

New fatherhood: the role of the GP

What are GPs doing to support prospective young fathers? **Maria Lohan** and **Colin Shaw** examine the parental roles and requirements of men

GPs in Ireland have a lead role in antenatal and postnatal care of women. This is often the beginning of developing continuity of healthcare for women by GPs. But what about their male partners?

Involving 'parent number two'

Research shows that involving fathers in preparing for the birth of their children has positive health and wellbeing outcomes for the mother, the infant and the new father. Whether it is the take-up of breastfeeding, the incidence of maternal and paternal depression, or infant health, the benefits of father involvement are well established and well documented.

Fathers' attendance at antenatal classes can increase the man's confidence not only when it comes to issues surrounding labour and childbirth but also can increase father-infant involvement during the early months when typically the father's role can be confined to supporting the mother.

A stronger infant-father relationship is extremely beneficial in the early months. It cements family bonds and can lay the foundation for improved health, social and educational outcomes for the child later in life. However, research indicates that antenatal education is still tailored mainly for maternal needs, with men continuing to feel 'in the way' or superfluous to the primary goals of the classes.

Men often express feelings of being secondary, of being 'parent number two', and that support resources rarely, if ever, specifically address the father's role. This is doubly unfortunate as not only can an unsuccessful antenatal experience fail to strengthen fathers' connection to healthcare services, studies have shown that mothers are strongly influenced by their partner's attitudes to support services; supporting fathers also supports mothers.

Efforts to tailor antenatal classes for the specific needs of fathers (which may involve the provision of men-only sessions, as in the American *Boot Camp for New Dads*) have been shown to improve men's ability to see themselves as 'nurturers' and not just as 'providers'. These classes emphasise the shared role of both partners in infant care and have been

shown to lead to better health outcomes for both men and women postpartum.

Recent research into fatherhood has also shown that fathers need help in the postnatal period. Often, educational resources are concentrated around the perinatal period, with greatest emphasis on the labour and the infant's first few months.

However, becoming a father sets in train major lifestyle and relationship changes for which men may feel unprepared.

Whereas new mothers often report forms of novel social contact directly related to the arrival of a baby (eg. meeting other mothers from the antenatal classes, breastfeeding groups), men-only contact for fathers is uncommon. Preparation for the challenges of both birth and parenthood could mitigate some of the difficulties experienced by new fathers as they adapt to their new lives.

New young fathers

Recent analysis of adolescents shows that the majority of teenage fathers are keen to connect and to stay connected to their children. This willingness to connect is also demonstrated in the high number of joint birth registrations for children born to teenage mothers (around 4% of live births).

However, teenage fathers can frequently become marginalised around the birth of their baby and in the postnatal period, and GPs can be instrumental in encouraging teenage fathers' connections with their partner's pregnancy and fatherhood responsibilities.

The latest census figures for 2011 show that lone mothers account for almost one in five (19.6%) of all families with children while lone fathers make up roughly 3% of all families with children. Young fathers may also require the expert help of GPs.

Although postnatal depression is largely unstudied among men, it is generally understood that, like young mothers, young fathers can experience high rates of anxiety and depression. These rates are strongly correlated to the father's young age at the time of birth, their income level and the quality of their relationship with the mother.

Studies of new fathers in Denmark and the US

Maria Lohan
Senior Lecturer in
Health Sciences

School of Nursing
and Midwifery,
Queen's University
Hospital,
Belfast

Colin Shaw
Health Science
Researcher

found depression rates to be 10%, roughly double that of the general population, with the rates peaking at months three to six postpartum. However, one study showed that rates of depression for fathers described as 'not involved' with the mother were almost 20%, twice as high as rates observed in all fathers.

Young father depression may also be a sign of co-partner depression; in one study, 42% of male spouses of mothers hospitalised with severe postnatal depression also had a psychological disorder, compared to 4% in a community sample and 0% among new fathers whose partners did not have a postnatal mental disorder.

In the postpartum period especially, the research suggests that the parental relationship can be negatively affected by depression in either parent; paternal depression can be a feature of the early months of infant care and can be a sign of maternal depression.

Teenage fathers and unintended pregnancy

Finally, GPs often find themselves in the difficult situation of confirming an unintended pregnancy for a young woman and beginning in helping the young woman to come to terms with the pregnancy, as well as counselling her on her pregnancy outcome choices.

Research shows that how a young woman reacts to her pregnancy is heavily influenced by how supportive she believes the male partner to be. Researchers at the School of Nursing and Midwifery, Queen's University Belfast, have drawn attention to

the fact that an unintended pregnancy may also be a major life crisis in a young man's life.

They have developed a special educational resource entitled *If I were Jack* for delivery in second-level schools in the Republic of Ireland and Northern Ireland to explore with young people the potential impact of an unintended pregnancy on the lives of young men as well as young women.

The learning resources will include an interactive video drama which will 'bring to life' a case scenario of an unintended pregnancy from a teenage man's perspective and invite participants' reflections and anticipatory thinking on such a situation in their lives.

One of the film scenes depicts a counselling session with a health professional and both female and male teenagers offering non-directive support. Once again, the resource points to the crucial role that GPs can play in helping potential parents, parents-to-be and new parents through the ups and downs of parenthood.

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