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Promoting and protecting parents' mental health through working in partnership: Qualitative interview study with fathers in the postnatal period

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Background:

Mothers face increased vulnerability to mental health problems during the perinatal period; this is also true for fathers with 5-10% experiencing depression [1] and 5-15% experiencing anxiety [2]. Perinatal mental health (PMH) problems in either parent places children at increased risk of adverse emotional and behavioural outcomes [3]. Critically, fathers can be protective against the development of maternal PMH problems and its effects on child outcomes [4]. Promoting paternal mental health may benefit the family as a whole, and models that address the wellbeing of both parents warrant serious consideration [5].

Purpose/Objective:

This study explored fathers' experiences of perinatal mental health and support.

Method:

Men participating in an epidemiological prospective cohort (BaBY) who met eligibility criteria (baby born <12 months; completed mental health and wellbeing [MHWB] questionnaires) were invited to participate. Those expressing interest (n=42) were purposively sampled to ensure diversity of MHWB scores. In-depth interviews were conducted at 5-10 months postpartum with 19 men aged 25-44 years. The majority were first-time fathers, UK born and lived with their partner. Data were analysed using Framework Analysis [6].

Key Findings:

Many men reported wanting to be more included in antenatal care and consultations. They described unmet information needs and largely felt unprepared for birth and parenting. Several welcomed the suggestion that midwives ask fathers about their emotional wellbeing but did not feel 'entitled' to this, reporting time restrictions within the consultation and that the emphasis 'should' remain on the mother. Men described their role as supporting their partner and protecting their partnership, which they found vital in navigating the demands of early parenting.

Discussion:

Involving and supporting partners offers the potential to maximise effective support for the mother and child from within the family. Further discussion is needed on how to balance woman-focused and partner-inclusive care, its implications for the midwife-woman partnership, and midwifery training needs.

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