**“Dads in Distress”- Persisting depressive and traumatic symptoms in fathers following poor fetal, neonatal and maternal outcomes**

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**Aim**

To explore the prevalence of depressive and traumatic symptoms in fathers in the setting of poor fetal, neonatal and maternal outcomes.

**Design**

Prospective mixed methods study conducted at an outer metropolitan hospital in Brisbane, Australia. (Only quantitative data presented here).

**Methods**

This study included 28 fathers whose partners had experienced a traumatic pregnancy, including fetal death in-utero, congenital abnormality or aneuploidy, termination of pregnancy, stillbirth, tumultuous neonatal period and maternal morbidity such as emergency post-partum hysterectomy. The fathers were screened for depressive symptoms using the Edinburgh Postnatal Depression Scale (EPDS) and the Impact of Events Scale (IES) to assess subjective distress in response to trauma. Both scales were implemented at 2-3 weeks and 3-4 months after the event.

**Results**

While the experiences of fathers were grouped into six groups: sudden stressor/bad outcome (n=7), sudden stressor/good outcome (n=3), expected bad outcome with time to prepare (n=1), anticipatory concern/bad outcome (n=7), anticipatory concern/good outcome (n=6) and anticipatory concern /uncertain outcome (n=3). The EPDS and IES scales were completed by 26/28 fathers (92%) at 2-3 weeks after the antecedent event and by 15/28 (53%) fathers at 3-4 months. At two weeks, high EPDS scores (≥13) were found in 6/15 (40%) fathers in the bad outcome groups compared with 1/6 (16%) in the good outcome groups. High IES scores (≥24) were found in 54% responders (14/26), and were common across all the groups. Very high (range 32-77) and persistent IES scores were evidenced at 3 months in the bad outcome groups with clinically significantly high scores (≥36) observed in 2 fathers.

**Conclusion**

Our findings suggest considerable affective and post traumatic morbidity in men following distressing pregnancy experiences. The role of support options for men in this situation needs further consideration, including the potential long-term impact on paternal mental health and maternal/child outcomes.