

# Paternal Postpartum Depression (Paternal PPD)

Information and Recommendations for Kansas MCH Programs

Mental health conditions and substance use disorders affect men and women of all ages, races, and socioeconomic groups. These conditions can cause changes in thinking, feeling, mood, and behavior, as well as affect someone's ability to relate to others and function each day. While common, recurrent, and sometimes serious, these mental health conditions and substance use disorders are treatable, and people do recover. Perinatal depression is a mental health condition that includes major and minor depressive episodes that occur during pregnancy or in the first twelve months after delivery. Perinatal depression is one of the most common medical complications of pregnancy, affecting one in seven women. While there is an increase in awareness, identification, and treatment of perinatal depression, many are surprised to learn that fathers can also experience postpartum depression!

## Paternal PPD

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* defines depression “with peripartum onset” as a major depressive episode during pregnancy or within four weeks after parturition.<sup>1</sup> Numerous research studies have reviewed onset of PPD in men and findings suggest the DSM-5 definition is not adequate for diagnosis of the condition:

- PPD develops more slowly and gradually over the more protracted course of a full year postpartum among men; longitudinal studies suggest that the rate of depression during the prenatal period decreases shortly after childbirth but increases over the course of the first year.<sup>2</sup>
- A 1996 study found that 4.8% of first-time fathers in Portugal met criteria for depression during pregnancy and 4.8% of fathers were depressed at three months postpartum, but 23.8% of fathers were depressed at 12 months postnatal.<sup>3</sup>
- Additionally, a 2010 study found that prenatal and PPD was evident in about 10% of men and was relatively higher in the three- to six-month postpartum period.<sup>4</sup>

Therefore, PPD is often defined as an episode of major depressive disorder occurring soon after the birth of a child; it is more frequently reported in mothers but can also occur in fathers.<sup>5</sup> See Figure 1 for an overview of paternal postpartum depression, including risk factors and outcomes.

PPD is a treatable condition and people do recover. Clinicians are encouraged to screen for depression in fathers, particularly during the first year postpartum, as early identification, intervention, and treatment can improve the quality of life for the father and family, as well as decrease the risk for emotional and behavioral problems in his children.<sup>6</sup>

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<sup>1</sup> American Psychiatric Association. In: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA: American Psychiatric Association; 2013. Depressive Disorders; pp. 153–188. Available [here](#).

<sup>2</sup> Kim P and Swain J (February 2007). *Sad Dads: Paternal Postpartum Depression*. Available [here](#).

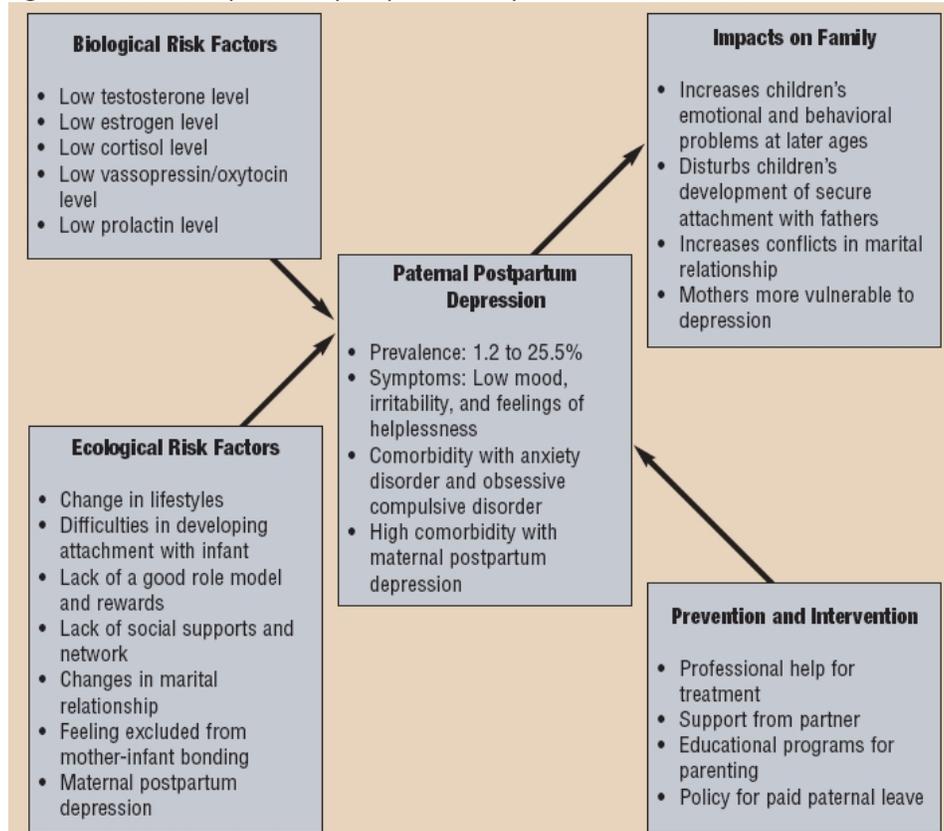
<sup>3</sup> Areias, M., Kumar, R., Barros, H., & Figueiredo, E. (1996). Correlates of Postnatal Depression in Mothers and Fathers. *British Journal of Psychiatry*, 169(1), 36-41. doi:10.1192/bjp.169.1.36. Available [here](#).

<sup>4</sup> Paulson JF and Bazemore SD (May 19, 2010). *Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis*. Available [here](#).

<sup>5</sup> Scarff J (May 1, 2019). *Postpartum Depression in Men*. Available [here](#).

<sup>6</sup> Scarff J (May 1, 2019). *Postpartum Depression in Men*. Available [here](#).

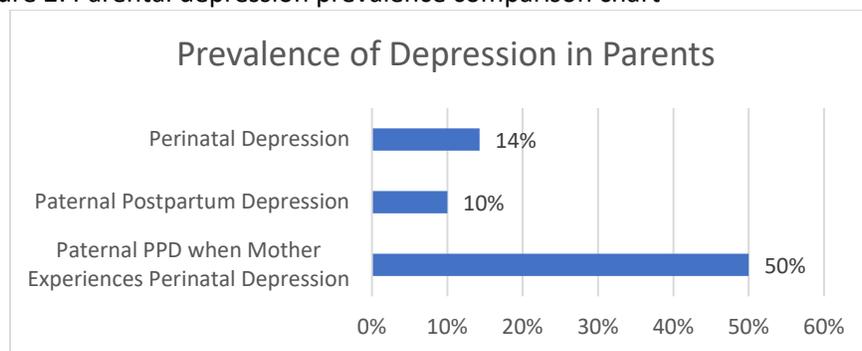
Figure 1: Model of paternal postpartum depression<sup>7</sup>



## Prevalence of Paternal PPD

Research shows that nearly **one in ten** fathers experience postpartum depression (PPD). The prevalence increases to **50%** when the mother is also experiencing perinatal depression.<sup>8</sup> Up to 18% of these dads develop a clinically significant anxiety disorder, such as generalized anxiety disorder, obsessive-compulsive disorder, and post-traumatic stress disorder at some point during the perinatal period.<sup>9</sup>

Figure 2: Parental depression prevalence comparison chart



## Impact on Child Development

During the child's early years – the most active period for establishing neural connections – “serve and return” interactions between parent and child are vital for healthy development. In the absence of responsive caregiving, or if

<sup>7</sup> Kim P and Swain J (February 2007). *Sad Dads: Paternal Postpartum Depression*. Available [here](#).

<sup>8</sup> Earls MF, Yogman MW, Mattson G, Rafferty J, Committee On Psychosocial Aspects Of C, Family H: Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. *Pediatrics*. 2019;143. Available [here](#).

<sup>9</sup> Postpartum Support International. (2019). *Dad's Mental Health*. Available [here](#).

responses are unreliable or inappropriate, the brain's architecture does not form as expected, which can lead to disparities in learning and behavior.<sup>10</sup> Studies show that nurturing parent-child relationships and environments where the family's social needs are met, make it more likely that children will succeed in school and the workforce, and experience lower rates of chronic disease.<sup>11</sup> A 2005 study found that depression in fathers during the postnatal period was associated with adverse emotional and behavioral outcomes in children aged 3.5 years, and an increased risk of conduct problems in boys; these effects remained even after controlling for maternal and paternal depression.<sup>12</sup> While more research is needed to determine the full impact of paternal depression on child development, it is reasonable to conclude there is an adverse impact. As such, paternal depression screening, intervention, and treatment are critical preventive care tools.

## Paternal Postpartum Depression Risk Factors

Maternal depression has consistently been found to be the most important risk factor for depression in fathers, both prenatally and postnatally.<sup>13</sup> One study found that fathers whose partners were depressed had nearly two-and-a-half times the normal risk for depression.<sup>14</sup> Other factors that can contribute to depression in fathers include<sup>15</sup>:

- Personal or family history of depression
- Worries about being a parent and/or low parental self-efficacy
- Feeling overwhelmed with expectations in your role at work and your role as a father
- Financial problems
- Lack of social and/or emotional support
- Stress in relationship with family or spouse
- Missing attention and/or sex from your partner
- Stressful birthing experience
- Lack of sleep after the baby is born
- Feeling excluded from the bond between mom and baby

## Depression Symptoms in Men

When men experience depression, their symptoms can look different than women's depression symptoms. Women experienced four symptoms at significantly greater rates than men: stress, crying, sleep problems, and loss of interest or pleasure in things they usually enjoy.<sup>16</sup> The same study found that men experienced the following symptoms at significantly higher rates than women: **anger attacks/aggression, substance use, and risk-taking behavior.**

The American Academy of Pediatrics (AAP) also reports men are more likely to present with symptoms of **substance use, domestic violence, and undermining breastfeeding** instead of sadness.<sup>17</sup> Figure 3 outlines the difference in "typical" depressive symptoms and those experienced by men.

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<sup>10</sup> Harvard University, Center on the Developing Child. Brain Architecture. Available [here](#).

<sup>11</sup> National Institute for Children's Health Quality. Maternal Depression: First Steps families and Advocates Can Take to Help Mothers and Babies Thrive. 2018. Available [here](#).

<sup>12</sup> Ramchandani P, Stein A, Evans J, O'Connor TG, ALSPAC study team (June 25-July 1, 2005). *Paternal depression in the postnatal period and child development: a prospective population study*. Available [here](#).

<sup>13</sup> Kim P and Swain J (February 2007). *Sad Dads: Paternal Postpartum Depression*. Available [here](#).

<sup>14</sup> National Institute for Health Care Management (NIHCM) (June 2010). *Identifying and Treating Maternal Depression: Strategies and Considerations for Health Plans*. Available [here](#).

<sup>15</sup> Pacific Postpartum Support Society (2020). *Signs of Postpartum Depression and Anxiety in Men*. Available [here](#).

<sup>16</sup> Martin L, Neighbors H, and Griffith D (October 2013). *The Experience of Symptoms of Depression in Men vs. Women: Analysis of the National Comorbidity Survey Replication*. Available [here](#).

<sup>17</sup> Earls MF, Yogman MW, Mattson G, Rafferty J, Committee On Psychosocial Aspects Of C, Family H: Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. *Pediatrics*. 2019;143. Available [here](#).

Figure 3: Symptoms of Depression<sup>18,19</sup>

| Classic Symptoms of Depression   | Symptoms of Men's Depression  |
|--|---|
| <ul style="list-style-type: none"> <li>• Depressed, sad mood</li> <li>• Loss of interest or pleasure</li> <li>• Significant weight loss or gain</li> <li>• Trouble sleeping or over-sleeping</li> <li>• Restless feelings and inability to sit still or slow down</li> <li>• Fatigue, loss of energy, or tired all the time</li> <li>• Worthless or guilty feelings</li> <li>• Impaired concentration and difficulty making decisions</li> <li>• Recurrent thoughts of death or suicide</li> </ul> | <ul style="list-style-type: none"> <li>• Increased anger and conflict with others</li> <li>• Increased use of alcohol or other drugs</li> <li>• Frustration or irritability</li> <li>• Violent behavior</li> <li>• Losing weight without trying</li> <li>• Isolation from family and friends</li> <li>• Being easily stressed</li> <li>• Impulsiveness and taking risks (i.e., reckless driving and extramarital sex)</li> <li>• Feeling discouraged</li> <li>• Increase in complaints about physical problems (i.e., headaches, digestion problems or pain)</li> <li>• Problems with concentration and motivation</li> <li>• Loss of interest in work, hobbies, and sex</li> <li>• Working constantly</li> <li>• Increased concerns about productivity and functioning at school or work</li> <li>• Fatigue</li> <li>• Experiencing conflict between how you think you should be as a man and how you actually are</li> <li>• Thoughts of suicide</li> </ul> |

As the symptoms experienced by men differ from those experienced by women, paternal PPD often goes unidentified. Other contributing factors to the underreporting of paternal depression is stigma of mental illness and gender expectations. A 2019 University of Nevada Las Vegas study<sup>20</sup> focused on first-hand accounts from new fathers found online; researchers identified six themes:

1. **Needing education.** Fathers did not know men could suffer from PPD. Mothers who noticed mood changes with their partner were not sure what to call it. Men complained about experiencing pushback or not receiving information from doctors. Men were also frustrated that the resources they did find focused solely on how to help their female partner.
2. **Adhering to gender expectations.** Many fathers felt pressure to adhere to traditional “tough guy” stereotypes. In fact, one man told another father to “suck it up.” He admitted knowing this was bad advice but explained that is what is expected of men.
3. **Repressing feelings.** Men are reluctant to share their feelings in fear of sounding ridiculous or looking weak to their partners, who were the primary caregivers.
4. **Overwhelmed.** Many of the new fathers found it difficult to express their emotions of confusion, exhaustion, helplessness, loneliness, and feeling trapped.
5. **Resentment of baby.** While many fathers expressed joy and excitement for the arrival of their child, others resented their baby’s constant needs and attention. Like women who experience a perinatal mood and anxiety disorder (PMAD), a few of the men talked about suppressing urges to hurt the baby or themselves.

<sup>18</sup> PostpartumMen (2008-2020). *Men's Depression*. Available [here](#).

<sup>19</sup> Pacific Postpartum Support Society (2020). *Signs of Postpartum Depression and Anxiety in Men*. Available [here](#).

<sup>20</sup> University of Nevada Las Vegas (March 7, 2019). *Forgotten fathers: New dads also at risk for postpartum depression*. Available [here](#).

6. **Experience of neglect.** The fathers felt lost, forgotten, and neglected – by their partners, the health care system, and society. One father described “uncomfortably laughing” while reading PPD screening questions typically asked of women during routine checkups: “I began to feel like someone should be asking me the same questions.”

Results from the October 2013 study suggests that relying only on men’s disclosure of symptoms could lead to an under-diagnosis of depression in men.<sup>21</sup> Health care providers should consider other clues and behavioral changes when screening or assessing depression in men.

## Screening

The Edinburgh Postnatal Depression Scale (EPDS) has been validated and used extensively in screening for depression in new mothers, both in English speaking and non-English speaking communities. A May 2001 research study determined the EPDS to be a reliable and valid measure of mood in fathers.<sup>22</sup> Other recommendations on the EPDS as a screening tool for paternal PPD include:

- AAP encourages pediatricians to consider screening the mother’s partner at the 6-month infant well-visit using the EPDS.<sup>23</sup> AAP suggests completing the screen either in person, if the partner is present, or by having the partner fill out the screen at home and mail it back.
- Postpartum Support International (PSI) emphasizes that the EPDS is a reliable and valid measure of mood in fathers. PSI recommends using a two-point lower cut-off score than used with mothers for screening fathers.<sup>24</sup> More information about cut-off scores is included in the following section.
- Additionally, the EPDS-Partner Version (EPDS-P), a screening tool for paternal depression through maternal report, to be a reliable and valid measure of paternal PPD when compared to other well-validated measures of depression.<sup>25</sup> The EPDS-P has clinical utility in the maternal child health care system by making it possible to screen for paternal depression without the father being present.<sup>26</sup>

Alternatively, the Patient Health Questionnaire (PHQ-9) demonstrated validation when screening for paternal PPD.<sup>27</sup> A comparison study was conducted in 2017, and results suggest the PHQ-9 and EPDS have similar accuracy in screening for major depressive episodes.<sup>28</sup> Of note, this study was based on major depression and did not measure accuracy between the two tools for mild or moderate depression nor was it specific to maternal and paternal depression.

As a reminder, guidelines for screening practices are as follows, “Screening must exist in an *adequate system of care* that includes educated providers, social support for families, and a protocol to follow up with those who have screened above the cut-off score on an evidence-based screening tool.”<sup>29</sup> Additionally, screening tools are designed to measure

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<sup>21</sup> Martin L, Neighbors H, and Griffith D (October 2013). *The Experience of Symptoms of Depression in Men vs. Women: Analysis of the National Comorbidity Survey Replication*. Available [here](#).

<sup>22</sup> Matthey S, Barnett B, Kavanagh DJ, and Howie P (May 2001). *Validation of the Edinburgh Postnatal Depression Scale for men, and comparison of item endorsement with their partners*. Available [here](#).

<sup>23</sup> Earls MF, Yogman MW, Mattson G, Rafferty J, Committee On Psychosocial Aspects Of C, Family H: Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. *Pediatrics*. 2019;143. Available [here](#).

<sup>24</sup> Postpartum Support International (2020). *Screening Recommendations*. Available [here](#).

<sup>25</sup> Moran TE, O’Hara MW (July 2006). *A partner-rating scale of postpartum depression: the Edinburgh Postnatal Depression Scale – Partner (EPDS-P)*. Available [here](#).

<sup>26</sup> Fisher SD, Koperlman R, and O’Hara MW (August 2012). *Partner report of paternal depression using the Edinburgh Postnatal Depression Scale-Partner*. Available [here](#).

<sup>27</sup> Scarff J (May 1, 2019). *Postpartum Depression in Men*. Available [here](#).

<sup>28</sup> Santos IS, Tavares B, Munhoz, T, Manzolli P, de Avila G, Janke E, and Matijasevich A (2017). *Patient Health Questionnaire-9 versus Edinburgh Postnatal Depression Scale in screening for major depressive episode: a cross-sectional population-based study*. Available [here](#).

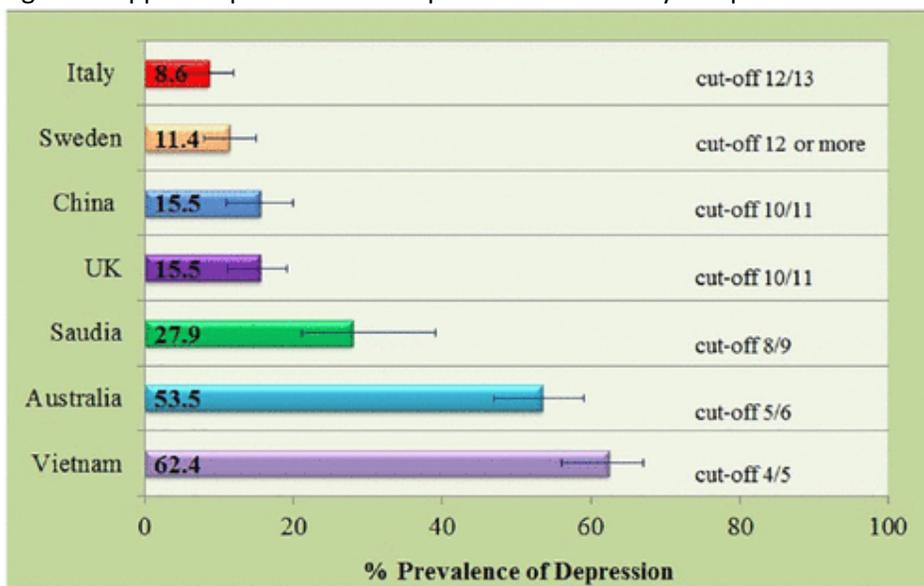
<sup>29</sup> Postpartum Support International (2020). *Screening Recommendations*. Available [here](#).

risk of experiencing depression and should not be used as a diagnostic tool. It is also important to recognize the onset of paternal PPD is more prevalent in the late-postpartum period. This should be taken into consideration when establishing universal screening protocols.

## EPDS Scoring for Paternal PPD

The EPDS validation study suggests that screening for depression or anxiety disorders in fathers requires a two-point lower cut-off score than screening for depression or anxiety in mothers. The recommended cut-off score was determined to be 5/6 for a positive screen, which was two points lower than the cut-off score for mothers.<sup>30</sup> Several other studies have been conducted to determine the score cut-off for men, with results ranging from 5/6 to 10; the cut-off scores for men still need to be validated for different measures.<sup>31</sup> This variation of research findings is based on cultural norms, timing of the screen, and the differences in symptoms experienced by men, which are not all included on the EPDS. For example, question 9 on the EPDS is, “I have been so unhappy that I have been crying.” While crying could be a symptom experienced by fathers, they are not as likely to cry as to become aggressive. Additionally, men may be less expressive about their feelings than women, thus, fathers are likely to score lower in the self-reported screening.<sup>32</sup>

Figure 4: Apparent prevalence of depression in the study sample at different EPDS cutoffs based on the literature<sup>33</sup>



The development of measures and validation of cut-off scores for paternal PPD are important for more sensitive and accurate diagnosis, intervention, and treatment.<sup>34</sup> While additional research is necessary, a consistent finding thus far is that screening for PPD in fathers requires a two-point lower cut-off score than screening for mothers. The Kansas Department of Health and Environment (KDHE) Bureau of Family Health (BFH) promotes the use of the EPDS across Maternal and Child Health (MCH) services in the state for mothers with a cutoff score for referral at 10.<sup>35</sup>

→ **Recommendation:** KDHE BFH is recommending the use of the EPDS across MCH services for fathers with a cutoff score for referral at 8.

<sup>30</sup> Matthey S, Barnett B, Kavanagh DJ, and Howie P (May 2001). *Validation of the Edinburgh Postnatal Depression Scale for men, and comparison of item endorsement with their partners*. Available [here](#).

<sup>31</sup> Kim P and Swain J (February 2007). *Sad Dads: Paternal Postpartum Depression*. Available [here](#).

<sup>32</sup> Matthey S, Barnett B, Kavanagh DJ, and Howie P (May 2001). *Validation of the Edinburgh Postnatal Depression Scale for men, and comparison of item endorsement with their partners*. Available [here](#).

<sup>33</sup> Shaheen N, AlAtiq Y, MPhil, Thomas A. (February 18, 2019). *Paternal Postnatal Depression Among Fathers of Newborn in Saudi Arabia*. Available [here](#).

<sup>34</sup> Kim P and Swain J (February 2007). *Sad Dads: Paternal Postpartum Depression*. Available [here](#).

<sup>35</sup> KDHE BFH (May 2019). *Mental Health Integration Toolkit*. Available [here](#).

## Programs, Supports, and Treatment

### **Programming**

With such a strong correlation between prevalence for maternal depression and paternal depression, educational programs for all parents experiencing PPD could be more effective than gender specific programming.<sup>36</sup>

→ Recommendation: Consider integrating fathers into existing programs typically offered only to perinatal women.

### **Social Supports**

Increasing natural support system for anyone experiencing symptoms of mental illness is a protective factor. This is especially important during life transitions, such as the birth of a child. Proper supports from society that focus on the active roles of fathers would help new fathers ease their stress in the early postpartum period; for instance, encouraging fathers to seek help from health professionals for complete assessments and consideration of psychotherapy or antidepressants might significantly improve their family health.<sup>37</sup>

→ Recommendation: Explore options for starting PPD support groups for all parents in your community.

### **Paternal Depression Treatment**

Prevention and early treatment of depression in fathers may benefit not only themselves but also their partner and their children.<sup>38</sup>

→ Recommendation: Encouraging fathers to seek support from health care professionals can improve the family's health. Fathers should talk to a health care professional about what treatment options might be best for them. Options include:

- Psychotherapy – There are many types of therapy available, but all have the same goal: to teach skills and insight to feel better as well as prevent future depressive episodes. Therapy can be a very effective treatment option for this reason. To find a treatment provider in your community, use the [Behavioral Health Treatment Services Locator](#) or call your local [Community Mental Health Center](#) (CMHC).
- Medication – Antidepressants may help relieve some of the symptoms (i.e., sleep, appetite, and concentration problems) of moderate and severe depression, but they can take several weeks to be effective.<sup>39</sup> To learn more about medication options, contact a prescribing physician (i.e., family doctor, primary care provider, etc.) or local [CMHC](#) for a psychiatric assessment. Health care providers can also call the Perinatal Provider Consultation Line for assistance with perinatal behavioral health questions, including case consultation and best prescribing practices. A licensed mental health clinician is available to answer calls Monday-Friday from 8:00am – 5:00pm. Call 833-765-2004 or [submit an inquiry online](#).

## **KDHE BFH Recommendations for MCH services**

In addition to the programs, supports, and treatment recommendations outlined above, KDHE BFH recommends MCH programs screen for depression in fathers, particularly during the first year postpartum, as early identification, intervention, and treatment can improve the quality of life for the father and family. The EPDS should be used across all MCH services for fathers with a cutoff score for referral at 8. Screening should occur universally and at the same time as PMAD screening occurs for women, when possible. KDHE BFH's [Mental Health Integration Toolkit](#) includes resources to help MCH programs implement screenings into their practice. Resources include algorithms, templates for local use, provider resources, and patient resources. See Figure 5 for more information on supporting fathers' mental health.

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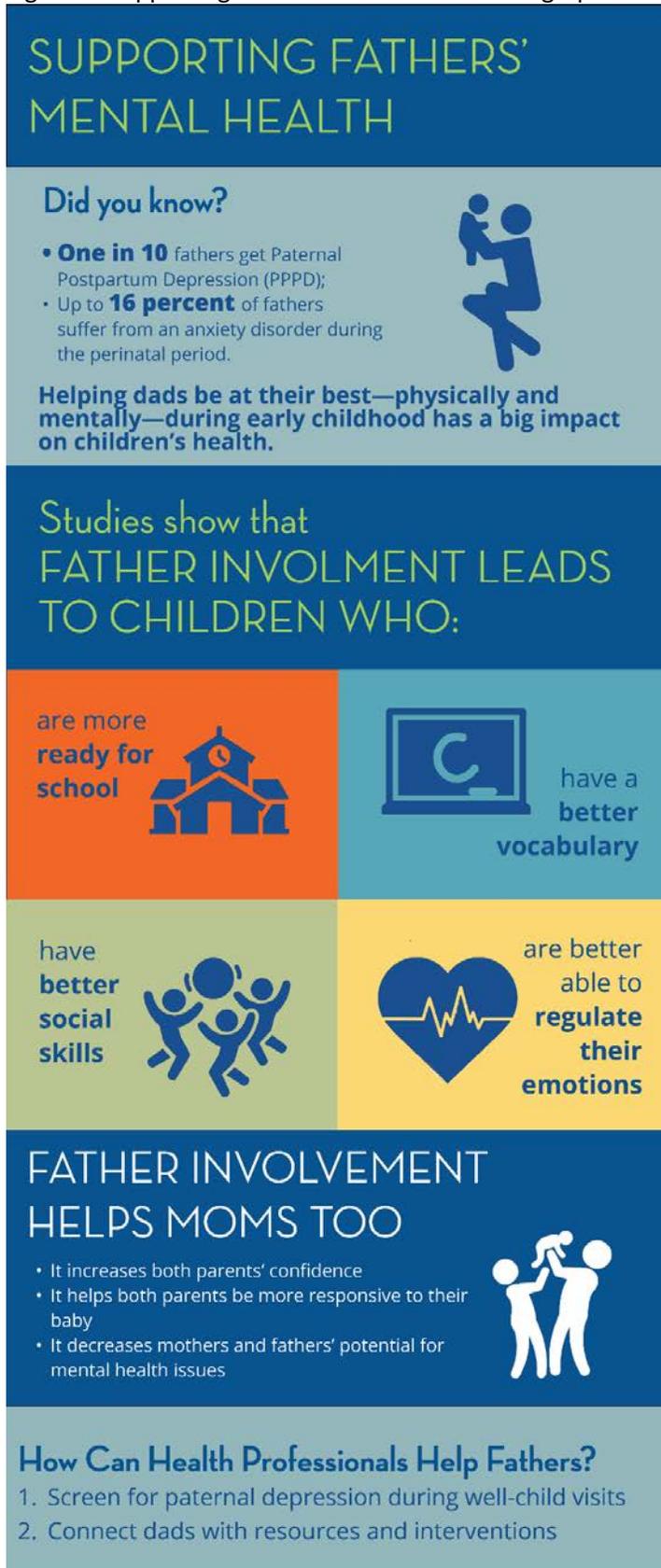
<sup>36</sup> Kim P and Swain J (February 2007). *Sad Dads: Paternal Postpartum Depression*. Available [here](#).

<sup>37</sup> Kim P and Swain J (February 2007). *Sad Dads: Paternal Postpartum Depression*. Available [here](#).

<sup>38</sup> Areias, M., Kumar, R., Barros, H., & Figueiredo, E. (1996). Correlates of Postnatal Depression in Mothers and Fathers. *British Journal of Psychiatry*, 169(1), 36-41. doi:10.1192/bjp.169.1.36. Available [here](#).

<sup>39</sup> National Institute of Mental Health (2020). *Men and Depression*. Available [here](#).

Figure 5: Supporting Fathers' Mental Health Infographic<sup>40</sup>



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<sup>40</sup> National Institute for Children's Health Quality (2020). *Supporting Fathers' Mental Health*. Available [here](#).