Fathers Carrying Collective on Tap: A Community-Based Feasibility Study of Babywearing for Fathers at Local Breweries

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Abstract

Fathers play a critical role in infant development, yet they remain systematically excluded from the medical, social service, and early intervention systems designed to support caregiving in the first year of life. Babywearing, the practice of carrying an infant in a cloth carrier worn on the body, is an evidence-informed caregiving practice studied almost exclusively with mothers. The Fathers Carrying Collective on Tap (FCCT) is a community-embedded babywearing intervention designed specifically for fathers and delivered at local breweries. This feasibility study examined whether fathers would enroll, engage, and sustain participation across two father-centered events in Arizona in Spring 2026. Feasibility indicators included recruitment yield, event attendance, weekly survey response rates, retention, engagement, and participant-reported satisfaction. Thirteen fathers enrolled at the Tucson event; the Phoenix event, launched without embedded community partnerships, yielded no attendees. Weekly follow-up response rates across the first four weeks were high (100%, 100%, 85%, 92%), and fathers reported approximately 58 minutes of daily babywearing on average, closely tracking the one-hour target. Satisfaction was uniformly positive. The contrast between sites indicates that established community partnerships, not the venue alone, drive recruitment. Findings support the intervention's feasibility and inform the design of a subsequent efficacy-focused trial.

Keywords: paternal involvement; father-infant bonding; father engagement; paternal caregiving; fathers and babywearing; father-centered intervention; paternal mental health



Photo: Fathers Carrying Collective on Tap Event, Tucson, Arizona. *Note*. Photographs from the Fathers Carrying Collective on Tap event held April 19, 2026, at a brewery in Tucson, Arizona. Top panels show research team members and babywearing educators staffing check-in and providing individualized instruction to attending families. Bottom panels show two participating fathers wearing their infants in soft structured carriers. Photo credit: Lela Rankin. Photographs printed with permission of the individuals depicted.

Fathers Carrying Collective on Tap: Preliminary Feasibility of a Community-Embedded Babywearing Intervention

Fathers play a critical role in infant development, yet remain systematically excluded from the medical, social service, and early intervention systems designed to support caregiving in the first year of life. Babywearing, the practice of carrying an infant in a cloth carrier worn on the body, is an evidence-informed caregiving practice that has been studied almost exclusively with mothers. The present feasibility study introduces Fathers Carrying Collective on Tap (FCCT), a community-embedded babywearing intervention designed specifically for fathers and delivered at local breweries, and examines whether fathers will enroll, engage, and sustain participation in a father-centered intervention model.

Background

Paternal Involvement and the Marginalization of Fathers in Early Caregiving

Fathers exert a critical, bi-directional influence on infant development, with positive involvement predicting long-term cognitive, social-emotional, and behavioral wellbeing (Cabrera et al., 2018; Sarkadi et al., 2008; Yoon et al., 2021). Generative fathering frames caregiving as reciprocal, cultivating paternal identity, efficacy, and confidence (Dollahite & Hawkins, 1998; Hawkins & Dollahite, 1997; Lamb, 2000; Pleck, 2010). Yet fathers are routinely positioned as "secondary," excluded from prenatal appointments, postpartum care, home-visiting, and parenting interventions (Bellamy et al., 2024; Buek et al., 2021; Harty & Banman, 2023; Harty et al., 2025; Lee et al., 2025; Walsh et al., 2021), and underrepresented in research (Davison et al., 2017; Parent et al., 2017). Testing whether fathers will participate is therefore a prerequisite to positioning them as essential caregivers.

Infancy as a Critical Developmental Period

Infancy is a sensitive period for the secure base script grounding relationships (Cassidy et al., 2013). Early paternal engagement contributes to secure-organized attachment (Ainsworth, 1978) and shapes enduring involvement (Brown et al., 2012; Fagan, 2022), yet routines formed then are difficult to change (Bellamy et al., 2022; Guterman et al., 2018). Fathers remain largely absent from postpartum care, and practitioners lack strategies to engage them (Bellamy et al., 2024; Buek et al., 2021; Guterman et al., 2018, 2023). This mismatch makes reaching fathers early a central feasibility challenge.

Babywearing and Physical Contact

Sustained contact is foundational for attachment (Bowlby, 1958, 1969). Skin-to-skin contact and babywearing support it through oxytocin release, C-tactile activation, reduced cortisol, and heightened responsiveness (Linde-Krieger & Rankin, 2025; Rankin & Bigelow, 2025). Evidence in fathers is converging: paternal SSC reduces infant pain (Srinath et al., 2016), babywearing supports coping and autonomic synchrony (Rankin Williams et al., 2020; Han et al., 2024), and contact shifts paternal oxytocin, cortisol, and amygdala reactivity (Gettler et al., 2021; Gordon et al., 2010; Vittner et al., 2018; Riem et al., 2021).

Engaging Fathers in Community Spaces

Engaging fathers requires non-clinical, accessible settings (Panter-Brick et al., 2014; Tully et al., 2018), since obstetric, home-visiting, and pediatric contexts signal fathers are peripheral (Walsh et al., 2021; Yogman & Garfield, 2016). Community models show promise: barbershop programs improved men's health outcomes (Releford et al., 2010, 2014; Victor et al., 2018), and effective father programs draw on partnerships and peer engagement (Bellamy et al., 2024; Guterman et al., 2023). FCCT tests whether pairing babywearing education with peers at local breweries, rather than a mother-centered home-visiting model (Rankin Williams & Turner, 2020), can draw fathers in as primary participants.

A Proposed Mechanism of Change

These literatures converge on a theory of change for fathers. Babywearing embeds sustained proximity into daily routines, which is expected to heighten paternal responsiveness and co-regulation through the physiological pathways described above (Linde-Krieger & Rankin, 2025; Rankin & Bigelow, 2025). Repeated responsive caregiving is theorized to build confidence and consolidate paternal identity, consistent with generative fathering (Dollahite & Hawkins, 1998; Pleck, 2010), which in turn supports secure attachment and infant regulation (Ainsworth, 1978; Brown et al., 2012; Cassidy et al., 2013). The present study does not test this chain; establishing whether fathers sustain babywearing is a necessary first step toward doing so.

Positionality

The authors approach this study from distinct yet complementary standpoints. The first, a licensed clinical social worker and former child welfare caseworker, centers fathers of color navigating child welfare and challenges mother-centered frameworks. The second, a developmental researcher and babywearing educator, has spent two decades on parent-infant attachment centered on mothers, prompting this extension to fathers.

Present Study

FCCT is a community-based babywearing intervention for fathers of infants. This paper reports on feasibility, not whether babywearing enhances father-infant engagement and bonding over a ten-week period. Specifically, we examine recruitment yield through community partnerships, event attendance and engagement, baseline and weekly survey response rates, participant-reported satisfaction, and early patterns of babywearing use across the first four weeks. Findings are intended to inform a subsequent efficacy-focused trial.

Methods

Study Design and Recruitment

This feasibility study was approved by the Arizona State University Institutional Review Board (STUDY00023594, approved January 9, 2026). To test whether fathers would enroll and engage, two father-centered events were delivered in Arizona in Spring 2026: April 12 in Phoenix and April 19 in Tucson, both at breweries selected to create a relaxed, family-friendly setting outside clinical or service-system environments. Eligible participants were English-speaking biological fathers aged 18 or older with a biological infant nine months or younger and at least 50% custody. Community partner agencies serving fathers in each metropolitan area invited eligible fathers already engaged in their services. Recruitment feasibility was tested through a brief REDCap screening and RSVP form distributed via QR-code coasters, electronic flyers, and direct partner outreach.

Setting and Event Protocol

Brewery venues were chosen to create a relaxed, family-friendly setting outside clinical or service-system environments. Both events followed the same two-hour protocol. Check-in (2:00–3:00pm) covered consent, the baseline survey, and carrier and swag distribution, with families welcome throughout. A welcome session (3:00–3:20pm) reviewed babywearing benefits, safe positioning, and a demonstration. Four trained educators then provided individualized fitting (3:20–3:50pm). Closing remarks (3:50–4:00pm) covered daily babywearing expectations and the weekly text surveys.

Measures and Data Collection

At the event, participants completed a baseline survey (approximately 20 minutes) capturing demographics, parental bonding, parenting confidence, father engagement, co-parenting quality, and event satisfaction. For ten consecutive weeks, they received a brief weekly text-message survey (2 to 5 minutes) reporting days the carrier was used (0 to 7) and total babywearing time; a final survey follows at ten weeks. Participants received an Ergobaby carrier and up to $100 in Tango electronic gift cards ($25 baseline, $2 per weekly survey, $5 completion bonus, $50 final). All data were collected in REDCap on the Arizona State University secure server. Consistent with the feasibility focus, analyses were primarily descriptive and centered on the study's core feasibility indicators: recruitment yield, event attendance, baseline-to-weekly survey response rates, retention across the ten-week follow-up, and participant-reported satisfaction with both the event and the babywearing experience. These indicators establish whether the model warrants a larger efficacy trial.

Results

Baseline Sample

At the Tucson event, 11 fathers RSVP'd: 7 attended and 4 did not. Six additional fathers attended without an RSVP, for a total of 13 attendees. Although attendance matched the RSVP count, the groups overlapped only partially, as about half of those who RSVP'd did not attend and nearly half of attendees had not RSVP'd. Twelve of the 13 fathers stayed from Welcome to Closing. At the Phoenix event, two fathers RSVP'd, but none attended. Fathers were 25 to 45 years old (M = 34.0); infants were eight male and five female (M = 5.4 months). Seven fathers identified as Hispanic/Latino and 10 as White (not mutually exclusive). Educational attainment ranged from some college (5) to bachelor's (4), associate's (2), and graduate (2) degrees. Twelve were working, seven were first-time fathers, and nine had planned pregnancies. All 13 lived full-time with their infant and the child's mother; 12 reported very positive co-parenting and daily contact with their child. Fathers learned of the event through friends or family (n = 6), social media (n = 5), community organizations (n = 3), and flyers (n = 2). Twelve had prior babywearing experience, nine rated baseline comfort as at least comfortable, and 10 attended with a partner, five with family, four with other children, and three alone.

Feasibility and Engagement

Response rates were strong. All 13 fathers (100%) completed the Week 1 and Week 2 follow-ups, 11 (85%) completed Week 3, and 12 (92%) completed Week 4. In Week 1, fathers reported babywearing a median of four days (M = 4.5, SD = 1.9, range 1 to 7) for a median of 4.0 hours over the week (M = 4.4, SD = 2.6, range 1.0 to 9.5), averaging approximately 58 minutes per day. Usage across Weeks 2 through 4 was comparable, with median days from 4.0 to 4.5 and median hours from 3.0 to 4.4. Between six and nine fathers babywore at least four days per week. With one exception in Week 4, every responding father reported at least some babywearing across the follow-up.

Open-ended comments suggested sustained engagement and evolving investment. In Weeks 1 and 2, fathers framed babywearing through barriers to consistent use (travel, work schedules, teething, weather), with bonding language secondary. By Weeks 3 and 4, comments shifted toward connection, competence, and routine integration, including voluntary sessions exceeding the one-hour target and use in new contexts such as grocery shopping and walks. Event satisfaction, administered with the Week 1 follow-up, was uniformly positive: all 13 fathers reported learning something new, 12 felt more comfortable babywearing afterward, all 13 would recommend the event, and all 13 valued attending with their whole family rather than a fathers-only format. Open-ended feedback reinforced the format's acceptability while surfacing refinements, including requests for indoor or shaded space and clearer advertising. Together, these indicators support the acceptability and engagement feasibility of FCCT.

Discussion

FCCT recruited and engaged fathers in a community-embedded babywearing intervention. Although recruitment was the greatest challenge, fathers who attended stayed engaged for the entire event, gained comfort with babywearing, and sustained participation in weekly surveys and practice. Delivered in a non-clinical, family-inclusive setting that centered fathers, the model produced strong attendance and weekly response rates across the first four weeks (100% in Weeks 1 and 2, 85% in Week 3, 92% in Week 4), aided by donated carriers and a protocol combining instruction, connection, and baseline data collection in one afternoon. Limitations temper these findings: the Tucson sample (N = 13) was small and demographically constrained, most fathers had prior babywearing experience, and email-only recruitment for the Phoenix event yielded no attendees.

Feasibility of a Community-Embedded Father-Centered Intervention

The Tucson event demonstrated that fathers will attend, enroll, and sustain weekly engagement when a babywearing intervention is delivered in an accessible, family-inclusive setting. Consistent baseline and weekly response rates suggest the brewery format and text-based check-ins fit how these fathers integrate caregiving into daily life, and average Week 1 use of approximately 58 minutes per day closely tracked the one-hour target, indicating a realistic dose. The contrasting absence of enrollment at Phoenix is the most consequential feasibility finding. Tucson recruitment relied on dense partnerships with organizations already serving father-infant dyads (e.g., My Gym, Tucson Baby Wearers) and an established babywearing community; Phoenix lacked both, suggesting the venue alone is insufficient. Future sites should begin with a substantive relationship-building phase with father-serving organizations and peer recruiters before scheduling events.

Implications for Research and Practice

The Tucson cohort skewed toward partnered, residential, employed fathers with prior babywearing exposure, limiting inference about how FCCT would function for fathers most often excluded from early caregiving supports. Reaching non-residential fathers, fathers involved with child welfare, fathers of color, and fathers experiencing poverty, trauma, or other adversity will require partnerships with father-serving systems (e.g., fatherhood programs, responsible-fatherhood grantees, child welfare agencies) and recruitment tailored to those contexts. The Tucson model is a starting point, not an endpoint. Still, the patterns across Weeks 1 through

4 support a larger efficacy-focused trial testing whether FCCT improves father-infant engagement and bonding over the full ten weeks. Three design implications follow: build a partnership-building phase into recruitment at each site, intentionally over-sample underrepresented fathers, and retain the event length and tolerable weekly assessment burden.

Conclusion

Early relationships shape lifelong wellbeing, yet fathers remain at the margins of the systems built to support them. This exclusion is not benign: it deprives infants of a critical relational partner, isolates fathers from support, and reinforces the inequities the field claims to address. FCCT challenges that positioning by meeting fathers in the community, on their terms, with their families beside them. Tucson showed what becomes possible when an intervention is built around how fathers actually access support; Phoenix proved that relational infrastructure must be in place before the doors open. Centering fathers is not about inviting them into maternal frameworks. It demands new pathways that recognize them as essential to attachment, caregiving, and healing. Fathers were never the missing piece. The systems built without them were.

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