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Proceedings Paper:

Darwin, ZJ orcid.org/0000-0001-8147-0669, Galdas, P, Hinchliff, S et al. (4 more authors) (2016) 'I just get on with it': Fathers' perceptions of paternal stress in the perinatal period. In: Journal of Reproductive and Infant Psychology. 35th Annual Conference of the Society for Reproductive and Infant Psychology, 13-14 Sep 2016, Leeds, UK. Taylor & Francis , e13-e13.

<https://doi.org/10.1080/02646838.2016.1263488>

This is an Accepted Manuscript of an article published by Taylor & Francis in Journal of Reproductive and Infant Psychology on 22nd November 2016, available online:
<http://www.tandfonline.com/10.1080/02646838.2016.1263488>

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Title:

'I just get on with it': Fathers' perceptions of paternal stress in the perinatal period

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Background:

During the perinatal period, 5-10% of fathers experience depression [1] and 5-15% experience anxiety [2]. Their children face increased risk of adverse emotional and behavioural outcomes, independent of maternal mental health [3]. Accessible and acceptable resources and services for fathers are not yet evident in practice and little is known about fathers' preferences [4].

Aim and Objectives:

To explore how mental health during the perinatal period is understood and articulated by men in first and subsequent pregnancies.

Method:

Men participating in an epidemiological prospective cohort (BaBY) who met eligibility criteria (baby <12 months; previously 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 [5].

Results:

Men predominantly framed their discussions around 'stress' rather than mental health; most described role strain, and 'feeling torn' trying to balance work with their aspirations of being a 'good father' and 'supportive partner'. Impact of stress peaked postnatally and was described with reference to exhaustion, poor concentration and irritability. Several fathers felt excluded by maternity services but questioned their entitlement to support, noting that services are pressured and 'should' be focused on mothers. Describing their resilience, men spoke of 'teamwork' with their partner but also emphasised self-reliance and the use of practical coping and distraction.

Interpretation:

Although men experience psychological distress in the perinatal period they may question the legitimacy of these experiences and be reluctant to express their support needs or seek help.

Conclusions:

Resources are needed that are tailored to men; these may be more accessible if framed around fatherhood, rather than mental health.

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