

# Spotlight on research

Guest Editor: Helen Roy

## Helen Roy

Helen Roy is an NCT Postnatal Leader, Assessor and Tutor. She currently tutors on the NCT BA Birth and Beyond degree on the Postnatal Pathway and Understanding and Using Research Module at Level 5. Helen's work running a postnatal drop-in in Bradford and working with refugees and asylum seekers through the NCTs Birth and Beyond community Supporters Project has developed a particular interest in equality and diversity. She lives in West Yorkshire with her husband and three children.

## Barriers to identifying and dealing with postnatal depression in fathers

I have chosen to highlight a study of how paediatric nurses in Sweden engage with postnatal depression in fathers, with the specific aim to examine recognition of paternal postnatal depression and the barriers to observing these fathers.

**Hammarlund K, Andersson E, Tenenbaum H, et al. We are also interested in how fathers feel: a qualitative exploration of child health center nurses' recognition of postnatal depression in fathers. *BMC Pregnancy Childbirth* 2015;15(290). Available from: <http://bit.ly/1LpF8Ys>**

Postnatal depression in fathers is now widely recognised and although there is little research in this area compared to postnatal depression in mothers, there is evidence that paternal postnatal depression has a negative effect on child development, the couple relationship and the parent-child relationship. It follows logically then to question how postnatal depression in fathers is identified and the barriers to this.

In Sweden, paediatric nurses visit new families in their homes shortly following birth with the aim of supporting health, and seem to have a similar role to that of health visitors in the UK. The study by Hammarlund and colleagues took a qualitative approach, interviewing a small sample of ten nurses from six health care centres over five geographical areas of western Sweden.

The study identified several themes:

- Difficulties in recognising fathers with depression during the postnatal period; fathers rarely talk about their feelings.
- Establishing contact with the fathers is challenging. Nurses have little regular contact with fathers and fathers rarely put themselves forward. However, first-time fathers were more eager to be present at a nurse visit.
- The indirect route of finding out about the father's health status through the mother, although perceived to be important, is potentially unreliable as second-hand information and requires follow-up.

- Lack of routines through which to assess the health and wellbeing of fathers. Nurses rely on observation and asking questions to detect depressive symptoms. Nurses perceive postnatal care as focusing on the mother and child rather than on the entire family.
- Different gendered-parenting practices hinder fathers' engagement. Stereotypes of gender roles in parenting on behalf of both nurses and parents were seen as a barrier to equal care being given to mothers and fathers.

Although the study represents a different health care system and culture to the UK, it highlights problems with postnatal care not being family inclusive. It recommends the development of screening tools for postnatal depression in fathers and highlights the need to involve both parents in postnatal care. Whilst it would be useful to explore these issues from the perspective of both mothers and fathers, this study highlights the importance of postnatal care for fathers. It provides a good starting point for practitioners to reflect on their own attitudes towards gender roles in parenting and supporting fathers in the postnatal period.

## Further reading

Fletcher RJ, Feeman E, Garfield C, et al. The effects of early paternal depression on children's development. *Med J Aust* 2011;195(11-12):685-9.

Ramchandani PG, Psychogiou L, Vlachos H, et al. Paternal depression: an examination of its links with father, child and family functioning in the postnatal period. *Depress Anxiety* 2011;28(6):471-7.

Kane P, Garber J. The relations among depression in fathers, children's psychopathology, and father-child conflict: a meta-analysis. *Clin Psychol Rev* 2004;24(3):339-60.