

Targeting dads' postpartum stress, anxiety, depression for the first time

July 29 2021, by Kristin Samuelson



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We've long known mothers can experience increased stress, anxiety and depression during pregnancy and after delivering their baby. Now there's growing recognition that fathers also face similar mental health

challenges, but little has been done to address them.

A new pilot study at Northwestern University and the Ann & Robert H. Lurie Children's Hospital of Chicago is one of the first of its kind to test an [intervention](#) designed to help dads better adjust to the stress, anxiety and depression that can surface during the sleep-deprived and sometimes rocky period before and after a baby is born. It also provides tools to better support their partners.

Fathers exhibiting [mental health concerns](#) during the perinatal period (before and after the birth of the child) are at heightened risk for future negative [mental health](#) outcomes and are less likely to engage in nurturing relationships with their children, leading to negative child outcomes during infancy and into adolescence.

Called "Fathers and Babies," the study's intervention addresses these challenges by having new dads receive 12 weekly or biweekly sessions from a home visitor or via text messages to discuss three components: taking part in pleasant activities, identifying and reframing unhelpful thoughts, and building a strong support network.

Although other studies have tried to develop interventions for fathers in the perinatal period, they've focused on co-parenting interventions and not solely on mental health.

"Our 'Fathers and Babies' study is among the first to intentionally talk about stress and mental health in fathers during this period, so in that sense, it's a pure mental health intervention," said corresponding study author Darius Tandon, associate professor of medical social sciences at Northwestern University Feinberg School of Medicine.

"A missing link in helping ensure the best outcomes for [babies](#) is understanding and being able to help the mental health of fathers as they

transition into parenthood," said senior author Dr. Craig Garfield, professor of pediatrics and medical social sciences at Feinberg and a physician at Lurie Children's Hospital. "There has been tremendous work done on helping address maternal mental health but we have been missing effective ways to address paternal mental health. This intervention shows promise for fathers and families."

The study was recently published in the journal *Frontiers in Psychology*.

The program's two goals are to improve fathers' mental health and provide information and skills so the male partner can support his female partner's mental health, Tandon said, which can ultimately reduce the mother's stress, too.

"We know many of these fathers and families will have more kids, so laying the foundation to talk about stress could have downstream effects if they continue to practice the skills learned in this intervention," Tandon said.

'What are you doing for the fathers?'

Over the last couple years, Tandon and his co-authors have been delivering their "Mothers and Babies" intervention, which addresses perinatal stress and depression in women.

"As we were training providers and doing research on "Mothers and Babies," the question always came up: "What are you doing for fathers?" or "What can we do for fathers?" Tandon said.

In response, they developed "Fathers and Babies." Thirty father-mother pairs were recruited from home visiting programs. Fathers received their intervention while the mother received the "Mothers and Babies" intervention at the same time, delivered to her by a home visitor.

The study authors broadly defined "fathers" as a male partner to the mother. The vast majority were biological fathers, but not all. Tandon said future studies might examine the intervention's effect on same-sex couples.

Did it work?

"What we saw is there's some evidence to say the intervention is doing what we want," Tandon said. "It reduced stress in both the father and mother. While we didn't see a change in statistically significant differences in [depressive symptoms](#), we did see small effect sizes, so that's an indication something is working."

Moving forward, the scientists will test how to deliver the intervention as a free-standing program not tethered to the mother, which Tandon said might allow them to spread the intervention more widely.

Content, delivery methods tailored to men

The study authors discussed the content delivered in "Mothers and Babies" in focus groups with men to get a sense of the type of language, phrasing and examples that would better resonate with men. Based on those focus groups, they developed the "Fathers and Babies" curriculum to be more engaging for men, Tandon said.

"Hearing firsthand from men about their experiences becoming [fathers](#) and the impact on their mental health is foundational to creating programs and interventions that will work in the real world," Garfield said.

Additionally, to provide more flexibility, "Fathers and Babies" content can be delivered either via in-person visits or [text message](#), with links to

external content delivered right to the dad's phone. This way, Tandon said, a father could receive the content on his smartphone to look over whenever he has time.

More information: S. Darius Tandon et al, Examining the Effectiveness of the Fathers and Babies Intervention: A Pilot Study, *Frontiers in Psychology* (2021). [DOI: 10.3389/fpsyg.2021.668284](https://doi.org/10.3389/fpsyg.2021.668284)

Provided by Northwestern University

Citation: Targeting dads' postpartum stress, anxiety, depression for the first time (2021, July 29) retrieved 2 May 2024 from

<https://medicalxpress.com/news/2021-07-dads-postpartum-stress-anxiety-depression.html>

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