Identifying the Support Needs of Fathers Affected by Postpartum Depression: A Pilot Study

Final Report

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Acknowledgements

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Another portion is that male stoic figure that I talked about. I'm a guy, I'll take care of it, it will all be fine, and sweeping it under the rug. Many of us bury our heads in the sand I guess. There's not a pamphlet out there for fathers on postpartum depression, and if there is I haven't seen it in Alberta or Saskatchewan or New Brunswick in any kind of traditional or non traditional doctor's office. If there were something out there, I don't know where it would be and I don't know how it would ever get into my hands. If those people had one and they gave it to me, it would have changed my outlook dramatically.

…never once did she come home from one of those [support groups meetings] and say 'yeah, this one, this person gave me something for you'. There's a little information for the woman but there's nothing for the man. Even to know, that I could be suffering from some of these things [depressive symptoms], but I never realized that there would be issues for me to worry about (DAD_06).

Executive Summary

Purpose The purpose of this pilot study was to describe the experiences, support needs, resources, barriers and preferences for support of fathers whose partners had postpartum depression (PPD). While maternal PPD has been greatly researched in the last decade, much less is known about the impact of PPD on fathers and consequences for child development. While numerous treatment approaches have been suggested and investigated, regardless of the intervention approach, large numbers of women with PPD decline traditional interventions [1-5]. Moreover, the efficacy of interventions tested to date has not been well established [4, 5]. Fathers have been suggested as a source of support that has not been well explored or utilized [6]. Indeed, no research has been found that explored fathers' support needs for coping with PPD. This pilot provided the foundation for the successful multi-site (Edmonton, Calgary, Toronto, Ottawa, Fredericton, Saint John, Moncton) funded by the Canadian Institutes for Health Research (CIHR). It was essential to demonstrate the feasibility of measures and methods and to support the development of the community and academic partnerships necessary for success.

Objective Data were collected from fathers whose partners experienced PPD, guided by the following questions: (1) What are fathers' experiences with coping with PPD in their partner?; (2) What are fathers' own personal experiences with PPD?; (3) What demographic or descriptive variables may be associated with fathers' negative outcomes?; (4) What are fathers' support needs?; (5) What are fathers' support resources?; (6) What barriers do fathers encounter in supporting their partners with PPD?; and, (7) What support interventions do fathers prefer for themselves and their partners?

Methods and Sample Qualitative methods and community-based research approaches were used in this exploratory/descriptive multi-site study, conducted in New Brunswick and Calgary, Alberta. Telephone interviews were conducted with a total of 11 fathers in New Brunswick (N=7) and Alberta (N=4). A National Advisory Committee was created to foster and help ensure stakeholder interest.

Findings While most of the fathers (n=8) felt that their partners needed professional help, half of them did not realize there was something "wrong" until their partners returned to their "old self." Four fathers accompanied their partners to treatment, two of whom felt that they were ignored by the health care professionals and excluded from the treatment process. Fathers' most common coping behavior was "digging for information". Four fathers stated that they had anxiety as well as sleep disturbances. Other symptoms or experiences included the following: lack of time and energy, irritability, feeling sad or down, changes in appetite, and thoughts of harm to self or baby. The most commonly reported barrier was lack of information regarding PPD resources (n= 11), followed by not knowing where to look for resources. The most common support needs for fathers included information and having someone to talk to. All the fathers believed that one-on-one, and face-to-face meetings would be beneficial for them and their partners.

Conclusions This pilot study establishes the feasibility of the larger-scale exploration of fathers' experiences in supporting their spouses through PPD.

Background

What is Postpartum Depression?

Postpartum mood disorders represent the most frequent form of maternal morbidity following delivery[7]. Postpartum depression (PPD) is a major health problem for many women, characterized by the disabling symptoms of dysphoria, emotional lability, insomnia, confusion, significant anxiety, guilt, and suicidal ideation. Frequently exacerbating these indicators are low self-esteem, inability to cope, feelings of incompetence and loss of self, and loneliness [8-11]. A meta-analysis of 59 studies reported an overall prevalence of major PPD to be 13% [12]. Extrapolating from Statistics Canada birth rate data, as many as 82,500 Canadian women experience PPD every year[13]. This hidden morbidity has well documented health consequences for the mother, child, and family[14].

Who is Affected by Postpartum Depression?

As many as 24% to 50% of men whose partners have PPD may also experience depression, making maternal PPD the most significant predictor of paternal PPD [15]. The prevalence of paternal PPD increases as the severity of maternal symptoms increases [16]. Symptoms of paternal depression typically appear with the onset of their partner's PPD and the number and severity of symptoms increases during the first postpartum year [17]. The impact of maternal PPD on child development is well documented in the literature. PPD affects maternal-infant interaction quality, stresses infants, and produces adverse child social and cognitive developmental outcomes [18-26].

While identifying PDD in fathers was beyond the scope of this pilot study, we recognize the profound affect of PPD on fathers' emotional well being and their implications for children's development. Children with two depressed parents are at significantly greater risk for poor developmental outcomes than those with one affected parent [27, 28]. Like mothers, the emotional well-being of fathers has been shown to have an impact on the father-infant interaction [29] and may result in long-term behavioural problems in children [30]. The effect of maternal PPD on marital dysfunction is also well documented in the literature [31], and predicts subsequent depressive relapse [32]. Supportive fathers play a significant role in promoting their children's development by protecting their partners from a depressive relapse [33], as well as buffering their children from the negative impacts of maternal depression [34, 35].

Fathers are Important to Mothers and Children Affected by PPD

Women with PPD perceive their husbands as supportive but restricted by their limited understanding of PPD and how to offer support [36]. Clinical interventions for PPD have focused primarily on supporting mothers [37, 38] and promoting optimal mother-infant relationships [39, 40], by utilizing various modalities for maternal support, such as telephone [37], group [41-43], or home visiting interventions [44, 45]. Interventions have not focused on utilizing fathers as a potential source of support for mothers. In light of findings suggesting the valuable role of fathers to children's development, little attention has been paid to the relationships among fathers, mothers and their young children in families exposed to PPD. As such, best practices to help fathers as they support their partners affected by PPD are unknown.

Purpose and Objectives

Maternal PPD has been greatly researched in the last decade, however, much less is known about the impact of PPD on fathers and consequences for child development. While numerous treatment approaches have been suggested and investigated, regardless of the intervention approach, large numbers of women with PPD decline traditional interventions [1-5]. Moreover, the efficacy of interventions tested to date has not been well established [4, 5]. Fathers have been suggested as a source of support that has not been well explored or utilized [6]. To date, no research has been found that explored fathers' support needs for coping with PPD.

This pilot study provided a preliminary investigation of fathers' support needs, resources, barriers to support, and support preferences when their partner has PPD to: (1) fully understand the impact of PPD on fathers and (2) develop interventions supportive of their needs along with those of their partners. Moreover, the feasibility of the proposed methods and measures were examined and community partnerships established.

Primary Research Questions

The objectives of this pilot study were to describe the experiences, support needs, resources, barriers and preferences for support of fathers whose partners have had PPD.

Specific research questions include:

1. What are fathers' experiences with coping with PPD in their partner?;
2. What are fathers' own personal experiences with PPD?;
3. What demographic or descriptive variables may be associated with fathers' negative outcomes?;
4. What are fathers' support needs?;
5. What are fathers' support resources?;
6. What barriers do fathers encounter in supporting their partners with PPD?;
7. What support interventions do fathers prefer for themselves and their partners?

Methods

Research Design and Analysis

In this multi-method qualitative and quantitative study, one-on-one interviews were conducted with male partners of women who have experienced PPD. Telephone interviews were conducted in locations of fathers choosing, such as a community centre, participants' homes, or another location. A semi-structured interview guide was utilized to collect exploratory data on father's experiences, support needs and resources, as well as barriers encountered in accessing support and support preferences. Individual interviews were audio taped, transcribed and subjected to thematic content analysis using a key category system of themes. Two trained research assistants coded the data using a coding framework inductively developed by the research team. An inter-rater reliability of 77% was achieved. Several measures were also administered to assess their utility and feasibility for men. Objective measures of social support, life stress and depressive symptoms were also completed. Quantitative pilot data was analyzed with descriptive statistics. Quantitative measures of PPD were conducted on four fathers to assess the feasibility and utility of the measures. These findings were used to support the successful funding application to CIHR and are not reported here.

Setting

Fathers were selected in two study sites, one where extensive services were available for PPD (Calgary, Alberta) and the other where relatively fewer services were available (rural region of New Brunswick). The selection of the rural site of New Brunswick addresses a priority of the Government of Canada and a strategic priority for CIHR to support research that contributes to health status and health systems in rural Canada.[46, 47] In addition, choosing participants from two different provinces with different policy environments provided an opportunity to examine the influence of policy and programs on participants' perspectives of support needs, available resources, barriers to support, and preferred interventions.

Sample

A combination of convenience sampling was employed to recruit men whose partners reported symptoms of PPD during their last pregnancy and were no more than 24 months postpartum. The sample of 11 men included four from the Calgary, Alberta (AB) and 7 from New Brunswick (NB).

Community-Based Research Approaches

Members of a National Advisory Committee (NAC), comprised of mental health service providers, were consulted in both sites at the onset of the study regarding the feasibility of methods, recruitment strategies and results.

Findings

Demographic data provides a profile of the fathers from NB and AB. Qualitative data describe the support needs, resources, barriers to support, and preferences for support from the perspectives of fathers affected by PPD. Exemplar quotes are highlighted that illustrate the qualitative findings.

Profile of Participants

A total of eleven fathers were interviewed in NB (n=7) and AB (n=4). The mean age of fathers was 37, with ages ranging from 29 through 44. English was the primary language of all of the fathers interviewed. Ten fathers were married at the time of interview while one father was single. All 11 fathers were employed full-time, and most were graduates of a technical school (n=3), college or university undergraduate degree (n=3) or graduate (n=3) program. A majority reported household incomes greater than $70,000. For a majority of these fathers (n=6), their partner had only one pregnancy, and two of the fathers reported that their partners had lost a child within the first year of life. Seven fathers reported that the pregnancy related to the subsequent PPD was planned. Only three fathers identified themselves as being depressed concurrently with their partners' PPD; however, four stated that they had anxiety as well as sleep disturbances. Other symptoms reported included the following: lack of energy, irritability, feeling sad or down, changes in appetite, and thoughts of harm to self or baby.

Table 2: Participant Demographic Information

Marital Status	**10** Married/Common Law **1** Single
Household Income	**4** earned$40,000 to $69,999 **3** earned $70,000 to $99,999 **4** earned 100,000 +
Education Level	**2** Partial completion of college or university **3** Completed technical school **3** Completed college or university **3** Completed graduate degree

Qualitative

Thematic content analysis was used to answer the primary research questions: (1) What are fathers' experiences with coping with PPD in their partner?; (2) What are fathers' support needs?; (3) What are fathers' support resources?; (4) What barriers do fathers encounter in supporting their partners with PPD?; (5) What support interventions do fathers prefer for themselves and their partners?

Fathers' experiences coping with partners' PPD. Fathers from both provinces identified a number and a variety of emotions when their partners were experiencing PPD. Two themes emerged as fathers talked about their experiences: (1) realizing that there was a problem with their partners' emotional state; and (2) being ignored.

Most of the fathers felt that their partner needed professional help. However, nearly half were unaware that there was something "wrong" with their partners until after she had returned to her "old self."

> *No, but that's my own ignorance. I didn't know what I was looking for. I didn't recognize there was as much of a problem as there actually was (DAD_09).*
>
> *I think—when I first brought it up to her that she might need some help, I think she was against it and—but then the more she thought about it, she kind of realized she needed some help too (DAD_05).*

Four fathers accompanied their partners to treatment. Two fathers felt that they were ignored by the health care professionals and not part of the treatment process, for example:

> *The issue is about how the doctor spoke to [wife] and really didn't include me in the conversation, I guess. I can understand where she was coming from, I guess, but... (DAD_10).*

- Most fathers expressed feelings of "fear" or "worry" for their partners, and half of them experienced "relationship uncertainty."

> *I mean there was maybe an empty feeling or just like we weren't really talking like working on our relationship (DAD_06).*

- Others experienced a range of emotions related to coping with their partners' PPD including feelings of helplessness, self doubt, anger and distrust.

> *I would say a certain level of self-doubt on my end of it because here I thought I was doing a good job, and suddenly here it is. And I'm going "Well, is it something that I didn't do? Or did too much of?" So there's a lot of that self-doubt for sure in it at that time (DAD_02).*
>
> *Anger, frustration, rage…because it's not just freaky people, unbalanced to begin with, who might be feeling this. I am sure it's anybody who, who could have emotions swell up inside them that are just a little hard to hang on to and control (DAD_08).*

Another common theme expressed throughout the interviews was fathers' inability to realize that there was something really wrong with their partners' emotional status. They rationalized this denial through their belief that the changes in their partners' emotional status could be attributed to the stress associate with being a first time mother or having a new baby in the home.

> *I think throughout the experience I had more or less the feeling of like I wasn't able to help her just because I wasn't—I couldn't—I didn't really understand why she couldn't sleep so and didn't understand how bad her anxiety was (DAD_06).*
>
> *….just a new baby in the house and then if you're worried about your partner as well, that can be quite stressful (DAD_06).*

- Fathers described different coping strategies when dealing with their partners' PPD, the most common of which was "digging for information".

> *I'd be aware of it but would I be digging out the pamphlet you know and checking off the points kind of thing, (DAD_02)*

- Some fathers described "escaping to work" as a coping mechanism.

> *You know, just to see, the same goal but a different path I think would have been helpful and I think would have increased my level of awareness of the situation because again like I said the last time, I was getting on the "freedom bus" everyday. So what changed in my life? Well not nearly the same degree of change that [wife] was seeing. (DAD_02).*
>
> *Yeah, but it wasn't for a long period of time like I would be kind of feel down for a little bit and then but of course I was able to go to work too so you get your mind off it (DAD_07).*

- Other coping behaviours included "listening", "social isolation", and "minimizing symptoms" (i.e. not thinking that a problem existed, and attributing their partner's mood changes to the stress of having a new baby).

Fathers' personal experiences with PPD. Eight of the 11 fathers stated that they did not feel that they had depression. Four fathers stated that they had anxiety as well as sleep disturbances. Other symptoms reported included the following: lack of time and energy, irritability, feeling sad or down, changes in appetite, and thoughts of harm to self or baby.

> *In terms of anxiety, certainly some anxiety because we would actually just walk around the house on eggshells wondering if [wife] going to have one of these episodes and what is the effect going to be on her and what's the effect going to be on our little guy (DAD_10).*
>
> *I mean I had a lot of responsibility now to seek out, but I think because so much was going on I didn't have the energy to seek out one person to find out more about this (DAD_01).*

- Reasons for fathers' feelings included baby health issues such as….., extended family issues such as..., moving household. Employment/financial stress, loss of freedom or self, and marital stress figured prominently.

> *But if people don't talk a little bit about it and don't say look I'm a normal guy and I love my kid but man I, her crying was just driving me nuts. Which is stupid because really the feeling inside is you want to protect her and make her feel better, but at the same time what is coming up is holy cow, I've just got to shut her up (DAD_08).*
>
> *I mean not that I was partying every night of the week but just not being able to pick up and go golfing or you know, go out and shoot pool or whatever with a friend or you know and I think that's where the stress was and still sometimes today I mean, you think that you know, I'd like to go out just for, to go out for a movie but then you've got the kids to look after and the babysitters and the money and all that stuff (DAD_07).*
>
> *Yeah, I mean financially she was, I mean we were always used to I guess you know, making fairly half decent money and not having the expenses of an extra child and I'm one that I constantly worry about money like and just with her on maternity leave and the reduced income and stuff like that. I mean it certainly was stressful on that end but it never, you know you always end up managing to get by (DAD-07).*

Support needs of fathers and mothers. Fathers reported numerous support needs for themselves and their partners. They described needing support such as: being able to get out of the house more, medication, childcare services, and information about PPD. However, having someone to talk to was especially important:

> *Just to meet people who were saying, yep I was bad. And your situation was nothing like mine and mine is nothing like yours but I made it. Whenever she could find one of those people it was like hallelujah day (DAD_04).*
>
> *It would have to be the drugs (laughs). It has to be the drugs (chuckles) – you know support of friends, the support she got from friends was part of it, but she really was herself once the drugs kicked in (DAD_11).*

- As were professional health services and family and friends:

> *Some of these groups helped, and specifically that one night when that woman said that to her – meeting some other women who have made it, that are positive. We knew it was going to be a spiral down and it going to be a slow steady, it's not going to be steady, but I mean it's going to be a whole bunch of small steps to slowly get better and to eventually turn around and say hey, I'm feeling better (DAD_04).*

- The most common support needs for fathers included: "information", and having someone to talk to. Six fathers discussed these strategies:

> *And so, looking down a few years from now if something was done for people to talk about depression more, I think it's a very good idea (DAD_08).*
>
> *I thought about watching for the post partum depression and stuff like that just because you read about it, and I thought she could be susceptible to it (DAD_05).*
>
> *And then, you know, my handful of friends that I could talk to about it or at least I felt comfortable talking about it were saying 'Oh yeah, this you know, that, we talked about it, we did this you know' (DAD_01).*
>
> *I guess looking back now, I think I could have used some support. Somebody to talk to. Perhaps, like it's a kind of a guy thing—I'm not going to really seek it out. I think most—a lot of guys are like that. I'm not going to…like I say, I'll talk to my friends and that's probably as close as you're going to go to opening up to somebody (DAD_09).*

Fathers identified a number of additional support including: the desire to have their partner back, wanting to exercise/stay active and accessing professional health services.

> *Oh yeah, we talked about it, we tried to get out and do more things or at least even just sit and talk kind of thing, get the bed, the kids to bed a half hour early and make a concerted effort to sit and talk (DAD_01).*
>
> *What helps me in a situation like that is if I can get out and get a break, go for a run, just get out and separate myself (DAD_05).*
>
> *Yah, and I think that if I, if I didn't work out for a week, I would probably go postal on somebody (DAD_08).*
>
> *And she was on that unit and it was the best thing that could have happened cause, it was so much easier for me, because I'm obviously not trained to deal with that kind of stuff (DAD_05).*

What are fathers' support resources?

- Three of the eleven fathers reported that family and friends were their most significant sources of support. Fathers reported having difficulty identifying other sources of support; however, this could be attributed to the overall lack of support resources available to them. In Alberta, many integrated mental health services are offered, including targeted programs for women and their partners affected by PPD. All new mothers are systematically screened for PPD at the 2-month well child/immunization visits.

- In New Brunswick, new mothers are assessed for environmental risk factors (e.g. mother's age, socio-demographic status, history of mental illness, infant health status) that warrant public health nursing home visits, prior to discharge. Routine screening and targeted support programs for PPD are not offered.

Nine fathers referred to the lack of information on PPD as well as the lack of resources available to the father and the mother. Fathers were not aware of resources available to them, for example, one NB father referred to "a lack of knowledge, of knowing where to turn" (DAD_11). Fathers appreciated when others expressed an interest in their well-being, for example:

> *...people would challenge me [and] that helped, as well people just doing spot checks 'I hear you saying your ok, I just want to come over and visit' (DAD_01).*

What barriers do fathers encounter in supporting their partners with PPD?

- Fathers described a number of barriers which prevented them from accessing support for their partners and for themselves. As indicated under support resources, the most commonly reported barrier was lack of information regarding PPD resources (reported by 11 fathers), followed by not knowing where to look for resources (reported by 10 fathers).

> *The only barrier that I would say you know, was my lack of understanding of the issue and my awareness. You know, because again I was naively thinking that everything was okay. That was the real barrier not having some tools or some insight to say 'Here this is something that could be going on' and 'Gosh well if somebody had said, that here's something you should be aware of (DAD_02).*
>
> *I think just a lack of knowledge on the subject was probably the only thing that…Just because that was probably the only stressful thing that was really bugging me at that time, it was just because of the confusion of what's happening with my wife (DAD_06).*
>
> *Somebody should be there talking about this we shouldn't wait until it happens and then have an intervention, should be prevention…(DAD_01).*

- Seven fathers reported that the possible stigma associated with PPD was an additional barrier.

> *Unfortunately mental illness is still one of those things that is kept in the closet for a large degree. Unfortunately it is and people say "oh I'd never judge people on something like that", but hey, I'd beg to differ (DAD_02).*
>
> *There's a certain stigma about that you know. "Suffering from." just by having that feeling, like what's wrong, I'm suffering from something. You're in a doctor's office because something is wrong, and it's a medical issue and you should be treated. None of it, it's not normal, there's no feeling of normality, it's a condition to be treated (DAD_04).*
>
> *Yeah and I guess that was my, you know, anytime that I heard of postpartum depression I kind of always associated it with you know, Andrea Yates down in the States and that's, the one that drowned her babies and I think that's what people still to a certain extent associate it with and it's not even close to the actual experience (DAD_07).*

- Lack of time (reported by 6 fathers) and energy (reported by 4 fathers) were noted to be significant barriers. In addition, four fathers reported that family and, in particular their partner's denial, was a barrier for mothers to receive support--much like our earlier research interviewing mothers (Letourneau, 2006).

> *I had a lot of responsibility but I think because so much was going on I didn't have the energy to seek out one person to find out more about this (DAD_09).*
>
> *So it took awhile for her to be self aware and it also took awhile for her to get over the stigma and to realize this is serious enough that we had to do something. In terms of me personally, it would be just my own character flaws. Just really not being comfortable accepting help from anyone (DAD_06).*

- Two fathers reported that caring for other children and not wanting to burden others were also barriers.

Three fathers reported that societal views of parental-gender roles and the myth of motherhood posed barriers for mothers and fathers to receive support for their PPD symptoms. Fathers said that while everyone asked about the baby and about their partner, no one asked how they were doing or how they were dealing with the transition to parenthood and "assumed everything was rosy" (DAD_07). One father summed it up by saying:

> *I think men and women have different experiences. It's more accepting for women to share with her female friends about this stuff and men it's not I don't think, I mean it's changing, but I still think a lot of men are of stuck in the idea that you can't go out with your peers and seek information out, you're in your own solitude to figure it out and hope to God you've got the resources (DAD_08).*

Additional barriers included the following: one father did not feel that the mother required help, another father cited work commitments as a barrier, another father cited transportation issues, and another father stated that PPD was not identified early enough. All of 11 fathers reported experiencing some form of barrier which impeded receiving support themselves. The most commonly reported barrier was lack of information regarding PPD resources (reported by 11 fathers). Another significant barrier was "male pride", which was reported by 7 fathers.

- Four fathers reported that they had difficulty reaching out to others, and two fathers, believed that they had difficulty understanding their own feelings. For example,

> *We'd definitely talk about it, especially in the presence of our wives, but from my standpoint, I would make jokes and laugh about it. It wouldn't get into the deep, break down crying sessions with another guy about how much pressure it's putting on you right now, and if I have to go buy one more pill that doesn't work I'm going to freak out too. It's never like that; it's like that strong, stoic guy thing and we swallow and go on and put on a strong face and make a joke about it and that would be the line that would probably be followed instead of sit down with a guy and really talk about it. Maybe that's a guy thing, maybe that's my personality. (DAD_03).*

Five fathers reported that lack of time and energy was a barrier to seeking personal support. Four fathers cited their own difficulties in understanding the female perspective as an additional barrier. Three fathers reported that no one asked them how they were coping with the mothers' experiences of PPD symptoms, and two fathers stated that they did not have anyone to talk to about their symptoms. Nine fathers reported that there were a number of barriers faced by family/friends in their attempts to support mothers during their symptoms of PPD.

From fathers' perspectives, the most common barriers faced by family and friends were lack of knowledge about PPD (reported by four fathers) and not knowing where to access resources (reported by 3 fathers). Two fathers reported that family/friends faced the barrier of physical distance which impeded their attempts to support mothers. Two fathers reported that friends/family believed that media portrayals of PPD proved to be barriers for providing support as well, for example:

> *I don't think a lot of people know about [PPD]. Except for what you maybe read, a little blurb in the paper, you see a bit on the news, but all you see there it the probably 1% or half percent of all the cases. The absolutely horrible ones that go totally wrong are the ones you hear about. (DAD_07).*

What support interventions do fathers prefer for themselves and their partners?

- All 11 of the fathers that were interviewed provided suggestions regarding the type of support interventions that they would prefer for themselves and their partners. All fathers reported that support interventions would be helpful at a specific time period for everyone (i.e. when child turned six weeks of age). Six fathers felt that support interventions should be available as soon as PPD symptoms become apparent which mirrored our previous research findings interviewing mothers (Letourneau et al., 2006).

> *I'd say probably in the first six weeks after [daughter] was born because I think that was the toughest. All in all for everyone, just getting used to [partner], getting used to an absolutely new life, getting used to all the different emotions that you're feeling, and that's just me (DAD_08).*
>
> *Yeah, because that first six weeks, even—I'd say six weeks, but even two months, it goes by so fast and it's so hectic that I don't think you have time to really even think about what's happening. But if somebody actually sat you down and stopped you for a minute and just said "wait, take a breath, the baby's out there somewhere, don't worry about it, just sit back and think about what's going on". That might have helped. Something like that might have helped us get some of it before it snowballed and got a little worse, but…I don't know, it might have helped (DAD_05).*

Eleven fathers believed that one-on-one, face-to-face meetings would be beneficial. Six fathers reported that telephone meetings would also be suitable. Only one father believed that a computer-based interaction would beneficial. In terms of location of one-on-one support, eight fathers reported that home meetings would be beneficial, while 6 thought that a community location would be suitable as well.

> *I think face to face, [because] , internet would be too easy to brush off. Telephone is good, it works well in this case but I think you know, face to face would likely be better and I think it would be good if whoever came into the class setting and I'll say it's a class you know, comes in, talks and leaves a card with every one and says 'Here, as part of this, I'm going to be phoning you in a month after your birth'. You know, goes on, what's your expected due date? Great, I'll be phoning you, here. You know, just as a call you know, not phoning with Social Services knocking on the door or anything like that but it's you know, out of a sincere level of interest, just phoning and saying 'Hey, how is everything?' (DAD_04).*
>
> *Probably just to have, I guess, learn the coping skills to deal with…your partner suffering and I mean because it can get pretty stressful… (DAD_03).*
>
> *Education on [PPD] would have been one. The ability to have someone to speak to would have been another and the education part of [PPD] would have been all encompassing about how to handle certain things and what to expect from [PPD] and how to help try to alleviate and support…(DAD_11)*

- Three fathers reported that they would like coping skills discussed during these sessions, and two fathers stated that education on PPD would be beneficial.

> *I see it as face to face but again that's me, I need to share something open, to tell somebody a little bit about it, I need to see them, I need to know that if I'm going to tell you that my wife wants to throw the baby out the window or something like that, I don't want to be telling this to someone that I can't trust, and if they shared with me that their wife wanted to take a knife to their baby, then I would be able to say ' hey, that's pretty dramatic but the story I'm about to relate to you is pretty dramatic to me too. I don't want you phoning the police, 911, that we're killing our kid over here, I'm just saying she had a dream last night and the dream was about this' and I need that other guy to be trustworthy and I need him to be able to understand me and not want to call 911 because we're killing out kids, I want him to be able to say 'yeah, we had that same thing but with us it was with knifes and it wasn't a dream' and I need to be able to make that connection and have a get acquainted time before I could dive in, I don't think I could meet somebody and half hour later be telling them about personal matters, I'd need some get acquainted time before I could share something on a deeper level. At least when I'm in the middle of it, it's easier now in hindsight, I could do that, but at that time I don't think I could share anything, you're so closing off and protecting yourself because you don't know what the hell is going on (DAD_02).*

- Ten fathers reported that they would like a health professional to facilitate this intervention.
- Six fathers believed peer facilitation would also be beneficial.

> *Again winners, like people who have made it through. This is my story and I made it and I let it happen to me except for me it was way worse, and suddenly it's tragic but if you can find someone who suffered worse than you are then all the sudden it puts you back in the shade of things, so anybody that has been through it already and for me personally you can fill me full of all the technical mumbo jumbo but forget it…(DAD_10)*
>
> *I am a big proponent of life experience, so for me it would be someone who has actually gone through this before (DAD_01).*

- In terms of frequency of meetings, 3 fathers reported that once per week would be sufficient.

- Ten fathers reported that a support group intervention would be beneficial.
- Nine fathers suggested that face-to-face meetings would be most suitable, while 3 felt that telephone meetings would be beneficial.
- Two fathers reported that they would like to see a health professional facilitate these groups, while two fathers reported that a peer could also serve as a facilitator.

> *The most important issue –I just think, I think that from someone who has been there before to help them see that there is some light at the end of the tunnel…(DAD_03).*
>
> *I think offhand, likely a mental health professional that has had some, well, that has a level of awareness of postpartum. You know, it would be that someone, you know, a man, woman that has gone through it (DAD_11).*

- Nine fathers reported that these groups should convene somewhere in the community, while two fathers believed that a home environment would be suitable.
- Five fathers reported that these groups should convene once per week, four fathers reported that the groups should convene once every two weeks, and three fathers felt that monthly meetings would suffice.

Conclusion: This pilot study aimed to describe the experiences, support needs, resources, barriers and preferences for support of fathers whose partners had PPD. A number of fathers reported that, although they recognized that they detected changes in partners' emotional status, they did not initially identify it as PPD. Once their partners were diagnosed with PPD, fathers reported having difficulty identifying sources of support. Moreover, fathers described a number of barriers preventing them from accessing support for their partners and for themselves. The most commonly reported barrier was lack of information regarding PPD resources, followed by not knowing where to look for resources as well as their fear of the possible stigma associated with PPD. When speaking about their personal experiences with PPD, some fathers revealed that they had experienced a range of depressive symptoms, including anxiety, sleep disturbances, fatigue, irritability, feeling sad or down, changes in appetite, and thoughts of bringing harm to self or baby.

Fathers also described numerous support needs for themselves and their partners: being able to get out of the house more, medication for themselves and/or their partners, childcare services, and information about PPD--having someone to talk to was especially important. Three of the eleven fathers reported that family and friends were their most significant sources of support. Eleven fathers believed that one-on-one, face-to-face meetings would be beneficial. A number of fathers reported that telephone meetings would also be suitable. Coping skills and education on PPD were the most commonly requested subjects to be discussed during these sessions. Ten fathers reported they would like a health professional to facilitate this intervention while six fathers believed peer facilitation would also be beneficial.

Results of this pilot study have been used to support the funding and implementation of a larger-scale CIHR funded study and the intervention test to follow. This pilot study establishes the feasibility of the larger-scale exploration of fathers' experiences in supporting their spouses through PPD.

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