



# The Need for Partner Education and Mental Health Support During Pregnancy and the Postpartum Period

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## Abstract

The transition to parenthood represents one of the most profound physiological and psychological adjustments in adult life. While healthcare systems often focus on maternal well-being, this qualitative analysis of lived experiences underscores a critical gap: partners frequently lack education, preparation, and screening related to postpartum adjustment, depression, and the physiological and emotional changes that accompany this period. This article draws on insights from twenty-three interviews with new mothers and incorporates evidence-based recommendations for supporting both parents during the postpartum period. The findings reveal that when a partner's mental health declines, it can significantly impact the birthing person's emotional recovery, sense of safety, and ability to bond with the infant.

**Keywords:** Postpartum Adjustment; Depression; Anxiety

## Partner Mental Health and Its Impact on the Postpartum Experience

Across multiple narratives, participants described how their partner's anxiety, depression, or emotional withdrawal influenced their own sense of stability and well-being. Partners often exhibited symptoms of postpartum depression—manifesting as irritability, emotional shutdown, defensiveness, or avoidance—but remained undiagnosed and unsupported.

Mothers commonly reported having to regulate not only their own emotions but also those of their partner and baby simultaneously, which contributed to emotional exhaustion and delayed personal recovery. Some partners reacted with humor or detachment as coping mechanisms, while others experienced panic, hopelessness, or fear of inadequacy [1].

In severe cases, mothers described feeling abandoned, walking on eggshells, or carrying the full mental and physical burden of caregiving. Anxiety, depression or emotional dysregulation—often led to emotional isolation for the birthing person and created tension within the home. Conversely, when partners accessed counseling or spiritual support, families experienced renewed communication, improved emotional balance, and strengthened relationships [2].

## Expectations Versus Reality: Partner Involvement and Emotional Availability

Participants' expectations of partner support varied widely. Some partners exceeded expectations through hands-on engagement, shared caregiving, and emotional reassurance. However, many mothers described a significant

gap between anticipated and actual involvement.

Common challenges included partners avoiding nighttime duties, emotional withdrawal, or focusing on work as a means of coping with stress. These unmet expectations often created feelings of resentment and invisibility for the mother [3,4].

Mothers with professional healthcare backgrounds described a struggle between clinical expertise and personal vulnerability—acknowledging a need to “release expectations” and allow partners to participate imperfectly. However, when partners became emotionally unavailable or disengaged after birth, mothers experienced heightened anxiety, sadness, and doubts about the stability of the relationship.

### **Influence of Partner Mental Health on Bonding and Parental Role Adaptation**

Participants consistently linked their partner's mental health to their own ability to bond with their infants. When partners struggled with anxiety or depression, mothers described bonding as “drained,” “forced,” or “slow to develop.” Emotional withdrawal or irritability from a partner redirected maternal energy toward managing relationship distress instead of fostering joyful connection with the baby.

For some mothers, the absence of emotional reciprocity created resentment, guilt, and fatigue—factors known to elevate risk for postpartum depression. In extreme cases, mothers felt disconnected or hypervigilant, prioritizing survival over bonding.

Conversely, when partners received counseling or became more self-aware, the emotional environment shifted. Mothers felt safer, more supported, and better able to enjoy their infants. These findings highlight the interdependence of partner and maternal mental health during early parenthood.

### **Barriers to Communication about Mental Health**

Communication difficulties emerged as a central theme. Many participants avoided discussing emotional struggles for fear of judgment, defensiveness, or escalating conflict. Partners frequently shut down or deflected, leading to cycles of silence, resentment, or emotional distance.

Several mothers expressed internal conflict between advocating for help and “nagging.” Others described tiptoeing around fragile egos or avoiding conversations altogether to maintain peace. Over time, this avoidance compounded emotional distress and isolation.

However, when couples accessed counseling or participated in faith-based programs, communication improved. Mothers reported being able to revisit difficult moments with empathy and humor, acknowledging mutual struggles. These reflections underscore the need for guided communication interventions—beginning during pregnancy—to normalize conversations about stress, emotional regulation, and shared responsibility.

### **Recommendations for Partner-Focused Education and Support**

Participants overwhelmingly called for systemic improvements in how healthcare providers educate and support partners before and after childbirth. Recommendations include:

**Prenatal Mental Health Education for Both Parents:** Integrate partner-focused education into prenatal care, emphasizing emotional changes, signs of postpartum depression in all parents, and realistic expectations for support and sleep deprivation.

**Routine Partner Mental Health Screening:** Incorporate partner assessments at maternal postpartum and pediatric visits. Simple screening questions or validated tools could identify early signs of distress or depression.

**Accessible Counseling and Support Groups:** Offer low-barrier virtual or in-person support groups for partners, facilitated by mental health professionals or trained peer mentors. Early engagement can normalize emotional struggles and reduce stigma.

**Shared Parental Leave and Flexible Work Policies:** Encourage workplace and policy-level support for both parents to recover and bond. Time off together can reduce emotional strain and improve family outcomes.

**Targeted Communication Tools and Education:** Provide couples with practical exercises, mobile apps, or guided prompts to foster open dialogue and emotional literacy.

**Community and Faith-Based Partnerships:** Expand collaboration between healthcare systems and community organizations to offer culturally sensitive, inclusive, and accessible support for diverse families.

### **Implications for Practice and Policy**

This analysis reveals a systemic gap in perinatal education and mental health care for partners. While

mothers are routinely screened for postpartum depression, partners are often overlooked—despite evidence that their distress directly influences family well-being.

Healthcare systems should adopt a family-centered approach that views postpartum recovery as a shared adaptation process rather than an individual maternal event. Incorporating partner education into prenatal classes, hospital discharge teaching, and pediatric follow-ups can promote early recognition of mental health needs and reduce the long-term relational and developmental impacts on families.

Policies expanding parental leave, funding for postpartum mental health programs, and interprofessional collaboration between obstetric, pediatric, and behavioral health providers are essential.

### Conclusion

The postpartum period represents a vulnerable yet transformative time for families. The narratives in this report highlight the emotional interdependence between partners and the profound impact that unaddressed mental health issues can have on maternal recovery, infant bonding, and relationship stability.

Providing structured education, proactive screening, and accessible mental health support for partners can enhance resilience, reduce isolation, and foster healthier

family dynamics. Ultimately, preparing both parents—not just mothers—for the realities of postpartum adjustment will strengthen the well-being of families and communities alike.

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