

TOPIC: IN SUPPORT OF RESEARCH AND EDUCATION FOR PATERNAL POSTPARTUM DEPRESSION

SUBMITTED BY: University of Maryland, Baltimore Nursing Student Government Association

WHEREAS, postpartum depression, once expected to occur only in new mothers, is now estimated to occur in 4-25% of new fathers as well. 1.2-25.5% of men, whose partners did not have postpartum depression, develop depression; and

WHEREAS, 24-50% of men whose partners have postpartum depression also experience postpartum depression in the first year after birth; and

WHEREAS, Maternal depression is identified as the strongest predictor of paternal postpartum depression; and

WHEREAS, men experience hormonal changes following childbirth which are linked to triggering depression. Testosterone levels begin to decrease a few months before the birth of the child and maintain at low levels for several months postpartum. Estrogen levels among men begin to increase during the last of month of his partner's pregnancy until the early postpartum period. Both changes are associated with depression; and

WHEREAS, depressed or sad moods associated with postpartum depression may be less apparent in men; they often change their social situations, indecisiveness, cynicism, and an irritable mood are the hallmark signs of depression in the adult male; often an insidious transformation; and

WHEREAS, there is not yet one single official set of diagnostic criteria for paternal postpartum depression; and

WHEREAS, paternal postpartum depression has negative impacts on family, including increasing emotional and behavioral problems, such as hyperactive disorder, among their children and increasing conflicts in marital relationships; and

WHEREAS, few programs exist to address paternal postpartum depression and this gap in services needs to be urgently addressed; and

WHEREAS, studies show that fathers reported needing support from both formal (professional) and informal (friends and family) support resources; however, a dominant theme suggested that both men's and societal attitudes about gendered approaches to help-seeking role challenged many men to find support for themselves; and

WHEREAS, the most common barriers to accessing support included not knowing where to look for paternal postpartum depression resources and difficulty reaching out to others; and

- WHEREAS, paternal postpartum depression is a serious and real issue and nurses can begin to help by implementing everyday strategies to increase public awareness of postpartum depression by including information in existing programs geared to pre- and post-natal families, and seeking out ways to become involved in screening and treatment initiatives; therefore be it
- RESOLVED, that the National Student Nurses' Association (NSNA) encourage continued interdisciplinary education and research on paternal postpartum depression; and be it further
- RESOLVED, that the NSNA encourage the inclusion of education on research-based postpartum depression in nursing school curricula; and be it further
- RESOLVED, that the NSNA encourage state and local Student Nurses' Association chapters to host focus sessions centered on the implementation of research-based paternal postpartum depression, if feasible; and be it further
- RESOLVED, that the NSNA encourage research on paternal postpartum depression screening and treatment initiatives, if feasible; and be it further
- RESOLVED, that the NSNA publish articles on the implementation of evidence based practices for the identification and treatment of paternal postpartum depression in *Imprint* and on the NSNA website, if feasible; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Organization of Nurse Executives, the Credentialing Center for Nursing Education, the National Council of State Boards of Nursing, the Council on Education for Public Health, the American Medical Association, the American Association of Medical Colleges, the American Psychiatric Nurses Association, the National Association for Psychiatric Health Systems, the Council of Social Work Education, the American Academy of Pediatrics, the Association of Women's Health, the Obstetric and Neonatal Nurses, and any others deemed appropriate by the NSNA Board of Directors.