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Category:**Study type:**

Author's declarative title: Fathers report experiencing negative feelings and psychological difficulties during the perinatal period

Commentary on: Shorey S, Chan V. Paternal mental health during the perinatal period: A qualitative systematic review. *J Adv Nurs.* 2020:1–1

Commentary***Implications for practice and research***

- Fathers reported experiencing negative feelings and psychological difficulties during the perinatal period.
- Fathers expressed the need for additional support for their mental health across the perinatal period.
- Further research is required on masculinity issues in seeking help.

Context

The perinatal period is the time from the start of pregnancy to one year after the child has been born (1). During the perinatal period an estimated 5 to 10% of fathers will develop above-threshold symptoms of paternal depression (2). During this period fathers can experience a high level of stress which can have negative effects on themselves and their families (3). This review aims to explore the needs and experiences associated with the mental health of fathers during this perinatal period (4).

Methods

This qualitative systematic review carried out a robust multi-database literature search from inception of the database to June 2019. Only qualitative/mixed method studies which examined fathers' experience of paternal perinatal mental health were included. Studies were excluded with a study sample of neonatal death, stillbirth, pregnancy loss or children with terminal conditions. A comprehensive screening, data extraction and assessment of bias (10-item Critical Appraisal Skills Program qualitative systematic review checklist) process was undertaken by two reviewers independently. Data synthesis was undertaken using a two staged approach. The first stage of meta-summary consisted of

separating and grouping the included study's findings into numbers and statement sets. The second phase of meta-synthesis used thematic analysis and was carried out by two reviewers independently.

Findings

It was judged that all included studies used appropriate methods to address the studies' aims and most of the studies used appropriate sampling, data collection and analysis. The main methodological issue was the lack of description of the relationship of the researcher and the participants which introduced possible biases and idiosyncrasies.

From the 14 included studies four main themes were identified. All 14 studies identified that fathers exhibited negative feelings and psychological difficulties during the perinatal period. With fathers feeling that they felt lost and inadequate due to a lack of knowledge/experience.

Five studies identified that fathers' mental health experiences were associated with role strain and role conflict from multiple sources, including work, home, society and from the infant.

Ten studies identified the varying coping strategies that buffered negative feelings and psychological difficulties. Coping strategies were separated into two broad categories of indirect strategies, such as avoidance/distractions, and direct strategies, such as seeking help and open communication.

Eight studies identified that fathers thought that support could enhance their mental health, using opportunities provided through antenatal classes, small group discussions led by experienced fathers, technology support, healthcare professional support, and promotion of mental health information.

Commentary

Using the Joanna Briggs Institute Critical Appraisal tool for systematic reviews, it was judged that this review provides an accurate and comprehensive summary of the results of the available studies that address the question of interest.

This review highlights the importance of healthcare professionals in implementing family focused approaches. This can be achieved by promoting positive mental health with both mothers and fathers during perinatal educational classes. As part of these educational classes, greater awareness can be made around role strain and role conflict of fathers during the perinatal period. The use of problem-focused coping, such as support and problem solving with partners, may provide fathers additional buffering against negative feelings and psychological difficulties. Other techniques such as open communication and seeking help from their partners may provide additional psychological buffering.

As well as these family focused approaches, specific educational classes, focus groups and mobile/online support may provide fathers with coping strategies on how to adjust to a new addition to the family. It is important to positively promote a culture that it is healthy for fathers to express their emotions and when it is appropriate to ask fathers how they are feeling.

Future research should focus on masculinity issues in seeking help and the possible use of technology in supporting new and experienced fathers during the perinatal period. As well as a technological support mechanism, further research should explore the use of peer volunteers of experienced fathers and their effectiveness in providing mental health support.

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Competing interests

I have no conflicts of interest with any aspect of this publication.

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