures and practices. For example, supporting services to:



Use language that is inclusive, acknowledges and respects the diversity of birthing and non-birthing parents, genders and relationships.



Not assume what roles and what responsibilities each parent will take on in caring for the baby and managing household chores.



Engage all parents as responsible, directing questions and teaching new skills to not only the birthing parent.



Offer services and appointments outside of usual working hours.



Acknowledge that parenting requires a team approach and that all have a role to play.



Support shared decision making about retaining connection with family and friends, pursuing personal interests and participating in the workforce.



Amend all correspondence including invitations and reminders to be directed to both birthing and non-birthing parents. This avoids the assumption that only the birthing parent will be caring for the new baby.



Review the images and language used in information provided to parents to ensure these have an equal representation of men and women in parenting / caring roles.

BM3 is continually expanding its work with early parenting sector partners in local government to support the mental health of first-time parents, including using gender impact assessments to avoid reinforcing gender stereotypes and gendered expectations.

The program is underpinned by a strong evidence and evaluation base. BM3 outcomes directly support several key government policies including the Gender Equality Act 2020 (Vic) and the Mental Health and Wellbeing Act 2022 (Vic).

NOTE: Local governments do not have to be delivering the BM3 parenting group program (see *Case Study 1*) to partner with healthAbility in this broader approach to embedding gender equality principles and practices across MCH and other early years services.

Find out how BM3 can support your LGA: bm3@healthability.org.au or www.healthability.org.au/services/baby-makes-3/