



## Review article

# Effects of prenatal childbirth education for partners of pregnant women on paternal postnatal mental health and couple relationship: A systematic review<sup>☆</sup>



Maiko Suto<sup>a</sup>, Kenji Takehara<sup>b</sup>, Yumina Yamane<sup>c</sup>, Erika Ota<sup>d,\*</sup>

<sup>a</sup> Graduate School of International and Cultural Studies, Tsuda College, Tokyo, Japan

<sup>b</sup> National Center for Child Health and Development, Tokyo, Japan

<sup>c</sup> College, National Rehabilitation Center for Persons with Disabilities, Saitama, Japan

<sup>d</sup> Graduate School of Nursing Science, St.Luke's International University, Tokyo, Japan

## ARTICLE INFO

## Keywords:

Antenatal education  
Childbirth education  
Fathers  
Partners of pregnant women  
Postnatal depression

## ABSTRACT

**Background:** Partner education during pregnancy may be able to prevent postnatal mental health problems, and support expectant fathers in their transition to parenthood. The aim of this systematic review is to investigate the effects of prenatal childbirth education among partners of pregnant women, particularly regarding paternal postnatal mental health and couple relationship.

**Methods:** We searched Medline, CINAHL, EMBASE, PsycINFO, ERIC, and CENTRAL using terms such as “partners of pregnant women,” “education,” and “prenatal support.” Searches were limited to randomized trials.

**Results:** We included 11 trials out of 13 reports that addressed the following topics: childbirth preparation, couple relationship, infants and parenting, postpartum psychosocial issues, and housework sharing. Overall risk of bias was low or unclear. Study outcomes, including parents’ mental health (e.g., anxiety, depression, distress), couple relationship, parents’ transition adjustment and parenting stress, and parents’ satisfaction with their experience of childbirth and prenatal childbirth education programs were reported.

**Limitations:** The studies included in this review were very diverse regarding intervention intensity and content, outcome types, measurement tools, and outcome timing. This impeded evaluation of the interventions’ effectiveness.

**Conclusion:** No sufficient evidence was identified that prenatal childbirth education for partners of pregnant women protects against paternal postnatal depression and couple relationship; however, paternal postnatal mental health is important to maternal and perinatal healthcare. The results of this review suggest that further research and intervention are required to provide partners of pregnant women with evidence-based information and support whole families during the perinatal period.

## 1. Background

In recent years, men have become expected to play a more active role in childbirth and childcare, and the number of studies examining paternal postpartum depression has been increasing. The prevalence of postpartum depression among fathers is approximately 10% (Giallo et al., 2013; Paulson et al., 2006; Paulson and Bazemore, 2010). Postpartum depression in fathers has a range of effects on the health of

the whole family, as well as on fathers themselves. Some studies have reported that postpartum depression in fathers is associated with the risk of maternal depression and poor marital relationships (Giallo et al., 2013; Wee et al., 2011). Paternal postpartum depression is also associated with impaired parenting practices and can lead to negative child development (Buist et al., 2003; Demontigny et al., 2013; Parfitt et al., 2013; Paulson et al., 2006; Wilson and Durbin, 2010). Therefore, paternal postnatal mental health is important to maternal and perina-

**Abbreviations:** ANCOVA, analysis of covariance; ANOVA, analysis of variance; BDI, Beck Depression Inventory; CES-D, Center for Epidemiologic Studies Depression Scale; CESD-R, Center for Epidemiologic Studies Depression Scale, Revised; CRD, International Prospective Register of Systematic Reviews; CSI, Couple Satisfaction Index; CSS, Couple Satisfaction Scale; EPDS, Edinburgh Postnatal Depression Scale; GHQ, General Health Questionnaire; GRADE, Grading of Recommendations, Assessment, Development and Evaluation; KMS, Kansas Marital Satisfaction Scale; MD, mean difference; PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses; PROSPERO, Center for Reviews and Dissemination; RCTs, Randomized control trials; RR, risk ratio; SPSQ, Swedish Parenthood Stress Questionnaire; STAI, State-Trait Anxiety Inventory

<sup>☆</sup> Systematic review registration: PROSPERO CRD42015017919

\* Correspondence to: St.Luke's International University Graduate School of Nursing Science, Global Health Nursing, 10-1 Akashicho Chuo-ku, Tokyo 104-0044, Japan.

E-mail address: [ota@slcn.ac.jp](mailto:ota@slcn.ac.jp) (E. Ota).

<http://dx.doi.org/10.1016/j.jad.2016.12.025>

Received 16 August 2016; Accepted 17 December 2016

Available online 20 December 2016

0165-0327/© 2016 Elsevier B.V. All rights reserved.

tal healthcare.

Wong et al. conducted a review of paternal mental health in the perinatal period and reported that men are at increased risk of mental health problems during the transition to fatherhood; however, unlike maternal mental illness, research addressing the needs of fathers and the impact of their illness on family has been limited (Wong et al., 2015). A systematic review also found that anxiety disorders are common among men during the perinatal period. Therefore, interventions during the perinatal period should target both parents' mental health (Leach et al., 2016).

Nonetheless, fewer prenatal childbirth education programs target men than target women, and men may experience greater difficulty than women obtaining childbirth and childcare information. Attendance of prenatal childbirth education classes may positively affect men's postnatal mental health and help fathers to support mothers and their parenting.

The number of childbirth educational programs targeting both of parents has increased and father-specific programs also have been established as part of standard antenatal care (Fletcher et al., 2006); however, it remains uncertain if prenatal childbirth education for partners of pregnant women improves paternal postnatal mental health. Few studies have addressed this topic and the available evidence is limited.

In this review, we primarily focused on paternal mental health and couple relationship. Fathers' postpartum mental health and wellbeing is likely to affect their partners. A systematic review reported that partner factors (e.g., emotional closeness, global support, communication, conflict, emotional and instrumental support, relationship satisfaction) may moderate maternal perinatal depression and anxiety (Pilkington et al., 2015a). Therefore, the objective of this review is to examine the effect of prenatal childbirth education for partners of pregnant women in improving paternal postnatal mental health and couple relationship.

## 2. Methods

We conducted this systematic review in accordance with the PRISMA statement (Moher et al., 2009). We published our methods as a protocol before conducting this review (Suto et al., 2016) and registered with PROSPERO at the National Institute for Health Research and the CRD at the University of York (registration number: CRD42015017919).

### 2.1. Eligibility criteria

#### 2.1.1. Type of studies

We included RCTs and cluster RCTs. We excluded non-randomized controlled before-after studies, where random allocation was not used, and quasi-RCTs (quasi-random methods of allocation; e.g., alternation, date of birth, or medical record number etc.). We followed the Cochrane definitions and criteria for RCTs and controlled clinical trials (Higgins and Green, 2011).

#### 2.1.2. Type of participants

Men who are partners of pregnant women.

#### 2.1.3. Type of interventions

We assessed childbirth education provided for partners of pregnant women in the prenatal period. We included educational programs involving both pregnant women and their partners. Educational interventions provided only for pregnant women were excluded. We did not limit studies by number or timing of prenatal education classes, and did not refine by type of education (e.g., facility-based, home-based, municipality-based, internet-based, telephone-based, pamphlet-based). Individual and group educational programs were included.

The control intervention was either no educational program or

other types of programs that are usual in the prenatal period.

### 2.1.4. Types of outcome measures

#### 2.1.4.1. Primary outcomes.

1. Paternal postpartum depression, as measured within 12 months after birth using a valid assessment tool (e.g., EPDS, CES-D, CESD-R, BDI, GHQ).
2. Satisfaction with the postnatal couple relationship, as measured using a valid assessment tool defined by the study authors (e.g., KMS, CSS, CSI).

#### 2.1.4.2. Secondary outcomes.

1. Partners' parenting behavior, distress, and parent-infant interaction, as measured using a valid assessment tool defined by the study authors.
2. Partner attendance at birth and satisfaction with childbirth.
3. Partners' fears or anxiety about childbirth, as measured using a valid assessment tool defined by the study authors.
4. Satisfaction with prenatal childbirth education, as measured using a valid assessment tool defined by the study authors.
5. Maternal depression, as measured using a valid assessment tool (e.g., EPDS, CES-D (CESD-R), BDI, or GHQ).
6. Child outcomes (e.g., emotional and behavioral development, psychiatric disorders, difficult temperament), as measured using a valid assessment tool defined by the study authors.

## 2.2. Electronic searches

We searched Medline, CINAHL, EMBASE, PsycINFO, ERIC, and CENTRAL using search terms related to partners of pregnant women, education, and prenatal support. We searched for papers written in English. We did not limit the publication date. Searches were limited to randomized trials. Our search strategies were assessed by an experienced information specialist from the National Center for Child Health and Development. The search strategy for each database is shown in [Supplementary file]. The final search was performed on February 27, 2016.

### 2.3. Data collection and analysis

#### 2.3.1. Inclusion criteria

1. Participants: partners of pregnant women. We did not limit participants' characteristics (e.g., socio-demographics, parity (of pregnant women)). We included unmarried couples.
2. Study design: RCTs (including individual RCTs and cluster RCTs).
3. Intervention: education programs for partners of pregnant women aiming to improve paternal postpartum mental health. We included studies delivering the intervention to both the pregnant woman and the partner.
4. Intervention setting: clinical-based, internet-based, telephone-based, and individual and group educational programs. We did not limit education type.
5. Time of assessment: We limited outcome assessment to within 12 months after birth.

#### 2.3.2. Exclusion criteria

1. Descriptive studies, controlled before-after studies, and quasi-RCTs were excluded.

Download English Version:

<https://daneshyari.com/en/article/5722380>

Download Persian Version:

<https://daneshyari.com/article/5722380>

[Daneshyari.com](https://daneshyari.com)