

## **New Parent's well-being in the postpartum period: an intervention with the fathers.**

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### **Abstract**

**Objective:** To evaluate the feasibility and the effectiveness of a postnatal intervention with father to promote parents' well-being.

**Method:** 245 new parents were recruited after delivery (Time 1). Couples were randomly assigned to an intervention (n=150) and a control (n=145) groups and invited to fill a self-report questionnaire. Fathers in the intervention group received a booklet and offered a dedicated telephone number to find support in the postpartum period. 6 months after delivery (Time 2), all the participants were contacted and asked to answer to a telephone interview.

**Main outcome measures:** Parents' postpartum health, partner relationship, sharing of childcare and housework, work's satisfaction, parents role satisfaction.

**Results:** At Time 1, response rate was 86%. 119 out of 145 fathers in the intervention group were successfully contacted for the telephone intervention, indicating that this kind of intervention is feasible. At Time 2, response rate was 91%. The mothers in the intervention group presented less negative or unclear feeling about breast-feeding, less fear and anxiety about their motherhood experience and less worries about their other children. They were more aware about their partner relationship and the problems there were in.

## **INTRODUCTION**

Childbirth is a very important event for a man and a woman. In the postpartum period there are many changes, in the mother, in the father, in the couple relationship. Sometimes, this is not easy. Fathers and mothers can experience significant declines in the perceived quality of life (Gjerdingen & Center, 2003).

At 6 weeks after delivery, 18,1% of postpartum women met criteria for psychiatric disorders (Navarro et al., 2008). 14% of mothers and 10% of fathers had depressive symptoms 9 months after childbirth (Paulson et al., 2006).

The mother's depression can affect the child cognitive development and behaviour (Grace et al., 2003) and parent's depression it's associated with fewer parent-infant interactions (Paulson et al., 2006).

Social support and a good partner relationship can play a central role to promote mothers' and fathers' postpartum health (Surkan et al., 2006; Goodman, 2004).

To date, interventions to prevent postnatal depression directed to mothers did not result in significant improvements in mothers' wellbeing (Shaw et al., 2006). However, the fathers had rarely been involved in these programs.

The aim of this study was to evaluate the feasibility and the effectiveness of a postnatal intervention with father to promote mothers' and fathers' wellbeing.

## **PROCEDURE AND METHODS**

Postpartum parents were recruited after delivery in the postnatal ward of the Maternity Hospital in Trieste, a city in Northeastern Italy. From December 2007 to April 2008 all women who had given births were approached with their partners and asked to complete a questionnaire (Time 1). Written informed consent was obtained from all parents at the time of assessment.

Women and men who refused to participate were asked to respond to a few questions (nationality, age, marital status, education, type of birth and reason for refusal). The study was approved by the Ethics Committee of the Hospital.

Couples were randomly assigned to an (N=150) and a control (N=145) groups.

Between 5 and 7 months after childbirth (Time 2), all fathers and mothers were contacted and asked to respond to a follow-up telephone interview.

## **INSTRUMENTS AND MEASURES**

Fathers and mothers responded to two different questionnaires, one in the immediate postpartum period and another after 5-7 months after delivery.

In the mothers' immediate postpartum questionnaire, were included questions about childbirth, baby's health, breastfeeding, woman's social and demographic characteristics, woman's work situation, woman's and health behaviours during and prior to the pregnancy, pregnancy intendedness, contraception, partner relationship, division of housework and anticipated difficulties in going back home. Postpartum emotional distress was assessed with the Edinburgh Postpartum Depression Scale (EPDS). The fathers' first questionnaire was the same as the mothers all but the questions about pregnancy and childbirth.

In the mothers' second questionnaire, questions addressed the baby's health, the reaction of baby's sisters and/or brothers, breastfeeding, the mother's physical and psychological health, including the EPDS, sexual relationship in the couple, contraception, social support, mother's work situation, partner relationship after childbirth, division of housework and childcare and satisfaction about this, free time, perception about maternity role, violence in the couple, opinion about the permanence in the Maternity Hospital after delivery. The fathers' second questionnaire was the same as the mothers all but the questions about breastfeeding.

## **INTERVENTION**

All the fathers in the intervention group received, at Time 1, an illustrated booklet to promote couple cooperation in childcare and housework after childbirth. The communication and support between the partners were also encouraged.

Moreover, all intervention fathers were informed about a dedicated telephone number they can call to ask for information or support in the postpartum period.

## **RESULTS**

At Time 1, response rate was 86%. 119 out of 145 fathers in the intervention group were successfully contacted for the telephone intervention, indicating that this kind of intervention is feasible. A few number of fathers asked for an encounter with the psychologist. This can be explain with the difficulty, for the men, to ask for support to someone.

At Time 2, response rate was 91%.

At Time 1, the intervention and control groups were similar on all baseline characteristics (age, nationality, education, marital status, work).

At Time 2, the mothers in the intervention group presented less negative or unclear feeling about breast-feeding, less fear and anxiety about their motherhood experience and less worries about their

other children. They were also more aware about their partner relationship and about the problems there were in.

There are less differences between two fathers group.

## CONCLUSIONS

An intervention program dedicated to the fathers could promote the mother's well-being after childbirth. These results are preliminary: the analysis are is still in progress, the results need to be replicated and further evaluated in future studies with larger samples.

Nevertheless, the current results remarke that the fathers' involvement in these kind of researches is extremely significant to understand the post partum period and effectively intervene on it.

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