‘Becoming Dad’: Identifying the Support Needs of Men in Their Transition to Parenthood

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Executive Summary

Becoming a parent involves a period of transition. Whilst much is known about the impact on the mother from a mental health, well-being and physical perspective less is known about the impact on the father and particularly around what support needs men may have. Previous research has shown that men can find the transition to becoming a father challenging and have reported feelings of exclusion in the health professional relationship. Furthermore, they have felt that their support needs are often not met and they reflect on feeling unprepared for the changes that occurred when they became fathers. Similar anecdotal findings were found during the 'Mums Matter' partners course provided in Powys, with the men who attended sessions asking for support for themselves.

This study therefore aimed to increase understanding of the changes that men encounter when they become fathers from a physical, social and emotional perspective. A further aim was to use co-production to develop a programme of support to help men in their transition to parenthood and finally to explore the men's experiences of taking part in a co-production research study.

Fifteen men from Powys were recruited to the study and participated in one of three cohorts, which comprised of four sessions each lasting two hours. This encouraged relationship building and provided an optimum chance of ensuring open discussion. A final one-session cohort involved five of the participants returning to sense-check data and talk about any longer-term outcomes from being part of the study.

Transition was an overarching theme from the research, in terms of the men's experiences of becoming fathers, and was a thread through all of the data. Fatherhood was a continuous journey that was ever-changing, albeit more noticeably at certain times. This transition involved emotional and physical challenges that the men had to navigate to 'become dad'.

Six key themes, some with sub-themes were evident from the data;

1. **Being prepared:**
    a. Provision of information
    b. Relationship with healthcare professional
    c. What did, or would have helped
2. **Emotional impact**
3. **Challenges and responsibilities:**
    a. Financial/provider
    b. Work-life balance and time for self
    c. Perceived freedom
4. **Relationship with partner:**
    a. Being a team: Appreciation of each other's roles and shared responsibility
    b. Time together as a couple
5. **Relationship with baby:**
    a. Attachment and bonding
    b. Quality, not quantity
    c. Confidence
6. **Culture and myth of the perfect dad**

In terms of the programme to be developed, it became evident that a three-tier approach was suggested. Firstly, involvement and acknowledgement by healthcare professionals and inclusion in antenatal education with presence of another experienced father. The second tier was the offer of 'Dads groups' with a trained facilitator who would support. Finally, the third tier was a targeted element for circumstances where a father or his partner were experiencing mental ill-health and this offer would be for a specific course to support them.

Regarding the use of co-production, the men experienced positive outcomes from being part of the study. Whilst they talked about attending for altruistic purposes it was evident that they experienced more positive outcomes compared with challenges. They experienced an increased level of confidence with their child. They valued the opportunity to discuss their own thoughts and feelings and some acknowledged that this was not something they had done before. For some, hearing the experiences of others and acknowledging their own feelings

also encouraged them to ensure they took better care of themselves, improved communication with their partner and enabled time to reflect.
This report provides background literature on men becoming fathers as well as the use of co-production. Each theme is discussed in detail with case examples, relationship to previous literature and recommendations for practice. Strengths and limitations of the study are also discussed with consideration for future research.

Recommendations for practice:

1. Providers of Maternity and Health Visiting should ensure active encouragement of men to engage in care by including and involving them in discussions
2. Services should utilise a range of media to provide information to men
3. Consideration should be given to education provision to ensure men feel included. This should include:
    a. Personal invite where possible
    b. Accessible sessions
    c. Men-only provision either through separate sessions or opportunity for division of existing classes for some components
4. Education should include:
    a. Practical skills, including breastfeeding
    b. Preparing for emotional changes in themselves and their partner
    c. Exploration of expectations of becoming a father
    d. Consideration of how men might manage changes such as finances, as well as ensuring preservation of their well-being and relationship
5. Inclusion of an experienced father to join sessions should be considered to encourage attendance and social support
6. Development of 'Dads groups' should be considered to offer informal support
7. The opportunity for Third-Sector organisations to provide support for men should be further explored
8. There should be development of clear pathways for support for men in the perinatal period

9. Maternity and Health Visiting Services should know where to signpost men to resources that they might find helpful in their transition to parenthood
10. Maternity and Health Visiting Services should actively encourage men to be part of service-user forums to ensure care is 'Family-Centred' and fathers' voices are heard

Acknowledgements:

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Background literature:

Transition:

Becoming a father involves a period of transition and is one of the most life-changing events a man can experience (Jomeen, 2017). Historically, fathers were not actively involved in either the pregnancy or birth experience, however, they are becoming increasingly motivated to be part of this journey and are invited and expected to be more involved (Jacinto, Molina & Beggs, 2019). There has been increased interest into the experiences of fathers prompted by this changing culture and social practices (Draper, 2003). The past ten years have seen the experiences and needs of father's becoming increasingly highlighted, but with recent concern that many aspects are still not being addressed (Williams, 2020).

The description of becoming a father as being a transition (Crespi & Russini, 2015) has been considered against a rite of passage framework as suggested by Van Gennep in 1960 (cited by Draper, 2003 and Jacinto, Molina & Beggs, 2019) in which the 'rites of passage' is described in three phases; separation, transition or limen and incorporation or aggregation. Draper (2003) suggests that use of the word transition captures the fact that becoming a father is not a one-off event, but a continuous passage. During the separation stage the father-to-be anticipates his role as partner and father and this occurs in pregnancy. As he moves into the limen phase he may question where he fits in to the journey and it reflects a state where he is no longer who he was but has not yet assumed the role of father (Jacinto et al, 2019). Finally, men adjust to their new role in the incorporation or aggregation phase (Draper, 2003).

Colquhoun and Elkins (2015) suggest that there are three segments that mark the stages in the journey to fatherhood. The first segment is named 'in the dark' and they state that this relates to first time fathers who are expecting their first child and are overwhelmed at what lies ahead, with this resulting in them being at risk of distress. The second segment is named 'trainer wheels', which they state relates to first time fathers with children under the age of 1. These fathers

want to know more about parenting and want to be more involved. They report that this group of men are particularly at risk of distress. The third segment, they name 'the other side', they report this to be the mainstream of experienced fathers who look back on their inexperience and lack of preparedness from a standpoint of confidence and comfort in their role.

The transition to fatherhood can bring with it changes from a variety of perspectives. McVeigh, St. John and Cameron (2005) looked at the functional status of new fathers, which included aspects such as household, social and community, childcare, infant care, personal care and occupational and educational activities following the birth of their baby. They found that the majority of men continued to work full time and some had increased their working hours, whilst also having increased involvement in household activities with a consequent reduction in socialising and leisure activities. Research has looked at men's experiences of the transition to fatherhood with one metasynthesis looking at qualitative studies into men's experiences of their transition to fatherhood (Chin, Hallb, & Daichesa, 2011). This study identified three key themes; emotional reaction, role as provider and changes in sense of self and relationship with partner.

Fathers and Mental Health:

Whilst it is well known that women may experience mental ill-health prior, during or following pregnancy and birth, less attention has been paid to the mental health of fathers. Åsenhed, Kilstam, Alehagen and Baggens, (2013) described the experiences of men as being like an emotional rollercoaster. It is thought that there are prevalence rates of around 10% for paternal perinatal depression (Paulson & Bazemore, 2010), although this is considered to be as high as 50% in those whose partner experiences perinatal depression (Goodman, 2004). One study indicated that 13% of men expecting their first child experienced elevated depressive symptoms during their partner's third trimester of pregnancy, highlighting the importance of being aware of depression in the antenatal period as well as postnatally (De Costa, Zelkowitz, Dasgupta, Sewitch, Lowensteyn, Cruz, Hennegan & Khalife, 2017). Furthermore, estimates of perinatal anxiety in fathers range from 10% to 17% (Ballard & Davies, 1996;

Matthey, Barnett, Howie & Kavanagh, 2003). It has been found that the influence of maternal postnatal depression on the male partner has a range of associated risks including increased depression, parenting stress and having fewer optimum interactions with their child (Goodman, 2008). One small study found that men who had partners who had experienced moderate to severe postnatal depression appeared to experience four possible stages, ranging from feeling out of control through to the road to recovery (Bennett & Cooke, 2012). Research has also shown that there is a perception by men that postnatal depression relates to women only and does not, or should not, affect them too (Colquhoun & Elkins, 2015). Furthermore, Das and Hodkinson (2019) found that new fathers were often unaware of the possibility of mental health challenges and often experienced difficulties in seeking support. Das and Hodkinson (2019) also noted that the circumstances contributing to mental health difficulties in men included;

- difficult pregnancies
- traumatic birth
- challenge with sleep
- constant crying in the newborn
- dramatic changes to identify and responsibilities
- partner suffering depression, anxiety and/or physical difficulties
- lack of information on well-being for men
- lack of integration into supportive communities of other parents

Evidence to date highlights the importance of awareness raising with men and women as well as men being asked about their mental health and well-being as part of an assessment in maternity care and ongoing in the postnatal period.

Health Professional Support:

However, there is evidence suggesting that men are excluded by health professionals during maternity care (Wright & Geraghty, 2017). If their partner has poor postnatal mental health, men would like improved communication with health professionals particularly regarding their partner's condition (Mayers, Hambridge, Bryant & Arden-Close 2020). Symon, Dugard, Butchart, Carr and Paul (2011) used questionnaires to look at mothers' and birth partners'

experiences of care and environment and found that, whilst partners were generally positive about their experiences when it came to birth, they were less positive than the women and partners were significantly less positive about the midwives who cared for the women. Further, they were also significantly less positive about the environment than the women were, particularly in relation to obstetric-led settings in comparison to midwife-led ones. Symon et al (2011) suggest that inclusivity of the partners into the environment may influence this, such as having to leave the ward to access food, drinks and toilets and then having to be 'let back in' to the ward, resulting in them feeling excluded.

This exclusion has been further highlighted by Deave and Johnson (2008) who found that men felt excluded from appointments and classes. Although they recognised the need for woman-focused care they also wanted content aimed at themselves. More recently, Darwin, Galdas, Hinchcliff, Littlewood, McMillan, McGowan and Gilbody, (2017) found that many men felt excluded and unclear of their role when in contact with maternity services, but they tended to qualify this by emphasising the importance of the focus being on the mother and child. Further, Lau and Hutchinson (2020) reported that new fathers' experiences of, and expectations of parent education included feelings of exclusion, a lack of focus on postnatal education and they felt a need for support services, suggesting that current resource is not fulfilling their needs or expectations. A recent study by Daniels, Arden-Close and Mayers (2020) also found that men felt that they were not listened to, their presence not acknowledged and they were unimportant in a female dominated experience. This feeling of exclusion extends into the health visiting service, for example, Price (2018) found that fathers regard services as focusing on mother and child and that they are only included if they happen to be present, otherwise they are invisible.

Sadly, this is not just a viewpoint experienced by men. A study looking at the experiences of student midwives found that they witnessed exclusion of men by doctors and midwives, including behaviours such as turning backs on men, not introducing themselves and not explaining things to them (Wright & Geraghty, 2017). Furthermore, Whitelock (2016) also found that health visitors felt that culturally the service was for mothers and children and therefore fathers were not considered, some felt that they were ill-prepared to screen or support

fathers, whilst some felt either fearful to do this or that they did not have time. Price (2018) also found that health visitors were not routinely undertaking assessment of new fathers' mental health or emotional well-being. Interestingly, it was noted that fathers were present at 54% of new birth visits and 25% of all other health visitor contacts and Price (2018) suggests that it has been a failure on services to include fathers, rather than their absence or disinterest. It has therefore been suggested that health professionals and perinatal mental health services need better understanding of the support that fathers feel they may need (Mayers et al, 2020).

Interventions:

Despite acknowledgement that becoming a father is a key transition in a man's life, it is suggested that there is a paucity of evidence demonstrating interventions to support fathers during the perinatal period, with the recommendation that there is a need to conduct further research to enable evidence-based interventions to be developed that are effective in reducing stress for fathers during this transition (Philpott, Leahy-Warren, Fitzgerald & Savage, 2017). A systematic review concurred, suggesting the need to establish what support new fathers want, and what interventions are acceptable to them; including when and how this should be delivered (Baldwin, Malone, Sandall & Bick, 2018).

Deave and Johnson (2008) found that men wanted to have practical information shared with them as well as information about potential relationship changes. They also felt it would be useful to hear the experiences of other new parents to learn from their experiences from the perspective of coping with a new baby. Fathers have also expressed a desire to have information specifically on postnatal mental illness including warning signs, symptoms and information on how best to support their partner (Mayers et al, 2020).

Darwin et al (2017) found that men reported there to be a lack of resources, an absence of tailored information and a lack of male-friendly groups - despite many of them expressing the desire to receive information to support not only them, but also their partner too, including in relation to psychological health.

In a more recent study, Baldwin, Malone, Sandall and Bick (2019), looked at the experiences of first-time fathers and their mental health and well-being needs and found nine themes including; preparedness for fatherhood, rollercoaster of feelings, new identity, challenges and impact, changed relationship, coping and support, health professionals and services, barriers to accessing support and men's perceived needs. The study provided insight in to the needs of men and how they would like to be supported.

Research has suggested that programmes focus on first time fathers through informal means, but include topics such as infant care, relationships, promotion of self-care as well as providing the opportunity for connection with other fathers (Kumar, Oliffe & Kelly, 2018). It is acknowledged that fathers are likely to benefit from antenatal classes where there are discussions that link to outcomes relating to relationships between the couple, including potential changes relating to mental health and how to build and sustain a healthy partnership as well as supporting the relationship between father and child (May & Fletcher, 2013). The usefulness of hearing from other parents' experiences has also been acknowledged in the literature (Deave & Johnson, 2008). Lau and Hutchinson (2020) concluded that there is a lack of evidence on the feasibility and acceptability of providing men-only classes, despite it being considered as an option from studies.

Other means of reaching fathers have also been explored by Fletcher, Kay-Lambkin, May, Oldmeadow, Attia and Leigh (2017) who used a messaging service delivered to men's mobile phones with key messages about pregnancy and after the baby is born. They found that men engaged well with the service with two-thirds accessing information above that provided by text, particularly that the men accessed details regarding home safety, newborn screening and the father-infant bond. Additionally, Das and Hodkinson (2019) found that fathers sometimes turn to social media to seek information and express themselves, but they note that whilst online resources can provide invaluable information, they may not enable them to receive the support they need.

Despite suggestions for ways of ensuring men are prepared for the transition to fatherhood there is evidence to suggest that this may still prove challenging to

enable men to feel truly prepared. Interestingly it has been identified that men had believed that they were prepared for becoming a father, but that this was found to be a superficial feeling and that when they reflected, with the benefit of experience, they realised how unprepared they had been (Colquhoun & Elkins, 2015). There is also the perception that for fathers, parenting becomes 'real' once they are doing it and many felt they were not truly prepared (Darwin et al, 2017; Shorey, Dennis, Bridge, Chong, Holroyd & He, 2017).

The necessity for intervention and support has been recognised locally, where the need for a programme to be developed was identified via the supporter sessions for a 'Mums Matter' programme. This course was facilitated by Brecon and District Mind, an 8-week programme for mothers with mild to moderate worries, anxieties and depression. The supporter sessions are for partners and significant others of mothers attending the programme. During the supporter sessions, men frequently expressed a wish for their own tailored programme to raise awareness and support their needs as men.

Co-production

The co-production design of this study was intended to provide a flat hierarchy in which researchers, participants and facilitators are equal in power. Broyle, Coote, Sherwood, and Slay (2010) describe co-production as a 'value-driven approach' to research that involves 'reciprocity and mutuality'. Indeed, Bigby, Frawley and Ramcharan (2013) define this method of inclusion as promoting shared involvement and trust in the relationships between researchers and participants, whilst Hoddinott, Pollock, O'Cathain, Boyer, Taylor, MacDonald, Oliver and Donovan (2018), consider that public involvement will improve the quality of the research by ensuring that those research questions most important to the participants are examined.

A co-production approach therefore encourages participants to be on an equal footing with the researchers – equal in terms of power and ability to drive the research, to discover meanings together in a partnership and challenge hierarchies (Durose, Needham, Mangan & Rees, 2017). This may challenge the existing views held by researchers and will therefore provide alternative

perspectives that can influence the outcomes of the study and, as Broyle et al (2010) surmise, can help to modify the power dynamics surrounding research. It is suggested (Hovén, Eriksson & Månsson D'Souza, 2020) that this collaborative approach is likely to lead to more trusting relationships and a shared goal, which can therefore lead to more relevant findings. This method is therefore a suitable fit for discussing fathers' transition to parenthood in order to identify how services may better support this evolution.

The overall need for research in this topic area, as well as a response to local need, led to development of this piece of research. Funding was sought through an Integrated Care Fund through the Regional Partnership Board and from Welsh Government. The midwifery researchers from Powys Teaching Health Board linked with Brecon and District Mind to develop this piece of work and therefore became the overall research team. Ethical and Research and Development approval was granted.

Aims and objectives of the study:

The study was divided into two main parts. Firstly, looking at the experiences and needs of the men when they became fathers to help shape a programme of support and, secondly, to explore the use of co-production to achieve this.

Therefore, the aims of the research were:

1. To co-design a programme that can be used to support men in their transition to parenthood.
2. To explore the use of co-production in developing the programme.

The objectives of the study were:

1. To improve understanding and awareness of emotional and physical difficulties men encounter in the transition to parenthood.
2. To encourage peer support and sharing of experiences of being a dad or dad-to-be to influence development of the programme.

Methodology:

This was a qualitative participatory research study in which the participants worked with the research team to shape the outcomes. Cohorts 1-3 comprised four, two-hour sessions, which were focus-based group discussions facilitated by a Mind programme facilitator with an assistant facilitator dad. Very few prompts were used for the discussions to allow for flexibility, but focused on the men being made aware of the aims and objectives of the study to help focus discussion. A skeleton template was drafted, but was rarely referred to due to the natural flow of the discussions (Appendix 1).

The midwifery researchers were present in an observational capacity and took notes during the sessions. Notes were also made by the facilitator on flip charts and post-it notes were also used. Cohort 1 spent more time discussing their personal experiences in comparison with cohorts 2 and 3 who were building on the discussions of the earlier cohorts. It was hoped that using participatory techniques to change and adapt the programme would lead to the potential for a more robust final programme.

Cohort 4 comprised of all the men from cohorts 1 to 3 being invited to return to give feedback on the findings, and so complete the cycle of reflective co-production. Cohort 4 enabled sense-checking of the data in terms of the men's experiences of becoming fathers, what they felt the programme should look like and their experiences of being part of the study. The discussion during Cohort 4 was also audio recorded using an encrypted device.

The qualitative data generated took the form of midwife-observer notes from the focus-based discussions. The first step of analysis involved reading the data as a whole in order to identify an overall meaning. The data were then coded with the aim being to attach meaning from the experience. Data analysis was conducted by the midwifery researchers with some notes being reviewed by a critical friend. Reflective discussion also took place between the critical friend (an experienced qualitative research midwife), facilitator and midwifery researchers.

Participant Recruitment

Participant recruitment was achieved initially through use of a purposive sample of men who had attended the supporter's session for Mums Matter, followed by a snowball effect. Additionally, men were given information in antenatal classes run by local midwives, and social media adverts, posters and fliers, which were utilised to promote the study. Interested participants were given Participant information sheets (PIS), with participants asked to attend all four sessions and sign consent forms prior to joining. They were informed that they were free to withdraw at any time and were therefore taking part voluntarily. Inclusion and exclusion criteria are shown in Table 1 below.

Inclusion	**Exclusion**
Any men that expressed an interest in the programme	Men aged under 18 years to comply with Mind's service user age criteria and policies.
Men whose partner is expecting a baby (antenatal phase)	Non-English-speaking men – due to the nature of the research there was a need to speak and understand English. Furthermore, the presence of an interpreter or translator was considered to have potential to alter the dynamic of the group.
Men who have babies (postnatal phase) up to 2 years of age	

Table 1 – inclusion and exclusion criteria

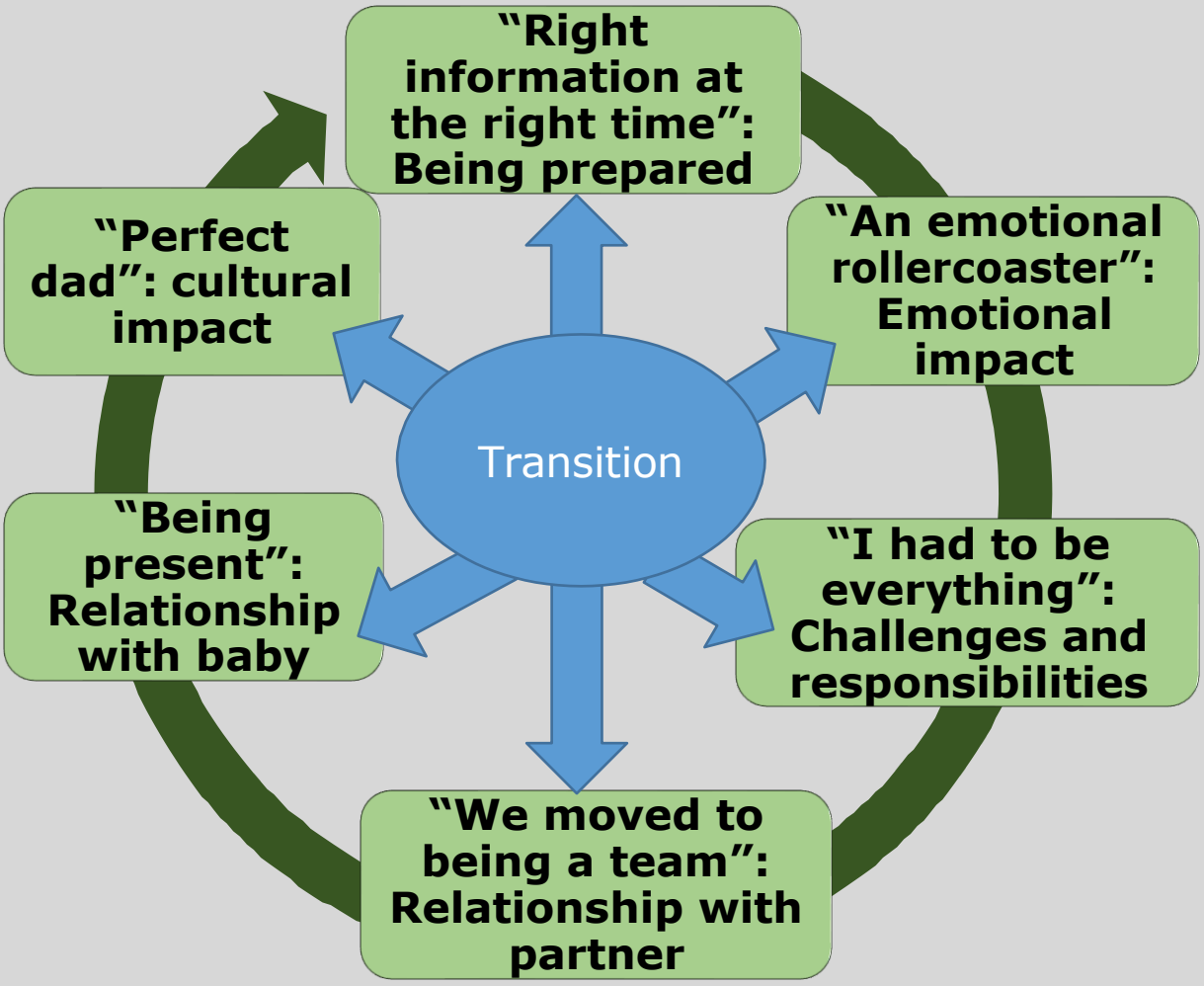
Fifteen men were recruited to the study (the aim had been for 12-18 men with therefore 4-6 men per cohort). Cohort 1 had six recruits, cohort 2 had four recruits and cohort 3 had five recruits. Due to recruitment issues following cohort 2, it was decided to move the sessions to another town within the Health Board for cohort 3. Six of the men were recruited to cohort four which was a one-off session with five finally taking part.

Results and discussion

The findings of this study are presented in three parts. Firstly, in relation to the physical, emotional and social experiences of the men in their transition to parenthood. Secondly, there is discussion in relation to the suggested programme. Finally, there is discussion of the men's experiences of being part of a co-production research study.

The key themes identified through the analysis and relating to the physical, emotional and social experiences of men in the transition to parenthood are depicted in Figure 1.

Figure 1. Six key themes of transition to fatherhood.



Transition:

It became evident, repeating through each cohort, that with each element the men talked about there was a strong sense that they had, or were experiencing a transition. It was apparent that this was a continuous journey that was ever-changing, albeit more noticeably at certain times. This transition involved emotional and physical challenges that the men had to navigate to 'become dad'. They expected there to be transition, but it appeared that they were not necessarily prepared for what it would be like and perhaps faced it with some trepidation.

"I'm pretty laid back, but I haven't got a clue…will I do it right…I hope I will be good" (Josh)

"I felt like I tried to do a lot of preparation, but when it happened nothing could have prepared me. The expectations were different second time, bonding was easier, we were more prepared, we knew what was coming" (Jacob)

The transition that was evident reflects the work of Van Gennep in 1960 (cited by Draper, 2003 and Jacinto et al, 2019) in considering the rites of passage framework. There was a suggestion of some of the men having experienced a separation stage, in that they were anticipating their role as an expectant father. Most prominent was the evidence of men having gone through the limen or transition stage. This was demonstrated through reflective discussion about how they could not relate to what was happening during pregnancy in the same way as their partner. They appeared to have passed through a stage where they felt that they were not yet a father, and yet were anticipating what was to come.

"Before the baby is born you don't worry about the baby, but then you panic 15,000 times per day!" (Jack)

"I wasn't classed as a dad until the baby was born" (Hogan)

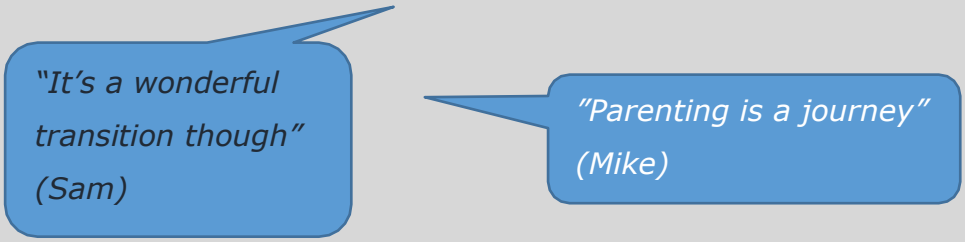
This feeling of disconnect appears throughout the literature with it being common for men to struggle to relate information to the baby during pregnancy as there was 'no real baby' and therefore no sense of responsibility in that way (Shorey et al, 2017). Colquhoun and Elkins (2015) also found that men frequently felt removed from the pregnancy and that they thought they were prepared, but in retrospect they were not, but most argued that despite that they felt that nothing could really have prepared them for the demands. Baldwin et al (2019) also reported that men felt the baby was not 'real' during pregnancy, with some describing not feeling like a dad until the baby was born. The third stage of Van Gennep's rites of passage is the aggregation or incorporation stage, suggesting that this is when the man moves in to his new identity as a father. Jacinto et al (2019) suggest that this can be an overwhelming stage for men. This was evident in this study and appeared to be the stage that the majority of the men were in during the interviews.

"It's like a bereavement and a loss" (Jack)

"You are giving up a part of your life…You don't have experience first time round, we were exploring unknown territory. It's normal though, and even with second child…that's new too" (Richard)

"Before you have a child you are quite selfish, you can do what you want, you then become self-less. It's like a mourning, the old you is gone" (Simon)

The men who were either expecting a subsequent child or had more than one child certainly appeared reflective in their consideration around transition and approached things differently next time. It highlighted the ever-changing aspect of being a father. Draper (2003) discusses how the terminology of transition captures the sense that fatherhood is a continuous passage rather than a one-off event.



1. "Right information at the right time" (George): Being prepared

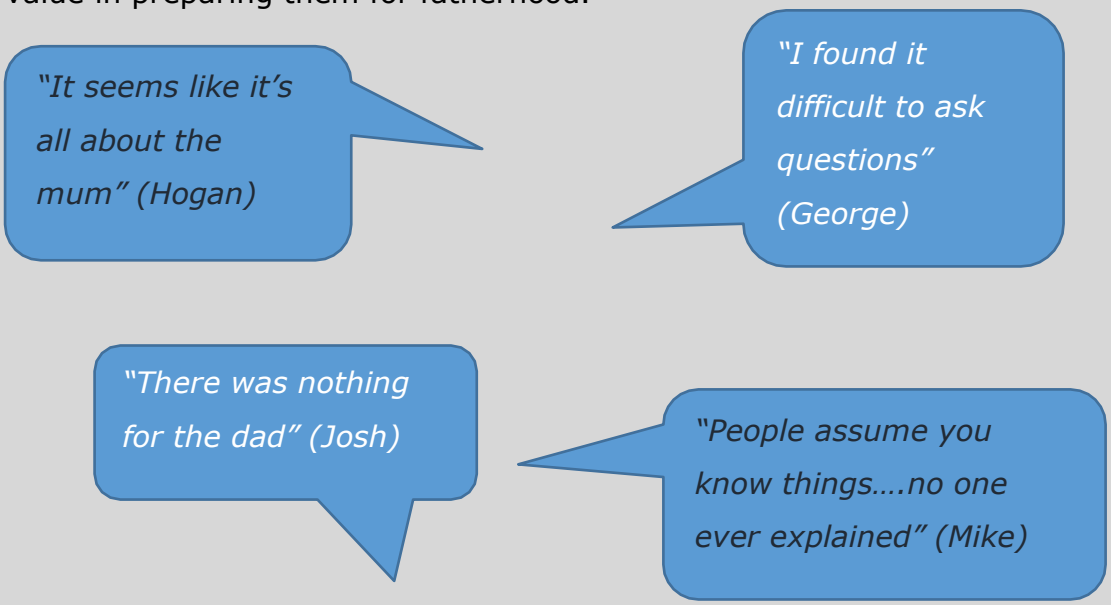
The participants talked at length about preparation for becoming a father and what helped or would have helped them on their journey.

These elements fell into three categories:

- Provision of information
- Relationship with healthcare professional
- What did, or would have helped

Provision of information

The men in this study identified a variety of information sources that they had accessed prior to, or since becoming parents. These included attending antenatal classes, using pregnancy and childcare related apps, reading books, websites and one family had attended a private course. They had mostly found these to be woman-focused, which posed a challenge to them and felt of little value in preparing them for fatherhood.



Also, of note was the array of conflicting information available, much of which was perceived as negative concerning life with a new baby.

"You can google anything and find negative, negative, negative…like…say goodbye to sleep" (Adam)

Popular culture also played a role in educating the men with one father explaining that he had identified the signs of postnatal depression in his partner after watching a film, and others discussed watching television programmes (such as 'One Born Every Minute'), but most of the men felt this did not always give a positive or accurate view of maternity care.

Information regarding their role as birth partner was also lacking. One participant felt that the partner's responsibility was to be the advocate for the woman when she was in labour, another felt his role involved decision-making. This key role was identified as lacking under current provision of information.

"Taking and making decisions, you need an awareness of the emotional need in the labour room, when things don't go to plan." (Frank)

"We all go to the birth expecting it'll all be ok, it's a false sense of security. It's scary, you're trying to support your wife, but have responsibility to ask questions….plans don't always work out." (Simon)

Some of the information the men gained had come directly from their partners, especially if they had not attended all of the antenatal appointments. Some of the men expected the women to be knowledgeable about childbirth and parenting, and indeed, some partners appeared to feel that they should know more than the men.

"I expected her to know it all, and then was confused when she didn't know!" (Jack)

"She thought she knew, but she didn't always" (Chance)

"Maybe we take for granted that mums know what to do, but maybe they are winging it too!" (Adam)

Others may have had more experience of childcare than their partners but could be made to feel they had less right to the knowledge, or that their knowledge was not valued by her.

"I had to stand my ground. She assumed she knew. I had to be more assertive to have my say" (Chance)

They wanted to be informed, and desired knowledge in a manner more accessible to them that addressed their own needs.

"Dads want to be spoon-fed information, I would've liked to have a reading list" (Sam)

"Bits of information aimed at dads would definitely have helped" (Kevin)

This concept of accurate information accessed at the right time was a repeating theme for the groups, especially to counteract the 'rose-tinted' view of parenthood that the men felt was often portrayed on social media.

"I'm aware of the 'keeping up appearances' attitude" (Josh)

They wanted information that they could trust – professional signposting from maternity services that included a balanced view with information regarding local services as well.

"I'd like a leaflet..to know.. local things" (Frank)

In Wales, all families are provided with a book from the midwife or health visitor with information regarding pregnancy, childbirth and the early years of childhood. Some of the participants in this study expressed frustration with the book, and others affirmed that they had not read it as it did not appear to address their needs.

"Dad wasn't mentioned much, (it made me) feel less important" (Hogan)

"Our Health Visitor said 'it's all in the book', you're left guessing. I didn't like it (the book), we googled everything we felt worried about and felt able to find valid information" (Mike)

Another participant had not read any books before having the baby, but had relied on online websites and fora and had found these most useful as they were easily available.

Some of the men had attended antenatal education classes including hypnobirthing sessions. The feedback was mixed, but it was evident that the men felt unsure of how they fitted in and did not enjoy the classes.

"I went to two of the classes and was the only dad there. If it had been dads only it would have been ok. I didn't want to ask anything, I just sat there and didn't want to ask silly questions, it wasn't aimed at me" (Josh)

"We switched off, it wasn't for us, it wasn't geared for parents as a whole, the midwife lectured us" (Hogan)

A participant in another group had stated how intimidating it felt for him to be in antenatal sessions with other couples.

"If you've got the mums in the room, you're on the back foot" (Chance)

Some of the men described how they didn't want to ask questions in front of their partners, which would mean they had to admit to a lack of knowledge, with one participant suggesting he would suffer the consequences of saying the wrong thing in public by admitting to not knowing information around childcare.

"You wait til you get home!" (Adam)

Classes were not always felt to be accessible to the men at the time that they were on offer and this might have added to their feelings of exclusion.

"The postnatal class…session four was in the day because of the health visitor and Mind…why couldn't it have been in the evening? They could work, the other sessions were all in the evening, but the postnatal one I ended up missing because I work in the day" (Mike)

"I was

"I wasn't able to attend the postnatal class as it was at lunch time" (Josh)

Relationship with Healthcare Professional

It was strongly evident in this study that many of the men felt that they were inferior in their relationship with healthcare professionals compared with the relationship between professionals and the mother.

The midwife-mother relationship was particularly valued by the men as having a positive impact for the woman. There was an acknowledgement that the midwife was an expert and supportive to the woman, but that the relationship between the woman and midwife was different to the one they were able to have. It became evident that the men wanted to be able to have a relationship of sorts with a health professional in order to gain advice or ask questions, but that they didn't feel able to do this with the midwife themselves as the midwife was viewed as being for the woman.

"Some of us feel midwives only focus on the woman" (Chance)

"Everything is directed towards the mum" (Hogan)

There was evidence of respect for the midwives and reflection on the care they had received.

"The midwife is treating the mother, that's their job…I didn't have a problem with that" (Sam)

"The midwives were more personal, we know them better" (Adam)

"Can be more fortunate depending on the midwife and how they involve you. We were fortunate to have a great midwife, she was totally keeping us calm, she put us so at ease I didn't think anything could go wrong" (Richard)

However, this was not the case for everyone and one father had felt very excluded from the relationship to the point that he felt it had impacted on his partner's mental health.

"The midwives were lovely, but I didn't know how to support (partner)…If we had more open communication with the midwife that would help me to help my wife. My wife wouldn't tell the midwife what was going on, certain midwives didn't involve me and didn't engage with me…I didn't know what to do, I wanted to support her. I'd say call the midwife, but she didn't want to bother them. If the midwife had said that I could have called that would have helped me. It comes across that the midwives don't care about us, it's all about mum….if the midwives support me, I can support my wife" (Hogan)

The relationship with professionals, whilst reflected positively with some, was not reflected for the entire pregnancy journey and experience with health visitors was mixed too.

"The midwives were great, I felt I could speak, but when we went to the consultant we suddenly felt like we knew nothing. They didn't explain stuff, I did ask, but they didn't say why or what was going on" (Kevin)

"The local midwifery team are fab, once you get to the consultant it's a different story, it's rushed and you see different people, whereas you see the same team locally" (Mike)

"Our health visitor supported us with this (emotional support), but the health visitor support was bad once there was a problem" (Jack)

The difference between midwifery and health visiting was identified in relation to access for support. As one father pointed out, it was harder to access a health visitor than it had been to access midwifery support.

"Before, we had a 24-hour hotline, then 28 days after the birth … nothing! They only work Monday to Friday, 9 to 5!"

It was evident that some of the men felt helpless at times in trying to support their partner and knowing who was the right professional to help them.

"Where to go for help if we need it and who to speak to if there is a problem, we were passed from health visitor to GP to Crisis team to GP to health visitor, it nearly split us up. The cold-faced GP just said 'women go through this'. My partner came to Mums Matter and then had support" (Jack)

Sometimes this was due to the use of technical language that the men in the study had not had explained to them and they found alienating.

"There is an assumption of knowledge by professionals if there is a problem, what does it mean?.." (Adam)

"They didn't explain why they were monitoring (partner)" (Mike)

"They (healthcare professionals) give you information you can't make sense of or you are not given the information you need. I think they need to take the time to explain things properly" (Adam)

Another father suggested that he would have liked a book as a source of information that he could trust. Implicit in this discussion was that he felt that midwives could be trusted to give accurate information, although this was not necessarily the experience of all the participants.

"It's inconsistent with seeing different people all the time and they don't explain themselves" (Kevin)

"Care was much more physical about the baby once it's born, it was less about the emotional aspects and there were inconsistencies in support" (Chance)

What did, or would have helped:

In the early stages of each cohort there was much discussion about the need for provision of practical information, including nappy changing and bathing, for example. This initial focus on practical tips was discussed in each cohort.

"I knew I had to change nappies, but no idea how" (Chance)

"Simple stuff like nappy changing, teaching practical skills and learning to batch cook…Burping, winding, is not taught and it would have been helpful to have this information" (Kevin)

"You almost need a crash course, how to feed, how to change a nappy etcetera" (Mike)

They also focussed on needing to be aware of all eventualities and preparing for everything, and this tended to focus particularly around the birth. There was a strong sense of needing to be informed in order to deal with the unexpected.

> *"I'm all for knowing as much as possible so you are prepared, if there were any issues I'd want to know as much as possible" (Richard)*

However, through the group discussions, they concluded that methods to cope with the unexpected nature of parenthood were more useful.

> *"We're not going to know all eventualities" (Simon)*

> *"If things don't go to plan…..discussing possible outcomes" (Jack)*

The men in the study identified that a mixture of practical information from the lived experience of fathers, complemented with professional input from healthcare professionals, would have helped them in their transition to parenthood.

A practical point that was discussed at length, was the need for a 'dad bag' for the labour environment. This was a grab-bag of items that the father would need in the birth room, containing clothes, snacks, drinks and toiletry items in preparation for being away from home and in an alien environment.

> *"No-one tells you you're not gonna eat for forty-eight hours" (George)*

During the group discussions, as the men became more accustomed to the researchers and the other members of the study, the dialogue turned to more emotional and relational issues rather than practical. There was an

acknowledgement of the huge emotional change that had taken place for many of the men and a desire to have had some prior knowledge and understanding that this could happen.

> *"It would have been nice to know what feelings to expect, I wasn't prepared for how much of an impact it was going to have on my life" (Sam)*

The participants expressed a wish for information regarding the emotional impact of becoming a father, the potential impact on their relationship and what they could do to support.

> *"The effect on your relationship emotionally and physically… it would be good to know something beforehand." (Simon)*

> *"How to help and support your other half, things like postnatal depression. I would have liked better support on how to recognise it from midwives, having someone say 'if you see…tell us about it'. We are an underused resource" (Chance)*

Being informed of methods of overcoming communication issues were identified as key to improving the mother-father relationship and smoothing the path to parenthood.

The fathers felt that they would have benefited from having specific one-to-one time allocated with the health professional, with two fathers expressing this.

> *"It would have been nice to have one-to-one with the midwives, to engage and signpost, away from the mother" (Sam)*

> *"If the midwife had said 'You can call me anytime for reassurance' it would have been brilliant" (Hogan)*

"How to support your wife, a one-to-one session with better support from the midwives…Having that line of communication with the midwives and health visitors" (Chance)

They wanted a clear pathway for this to occur, highlighting that this should be the norm for all families. There was discussion about culture and that there still needed to be a culture shift to involve men more.

"All of this is about culture change for dads, it's about getting them more involved and making an easier path to engage them in to being involved" (Chance)

"Dads don't realise how much life is going to change, cultural change is also about communicating that life is going to change…making sure they know that" (Richard)

The men wanted support, but were not always sure of where to access this or who from. There was an understanding that men could obtain some peer support from existing friends, but often relationships in this case revolved around the use of humour or 'banter' or the subject of parenthood was simply not discussed.

"People I've told (about the pregnancy) say 'say goodbye to sleep' and 90% of the time it's blokes" (Josh)

"You won't have sex for ages!" (Adam)

It became apparent that there had been a reluctance from the participants to appear vulnerable and lacking in knowledge or confidence when discussing pregnancy or childcare issues, both before friends and partners.

"Men don't talk about that sort of stuff. Men are more comfortable talking about what they like and what they know, rather than difficulties" (Adam)

Where to access help was of paramount importance with a range of suggestions made with peer group support clearly identifiable as the preferred method of facilitating information-sharing for the men in this study.

"Talking to people in groups is the best way to take it in really" (Adam)

Two of the men had attended a 'Dads only' Celebration of Father's Day which had been run by the local midwives. This had comprised of a 2-hour session in a birth centre with midwives discussing labour and birth and the men's role in the birth room, along with aspects of neonatal care. The men who attended had found this targeted approach to antenatal education to be highly instructional and useful in enhancing their subsequent confidence in caring for a baby. The other men of that cohort felt this would be especially helpful as they would not feel 'watched' as in mixed antenatal classes, meaning that the men would have felt more able to ask questions.

"(I) wouldn't feel that pressure of all the other women looking at you" (Adam)

"Mum's out of the way, no pressure" (Chance)

There was also acknowledgement of the value of talking about concerns with others rather than just using the internet. An example of this was one participant who discussed concern about the amount that his child was drooling, the group discussed this briefly and other men immediately reassured him, he then reflected on the discussion again the following week.

"Dad's advice beats google any day" (Hogan)

"Yes, peer support, that's what we need. It really helped last week when I said about my baby drooling and the others reassured me. That really helped me and my wife" (Hogan)

This concept of peer support was strongly advocated, with consideration of cultural and local issues, but also to include occasional professional input. The study participants wanted fathers to be able to access practical tips and emotional support in an intellectually stimulating arena but not necessarily within a formal arrangement. They requested some structure and purpose to the peer groups in order to keep discussions focussed.

A crucial element of the perceived success of any support groups was the necessity to market the concept to partners.

"You've got to sell it to the women" (Mike)

Without this being successfully carried out the men felt that participation would be reduced. It was imperative to them that women should understand the significance and importance of peer support as this would enhance participation and ensure longevity of the scheme, whilst also signifying a legitimate reason for meeting. The approval of the women was considered to be vital, for without this the men would be under pressure to use their time in different ways. For this reason, a bar or public house was not deemed to be a suitable meeting place

and a neutral space such as a sports club or village hall was regarded as more appropriate.

> *"You need somewhere out of the way (where) you're not going to bump into people and have to explain" (Mike)*

However, other methods of information sharing were discussed including information leaflets, antenatal classes and books which the men viewed as being an option alongside something with other people.

Discussion: Being prepared

Provision of information

The participants in this study identified various sources of information that they had utilised which included apps, books, leaflets and antenatal or parentcraft classes. Venning, Herd, Smith, Lawn, Mohammadi, Glover, Redpath and Quartermain (2020) suggest that men access support from both formal and informal means; which agrees with the findings of this study as the participants accessed a range of support from a variety of sources including friends, family and health professionals. Much of the support available had not been targeted specifically at the men and was generic, surrounding pregnancy, birth and parenting. This led to the fathers' feelings that there is a lack of information and support compared to that given to their pregnant partners, as also found by other authors (Dolan & Coe, 2011; Widarsson, Kerstis, Sundquist, Engström & Sarkadi, 2012; Poh, Koh, Seow & He, 2014; Lee, 2019; Warren, 2020).

Previous research has also found a main source of information for men was their partners (Deave & Johnson, 2008). Although there was some acknowledgement of this, the men in this study discussed other channels of information and only occasionally mentioned partners as a source, seeming to rely more on healthcare professionals or on-line information resources. In their study, Deave and Johnson (2008) found that the men would ask their partners about their antenatal appointments or classes suggesting that they were not always present for these. Conversely, the men in this study were generally involved in

appointments and some classes so perhaps felt that they were gaining the same information as their partners in that respect. Additionally, online technology and resources have evolved since the Deave and Johnson (2008) study and so men may now have a further variety of ways to access information.

Thomas, Lupton and Pedersen (2017) describe the use of applications on handheld devices (apps) as a growing market with little analytical appraisal of their suitability for satisfying the needs of expectant and new fathers. The criticism of the apps focusses on the trivialisation of the role of a father, use of gender stereotypes and reliance on humour in order to gain fathers' attention (Thomas & Lupton, 2015). Such an attitude was found by the men in this research study to be irritating and belittling when encountered and had the potential to further distance them from feeling fully engaged in the pregnancy. Conversely, Mackert, Guadagno, Donovan and Whitten (2015) found that men considered the use of e-health applications to be both interesting and useful and therefore argue that such can assist men to be made aware of pregnancy and birth related information, leading to better birth outcomes. The tone and content of an app would appear to be an important consideration for men.

A small Swedish study suggests that the majority of men (76%) access the internet for information regarding pregnancy and birth during the perinatal period (Gunnel Oscarsson, Medin & Lendahls, 2018). The participants in this study indicated comparable numbers, with frequent comments on their use of the internet for reassurance or to clarify information. However, the fathers revealed that much of this material was not aimed specifically at them, but more geared towards their pregnant partners. This suggests a need for more sources of information that are directly focussed on the needs of men in this transitional period.

A study by Fletcher et al (2017) used text messaging as a way of communicating with men and found it a feasible and effective way of engaging with fathers. Their study found that just 15% of men opted out of receiving the messages and on average they engaged for 6-months with two thirds of the men accessing information that was over and above what was provided in the messages. This has the potential to be a method of increasing levels of inclusion for men

particularly during pregnancy. Fletcher et al (2017) found that the external links that were clicked on were in relation to home safety, newborn screening, and partner support. This provides a way of delivering 'safe' messages to the men by linking them to recommended websites and fulfils the need to also provide the right information.

Barriers to engagement in support provision were articulated by the fathers in the study and were also highlighted by Venning et al (2020). These included practical and social considerations that prevented men from being as involved as they would have liked. Practical aspects included timings of antenatal education classes or antenatal appointments; social factors included ideas concerning masculine traits such as needing to feel a sense of control or emotional stoicism (Dolan & Coe, 2011). Some of the men even acknowledged the challenges and possible barriers to taking part in the study, which they reflected on as being the same as going to antenatal classes. Much of this discussion was around accessibility and ability to get to the groups, but also a level of anxiety about attending and what it might involve them doing. Literature shows that part of the reluctance of men to share information in formal antenatal classes was the fear of being vulnerable as identified by Dolan and Coe (2011). This has the capacity to lead to unacknowledged issues with fathers' perinatal mental health, as highlighted by Singley and Edwards (2015), and therefore potential ongoing mental health concerns if these are not addressed.

Some of the fathers in this study articulated a sense of being marginalised by healthcare professionals, and wished for a relationship in their own right – as expectant parents. This highlights the importance of midwives ensuring acknowledgement, inclusion and engagement of the expectant father as well as mother, as highlighted by Lau and Hutchinson (2020). Baldwin et al (2019) also found that those fathers who felt prepared following classes were the ones who had felt included. Whilst Fletcher, Silberburgh and Galloway (2004) found that fathers felt well educated about matters surrounding pregnancy and birth by attending, but unprepared for the relationship and lifestyle changes that parenting a new baby could bring. Other research (Smyth, Spence & Murray, 2015) highlighted that men who attended classes described being outnumbered,

excluded and anxious, with some finding the experience unhelpful in preparing them for birth and parenthood.

In relation to content of information, of classes for example, this study suggests that men want a range of information ranging from practical aspects of caring for a baby and where to go for help, to realistic information about the physical and emotional demands of parenthood. The themes that came out of this study, the experiences of men in their transition to parenthood, highlight topics that would be of benefit to cover in any provision of antenatal education and align with findings from other research (Baldwin et al, 2019). This has also been reflected in May and Fletcher's (2013) research where it was recommended that antenatal education should aim to support men to be able to better support their partners, promote the development of early and strong attachments between father and baby, along with understanding the behaviours of newborns, and to also promote development as a parenting couple. It has been suggested that an effective intervention could be to simply encourage expectant parents to discuss their expectations of parenting and support (McVeigh et al, 2005). This could be achieved within a group setting or through antenatal appointments if both parents are present. This would lead to encouragement of the men to be involved as well as supporting their growth into parents.

The men in this study discussed the benefit of having time in antenatal classes either alone with the midwife, or, more preferably with another father. Two of the men had first-hand experience of a 'dads-only' session and spoke positively of this, but also acknowledged the importance of attending with their partner too. The concept of dividing off during classes was seen as a workable option and one the men would welcome. This concurs with the findings of Asenhed et al (2013) who also found that men suggested being divided into separate groups during classes. Deave and Johnson (2008) also suggest that stand alone classes for men could be beneficial, but that one way of ensuring men feel included would be to extend a personal invite to them to classes rather than relying on the woman to invite her partner.

Practical information was identified as a priority by the participants: they identified the need for a 'dad bag' for fathers, which should include items for the

father during childbirth, and they spent time discussing what this should include. Kaplan (2004) also recognised this need and suggested that this should be part of the practical discussions regarding father's role in the birth room. Other practical skills identified were learning to change a nappy and how to bottle feed a baby.

Healthcare professional relationship

This study highlighted that, as Steen, Downe, Bamford and Edozian (2012) expressed, some fathers do not feel recognised in healthcare systems and do not feel supported or well-prepared for pregnancy, birth and parenthood. Whilst there were some positive experiences discussed by the men, they were in the minority. Venning et al (2020) described the men as feeling 'secondary' to the mother in the perinatal period, and Widarsson et al (2012) found fathers felt 'invisible', which therefore has the potential to impact on a father's ability to support his partner through this life-changing experience. It appeared that some of the men expected this inferior relationship, suggesting a cultural expectation about who the midwife or doctor is there to care for. Many talked about believing that the focus would and should be on their partner. However, they would have preferred to feel more acknowledged by the healthcare professionals. Baldwin et al (2019) found similar findings in their study in that men validated their exclusion by reporting that their partner's needs were greater than theirs. Again, Das and Hodkinson (2019) concurred and found that the expectation of the focus on the woman added additional pressure for the men, they referred to 'the rock' metaphor in which they perceived themselves as providers and not recipients of support.

Wright and Geraghty (2017) found that student midwives observed partners being excluded on a regular basis by midwives and doctors, by not explaining things to them, turning their backs on the men or not introducing themselves. Whilst the men in this study did not report having backs turned on them, some did acknowledge feeling excluded from conversations or where another female family member was present they were included, but the man felt excluded. Evidence suggests that this is not only in relation to the relationship with the health professionals during pregnancy, but continues beyond that into health

visiting where there has been seen to be a culture of not considering fathers (Whitelock, 2016).

The men expressed feelings of exclusion from midwives and health visitors and, as Deave and Johnson (2008) illustrated, the men were frustrated with the perceived lack of meaningful relationship with a healthcare professional which involuntarily casts them in the role of support person (May & Fletcher, 2013). It became evident that the men would have liked to have their own relationship with the midwife or health visitor, in order to enable them to feel more involved in decision making during this time. Further to this was the perceived value that the men felt a meaningful relationship with a midwife could have, especially in terms of being able to help them help their partner. It was discernible that some of the men felt helpless and tried to source the best way to help, frequently being passed between professionals. This is not dissimilar to the findings by Mayers et al (2020) with 25 fathers who felt they did not have enough support particularly when their partner was experiencing poor mental health, and the support received was of low quality. Further to this they would have valued the opportunity to have someone to talk to and direct access to healthcare service support. Again, this suggests that fathers don't feel there is support out there for them, or that they can access healthcare professionals in the same way as women can. Philpott et al (2017) suggest that healthcare professionals are in an ideal position to not only increase awareness among fathers of what resources are available to them either online or in their local area, but also to initiate assessment for fathers who might need additional support.

Dolan and Coe (2011) identified a 'dominant construction of masculinity' which affects healthcare workers' attitudes to men regarding pregnancy and birth, and may contribute to this marginalisation of men to certain roles, particularly in the birth room. This concept merits further investigation and has important implications for practice. Lee et al (2019) consider that the support needs of fathers change over the different periods of pregnancy, childbirth and early parenthood, and therefore a variety of support methods will be suitable. This diversity of approach was described by Venning et al (2020) as needing to be 'tailored, flexible, credible, and practical'.

What did or would have helped

The participants in this research were overwhelmingly positive in their preference for peer-support for fathers. Parent support groups with mixed attendees were discussed, and some men had attended them with their children, but often did not continue to participate as they felt excluded by the predominance of women. There was a desire to learn from other men with the expectation that these men would be seen as 'experts' and the men felt it was essential that they were fathers, with lived experience. The concept of fathers-only peer support coincides with an article by Warren (2020) who also considered peer groups to be a suitable method of supplying support for fathers in the perinatal period. Shorey et al (2017) also found that the fathers in their study wanted groups with other fathers. Baldwin et al (2019) likewise found that men saw the value of support groups where men could learn and feel supported by more experienced fathers. Colquhoun and Elkins (2015) noted that the men supported the idea of father's groups and welcomed the opportunity to meet other fathers with whom they could share experiences and learn from, to mirror the traditional mother's support groups.

Lucas, Nughmana and Westwood (2020) portray peer support groups as offering more than just information to men, but an opportunity to reduce feelings of isolation, to express their vulnerabilities and aid them to recognise themselves as human beings worthy of respect by being role models for each other. Scourfield, Allely, Coffey and Yates (2016) found this to be true when working with men whose children had been identified as 'at-risk'. Warren (2020) links increasing rates of divorce and postpartum depression in men to be related to a lack of support provision surrounding parenthood. It is therefore vital that the needs of men are highlighted during the transition to parenthood.

It seemed that a combination of approaches was most welcomed by the men in this study. There is a need for inclusion by healthcare professionals, opportunity to engage and ask questions, along with an offering of antenatal education provision both with and without their partner and the opportunity to develop peer support networks. Colquhoun and Elkins (2015) developed a framework of intervention including; targeted online information, leaflets, antenatal education

approach, father-inclusive practice at hospitals, debrief opportunity, contact with other fathers, 1st time fathers' groups, digital resources, activity groups for social support and workplace programs. This concept was certainly reflected in the thoughts of the men in this study.

Summary and Practice Recommendations: Being prepared

It became evident from the study and the associated literature reviewed, that men often feel marginalised by healthcare professionals during pregnancy and the perinatal period. Active encouragement to engage in maternity and neonatal care is imperative in order to provide sufficient support for men in the transition to parenthood, which can have implications for couples' relationships and men's mental health. Suitable information of good quality, in a range of media and that men find acceptable and useful, is vital to educate fathers during this period. Offering men-only sessions and inviting men personally rather than through their partners is another method of providing men with information, as is encouraging active participation in sessions. The value of peer support should not be excluded and should be a concept that is invested in.

2. "A rollercoaster of emotions" (Simon): Emotional Impact

The emotional impact of having a child was acknowledged throughout the discussions with the men and was a huge factor in dealing with the transition to parenthood.

The emotions displayed by the men in this study included guilt, frustration, isolation and mourning a loss of self. Some of the men found their strong emotional reaction to the pregnancy, birth and baby surprising.

"I think as blokes we tend to forget our emotions initially" (Adam)

"The complications made me feel powerless, I was angry, I was so scared, I was excited, but I thought they were going to die" (Jack)

"I wasn't prepared for how much of an impact it was going to have" (Chance)

The conflict of emotions was difficult to navigate; wanting to be involved but experiencing frustration and feeling like a failure in trying to care for the baby were also acknowledged as well as feeling a responsibility to suppress any negative emotions.

"You start feeling like you are losing your temper and then feel awful" (Chance)

"I was so, kind of drained, I couldn't get my head together" (Jack)

"The Health Visitor asked if I was ok, I said I was fine, but I wasn't. Even if you don't want to say you're fine, you will. The last thing you'll say… is 'actually I'm struggling', especially in front of your partner" (Mike)

The men enquired about postnatal depression during the sessions and whilst most were aware of maternal postnatal depression, the concept that men could

experience postnatal depression was new to some of the participants. They did, however describe symptoms of depression such as feeling low, without necessarily labelling these emotions in that way.

> *"I think I was affected, I didn't want to get out of bed and work, when you are that low your bed is your safe place. I was not me, I was so messed up" (Simon)*

> *"I'm not sure if I had postnatal depression, my interest withered, it wasn't like me, but I felt tired and miserable….I had palpitations, I was like 70% full, it didn't take much to tip me over the edge. I wasn't sure if it was to do with our situation with (partner) being so unwell" (Jack)*

These strong emotions occurred both during pregnancy and after the birth. One man described it as a rollercoaster of emotions experienced during the pregnancy. After the birth of the baby one man described positive and overwhelming emotions felt in the birthing room.

> *"You will be on a massive endorphin high" (George)*

However, one of the men suggested that dealing with his own emotions was important for him in order to become a better parent and move forward.

> *"Identify the emotion and own it, allow it" (Jacob)*

There were also perceived negative emotions such as guilt and jealousy towards the baby. Guilt was expressed by several of the men in the study: guilt regarding not doing their share of the childcare, or if they were struggling to

fulfil roles that they had previously adopted, or guilt that they were not feeling an attachment to the child.

"It's normal to feel blocked in and to struggle" (Richard)

Another participant agreed, but highlighted how isolating it can be to be a new parent with the old support networks no longer fulfilling that requirement.

"Friends who don't have kids don't understand" (Frank)

One man identified his own need to express and explore negative emotions and shared this with the group.

"I've had a lot on my plate, responsibility, keeping the household together, it was stressful…It's ok to not be ok" (Richard)

Being able to discuss this aspect of emotional response to the transition was thought to be essential to good mental health. This stimulated much discussion concerning support networks and acknowledgment of mental health issues for men during the perinatal period. Accessing support with these issues was acknowledged as a need.

"I realised I was miserable and tired and sleeping all the time, I needed to be careful" (Jack)

"It's ok to feel some symptoms though isn't it? But if it's ongoing all the time that is when it's not right" (Chance)

"It caused damage, or could have done, I wish I'd dealt with it sooner" (Jacob)

"Where to go for help was huge for me" (Jack)

"You don't have to do it alone, perhaps a cultural thing for blokes, like we shouldn't ask for help and we have to prove something, although I might not have been ready to access support" (Jacob)

However, it was considered to be difficult to identify where and how to access this support. There was discussion about whether men would necessarily even try to access emotional support because of the possible cultural and social stigma associated with mental health.

"Men don't necessarily talk about what they are dealing with. We bottle it up. There is still an element of 'man-up'!" (Adam)

"You look at some people and think they are managing, but you don't see behind the scenes. It can be a façade. Pride is there, you can feel like a failure if you don't feel like that" (Mike)

There was also some discussion relating to coping mechanisms to deal with emotions. Whilst some methods of coping were described by the men as making time for themselves, these may have been a way of managing their emotions. Some behaviours relating to alcohol or addiction were discussed during the study.

"I didn't know what I was doing, I almost started drinking again because I didn't know what to do" (Hogan)

"Someone close to us had a baby at the same time, he has gambling issues and has left" (Sam)

As the conversations developed over time, the men expressed a desire for a specifically targeted forum for support that included exploration of the emotional aspects of becoming a father.

"We need emotional preparation" (Frank)

"Expectant dads need to know it's ok not to be ok and to struggle" (Richard)

The participants considered that women discuss these matters more willingly than men and have established support networks in place, thereby relying on other women, family and friends for this support. They considered it to be more natural for women to discuss their feelings and emotions concerning parenthood with these support networks and identified that men rarely do so. This was perceived to be a negative aspect of culture and was related to wanting to appear to be in control and not wishing to acknowledge the negative aspects of parenthood that were difficult to deal with.

"Women will happily talk about issues…whereas a bloke won't so much open up" (Kevin)

"Men bottle up their guilt and get on with it" (Adam)

Not all emotions that the men experienced were negative, with many of the men expressing their joy, pride and delight in parenting and spending time at home with their families. They talked about the *"serenity" (Sam)* of being at home.

"The tranquillity of being at home, still and peaceful" (Jacob)

"I look forward to coming home, that 'driving home for Christmas' feeling every day!" (Sam)

"Makes a house a home" (Hogan)

The men articulated how their growing attachment to their child had made a positive difference in their lives and how rewarding it felt to be making a stable family home, they were relishing in their acceptance of the role of parent. The most positive emotions were linked to feeling that they were functioning well in their role as parent and this tended to be an emotion that took time to acknowledge. Positive feedback from their partners helped.

"Praise each other, equal praise. Give yourself time to realise you are doing a good job. It's the hardest job in the world" (Adam)

"She said 'You're a great dad!', it was an amazing confident boost!" (Kevin)

With time and experience their views on parenthood became more positive as they felt more confident in their role.

"It's way more rewarding, gives you stability" (Sam)

"I wish, rather than all the rubbish, I'd been told, "don't panic", there's no wrong way" (Jack)

Discussion: Emotional impact

One of the participants described the turmoil of sensations in becoming a father as an 'emotional rollercoaster'. The triggers for these emotions were found to range from worry and distress about their partner's mental health, concerns about their capacity to father and also linked to their own experience of being parented. The men described a wide range of emotions that some of them found difficult to accept and struggled to articulate or understand. This included the frustration and excitement both during and after the pregnancy and Åsenhed et al (2013) concur. Indeed, it has been suggested that men can encounter a strong contrast between positive and negative emotions, where they can be caught between overwhelming joy, love and excitement and a heavy weight of responsibility (Colquhoun & Elkins, 2015). Fletcher et al (2019) in their qualitative analysis of calls to a helpline found that men reported many different physical and emotional responses including crying, withdrawal, anger, frustration and feeling irritable.

Ledenfors and Berterö (2016) describe the unpredictable nature of pregnancy and childbirth that can lead to feelings of apprehension and insecurity in the father, and the men in this study concurred with these findings. However, Poh et al (2014) state that it is unknown to what extent fathers share these emotions and concerns with others and it was clear from the discussions that the men found it difficult to articulate these sensations and therefore seek support. This may be a source of concern for health professionals who are attempting to support families, as identification of these emotions is vital to address any issues that may emerge. Das and Hodkinson (2019) further found that men who were experiencing perinatal mental health challenges often didn't understand what they were going through due to a lack of knowledge and understanding about father's mental health.

As paternal postnatal depression rates are estimated from 10% to 28% (Paulson & Bazemore, 2010; Philpott & Corcoran, 2016), an increased understanding of this can only aid men in their transition to fatherhood. Interestingly, the men in the study were not aware of the phenomena; although they were more

cognisant of the incidence of maternal postnatal depression and readily identified local sources of support for their partners. This is not unusual, in that other research has found that only 55% of men who knew about antenatal and postnatal depression knew that it could also affect men (Colquhoun & Elkins, 2015). In fact, rates of antenatal depression in men is considered to be as prevalent as paternal postnatal depression, with De Costa et al (2017) finding that 13.3% of men in their study reported elevated depressive symptoms when expecting their first child.

In terms of coping with these emotions, Hanley and Williams (2017) describe how, when men experience depression, they may combat these feelings by emphasising their independence or by escaping into video games, surfing the web or overworking. It is reasonable to suppose that the use of alcohol or drugs could be linked with this also; and, whilst alcohol use was discussed by the men, it was also acknowledged that this does not solve the issues, but was described by one father as "*putting a band aid over the issue*" (Hogan). Such distractions might help the men to cope with these complex emotions.

The men discussed needing to 'man-up' and 'get on with it' and the dialogue concerning the jovial nature of discussions with other men often hid the true underlying emotions. It is evident in the literature that men may have a reluctance to seek help or support, with many feeling as though they have to sacrifice their own needs to be able to support their family. However, it has been noted that first-time fathers are more likely to seek support (Colquhoun & Elkins, 2015). Evidence suggests that there is stigma around discussing emotions, particularly with other men and not wanting to burden friends, thus often preventing them from seeking support (Daniels et al, 2020). There is a sense that men often don't talk, and cope alone, and support from friends tends to be casual and light-hearted (Baldwin et al, 2019). However, as the men in this study got to know each other more they became increasingly open in their discussions of their experiences.

Some of the participants communicated that they had a need to seek help and wanted support but were not always sure who to turn to. Fletcher et al (2019) found in their research that the men who used a call centre for support were

often feeling overwhelmed and anxious with an inability to cope caused by a variety of issues. The study did not report the length of time that men reported feeling this way. This could be a potential research study, as it would be useful to know at what point men may feel ready to ask for, or receive support.

Summary and Practice Recommendations: Emotional impact

The men in this study experienced a range of emotions when they became fathers, from positive to negative which was described as a rollercoaster of emotions.

Families need to be made aware that the perinatal period can be a time of emotional upheaval, and that, to some extent this is a normal and expected aspect of parenthood. Healthcare professionals must ensure that men are included and involved in perinatal provision of care. Discussions to explore emotions with men should be included in midwifery and health visitor meetings with clear pathways for support for those that require it.

Consideration of peer support and antenatal education to include discussions surrounding emotional aspects of parenthood should be given.

3. "I had to be everything" (Hogan): Challenges and responsibilities

It was clear in the discussions that fatherhood was not without challenges and the men all experienced these at some stage. Whilst there were expectations of what becoming a father would be like there were some aspects that the men were less prepared for. Linked with this was the impact of responsibility that the men in this study felt. Three sub-themes were identified from the data in relation to challenges and responsibilities;

- Financial/provider
- Work-life balance and time for self
- Perceived freedom

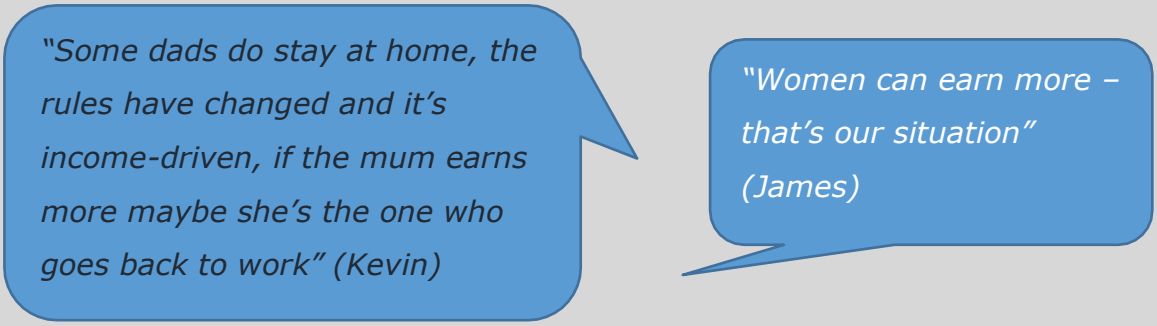
Financial / provider

The overall responsibility of the household finances was felt by the men in this study. This was talked about at length by each cohort. It was evident that some of the men were more prepared for the financial impact and had made financial plans to manage this pressure or it was influential in decisions that they made.

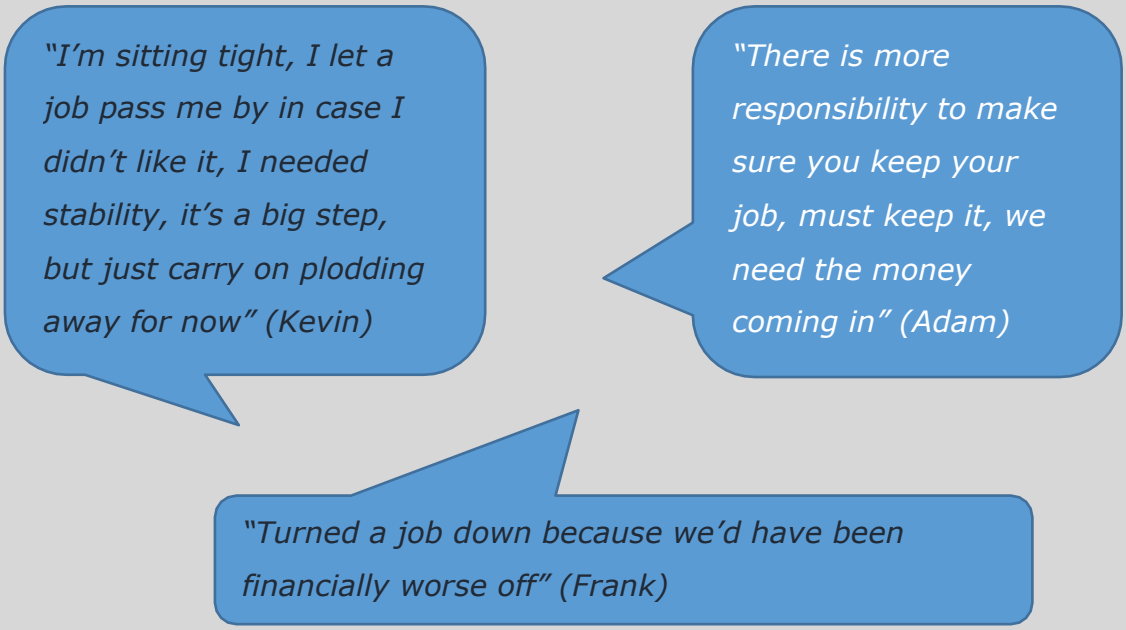
"Had a financial plan to make it easier……I'm going (to work) part time next week when wife goes back to work – cheaper for childcare than me working full time" (Hogan)

"You want time off, but stressing about money, pay was reduced and you're trying to balance the books" (Kevin)

There was also acknowledgement that for some couples there may be changes in working and financial circumstances that don't necessarily fit the societal norm.



Additionally, in the longer term this financial and provider responsibility meant that some of the men had made decisions such as not changing their jobs, even if this might mean losing out personally for a short time.



These sacrifices were made in order to maintain financial stability in the household as this security appeared to be considered as more important at this stage of their lives, rather than flourishing in their own careers.

Work/life balance and time for self

The transition from work to home life and the need to manage their time effectively emerged as a sub-theme relating to challenges and responsibility. This was strongly evident and was something that all the men discussed in some way. This involved learning the ability to switch between the two elements of

their life, which often proved a challenge for the men. There was evidence of them experiencing pressure from the demands of home and work. This was generally reflected as a period of transition and something they had to work through. They also talked about the changes they had to make to their routine to fit everything into their day.

"I have to step up, I may be half hour late to bed to get the washing up done, so not having to sort it in the morning" (Adam)

"I have half hour usually in the morning before the boys get up, I do some bits that she might not even notice" (Mike)

In balancing work and homelife it became evident that these men found it difficult to ensure they had time for themselves. There was a personal sacrifice in that the child, partner and work were priorities and their own well-being and time came further down the list.

"Before having a child you are quite selfish, you can do what you want. Then when the child comes along you have to be self-less. It's like a mourning...the old you is gone" (Simon)

"Trying to juggle everything; work, home, exercise….. exercise is on the back burner, have to do my share of the jobs" (Chance)

"I've just come home from work and now I have to be everything to my kids. I might not feel up to it, it's a pressure" (Simon)

"I just wanted 10 minutes, but she'd say have her, I've had her all day" (Chance)

"The hardest thing was time for myself" (Jack)

Some of the men had managed to work out a way of ensuring some time for themselves by building it into their daily routine and the importance of this time out was acknowledged by them. They repeatedly referred to this as their time to 'switch off'.

"I walk to and from work now, this gives me time to switch off so I'm ready to be dad when I get home" (Kevin)

"It's finding that escape that you can do in a short time, for me its running, it helps me physically and emotionally so it's not just baby, baby, baby….it's not healthy to just have work and home" (Adam)

"I've started running to and from work, its 20 minutes each way, but it gives me that time to switch off" (Chance)

"I try to swim every day…it's my switch off time" (Tom)

Some men had worked this routine out to also ensure some free time equally for their partner. There was, at times evidence of negotiation to ensure time out.

"It's nice to have routine, alternate bath night, we know when we each have our time out…time to go for a run, bike ride or to have a beer" (Sam)

"I will take our daughter out for a walk to the shop, this means I get time with her and my partner gets time alone" (Chance)

"I let her lie in when I get up for the rugby…earn some brownie points" (Kevin)

Sleep deprivation was also an element of this theme. The men talked about tiredness and the fact that they expected to feel tired, but many felt unprepared

for the impact that it would have on them physically and emotionally. Tiredness impacted at times on the men's work and they raised concerns over being able to fulfil their job role with little sleep with the added anxiety of trying not to make mistakes.

"I have to go to work tired, how can I do that and not make a mistake, with no sleep?" (Adam)

There was evidence of the additional strain this could put on a relationship when the men felt tired and needed time out. They felt that they were not tired enough in comparison with their partner to be able to have rest. It became evident that men would frequently put their partner's needs first.

"When can you say you're tired? partner won't be happy" (Adam)

"Really want a lie-in sometimes, but I can see she is knackered…I have to help" (Kevin)

An additional challenge that these men felt was in relation to their social lives. Some explained how there was a perceived expectation from their friends without children that they would soon return to socialising in the ways that they had previously. This led to some of the men experiencing changes in their social group when they became fathers. Additionally, some of the men reflected on the fact that they missed this element of their life.

"Friends who don't have kids don't understand" (Chance)

"I've got older friends, but we drifted apart, it's a different life and we've lost touch a bit so I didn't have a support network, or peers" (Sam)

"It would have been good to have been able to get out more, I was just working, then home" (Jacob)

Despite some of the men having opportunities to be out of the house and socialising with others, it didn't necessarily mean it was something they always wanted to do.

"I wanted to go out to the rugby, I went for a bit, but was ready to go home. The grass is not always greener. I wasn't bothered about going out" (Sam)

Perceived freedom

The men discussed the societal perception that fathers have a greater freedom from childcare responsibilities compared to the mother of a small baby.
Due to the physical aspects of motherhood, many of the men found their roles reverting to being along more traditional lines than previously, with the male partner continuing to go out to work whilst the new mother stayed at home with the child. This, at least in the early days, occurred for many of the participants in the study with the men only having two weeks paternity leave in most cases. Sometimes, this expectation to return to 'normal' life was seen by partners, friends and family as freedom from childrearing and all the responsibilities that entails. This could lead to tension in the couple's relationship. There was a strong feeling throughout each group that men felt that their partner believed them to experience more freedom than they did. The men in this study predominantly worked and so would be out of the house for periods of time. This period of time away from the house was seen to be as a break or free time.

"She is jealous that you have time without the baby, or jealous if the baby is not crying or upset with us" (Hogan)

"Perceived freedom…I've actually been in work all day, keeping a roof over our heads. I try to give her a break, but I have been in work all day" (Mike)

Discussion: Challenges and responsibilities

The participants were found to have little time for themselves and felt the financial strain of wanting to fulfil their role as provider. They talked about the pressure of balancing the finances and they predominantly felt that they needed to take that responsibility. They articulated a need for stability which led to them letting opportunities pass them by in terms of career progression. The men were aware that there would be financial changes, but some expressed that there was a need to ensure this was emphasised more in the antenatal period. The identification of this theme relating to challenges and responsibilities concurs with evidence from other studies into fatherhood. Halle, Dowd, Fowler, Rissel, Hennessy, MacNevin and Nelson (2008) found similar results in their study, where men articulated that they faced a dilemma concerning the male provider role as dominant, in terms of economic stability. However, this was coupled with an expectation that they would also provide physical and emotional support to the family. More recently, Baldwin et al (2019) also found that fathers wanted to fulfil their role as provider for the family and experienced this as financial strain. Additionally, De Costa et al (2017) found that financial strain was associated with elevated symptoms of depression for the men in their research, stating that economic strain increases stress due to the limited financial resources available for raising a child. Mcveigh et al (2005) noted that some fathers had increased their working hours following the birth of their child. Which again, alludes to the sense of responsibility that men feel to provide for their families.

The men talked about having to 'step up' or do their bit around the house. This finding is consistent with other research. McVeigh et al (2005) found that over a third of men did more cooking and shopping and over half ran more errands since becoming a father. Whilst this study did not seek to quantify elements, the men did talk about their experiences of doing things such as extra cooking and household chores. Interestingly, these were additional to those they had done before becoming a father. It was unclear whether this was an expectation that they put on themselves or one that they felt from their partner, or society. It may have been that this was their way of contributing to the household but the

men mentioned feeling the need and desire to become a team with their partners, to work together for a shared goal.

As discussed, the men in this study struggled at times to achieve work-life balance and time for themselves. This was felt to be largely unexpected, or at least to the extent that it impacted on them. There was a sense that they would make sacrifices to ensure that they did their bit to support around the house, as well as working and trying to also ensure their partner was able to rest. In their research, Colquhoun and Elkins (2015) described the men as often feeling that they had to be the 'rock' and would therefore carry the weight of emotional and financial responsibility for their partner and family. Terming them the 'rock' fitted with the narrative that came out in this study, in terms of the men feeling that they were carrying the weight of keeping everything together. Colquhoun and Elkins (2015) further reported that some of the men in their research relished in their role and took pride in their sacrifices. Based on the discussions that took place in this study, it seemed that the men were overwhelmed and predominantly feeling the pressure of the sacrifices. However, their sense of pride came out in relation to other aspects of parenthood.

Some of the men described a feeling of mourning in relation to the changes in their life and then the need to balance it all. Baldwin et al (2019) also found that men experienced challenges which had an impact on their self-care when they became fathers. The men were noted to report lack of sleep, missing meals and balancing work commitments as triggers for tiredness and stress. Darwin et al (2017) described it in their study as 'role strain' and 'role conflict' in that the men noted a loss of their former life and associated activities, such as relaxation, but tended to attribute symptoms of stress to exhaustion and tiredness. Colquhoun and Elkins (2015) described these experiences of stress and coping as 'juggling' and found that men reported juggling work and life commitments, had difficulty finding time for themselves, financial stress, relationship changes, as well as friends drifting away and these challenges were also influenced by disruption of sleep. Again, consistent findings with this study.

Sleep disruption was discussed at length. The fathers had been prepared that they would be tired and experience disruption to sleep and in fact referred to the jovial way this is often referred to by other people, usually men, "Say goodbye to sleep!" (Josh), but they still acknowledged it being overwhelming when it did happen.

The men talked about ways that enabled them to 'switch off' and this was interpreted to be key in enabling them to have time for themselves. However, this could also be perceived to enable the men to deal with the stresses of fatherhood. Darwin et al (2017) noted that men often managed their feelings of stress in practical ways with mixed success, including taking part in sports as a distraction and physical release. Whilst the men in this study did not explicitly state that this was the reason for needing the time out, they were not probed to establish the reason for the need to 'switch off'. Some of the men appeared to be at different stages in terms of managing work-life balance and had perhaps negotiated their way through that part of the transition. This became evident in cohort 4, when some of them had made changes to their lives to ensure some time for themselves, even if it was as simple as running to work. It is difficult to ascertain, however, whether this was a result of a natural transition and a reflection of the stage at which they were at in their journey of fatherhood, or potentially because of having realised the importance of this time through discussions as part of the research.

The men reported changes in both leisure time and time for socialising, although this was not quantified. In relation to social time, this had mixed impact and, whilst they did miss that element of their life, there was reflection in several cases that friends may have been at different stages in their own lives and they now had less in common. The fathers also reported challenges in managing time to see friends and some had relinquished time to see friends to be at home - either because they wanted to, or because they felt they should. The men were keen to seek opportunities to meet other men who were at the same stage of life, but this had to be balanced with also spending time at home. Research has shown that becoming a father resulted in 60% of men socialising less with friends and 50% having reduced leisure time (McVeigh, 2005). Baldwin et al

(2019) noted that the fathers in their study wanted to spend more time with their family rather than going out socially.

The men discussed that they had experienced envy from their partners in that the women deemed they had more freedom than a new mother. This concept of perceived freedom was also mentioned by family and friends and the men appeared to find this to be challenging. Their own perception was that they were attempting to manage the competing demands of work and home life, but they felt that their partners perceived them to have freedom - mostly because they were not in the house. The men actually described that they had lost some of their freedom. This does not appear to have been captured in the same way in other literature and warrants further investigation to examine the concept.

Summary and Practice Recommendations: Challenges and responsibilities

Whilst there is an expectation that there will be changes to life in terms of work-life balance, finances and factors such as sleep deprivation, the reality of this is felt to be different. Maternity services should ensure open discussion with couples about these realities and explore the couple's expectations relating to managing challenges such as finances and work-life balance once they become parents. Signposting to resources may be helpful. Encouragement of men to develop a support network should be emphasised. Pregnant women often seek this opportunity through attendance at classes and groups, but given that men may experience a shift in their needs socially, it might be beneficial to ensure they are aware of this.

4. "We moved to being a team" (Frank): Relationship with partner

The relationship between the men and their partners was evident as a key theme during the research. It was clear that the couples had gone through a period of transition as they became parents, both individually and as a couple. There were two sub-themes identified relating to the changes that men went through during this transition, in terms of their relationship with their partner.

- Being a team: Appreciation of each other's roles and shared responsibility
- Time together as a couple

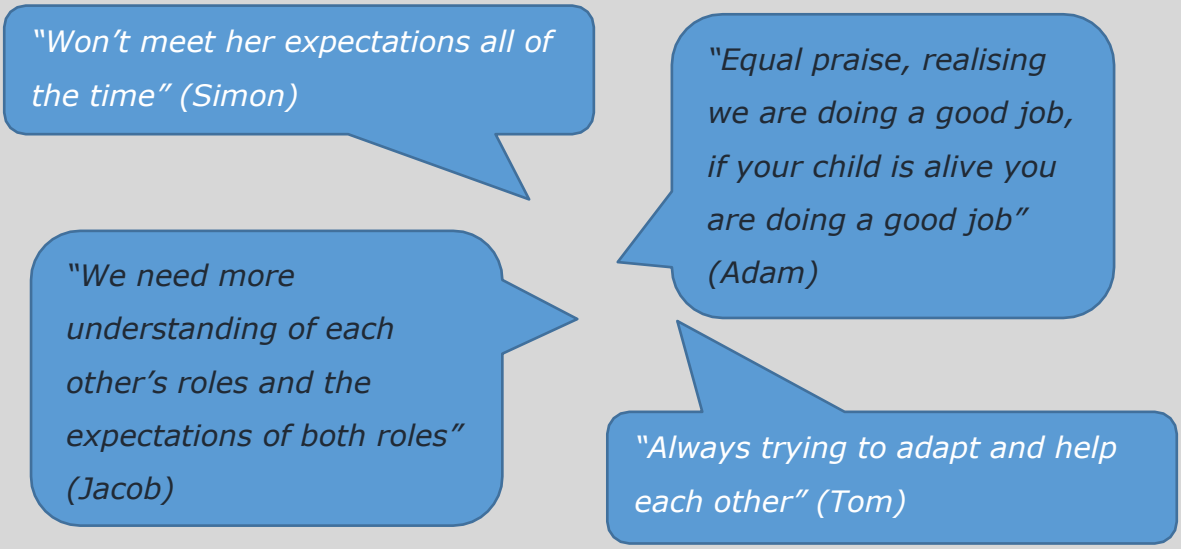
Being a team: Appreciation of each other's roles and shared responsibility

It became evident that the men in this study wanted to be a team with their partner, a united front and working together to be parents. This was a key part of the transition they went through as they became parents. However, it was apparent that some of the men felt inferior in the early days.

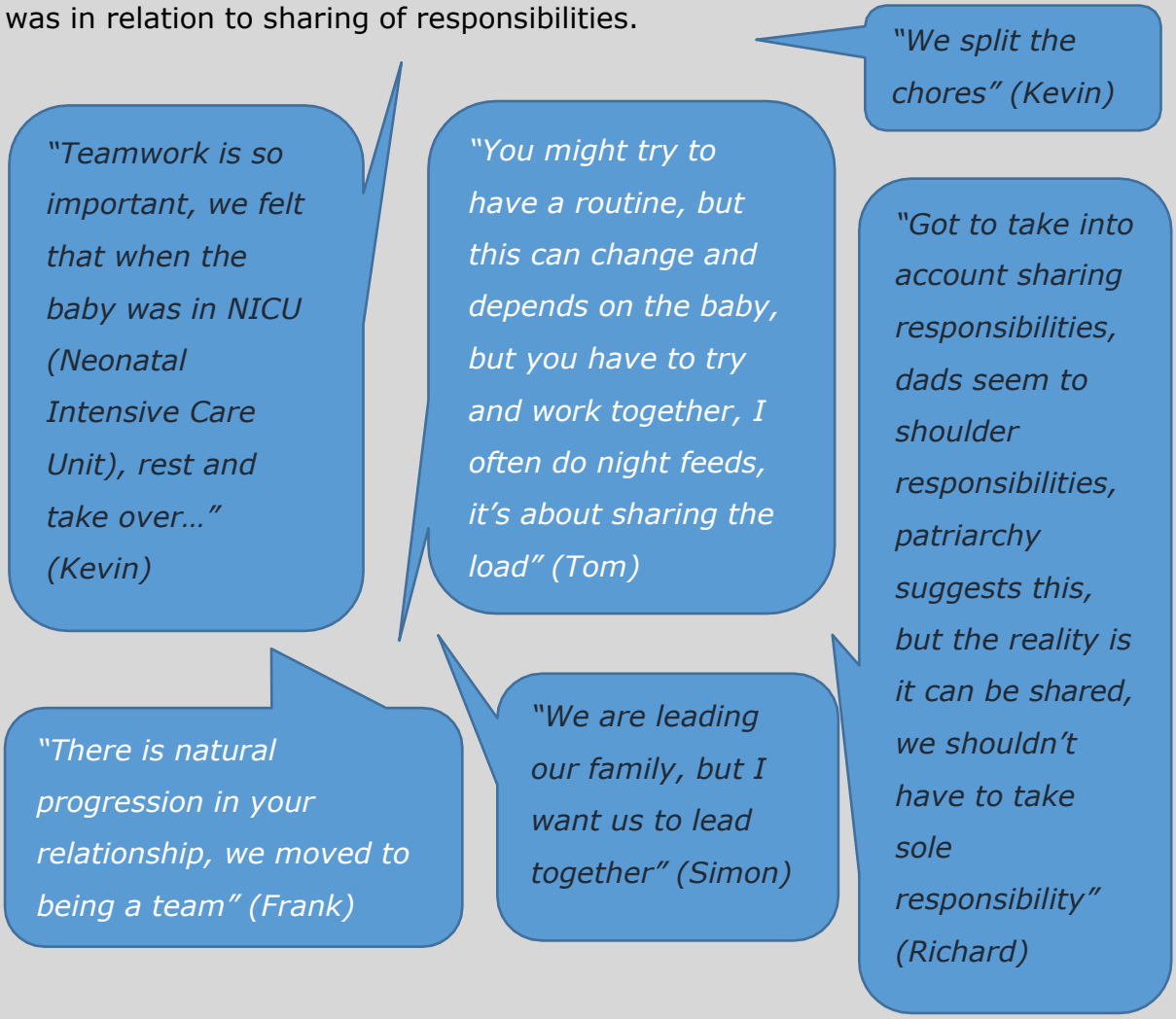
"My views didn't matter so much. My say was 10% and hers was 90%" (Jack)

"Dads aren't given enough responsibility. Mums don't give us a chance and intervene when they think we're doing something wrong….we were not equal in our relationship anymore" (Chance)

The men in this study indicated a need to appreciate and understand each other's roles. There was acknowledgment that this did not always occur, but was seen as a positive when it did.



Inferiority was not necessarily felt by all of the men, or appeared to eventually settle down as the couple found their new place as parents. A key part of this was in relation to sharing of responsibilities.



Linked with this is communication, which appeared to be key in ensuring the couple's relationship was maintained and in terms of ensuring they were united in their approach as parents.

"We share our duties to match our strengths, we are both so busy, and it comes down to good communication" (George)

The importance of good communication was a thread throughout many discussions and often the men articulated that they had experienced a change following the birth of the child. Some men felt that communication was strained at times and they needed to think about how to best negotiate a situation.

"Especially when things change…hormones and sensitivity. For both of us. Something can be taken the wrong way. I found myself thinking about how I communicated" (Mike)

"My wife needed to trust I'd be there no matter what. I probably should have said it more" (Jacob)

"You have to learn different ways to communicate" (Adam)

Time together as a couple

The men talked about time that they spent with their partners as a couple and how this had evolved to include different activities than before becoming parents.

"Doing things you enjoy is important, as a couple and solo independent people" (Kevin)

There was an understanding that they had to consciously make time together as a couple, as not doing so could adversely affect their relationship.

"We had to dedicate time to do things together…I wish we'd known….need to ensure you still have fun…..we weren't having any fun as a couple, it was all about the children and then feeling tired and emotional" (Jacob)

For the men, it was felt to be easier to adapt to that time as a couple away from the child and they acknowledged that it wasn't necessarily the same for their partner when leaving the child, especially in the early days of parenthood.

"Had our first date night after about 6-weeks, she kept checking her phone and asked 'how can you be so switched off', but I work, leaving the house for 2 hours was nothing for me" (Chance)

Not all of the families were in a situation where they were able to go out to have time alone together. Some didn't have a network of support or the finances to facilitate this compared to others, but what was key was that time was spent as a couple, however they decided to do this.

"Need to make an effort for each other, give her a sense of feeling wanted" (Adam)

"Make an effort, I cooked a roast, candles, having a cup of tea" (Jack)

"Make time for each other as a couple, you have to make that time, like let's have a cup of tea and a chat" (Frank)

The transition to parenthood was found to be a stressful time with men feeling a sense of bereavement at the loss of their previous life with their partner. There

was a shift in the focus of the relationships with partners, from one of lovers and friends to becoming parents. This shift was often unexpected and impacted on their sex life, in part due to the physical changes experienced by the women after birth. This had the potential to leave the men feeling rejected.

"I didn't expect it… a week before the birth we had a good sex life, but all of a sudden… I thought she'd gone off me" (Frank)

"I felt rejected, even though I understood why it might be happening" (Jacob)

"Sex was a problem, I didn't realise how long it would be off the table, I was really naïve and thought it would be a couple of weeks, men don't talk about it .....It was described as having had a baby crawl all over her all day and she didn't want me near her. I needed it spelling out to me, communication is key" (Sam)

"It's understanding you are second in the pecking order, you are no longer top dog" (Hogan)

The reassurance of physical contact was seen as important for both partners and to ensure a connection was made between them. However, the men acknowledged that a sexual relationship could, and often did, take time to return.

"It's important, physical touch, that reassuring touch and gentle hug on both sides" (Mike)

"The man has to be realistic. After the birth … how long it takes for everything to go back to normal emotionally and physically, not always the first thing on your mind, sleep is important too" (Adam)

Discussion: Relationship with partner

The importance of the couple's relationship was clearly evident in this study. The men were at different stages in terms of how their relationship had evolved because of becoming parents, with some anticipating change and others having moved through a period of transition to more settled times. Again, those who had the benefit of reflection recognised that it was a change that they anticipated, but again the reality of that was somewhat different. They negotiated a period where they moved from being often the most important thing in their partner's life, to feeling that this had changed and this could leave them feeling rejected. Colquhoun and Elkins (2015) also found this, with fathers often feeling they are no longer the partner's priority. They reported feelings of exclusion, particularly during pregnancy, but 55% of them had not realised how much their relationship would change. For the men in this study, it appeared that this perceived change in status happened increasingly once the baby was born and for several fathers it happened very suddenly and took some time to come to terms with.

Changes in relationships have been consistently identified in other research. For example, in a metasynthesis of six qualitative studies, Chin et al (2011) found that a theme was relating to the sense of self and the relationship with partner. Baldwin et al (2019) also noted a theme relating to changes in relationship with partner, with the men in their study reflecting that the couple had less time together, sometimes argued more and had less sexual intimacy. They noted that the men understood that this was often due to the demands of parenthood and that they were in a different phase in their relationship.

Good communication as a couple was discussed by the men and sometimes this was because the benefit of reflection had highlighted its importance. There was acknowledgement that occasionally things could get 'lost in translation' or that a lack of communication could lead to strains in the relationship. Deave and Johnson (2008) also found that fathers recognised the importance of making time to talk and spending time together to reduce any tensions in the relationship.

A sense of the need to be a team with their partner was evident in this study. With many of the men reflecting on the need to be united in their approach to parenting and work together as a team. This is consistent with other findings. For example, Darwin et al (2017) found that 'protecting the partnership' was a key theme in their research, with acknowledgement that the arrival of the baby had led to the couple's relationship evolving and teamwork being fundamental to a smooth transition. Colquhoun and Elkins (2015) talked about relationships becoming strengthened by becoming a family and the key to this success was respect and good communication.

Summary and Practice Recommendations: Relationship with partner

Unsurprisingly, the relationship with their partner was a theme in this study. It was recognised that this was a period of transition as the couple worked to become a 'team' as parents. In doing this the men felt there needed to be an appreciation of each other's roles and sharing of responsibilities in addition to ensuring they made time for each other as a couple. Again, the men had anticipated there being changes, but appeared unprepared for the impact, particularly on their sexual relationship.

Couples should be encouraged to explore potential changes that will happen in their relationship and how they will manage this together. The importance of ensuring good communication should be reiterated. The couple should be encouraged to consider their support network and those who may be able to facilitate them to be able to have time as a couple. Where this will be challenging they should be supported to explore other ways of maintaining a healthy relationship. Where maternity services are not in a position to do this, they could explore other organisations that they could signpost couples to, or who may be able to offer supporting resources.

5. "Being present" (Richard): Relationship with baby

The relationship between the men and their child(ren) emerged as a theme throughout all the cohorts and was a key part of their transition to parenthood. Three sub-themes emerged from the data relating to the relationship with the child that reflected the transition to becoming a father.

These were;

- Attachment and bonding
- Quality, not quantity
- Confidence

Attachment and bonding

It became apparent that the men in this study felt that their relationship with the child was different to that which is between mother and child. This was largely an expected feeling and was perceived to be related to a number of factors, such as that women experience the physical changes of pregnancy and therefore might begin to bond at an earlier stage to men. Most of the men in this study recognised that the bond was something that developed over time. It was acknowledged that being present and getting involved helped the bond to develop.

"There is an expectation that bonding happens later with us" (Adam)

"I didn't have any instant connection when she was born, by getting more involved it helped the bond" (Sam)

The bond between father and child was not necessarily something that came easily to the men in this study and some of the men acknowledged struggling to

bond with their baby. There was also discussion that even when the bond was there, in many cases the natural person that the child wants, is the mother.

"If he's upset he wants his mum, I felt useless…it's natural though, I think, mum is the go-to" (Frank)

This was not a replicated situation in all cases however and two men acknowledged that they had found bonding easier than their partner had and, in both cases, their own personal experiences appeared to influence this.

"I had no problem bonding, but my wife did. We had cultural expectations due to both of our mums being super-mums, so the same was expected of us" (Jacob)

"My wife didn't bond, I did, my dad didn't live up to my expectations and it affected me, I wanted to be super dad and I was almost too there, I was absorbing my child into my own world, my wife would ring me in work to ask how to settle the baby, she didn't know the tips and tricks" (Jack)

A factor that was influential in bonding, and strong in the discussions, was in relation to breastfeeding and the perceived impact of breastfeeding on the bond that a father is able to develop with the baby. Breastfeeding was seen as a barrier in the relationship with the child.

"No time (for bonding) unless he is off the breast…I feel a bit jealous, I want that time with the baby" (Hogan)

"I was jealous of breastfeeding. I really wanted that opportunity but she wouldn't take the bottle. I knew breast was best, told it was best. I wanted to feed her, but you're stuck" (Sam)

In circumstances where the baby was breastfed, the men felt that they had to find other ways to develop a bond that didn't involve feeding. One participant described this being achieved through skin to skin contact.

"I loved chilling skin to skin, watching TV, I loved those moments" (Sam)

Quality, not quantity

The discussions around their relationship with their child highlighted that the men in the groups valued the time they spent with the child, but it was a balance that they had to work through to try and get right. Most wished for more time with their child and felt that the fact that they returned to work quickly had an impact on their relationship with the child.

"Finding it emotionally hard, working and wanting to spend time with my child" (Chance)

"Not wanting to leave him…that feeling was a total surprise" (Kevin)

"Dads not getting equivalent leave can put a wedge between dad and baby and the wedge can get wider" (Richard)

They also reflected on their own experiences and this appeared to influence the approach they wanted to take.

"My dad wasn't around a lot when I was younger and feels he missed out" (George)

There appeared to be an acceptance however that it was quality that was important.

"It's quality, not necessarily quantity" (Sam)

"Being present doesn't mean being there 24/7, its quality, not quantity that's right" (Frank)

So, whilst they were not always able to spend as much time with their child as they would have liked, if the time spent was seen to be quality time that was acceptable to the men.

Confidence

Confidence was a sub-theme relating to the relationship with their child. This may have been linked to bonding and time, in that as the bond grew and the men spent time with the child, their confidence increased.

The men talked about wanting time on their own with their child in which they could take a lead in making decisions about the child's care, but they also acknowledged that they initially lacked confidence in what to do. Confidence was perhaps influenced by the fact that some of the men expressed frustration that they were not seen as essential in the lives of their children. Sometimes this was by other family members or even by the women.

"Dad's aren't given enough responsibility" (Chance)

"Children are seen as the mother's responsibility" (Jack)

One father described needing other family members to allow him responsibility to parent his child in ways that they had not necessarily used themselves, or may not approve of. This was important for him to find his own way as a parent and to develop confidence in decision-making regarding his child.

This was not only evident in the relationship with other family members, but also within the couple's relationship. The men wanted the opportunity to be on their own with the child and to be able to settle it, but this did not always happen easily. Two of the men described the challenge of competing with their partner to do this.

"I want to help out, but baby wants mum. I have to hand the kid over…she barely knows me, she wanted her mum…it wasn't through want of trying" (Chance)

"He settles with her and maybe doesn't settle so quickly with me. I've done the same as she would, but he hasn't settled" (Kevin)

This has the potential to impact on their confidence with the child and also impact on their relationship with their partner. However, when the men were able to settle the child this gave them confidence, especially when this was also recognised by their partner.

"I fed the baby my thumb! It was a superhuman power to settle her and stop her crying" (Sam)

"When my wife says I'm a good dad, that's nice" (Adam)

The men with children already, reflected on their experiences and felt that the most useful advice they wish they had known prior to parenthood was to trust their own instincts and that the confidence they developed with their first child impacted on the process when the next child was born.

"Easier to bonding second time, I was more prepared, we knew what was coming" (Jacob)

"You need to give yourself time to realise you are doing a good job" (Adam)

Discussion: Relationship with baby

The men in this study developed strong feelings towards their baby but this tended to happen once the baby was born and they were able to conceptualise that the baby was 'real'. The men expected the bond to be different between them and the child in comparison with that of the mother and child. Whilst some may have expected an instant bond, most reflected that it was something they realised developed over varying amounts of time. This is also reflected in previous studies where some fathers have been found to struggle to make a secure connection with their child (Halle et al, 2008). Shorey et al (2017) found that men described 'no sense of reality' over the first two weeks postpartum where there were overwhelming emotions at the beginning but they slowly adapted to being more involved and bonded with their babies. Fletcher et al (2019) found that some men calling a helpline in Australia were disturbed that they were not connecting with their new child as they thought they should, with reasons given such as their own anxiety, availability of the child or their partner limit-setting on father involvement. Some of these feelings may be related to the expectations that the men had on how a bond might develop with the child.

Breastfeeding was seen as a barrier by some of the fathers, with the men feeling the need to attempt to find different ways to bond. Baldwin et al (2019) also found that the fathers in their study expected an instant bond with their child and were surprised if this did not happen. They also found that the men were unclear how to help, especially around breastfeeding. Brown and Davies (2014) in their earlier study also found that men reported feeling excluded and helpless in relation to breastfeeding and wanted more information on inclusion and guidance on how to support their partner. They further recommend that increased involvement of partners may help to increase breastfeeding rates.

Halle et al (2008) suggest that some men's difficulties in developing a connection with the child could be related to a lack of interpersonal support. Indeed, if men were provided with the opportunity to be prepared for how a bond may or may not develop, as well as the opportunity to discuss such changes once the child is born, this might help them.

Deave and Johnson (2008) found that men experienced overwhelming feelings for the baby. They also noted that men noticed the baby reacting differently to them and their partner, whilst they could make the baby smile by playing with them, their partner was often the one who would settle the baby if they were upset. This was the also the case in this study, where on the whole the men felt that their partner was able to settle the baby more and they found this difficult to do at times. There was a sense of achievement when they were able to settle the baby themselves, and this in turn boosted their confidence.

The men in this study all talked about their involvement with their child/ren. They were all keen to play an active part in their child's life and ensured that time was made for this to happen. For some it was acknowledged that this was not as much as they would have liked, but they recognised that it was about quality and not necessarily quantity. Almost all of the men worked at least part time, if not full time, and talked about how they managed their time to ensure time was spent with children, even if it was mostly at the weekend due to work hours. In terms of involvement with the child/ren, McVeigh et al (2005) found that a third of fathers were involved in things such as bathing children and playing with them. There was no exploration in their study as to why this was or wasn't the case and there are several factors that might influence this, such as working hours.

The participants took pride in having a strong attachment to their child and in feeling adequate to the task of parenting. For some, this sense of pride and confidence developed over time and with the benefit of reflection they realised that they did achieve a growing sense of confidence with their child. Halle et al (2008) found that the majority of fathers felt confident in their parenting and they talked about being patient and learning how their baby responds. The men in the Halle et al (2008) study completed questionnaires at around twelve weeks postnatal, by which point things may have settled down for them. The men in this study had children of varying ages and some with younger children were not necessarily as confident with their child as those with older children. Philpott et al (2017) found that factors that contribute to stress in the perinatal period included feelings of incompetence relating to infant care. Whilst the men in this

study didn't describe the feeling as stress, there was a sense that some felt potentially inadequate with their skills as a father at that time, and needed to seek reassurance from their partner that they were doing a good job.

Summary and Practice Recommendations: Relationship with baby

The relationship with the baby was a key theme and focused on the bond between father and child, with a strong sense that this develops over time. Quality of time with the child is key, although in most cases the men wanted more time, they realised that quality time and being present was important. They developed increasing levels of confidence as they developed a bond and spent time with the child and this was further enhanced when reassurance was provided from their partner that they were doing a good job.

It is important that healthcare professionals include men in conversations about what to expect when the child is born. It is important to ensure that men know that they may not have an instant bond and are encouraged to get involved to support that bond to develop. Men should also be educated about breastfeeding and advised on the ways that they can support with a new baby that are not only about feeding.

Men should be encouraged to explore how they can achieve a balance of spending time with the child and balancing their other demands and needs. This is in order to achieve quality of time and support development of both bonding and confidence with the child-father relationship. It would be helpful to include the partner in such discussions so that they can be aware of the importance of supporting the father to have time with the child to facilitate this relationship.

6. "What is a perfect dad?" (Sam): Culture and myth of the perfect dad.

The men would talk about their experiences, difficulties, challenges, enjoyments but there was a strong sense of them having expectations of what becoming a father would be like and that the reality of that didn't always match the expectation. There was much discussion amongst the men about wanting to be a 'perfect dad' and the emotions that they went through in feeling that they were not adequate to the task. They all acknowledged that they had come to the realisation that there is a danger in attempting to be something intangible and unquantifiable, which could lead to negative emotions.

"We overcompensate, which stems from feelings of inadequacy" (Sam)

Indeed, if pushed to describe a 'perfect dad' the participants agreed that this was impossible and was a cultural phenomenon that was probably an unrealistic goal.

"It's society saying you have to have the perfect family, but it is changing…social media shows perfect family, you only see the good not the bad, but actually all dads come in different shapes and sizes" (Hogan)

"It's an illusion!" (Jacob)

Their own experiences of being parented also led to the decisions they made when assuming the role of father. This was sometimes positive and the men wanted to emulate their own fathers, but occasionally this was from a negative view of their own experience.

"Is there such a thing as a perfect dad? You are influenced by role models and your own dad, until you become a dad your only experience is your own experience. My dad was a stereotypical dad and was not there much. So, I learnt how not to be a dad before I learnt how to be a dad. There was a history of abuse and I didn't want to be that dad" (Adam)

These experiences also influenced the emotional journey for some of the men. For some, discussing these issues in the groups was the first time they had shared these issues with others and their own childhood experiences had some impact on their ability to articulate these emotions.

"I had to take responsibility for my emotions, I was reliving my childhood…I behaved in ways I didn't understand. It put a strain on our relationship and I wasn't prepared for that. I didn't know what was going on or what to do. If I had dealt with some of this earlier in life it would have helped at this time and wouldn't have caused problems in our relationship" (Jacob)

There was an acknowledgment that becoming a father required a degree of trial and error on the part of the men and was a natural transition that needed time to develop. There was also a chance to parent in their own way.

"Give yourself time to realise you are doing a good job. If your child is still alive then I think you are doing a good job (laughs)!" (Adam)

"For me it was a weird change. My dad worked… my mum was at home. Now I have an opportunity and will for me to be much more involved. It's a change to my parents" (Jacob)

Over time, experience led to increased confidence in their own abilities as a parent, and there was a growing understanding that it was not necessary to pursue this concept of perfection.

"There is a danger of trying to be a perfect dad…I realised I didn't need to be perfect, my child was about 1 when I realised it'll all work out, everything always works out" (Jacob)

"But I'm going to be 'me' and my 'best me' try and gauge each moment as it happens" (Simon)

Discussion: culture and myth of the perfect dad

Some of the qualities that the men identified as desirable could be attributed to their own experiences of being parented – either what they regarded as 'good' or 'bad' – and therefore the patterns of behaviour that they were to adopt, either positively or unknowingly. They often referred to wishing to be a 'perfect dad' but were unable to pinpoint what attributes this would comprise of.

Discussion around this seemed to focus on being 'good' at practical aspects of childrearing such as; nappy changing, bottle feeding, being up in the night for childcare, knowing how to comfort a crying infant; whilst also being financially accountable, supportive to the mother and keeping socially active with friends and family. The emotional traits that the men in the study valued included being able to exhibit their own emotional control whilst being emotionally aware of the needs of both the partner and the child, and acting on this when needed. There was a strong sense that the men felt a huge responsibility to mother and child

both during pregnancy and after the birth, as found by Crespi and Russini (2015).

The men in this study who talked about this notion approached it in a way that highlighted their desire to *not* be like their own father and to learn from the mistakes their fathers had made. This concurs with Deave and Johnson (2008) who found that the men that did mention their fathers said that their own experience would lead to them being very different fathers themselves. Additionally, Asenhed et al (2013) through analysis of first-time fathers' blogs, found that the men did not want to repeat the mistakes their own fathers made, but to be fathers in their own way.

Culture is further highlighted by the fact that historically fathers were not actively involved in either the pregnancy or birth experience, and yet they are now becoming increasingly motivated in being part of this journey and are being invited and expected to be more involved (Jacinto et al, 2019). These changes have been observed over the past three decades where there has been a change in ideology and practice that has influenced men's expectations and desires for fatherhood (Draper, 2003). With this time frame in mind, the experiences that the men in this study had as children would quite possibly have been different to what has now become the cultural norm.

Past experience as a whole comes into play in relation to this. Hanley and Williams (2017) talk about how men's emotional reactions are often dictated by their own past experiences of dealing with difficult situations. They add that there is a paucity of information on a father's insight into their own childhood experiences and how these influence their mental health. This in turn has the potential to influence their journey into fatherhood.

In the context of the 'perfect dad' it was considered by the participants that again this formed part of the transition to becoming a father. There was an element of expectation versus reality and the influence of culture and personal experiences coming in to play. Whilst some of this may have added pressure to the men, leading to a range of emotions, there became a point of acceptance of themselves in the role and that they were 'doing ok' (Adam). This concurs with

Asenhed et al (2013) who noted that many men drew the conclusion that there is no correct method of being a father and that they must do their best, as there are several ways to raise a child. Some men spoke of the reassurance they took from coming to have the perspective that many challenges are just a phase, and this was something which came with experience and time (Darwin et al, 2017).

As has been previously identified (Bellis, Lowey, Leckenby, Hughes & Dominic, 2013) Adverse Childhood Experience (ACEs) can have a serious detrimental effect on a child's physical and mental development and long-term health. This has been recognised as an important public health concern globally (World Health Organisation, 2014) and more locally in Wales (Di Lemma, Davies, Ford, Hughes, Homolova, Gray and Richardson, 2019). The mitigating effects of strong parenthood bonds are therefore profound on the health of a child and encouraging strong attachment within a nurturing environment has the potential to ameliorate some of the adverse effects of these ACEs. As some of the men in the study hinted at being subject to ACEs as children, the willingness to learn new patterns of behaviour as parents is commendable and to be encouraged in order to reduce the risks to their own children. The fathers who had any understanding of the importance of attachment and resilience were keen to discuss how to prevent these instances from affecting their own offspring.

Indeed, culturally fatherhood is changing and Genesoni and Tallandini (2009) describe the gradual transformation of authoritarian paternal behaviours over time, to more affectionate and involved parenting that has been observed in fathers in Western cultures. They consider this to be the result of a mix of a father's personality, experience, culture and attitudes and the nature of the relationship with the partner. Their literature review identifies three distinct phases of transition to parenthood for fathers and describes the emotional and psychological transformation during pregnancy, childbirth and the postnatal period. The men in this study did not specify which period they found the most challenging in terms of emotional changes, however, all but one participant attended the study after the birth of their child. This therefore could identify further research needs into the emotional transition of fathers specifically during pregnancy.

The fathers in this study acknowledged that parenthood was an ever-changing process in which they had to navigate their own and societies expectations of themselves. There was a sense of fluidity of experience and an acknowledgement that what worked for some couples may not be appropriate for others. Over time they had come to realise that they had to find they own ways of adapting to the changes, learning as they went along. There was an acknowledgment that not all experiences will be positive but that parents should be adaptable.

"You've got to do what you think works and do it your own way" (Kevin)

"Those bad places make us better dads – we do a lot of learning" (Simon)

Summary and Practice Recommendations: Culture and myth of the perfect dad

The men in this study talked at great length about the 'perfect dad' and how many of them had tried to negotiate what this might be and how to become the perfect dad. Societal, cultural and personal expectations versus reality and experiences all come into play, but eventually the men realised that there is no such thing as a 'perfect dad'.

Discussion with men surrounding their own expectations of themselves and their role as father is important in the antenatal stage of pregnancy, in order for men to confront and acknowledge these. Exploration of societal expectations of men should be highlighted and myths surrounding 'perfect parenting' should be examined. An acknowledgement that attempting to be 'perfect' is unattainable and may therefore lead to a feeling of failure, should be examined.

What did the participants want?

On commencement of the study it was anticipated that the final outcome would be a structured programme of support that mirrored that of 'Mums Matter' and that a similar prototype would be the end result. However, what became apparent early on was that this was not the key approach that these men wanted or needed. They did acknowledge the need for such a course in general, but other approaches came out of the discussions as a stronger need.
There was strong recommendation that there needed to be a stepped or tiered approach to provision for men.

> *"It builds…leaflets at the start, midwife and then develop to a peer support programme" (Hogan)*

As discussed in the theme "Right information at the right time" particular ideas and suggestions were proposed by all of the participants. Each cohort discussed in depth what they felt had helped them or what forms of support they would have liked during the transition to parenthood. This led to a programme not being developed in the way that was initially anticipated by the research team. The findings led to themes that have been captured under a three-tier approach and as such this has become the suggested programme.

Three-tier approach

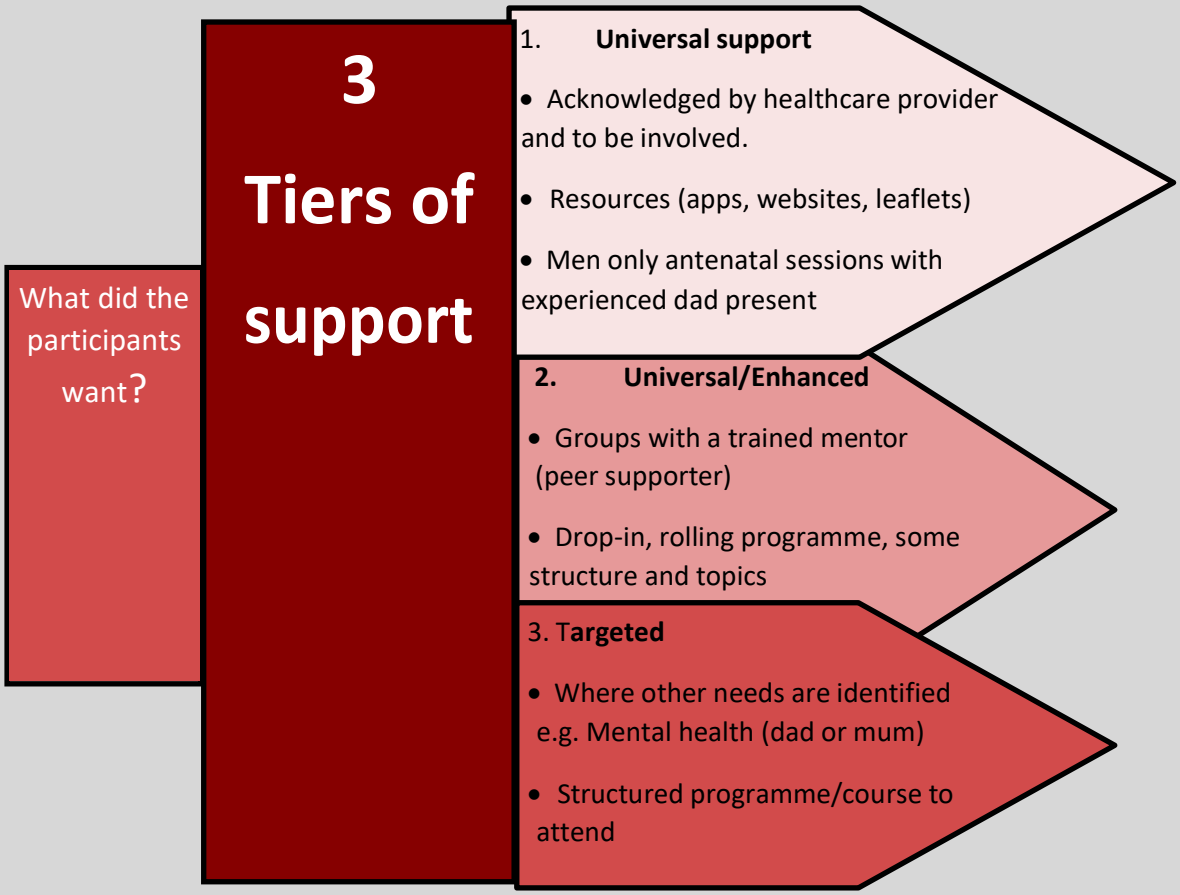
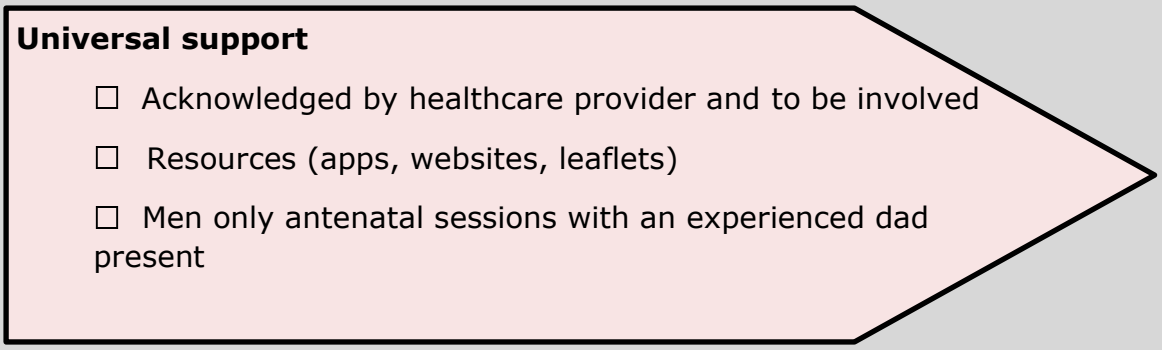


Figure 2. Three-tier approach

1 – Universal Support:

In essence this is the approach that all men should receive and be able to access. There were three components to this tier:



Acknowledged by healthcare provider and to be involved:

A key part of this, at the most basic and fundamental of care provision is the acknowledgement by healthcare providers as being part of the family and for fathers to be involved - in the pregnancy, the labour preparation and the postnatal care of mother and baby. It was felt that this would lead to them feeling supported and able to open-up about concerns or to ask questions. Where men had experienced this, it was perceived to be beneficial and there was some evidence to suggest that the continuity gained through the local midwifery team had led to the men feeling satisfied with the care received. The men who had not experienced this continuity stated that acknowledgement and reassurance that the midwife could also support them, and not just their partner, was needed. There was a strong opinion that the men felt they were an unused resource, who knew their partners and could and should be able to support them. The healthcare professionals were seen as key in supporting the men to do this.

"We need to know who to speak to and when, if there's a problem" (Jack)

Resources:

There was discussion about resources that should be available to all men in the antenatal and postnatal period. Some men referred to the use of apps or online resources which they felt to be the most useful, compared with books and leaflets, as many men felt these were aimed at women.

"A dad's survival guide…with signposting to links" (Hogan)

"I said a pack of some sort, with pre, middle and afterwards and then if bits aren't relevant they can be skipped over" (Sam)

The men were aware of some apps, but this did not appear to be something that had been actively promoted to them by anyone. They acknowledged the benefit of direction to reputable websites and resources.

"We want professional acknowledgment of stuff, standard to approve. It's about the correct information, with humour included and graphics" (Sam)

"Information in one place instead of loads of information and leaflets, a one-stop-shop" (Hogan)

Men only antenatal sessions with an experienced dad present:

Antenatal education provision was discussed in depth with mixed experiences by participants. There was acknowledgement of the importance of attending classes, but the strong desire and need was for something that focussed on them as men becoming fathers and at an accessible time to enable them to attend.

"Antenatal education needs to be an option in the evening so we don't miss out" (Mike)

They wanted time alone with the midwife and other men where they could comfortably ask any questions.

"It would be good to have the opportunity to talk about how to prepare, could be directed to other organisations. We need to do this away from the mother, we might be embarrassed. There might be some bits we want to say without her there, because we have to provide, maybe about what to expect in our partners, emotions, tiredness…" (Sam)

Further to this, they saw benefit to having an experienced father to support these discussions and to encourage peer support. The men in this study who had attended a session which had experienced dads as part of it, found this to be very beneficial and others felt that this was something they would have liked.

"A peer to talk to dads at antenatal classes would be good. The dad could then introduce the peer support group so the men know it's available" (Hogan)

"Divided session could work" (Mike)

"Nicer to have a session on our own, could be a single session. A how-to for dads" (Chance)

"We went together to evening antenatal classes, but a dad's session separately at the same time as mums going could work" (Kevin)

"We (partner) could encourage each other to go if antenatal class splits off for some of the class, then you would get to know people too" (Adam)

The opinion was that having a dads-only element to the antenatal education provision would encourage development of some peer networks for the men, which could offer them ongoing support into fatherhood.

"You might lose friends, but new friends are made as your priorities change, good to have other people to relate to" (Simon)

The benefit that classes offer to women in terms of development of peer and support networks was recognised by the men.

"Once antenatal classes finish mums stay friends. Your social life can be pulled away when you have a baby and new friendships are formed" (Adam)

In addition, if there was a peer supporter or mentor who assisted with the classes, this could provide an opportunity to encourage the men to attend a local 'Dads group' if on offer.

2 – Universal/Enhanced:

The men in this study articulated that this should be the approach, again, that was on offer for anyone who felt the need to attend. This would ensure that the support needs of fathers are normalised. It was acknowledged that men should also be signposted to these options when additional needs are identified, such as mental health concerns.

Universal/Enhanced

- ☐ Groups with a trained mentor (peer supporter)
- ☐ Drop-in, rolling programme, some structure and topics

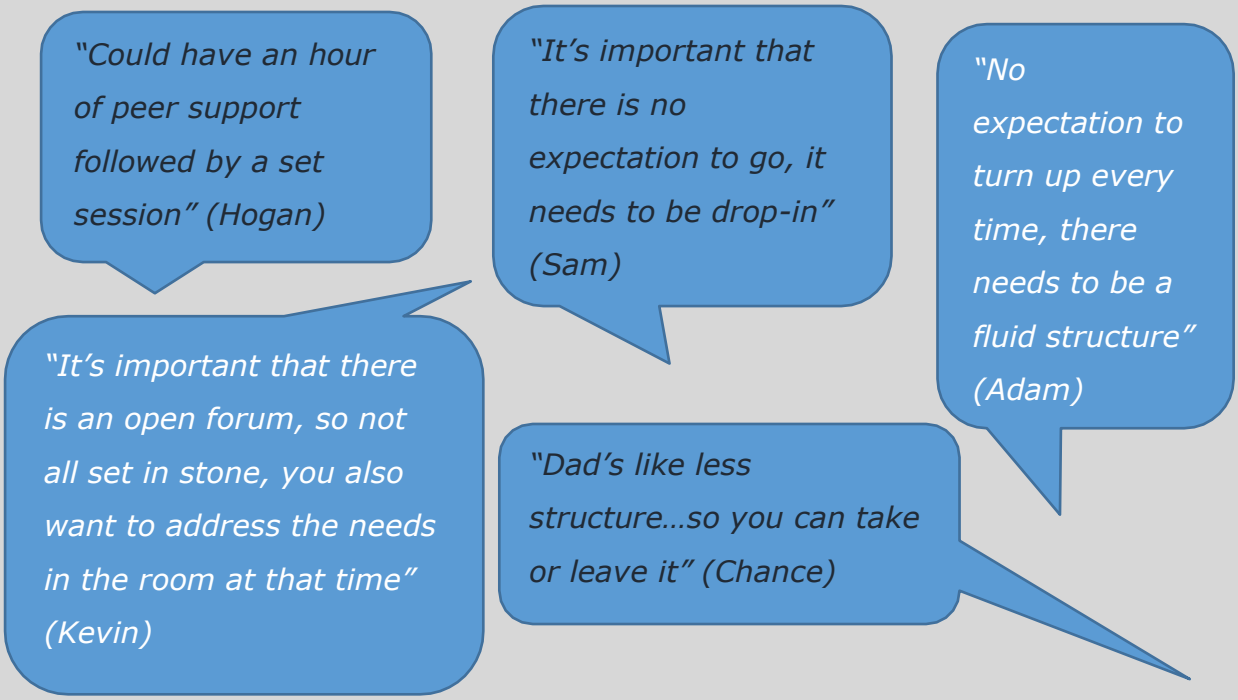
Groups with a trained mentor (peer supporter)

The men felt that this method of support should be a separate offering from antenatal education classes and would be an ongoing 'Dads group'. However, they suggested that the group would be promoted through antenatal education classes.

"Bring the mentor to the antenatal classes and then they introduce the men to the group" (Mike)

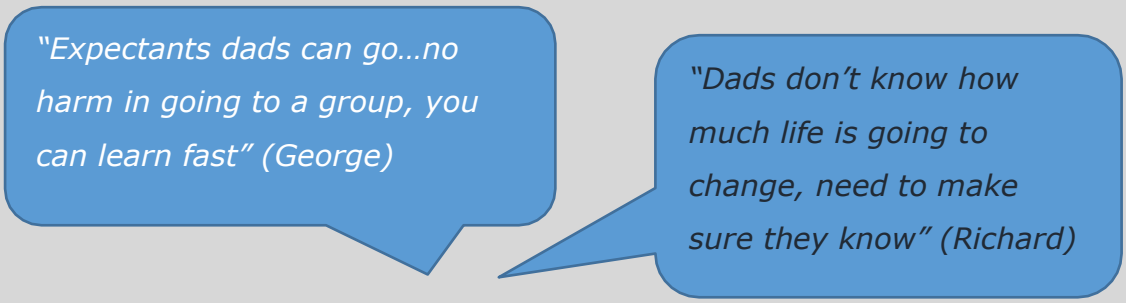
Additionally, they considered that peer to peer recommendation would be the best method of recruiting fathers to the groups.

There was a lot of discussion concerning the structure of the groups. There was a strong sense that it should be a drop-in group, rather than something they signed up to go to all the time. The men were in favour of a rolling published programme of support comprised of different topics that the men could dip into as needed, but that these would only form part of the session. This would mean that they would not necessarily attend on a regular basis, but could if they wished.

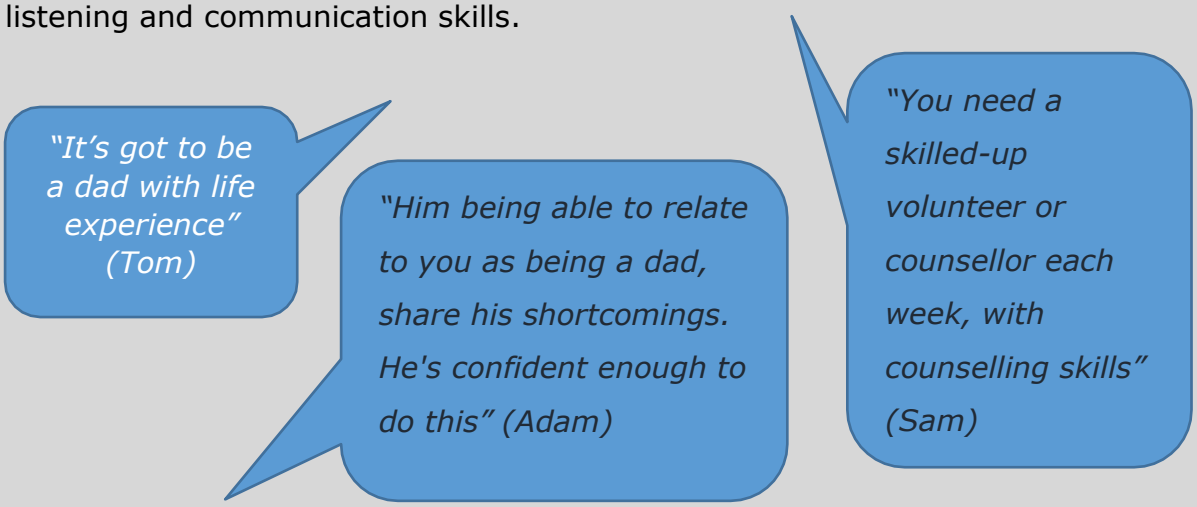


They talked about having a midwife, health visitor or nursery nurse occasionally attend to cover topics such as labour or weaning. There was also discussion that cooking skills could be helpful too.

They also felt that these sessions could happen in a way that, if men didn't want to sit in for that section, they could still be present to chat with others. It was suggested that the groups should be open to new and expectant dads.

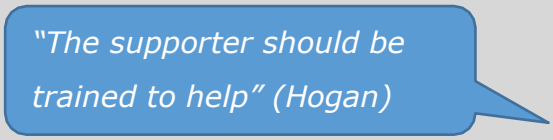


Much thought was given to the form of these groups including timings, the name of the group and the type of person who should be the leader. The personal characteristics and skills of this leader were very important to the men and they considered it should be someone relatable, with lived experiences; someone who would draw people into discussions and hold them in a safe space in order to be free to share emotional issues. The men wanted the leader to have good listening and communication skills.



They wanted someone who had received some training but there was an acknowledgement that they should not necessarily have 'all the answers', but be a source of information and referral point to other services if required. This concurs with Friedewald, Fletcher and Fairburn (2005) who also suggested that facilitators should have group leadership skills.

There was a lot of discussion about what the person should be called. Some of the men preferred the term 'mentor' rather than 'supporter'. Ultimately, they saw this person as being an experienced dad and even an expert, one group fondly referred to the leader as the "Chief daddy" (Kevin).
The men discussed the need for the person to be approachable and trustworthy, someone who would include the quieter members of a group and facilitate discussion.



"Confidentiality and a safe space is important" (Adam)

"It needs someone skilled to act as support and who can direct people if there are issues or refer people on" (Sam)

In relation to the timing of the support groups: some of the men wanted a group to which they could take their children, (such as on a Saturday morning) which may give their partner a break from childcare and also allow them to see their children interact with other children and fathers.

"We don't get to go to play groups so bringing kids would be nice, would make it all-rounded then" (Chance)

Some of the father preferred the notion of men-only evening sessions that would allow them to talk about intense or complex emotional issues, without the distraction of children around. A mix of both of these would seem to be prudent to fulfil these varying needs. The thoughts on frequency of groups ranged from weekly to fortnightly. They wanted it regularly enough to encourage friendships to develop, but without the pressure to have to attend every week.

"Could offer weekly sessions and on the last week bring the kids" (Sam)

"It needs regularity, if its weekly, you know its every week and so it's easy to remember then" (Chance)

The environment for these sessions was also discussed and the men strongly recommended that the groups should be held somewhere neutral, such as a community centre, village hall or school. This was to encourage men to attend without it being seen by their partner as a 'boys' night' or somewhere that would

encourage alcohol consumption. Using a public house space was seen as having the potential for mixed messages to others, whilst not supporting those men for whom alcohol consumption was a problem (such as due to health, cultural or religious reasons).

The participants also identified barriers to the success of providing peer support, such as men not being aware of the groups or being afraid to attend something they didn't perceive to be required.

"Pride or seen to be weak for wanting help, it's a cultural barrier. Some men might think, what are you going to that for?'" (George)

Further to this there were mixed thoughts about how the group should be named or known as. Some were less keen for the use of the term 'peer support' as this had the potential to be seen as a weakness if they attended.

"Leave support out of it!" (Adam)

"Support feels like failing, we just want to chat" (Jacob)

"It's support you didn't realise you needed" (Kevin)

"If it's called a dad's support group people will be put off as we don't think we need support" (Kevin)

Some felt that the focus should be around mentorship and simply called a 'Dads group'.

3 – Targeted:

Targeted

- ☐ Where other needs are identified e.g. Mental health (dad or mum)
- ☐ Structured programme/course to attend

Whilst the men talked predominantly about the suggestions in tiers one and two, there was acknowledgement that there was a place for a more specific programme of support, particularly where additional needs have been identified.

"There needs to be a tailored programme in place, something extra, but they all need to work together" (Frank)

"I would have attended a programme, I like structure and find it interesting. It would also improve peer support…I think six sessions is probably best, but I would want to know what the content was going to be" (Sam)

"Some (men) might come to a group and realise they need more help" (Chance)

There was some hesitance about it however, specifically around a course and how that might be structured.

"A programme….not really, could be a bit like school, a group in town might work better. I'd prefer something less formal" (Hogan)

The men considered that the structured programme or course could be suggested to men who attend the 'Dads group' where additional support needs

are identified; and indeed, this was a skill that they felt the group leader would need to have in being able to identify men who might need extra support.

> *"A professional there will help in identifying when more support might be needed for a family" (Simon)*

Some of the men had partners who had attended the structured 'Mums Matter' course through Mind and had seen how beneficial that had been for their partner and therefore could see the benefit of a similar course being available for men. The strong feeling was that this would be where further concerns within a family are identified but this would not be the routine offering.

Summary and Practice Recommendations: What did the participants want

The suggested programme was a three-tiered approach encompassing all circumstances that men could find themselves in as they become fathers. This includes the involvement of men in the healthcare professional relationship and provision of information resources in a variety of modes. It is important that providers of maternity and health visiting care consider how education programmes can be accessible and inclusive for fathers to be encouraged and able to attend. The option of a men-only section to antenatal education provision should be considered with involvement of an experienced father.

The offering of peer support or 'dads' groups' should be considered and third sector organisations may be in a place to support this. Close links with healthcare providers would enable a seamless approach to try and ensure men feel included.

A specific programme or course for support for those with identified mental health needs (either mother or father) has a place to be developed. Again, third sector organisations could be in an ideal circumstance to build on this suggestion or implement similar programmes from across the UK.

"Dads bonding over common ground" (Jack): Experience of being part of the research

The second aim of the research was to explore the use of co-production in developing the programme. In doing this, the men were asked questions to ascertain their experiences of being part of the research and supporting development of the programme and what challenges and benefits they experienced by being part of it. This was expected to enhance the detail about their experiences of becoming fathers. It was also envisaged that the men would shape the detail of the specific targeted programme of support, and help design the programme or course. This did not happen in the way that was intended, as the participants felt strongly that the programme should cover the variety of offerings that need to be available to new and expectant fathers, with the key focus being around informal groups. The use of co-production was explored and reflection of the men's experiences of taking part in the study were acknowledged.

Benefits of taking part: Time to reflect

The men who took part in the study were overwhelmingly positive in their description of the experience. Being part of the research allowed them to share common experiences and to tease out their own thoughts and feelings on becoming a parent and even to address issues that they had not identified before attending. The group was viewed as a positive method of having space and time to reflect and contemplate what kind of parent they expected themselves to be – or hoped to be. For many of the men, this was the first time they had consciously considered or openly discussed these issues, and the freedom and safety of the group allowed them to own up to a sense of vulnerability concerning parenting.

"I found it therapeutic" (Hogan)

"It was an awakening, I was in a bubble before. We (friends) never talked about stuff like that" (Frank)

"(it) gave me a connection with other dads. Sharing frustrations without judgement" (Frank)

"It's given me a better awareness and brought things up I didn't realise. I thought I didn't have problems and have now realised I did shelve and hide stuff and this has helped me recognise that" (Sam)

"I got loads out of this, once I was here, hearing others going through the same experiences….it has encouraged me to say stuff that evolves out of what others have said" (Kevin)

The participants experienced increasing confidence in their relationship with their children.

"Being here has allowed me to be a better dad" (Simon)

This was due, in part, to the shared experiences that they discussed and the realisation that they were not alone in feeling this way. This sharing of information in a non-judgemental arena allowed them to express their anxieties and understand that others experienced similar emotions, as they disclosed that this was unusual.

"It's not the norm for dads….A therapeutic sharing experience" (Richard)

"It's a release to be able to express yourself without prejudice" (Simon)

The men considered that time spent in the group was a valuable method of discussing these issues and suggested that this mode of support could be used as a model for fathers sharing information. As such, the nature of the study being 4-sessions in itself enabled exploration of how informal peer support could work.

"Talking to people in groups is the best way to take it in really" (Tom)

"We (to another participant) live near each other, we would have said hi, but now if we ever need anything we can support each other" (Kevin)

They really valued the time that they had spent together discussing parenthood issues. They found the discussions practically useful and intellectually stimulating and gained a strong sense of emotional support from each other.

"The challenges of parenthood melt away when you know we have all experience and shared. It increases your ability to cope" (Simon)

"I've found it good to get to know other dads. It's good to know I'm not alone and nice to spend time with other dads" (Chance)

The men viewed taking part as having been a useful tool to build a network of other men who would understand their situation, as they had been through similar experiences. This social support was unexpected to them, as many had joined in for altruistic purposes and did not expect to benefit themselves.

"This will help other dads…knowing you're giving up your time for the benefit of other dads to feel more supported in the future…..we could have done with an extra couple of weeks" (Adam)

"For me this has been re-building social groups. Friends might not be at the same stage and so I've lost that network" (Jack)

"Going to the pub – developing social support, I wouldn't have done that otherwise, so this is a good outcome" (James)

They expressed that they would have greatly appreciated this form of peer support when they were expecting their first child. Indeed, one expectant father stated, "this feels like part of the journey of parenting" (Mike).
There were other positives too, in that they described improved communication with their partners, family and friends.

"It brought me and my wife closer, our communication improved as I had confidence to say how I felt" (Frank)

"This has given me headspace and has helped me give her headspace, I enjoy bonding time with [baby] and this gives [partner] a break too, if she's happy, I'm happy" (Kevin)

This increased understanding and communication had then led to other positive outcomes of attending the study.

"I have offloaded issues I had" (Sam)

The men felt listened to by others concerning their lived-experiences: the facilitators, researchers and other participants showed an interest and respect for each other which gave weight and validity to the importance of their experience and legitimacy to their emotions.

"It's good to be listened to" (Jack)

"It gave us permission" (Kevin)

The men did not specifically discuss whether the presence of female facilitators and researchers was a challenge or barrier to being able to express their feelings – but, as one man pointed out "You are not *our* midwives" (Adam), which could indicate that he did not find this a problem. The participants valued the fact that that they had been invited to take part and that they were able to express their

opinions openly within the group and in front of health professionals. They were, at times, very critical of healthcare professionals and the way that they felt they had not been included during pregnancy and after the birth. The men stated that taking part in the study had made them more confident to question healthcare professionals, for example at antenatal classes or consultant appointments.

"I'd be more forceful" (Chance)

"I'd be more interactive and ask more questions" (Frank)

The confidence to share this information grew over time, as the participants realised that the study group was a safe space and that many of the challenges of parenthood were shared.

"(My) confidence built as other people said things and it felt safe to say things" (Kevin)

There was also a very clear confidentiality policy in place which set out the 'rules' for each cohort and which were chosen by the participants of each group at the start and this built up the trust needed in order to do so.

"The ground rules were very important, it was a safe space to open up" (Mike)

All the men declared it to be a beneficial use of their time and had found it to be a "safe place" (Adam) in which to discuss issues around the transition to parenthood.

"After a few hours I knew…I felt comfortable" (Hogan)

Cohort 4 was used as an opportunity to ascertain any longer-term changes or impact of having been part of the study in terms of positives or challenges. It was evident that members of two of the cohorts continued to communicate with

each other after the sessions had finished and had found this to be beneficial in terms of normalising fathers socialising with their children with other fathers.

Some of the men had taken their children to meet up for coffee, in the park or to go swimming on a semi-regular basis and these unofficial support networks had led to the father's feeling more confident in their relationships – both with their children and their partners.

"It made me a bit less self-conscious… I was out and about in town (with my child)" (Chance)

"I felt empowered to own the role" (Frank)

One participant discussed his increased communication with his partner after attending the group sessions and others reiterated that this had been the case for them also. Another stated he was more relaxed and no longer felt he had to be 'perfect', relishing in this new and calmer state.

"It has made me a better father and I make time for my wife and child" (Hogan)

"Everything from this has opened channels - communications with family, partner and child" (Chance)

"I realised it doesn't have to be shiny all the time" (James)

The men overwhelming expressed positive effects of the experience of being part of the research study and some expressed a desire for further groups.

"Being here has allowed me to be a better dad" (Simon)

"No one asks the men how they are doing. They are not aware of any support groups" (Jacob)

"It has allowed us to tease it out. But time is an issue - we've only touched the surface" (Sam)

There was a clear wish from some of the men for the support of the group to continue. This further strengthened the plan of the programme that developed.

Challenges:

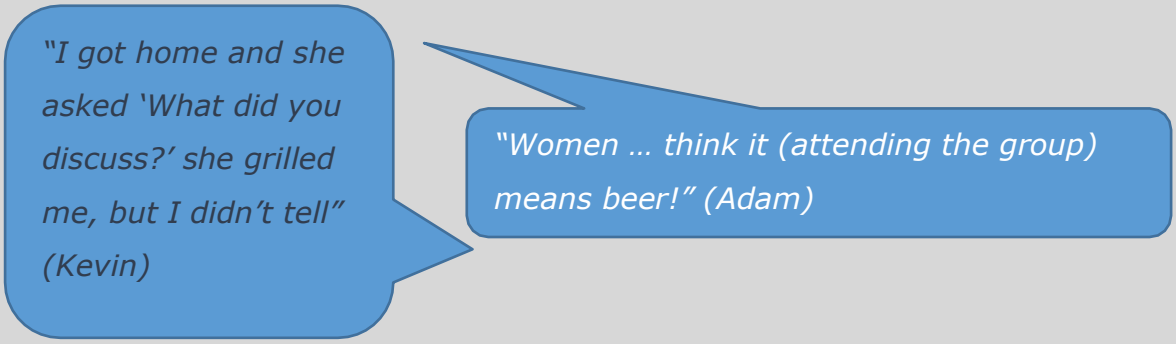
There were minimal challenges referred to by the participants. However, taking part in the study was not without challenges for a few of the men, especially as it required spending time away from their families. Many had their routines as a family and felt they were breaking that to join the study, with mixed feelings of guilt at time away from them to a feeling that this was actually beneficial. Some also had to juggle things to get to the group on time, as had been agreed by the participants when they decided on ground rules.

"Wife being home on time for me to come and guilt because of the contract to be on time" (Sam)

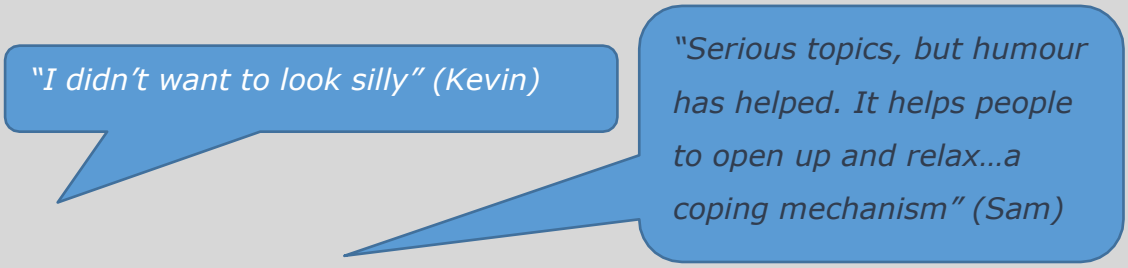
In some cases, the women had pushed them in to participating. Others in the group agreed that they had been 'told to attend' by their female spouses. For some, their partners were suspicious of the time spent at the sessions.

"I wouldn't be here if [partner] hadn't sent me" (Mike)

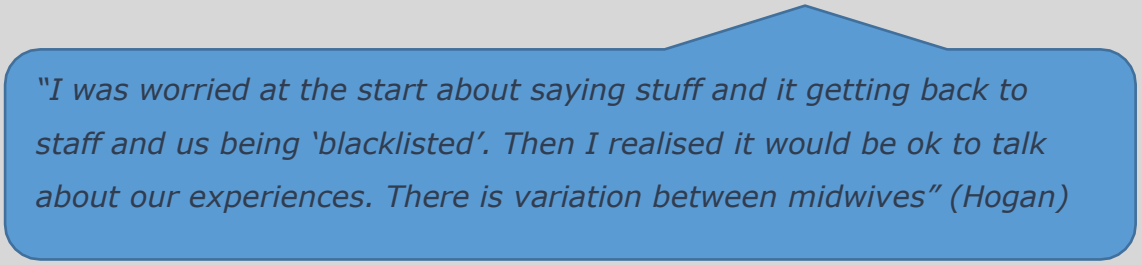
"I got questioned because I praised her! She was suspicious!" (Tom)



Another challenge to overcome was the initial anxiety that the men felt about discussing personal issues with an unknown group, and therefore feeling vulnerable to criticism.



This anxiety was also discussed in the context of the midwifery researchers by one participant, but this appeared to be an initial feeling that was short-lived.



Discussion: Experience of being part of co-production research

Daniels et al (2020) described men's experience of maternity services as one of being excluded and there was the potential for there to be subtle power discrepancies in the relationship between the men and the midwife researchers. Men have long felt side-lined by midwives in the birth room (Longworth and Kingdon, 2011) and during the perinatal period (Elmir, 2016; Huusko, Sjöberg,

Ekström, Hertfelt Wahn & Thorstensson, 2018: Baldwin et al, 2019). Therefore, it is acknowledged that the fathers in this study could well have found these discussions to be challenging. The benefit of having 4 sessions in each cohort was that the men certainly appeared to relax in to the sessions and it was anticipated that any difficulties in relation to the presence of midwifery researchers reduced over time. One father specifically referred to the presence of the midwifery researchers in discussion about challenges of taking part, but he went on to reflect that he realised he had not found it affected his participation in the study.

Broyle et al (2010) consider the use of co-production research methods can ameliorate these discrepancies in power through the use of dialogue and mutual recognition, which will then lead to a truer picture of the experience being examined. The participants expressed their appreciation in being offered the opportunity to articulate their transition and Hoven et al (2020) also described participant's involvement as validation of their experiences.

Durose et al (2017) describe this sharing of information in co-production research as 'challenging the embedded power hierarchies' and acknowledge that peer-to-peer learning can be an effective method of gathering research information whilst also leading to improved understanding amongst the participants (Kolb & Fry, 1976). It is possible that an effective and deeper understanding of the concept of the transitional change that the men had gone through was expressed during the group discussions than may have been achieved by single-person participatory interviews or one-off focus groups. In explaining themselves to each other the men may have understood their own experiences more fully (Durose, 2017), with subsequent benefits for the goal of developing a support programme for future fathers.

Motives for taking part in qualitative research frequently involves altruistic beliefs (Peel, Parry & Douglas, 2006) as was found with the fathers in this study. The men often mentioned that they were helping other fathers and fathers-to-be and they hoped they would be helping to make a difference for the future. However, in the last session of each cohort, the men stated that they had gained so much more from participating than they had originally expected and this was further discussed during cohort 4. This view concurs with that of Boyle, Clarke

and Burns (2006), which describes involvement in co-production research as contributing positively to participants mental health.

The ability of co-production to allow a more flexible approach to research has the potential to uncover unexpected facets of an issue (Hoddinott et al, 2018), which was the finding of this study. The programme design that evolved from group discussions was not what had been envisaged by the researchers before commencement. This flexibility that is inherent in co-production design allows for the accommodation of the participants wishes but demands that researchers are aware of the need to be accommodating to this variability. This is in line with Needham and Carr's (2009) findings concerning co-production, which they described as having potential to be transformative to healthcare provision. Although the men in the study reported that they had found the experience overwhelmingly positive in enabling them to have time and space to consider the transition to parenthood, there was the potential for mental harm to be caused and, for this reason, the de-stress pathway was available and utilised. This enhanced the trust that the participants had in the research team. Hoven et al (2020) underline the concept of trust being intrinsic to the successful collaboration of participants and researchers in qualitative research. Despite some initial apprehension regarding feeling vulnerable by sharing complex emotions with strangers, the men found the groups supportive and a positive method of discussing their parenting experiences, as found by Deave and Johnson (2008). The men exhibited trust in the cohort that they were part of, as they shared increasingly intimate emotional details with each other. This shared experience seemed to provide reassurance to the men and validation of these sensations.

The group format of the cohorts may have contributed to the participants of this study preferring peer-support group meetings as a method of support for the future. This worked well in their experience and therefore they considered it would be a suitable method of support for other men. Indeed, Topping (2005) suggests peer-learning is a pragmatic method of gathering data, such as for research, as well as a technique for promoting 'onward learning'. The men's experiences of being part of the research project may have simply contributed and influenced their suggested programme around peer support. They may have

needed the permission to come together as a group, as a goal or incentive, which then allowed them to open up about their feelings and experiences. Additionally, the time spent in four sessions allowed them to get to know each other, meaning that the research team witnessed them beginning to bond and could therefore visualise what a group offering of peer support to men could achieve. The sessions became a pilot of what a dads' group could be like. However, it cannot be assumed that the results are transferable to other groups. Therefore, a range of support methods for men during the transition to parenthood would be preferable in order to offer individual choice.

Summary and Practice Recommendations: Experience of being part of the research

On the whole the men reported benefits from taking part in the study. This including providing them with a safe space to discuss their experiences and emotions and this became increasingly evident the more sessions the men attended. They appeared to value having their voices heard, and spoke at length about their altruistic reasons for taking part – to help fathers in the future. Only through reflection did they acknowledge that they themselves had also experienced their own benefits from taking part.

The benefit of having four sessions for each cohort meant that the men had a good amount of time to consider and discuss their experiences and wants to support the transition to parenthood. The structure gave some insight in to how a peer support group could work for the future.

The challenges to taking part were few and tended to be logistical as well as overcoming anxieties of what the sessions might involve. This highlights the need to ensure men are included, involved and engaged with and supported to overcome these anxieties to attend groups or classes.

The study has highlighted the importance of involving men in discussions about care provision and working with them as equals in shaping services.

Strengths and limitations of the study

The current study generated broad data based on the experiences of fifteen men and their own reflections of their experiences of becoming fathers. The fact that the men in cohorts 1-3 attended four sessions enabled rich data to be gathered that provided a large insight into their experiences. Rigour has been enhanced through cohort four sense-checking the data and themes from the earlier three cohorts.

Cohort one started the discussion about experiences and the latter cohorts built on these, confirming or dismissing thoughts and themes against their own experiences. The fact that earlier identified themes and experiences were shared had the potential to influence latter discussions. However, each group were provided with opportunities to talk through and share their own experiences and add further thoughts and, as such build on the experiences. There is the potential that participants may not have had the opportunity to share something that was key to them individually. A benefit of the discussion was that there was the opportunity to probe points further and for the group to bounce ideas off each other, which would not have been achieved through individual interviews or questionnaires.

The men volunteered to take part in the study, which means this may have resulted in men opting to take part because they have a specific interest in the topic. The fact that the study was publicised on social media enabled awareness raising about the importance of fathers' mental health. The first cohort were a purposive sample of men who had shown interest through attending a supporter's session of the 'Mums Matter' course. This has the potential to mean that they had additional vested interest in mental health and the role of fathers but also that they may have been more aware of postnatal mental health issues than men whose partners had not experienced this. No men withdrew from the cohorts and each showed and acknowledged their commitment to it. However, cohort 4 had 6 out of the 15 men consent to attend. It is noteworthy that finding a suitable time and place for all proved to be a challenge for cohort four, and more men showed an interest but were subsequently unable to commit on the day.

The midwifery researchers, who are both female, were present in each session in a predominantly observational capacity. They took notes throughout and were involved in discussion at a minimal level. There were occasions where questions were directed at them and they took the time to answer these queries. It is acknowledged that the midwifery researchers got to know the men involved in the research, as there were four sessions in the first three cohorts. The presence of the female midwifery researchers had the potential to impact on the men's level of ease in being open about their feelings and experiences, as they were aware that notes were taken. However, the fact that the men got to know the researchers potentially added to their ease in being able to be open. The midwifery researchers may have influenced the level of comfort the men felt in also feeding back their experiences, specifically in relation to maternity services. The main facilitator from Mind is also female; however, for cohorts 1 and 2 there was a male facilitator present who supported discussions and led sections of the sessions. The male facilitator was not the same for each cohort. The fact that there was not a male facilitator present for cohort 3 or 4 did not appear to impact on the comfort of the men or the richness and depth of data generated, but this cannot be excluded.

Additionally, the fact that the data was collected through group discussions may have impacted on the men's level of ease in opening up - due to having to express themselves in front of other men. Again, it appeared that the men got to know each other over the weeks and became more comfortable in each other's company and therefore in sharing their experiences. The men in this study appeared to be open about their experiences, but it is important to acknowledge this as having potential impact on the findings. During the last session of each cohort the men expressed that they had found it useful to discuss their experiences with other men. This sharing of experiences validated their thoughts and feelings and made them realise that they were not alone, suggesting that the impact of being in group discussions was a positive experience.

The results cannot be viewed as generalisable to the population as a whole. It must be acknowledged that the men who participated in this study were white, English-speaking, and lived within or around two small towns in rural mid-Wales.

Men from other ethnic backgrounds or from a more urban population may not have the same experiences. Furthermore, it is important to note that all of the men in this study were in relationships and with the partner with whom they had the child that meant they were eligible for the study. This means that the needs of single fathers, or those who do not live with their children, will not be represented within this study and their experiences and needs may vary from those of men who are in a relationship.

Also, it must be acknowledged that there may have been other men who were willing to take part in the study but who were unable to, due to work or home commitments, or simply due to being unaware of the study. As the study design included four two-hour sessions this may have prevented some men from committing to take part. Although the research was advertised locally on social media it cannot be assumed that all the men who could contribute to this body of knowledge were aware of the study, or willing to be involved.

Involving men in research can be difficult to facilitate and requires consideration of multiple factors, including ensuring timings are suitable for working fathers. In order to increase the rates of men taking part in further studies the researchers suggest that a representative for participants should be included at the beginning of planning a study, in order to accommodate participants views. Individual invitations to participate may succeed better in enrolling participants than blanket social media-type posts. Word of mouth recommendation was found to be beneficial in encouraging participation, especially when the men in the study highlighted the benefits to them of taking part.

The focus of this study was on the experience of men. The research team discussed at length during the planning phase of the research about whether to include same-sex couples, thus opening the research up to female partners. The decision was made to focus on men at this time, as it was acknowledged and anticipated that the experiences and needs of same-sex couples might differ and that this warrants its own research.

Finally, a strength of the research was the involvement of a father as part of the research team. He was involved in the planning stages of the research, design of

the resources used for advertising the study and discussion about topic guides. He was part of the study steering group and supported facilitation of cohort 1. His involvement ceased prior to cohort 3 however and he was therefore not involved in any further meetings. A different father became involved for facilitation for cohort 2, and he was recruited from cohort 1 to take part and attended meetings for the duration of his involvement. The fact that neither of the men were involved in facilitating cohort 3 has the potential to be a weakness of the study from a patient, public involvement (PPI) perspective.

The research team had steering group meetings as well as meetings providing opportunity for reflection and reflexivity, of which the two male co-facilitators were involved in, up to cohort 3. This was key to ensure that any potential bias was acknowledged and discussed and allowed for discussion about assumptions and pre-conceptions. This was further supported through peer debriefing following each session, which allowed for reflection on the discussion. The midwifery researchers reviewed each other's notes and codes and these were discussed in relation to appropriateness of interpretation. This was also completed for sections of the notes with the midwifery critical friend in order to assess reliability of the data and ensure that the themes were correctly identified.

Suggestions for future research

- Further research for consideration would be to design, test and pilot information resources aimed specifically at fathers. These may take the form of computer applications (apps) rather than traditional paper forms.
- Healthcare workers attitudes to men during pregnancy and birth need further researching (midwives, obstetricians, health visitors and neonatal nurses).
- Men's relationships with healthcare workers around the perinatal period
- Father's experiences of participating in research

Next steps

Further monies secured through the Integrated Care Fund has enabled the development of a dad's group, which has initially been commenced virtually,

with a view to becoming face-to-face. This would encourage a network of support for men with other men who are either new or expectant dads. The network has a facilitator from Brecon and District Mind who is supporting its development and aiming to encourage peer support. This person has additional knowledge of mental health needs and is able to offer one-to-one support where needed as well as being able to signpost men to additional support if needed. Once face-to-face sessions are running it is anticipated that the sessions will be informal in nature, with men attending without their children, the session will most likely run in the evening. It has been suggested that the sessions will be divided in two periodically to enable a guest speaker such as a midwife, health visitor or nursery nurse to come and answer queries and provide session on topics such as practical skills for a new baby or weaning. The facilitator has provided some online videos sharing his experiences of being a dad that are being shared on social media to encourage men to speak up about their experiences. Further, he is linking with the midwives to offer some one-off sessions for expectant fathers in the form of antenatal education.

It is further anticipated that the Mind facilitator will begin to develop a more specific programme for men who require additional support with mental health issues during this transition to parenthood period.

The study also highlighted the potential for further consideration and exploration of a model for training fathers as peer supporters (such as a similar model to the training for Breastfeeding support volunteers). A relevant model would have the advantage of supporting men to support each other within a framework and encompassing supervision pathways.

Conclusion

The findings of this study suggest that transition to parenthood has the potential to be a stressful and emotional time for fathers, who can find that their emotional and practical needs are not currently met by traditional care practices. The support needs of fathers must be acknowledged by maternity and health visiting services and plans put in place to include men more during the perinatal period. At the most basic level, men should be involved as partners on the journey to parenthood and included at every opportunity. Education provision in the perinatal period should be accessible to men too and the opportunity for

having experienced fathers join in such classes might help to break down barriers. Consideration should be given to the provision of peer-type support for men as they become fathers either through NHS Services or Third sector organisations. This has the potential to lead to more streamlined seamless care for families. Further, the identification of those men who would benefit from additional support is vital and a plan should be made for local provision of services to enhance mental wellbeing of men and families during this period.

Footnotes

Contributors: The research was carried out by two midwifery researchers working for Powys Teaching Health Board with contributions from a Mind (Mental Health charity) programme facilitator and an administrative assistant. Also involved were two dads, one of who worked as a volunteer for mind. The other dad was recruited from cohort 1 to assist in facilitation of cohort 2. This was in order that the whole research team was not comprised of women which could lead to bias or affect the discussions that the men had.

Funding/competing interests: Funding was sought through an Integrated Care Fund through the Regional Partnership Board and from Welsh Government.

Ethical considerations: Ethical and research approval was gained from Health and Care Research Wales (HCRW) and NHS HRA; IRAS 259155.

Provenance and peer review: Peer review was carried out by a critical friend known to the midwifery researchers (Dr M Lewis).

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Appendix 1 – skeleton template

Cohort 1:

Sessions 1-3 may cover initial themes for exploration such has:

- What is a Dad?
- What's good about becoming or being a Dad
- Importance of positive attachment to their babies
- Maintaining healthy relationship & communication
- Looking after yourself
- 5 ways to well-being (tools)
- How to support your partner

These topics will be offered as examples and participants can explore their use or not use and openly contribute new ideas and preferences.

Part of the skeleton will involve tools being shown to facilitate assessment of mental health. Examples would be Warwick-Edinburgh Mental Health Wellbeing Scale (short WEMWBS), Social Provisions Scale (SPS-10) and General Anxiety Questionnaire (GAD-7).

The 4th session will be a focus-based discussion, reflecting on the topics discussed, additional thoughts and evaluation on their experiences in taking part of this research.

Cohort 2 & 3:

The programme for cohort 2 will be based on the final programme as determined by cohort 1 and cohort 2 will then continue to build upon the topics with their thoughts and views.

The programme for cohort 3 will therefore be the final programme as determined by cohort 2.