First time fathers’ mental health & wellbeing: A Qualitative Systematic Review

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Introduction

Men’s mental health and wellbeing during their transition to fatherhood is an important public health issue that is currently under-researched from a qualitative perspective.

- Anxiety and depression are the two most common mental health problems experienced by fathers in the perinatal period.1
- The prevalence rate for anxiety disorders in fathers is up to 16% during their partners’ pregnancy and up to 18% during the postnatal period,2 while depression effects around 10% of fathers during the perinatal period.3
- Poor mental health in fathers can impact negatively on their children, their partner, and wider society.

This poster presents a systematic review undertaken through the Joanna Briggs Institute (JBI) that identifies and synthesises the best available evidence on first time fathers’ experiences and needs in relation to their mental health and wellbeing during their transition to fatherhood.

Method

A three step search strategy was used, which explored published and unpublished qualitative studies from 1960 to September 2017. All included studies were assessed by two independent reviewers and any disagreements were resolved by consensus or with a third reviewer. The recommended JBI approach to critical appraisal, study selection, data extraction and data synthesis was used.

Results

Twenty-two studies were included - nine were from the UK, three from Sweden, three from Australia, two from Canada, two from USA, one from Japan, one from Taiwan and one from Singapore. One hundred and forty four findings were extracted from the included studies. These were aggregated into 23 categories, and then seven synthesized findings:

1) New fatherhood identity
2) Competing challenges of new fatherhood
3) Negative feelings and fears
4) Stress and coping
5) Lack of support
6) What new fathers want
7) Positive aspects of fatherhood

Implications for practice

- Health professionals should routinely inform and educate expectant fathers about the changes and challenges they may experience during the transition to fatherhood, and offer information on where they could access appropriate resources and support.
- Fathers should be routinely encouraged to attend antenatal appointments and be informed about the importance of attachment and how they can bond with their new-born babies.
- Health professionals must provide new fathers with information about the labour and childbirth process, and how they could be involved.
- Informing fathers about the importance of their involvement to the child’s development and how rewarding this could be to them, could encourage new fathers to develop skills and self-confidence in their parenting.
- Health professionals should focus on couple relationships, including potential changes to sexual relations, and discuss the importance of this with both parents.
- Health professionals need to be aware of the signs, symptoms of mental health difficulties in new fathers and their coping mechanisms as they may differ to those displayed by new mothers.
- New fathers need to be provided with adequate support and resources aimed at reducing stress and improving mental health. Where necessary health professionals should make appropriate referrals for fathers to other professionals in the antenatal period and postnatal period.

Implications for research

- Further research is needed to include first-time fathers from different ethnic and cultural backgrounds to provide a much broader understanding of fathers’ mental health and wellbeing needs.
- The experiences and needs of non-cohabiting, and/or subsequent fathers as well as non biological fathers remain unknown, highlighting gaps in research around these groups of fathers.

Conclusion

Three main factors were identified to affect first-time fathers’ mental health and wellbeing during their transition to fatherhood:

- the formation of the fatherhood identity
- competing challenges of the new fatherhood role
- negative feelings and fears relating to it.

The role restrictions and changes in lifestyle resulted in feelings of stress, for which fathers used denial or escape activities, such as smoking, working longer hours, or listening to music, as coping techniques.

Fathers wanted more guidance and support around the preparation for fatherhood, and relationship changes with their partner.

Barriers to accessing support included lack of tailored information resources and acknowledgment from health professionals.

References
