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# Is it time to address male postnatal depression?

Readers are doubtless aware that the etymology of the word 'midwife' is 'with woman'. Guidelines (National Institute for Health and Care Excellence, 2017) state that good care is woman-centred, where a woman's choices are informed, supported and represented by her midwife. For women to have a figure whose very role is defined by the advocacy and respect that she is due is no small thing; arguably, it may be exclusive to pregnancy.

Midwives know how this continuity of care can highlight changes that could signal danger, such as postnatal depression, one of the biggest contributors to maternal mortality at this time (Royal College of Midwives, 2017). Screening is therefore important to positive birth and motherhood experiences.

Although screens for postnatal depression are deemed sufficient for women, they fail to register more typically 'male' symptoms of depression, such as anger, irritability, working long hours and excessive drinking (Psouni et al, 2017). Research from the National Childbirth Trust (NCT) (2015) found that some 38% of new fathers worry about their mental health.

Respondents to articles on male postnatal depression (Dilner, 2017) are sceptical that men can suffer without having experienced the physical and mental demands of pregnancy and birth. But with suicide the biggest killer of men under 45 (Campaign Against Living Miserably, 2018), suspension of disbelief is a small price to pay to keep more men alive and well. Men too can experience panic and a sense of inadequacy at becoming a parent, but while women have been socialised all their lives and since time immemorial to expect motherhood, men playing an active role in parenting is relatively recent, and society has yet to catch up. Kim and Swain (2007) found that many did not have role models to emulate or social networks on which to rely, and they often felt excluded from mother-infant bonding. In addition, increased awareness of mental health, while important, is a further cause of depression in new fathers,

73% of whom mentioned concerns about their partner's mental health as having an effect on their own (NCT, 2015).

Advice to men experiencing postnatal depression (NCT, 2015) is that they talk to friends, family or a GP. However, when a father feels he is suffering alone, the 'marked loss of interest in virtually all activities' (Kim and Swain, 2007) that characterises depression is likely to be a significant barrier to seeking help.

Midwives are defined by their role 'with woman', and rightly so—women need to be front and centre in their care, and deserve a dedicated professional who can spot the danger signs. But men have no such support, and advice places the initiative entirely on their shoulders. Given the effects that postnatal depression can have on the whole family, it is therefore important to identify not just at-risk women, but members of her support network too. **BJM**

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**Lauren Newman**  
Editor

