From the National Perinatal Information Center: Father's Day: Paternal Depression and the Needs of Fathers in the NICU

Elizabeth Rochin, PhD, RN, NE-BC

The National Perinatal Information Center (NPIC) is driven by data, collaboration and research to strengthen, connect and empower our shared purpose of improving patient care.

For over 30 years, NPIC has worked with hospitals, public and private entities, patient safety organizations, insurers and researchers to collect and interpret the data that drives better outcomes for mothers and newborns.

“Maternal postpartum depression (PPD) is well studied, and significant resources have been invested in studying and treating PPD. While there continue to be significant barriers to treating PPD in many portions of the United States (US), including the availability of specialists, access, and equity of care, there is a facet of care that has been consistently overlooked: paternal postpartum deression.”

“I have never felt so much stress or felt so helpless in all of my life. I felt guilty for seeing our baby boy before my wife who was still recuperating from her [cesarean section]. I could not touch him and felt immediately overwhelmed. I was supposed to support my wife, support my baby, my other children, work. For a fleeting moment, I wanted to run away. Just run away. And felt overwhelmingly guilty for that vicious cycle. Over the next few weeks and

months, I found myself not being able to even function. As my wife fell into Postpartum Depression and during a lengthy NICU stay, I felt more and more in the shadows and even more alone. When we visited our baby in the NICU, staff consistently asked how my wife was, but no one asked me how I was. Lord knows I could not reach out to my friends or my family without ridicule or being told to “man up” or “this is normal.” I knew what I was feeling was not normal. But men are not allowed to be depressed after the birth of a baby or allowed the grace for treatment. Our insurance carrier paid for my wife’s treatment but would not pay for mine. I was truly alone”—JB, Father with Paternal Postpartum Depression

Maternal postpartum depression (PPD) is well studied, and significant resources have been invested in studying and treating PPD. While there continue to be significant barriers to treating PPD in many portions of the United States (US), including the availability of specialists, access, and equity of care, there is a facet of care that has been consistently overlooked: **paternal** postpartum depression. In April, the National Perinatal Information Center provided data and information related to Maternal Mental Health Month and its importance in destigmatizing identification, treatment, and maternal mental health support. For Father’s Day, we turn our attention to the mental health of fathers and the important topic of paternal postpartum depression.

Meta-analyses have described paternal postpartum depression rates of approximately 10% at and around the time of birth and approaching 26% at six months after birth (1,2). Paternal postpartum depression can be exacerbated, coupled with the uncertainty of unplanned NICU admission. Several studies have supported the findings of increased stress and depression in fathers during NICU admissions (3-5). With this knowledge in hand, fathers’ emotional and psychological needs must be in mind when caring for the family unit during a NICU admission.

“It is imperative to view the needs of fathers and paternal PPD through the lens of disparity. NPIC provides a Race and Ethnicity Dashboard that provides member hospitals a “deep dive” into their reporting by stratifying specific metrics by race and ethnicity.”

The National Perinatal Information Center (NPIC) provides hospital-specific and benchmark data through the NPIC Perinatal Center Database, providing perinatal and neonatal data to members and researchers for over 35 years. National trends reveal episodic and regional variations in NICU admissions, and NPIC has found

NEONATOLOGY TODAY is interested in publishing manuscripts from Neonatologists, Fellows, NNPs and those involved in caring for neonates on case studies, research results, hospital news, meeting announcements, and other pertinent topics.

Please submit your manuscript to: LomaLindaPublishingCompany@gmail.com

upward trends over the past five years within hospital membership. With this in mind, it is important to address the needs of the entire family unit; the vast majority of energy and effort within a NICU environment is utilized to support the baby and mother (1) with limited resources and energy spent on other family members, particularly the father. Paternal PPD is an undertreated, underdiagnosed, and under-resourced issue that warrants additional attention (6). As admissions into a NICU increase, it is reasonable to make plans for an increase in paternal PPD.

It is imperative to view the needs of fathers and paternal PPD through the lens of disparity. NPIC provides a Race and Ethnicity Dashboard that provides member hospitals a “deep dive” into their reporting by stratifying specific metrics by race and ethnicity. This dashboard has explored disparities that exist within payer sources and clinical outcomes for both mother and newborn. Within the lens of paternal PPD, there is strong evidence to suggest that racial disparities exist to identify and treat PPD. Maternal PPD within the Black and Brown communities has been studied and shown to have inequities based upon identification, access to treatment, and treatment regimens. Sidebottom and colleagues (7) described the findings of their study in which African American, Asian, and non-white women were less likely to be screened for postpartum depression than their white counterparts. In addition, this study also revealed that women insured by Medicaid and other state programs were less likely to be screened than those with private insurance. In addition, undocumented immigrants are far less likely to seek out services for fear of reporting, deportation, or social service intervention (8,9). With marginalized women already facing barriers to identifying and treating PPD, identification, and barriers to fathers’ identification and treatment of postpartum depression are essential in assuring a strong and stable environment for a baby discharged from the NICU.

Discussion:

Awareness of paternal PPD is key in providing holistic, family-centered care in perinatal and neonatal settings. Developing a unit-specific or division-specific process in identifying paternal PPD, identification of resources, and treatment options can become a pillar for assuring best-in-class care for families and babies in the NICU.

- 1) Destigmatizing paternal postpartum depression: The stigma that currently exists for mental health disorders is well defined (10). Providing a safe space for fathers to describe their experiences with postpartum depression is absolute and should be a routine aspect of care when a father is at the bedside of a NICU baby. Too often, a father is asked how the mother is doing without the same courtesy of their own query or exploration of their transition into fatherhood.
- 2) Transgender men and postpartum depression: Transgender people, as a group, have faced stigma, discrimination, and bias, as well as experiencing numerous health disparities (11). Providing a neutral, compassionate environment for diverse families is key to the safe expression of depressive thoughts or experiences. Marginalized people continue to have significant challenges in accessing care and treatment for postpartum depression; early identification and support are essential.
- 3) Social Determinants of Health (SDOH): Understanding the social determinants in the communities that serve as a NICU referral base provide additional leverage in understanding the stressors and potential barriers of support and stressors to fathers. Potential barriers such as availability of transportation, food security, home environment, employment, and community safety are but some of the social determinants that should be understood by all team members providing care.
- 4) Paternal NICU Support Groups: Many NICUs around the country have established Parent Advisory Councils/Committees, Support Groups, and other resources for parents of babies admitted to the NICU. Providing space and availability of a father who has experienced paternal PPD could benefit those fathers who may be reluctant to come forward with their concerns or fears.

As families and loved ones prepare to celebrate Father's Day, take a moment to ask the fathers in your perinatal and neonatal units how they are doing and what support they need. Children of fathers who suffer from ongoing and severe depression are at

New subscribers are always welcome!

NEONATOLOGY TODAY

To sign up for a free monthly subscription, just click on this box to go directly to our subscription page

higher risk for emotional and behavioral problems, with boys at significantly higher risk (1). From a population health perspective, it is imperative to destigmatize paternal PPD, assure that fathers are supported during their transition into fatherhood, and support the children who depend on them.

References:

1. Eddy, B., Poll, V., Whiting, J., & Clevesy, M. (2019). *Forgotten Fathers: Postpartum Depression in Men*. *Journal of Family Issues*, 40(8), 1001–1017. <https://doi.org/10.1177/0192513X19833111>
2. Field, T. (2018). *Paternal Prenatal, Perinatal and Postpartum Depression: A narrative review*. *Journal of Anxiety & Depression*, 1(1). <https://doi.org/10.46527/2582-3264.102>
3. Mackley, A. B., Locke, R. G., Spear, M. L., & Joseph, R. (2010). *Forgotten Parent: NICU Paternal Emotional Response*. *Advances in Neonatal Care*, 10(4), 200–203. <https://doi.org/10.1097/ANC.0b013e3181e946f0>
4. Cyr-Alves, H., Macken, L., & Hyrkas, K. (2018). *Stress and Symptoms of Depression in Fathers of Infants Admitted to the NICU*. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 47(2), 146–157. <https://doi.org/10.1016/j.jogn.2017.12.006>
5. Prouhet, P. M., Gregory, M. R., Russell, C. L., & Yaeger, L. H. (2018). *Fathers' Stress in the Neonatal Intensive Care Unit: A Systematic Review*. *Advances in Neonatal Care*, 18(2), 105–120. <https://doi.org/10.1097/ANC.0000000000000472>
6. Musser, A. K., Ahmed, A. H., Foli, K. J., & Coddington, J. A. (2012). *Paternal postpartum depression: What health care providers should know*. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners*, 27(6), 479–485. <https://doi.org/10.1016/j.pedhc.2012.10.001>
7. Sidebottom, A., Vacquier, M., LaRusso, E., Erickson, D., & Hardeman, R. (2021). *Perinatal depression screening practices in a large health system: Identifying current state and assessing opportunities to provide more equitable care*. *Archives of Women's Mental Health*, 24(1), 133–144. <https://doi.org/10.1007/s00737-020-01035-x>
8. Callister, L. C., Beckstrand, R. L., & Corbett, C. (2011). *Postpartum Depression and Help-Seeking Behaviors in Immigrant Hispanic Women*. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 40(4), 440–449. <https://doi.org/10.1111/j.1552-6909.2011.01254.x>
9. Maxwell, D., Robinson, S. R., & Rogers, K. (2019). *"I keep it to myself": A qualitative meta-interpretive synthesis of experiences of postpartum depression among marginalized women*. *Health & Social Care in the Community*, 27(3), e23–e36. <https://doi.org/10.1111/hsc.12645>
10. Pescosolido, B. A. (2013). *The Public Stigma of Mental Illness: What Do We Think; What Do We Know; What Can We Prove?* *Journal of Health and Social Behavior*, 54(1), 1–21. <https://doi.org/10.1177/0022146512471197>
11. Hoffkling, A., Obedin-Maliver, J., & Sevelius, J. (2017). *From erasure to opportunity: A qualitative study of the experiences of transgender men around pregnancy and recommendations for providers*. *BMC Pregnancy and Childbirth*, 17(2), 332. <https://doi.org/10.1186/s12884-017-1491-5>

The author has no conflicts of interests to disclose.

NT

Corresponding Author:

Elizabeth Rochin, PhD, RN, NE-BC
President
National Perinatal Information Center
225 Chapman St. Suite 200
Providence, RI 02905
401-274-0650
Email: inquiry@npic.org