

# Fathers should be screened for postpartum depression, study suggests

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Dads can suffer from postpartum depression, and a new pilot study at the University of Illinois Chicago suggests they can and should be screened for the condition. Given the intertwined effects of mothers' and

fathers' physical and mental health, addressing the health of fathers may be a powerful untapped tool in improving the nation's ongoing maternal health crisis.

The researchers got mothers' permission to interview and screen 24 dads, 30% of whom screened positive for postpartum depression on the same tool that is commonly used to screen moms. Lead author Dr. Sam Wainwright said this points to the importance of asking new dads how they're doing.

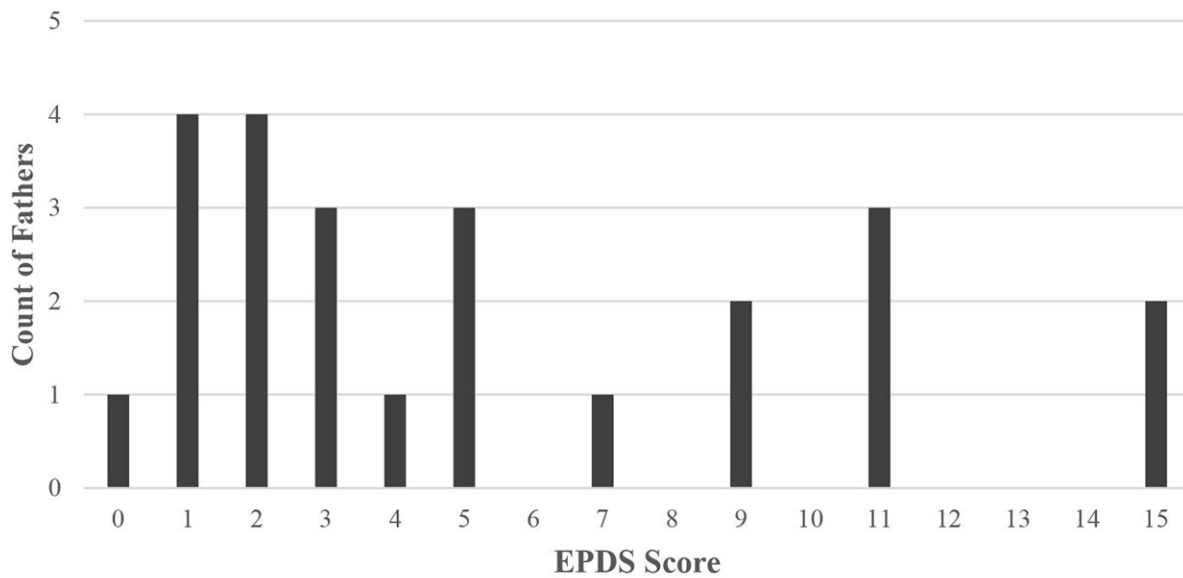
"A lot of dads are stressed. They're scared. They're struggling with balancing work and parental and partner responsibilities," he said. "Men are often not doing well, but no one is asking them about it."

Talking to new dads about their [mental health](#) takes on additional importance when considering how it can impact their partners' health.

"A woman at risk for postpartum depression is much more likely to get postpartum depression if she has a depressed partner," said Wainwright, assistant professor of internal medicine and pediatrics.

Other studies have estimated that 8% to 13% of new fathers have postpartum depression. Wainwright suspects this study's rate was higher because nearly 90% of the participants identified as being from a racial or ethnic group that faces issues of structural racism and [social determinants](#) that can worsen mental health.

The study, [published in the journal \*BMC Pregnancy and Childbirth\*](#), was conducted at UI Health's Two-Generation Clinic. Opened in 2020, the clinic grew out of the understanding that new mothers, especially low-resource mothers of color who are taking on parenthood alongside a host of structural challenges often do not prioritize their own health care.



Distribution of Edinburgh Postnatal Depression Scale scores among fathers screened (n = 24). Credit: *BMC Pregnancy and Childbirth* (2023). DOI: 10.1186/s12884-023-05966-y

However, they are often very diligent in bringing their children to the doctor, Wainwright explained. The Two-Generation Clinic capitalizes on children's visits by offering moms primary care at the same time.

Yet, dads were often left out of this process. Members of the clinic team began chatting with dads to see how they were doing. Wainwright said they'd often hear comments such as, "I'm really stressed, but I don't want my partner to know because I'm here to support her." This study grew out of those conversations.

Those conversations also spurred a larger research project that Wainwright has begun to learn more about the experiences of dads, especially as related to their mental and physical health. Perhaps well-

baby visits aren't the only place to reach dads, he said, so he's started talking to fathers-to-be in the obstetrics waiting area, too. He's also asking to screen [dads](#) for conditions like [high blood pressure](#) during these conversations.

The medical world struggles to connect with young men, who often aren't eager to see a doctor, Wainwright said, so reaching them as they enter fatherhood presents an important opportunity. In fact, some of the men in the [postpartum depression](#) study who did not have a [primary care](#) physician are now seeing Wainwright for [medical care](#), and others requested mental health services.

The overarching goal of this line of research is to better understand how to help men stay healthy so that their relationships and families are healthy, too, Wainwright explained.

"How can we show them that it's important to take care of yourself for the sake of your baby, for the sake of your partner and for your own sake?" he said.

**More information:** Sam Wainwright et al, Screening fathers for postpartum depression in a maternal-child health clinic: a program evaluation in a midwest urban academic medical center, *BMC Pregnancy and Childbirth* (2023). [DOI: 10.1186/s12884-023-05966-y](https://doi.org/10.1186/s12884-023-05966-y)

Provided by University of Illinois at Chicago

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