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Carli Cox
Portland State University

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**An Integrative Review of Fathers' Needs During the Transition to Fatherhood:
Implications for Perinatal Education**

By
Carli Cox

An undergraduate honors thesis submitted in partial fulfillment of the requirements for the
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Thesis Advisor
Susanne Klawetter, PhD, LCSW

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Introduction

Much of the literature surrounding the transition to and preparation for parenthood focuses on the maternal experience. When fathers' experiences are examined, it is most often within the context of the mother-father partnership or the mother-father-infant triad, rather than giving specific attention to paternal needs (Allport et al., 2019; Bruno et al., 2020; Carlson et al., 2014; May & Fletcher, 2013; Nash, 2018; Wong et al., 2016). While the significant physical and mental burden that is uniquely carried by expecting mothers cannot be understated, it is important to acknowledge the particular needs fathers have during this transition as well. Research demonstrates that fathers often experience psychological distress, increased difficulties in their relationships with partners, and social isolation within the first year of becoming a parent (Barclay & Lupton, 1999; Buist et al., 2003; Darwin et al., 2017; Paulson & Bazemore, 2010; Rollè et al., 2017). Despite the known anecdotal and empirical evidence regarding fathers' stress during and after pregnancy, there remains relatively little empirical data on effective strategies for engaging fathers in family education, childbirth classes, and within healthcare settings (Allport et al., 2019; Carlson et al., 2014). Having access to and being involved with these resources would likely mitigate some of the stress associated with this major life transition.

Perinatal education is widely used to describe classes which prepare parents for a variety of issues germane to early parenthood such as pregnancy, childbirth, childcare, and role transitions (Firouzbakht et al., 2013; Polomeno, 2000). However, it seems that these curricula tend to be centered around the mother's experience more so than the father's—leaving him comparatively unsupported as he navigates this stressful time. Antenatal and parenting classes are other common forms of health education for parents, each more or less pertaining to a specific time in the transition to parenthood where “antenatal” deals heavily with issues

surrounding pregnancy and “parenting” focuses primarily on childcare strategies. Antenatal education aimed at fathers places a great deal of emphasis on preparing them for being supportive during childbirth; however, this leaves fathers unprepared for other challenges that arise throughout the transition to fatherhood such as changes in interpersonal relationships and post-birth lifestyle (Fletcher et al., 2004). Furthermore, antenatal education may offer some supplementary material such as tips for breastfeeding, health in pregnancy, and other topics that tend to focus primarily on the mother’s experience in planning for a child (Ahldén et al., 2012; Lau & Hutchinson, 2020; May & Fletcher, 2013). The difficulties fathers face as they prepare for fatherhood go well beyond learning how to be supportive to their partners during labor, and, as such, fathers are in critical need of education that is inclusive of a variety of issues that they are likely to face. Although the concern of inclusive education for new and expecting fathers remains a relatively neglected topic, the existing literature that does address this concern places strong emphasis on its importance (Allport et al., 2019; Carlson et al., 2014; Lau & Hutchinson, 2020; May & Fletcher, 2013; Nash, 2018; Panter-Brick et al., 2014; Shorey & Chan, 2020). This review seeks to inform the development of “perinatal education curriculum” which will functionally serve as an umbrella term for antenatal and parenting classes throughout this paper since it covers content relevant to both.

Critically, we acknowledge that the language used to describe “fathers” in this review may reflect gender stereotypes and dominant cultural values of family systems. While doing so may limit our understanding of diverse family structures, this review contributes to the understudied issue of fathers’ experiences as they transition into parenthood. Subsequently, these experiences can be used to inform the development of perinatal education content so that it is directly relevant to the needs of fathers during this time period.

Throughout the literature, fathers' needs and experiences during the transition to fatherhood are often placed within the context of their relationships to self and others. This is particularly important when considering the effects of interpersonal, social, and internal influences on the paternal journey in early parenthood. Understanding these experiences through this more expansive perspective can offer a multifaceted and comprehensive path to addressing the needs of fathers. Therefore, perinatal education for new and expecting fathers should take a holistic approach that acknowledges the impact that this transition has on fathers' relationships; specifically with themselves (i.e., paternal identity and roles), their partners (i.e., role and relationship changes) their infants (i.e., paternal-fetal and paternal-infant attachment), and their social environments (i.e., cultural expectations and social factors).

Paternal Identity and Roles

The journey into new fatherhood brings with it the formation of the paternal identity and an adjustment into paternal roles. Habib and Lancaster's (2006) study distinguishes the hierarchy of statuses that men identify with during the transition to fatherhood. In early pregnancy, the statuses most directly tied to men's identities, in order of self-reported importance, are husband/partner, father, worker, and friend. By the end of the third trimester, the priority of these statuses shifts with a stronger emphasis placed on the roles of being a father and a husband/partner. Additionally, fathers identify most with being a coach, emotional caretaker, and caregiver as defining aspects of their paternal identity—indicating that fathers perceive their roles as multidimensional.

Russell's and Palm & Palkovitz' research (as cited in Habib, 2012, p. 104) suggests that fathers will assume some combination of the following recognized roles: remote/disinterested, provider, secondary/assistant parent, shared caregiver, and primary caregiver. Expressions of the

father role such as being a disciplinarian, a teacher/playmate, a caretaker, or simply being disengaged from the father-infant relationship altogether are also relevant in delineating paternal identities (Jain, Belsky, & Crnic, 1996). Although these lists are not exhaustive, they provide a good place to start in defining the roles associated with fatherhood and the many ways that fathers might choose to shape their identities within such roles. Men will likely adopt more than one of these perceived roles at once, and their identities as fathers will continue to develop over time (Habib, 2012).

Role and Relationship Changes

When transitioning into parenthood, couples are often met with unprecedented challenges that can create confusing shifts in the dynamics of their relationships. For many couples, having a baby initially results in decreased partner satisfaction and commitment, as well as increased experiences of conflict (Doss & Rhoades, 2017; Kluwer, 2010; Mitnick et al., 2009). The transition to parenthood tends to bring with it sudden, negative changes in relationship satisfaction that persist over time (Doss et al., 2009). However, research also suggests that parents who emphasize cooperation, teamwork, and commitment to the development of a parental alliance report greater satisfaction in their experiences with parenting over time (McHale & Kuersten-Hogan, 2004; Morrill et al., 2010). Although the transition into parenthood is known to challenge relationships, some of these stresses could be mitigated by creating a stronger emphasis on the importance of cooperation and partnership. Couples, therefore, would benefit from perinatal education that prepare them for the difficulties they are likely to encounter as they become parents. If perinatal classes included information about positive communication skills and co-parenting strategies, couples may be better equipped to navigate these challenges as they arise.

Paternal-Fetal and Paternal-Infant Attachment

The bond that is formed between a father and his unborn child has lasting effects on the quality of their relationship well beyond the pregnancy (de Cock et al., 2016). The quality of this bond is also known to have a significant impact on child developmental outcomes (de Cock et al., 2016; Lindstedt et al., 2020; Vreeswijk et al., 2014). Children who form secure relationships with their caretakers from early on in life tend to have an easier time dealing with emotional regulation and are more empathetic than their insecure counterparts (Panfile & Laible, 2012). Much of the initial research on parent-infant bonding during pregnancy began with looking at how mothers bond with their babies in utero. For many women, pregnancy is an incredibly intimate experience and its physical nature serves to deepen the perinatal bond. Fathers, on the other hand, rely on connecting with their unborn infants through a series of psychological and social changes that take place as they prepare for the transition into fatherhood (Göbel et al., 2019; Vreeswijk et al., 2014).

The relationship between parents and their infants is not only comprised of the external social interactions they share, but also by internal representations (Vreeswijk et al., 2016). Representations, as they relate to the parent-infant bond, consist of parents' subjective experiences and perceptions of their infants, and they ultimately give structure to how parents will assign meaning to their relationships with their children (Hall et al., 2014; Vreeswijk et al., 2016). Vreeswijk et al. (2014) found a strong association between the representations that fathers had of their children during both the prenatal (before birth) and postnatal (after birth) period. Such representations, therefore, play a role in shaping the paternal-fetal bond during pregnancy and have lasting implications on the quality of the paternal-infant relationship once the baby is born. One study assessing the importance of paternal-fetal attachment found that

fathers with disengaged representations of their infants during the prenatal period expressed lower affective involvement, sensitivity, and responsiveness to their four-month-old infants (Lindstedt et al., 2020). Additionally, de Cock et al. (2016) found that the levels of bonding for parents and their infants remain stable throughout pregnancy and toddlerhood. This finding suggests that interventions during the prenatal period in particular might help fathers to realize the importance of establishing the paternal-fetal bond early so that it may continue to develop and strengthen after the baby is born. Regardless, the importance of a strong father-child bond should not be underestimated, and interventions throughout the entire perinatal period would likely help to reinforce this relationship.

Cultural Expectations and Social Factors

Paternal involvement in family systems has evolved over the last several decades in Western society as the role of the father transitions from that of “traditional, detached breadwinner” to “modern, involved co-parent” (Cabrera et al., 2000; Puhlman & Pasley, 2016). This shift brings with it a change in the societal expectations of the father’s role and subsequent adjustments to individuals’ personal definitions of fatherhood. Barclay and Lupton's (1999) research found that the societal expectations surrounding fatherhood are not in line with extant social structures in Australia, creating seemingly unattainable demands and social pressures on the role of the father. These include expectations that fathers must simultaneously be financial providers, mentors, household helpers, and caretakers. The evolution of the meaning of fatherhood in Western society has left fathers stuck in-between social expectations wherein they feel the demands of being both financial providers and emotional caretakers (Cabrera et al., 2000; Gerson, 2009; Humberd et al., 2015). Fulfilling both of these socially expected roles is often challenging for men whose own fathers may have parented under different social

expectations. Such conflicts in the changing roles and expectations surrounding fatherhood seemingly add to the mental burden often carried by fathers in early parenthood.

With rates of depression in fathers reported at 10.4% for the period between the first trimester and one year postpartum (Bruno et al., 2020; Paulson & Bazemore, 2010), it seems likely that adjusting to the many responsibilities of fatherhood might have a serious effect on men's mental health. Moreover, studies show that men generally tend to be reluctant in seeking professional help for mental health issues (Call & Shafer, 2018; Lynch et al., 2018). All of this suggests that the transition to parenthood could have profound and unique effects on men with regards to their mental wellbeing that may not be adequately addressed without some form of prevention or intervention. The cultural expectations and social implications associated with new fatherhood carry with them a heavy burden to bear for many fathers. Emotional support and access to resources through perinatal education might serve as mechanisms for challenging and alleviating some of the harmful byproducts of these expectations.

Method

The exigence for the present research hinges upon the understanding that fathers' needs during the transition into fatherhood are relatively understudied. To the best of our knowledge, there has yet to be a literature review that considers the ways in which relationships and social environments guide this transition. This review synthesizes themes that emerge across multiple qualitative studies while asking, "*What is known about the needs and experiences of fathers during the transition to fatherhood and how can that knowledge be used to inform perinatal education programming?*"

We used Whittemore and Knafl's (2005) methodology to guide this review process. As such, the procedure began with the identification of the problem that this research seeks to

address and the purpose of doing so. Next, we conducted a thorough and well-defined literature search that included an in-depth documentation of the search terms and inclusion/exclusion criteria. The final step consisted of a comprehensive analysis wherein we sorted and grouped data according to similar findings.

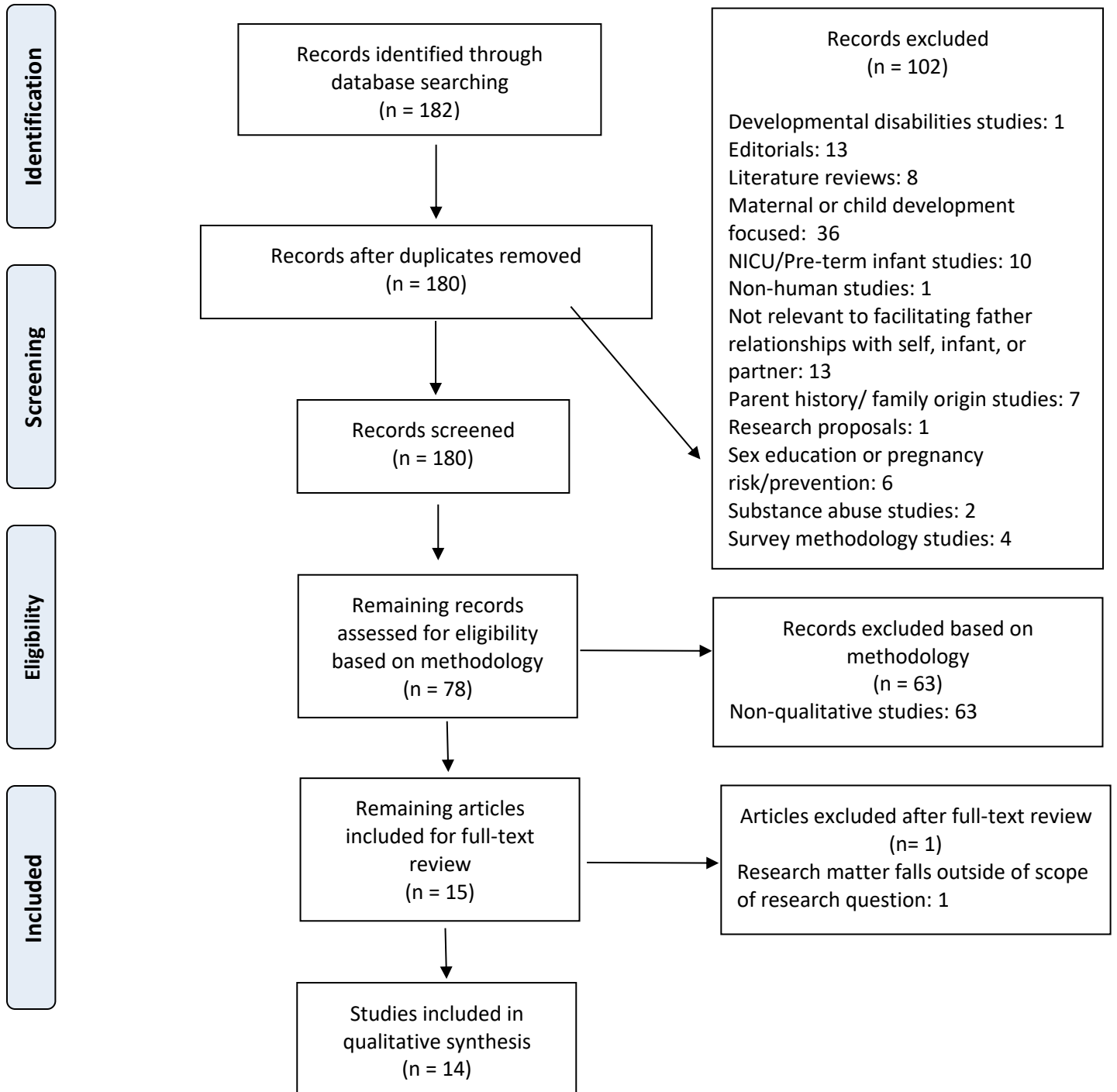
We used the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flowchart to organize results (See Fig. 1). We conducted our search in January 2021 using the PsycInfo database and used the following list of search terms in combination to identify the articles for review: *father, paternal, antenatal, postnatal, pregnancy, program, intervention, curriculum, and parenting*. We narrowed results by using the Boolean phrases AND/OR/NOT and by selecting articles published between January 1, 2000 to January 19, 2021. Other filtering criteria at this stage included accepting only peer-reviewed research articles written in English with content relevant to at least one of the following categories: fathers' relationship to self, to partner, to infant, or to social environment. After removing duplicate results, the search yielded a total of 182 studies. Next, we read the remaining studies' abstracts and dismissed them if they fell under any of the following criteria for exclusion: 1) Studies whose focus was on mothers exclusively; 2) Studies whose focus was on infant/child development; 3) Studies whose focus was on parents' history (i.e., childhood abuse, generational trauma etc.); 4) Studies whose focus was on NICU infants and/or their parents; 5) Studies whose focus was on sex education, pregnancy prevention, or contraception; and 6) Editorials, literature reviews, evaluation studies, and animal research studies.

This process narrowed the results down to 78 studies. A brief review of these studies led us to deepen our interest in fathers' qualitative experiences during their transitions to parenthood, so results were then further narrowed to include only qualitative studies. This step resulted in the

elimination of 63 articles with 15 studies remaining to undergo a full-text review. Lastly, we excluded one study because its content fell outside of the scope of the present research question, leaving 14 studies included in this literature review. An overview of each study's aims, methodologies, and key findings is located in Table 1.

Figure 1

PRISMA Flow Diagram for Organizing Search Results



Note. Diagram adapted from Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., & Stewart, L. A. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews, 4*(1), 1. <https://doi.org/10.1186/2046-4053-4-1>

Table 1

Description of Included Studies

Author Date	Study Aim	Qualitative Method & Data Collection	Sample	Key Points and Themes Identified
Walsh et al. 2014	To better understand the psychological impact that ultrasound attendance has on expecting fathers and how this helps to shape men's perceived role as a partner and an emerging father	Grounded Theory Semi-structured interviews	22 expectant fathers who joined their partners for a routine prenatal ultrasound from the obstetrics clinic at a university medical center	Attending the ultrasound... <ol style="list-style-type: none"> 1. Offered reassurance to fathers that their partners and babies were in good health 2. Cemented the reality of the pregnancy and child 3. Increased emotions and plans surrounding fatherhood 4. Strengthened fathers' relationships with their partners 5. Resulted in a range of experiences from feeling fully included to feeling excluded within the clinical setting Other findings: <ol style="list-style-type: none"> 1. Fathers' romantic and social relationships shaped their willingness to attend and share their experiences of their ultrasounds
Uengwongsapat 2020	To better understand the experiences and needs of first-time adolescent fathers from Thailand with specific regards to their needs for social support	Not stated Semi-structured interviews	20 fathers from a southern province in Thailand	<ol style="list-style-type: none"> 1. Financial stress affects fathers' mental wellbeing 2. Unemployment is a significant stress for Thai adolescent fathers 3. Feelings of helplessness arose from not knowing how to take care of an infant 4. Thai adolescent fathers do not feel like they have sufficient access to psychological support 5. It is common in Thai society to shun adolescent fathers, resulting in a lack of

				financial, emotional, and educational support from parents
Shorey et al. 2017	To describe first-time fathers' needs and experiences during the beginning post-partum stage	Not stated Semi-structured interviews	Purposive sampling of 15 first-time fathers from Singapore	<ol style="list-style-type: none"> 1. The reality of having a baby didn't kick in for fathers until after the baby was born 2. In the early weeks of fatherhood, fathers experienced a range of intense emotions and felt a strong need to bond with their babies and take on more responsibility 3. New fathers felt challenged by sleep deprivation and a lack of confidence in knowing how to care for their partners and newborns. This was coupled with an unawareness of educational resources available to them. 4. Fathers sought emotional and educational support from family and healthcare professionals, but most felt neglected by healthcare workers 5. Cultural norms and expectations play a role in determining the father's involvement in childcare (different ethnicities faced different expectations) 6. Fathers would like: formal support within the first two-weeks postpartum in the form of focus groups with other fathers; to be included in discussions with healthcare professionals; a mobile-health app with relevant content for taking care of a newborn; and stronger advertising for antenatal and postnatal educational programs
Parry et al. 2019	To learn more about the impact of father-only parenting programs to better support fathers in	Not stated Interviews & focus groups	16 fathers who participated in the Antenatal Dads and First Year	<ol style="list-style-type: none"> 1. This program was helpful for educating fathers about childcare and parenting which facilitates the paternal-infant bond as well as a connection to a community of other fathers

	the transition to fatherhood		Families program 6 service provider staff members who worked with Communities for Children programs	<ol style="list-style-type: none"> 2. Fathers felt relieved to have a safe space to discuss sensitive issues regarding mental health away from their partners 3. Attending this program acted as a gateway to learning about other helpful resources and services 4. Being better informed allowed fathers to feel more connected to their infants and the process of attending the program allowed them to connect with other fathers
Letourneau et al. 2012	To describe the needs of fathers whose partners experience postpartum depression	<p>Theoretically rooted in the notions of social support put forth by Stewart and Cohen and Wells</p> <p>One-on-one telephone interviews</p>	40 fathers from across Canada	<ol style="list-style-type: none"> 1. Fathers expressed a desire for both formal and informal support 2. Fathers felt that information on PPD should be more readily available to new parents and that some of the information should target fathers specifically 3. There is a need for healthcare professionals who are better-informed about PPD and how to help mothers overcome the disorder 4. PPD support should: be offered as long as services are needed; involve options for one-on-one support vs. group support, as well as in-person vs. telephone vs. online support; come from someone who has established a bond with the father in order to make it easier to open up; be offered at home for one-on-one meetings and in community centers for group meetings 5. There is a strong need for increased community awareness of PPD 6. Support options should be as flexible as resources allow to better accommodate a variety of families

Kowlessar et al. 2015	To examine the experiences held by first-time fathers during the transition to fatherhood	Transition Theory & Interpretative phenomenological analysis Semi-structured interviews	10 first-time British fathers who participated in antenatal classes offered by the National Health Service	During pregnancy: 1. Fathers experienced feelings of separation from the fetus since they themselves were not pregnant, and they felt unsupported due to insufficient antenatal care that focused primarily on the mother. 3-6 months postpartum: 1. Fathers experienced helplessness attributed to a lack of childcare knowledge 2. Fathers felt they were learning how to care for their infant using trial and error 3. Fathers expressed that they learned how to care for their infants by observing how the mother cares for the infant 4. Fathers felt it was important to work together with their partners to care for the infant so there was an equal workload 5. Fathers' confidence strengthened as they gained more time with their infants, hinting at the importance of paternal leave
Kerstis et al. 2018	To explore the experiences and perspectives of father group leaders with regards to father groups	Not stated Semi-structured telephone interviews	11 Father group leaders from Sweden	1. Father support groups were designed to a) support reflection in fatherhood and b) provide a space for fathers to share their experiences with other fathers 2. Father group leaders expressed that their work helped make fathers more secure through empowerment and creating a gateway to equal parenthood with their partners
Johnsen et al. 2017	To discuss Nordic first-time fathers' experiences or participation during pregnancy	Not stated Semi-structured interviews	31 first-time fathers from Denmark, Finland, and Sweden	1. Fathers felt simultaneously included yet separate from the pregnancy 2. The reality of fatherhood was increasingly cemented as the fathers were able to visualize the baby more over time due to ultrasounds, in

			<p>utero kicking, etc.</p> <p>3. Being included in healthcare visits during pregnancy was important for helping fathers to understand the progress of the pregnancy</p> <p>4. Fathers experienced a lack of control in terms of protecting their babies' development as well as their partners' health during the pregnancy</p> <p>5. Fathers developed strategies to overcompensate for their inability to physically experience the pregnancy the way their partners could. This included touching their partners' growing bellies, speaking to their unborn babies, asking their partners about the biological changes they were experiencing, and attending antenatal checkups with their partners</p> <p>6. Fathers felt both external and internal pressures to attend antenatal checkups, which led to feelings of increased responsibility as fathers adopted an active role as a parent</p> <p>7. Fathers expressed the importance of developing a strong partnership with their partners. This manifested in discussions regarding shared workload, shared values, and working together to prepare for the baby</p> <p>8. All fathers felt it was important to be included in the healthcare setting. Some felt easily included by their healthcare professionals, while others felt totally left out</p> <p>9. Social support from family and friends was considered an important element in preparing fathers for fatherhood</p> <p>10. Fathers felt a sense of responsibility to protect their partners and their children, which</p>
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				manifested in various methods to provide for both during the pregnancy (i.e. building the nursery, providing healthy meals to the mother, etc.)
Hamm et al. 2018	To explore low-income men’s perceptions about fatherhood and contraceptive decision-making	Not stated Semi-structured telephone interviews	58 low-income Black and White men in Pittsburgh, Pennsylvania	<ol style="list-style-type: none"> 1. Financial stability is important before starting a family and to allow fathers to feel “ready”. Conversely, not being financially stable is a good reason not to have a child 2. Participants felt that fathers should be concerned with providing for their families before all else 3. Financial stability seems to influence men’s desires to have children but does not necessarily affect their sexual behaviors and contraceptive use 4. Some family planning services should be focused specifically on men and should include contraceptive education. Men also expressed interest in financial counseling services within the context of family planning which highlights the financial impact that children have
Glikman 2004	To better understand the life experiences of low-income young men in terms of their social contexts	Not stated Semi-structured interviews (Initial & 1 year later)	25 low income young men from poor urban neighborhoods	<ol style="list-style-type: none"> 1. Growing up in poor urban neighborhoods was very difficult for these men and resulted in them wanting to live somewhere better once they started raising children 2. The men used their own experiences with their fathers as a benchmark to define their roles as fathers 3. Fathers felt the need to provide for their children which resulted in the motivation to advance in work and education 4. Many of the men expressed a desire to marry the mother of their children but recognized this

				<p>as a major life decision</p> <p>5. Fathers felt a strong need to “be there” for their children as emotional caretakers</p> <p>6. Fathers felt worried that they could not adequately provide for their children, but liked that their infants made them feel needed, which helped define the men’s sense of self</p>
Fletcher and StGeorge 2011	To investigate the benefits of providing support to fathers via online chat rooms	<p>The “deficit-model”</p> <p>Online chat room review</p>	18 months of posts to a father support chat room offered by a parenting information site from Australia	<p>1. Fathers used the chat room to get access to resources and information about being a father</p> <p>2. Fathers wanted to explore the meaning of fatherhood with other fathers</p> <p>3. Communication between fathers included empathetic responses, self-disclosure, and humor</p> <p>4. The chat room format encouraged fathers to connect with one another, discuss sensitive topics, and maintain an atmosphere where fathers can speak freely and honestly (which included defending the space from mothers and societal expectations)</p>
Deave and Johnson 2008	To assess the needs of first-time fathers with regards to the antenatal care, support, and education offered to them by healthcare professionals	<p>Transition Theory</p> <p>Semi-structured interviews</p>	20 first-time fathers	<p>1. Fathers described a need for support. For some, the informal support offered by family was sufficient, but others felt that they did not have role models to help them, thus expressing the desire to have formal support from healthcare professionals</p> <p>2. The fathers felt unprepared and uninformed about the realities of becoming parents</p> <p>3. The men felt excluded and unsure during the labor process</p> <p>4. Fathers experienced changes in their relationships with their partners after having a baby</p>

				<p>5. Despite the added stress, having a baby often resulted in feelings of closeness with their partners due to the new formation of a family</p> <p>6. Fathers were amazed by their infants’ development and wanted to be involved with them—having to return to work was difficult for many fathers</p>
Dayton et al. 2016	To explore the thoughts and experiences of expectant fathers during the prenatal period	Grounded Theory Semi-structured interviews	44 expectant fathers in the Detroit metropolitan area	<p>1. Fathers place a strong emphasis on the need to “be there” for their children</p> <p>2. Despite expecting an infant, fathers mainly spoke about activities they would do with the child once they were older</p> <p>3. Fathers felt it was their duty to prepare their children for life in society by being someone who can educate them, support them emotionally, and act as a positive role-model</p> <p>4. Being a father was considered a particularly difficult task as fathers worried about the responsibility of raising a child and the importance of financially providing for it</p> <p>5. Fathers often turned to women for parenting support. This was due to a lack of positive male role models in their lives and a resounding belief that women are the ‘experts’ at childcare</p>
Allport-Altillo et al. 2020	<p>1. To better understand the beliefs and experiences of low-income fathers during pregnancy and early infancy</p> <p>2. To discover resources available to fathers which inform about pregnancy and parenting</p>	Not stated Focus groups & interviews	<p>8 fathers in a father-only focus group</p> <p>9 mothers in a mother-only focus group</p> <p>4 couples</p>	<p>1. Fathers believed that it was of utmost importance to “be there” for their children</p> <p>2. Fathers felt unsure of how to best support their partners during pregnancy and delivery while mothers expressed a desire for their partners to be empathetic and supportive during these periods</p> <p>3. The dyads stressed the importance of strong co-parenting strategies, good communication,</p>

			<p>interviewed together (total of 8 participants in this group)</p>	<p>even division of workload, and agreement on parenting philosophies 4. Fathers wanted to know more about infant care, felt it was their duty to provide for their families financially, and felt they needed more information and resources to help them transition to parenthood 5. Most fathers expressed a lack of confidence in their parenting skills, suggesting they had to learn through “trial and error”, but felt that their skills improved with time</p>
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Findings

The 14 studies together depict the perspectives of over 309 fathers, 9 mothers, and 4 couples, as well as 17 leaders or facilitators of father group services. The studies covered a variety of geographical areas including the United States, Canada, Thailand, Singapore, the United Kingdom, Sweden, Denmark, Finland, and Australia. Participants had a variety of racial and ethnic identities, as well as socioeconomic backgrounds. Nearly half of all participants were white ($\approx 49\%$), employed ($\approx 43\%$), and had some level of higher education ($\approx 53\%$). Participant ages ranged from 16-48 years old. Additionally, there were at least 107 first-time fathers included in this research. Table 2 outlines the sociodemographic details of the father participants.

After summarizing each study's key findings, we analyzed and organized them with respect to the influence that fathers' interpersonal and intrapersonal relationships have on their transitions into fatherhood. The emergent themes are discussed in terms of how they might inform the education and support of fathers within the context of their relationships to themselves, their partners, their infants, and their social environments. Within each category are several subcategories that highlight the needs, changes, and difficulties that fathers experience during the transition into fatherhood.

Table 2

Participant Demographics from Included Studies

Author	Ethnicities	Age Range Mean Age	Highest Education	Employment	Number of first-time fathers in sample
Walsh et al. 2014	Caucasian: 15 African American: 2 Hispanic: 1 Asian American or Pacific Islander: 3	23-42 years 31 years	Some High School: 1 Completed High School: 2 Some College: 7 Completed college: 11	Full-time: 16 Part-time: 2 Unemployed: 3	11
Uengwongsapat 2020 ^a	Thai: 20	16-19 years 18 years	Grade 3 primary school: 1 Grade 6 primary school: 4 Grade 7 secondary school: 2 Grade 8 secondary school: 5 Grade 9 secondary school: 3 Grade 10 secondary	Employed: 16 Unemployed: 4	20

			<p>school: 1</p> <p>Grade 11 secondary school: 1</p> <p>Grade 12 secondary school: 1</p> <p>Diploma: 1</p> <p>Advanced diploma: 1</p> <p>Conversion to American education levels: Some elementary school: 1 Completed elementary school: 4 Some high school: 13 Completed high school: 1 Completed college: 1</p>		
Shorey et al. 2017	Chinese: 6 Filipino: 2 Malay: 3 Sri-Lankan: 1 Indian: 3	26-38 years 31 years	Diploma: 3 Degree: 9 Secondary School: 1 ITE/NITEC: 2	Employed: 15	15
Parry et al. 2019	Not stated	Not stated	Not stated	Not stated	Not stated
Letourneau et al. 2012	Canadian-born: 36 Immigrants: 4	23-46 years 37 years	Most participants graduated from a technical school, college, or university program	Full-time: 32 Part-time: 2 On paternity leave: 1 Student: 2	Not stated

				Self-employed: 2 Unemployed: 1	
Kowlessar et al. 2015	White-British: 10	27-47 years Not stated	Not stated	Full-time: 10	10
Kerstis et al. 2018	NA	NA	NA	NA	NA
Johnsen et al. 2017	Not stated	24-43 years Not stated	College degree: 7 University degree: 21	Employed: 31	31
Hamm et al. 2018	Black: 31 White: 27	18-45 years Not stated	Less than high school diploma: 6 High school diploma/GED: 29 Trade/technical school: 6 Some college: 8 College degree: 9	Not stated	Not stated
Glikman 2004	African American: 13 White: 6 Hispanic: 6	19-27 years 21 years	Not stated	Initial interview- Employed: 20 Unemployed: 5 Second interview- Employed: 25 Unemployed: 0	Not stated
Fletcher and StGeorge 2011	NA	NA	NA	NA	NA
Deave and Johnson 2008	White-British: 18 Asian: 1 Brazilian: 1	19-37 years Not stated	Not stated	Employed: 13 Student: 1 Unemployed: 1 Receiving state incapacity benefit: 1	20
Dayton et al. 2016	African American: 24 White: 13	18-48 years Not stated	Some high school: 3 High school diploma or GED: 9 Some college, associate degree,	Full-time: 27 Part-time: 4 Unemployed: 13	Not stated

	Biracial: 3 Asian Pacific: 2 Other: 2		trade school: 19 BA/BS degree: 7 Graduate degree: 3		
Allport-Altillo et al. 2020	African American, non-Hispanic: 11 White, non-Hispanic: 0 Mixed race: 0 No response: 1	19-47 years Not stated	Less than high school: 2 High school diploma or equivalent: 9 Trade/vocational school or some college: 1	Not stated	Not stated

Totals (across all studies)	Ethnicities	Age Range	Education	Employment	First-time Fathers
	Caucasian: 125 African American/Black, non-Hispanic: 81 Asian: 41 Hispanic: 7	16-48 years	Some form of college-level education: roughly 103	Employed: roughly 190	At least 107

^aThe education demographics for this study were written in terms of the education levels used in the Thai education system. The provided conversion to American education levels is adapted from “The Thai Education System - Thailand - Angloinfo.” *Angloinfo*, 2020, www.angloinfo.com/how-to/thailand/family/schooling-education/education-system. Accessed 04 May 2021.

Note. This table only includes demographics of father participants—other participants that were not fathers are not included.

Relationship to Self

The transition to fatherhood seems to affect men's relationship to self through the development of the paternal identity and roles associated with being a father. The external and internal pressures of needing to become a 'provider' were heavily discussed in many of the studies. Men purportedly begin to create new perspectives of themselves within their new roles as paternal figures as they prepare for a child. This identity is shaped by fathers' understandings of what it means to be a father, as well as the socially expected responsibilities that come along with fatherhood.

Being a Financial Provider

The financial burdens of raising a child weigh heavily on the minds of fathers (Dayton et al., 2016; Glikman, 2004; Hamm et al., 2018; Uengwongsapat, 2020). This is especially understandable given that there has long been an assumption that the fathering identity is rooted in expectations that fathers act as financial providers for their families (Haas & Hwang, 2008; Macon et al., 2017; Whelan & Lally, 2002). These expectations seem to manifest as a source of significant stress for fathers who are expecting a baby. However, they also serve as a driving factor in motivating fathers to work harder and push themselves to advance in their careers (Glikman, 2004). Although men worry about their abilities to adequately provide for their families, this increased responsibility can give them a sense of purpose and make them feel needed in a way they may not typically experience before having a child (Glikman, 2004).

Being an Emotional Provider

Alongside the formation of a new identity as a financial provider for their children, fathers feel a strong responsibility to be emotionally supportive and actively involved in their care (Allport-Altillo et al., 2020; Dayton et al., 2016; Deave & Johnson, 2008; Glikman, 2004;

Johnsen et al., 2017; Shorey et al., 2017; Walsh et al., 2014). Even before the infant is born, fathers express the need to be a provider in ways that go beyond financial responsibilities. For instance, during pregnancy, a father fulfills this role by preparing for the baby and caring for the mother of his child (Johnsen et al., 2017; Walsh et al., 2014). This responsibility seems to manifest in preparatory work such as building a nursery, providing nutritious meals for their pregnant partners, and being involved in antenatal health checkups (Johnsen et al., 2017; Walsh et al., 2014). During the early weeks postpartum, fathers report experiencing an intense range of heightened emotions surrounding their infants and feel a strong desire to take on the responsibilities of fatherhood (Shorey et al., 2017).

Perhaps the most prominent theme within this research was men's desire to "be there" for their children (Allport-Altillo et al., 2020; Dayton et al., 2016; Glikman, 2004). The fathers from Deave and Johnson's (2008) research expressed feelings of amazement with respect to their infants' developments which strengthened their desires to bond and spend time with their babies. Another study found that fathers felt it was their duty to prepare their children for life in society by being caregivers who can educate them, support them emotionally, and act as positive role-models in their lives (Dayton et al. 2016). For many fathers, it was not enough to simply be financial caretakers, they wanted to connect with their children and fulfill their roles as mentors as well.

Relationship to Partner

Preparing for a baby often brings with it a marked change in relationship dynamics between parents. Across the studies, fathers commonly spoke of their experiences with relationship changes across the perinatal period. Although these changes are often described throughout the literature as a negative aspect of the transition into parenthood (Doss et al., 2009;

Doss & Rhoades, 2017; Kluwer, 2010; Mitnick et al., 2009), the participants in this review did not focus heavily on the ways in which having a child *negatively* impacted their relationships. Instead, the fathers from the included studies actually seemed to view these changes as positive in many cases. It seems that fathers tend to recognize and prioritize the importance of having a healthy relationship with their partners, despite the changes brought on by new parenthood.

Relationship Changes

The transition to parenthood brings changes in fathers' relationships with their partners (Deave & Johnson, 2008; Glikman, 2004; Walsh et al., 2014). Fathers from Deave and Johnson's (2008) research wished that their antenatal education had prepared them for such changes. Many of these participants did not anticipate experiencing relationship changes after the birth of their children and felt that early awareness of possible changes to come would be beneficial. Despite the added stress of changes in relationship dynamics, fathers report heightened closeness with their partners and excitement towards creating a family together (Deave & Johnson, 2008; Walsh et al., 2014). Furthermore, many fathers note that the addition of a baby in the relationship leads to increased feelings of commitment and responsibility directed towards their partners (Deave & Johnson, 2008; Walsh et al., 2014). Preparatory activities, such as attending the ultrasound together, proved to be a significant bonding experience which fostered feelings of closeness between fathers and their partners (Walsh et al., 2014).

Emphasis on Teamwork

Throughout the studies, fathers often discussed a strong inclination towards cooperation and synergy with their partners that extends beyond the usual need for such qualities in childless relationships (Allport-Altillo et al., 2020; Johnsen et al., 2017; Kerstis et al., 2018; Kowlessar et al., 2015). There is great emphasis placed on the importance of creating a balanced workload,

being united through shared values, and having strong co-parenting strategies (Allport-Altillo et al., 2020; Johnsen et al., 2017; Kerstis et al., 2018; Kowlessar et al., 2015). Together, this evidence suggests that the responsibilities and stresses of going from a dyad-relationship to a triad-relationship seem to be lightened by combined efforts by both parents to provide for one another and their infants.

Relationship to Infant

There are challenges that come with the formation of the paternal-infant relationship that affect the experience fathers have as they prepare for a child. The literature highlights the challenges that fathers encounter in trying to navigate feelings of separateness and self-efficacy during pregnancy and early infancy. These factors can, at times, serve as barriers to creating a strong paternal-infant relationship and should be recognized for the unique role they play in the transition into fatherhood.

Feelings of separateness

The lack of physical connection to the fetus has a substantial effect on fathers' experiences of pregnancy, primarily causing feelings of separation and dissociation from the reality of the pregnancy (Johnsen et al., 2017; Kowlessar et al., 2015; Shorey et al., 2017; Walsh et al., 2014). Mothers have the ability to bond with their infants in utero in a way that fathers are not physically able to, which creates a unique path to forming a relationship with the child. This inability to physically connect with their infants in utero makes it difficult for some fathers to grasp the reality of their existence prior to birth (Johnsen et al., 2017; Walsh et al., 2014). However, there are ways in which fathers can compensate for this absence of physicality. Johnsen et al. (2017) and Walsh et al. (2014) identify activities such as touching the mother's pregnant stomach, speaking to the unborn infant, having open discussions about the mother's

biological experiences, and participating in ultrasounds and antenatal checkups that allow fathers to be more involved in the pregnancy. This, in turn, helps fathers to experience the reality of the infant. However, in some cases, that reality still may not feel present until after the baby is born (Shorey et al., 2017). Interestingly, Dayton et al. (2016) found that many fathers tend to discuss their relationships to their children in terms of having an older child, despite the fact that they are expecting an infant. This might suggest that fathers tend to have a difficult time conceptualizing their relationships with infants in particular, which is further challenged by feelings of separation during pregnancy.

Challenges in self-efficacy

Perhaps one reason for potential disconnect between fathers and their infants is the struggle to navigate challenges in self-efficacy. Many fathers report a lack of confidence with regards to their knowledge of childcare, which promotes feelings of uncertainty and helplessness around tending to the infant's and mother's needs (Allport-Altillo et al., 2020; Kowlessar et al., 2015; Shorey et al., 2017; Uengwongsapat, 2020). The added stressors of sleep deprivation and not knowing how to access educational resources serve as barriers to nurturing the paternal-infant bond (Shorey et al., 2017).

Fathers tend to hold the belief that mothers are the experts at caring for children and that they are naturally less competent themselves (Kowlessar et al., 2015). These beliefs lead fathers to feel as though they are learning how to care for their infants using trial and error, understandably raising concerns about the wellbeing of the infants under their care (Allport-Altillo et al., 2020; Kowlessar et al., 2015). Fortunately, fathers also report that their confidence grows with time and experience in caring for their children—highlighting the importance of

exposure to and interactions with the baby in order to continually develop the paternal-infant relationship (Allport-Altillo et al., 2020; Kowlessar et al., 2015).

Relationship to Social Environment

The transition to fatherhood is greatly impacted by the social and cultural climate in which fathers reside, as well as the resources and support systems that are made available to them. Social factors such as cultural norms and expectations create an environment wherein fathers must learn to navigate the pressures of entering parenthood. Access to resources and systems of support, or lack thereof, plays a significant role in shaping the experience that fathers have while navigating this new social environment.

Social Factors

The influence of cultural norms and expectations helps determine the amount of involvement fathers will have in childcare, with certain communities placing greater emphasis on it than others (Shorey et al., 2017). Uengwongsapat's (2020) research demonstrates the impact of culture on social perceptions of fatherhood. The findings from this study emphasize the cultural practice of shunning adolescent fathers from society due to the taboo surrounding young parenthood in Thailand. This creates barriers for young fathers' access to financial, emotional, and educational support during this critically vulnerable time period. Unfortunately, Thailand is not unique in its social stigma towards teenage pregnancy and this issue is just one of many ways in which culture plays a significant role in shaping the transition into parenthood. In addition to the influence of the larger cultural system, studies show that men's relationships with their own fathers are important in determining their childcare involvement (Dayton et al., 2016; Glikman, 2004). Glikman's (2004) study found that men use their experiences with their fathers as a

benchmark for defining their own roles with their children. These examples outline the impact of cultural environment and social interactions on the development of fathering identities.

Additionally, the work of Fletcher & StGeorge (2011) and Perry et al. (2019) also highlights the significance of men having access to a social group consisting of other fathers. The formation of peer groups is important for creating a safe space in which fathers can express themselves emotionally and receive peer support while exploring the meaning of fatherhood. When fathers are able to make social connections with other fathers, they find themselves opening up more about sensitive topics regarding their experiences in fatherhood, which is said to be a therapeutic process. Moreover, involvement in peer groups provides a place for the free exchange of ideas and helpful parenting resources.

Resources and Support

As men prepare for their transitions into fatherhood, it is important for them to have access to a variety of support systems—both informally from family and friends, and formally from healthcare professionals (Deave & Johnson, 2008; Johnsen et al., 2017; Letourneau et al., 2012; Shorey et al., 2017). However, many fathers feel that they do not have adequate access to these forms of social and/or professional support (Shorey et al., 2017; Uengwongsapat, 2020). Some fathers find that the informal support commonly offered by friends and family can be sufficient in helping them to adjust during this time, but there are many men who do not have positive role models available to provide such support (Deave & Johnson, 2008). Concurrently, some prospective fathers simply find themselves questioning the integrity of advice offered to them by family members as opposed to that of healthcare professionals, notably at times when these sources contradict one another (Shorey et al., 2017). It is especially important that formal

support systems are readily available to fathers who lack adequate support from informal sources.

Consistent throughout the literature is the notion that fathers feel excluded within the healthcare setting where most, if not all, of the attention goes towards the mother's and infant's needs (Deave & Johnson, 2008; Johnsen et al., 2017; Walsh et al., 2014). In situations where fathers are excluded from healthcare settings, they end up feeling insecure in their roles and unsure how to support their partners throughout pregnancy and labor (Allport-Altillo et al., 2020; Deave & Johnson, 2008; Johnsen et al., 2017). Being welcomed to participate in the mothers' antenatal healthcare appointments, such as attending ultrasounds, helps to remedy fathers' feelings of helplessness throughout the pregnancy. This inclusion gives reassurance to fathers that their partners and infants are in good health while offering a sense of agency in a situation where they often feel powerless (Johnsen et al., 2017; Walsh et al., 2014).

Participants in this review frequently mentioned a lack of accessibility to resources (Allport-Altillo et al., 2020; Deave & Johnson, 2008; Fletcher & StGeorge, 2011; Parry et al., 2019), as well as a need for better-informed healthcare professionals (Letourneau et al., 2012). In light of their reported lack of childcare knowledge, fathers explicitly express a desire for access to resources that will inform them on how to care for an infant (Allport-Altillo et al., 2020). As previously discussed, peer groups are also considered a favorable mechanism for sharing information and gaining access to a variety of helpful resources (Fletcher & StGeorge, 2011; Parry et al., 2019).

Importantly, Letourneau's et al. (2012) research highlights the difficulties fathers face throughout their partners' experiences with postpartum depression (PPD). Although PPD is not the focus of this integrative review, the same issues of fathers being excluded from discussions

with healthcare professionals and not having easy access to resources to help their partners are challenging. Additionally, the overall lack of community awareness of fathers' experiences of PPD shows yet again how common these problems are within nearly every aspect of the transition to fatherhood.

Recommendations

Lastly, several of the studies from this review outlined specific recommendations for formal support aimed at fathers and their partners during the perinatal period. These suggestions are summarized briefly below (see Fig. 2).

Figure 2

Specific Recommendations from Included Studies

- Fathers would like to receive formal support through father-only groups (Kerstis et al., 2018; Shorey et al., 2017)
- Healthcare professionals need to be inclusive of fathers and offer services targeted specifically at men (Hamm et al., 2018; Shorey et al., 2017)
- A mobile app which offers relevant content for childcare would be helpful (Shorey et al., 2017)
- Antenatal and parent education programs need stronger advertising (Shorey et al., 2017)
- Support options should be as flexible as possible. This includes offering both group and one-on-one sessions, as well as in-person and virtual options for meetings (Letourneau et al., 2012)
- Contraceptive education should be included in the curriculum of family planning services (Hamm et al., 2018)
- Fathers would benefit from financial counseling services that educate on how children impact finances (Hamm et al., 2018)

Discussion

This review describes common themes found in fathers' experiences during the transition to fatherhood as described in qualitative research studies. These themes are organized and conceptualized within the framework of fathers' relationships to themselves, their partners, their infants, and to their social environments. Fathers' experiences should be taken into consideration when developing perinatal education curriculum so that educators can help reduce feelings of exclusion that many fathers experience during this process. Furthermore, in acknowledging the specific needs of fathers during this transition, perinatal education can help to alleviate some of the stress that impacts fathers' abilities to be emotionally and physically present for their partners, their infants, and themselves.

An area of great importance within this study is the finding that fathers often feel excluded from the healthcare setting (Allport-Altillo et al., 2020; Deave & Johnson, 2008; Johnsen et al., 2017; Walsh et al., 2014). This, coupled with the fact that many fathers do not know how to access information and resources, is a serious concern (Allport-Altillo et al., 2020; Deave & Johnson, 2008; Fletcher & StGeorge, 2011; Letourneau et al., 2012; Parry et al., 2019). The implications of these findings reach beyond the scope of perinatal education and accentuate the importance of creating an obvious and inclusive space for fathers within formal support programs and healthcare settings alike (Allport et al., 2019; Bruno et al., 2020).

Within this space, fathers can learn how to recognize and navigate the challenges they may face during the transition into fatherhood. Perhaps simply having early access to information about the difficulties commonly associated with fatherhood might help fathers to have more patience with themselves and their families during this vulnerable time. Beyond informing fathers of what to expect during pregnancy and early infancy, perinatal education can

also offer access to supplemental resources such as couples, family, or individual counseling services; connections with financial services; or additional educational classes designed specifically for fathers.

Findings also illustrate the importance of creating opportunities for peer groups in which fathers can emotionally support and learn from one another (Fletcher & StGeorge, 2011; Parry et al., 2019). This type of social support creates an accessible environment for fathers to share information and resources about parenting with one another. Fathers-only peer groups allow fathers to learn from the experiences of others while offering a safe space to discuss the challenges of parenthood. Finding solidarity within a group of peers can be a therapeutic experience which might help to mitigate some of the isolating effects of stress and self-doubt commonly associated with the transition into fatherhood.

Perinatal education should also place an emphasis on the importance of facilitating a bond between fathers and their infants. Research shows that the paternal-infant bond begins to form during pregnancy (Vreeswijk et al., 2016), however, the lack of physical connection to the infant prior to birth can make fathers feel separate from the experience (Johnsen et al., 2017; Kowlessar et al., 2015). Since the formation of this bond has lasting effects on the father-child relationship beyond pregnancy (de Cock et al., 2016), it is important for perinatal classes to not only teach fathers how to bond with their infants prior to birth, but to also to nurture these bonds after their infants are born.

Perinatal education classes can help fathers overcome their feelings of separateness by encouraging them to participate in activities with their infants in utero such as attending antenatal checkups, feeling the baby kick, speaking to the baby in the womb, etc. (Johnsen et al., 2017). These interactions during pregnancy also help fathers to grasp the reality of their unborn infants

(Johnsen et al., 2017; Shorey et al., 2017; Walsh et al., 2014). Lastly, perinatal education can facilitate the paternal-infant bond by educating fathers on how to care for their babies. Included studies demonstrate that fathers often feel helpless when their infants are born due to a lack of childcare knowledge (Allport-Alttillo et al., 2020; Kowlessar et al., 2015; Shorey et al., 2017; Uengwongsapat, 2020). Formal support programs can use this understanding to empower fathers by giving them the information they need to thrive in their new roles.

Fathers are heavily concerned with fulfilling their roles as ‘providers’ for their families (Allport-Alttillo et al., 2020; Dayton et al., 2016; Glikman, 2004; Hamm et al., 2018; Johnsen et al., 2017; Shorey et al., 2017; Uengwongsapat, 2020). However, many fathers struggle to strike a balance between being a financial provider and an emotional caregiver. Many of the recommendations for perinatal education outlined above might concurrently impact this issue as well. For example, perinatal education can help ease some of these stresses by providing resources to financial services and teaching fathers effective strategies for bonding with their infants. Additionally, the benefits of peer groups, should not be underestimated in this case. Within this setting, fathers can learn strategies for balancing role expectations as well as receive the therapeutic benefits of peer support in navigating the dualistic nature of the ‘provider’ role experienced by many.

Finally, findings from this review depict how couples encounter relationship changes throughout the perinatal period (Deave & Johnson, 2008; Glikman, 2004; Walsh et al., 2014). Participants in Deave & Johnson’s (2008) study explain how impactful it could be to receive preparation regarding these changes *both* antenatally and postnatally. With so much focus on preparation for a baby, couples might find themselves blindsided by the role and relationship changes that come with this transition. Mothers and fathers would likely benefit from perinatal

education that includes discussions surrounding the relationship changes parents can expect when anticipating a baby. Placing added emphasis on the importance of teamwork and developing good co-parenting strategies might help parents focus on the aspects of parenthood which unite them, rather than the hardships which can be potentially divisive. As previously stated, perinatal education should be able to point parents in the direction of relationship counseling services when needed.

Limitations

The findings of this research will not be applicable to all fathers, nor will they fit within the context of every sociocultural environment. It is important to recognize that the definitions surrounding fatherhood and the needs of fathers vary from place to place, family to family, and father to father. There has been progress made in research towards being more inclusive of diverse family structures (e.g., multigenerational) and recognizing the nuances and cultural distinctions that shape expectations placed on fathers. That being said, there is no one-size-fits-all for addressing these types of issues. Furthermore, this review does not address the experiences of non-biological fathers or the ways in which the ‘father’ role can be fulfilled by non-fathering individuals. These limitations reflect opportunities for future studies to further our understanding of the complexities of fatherhood and the ‘father’ role.

Additionally, relevant studies may have been missed due to the confines of the inclusion and exclusion criteria for this review. Our search was limited to a single database and the decisions to exclude certain studies may have been made due to misinterpretations of studies’ content at the title and abstract level. The included studies ranged across nine countries and sampled participants with a variety of racial and ethnic identities as well as socioeconomic backgrounds. However, nearly half of participants represented in this review identified as white,

limiting our ability to describe culturally diverse experiences of fatherhood. Findings were synthesized according to common themes and descriptions of issues relevant to fathers.

Consequently, this review adds to the growing body of literature which seeks to understand and improve fathers' experiences during the transition into fatherhood.

Implications

The research on fathers' needs as they prepare for a baby is scarce. Existing support programs that aim to assist perinatal bonding, mental health issues during and after pregnancy, and conflict between partners have been predominantly maternally focused. Research clearly demonstrates that the role of the father within the family system is important for influencing child and family outcomes. Furthermore, the father's role begins in early pregnancy and his wellbeing during this time coupled with his feelings towards his unborn child are foundational to developing the father-infant relationship later on. Fathers' relationships greatly impact their transitions into fatherhood. From the adaptation of a new paternal identity to partner relationship changes and challenges in bonding, familial relationships hold great influence over the experiences that fathers have during this time. Perinatal education classes that do not provide adequate care for the unique needs of fathers miss critical opportunities to prepare both parents for the challenges that come with having a child. Consequently, this lack of support is not only harmful to fathers, but also affects the wellbeing of mothers, infants, and the entire family system. Implementing perinatal education that includes an explicit focus on fathers' needs will address the challenges and opportunities associated with the transition to fatherhood, thereby improving both individual and family outcomes.

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