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# BMC Pregnancy and Childbirth

## Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: A qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort --Manuscript Draft--

<b>Manuscript Number:</b>	PRCH-D-16-00868R2	
<b>Full Title:</b>	Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: A qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort	
<b>Article Type:</b>	Research article	
<b>Section/Category:</b>	Maternity care and sociological aspects of pregnancy and childbirth	
<b>Funding Information:</b>	White Rose University Consortium Collaboration Fund	Dr. Zoe Darwin
<b>Abstract:</b>	<p><b>Background:</b> The prevalence of fathers' depression and anxiety in the perinatal period (i.e. from conception to one year after birth) is approximately 5-10%, and 5-15%, respectively; their children face increased risk of adverse emotional and behavioural outcomes, independent of maternal mental health. Critically, fathers can be protective against the development of maternal perinatal mental health problems and their effects on child outcomes. Preventing and treating paternal mental health problems and promoting paternal psychological wellbeing may therefore benefit the family as a whole. This study examined fathers' views and direct experiences of paternal perinatal mental health.</p> <p><b>Methods:</b> Men in the Born and Bred in Yorkshire (BaBY) epidemiological prospective cohort who met eligibility criteria (baby born &lt;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 and UK born; all lived with their partner. Data were analysed using thematic analysis.</p> <p><b>Results:</b> Four themes were identified: 'legitimacy of paternal stress and entitlement to health professionals' support', 'protecting the partnership', 'navigating fatherhood', and, 'diversity of men's support networks'. Men largely described their 'stress' with reference to exhaustion, poor concentration and irritability. Despite feeling excluded by maternity services, fathers questioned their entitlement to support, noting that services are pressured and 'should' be focused on mothers. Men emphasised the need to support their partner and protect their partnership as central to the successful navigation of fatherhood; they used existing support networks where available but noted the paucity of tailored support for fathers.</p> <p><b>Conclusions:</b> Fathers experience psychological distress in the perinatal period but question the legitimacy of their experiences. Men may thus be reluctant to express their support needs or seek help amid concerns that to do so would detract from their partner's needs. Resources are needed that are tailored to men, framed around fatherhood, rather than mental health or mental illness, and align men's self-care with their role as supporter and protector. Further research is needed to inform how best to identify and manage both parents' mental health needs and promote their psychological wellbeing, in the context of achievable models of service delivery.</p>	
<b>Corresponding Author:</b>	Zoe Darwin, PhD, MSc, BSc University of Leeds Leeds, UNITED KINGDOM	
<b>Corresponding Author Secondary</b>		

<b>Information:</b>	
<b>Corresponding Author's Institution:</b>	University of Leeds
<b>Corresponding Author's Secondary Institution:</b>	
<b>First Author:</b>	Zoe Darwin, PhD, MSc, BSc
<b>First Author Secondary Information:</b>	
<b>Order of Authors:</b>	Zoe Darwin, PhD, MSc, BSc
	Paul Galdas, PhD, BSc
	Sharron Hinchliff, PhD, BSc
	Elizabeth Littlewood, PhD, BSc
	Dean McMillan, PhD, DClinPsych, BA/MA
	Linda McGowan, PhD, MSc, BSc
	Simon Gilbody on behalf of the BaBY study team, DPhil/PhD, MMedSc, MBChB, BSc
<b>Order of Authors Secondary Information:</b>	
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1 **Title Page**

2

3 **Fathers' views and experiences of their own mental health during pregnancy and the**  
4 **first postnatal year: A qualitative interview study of men participating in the UK Born**  
5 **and Bred in Yorkshire (BaBY) cohort**

7 **Authors**

8 Darwin, Z.<sup>1</sup>

9 Galdas, P.<sup>2</sup>

10 Hinchliff, S.<sup>3</sup>

11 Littlewood, E.<sup>4</sup>

12 McMillan, D.<sup>2,4</sup>

13 McGowan, L.<sup>1</sup>

14 Gilbody, S.<sup>2,4</sup>

15 on behalf of the Born and Bred in Yorkshire (BaBY) team<sup>2,4</sup>

17 **Author institutional addresses**

18 <sup>1</sup> School of Healthcare, University of Leeds, Leeds, LS2 9JT, UK

19 <sup>2</sup> Department of Health Sciences, University of York, York, YO10 5DD, UK

20 <sup>3</sup> School of Nursing and Midwifery, University of Sheffield, Sheffield, S10 2LA, UK

21 <sup>4</sup> Hull York Medical School, University of York, York, YO10 5DD, UK

23 **Author email addresses**

24 z.j.darwin@leeds.ac.uk

25 paul.galdas@york.ac.uk

26 s.hinchliff@sheffield.ac.uk

27 liz.littlewood@york.ac.uk

28 dean.mcmillan@york.ac.uk

29 l.mcgowan@leeds.ac.uk

30 simon.gilbody@york.ac.uk

31

32 **Corresponding Author**

33 Darwin, Zoe

34

35

36 **Abstract**

37

38 **Background:**

39 The prevalence of fathers' depression and anxiety in the perinatal period (i.e. from  
40 conception to one year after birth) is approximately 5-10%, and 5-15%, respectively; their  
41 children face increased risk of adverse emotional and behavioural outcomes, independent of  
42 maternal mental health. Critically, fathers can be protective against the development of  
43 maternal perinatal mental health problems and their effects on child outcomes. Preventing  
44 and treating paternal mental health problems and promoting paternal psychological  
45 wellbeing may therefore benefit the family as a whole. This study examined fathers' views  
46 and direct experiences of paternal perinatal mental health.

47

48 **Methods:**

49 Men in the Born and Bred in Yorkshire (BaBY) epidemiological prospective cohort who met  
50 eligibility criteria (baby born <12 months; completed Mental Health and Wellbeing [MHWB]  
51 questionnaires) were invited to participate. Those expressing interest (n=42) were  
52 purposively sampled to ensure diversity of MHWB scores. In-depth interviews were  
53 conducted at 5-10 months postpartum with 19 men aged 25-44 years. The majority were  
54 first-time fathers and UK born; all lived with their partner. Data were analysed using thematic  
55 analysis.

56

57 **Results:**

58 Four themes were identified: 'legitimacy of paternal stress and entitlement to health  
59 professionals' support', 'protecting the partnership', 'navigating fatherhood', and, 'diversity of  
60 men's support networks'. Men largely described their 'stress' with reference to exhaustion,  
61 poor concentration and irritability. Despite feeling excluded by maternity services, fathers  
62 questioned their entitlement to support, noting that services are pressured and 'should' be  
63 focused on mothers. Men emphasised the need to support their partner and protect their  
64 partnership as central to the successfully navigation of fatherhood; they used existing  
65 support networks where available but noted the paucity of tailored support for fathers.

67 **Conclusions:**

68 Fathers experience psychological distress in the perinatal period but question the legitimacy  
69 of their experiences. Men may thus be reluctant to express their support needs or seek help  
70 amid concerns that to do so would detract from their partner's needs. Resources are needed  
71 that are tailored to men, framed around fatherhood, rather than mental health or mental  
72 illness, and align men's self-care with their role as supporter and protector. Further research  
73 is needed to inform how best to identify and manage both parents' mental health needs and  
74 promote their psychological wellbeing, in the context of achievable models of service  
75 delivery.

77 **Keywords**

78 perinatal mental health  
79 paternal mental health  
80 depression  
81 anxiety  
82 screening  
83 partners  
84 fathers

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85 gender

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87 **List of tables, figures, appendices**

88 Table 1 Mental Health and Well-Being (MHWB) measures used

89 Table 2 Characteristics of the men interviewed (n=19)

90 Additional file 1 Mental health and wellbeing scores of men who did (n=42) and did not

91 express interest in interview (n=98)

92 Additional file 2 Mental health and wellbeing scores of men who did (n=19) and did not take

93 part in interviews (n=121)

94 Additional file 3 Interview topic guide

95 Additional file 4 Development of themes

96

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## 103 **Background**

1  
2 104 Perinatal mental health refers to mental health in the period spanning pregnancy, childbirth,  
3  
4 105 and the first postnatal year [1]. In this paper we use perinatal mental health as an umbrella  
5  
6 106 term that encompasses mental health problems, psychological distress and psychological  
7  
8 107 wellbeing, consistent with shifts in mental healthcare from solely treating and preventing  
9  
10  
11 108 mental health problems, to also promoting psychological wellbeing [2, 3].  
12

13 109  
14  
15 110 Perinatal mental health problems may be pre-existing (i.e. continuing or recurring in the  
16  
17 111 perinatal period) or new onset [4]. Meta-analyses of studies reporting diagnosed mental  
18  
19 112 health problems and above-threshold symptoms indicate that approximately 5-10% of  
20  
21  
22 113 fathers experience perinatal depression [5] and 5-15% experience perinatal anxiety [6] –  
23  
24 114 about half the rate recorded in mothers [7-9]. Paternal perinatal anxiety and depression can  
25  
26 115 have a profound impact on fathers' wellbeing, functioning and relationships [10]. Prospective  
27  
28 116 data indicates that their children also face increased risk of adverse behavioural and  
29  
30 117 emotional outcomes and, although maternal and paternal mental illness is modestly  
31  
32 118 correlated, the effects of paternal depression exist after controlling for maternal depression  
33  
34 119 [11, 12]. The costs of paternal perinatal mental illness are currently unknown but likely to be  
35  
36 120 considerable given that the UK's immediate and long-term costs of maternal perinatal  
37  
38 121 anxiety and depression are estimated at £6.6 billion each year; of which 60% relates to  
39  
40 122 impacts on the child [13].  
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44 123  
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46 124 The positive correlation between paternal and maternal mental health, coupled with early  
47  
48 125 evidence of the emotional, behavioural, and developmental effects that paternal perinatal  
49  
50 126 mental illness has on children, has led to calls for the development of models of service  
51  
52 127 delivery that focus on the psychological wellbeing of the couple and family rather than the  
53  
54 128 individual [5], including the routine assessment or screening of fathers' mental health and  
55  
56 129 wellbeing in perinatal services [14-16]. Paternal depressive symptoms increase the risk of  
57  
58 130 continued or worsening maternal symptoms [17] and fathers' positive involvement reduces  
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131 the risk of adverse behavioural outcomes in the children of depressed mothers [18, 19].

132 Treating and preventing paternal perinatal mental illness and improving paternal  
133 psychological wellbeing therefore not only have benefits for men, but also offer potential to  
134 maximise effective support for the mother and child from within the family. Despite this,  
135 perinatal services (including mental health services, maternity services and primary care) are  
136 currently designed to assess *maternal* mental health and wellbeing, and to prevent and  
137 manage *maternal* perinatal mental health problems [20].

138

139 In the general population, men are known to manifest their psychological distress differently  
140 from women [21]. Men are also less likely than women to access health services relating to  
141 their mental health and when they do, tend to use different language, present with different  
142 symptoms, and have different needs [22]. However, research on the experiences of mental  
143 illness and psychological distress in the perinatal period, how it manifests, its time course,  
144 and the barriers and facilitators to seeking and accessing help, has primarily focused on  
145 women. Little is known about men's presentation in the perinatal period and health  
146 professionals have described postnatal depression in men as 'vague and difficult to detect'  
147 [23]. There is a dearth of information regarding men's experiences of their own perinatal  
148 mental health, and our understanding of how best to address fathers' mental health and  
149 psychological wellbeing, including whether they have distinct challenges, needs and  
150 preferences, is severely limited as a result [24, 25].

151

152 Several reviews have synthesised qualitative research of fathers' experiences during  
153 pregnancy and the transition to parenthood [26-32], but these have examined the broader  
154 experiences and challenges encountered by first-time fathers and their experiences of  
155 maternity services. The majority of studies addressing men's experiences and views  
156 concerning perinatal mental health have been limited to the experiences of men whose  
157 partner has postnatal depression [33-37]. Studies specifically investigating fathers' own  
158 experiences of mental health and wellbeing during the perinatal period are rare.

159

1  
2 160 To the best of our knowledge, to date, only one published study [38] has specifically  
3  
4 161 explored the experiences of fathers with depression. Edhborg et al (2015) interviewed 19  
5  
6 162 fathers in Sweden who self-identified as having depressive symptoms 3 to 6 months  
7  
8 163 postpartum. Prominent in men's accounts were deterioration in their relationships with their  
9  
10 164 partners and difficulties in balancing the competing demands of family, work, and their own  
11  
12 165 needs. Fathers in the study experienced themselves as invisible and excluded as parents,  
13  
14 166 and lacked adequate help and support to meet the challenge of new fatherhood and a  
15  
16 167 changed partner relationship [38].  
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20 168

21  
22 169 In light of the lack of evidence, the aim of this study was to examine the views and  
23  
24 170 experiences of first-time and subsequent fathers reporting symptoms across the continuum  
25  
26 171 of psychological distress, concerning their perinatal mental health and explore their  
27  
28 172 perceptions of what makes perinatal mental health resources accessible and acceptable.  
29  
30 173 This research is important to build the evidence base and inform suggestions for service  
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32 174 provision.  
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## 37 **Methods**

38 176

### 39 ***Design***

40 177  
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42 178 An interpretive qualitative study using semi-structured interviews with first-time or  
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44 179 subsequent fathers.  
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49 181

### 50 ***Procedure***

51 182 The Born and Bred in Yorkshire (BaBY) cohort was used as a sampling framework. BaBY  
52  
53 183 ([www.bornbredyorks.org](http://www.bornbredyorks.org)) is a population-based prospective cohort of babies and their  
54  
55 184 parents. Parents were originally recruited to the cohort via maternity services at four sites  
56  
57 185 across North Yorkshire and East Lincolnshire in 2011-2014. Partners were invited to take  
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187 part via the mother, irrespective of their status as the mother's partner and/or baby's  
188 biological father. Data collected in the BaBY cohort included: maternal background and  
189 obstetric history; pregnancy and birth outcomes; and a Mental Health and Wellbeing  
190 [MHWB] questionnaire provided to both parents at approximately 26-28 weeks of pregnancy,  
191 and 8 weeks following birth. Details of the measures included in the MHWB questionnaire  
192 are presented in Table 1.

***[Insert Table 1 - Measures contained in the Mental Health and Wellbeing (MHWB)  
questionnaire]***

196  
197 The BaBY research team identified men who met the following eligibility criteria: consented  
198 to be contacted again; baby born in the past 12 months at  $\geq 37$  weeks' gestation; no serious  
199 health concern with mother or baby before discharge; previously completed mental health  
200 and wellbeing [MHWB] questionnaires. Same-sex parents were excluded due to the focus  
201 here being fathers. Most babies were aged over 6 months at the time of invitation due to  
202 recruitment of parents to the cohort having ceased in 2014.

203  
204 Eligible fathers were sent a pack containing: a Participant Information Sheet; a pre-paid  
205 envelope; a form to record interest in taking part, contact details and consent to access  
206 existing BaBY data; and a form to record background characteristics (paternal information  
207 was not collected in the original cohort). Reminder packs were sent two weeks after initial  
208 posting. Those expressing interest were purposively sampled on the basis of their antenatal  
209 and postnatal MHWB scores, using maximum variation sampling [39] to ensure that fathers  
210 with a range of MHWB scores were included in the study.

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212

213 ***Ethics, consent and permissions***

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214 Interviews were transcribed with the principle of anonymity in mind. Participants were able to  
215 withdraw from the study, without giving any explanation; none chose to do so. Exemptions to  
216 confidentiality were detailed in the consent process; specifically risk of harm to self or others,  
217 and instances of possible bad practice by the NHS. Protocols were in place concerning  
218 disclosures indicating risk to self or others.

219

### 220 ***Sample characteristics***

221 In total, 42 of the 140 eligible men expressed interest in interview, returning their contact  
222 details and valid consent to access existing BaBY data. The MHWB scores for men who  
223 expressed an interest in taking part in an interview (n=42) and those who did not (n=98)  
224 were comparable across all measures and at both time-points (see Additional file 1) and  
225 considered representative of fathers in the BaBY cohort. A purposive sample of 22 men with  
226 a broad range of MHWB scores were invited for interview, three of which did not respond to  
227 the researchers' efforts to make contact. The participants' characteristics are shown in Table  
228 2. Mean anxiety and depression scores for interviewees were significantly higher than for  
229 those who were not interviewed (see Additional file 2), reflecting the purposive sampling  
230 used to provide a sample across the continuum of psychological distress.

231

232 ***[Insert Table 2 - Characteristics of the men interviewed]***

233

234

### 235 ***Data collection***

236 Data were collected using semi-structured interviews that followed an interview topic guide  
237 (see Additional file 3). All participants were asked the same main questions whilst retaining  
238 the flexibility to explore participants' responses in further detail and change the sequence  
239 and phrasing of questions where necessary.

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241 Interviews were arranged at a time and location chosen by the participant and were digitally  
242 audio-recorded. Fifteen interviews were conducted face-to-face, either at participants' homes  
243 (n=12) or on University premises (n=3), with the remainder conducted by telephone (n=4).  
244 Partners were able to take part in the interview at the discretion of the male participant; five  
245 chose couple interviews, requiring informed consent from each parent. Interviews ranged  
246 from 18 to 83 minutes (mean 47, s.d. 18.5). Member checking was conducted during the  
247 interview through a process of 'circling back' to clarify participants' interpretation,  
248 understanding and meaning using prompts such as "Can you tell me more about that?"  
249 "What do you mean when you said, ...?".

250

### 251 ***Analysis***

252 Interviews were transcribed verbatim by a confidentiality-bound professional transcription  
253 service, then checked for accuracy by the respective interviewer (ZD/PG). Data were  
254 managed using NVivo 10 and analysed according to the thematic analysis approach  
255 described by Braun and Clarke [40].

256

257 Transcripts were independently coded line-by-line by three researchers (ZD, PG, SH) to  
258 generate initial codes and search for candidate themes. Coding was an inductive and data-  
259 driven process, not informed by an a priori framework. The candidate themes and sub-  
260 themes were reviewed and refined in a face-to-face meeting, with input from another  
261 researcher (LMc). Additional file 4 summarises the development of the themes, an excerpt of  
262 the data analysis audit trail. To help ensure the rigour of the analysis, we undertook a  
263 process of peer debriefing, which involved the researchers scrutinising and providing  
264 feedback on the appropriateness of each other's interpretations and searching for  
265 disconfirming evidence (deviant cases). Further discussions took place by email, sharing  
266 one NVivo file to define and name the themes, and select extracts for inclusion in the paper.

267

### 268 ***Reflexive accounting***

269 All researchers involved in the analysis (ZD, PG, SH, LMc) have experience of gender-  
270 related qualitative research on sensitive topics and are parents. At the time of the interviews,  
271 both interviewers (ZD, PG) had children of similar ages to those babies' whose parents were  
272 interviewed. All of the authors believe that fathers' mental health is a significant health  
273 concern, but hold mixed views concerning the feasibility of routine assessment of fathers'  
274 mental health.

275

## 276 **Results**

277 We identified four major themes pertaining to men's experiences and views of perinatal  
278 mental health:

279

- 280 i) legitimacy of paternal stress and entitlement to health professionals' support;
- 281 ii) protecting the partnership;
- 282 iii) navigating fatherhood;
- 283 iv) diversity of men's support networks.

284

### 285 **Theme 1. Legitimacy of paternal stress and entitlement to health professionals'** 286 **support**

287 Common across fathers' accounts was a tacit acceptance of the existence of paternal stress  
288 which was often combined with a questioning of their entitlement to having these feelings,  
289 and to its recognition by others.

290

#### 291 ***Articulating and attributing stress***

292 Men predominantly couched their discussion around 'stress' rather than mental health.  
293 Descriptions across the time course indicated that their stress during pregnancy had mainly  
294 been connected to anxieties around the birth, this was particularly the case for those who  
295 had experienced a previous difficult birth. Overwhelmingly, men reported greater stress in  
296 the postnatal period, adjusting to the demands of early parenting (specifically, those

297 associated with sleep and feeding) and their altered relationship with their partner. Men's  
298 descriptions centred on 'role strain' and 'role conflict', noting the loss of their former life and  
299 activities – and associated relaxation - and ongoing struggles to balance competing roles  
300 and priorities at work and home; struggles that were often compounded by being  
301 geographically distant from theirs and their partner's families.

302

303 *I think for me it's just - the never having any time to relax, it's just not possible. I've*  
304 *got a stressful job then I come home and I tend to get ... the tired, stressed baby ... I*  
305 *think the stress for me is just the non-stop-ness of it (Father 12)*

306

307 Some men made reference to specific stressors; including discrete events (e.g. traumatic  
308 birth) and ongoing difficulties (e.g. chronic health of a parent or child); three spoke of  
309 financial pressures since becoming parents.

310

311 There was a tendency for men to minimise the difficulties that they had experienced and  
312 emphasise the challenges faced by their partner, with some questioning the legitimacy of  
313 their own mental health needs:

314

315 *I'm always conscious that [partner]'s got it a lot worse, so I just sort of get on with it.*  
316 *(Father 2)*

317

318 Whereas some men spoke of their partner's postnatal depression, none used this  
319 terminology in describing their own experiences. Two men – both first-time fathers - did  
320 however report recent and ongoing depression for which they had seen their GP and been  
321 prescribed anti-depressant medication.

322

323 **Symptoms and manifestation**

324 Asked to describe their stress and its nature, men spoke more readily of their cognitive, as  
325 opposed to emotional, symptoms of distress. This mainly concerned guilt about being  
326 unable to support their partner due to being at work, but some also reflected on their guilt  
327 about their feelings, believing that they 'shouldn't' be struggling. Minimising feelings and  
328 becoming more irritable with their partner were common reactions to stress, particularly in  
329 the early postnatal period.

330

331 *I felt guilty actually, guilty going back to work and leaving [partner] with everything.*  
332 *...I was like, I've left them all day on their own. I don't think that's how she felt but*  
333 *that's how I felt. (Father 3)*

334

335 *I tend to do the typical man thing of hiding it until I can do so no longer. ... I'm not the*  
336 *sort to wail and shout and whatever. ... I probably just get grumpy and a bit snappy*  
337 *about stuff. That's pretty much it really. (Father 12)*

338

339 More commonly, the men volunteered that they had experienced physical and behavioural  
340 signs, including difficulty concentrating at work and suffering with headaches. Men mostly  
341 attributed their symptoms to exhaustion, and often found it difficult to disentangle their  
342 mental stress from symptoms that were seen to link with fatigue.

343

344 *... something physically is going on, on top of the mental stress.... I felt mentally*  
345 *drained as well and tired, but once the physical aspect came into the whole situation*  
346 *as well, that's when I went to the GP. (Father 19)*

347

348 In the majority of couple interviews, disclosures about the psychological and emotional  
349 challenges men had experienced were prompted by discussions between partners. For  
350 example:

351

352 *Partner of Father 6: You went into yourself, I feel.*

353 *Father 6: Yes, I could feel myself withdraw, so I wouldn't communicate as much and I*  
354 *would get snappy when sometimes I wouldn't do. It was something that if I was*  
355 *already close to it, it would be the minutest of things that sometimes would just make*  
356 *me lose it, not lose it, but kind of just [pause]*

357 *Partner of Father 6: You'd just go off and be very quiet, don't you, and don't speak.*

358

359 *Partner of Father 7: I don't think you slept very well [in pregnancy].*

360 *Father 7: No. I never sleep very well.*

361 *Partner of Father 7: I don't know whether I didn't sleep because I was stressed or*  
362 *because I was pregnant, I don't know, but I think you didn't. It probably affected you*  
363 *in that way, didn't it?*

364 *Father 7: Yeah. I haven't slept as well since you got pregnant ... It could be worry, or*  
365 *just concerned for her, thinking about the future, about how it would pan out and how*  
366 *we would do things, and just like not being able to switch off properly more than*  
367 *anything.*

368

369 It was notable that the two men who reported having consulted their GP in relation to their  
370 mental health described more marked symptoms:

371

372 *In the end I just couldn't function... I wasn't myself. I couldn't even make simple*  
373 *decisions. (Father 6)*

374

375 *I felt so ill, I just wanted to die. I just thought this is awful. (Father 10)*

376

### 377 **Entitlement to health professionals' support**

378 Whilst there were examples of men having felt included by health professionals (for  
379 example, by being given breakfast on an antenatal ward), many felt excluded and unclear of

380 their own role when in contact with maternity services, particularly at the birth. Men who had  
381 described feeling alienated/left out tended to qualify this by emphasising that the focus  
382 'should' be on the mother and baby:

383  
384 *I think at the birth I felt a bit more like a spare part, but then again I mean they were*  
385 *really good with [partner], I just felt in the way sort of thing. (Father 2)*

386  
387 *[The midwife]'s interested in [partner] and knowing that I was supporting her, but not*  
388 *so much as me, which, they can't involve everyone, or take a responsibility for*  
389 *everyone ... I very much felt like it's certainly not about me, this. But at the same*  
390 *time, I do very much appreciate the limited resources. They can't be responsible for*  
391 *everyone. The pregnant woman is the priority, isn't she. (Father 18)*

392  
393 Evident in men's descriptions were feelings of conflict about wanting to be more involved,  
394 and a questioning as to whether this may detract from the support provided to women; a  
395 situation compounded by limited contact with health professionals and the short, 'rushed'  
396 appointments often highlighted by men (and their partners, when present at the interview).

397  
398 *I didn't feel like I could raise it [questions about previous difficult birth] when I went to*  
399 *the sessions with the midwife beforehand because I thought it was mainly focusing*  
400 *on [partner] and the baby and measurements and all that sort of thing ... I think I was*  
401 *thinking, well, [partner]'s pregnant here, they're focusing on her, I don't want to sort of*  
402 *drag it out by 15/20 minutes, because of appointments and that, with me asking*  
403 *maybe what seem trivial questions but to me may be important ... I was lost there, I*  
404 *suppose. (Father 3)*

405  
406 Having an unmet need in the context of a perceived under-resourced health service meant  
407 that whilst most men were receptive to and often welcomed the suggestion that fathers'

1  
2 409 emotional wellbeing might usefully be addressed alongside that of mothers', in the future,  
3 almost all expressed concerns about the impact this may have on existing provision to  
4 410 support women's mental health. Of note were a minority of men who did not feel the need to  
5 ask fathers about their mental health and wellbeing, with one describing it as "surplus to  
6 411 requirements" (Father 17).  
7  
8  
9 412

10 413  
11  
12  
13 414 *I would be thinking are there going to be the funds to like assist (.) even if I wanted*  
14 *some assistance, how are they actually going to be able to-? There is a shortage of*  
15 415 *[GPs] nationally so therefore me then going to the GP and saying, you know - if it*  
16 *was affecting me mentally, I'd feel almost like bad about it, I think I'm wasting their*  
17 416 *time right here, they've got people to see who are in more immediate need or*  
18 *something and, you know, so I probably just like hold it in a bit more. (Father 14)*  
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420  
421 Men were also conflicted as to which health professional would be best placed to have these  
422 conversations, given fathers' limited contact with services and their perceived role of  
423 midwives (both an emphasis on the woman/pregnancy and on physical rather than  
424 emotional health). Some also questioned whether men in general would give 'honest'  
425 answers to questions about their mental health, although emphasised that they themselves  
426 would. It was notable that the two fathers who had accessed mental health support in the  
427 perinatal period did so via their GPs, not maternity services.

## 428 429 **Theme 2. Protecting the partnership**

430 Central to the majority of men's accounts were reflections on how their relationship with their  
431 partner had evolved during the perinatal period and been affected by their baby's arrival.  
432 Here, men placed great emphasis on their perceived need to protect both their partner, and  
433 their partnership. Most spoke about having less time as a couple since their baby's birth but  
434 it was striking that for many men – both those interviewed individually and with their partners  
435 - their primary support and confidante continued to be their partner and not friends or other

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436 family members. Some men recognised an altered emotional connection with their partners,  
437 including feeling more distant. Such comments alluded to having lost some of their own  
438 emotional support from their partner; however this was rarely explicitly articulated by men,  
439 possibly reflecting their feelings of not being 'entitled' to support as indicated in the first  
440 theme.

441  
442 *[our] communications have gone through peaks and troughs. ... During her*  
443 *pregnancy we were. I think we probably found ourselves closer actually during it, not*  
444 *that we were far apart before but I think it did... You've obviously come together to*  
445 *see this thing growing .... [Now] I probably don't get the interaction so much with her*  
446 *(Father 13)*

447  
448 *I think trying to juggle all of that and this child and you know, your relationship is the*  
449 *thing that takes the biggest hit. So I think it's finding the time...and I think on the*  
450 *surface you probably think you're okay, because you have a chat when you get in,*  
451 *but ... before you know it you've not spent any time with each other or spoke to each*  
452 *other ... we were probably just not really talking or not interacting with each other,*  
453 *we were just kind of existing ... we sort of just never really reconnected ... It's really*  
454 *just facing it, just talk and be honest with them. But you need time to do it and also*  
455 *you need to both be in the same receptive mood. (Father 1)*

456  
457  
458 The loss of a previous 'closeness' was entwined with men's perceived need to support their  
459 partner with her new or altered role, identity, and, for several fathers, her distress and altered  
460 mood. Men's sense of their role as a supporter was overt and often drawn upon when trying  
461 to reconcile the legitimacy of their own stress with their feelings that it 'should' be the mother  
462 who is the focus of supportive care.

464           ...not being able to see as much of [baby] as I would like to [is] stressful as well  
1  
2 465           trying to - worrying about looking after both of them. ... kind of giving [partner]  
3  
4 466           support, as well, with her return to work. She is obviously quite upset about having to  
5  
6 467           leave a one year old. (Father 15)  
7

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9 468

10  
11 469   For most fathers, the parents' 'team work' was viewed as fundamental to coping with the  
12  
13 470   demands of parenting and 'navigating fatherhood'.  
14

15 471

16  
17  
18 472           There's always been the shared responsibility of if we see the other person getting a  
19  
20 473           bit stressed up by it then the other person takes him away. (Father 13)  
21

22 474

23  
24 475           She's been very stressed and when she's stressed I'm stressed, that's how it goes ...  
25  
26 476           I try to make life easy for her and that means I do more and get more. It's a team.  
27

28  
29 477           So it's been a bit fraught but I think we're kind of coming out of it a bit now. (Father  
30  
31 478           12)  
32

33 479

34  
35 480   Less common were reports of participants struggling to understand their partner's  
36  
37 481   perspectives and experiences, both physical and emotional, which could be a source of  
38  
39 482   strain in the relationship. Such tensions were apparent in the interviews involving men's  
40  
41 483   partners, although not necessarily articulated explicitly. Feeling lost as to how to support  
42  
43 484   their partner's mental health, some men drew on practical approaches and problem-solving  
44  
45 485   strategies:  
46  
47  
48

49 486

50  
51 487           I struggled at times because whilst I could see of the physical effects on [partner], I  
52  
53 488           couldn't understand the emotional and mental effects it was having on her, so I  
54  
55 489           struggled with that, and I probably did become a bit more snappy, definitely low mood  
56  
57 490           at times and struggling to sort of sleep properly, and you have a lot to think about as  
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1  
2 492 *well so you're trying to do everything, trying to make sure that we're ready but also*  
3 *ready with the house and you've got so much to sort of think about (Father 6)*

4 493  
5  
6 494 *There'll be times when she's positive and absolutely fine and sometimes it goes the*  
7 *other way and she can't cope and then we just argue ...I try to do longer hours, just*  
8 495 *get up early and go to bed very late and work as hard as I can all the time. (Father 8)*  
9  
10

11 496  
12 497

### 13 498 **Theme 3. Navigating fatherhood**

14  
15  
16 499 Rather than engage in conversation about how they managed their mental health and  
17  
18  
19  
20 500 wellbeing or accessed support, most men preferred to emphasise what had 'worked' in  
21  
22 501 managing stress, focusing on their strategies for bolstering resilience and successfully  
23  
24 502 navigating fatherhood. With the exception of one man (who stated that he had not wanted to  
25  
26 503 be a father), men judged their performance against their aspiration to be a 'good father'.  
27  
28 504 Being a good father included being a 'provider' and 'protector' and was seen to extend  
29  
30  
31 505 beyond stereotypical ideals around financial responsibility, to encompass a 'hands on' role  
32  
33 506 with their baby and providing effective practical and emotional support to their partner. Thus,  
34  
35 507 for these men, being a 'good father' was synonymous with being a 'good partner', and  
36  
37 508 'protecting the partnership' (Theme 2) was inherent in navigating fatherhood.  
38  
39

40 509

### 41 510 ***Feeling prepared and (changing) expectations***

42  
43  
44 511 Reflecting on their early perinatal experiences, men spoke of their role in preparing for the  
45  
46 512 birth of their child and for being a parent with examples of reading books, watching TV,  
47  
48 513 talking to others, attending antenatal appointments and antenatal education classes,  
49  
50  
51 514 alongside practical preparations around the house. Most noted however that they had not  
52  
53 515 felt 'truly' prepared and parenting only became 'real' once they were 'doing' it. Whilst this was  
54  
55 516 an observation shared by both fathers and mothers in the couple interviews, the lack of  
56  
57 517 preparation appeared heightened for men, who often noted an absence of information and  
58  
59 518 resources that were tailored and targeted towards them.  
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519

1  
2 520 In comparing the experiences of first-time fathers and subsequent fathers it was evident that  
3  
4 521 past experience could offer some learning but could also provoke anxiety, such as those  
5  
6 522 concerning the birth.  
7

8  
9 523

10  
11 524 *We wanted to extend the family, have another child but at the back of my mind I was*  
12  
13 525 *thinking, oh, we're going to go through this labour again, which was hell last time,*  
14  
15 526 *basically. ... As we approached due date, I was getting less sleep due to worrying*  
16  
17 527 *about it, but once it was there, we just got on with it. (Father 3)*  
18

19  
20 528

21  
22 529 In addition, subsequent fathers faced new challenges in meeting the needs of both children.  
23

24 530

25  
26 531 *The first time round I didn't have a clue, the second time round you have a clue but*  
27  
28 532 *it's still really scary ... Losing the world we had before them was quite scary the first*  
29  
30 533 *time round, and it hit me quite hard again ... your world starts to come back together*  
31  
32 534 *and then you have another one and it's harder again because you've got two kids*  
33  
34 535 *and two parents really ... so the other one in a way has to kind of entertain [the older*  
35  
36 536 *child]. (Father 1)*  
37

38 537

39  
40  
41  
42 538 *You didn't know how the [older child] was going to react with the new born ... it's not*  
43  
44 539 *just coping with the pregnancy but it's coping with explaining to the first (Father 11)*  
45

46 540

47  
48  
49 541 Most men spoke of the reassurance that they took from coming to have the perspective that  
50  
51 542 many of the challenges were 'just a phase'; this was particularly voiced by subsequent  
52  
53 543 fathers in comparing their experiences with their younger children. Some men reflected on  
54  
55 544 the importance of changing their expectations, acknowledging that some of their stress  
56  
57 545 reflected an unrealistic standard that they and their partners had set for themselves.  
58

59  
60 546

1  
2 547 *Even though it wasn't by the book, but it made our lives a lot easier and that I think*  
3 *helped as well, not listening to what everyone told us (Father 6)*

4 548  
5  
6 549  
7 *We felt this pressure building up the more we read, so that's why we said, like, just*  
8 *trust our instincts (Father 19)*

9 550  
10 551  
11 552

12  
13 ***Managing stress through distraction, denial and release***

14  
15 553  
16 554 Taking a practical approach to coping with and managing stress was common in men's  
17 555 accounts. Some fathers reported finding that the stresses relating to pregnancy and  
18 556 parenting differed to those encountered elsewhere, testing their usual coping strategies and  
19 557 sometimes leaving them feeling powerless:

20  
21 558

22  
23  
24 559 *I'm probably the sort of bloke who actually just says, 'oh I'm quite forgetful, so I can*  
25 560 *forget I've had the worst night ever'. I just try and forget it. So that's probably my*  
26 561 *coping mechanism. It's just, trying to forget it and I generally do. And then, I guess,*  
27 562 *I've found in some ways, work quite helpful in that respect, because you can have a*  
28 563 *crazy night where you have no idea what's going on with [son's name], but I can go*  
29 564 *to work and I feel fine. I'm in control here, I know what to do. There's people who I*  
30 565 *can actually communicate with, they'll do what I ask them to do and vice versa. So*  
31 566 *I'm probably not the best example, the best person to ask, because I think I just*  
32 567 *choose to ignore. I'm probably more of an ignoror, which isn't probably that helpful for*  
33 568 *[partner]. (Father 18)*

34  
35 569  
36  
37 570

38 571 *I think the way I deal with things in general and in work and things, I tend to think*  
39 572 *quite far ahead. Like I said, I'm quite regimented. So where there's something like*  
40 573 *that, like, fatherhood and things that I can't control and I can't regiment them and put*  
41 574 *in a plan and things like that, I find it quite hard to digest. If there's something I can*  
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1 575 *of that, you know, are a bit more chaotic. I find I struggle when I have to think them*  
2 576 *through a lot and maybe verbalise them with [partner]. (Father 17)*

3  
4 577  
5  
6 578 Where task-oriented strategies to tackle the sources of stress were deemed unavailable or  
7  
8 579 inadequate, men managed their feelings of stress in practical ways, with mixed success.  
9  
10 580 This included using sport as a way to relieve stress, offering distraction and physical release  
11  
12 581 of tension, as well as a form of peer support. Several men spoke of using work as a  
13  
14 582 distraction whereas for others work was a source of stress, limiting their ability to help at  
15  
16 583 home.  
17

18 584  
19  
20 585 *I like my work because it's technical stuff, I know I can bury myself in it and that will*  
21  
22 586 *take my mind off it. (Father 7)*  
23

24 587  
25  
26 588 Another, who was unemployed, spoke of housework as a welcome distraction:  
27  
28

29 589  
30  
31 590 *I was just pottering about, just trying to keep occupied with anything I could, the flat*  
32  
33 591 *was sparkling when she got home, just anything to keep my mind off the fact that I*  
34  
35 592 *wasn't with her. (Father 9)*  
36  
37

38 593  
39  
40 594 Whilst most men acknowledged teamwork with their partners and sharing of practical tasks,  
41  
42 595 they often noted that they ultimately resorted to taking a self-reliant and stoical attitude when  
43  
44 596 deemed necessary. Here, perceived expectations of masculinity as well as negative  
45  
46 597 attitudes towards depression were evident in some accounts:  
47  
48

49 598  
50  
51 599 *I'd just get on with it. I would just deal with it myself. That's what I've always done. I*  
52  
53 600 *think it tends to be a male reaction for most people (Father 8)*  
54  
55

56 601  
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602 ... there's always the fear, if you open yourself up and you explain how you are  
603 feeling emotionally, like blokes will, sort of, ridicule you ... don't be so airy fairy, you  
604 know, that, sort of thing ... just because blokes try and act all macho and stuff  
605 (Father 14)

606  
607 I am a depressive, I'm depressed right now, have been for a few days. ... I don't  
608 think, in any stretch of the imagination, I'm the image of the stereotypical man, and  
609 yet I'm never going to be able to break out of the, man up, get on with it thing. And I  
610 don't know where that's come from, just it's there. And I think generally, that's my  
611 approach. It's just a case of head down, battle on through (Father 10)

### 612 613 **Strength through fatherhood as rewarding**

614 Men's coping capacity was often strengthened through their positive and rewarding  
615 experiences of fatherhood; something that grew with the child's development and her/his  
616 increasing ability to interact:

617  
618 I think you cope through him as well, as he gets older. I mean, just smiling to himself  
619 and being able to come back and he recognises your face, that kind of stuff is a huge  
620 coping strategy. It's really rewarding, so that makes it worth it. (Father 16)

621  
622 The sleepless nights do take their toll on you, but I don't know if it's just the way that I  
623 think ... but I tend to look at the bigger picture. I just think I'm happy because she's  
624 healthy, she's smiling... So I think, well, I must be doing something half right for her  
625 to be trotting around as she does, and she's happy with me. (Father 7)

626  
627 Fatherhood could also bolster men's capacity for managing other external stressors:

628  
629 But I think as much as having [baby] has caused me to feel more susceptible I think

630 *to everything going on, at the same time having him has given me a focus because*  
1  
2 631 *when I've had the energy doing things with him has just taken my mind completely off*  
3  
4 632 *everything because there's nothing more sort of enjoyable sometimes than when*  
5  
6 633 *you're just doing things with him, whereas other times you just are thinking you just*  
7  
8 634 *want to switch off and have a bit of break. (Father 6)*  
9

10  
11 635  
12  
13 636 Occasionally men admitted their feelings of rejection or being 'pushed out' by the closeness  
14  
15 637 between their baby and partner, and spoke of the importance of having 'father-baby' time or  
16  
17 638 activities.  
18

19  
20 639  
21  
22 640 *[For women] it becomes about me and bump, and then me and baby. Whereas*  
23  
24 641 *fathers, it's about them, you know, them two over there and me. You feel part of that*  
25  
26 642 *unit but nonetheless, you're always separated slightly... that's just how it is. (Father*  
27  
28 643 *10)*  
29

30 644  
31  
32  
33 645 Paternity leave was valued highly, and most men commented that it had not been long  
34  
35 646 enough. Whilst none had chosen to share parental leave some changed their working hours  
36  
37 647 to spend more time with their baby and to relieve their partner from caring for their child.  
38  
39 648 Several men voiced the need to ensure not only time with their baby but also to protect their  
40  
41 649 time, "keeping that family unit strong" (Father 6), again noting the significance of the  
42  
43 650 partnership.  
44

45 651

46 652

#### 51 653 **Theme 4. Diversity of men's support networks**

52  
53 654 There was a great deal of diversity in fathers' support networks, including difference in their  
54  
55 655 relationships and interactions with other men. Whilst a minority spoke of 'keeping themselves to  
56  
57 656 themselves' (coupled with self-reliance), most described a range of people they drew support  
58  
59 657 from, although they varied in the ways that they used this support.  
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658

1  
2 659 Despite the apparent support networks available to men, their accounts revealed a lack of  
3  
4 660 resources, with several lamenting the absence of tailored and targeted information and some  
5  
6 661 noting the paucity of groups for fathers and male-friendly parenting environments.  
7

8  
9 662

10  
11 663 ***Pre-existing networks - friends, family and the wider community***

12  
13 664 Men spoke of existing relationships that offered ways to 'casually' explore concerns and gain  
14  
15 665 reassurance, without the need to access formal support. Several men mentioned family -  
16  
17 666 either theirs or their partner's - who provided reassurance about common complaints and  
18  
19 667 health anxieties with young children. Often this support and advice came from siblings or  
20  
21 668 mothers, rather than fathers, with some men acknowledging the changing involvement of  
22  
23 669 fathers between generations.  
24

25  
26 670

27  
28  
29 671 *We didn't know what was wrong [when baby was teething], and I think neither of us*  
30  
31 672 *was able to reassure the other. But, in those situations, we've had other people that*  
32  
33 673 *have been able to add a bit of a perspective. (Father 4)*  
34

35  
36 674

37  
38 675 Several men relayed conversations that they had had with other fathers in their wider social  
39  
40 676 networks; including colleagues and neighbours. Sometimes, these were brief conversations  
41  
42 677 in passing, whereas others were ongoing, in-depth discussions. For these men, the  
43  
44 678 discussions allowed them to talk about babies and relationships, alongside topics that did  
45  
46 679 not include these aspects and offered a welcome distraction.  
47

48  
49 680

50  
51 681 *It was just like, how is your respective other half getting on? ... a couple of blokey*  
52  
53 682 *conversations of, oh she's doing my head in today, kind of thing ... It was just nice*  
54  
55 683 *just to have that male bonding really, which perhaps my dad and [partner]'s dad*  
56  
57 684 *didn't really have. It was almost they had their male friends but they didn't talk about*  
58  
59 685 *it... it was nice to have them as a support if you needed or more likely just to have a*  
60

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686 *normal conversation. You didn't have to be talking about babies and pregnancy and*  
687 *nurseries and everything that goes with it all the time. It was there if you wanted it*  
688 *but you could have a bit of a normalised day to day conversation with them without it.*  
689 *(Father 13)*

690  
691 *[At work] I can cover an awful lot of different things with them... And in a lot of cases,*  
692 *it is bloke banter. You wouldn't think that it [but] you're in the middle of an*  
693 *engineering workshop surrounded by blokes, and we probably spend half the day*  
694 *talking about babies and kids and that sort of thing. But I feel more comfortable with*  
695 *it, because I know that there's guys there that have had similar experiences or they*  
696 *know what it's like. They know how I'm feeling if I say, oh, we've had a rough night*  
697 *... Some people have had worse experiences, so you think, what we're going*  
698 *through is normal. (Father 7)*

### **'Formal' peer support and opportunities to meet other fathers**

701 Men were split on their attitudes towards formal peer support and groups. Some discussed  
702 their experiences of mother and baby groups and the lack of equivalent groups for fathers.

703  
704 *I think in some ways it would be helpful before and after to make sure that dads are*  
705 *prepared and that they're coping and maybe even if it was just away from the mums*  
706 *for some people maybe, because I think some dads might find it a bit embarrassing*  
707 *to sort of say I don't know what I'm doing. (Father 6)*

708  
709 Some men described positive experiences of 'gendered' events and gatherings with  
710 members of their antenatal education classes, after their baby's birth; however this was  
711 limited to experiences of classes accessed privately via the National Childbirth Trust (NCT).

1  
2 713 Men's descriptions indicated that conversations in these groups were characterised as 'war  
3 stories' and 'banter' (Father 16), rather than overtly tackling the emotional aspects of  
4 714 pregnancy and parenting; nonetheless, these could offer venting and validation from peers  
5 715 with similar experiences.  
6 716  
7 717

8  
9 718 *You know we do talk to each other about parenting stuff but ... it's never a serious  
10 conversation, it's all, done over a beer you know and a few jokes, which is good.*

11 719  
12  
13  
14  
15 720 *(Father 1)*  
16  
17 721

18  
19 722 *If people haven't got, like I've been fortunate enough to know other guys going  
20 through a similar thing. I can imagine, yeah, you probably do want to just at least  
21 know that you're not alone. Even if you don't want to talk about it, just to know,  
22 actually, he hasn't had any sleep either. (Father 18)*  
23  
24 723  
25 724  
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28  
29 727 Again, there was evidence of some men feeling conflicted about wanting or needing  
30 emotional support.  
31 728  
32  
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34 729

35  
36 730 *I'd feel like I maybe shouldn't want to want some support, and that I should be fine  
37 and I should just get by, and actually I have so did I need it? Probably not. Would it  
38 would be nice? Yes, maybe. Would I have gone? Different question again, maybe  
39 not. (Father 16)*  
40 731  
41 732  
42 733  
43 734

44  
45 735 *If I'm there and I say, you know, I'm feeling down or whatever they'll more than likely  
46 punch me in the arm and get me a beer and tell me to shut up, which is what I need I  
47 think. (Father 17)*  
48 736  
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739 Some men vocalised that they would view fathers' groups as 'forced', questioning their value  
740 and preferring to use their own informal support; these pre-existing relationships appeared to  
741 enable greater expression and discussion of more sensitive topics, where it was wanted.

742

743 ***Lack of information resources tailored to men***

744 There was a common desire among fathers to have more information about pregnancy and  
745 parenting, and most expressed a preference for information that was geared towards  
746 fathers.

747

748 *I wouldn't have a clue how to go about [accessing groups for fathers]. ... with*  
749 *[partner], she can go online and find 28 different chat rooms ... I don't know if those*  
750 *things even exist [for fathers] and I wouldn't know where to look. (Father 1)*

751

752 *Father 3: Yes, what I'm saying is I need pointing in the right direction of going onto*  
753 *MUMbler or whatever.*

754 *Partner of Father 3: You'd have to join it.*

755 *Father 3: Well, yes, but as a man, I would not necessarily know to go on to that site*  
756 *to find that information. I wouldn't even have given it a thought. (Father 3)*

757

758 A few men were content accessing existing online resources despite them being oriented  
759 towards mothers (e.g. netmums), saying they were accessing it "as a parent" (Father 4); of  
760 these one noted not wanting the 'jokey' communication used in male arenas.

761

762 *I didn't really get on with the dads' [forums] ... they were quite jokey ...I guess I*  
763 *wanted just someone to say, 'yeah, this is normal, that's fine, you know, it gets*  
764 *better', or whatever. (Father 2)*

765

1  
2 766 *I wouldn't know if there is anything, the equivalent for dads, I've not really set out to*  
3  
4 767 *look that specifically, I've just come at it more as being a parent ... I absolutely would*  
5  
6 768 *[feel comfortable using netmums] more than happy to look for help, advice, and other*  
7  
8 769 *people's experience anywhere really. (Father 4)*  
9

10  
11 770  
12  
13 771 Many spoke of the value they placed on examples that were based on other men's  
14  
15 772 experiences, and the need for more information that was not just about being a father but  
16  
17 773 also about supporting their partner – including with their psychological health. Fathers also  
18  
19 774 acknowledged that some men did not feel comfortable accessing classes and recognised  
20  
21 775 that written materials may be more acceptable to some men, offering a route to further  
22  
23 776 information and support, as needed or wanted.

24  
25 777  
26  
27 778 *I really enjoyed reading [the Dads' handbook] ... because a lot of it was based on*  
28  
29 779 *other people's experiences so you realise you're not in the boat by yourself, that*  
30  
31 780 *there are other people that have been through it and obviously it's a natural thing that*  
32  
33 781 *everyone does every day... it made me think about things that I hadn't thought about*  
34  
35 782 *or think less about things that I had been thinking about. So that was probably a big*  
36  
37 783 *thing for me. (Father 6)*  
38  
39

40 784  
41  
42 785 *Perhaps if there was some sort of dads thing, like a bounty pack [information pack*  
43  
44 786 *provided to mothers in England] which is just for dads. Okay, yeah, it's got baby stuff*  
45  
46 787 *in it as well, but it's baby stuff that the dads would - and I know it's hard because it*  
47  
48 788 *shouldn't matter whether you're a male or a female really should i ... So I don't think*  
49  
50 789 *you necessarily want to say right, here is a thing just for dads. But I do think you*  
51  
52 790 *need something that's quite directed at them. (Father 1)*  
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60 793 **Discussion**

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794 This interpretive qualitative study adds to the limited evidence on men's experiences and  
795 perceptions of paternal perinatal mental health. We sought to examine views and  
796 experiences of paternal mental health and wellbeing amongst first-time and subsequent  
797 fathers across the continuum of psychological distress, as indicated by self-report measures  
798 of depression and anxiety symptoms. The study identified that although men experience  
799 psychological distress in the perinatal period they may question the legitimacy of their  
800 experiences, foregrounding their partner's needs. Fathers framed their experiences around  
801 stress and navigating fatherhood, central to which was their intra-parent partnership. Whilst  
802 men described a diverse range of support networks, evident in their accounts was the  
803 paucity of resources that were tailored specifically to men's information needs and  
804 preferences, coupled with some resistance to formal forms of support (e.g. groups).

805

806 Aspects of men's accounts in this study resonated with the themes identified in Edhborg et  
807 al.'s (2015) study of fathers with depressive symptoms, specifically those relating to 'stress'  
808 arising from changes in relationships with partners and balancing the competing demands of  
809 family, work, and their own needs. Our findings also cohere with the results of meta-  
810 syntheses of qualitative data concerning transitions to fatherhood [26-32] including their  
811 aspirations to be 'good fathers', and the challenges of the loss of their previous life, altered  
812 relationships with their partners, feeling underprepared for birth and parenting, and feeling  
813 excluded by services. By including participants who were subsequent fathers, this study  
814 identified that while these men may feel better prepared by virtue of their previous  
815 experiences, there is potential for paternal concerns surrounding previous perinatal  
816 experiences including anxieties based on previous traumatic or difficult birth experiences,  
817 which have been largely neglected in the wider literature. This identifies an opportunity  
818 where midwives and other health professionals may discuss with both parents their previous  
819 birth experiences and address anxieties surrounding future births, alongside birth choices.

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821 Fathers in the current study showed preferences to talk about 'stress' (rather than mental  
822 illness). This is consistent with the wider men's health literature [41] and offers parallels with  
823 research concerning 'maternal distress', which encourages an approach to psychological  
824 health that foregrounds the psychosocial context and the challenges experienced in this  
825 transition period [42].

826  
827 The men in this study also showed a preference to focus on their successful navigation of  
828 fatherhood. Some men may therefore find materials and resources which promote  
829 psychological wellbeing more acceptable if they place emphasis on fatherhood and  
830 resilience, i.e. the capacity to cope with adversity, or salutogenesis, i.e. the generation of  
831 wellbeing and how to promote health rather than treat illness [43].

832  
833 The present study substantiates that materials and resources are needed for fathers which  
834 recognise their roles (both as a parent and as the mother's supporter) [44-46] but are also  
835 tailored to their needs as men, and aligned with their masculine identities [47, 22]. Useful  
836 here is the concept of a partner-oriented masculinity proposed in a longitudinal study of  
837 work-sharing couples [48] as this was clearly evident in the men's accounts in the current  
838 study. Relevant too is evidence of gendered approaches to coping, which indicates that men  
839 tend to favour problem-focused approaches and women favour emotional-focused  
840 approaches [49, 50]. Fathers in this study felt frustration where their default coping strategies  
841 were less effective in the context of the perinatal period. Such differences in coping styles  
842 and strategies need to be considered both for improving fathers' psychological wellbeing and  
843 in supporting them to provide effective partner support.

844  
845 By explicitly framing discussions around mental health and wellbeing, our study has  
846 generated new insights around men's questioning of the legitimacy of their mental health  
847 needs and their entitlement to support from health professionals in the context of their  
848 partner's needs and a perceived under-resourced health service. The findings echo a

1  
2 850 Swedish postnatal questionnaire study which concluded that fathers prioritise their partners'  
3 needs and are often "not comfortable when too much interest is focused on their own health  
4 851 and emotional wellbeing" (p.427) [51]. Men in the current study expressed openness to  
5 discussion of their wellbeing but voiced concerns that addressing fathers' mental health  
6 852 needs may compete with meeting the needs of mothers, who they stated 'should' be the  
7 focus of care.  
8 853  
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11 855  
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13 856 Tailored resources for men may promote psychological wellbeing and help to prevent  
14 deterioration in mental health but some fathers will have mental health needs that require  
15 857 more intensive intervention. Few interventions exist for men [25] and men may feel more  
16 comfortable with partner-inclusive interventions that are targeted primarily at women's  
17 858 mental health, such as those reviewed elsewhere [24]. Support that is couched around the  
18 father's role as supporter and co-parent rather than identifying as themselves being 'in need'  
19 859 may be more attractive to men, and particularly if aligned with the evidence that fathers'  
20 positive involvement with infants when mothers are depressed improves treatment outcomes  
21 860 for the mothers with depression [52]. This would cohere with evidence from the wider men's  
22 health literature that suggests men often need to find 'legitimate' ways to access health  
23 861 services that do not challenge (western) culturally-dominant masculine ideals embodied by  
24 strength, stoicism and emotional control [53]. Such an approach may also be the most  
25 862 feasible in the context of pressures facing services given that, even in high-resource  
26 863 settings, fewer than 50% of women with perinatal depression or anxiety seek help or are  
27 864 identified; only 10-15% of those receive effective treatment [13]. Issues such as these are  
28 865 also relevant when considering the feasibility of assessing fathers' mental health, both the  
29 866 possibility of universal assessment of *all* men (mirroring the approach adopted with mothers)  
30 867 and a case-finding approach with men whose partners are known to have perinatal mental  
31 868 health problems. Adopting the latter has been suggested elsewhere [54] and likely offers a  
32 869 more efficient use of resources with maternal perinatal mental health problems being the  
33 870 greatest risk factor for perinatal anxiety and depression in men [55]. However, a targeted  
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1 877 approach risks missing men with mental health problems whose partners do not have an  
2 878 identified need.

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4 879  
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6 880 It is unknown, both for fathers and for mothers, whether mental health assessment would be  
7  
8 881 more acceptable and effective if assessed together or separately. In most of the couple  
9  
10 882 interviews in the current study, descriptions of symptoms and manifestation of stress in both  
11  
12 883 partners appeared to be prompted by partners' discussions; however there was one  
13  
14 884 example where the father's description of his anxieties appeared to be closed down by his  
15  
16 885 partner's comments. In addition, given the language used by men when describing their  
17  
18 886 stress and its manifestation – including physical symptomatology - further research should  
19  
20 887 examine whether male-specific measures of perinatal mental health in the perinatal period  
21  
22 888 are needed [56].  
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### 29 890 ***Limitations***

30  
31 891 Using the BaBY cohort as a sampling framework offered an efficient design, maximising  
32  
33 892 existing resources which is particularly important given the publicly funded nature of  
34  
35 893 research. The sample was however limited in several ways due to this approach and through  
36  
37 894 the analysis process it was deemed that data saturation had not been achieved. Firstly,  
38  
39 895 fathers were recruited to the cohort via the baby's mother and contact in this study involved  
40  
41 896 writing to the address provided. All fathers in this study were residing with their partner (and  
42  
43 897 all were their baby's biological father, although this was not a requirement of participation in  
44  
45 898 the cohort) and it is likely that the centrality of the partner relationship and the aspiration of  
46  
47 899 'good father' being intertwined with 'good partner' would be different in fathers who are not in  
48  
49 900 a relationship with their baby's mother; in addition none of the parents had children from  
50  
51 901 previous relationships. This study has been limited to fathers and male partners due to  
52  
53 902 approaching perinatal mental health from a men's health perspective; the extent to which  
54  
55 903 these findings reflect role versus gender is unknown and it is acknowledged that there is a  
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57 904 dearth of research concerning same-sex parents.  
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1  
2 906 Secondly, fathers were interviewed when their baby was aged approximately 5-10 months,  
3  
4 907 by which time most reported that their lives had become more 'settled' (and less stressful)  
5  
6 908 than in the preceding months. Research is needed that uses longitudinal interviews with  
7  
8 909 fathers to determine their changing needs and associated implications for identification and  
9  
10  
11 910 management of paternal mental illness and paternal psychological distress. Thirdly, the  
12  
13 911 cohort lacked diversity concerning ethnicity and socioeconomic background, both of which  
14  
15 912 are relevant to the construction of fatherhood and potentially intersections with views  
16  
17 913 concerning paternal perinatal mental health.  
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21  
22 915 It is encouraging that the men willing to be interviewed did not differ from those identified as  
23  
24 916 eligible in the BaBY cohort on the known characteristics – i.e. the MHWB scores – and it  
25  
26 917 appears that this is a topic of interest to men whose experiences span the continuum of  
27  
28 918 perinatal mental health and wellbeing.  
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## 32 33 920 **Conclusions**

34  
35 921 The perinatal period can be a time of psychological adjustment and role strain for both  
36  
37 922 parents. Paternal perinatal anxiety and depression presents a significant public health  
38  
39 923 concern with implications for men and their families. The current study shows that fathers  
40  
41 924 may feel reluctant and unable to express their support needs or seek help and question the  
42  
43 925 legitimacy of their experiences; an issue that can be compounded by prioritising their  
44  
45 926 partner's needs and feeling excluded by services which they perceive to be under-  
46  
47 927 resourced. Our findings add support to calls for tailored and targeted resources to be  
48  
49 928 developed for men. We propose developing and evaluating information resources in different  
50  
51 929 modalities (i.e. printed, online) that are made more accessible by being framed around  
52  
53 930 fatherhood and including reference to stress and behaviours (rather than exclusively mental  
54  
55 931 health and 'symptoms'). Our research indicates that such resources might usefully be  
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57 932 aligned with fathers' family-oriented masculine ideals, emphasising the value of men's self-  
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933 care with reference to their role as protector. Further research is needed with a more diverse  
934 range of fathers and other stakeholders, to inform how best to identify and manage paternal  
935 perinatal mental health needs, in the context of current service provision.

936

937

938

### 939 **Declarations**

940

### 941 **List of abbreviations**

942 BaBY – Born and Bred in Yorkshire

943 MHWB – Mental Health and Wellbeing questionnaires

944

### 945 **Ethics approval and consent to participate**

946 Ethical approval was granted by the North East-York Research Ethics Committee (reference  
947 11/NE/0022, substantial amendment 10). All participants provided written informed consent  
948 prior to interview; this included permission to use anonymised quotations in publications.

949

### 950 **Consent for publication**

951 Not applicable

952

### 953 **Availability of data and materials**

954 The transcripts are not made available because, whilst the names of places and people have  
955 been removed, the combination of contextual information given by participants could  
956 compromise their anonymity if the transcripts were available in their entirety.

957

### 958 **Competing interests**

959 The authors declare that they have no competing interests.

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967

968 **Authors' contributions**

969 The Born and Bred in Yorkshire (BaBY) cohort was established by the BaBY team including  
970 EL, DM, SG. Participants' mental health and wellbeing scores were obtained in the original  
971 BaBY cohort. ZD drafted the study protocol and manuscript. ZD and EL coordinated the  
972 ethical approval and research governance for the qualitative study reported here, with EL  
973 coordinating identification and first approach of participants. Participants were interviewed by  
974 ZD and PG. DM was the Clinical Lead for the study with responsibility for decision-making  
975 concerning risk protocols. Data were coded by ZD, PG and SH, with data analysis and  
976 interpretation conducted by ZD, PG, SH and LMc. All authors contributed to and approved  
977 the final manuscript.

978

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986

987 **Authors' information**

988 ZD is a Research Fellow in Maternal Wellbeing and Women's Health. PG is a Reader in  
1  
2 989 Nursing and researcher in men's health. SH is a Senior Lecturer whose research concerns  
3  
4 990 gender and health. EL is a Research Fellow in adult mental health and clinical trials  
5  
6 991 research. DM is a Senior Lecturer and clinical psychologist with research interests in the  
7  
8 992 development and evaluation of brief psychological interventions for common mental health  
9  
10 993 problems. SG holds a personal chair in Psychological Medicine and Health Services  
11  
12 994 Research. LMc is a Professor of Applied Health Research with a clinical background in  
13  
14 995 nursing and midwifery and academic training in Health Psychology.  
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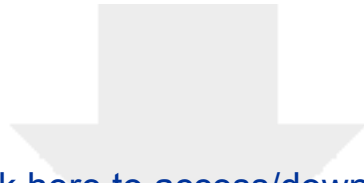
**Table 1 Measures contained in the Mental Health and Wellbeing (MHWB) questionnaire**

Measure	Description
PHQ-8 [46, 47]	The PHQ-9 is 9-item questionnaire which assesses the core symptoms of depression and their frequency in the past 2 weeks, rated from 0 (“not at all”) to 3 (“nearly every day”); here, the 8-item version was used, excluding the item on suicidality; cut points of 5, 10, 15 and 20 respectively indicate mild, moderate, moderately severe, and severe levels of depression [47, 46]; cut-off scores between 8 and 11 give acceptable diagnostic properties for detecting major depressive disorder in the general population [48]
GAD-7 [49]	7-item questionnaire which assesses the core symptoms of anxiety and their frequency in the past 2 weeks, rated from 0 (“not at all”) to 3 (“nearly every day”); cut points of 5, 10 and 15 respectively indicate mild, moderate, and severe levels of anxiety [49]; cut-off scores between 7 and 10 give acceptable diagnostic properties for identifying generalised anxiety disorder [50]
PHQ-15 [51]	15-item questionnaire which assesses somatic symptoms (e.g. headaches, dizziness, trouble sleeping) and their frequency in the past 4 weeks, rated from 0 (“not bothered at all”) to 2 (“bothered a lot”); total scores of 5, 10 and 15 respectively indicate low, medium and high levels of somatic symptom severity
LTE (List of Threatening Events) [52]	12-item questionnaire which assesses which of 12 life events (e.g. serious illness, unemployment) have occurred in the timeframe specified

**Table 2 Characteristics of the men interviewed (n=19)**

<b>Characteristic</b>	<b>Mean, s.d. (range); n (%)</b>
<b>Age (years)</b>	33.1, s.d. 5.1 (25-44)
<b>First-time father</b>	
Yes	14 (73.4)
<b>Children from previous relationships</b>	
Yes	0 (100.0)
<b>Age of baby/youngest child (months) at time of invitation</b>	8.1, s.d. 1.5 (5.1-9.8)
<b>Type of birth</b>	
Spontaneous vaginal delivery	11 (57.9)
Caesarean section	5 (26.3)
Instrumental	3 (15.8)
<b>Marital status</b>	
Married	16 (84.2)
Residing together	3 (15.8)
<b>Ethnicity</b>	
White British	18 (94.7)
White – Other	1 (5.3)
<b>UK born</b>	
Yes	17 (89.5)
<b>Employment</b>	

Employed full-time	17 (89.5)
Employed part-time	1 (5.3)
Unemployed	1 (5.3)
<b>Education</b>	
Secondary school	2 (10.5)
Further education (Post-16, including vocational)	7 (36.8)
Higher education (University)	9 (47.4)
Not reported	1 (5.3)
<b>Antenatal mental health and wellbeing scores</b>	
PHQ-8	Mean 3.5, s.d. 2.7, range 0-10
GAD-7	Mean 3.0, s.d. 2.5, range 0-8
PHQ-15	Mean 3.4, s.d. 2.9, range 0-9
LTE (List of Threatening Events)	Range 0-2; 5 scoring $\geq 1$
<b>Postnatal mental health and wellbeing scores</b>	
PHQ-8	Mean 4.8, s.d. 2.8, range 0-11
GAD-7	Mean 4.0, s.d. 2.9, range 0-12
PHQ-15	Mean 4.0, s.d. 2.7, range 0-10
LTE (List of Threatening Events)	Range 0-2; 3 scoring $\geq 1$

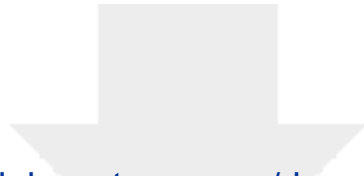


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**Supplementary Material**

[Additional file 1 MHWB scores\\_interest.docx](#)

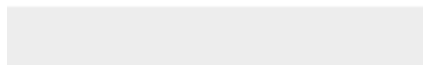




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