Paternal postnatal depression

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Introduction: Paternal psychology after childbirth, unlike maternal psychology, is an area that has not been researched sufficiently. Episodes of depression include depressive or sad mood, lack of interest, significant loss or increase in weight, sleep disorders, fatigue, feeling of guilt, reduced concentration, and thoughts of death. The Edinburgh postnatal depression scale has been used for paternal depression (PPD) studies too. This is a questionnaire addressed to fathers that has to be completed between 6 and 12 weeks postnatal. It complies of 10 questions related to depression and anxiety symptoms. The responses are marked according to the severity of the symptoms.

Material and method: Literature was searched on PPD., using relevant keywords. Critical appraisal of each reference was performed using the PICO tool.

Results: Paternal depression commencing in international bibliography varies from 1, 2% in Ireland at 6 weeks postnatal, to 11, 9% at six to twelve weeks postnatal in Brazil (Pinheiro, 2006). In the Unites States these numbers vary from 4% at eight weeks postnatal, to 25, 5% at four weeks postnatal (Soliday, 1999). These global percentage differences are partly related to socio-economic and cultural variances as well. Paternal PPD might also be associated with other postpartum psychiatric disorders. Maternal depression at pregnancy and postnatal is the most significant risk factor for fathers to appear depressive symptoms ((Dudley et al 2001). It has been noted that fathers with depressive partners have a 2, 5 times higher risk to suffer depression 6 weeks after delivery compared to fathers with no such family history (Malthey, 2000). The incidence rate of paternal depression among men whose partners are having postpartum depression ranges from 24 to 50% (Rutter, 2004) Additionally, Matthey and his colleagues (2000) found that fathers whose partners also has postpartum depression have a 2.5 times higher risk to be depressed themselves at six weeks postnatal compared to fathers whose partners don't have depression.

Although research on comorbidity is not extended, high comorbidity of postpartum depression with other psychiatric disorders among men has been found. The most common psychiatric disorders co-occurring with depression during postpartum period are anxiety and obsessive compulsive disorder. Studies investigating fathers' experience during the transition to parenthood found that around 10% of fathers reported a significant rise of anxiety levels (Zelkowitz, 2001). In a study by Matthey and colleagues (2003) with 356 fathers, the chance to have depression was increased by 30 to 100% for men when they have anxiety problems.

Discussion: Having a baby signifies a major change in the couples' life and this in turn could occasionally result in problems between the parents (Barclay, 1999). A number of fathers' complaint for lack in private moments as well as sexual interest from the mother's side. The increasing financial changes that fathers are called to fulfil could influence to some extent their parental role and perhaps cause some anxiety. Problems in sleeping patterns or the baby's' cry at night could enhance this. Lack in knowledge concerning fatherhood regarding obligations, the everyday workload, responsibilities so on expected by the father, could increase stress levels (Soliday, 1999). As usually fathers are involved in a part time relationship with their babies, bonding appears in a later stage compared to the mother and baby attachment allowing this way more space for strain indications (Smart and Hiscock, 2007). It has been proved that there is an association between paternal depression and emotional, psychological as well as social development of the child (Ramchandani 2008). In their last study where 11.000 fathers and their children were followed for 7 years, it was found that paternal depression as measured with the Edinburg postnatal depression scale, was connected with behavioural problems and emotional disorders to their children 7 years later. Moreover, paternal depression nine months after delivery has been connected with reduced ability to read to the child and as a result reduced vocabulary ability to the child (Paulson et al, 2009). Regarding long term consequences, these have been associated with a higher suicidal attitude to the sons and depression to daughters and as maternal depression has been proved to be a risk factor for maltreatment of the child as well as child murder, this in turn could lead to similar results for a father in a related unstable condition (Rohde, 2005). Health professionals should be able to recognise the symptoms and act by screening fathers due to their past history as well as potential existing symptoms (Morgan, 1997). Due to the dyadic condition mentioned above, in case of depression to one parent it would be worthwhile to screen the other parent too. Supporting and encouraging the father for a more active role in the family from the side of the mothers', other members of the extended family as well as health professionals involved in the care of the parents-to-be during pregnancy and labour, could assist in the understanding of his new role he is called to accomplish (Ramchandani, 2008). Sharing parental responsibilities in the couple could reduce feelings of neglect, jealousy or guilt of the mother-baby relationship and as a consequence fathers' stress levels. Furthermore social measures that would assist in the provision, understanding and therapy of this problem is the support by the society with the provision of paternal leave after delivery, and social educational programmes that involve the couple in order to comprehend the role of the father in the family and his obligations (Morgan 1997). The US has no policy for paid paternity or maternity leave. Globally, there are 45 countries with policies for paid paternity leave or parental leave (leave used as maternity or paternity leave), and 27 countries guarantee paid paternity leave. In the case of Finland, 68% of fathers use a three-week leave with part pay. There is accumulating evidence that there are benefits to child outcomes of positive paternity leave. For example, Feldman and colleagues (2004) showed that longer paternal leave is associated with a more positive attitude toward parenting. On the other hand, the shorter paternal leave is associated with low quality of child care and less adaptation at work among fathers.

Conclusion: Health professionals should recognize the symptoms of PPD and act by screening fathers based on past history as well as potential existing symptoms. Supporting and encouraging fathers to take a more active role in the family could improve the understanding of the new role.