PATERNAL POSTPARTUM DEPRESSION
Summer Sellers, Skye Strayer, Laikayn Wagner, NURS 200W
Advisor(s): DR. STEPHANIE UNGER & DR. DEBORAH WILSON

Abstract
Research for this study was found through the Pennsylvania State University Library website. Through this website, databases like CINHAL and PubMed were accessed to find information about paternal PPD. The research used for this study includes quantitative and qualitative research. It is evidenced-based practice that is created by experts in the medical field, especially professionals involved in nursing and psychology. It is peer-reviewed by experts in these fields to ensure that this is the most accurate and current evidence-based practice. Some keywords that were searched during the research process included postpartum, depression, paternal, and fathers. Using all this information, a meta-analysis was created by our group, which is the highest level of evidence. The PICO question used to guide our study was, “How does the stereotype against men trying to seek help trying to identify the cause of their PPD compared to men not experiencing PPD affect their overall well-being?”

PICO Question:
• P: Men having a baby and become fathers from birth to the first year of life
• I: Treat both partners for postpartum depression, rather than just one. The cause needs to be recognized so men can be treated for postpartum depression
• C: Comparison with men who do not have postpartum depression
• O: Effective treatment of postpartum depression

Methods/EBP
Paternal postpartum depression is an increasing topic in health care and society that is commonly overlooked. It has potentially been dismissed by their partners and those within the health care system because it is thought to not be a “real thing” because the father does not physically carry the baby, therefore it is not believed that the father can experience the hormones associated with pregnancy. As more research has been implemented, studies have shown that paternal postpartum depression is as significantly high as maternal postpartum depression statistics, as stated by Jaworski (2020) who found that one in ten men suffer from postpartum depression in untreated the more negative effects are present in the individual’s everyday life such as work, marriage, interaction with his children, and his self-confidence. The more negativity, the worse the outcome, therefore, the treatment and stigma against men within society is something that needs to be recognized for these individuals to get the treatment they need to be an adequate father and husband to his family, and for himself.

Results
There is limited interventions for PPD since there is minimal research on the subject. Therefore, the results are also limited. The main interventions for PPD are associated with the cause factors of PPD. For example, the main cause of PPD appears to be unemployment and financial issues. It is common for men to want to be the "bread winner" of the household. If they are unable to financially support their family, the results showed that they are at an increased risk for PPD. There is also a positive correlation between poor marital satisfaction and PDD as well as the mother also suffers from PPD.

Conclusions
Paternal postpartum depression is an ongoing issue within society and the health care system that is not being recognized or treated, resulting in a lot of suffering for these men along with their family members. The stigma that men have against them within society, that they need to be the ‘strong one’ in a relationship is affecting the well-being and it is not fair to them. Seeking help for these individuals should be something that should be encouraged rather than looked down upon or dismissed. By understanding and recognizing the common risk factors and signs and symptoms of paternal postpartum depression, it allows for more interventions to be established, resulting in treatment options and better outcomes for these individuals.

As more men are being treated, listened to, and encouraged regarding their paternal postpartum depression, there is a precipitated increase in others reporting their paternal postpartum depression to get treatment. The longer paternal postpartum depression in untreated the more negative effects are present in the individual’s everyday life such as work, marriage, interaction with his children, and his self-confidence. The more negativity, the worse the outcome, therefore, the treatment and stigma against men within society is something that needs to be recognized for these individuals to get the treatment they need to be an adequate father and husband to his family, and for himself.

Recommendations
It is recommended that paternal postpartum depression should be looked at in an experimental design, so that different interventions be examined to figure out what works best for the father. Another recommendation that is suggested is for checkups or questions about the fathers be integrated into well child visits. By asking these questions we can get an idea from the partner how they believe their partner is doing or get answers from the father directly. Another suggestion for all healthcare workers from the nurses, doctors, etc. be informed on what paternal postpartum depression is, so they are aware. The last suggestion is integrating teaching on paternal postpartum depression at birthing classes and prenatal visits, so both partners are aware of the illness.