

What Is The Effectiveness Of Interventions For The Prevention Or Treatment Of Paternal Perinatal Anxiety: A Systematic Review?

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1. Background

Research on paternal perinatal anxiety (PPA) lacking and fragmented compared to maternal research
Worldwide prevalence of PPA 3.4% - 25.0% antenatally and 2.4% - 51.0% postnatally [1]
NHS Long Term Plan highlighted need to provide mental health screening and treatment to dads [2]
Dads report poor mental health and express needs to enhance mental health across the perinatal period [3]
In the UK men account for three quarters of deaths by suicide [4]

2. Methods

Systematic Review - Medline, EMBASE, PsycINFO, Web of Science up to 2nd December 2021, plus hand searches (see Fig. 1)

PROSPERO;
CRD42020165609

Inclusion criteria

P: Males, over 18, and partners of pregnant women or with a baby up to 12-months old

I: Any preventive or treatment intervention

C: Any standard care provision or control activity

O: Reduction in reported anxiety scores using any validated scale

S: RCTs

Outcome measures

1. Anxiety scores (STAI, SAS, DASS, HADS)

- ✓ Self-assessed symptoms
- ✓ Parent-infant bonding
- ✓ Adverse events and suicidal thoughts
- ✓ Use of technology

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3. Results

“Father-focused interventions consistently show significant intervention effect”

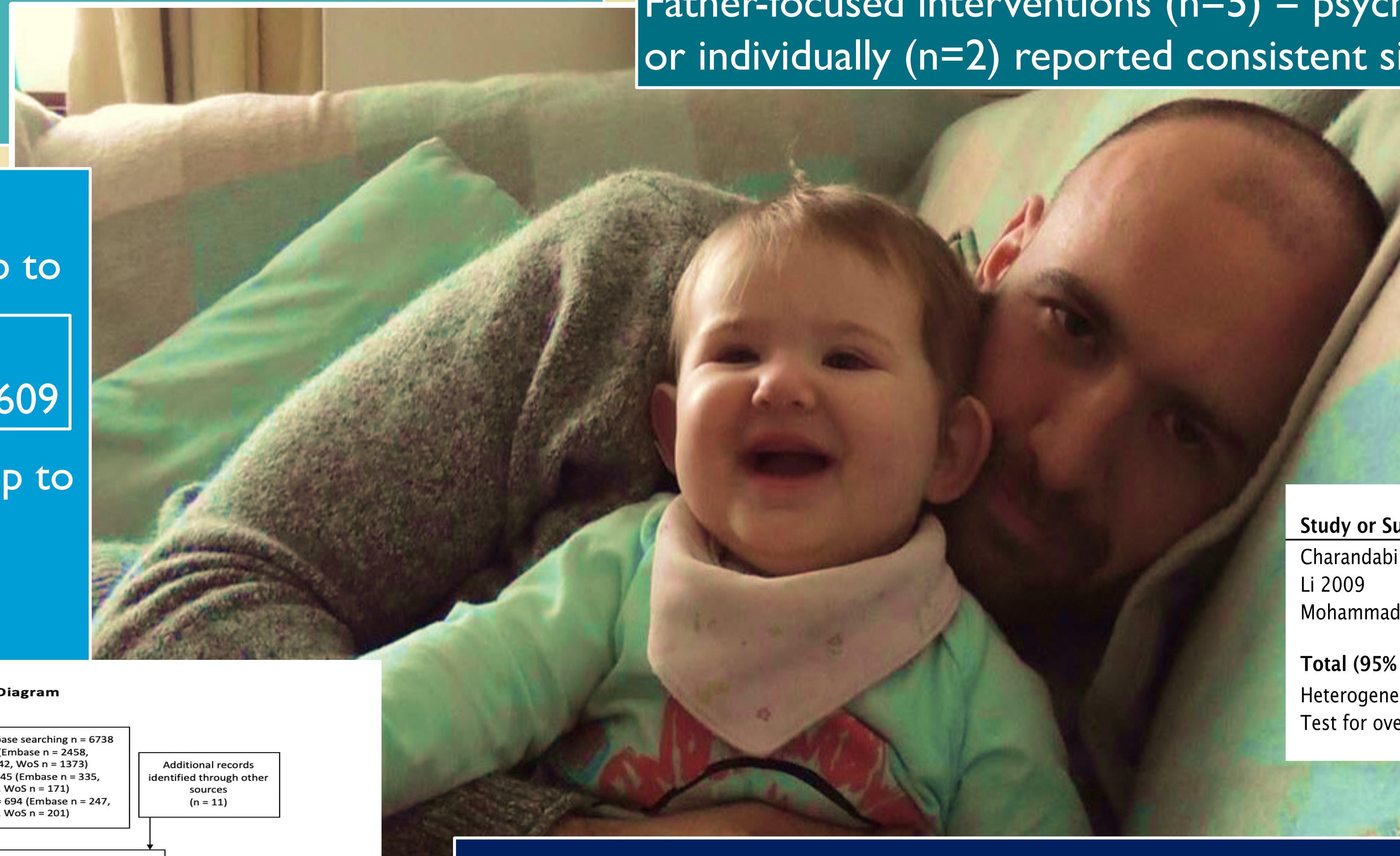
12 articles identified, low-medium risk of bias (see fig. 2) **Only preventive interventions found**

Interventions are psychoeducational (n=9), or practical skills (n=3)

Three studies considered PPA as a primary outcome

All PPA outcomes were self-reported by participants

Father-focused interventions (n=5) = psychoeducational (n=3) or practical skills (n=2), delivered in groups (n=3) or individually (n=2) reported consistent sig. effect on PPA (see fig. 3 for psychoeducational post-hoc analysis)



Intention-to-treat	Study ID	Experimental	Comparator	Outcome	Weight	D1	D2	D3	D4	D5	Overall
	Charandabi 2017	Lifestyle education	care as usual	anxiety and depression	1	●	●	●	●	●	●
	Feinberg 2008	Family foundations	care as usual	paternal mental health	1	●	●	●	●	●	●
	Feinberg 2016	Family foundations	care as usual	depression, anxiety, stress	1	●	●	●	●	●	●
	Field 2008	Partner massage	care as usual	paternal depression and anxiety	1	●	●	●	●	●	●
	Huang 2019	Skin to Skin intervention	care as usual	paternal anxiety and depression	1	●	●	●	●	●	●
	Latifas 2005	Massage or relaxation	control	anxiety	1	●	●	●	●	●	●
	Li 2009	Birth education	care as usual	paternal anxiety	1	●	●	●	●	●	●
	Mihalic 2018	Baby triple P	care as usual	paternal wellbeing	1	●	●	●	●	●	●
	Misler 2020	Booklet, a video, home visit	waitlist control group	stress depression anxiety	1	●	●	●	●	●	●
	Shorey 2019	technology based parentin	standard care	depression and anxiety	1	●	●	●	●	●	●
	Tohotoa 2012	Antenatal education	care as usual	paternal anxiety and depression	1	●	●	●	●	●	●
	Mohammadpour 20	Counseling	care as usual	paternal anxiety	1	●	●	●	●	●	●

Fig. 2 Cochranes risk of bias assessments

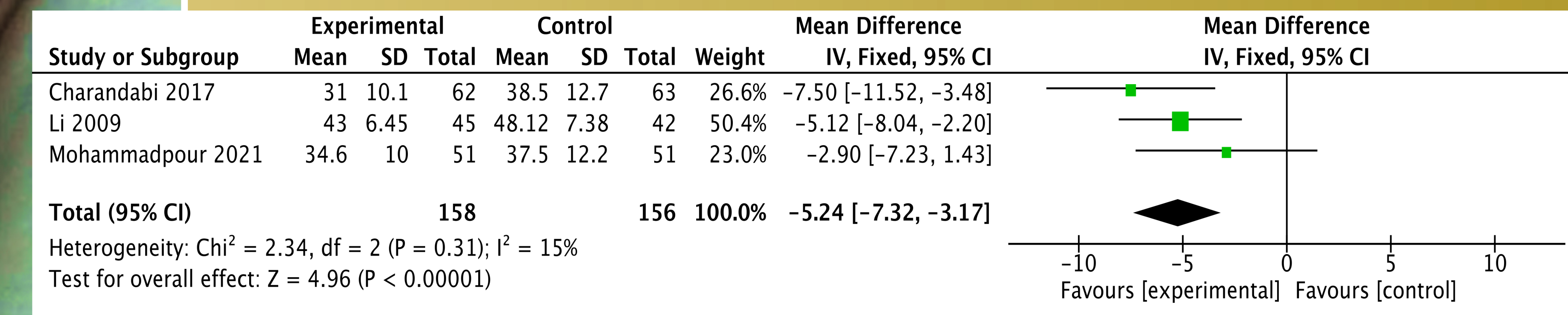


Fig. 3 Fixed effect meta-analysis of father-focused psychoeducational

4. Conclusions

Prevention-based interventions identified are small in number and heterogeneous in terms of aims, delivery modes, outcome measures.

There is evidence to suggest that father-focussed psychoeducational and practical skills interventions could help support new and expectant fathers, preventing incidents of anxiety in new or expectant fathers within the perinatal mental health period.

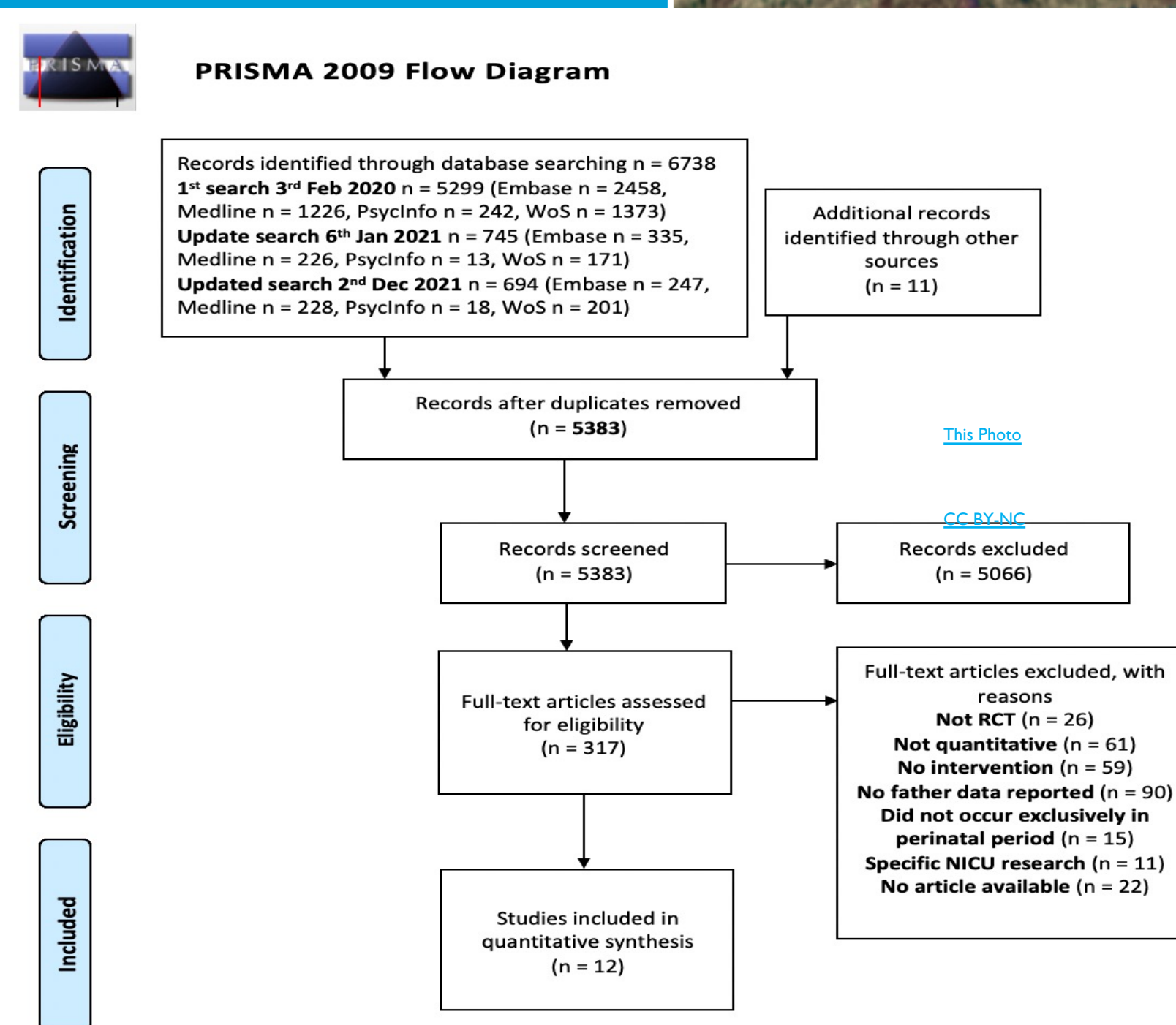


Fig. 1 PRISMA flow diagram

1. Philpott LF, Savage E, FitzGerald S, Leahy-Warren P. Anxiety in fathers in the perinatal period: A systematic review.

2. NHS 2019. The NHS Long Term Plan. <https://www.longtermplan.nhs.uk>

3.. ROMINOV, H., PILKINGTON, P. D., GIALLO, R. & WHELAN, T. A. 2016. A systematic review of interventions targeting paternal mental health in the perinatal period.

4. ONS, 2019. Suicides in the UK: 2018 registrations. <https://www.ons.gov.uk/>