

**Mini review***Copyright © All rights are reserved by Felicia Law Murray*

A Mini-Review on Paternal Postpartum Depression

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The purpose of this mini-review is to highlight aspects of current research on paternal postpartum depression. Specifically, this review identifies risk factors, provides insight in the areas of screening, assessment and diagnosis, and intervention strategies. Paternal postpartum depression has received limited attention as much of the research has been focused on maternal postpartum depression; yet there is increasing recognition of the impact of postpartum depression on fathers and their families.

Keywords: Fathers; Mental Health; Paternal Postpartum Depression**Introduction**

Postpartum depression has primarily been perceived as an issue that impacts mothers; however, research indicates an increasing prevalence of postpartum depression in fathers [1]. Parenthood requires fathers to adjust to new roles, new responsibilities, and new stressors particularly during the first postnatal year. These new demands can have a deleterious on paternal mental health and postpartum experiences and impairs mental health functioning [2]. Like mothers, fathers can develop depression postpartum. Unfortunately, fathers remain under screened, under diagnosed, and undertreated [3] for paternal postpartum depression. Paternal postpartum depression (PPD) is a clinically significant as the mental health of fathers can profoundly impact fathers individually and all other members in the family system [3]. Paternal PPD has been associated with working and short-term member loss [4], impairment in work functioning [5], emotional, social, cognitive, and behavioral development of their children, family dynamics, and marital satisfaction [6,7]. In fact, paternal postpartum depression rates in community-based samples have varied from four percent

to [7] to as high as 50 percent [8]. The stigma associated with depression and mental health and cultural expectations of manhood [9] may lead to fathers underreporting or downplaying symptoms. The impact of paternal PPD if left untreated are far-reaching for fathers and their children; thus, it is imperative that clinicians and researchers possess the expertise to identify risk factors, screen properly for paternal postpartum depression and implement effective interventions for fathers confronting this issue.

Risk Factors

A variety of studies documented the relationship between maternal depression and paternal depression during the pre and postnatal period [8,10-12]. In fact, researchers indicated the onset of paternal depression followed depression in the mother [10,12-13] with a 10% overall prevalence. Moreover, fathers with a history of depression and anxiety prior to the birth of their child were also at an increased risk of developing paternal PPD [7,14]. Other noteworthy risk factors include lack of social support, low level of marital or partner relationship satisfaction,

difficult communication between parents, financial stress, under or unemployment, poor father-child bonding or attachment, difficulty adjusting to parenthood [15-18].

Screening, Assessment, and Diagnosis

Various screening measures were presented in the research on PPD. The Edinburgh Postnatal Depression Scale (EPDS) is a self-report scale containing a 10-item scale, eight items address depressive symptoms and two explore anxiety [19]. This scale has been validated for use with mothers and fathers [1,20]. In fact, a meta-analysis study on paternal PPD identified 40 studies in which the EPDS was the screening tool [21]. Other assessment tools used for paternal PPD were the Hospital Anxiety and Depression Scale [22,23], Beck Depression Inventory [24], the Center for Epidemiologic Studies [25], General Health Questionnaire [26], and the Mental Health Index [27].

While the diagnostic criteria for postpartum depression associated with mothers is clear, there is not an official set of diagnostic criteria for postpartum depression in fathers [18]. In the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, maternal PPD is defined as a major depressive episode with a perinatal onset specifier. Symptoms of paternal PPD have been evaluated with measures used for maternal PPD. Associated symptoms for both mothers and fathers include loss of interest in activities, significant weight loss or gain, fatigue or loss of energy, insomnia or hypersomnia, inability to concentrate, feelings of worthlessness or guilt, severe anxiety, and thoughts of suicide or self-harm [28]. Fathers may also present with additional, less obvious symptoms including irritability, indecision, impulsivity, violent behavior, affective rigidity, avoidant behavior, and substance use [25,29] and remain symptomatic for a full year [30].

Fathers are more likely to experience the first onset of PPD within the first three to six months of childbirth [18,29-30]. Somatic symptoms such as indigestion, diarrhea, constipation, headaches, fluctuations in appetite, and insomnia may be more pronounced in fathers as well [18, 31]. Impairment in father-mother and father-child relationship are also noteworthy assessment areas. Disengaged parenting behaviors, lack of warmth, increased hostility, intimate partner violence, and child maltreatment are signs of depression [18, 32] were also documented as clinically significant indicators.

Treatment Interventions

Interventions with a prevention focus in the form of education and support were viewed favorably in the research [33-35]. Fathers who participated in postpartum education particularly with a male facilitator reported lower levels of anxiety and depression at the conclusion of a six-week course [36]. Other effective approaches included cognitive behavior therapy, group therapy, psychodynamic therapy, and ongoing psychosocial assessment during the prenatal stage [2,37]. Interventions that focus on positive interactions between fathers and mothers [38], classes that increase father's

self-efficacy with infant care skills [39], and opportunities for fathers to share experiences with other fathers [40] yielded positive outcomes for fathers.

Summary

Paternal postpartum depression has received limited attention as much of the research has been focused on maternal postpartum depression; yet there is increasing recognition of the impact of postpartum depression on fathers and their families. This review highlighted key risk factors, screening and diagnostic considerations, and impact treatment options for fathers. Although fathers experience clinically significant symptoms routine screening and assessment during the postnatal period is inconsistent. It is hoped that researchers and practitioners will continue to focus on the experiences of fathers in this area.

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Conflicts of Interest

No conflict of interest.

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