

**Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
National Child and Maternal Health Education Program (NCMHEP)**

**Understanding Perceptions of
Postpartum Depression
To Inform Educational Outreach Efforts**

60-Minute Telephone Focus Group with
FATHERS WITH AT LEAST 1 CHILD LESS THAN 5 YEARS OF AGE

MODERATOR GUIDE

Background (5 minutes)

Welcome and good afternoon or good evening, depending on your time zone. My name is [facilitator's name] and I will be facilitating our discussion.

The main purpose of our discussion is to talk about parents' and children's health shortly after birth. There are no right or wrong answers during the entire discussion—I am interested in your experiences and ideas.

The *Eunice Kennedy Shriver National Institute of Child Health and Human Development*, one of the 27 institutes and centers that make up the National Institutes of Health, is the sponsor of this project. I am not an employee of this Institute. I am an independent researcher, so feel free to be honest with your feedback—you will not hurt my feelings.

We have a very limited amount of time together—our discussion will end in about 1 hour, at X:XX p.m. Eastern. So, if I interrupt you, please don't take it personally—I am simply trying to make sure we cover all of our discussion topics before our time is up. It is also critical that each of you speaks one at a time and that you allow each other to get more or less equal “air time.”

I am audio-recording our discussion and my colleague is on the line to take notes. This means your feedback is secure to the extent permitted by law. With that in mind, do I have everyone's permission to proceed?

Participant Self-Introductions (5 minutes)

All of you on this call are fathers of at least 1 child less than 5 years of age.

I am now going to go around the virtual table and call your name. Please introduce yourself:

- (1) using your first name only (no last names);
- (2) let us know your geographic location; and

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(3) let us know how many children you have and their genders and ages.

During the discussion, please state your first name before each comment that you share.

Trusted Health Information Sources (5 minutes)

1. How does your family learn about health in general, and this includes mental health?
2. What sources of health information do you most trust?
3. During pregnancy and shortly after birth, what were your most trusted health information sources?
4. During your wife's/partner's pregnancy and first year after birth, how often did you accompany her to her clinic appointments (this includes prenatal care visits, childbirth education classes, and pediatrician visits for the baby)?

[Round robin: Almost always, most of the time, some time, rarely, never.]

Knowledge, attitudes, behaviors, and beliefs (20-30 minutes)

1. Please describe how your wife/partner was feeling, emotionally speaking, *a few days to a few weeks* after the birth of your child.

[Listen for any participant that uses the term, "postpartum depression," on his own. Also, listen for words that suggest PPD such as, "anxious," "depressed," "overwhelmed," "stressed," and/or "unusually angry."]

2. At any point during your wife's/partner's pregnancy, immediately after birth or during the first year of your child's life, did anyone discuss how your wife's/partner's mental health may be affected after birth? If so, who spoke with her and what were those conversations like?

[Listen for what type of health professional may have addressed mental health and what was the specific focus or topic.]

3. How many of you have heard of the term, "postpartum depression?"

[Listen for other words used to describe "postpartum depression."]

[If necessary, read definition: Postpartum depression is moderate to severe depression in a woman after she has given birth. It may occur soon after delivery or up to a year later. Most of the time, it occurs within the first 3 months after delivery.]

4. What have you heard about postpartum depression?

[Listen for any comments related to the stigma attached with postpartum depression.]

[Listen for whether any participant's wife/partner experienced postpartum depression herself or knows someone who has had postpartum depression and what those experiences were like.]

5. What are some symptoms of postpartum depression?
6. How common do you think postpartum depression is?
7. At what point during the pregnancy or the first 12 months after the birth of your child do you feel it would have helped to have had someone talk to you about postpartum depression?
 - a. Did your family receive educational materials about postpartum depression during this period?
If so, what were those materials like?
 - b. What kind of support and information do you wish your family had received?
8. How do you think postpartum depression is viewed generally?
 - a. How might your family background or community view postpartum depression?

[Listen for thoughts such as those related to some cultures paying extra attention to the mother right after birth and those cultures that heavily rely on family networks.]

Message Testing (10-15 minutes)

[Note: Participants will receive a 1-page sheet of messages related to postpartum depression prior to their focus group.]

We are now going to review a few messages related to postpartum depression to inform a campaign to raise awareness about postpartum depression. These messages may end up in campaign materials. I would like you to tell me which messages you like most and which messages you like least and why. Please let me know if there are any words that might be confusing or offensive. Let's start with...

Message #1: Many moms often feel changes in mood after birth.

- Any woman can suffer from mood swings after the birth of a child.
- There is no shame in feeling depressed or anxious after the birth of a child.
- Hormones, genetics, and brain chemistry all play major roles in the onset of these mood swings after the birth of a child.
- Approximately 70% to 80% of all new mothers experience some negative feelings or mood swings after the birth of their child.

Message #2: Postpartum depression is not just “feeling moody” or overwhelmed shortly after birth.

- If these feelings have gone on for a long time and they have interfered with your daily activities, speak with a health care professional.
- It might be hard to recognize depression or anxiety when you are tired, overwhelmed, or adjusting to life with a new baby.
- It is important to talk to your partner, family, friends, or health care provider if you don't feel like yourself.
- Symptoms can start anytime in the first year postpartum.

- Symptoms may include feelings of anger, lack of interest in the baby, loss of interest in things you used to enjoy, being unable to care for your baby or yourself, and thoughts of harming yourself or the baby.
- These symptoms may be signs of postpartum depression.
- A family history of depression or anxiety, family stress, complications in the pregnancy or birth, or a multiple birth can all increase the risk of postpartum depression.

Message #3: Postpartum depression can be treated.

- Getting treatment is important for you and your family.
- With proper care, you can fully recover.
- Without treatment, the depression and all of its symptoms will get worse and may put you and your family in danger.
- Your health care professional may ask you a set of questions to decide on the best treatment for you.
- Some women find a support group helpful in coping with postpartum depression.
- There are many treatment options for postpartum depression. Some women may participate in therapy and some women may require medication.

Key Message #4: A significant other may be the first to notice that a new mom is having difficulty coping.

- You are in a unique position to help your partner.
- It can be difficult to know how to address emotional changes your partner.
- The stigma associated with postpartum depression often prevents women from asking for help.
- Many women and their partners do not know what postpartum depression is or how to recognize its signs.

Promoting the Topic of Postpartum Depression: Communication Channels (5 minutes)

1. What organizations would you trust to give you information on postpartum depression?
2. What would be the best ways to communicate that postpartum depression is not just “feeling moody” or overwhelmed shortly after birth?
 - a. Who would be most appropriate for helping women determine where the line is drawn between expected mood swings and postpartum depression?
 - b. At what point during a pregnancy would be ideal to receive information on postpartum depression?

[Listen for: obstetricians, family medicine doctors, lactation consultants, pediatricians, nurses, psychiatrists, pharmacies, websites (which ones?), baby merchandise stores, parenting magazines (which ones?), mothers, sisters, friends, etc.

Probe for formats: Web/Internet, print, audio, visual.

Probe specific products: For example, print ad in *Parenting* magazine, video for waiting area, poster in exam room, blog with other moms, BabyCenter forum, etc.]

Wrap Up and Thank You

Finally, what else should the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development keep in mind as it develops health education materials for families?

Thank you very much for your time and valuable input. Your contributions today will inform the Institute's outreach efforts to families across the country.