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CONFLICT OF INTEREST

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Abstract

Aim: To explore first-time fathers' postnatal experiences and support needs in the early postpartum period.

Background: The postnatal period is a stressful transition period for new fathers. It is imperative to understand their needs and experiences to provide appropriate support for them. The majority of previous studies were based in Western countries and explored fathers' needs during pregnancy and childbirth, with few studies conducted in the postnatal period. In Singapore, a multiracial society with differing paternal cultural values from its Western counterparts, there is considerable need to examine the experiences and needs of first-time fathers.

Design: A descriptive qualitative design was used.

Methods: Data were collected from November 2015 - January 2016. Fifteen first-time fathers were recruited from two postnatal wards of a public hospital, using a purposive sampling method. A semi-structured interview guide was used to conduct face-to-face interviews. A thematic analysis was conducted and ethics approval was sought for this study.

Results: Four overarching themes and seventeen subthemes were generated. The four overarching themes were: 1) No sense of reality to sense of responsibility; 2) Unprepared and challenged; 3) Support: needs, sources, experience and attitude; and 4) Future help for fathers.

Conclusion: Fathers undergo a transition phase where they have unmet support needs during the early postnatal period. Understanding and addressing these needs may facilitate smooth transition to fatherhood. This study's findings can be used to involve fathers and design future supportive educational programs to promote positive parenting experiences and family dynamics.

Keywords: early postnatal period, experiences, fathers, interviews, nurses, midwives, nursing, support needs.

SUMMARY STATEMENT

Why is this research or review needed?

- The postnatal period is a stressful transition period for new fathers.

- Limited previous research in Western countries were mainly focused on fathers' needs during pregnancy and childbirth.
- There is a need to explore fathers' experiences and needs in the early postnatal period among multiracial Asian societies such as in Singapore.

What are the key findings?

- Multiracial fathers in Singapore have various unmet needs in the early postpartum period.
- Fathers felt lost and urged to be involved in postnatal educational programmes.
- Fathers showed a preference towards electronic media such as mobile-health applications for receiving educational sessions.

How should the findings be used to influence policy/practice/research/education?

- Healthcare professionals, especially nurses and midwives, should focus on engaging fathers to provide family-centered and cultural specific individualized care in the early postnatal period.
- Longitudinal cohort studies are needed to examine fathers' involvement and transition to fatherhood.
- Mobile-health application based educational sessions should be designed and evaluated in future studies.

INTRODUCTION

The postpartum period is considered as the most challenging time in terms of coping with the transition to fatherhood for new fathers (Chin, Hall & Daiches, 2009; (Genesoni & Tallandini, 2009). In the early postpartum period, first-time fathers face concerns such as frustration of not being able to be more involved in their baby's care, not having enough time to establish intimate contact with their babies, a lack of support from healthcare professionals, etc. (Early, 2001; Fletcher, Silberberg & Galloway, 2004; Premberg *et al.*, 2011). As such, an in-depth understanding of the challenges faced by new fathers is important to involve fathers as consumers of maternity services (Early, 2001; Fletcher *et al.*, 2004; Premberg *et al.*, 2011).

Several international bodies (National Collaborating Centre for Primary Care, 2006; Perinatal & Maternal Mortality Review Committee, 2009; World health Organization, 2013) recommended that care after childbirth should include all family members. Fathers are usually the most important

supporter and resource to mothers (Persson & Dykes, 2002). A previous meta-synthesis of studies (Chin *et al.*, 2009; Steen *et al.*, 2012) has shown that unsupported fathers may lead to unpreparedness in achieving successful transition to fatherhood. It has been further reported that an in-depth understanding of paternal needs and experiences has the potential to enhance parenting self-efficacy and satisfaction and to increase the chance of fathers seeing themselves as a valued co-parent (Chin *et al.*, 2009; Steen *et al.*, 2012).

Background

During the postpartum period, first-time fathers face concerns such as insufficient time to establish intimate contact with their babies, a lack of support from healthcare professionals, etc. (Ellberg, Högberg & Lindh, 2010; Genesoni & Tallandini, 2009; Greenhalgh, Slade & Spiby, 2000; Vehviläinen-Julkunen & Liukkonen, 1998).

Few literature focused on fathers' perceptions and experiences in the postpartum period (Barclay & Lupton, 1999; de Montigny & Lacharité, 2004; Henderson & Brouse, 1991; Jordan, 1990; Premberg, Hellström, & Berg, 2008). Instead, the focus has always been on exploring fathers' specific experiences of critical moments during the immediate postpartum period (within three days) (de Montigny & Lacharité, 2004) and contributing to decision-making within six months (Barclay & Lupton, 1999). Another study examined postnatal involvement and childbearing attitudes within one year postpartum among Western-European fathers (Strauss & Goldberg, 1999).

Asian fathers' parenting values and beliefs are influenced by diverse cultures, socioeconomic and political structures as well as policies and programmers (Nyström & Ohrling, 2004; Yeung, 2013). This is particularly important in multiracial Singapore, with citizens who are predominantly Chinese, followed by Malay, Indian and other nationalities (Singapore Department of Statistics, 2016) Hence, it is imperative to understand the paternal needs and experiences of Asian fathers, specifically those residing in Singapore.

THE STUDY

Aim

The aim of this study was to understand fathers' postnatal experiences and perceived support needs after their partner's hospital discharge to provide evidence for the improvement of postnatal practices.

Design, Setting and Participants

A descriptive qualitative research design (Sandelowski, 2000) was used to collect data from a public tertiary hospital from November 2015 - January 2016. To ensure ethnic representation, purposive sampling (Silverman, 2009) was used to recruit 21 first-time fathers of selected ethnicity (Chinese, Malay, Indian and others) from two postnatal wards of the public hospital. The inclusion criteria were first-time fathers who: 1) were 21 years old and above; 2) were able to read and speak in English; 3) accompanied their partner who were admitted to the participating wards after delivery; and 4) stayed with their partner in Singapore for at least two weeks after their partner's date of delivery. The exclusion criteria were fathers who had: (1) physical or mental disorders; (2) a partner who gave birth to newborns with deformities and/or complications and/or disabilities; and/or (3) their newborns admitted to the neonatal intensive care unit. The first two weeks post-delivery are considered to be one of the most stressful period for the parents of newborns ((Shorey *et al.*, 2013; Shorey *et al.*, 2015a), justifying the data collection during this period. Out of 21 recruited fathers, six could not participate in the study due to reasons including their newborn being re-admitted to the hospital for jaundice, or their doctor's appointment falling on the days of interviews. Eventually, 15 fathers participated in this study. Data saturation was achieved at the 13th father and two additional interviews were conducted to ensure that no new findings emerged from the interviews. One of the authors, SB (female), a research assistant, conducted the interviews and was trained in interview processes by the corresponding author (SS).

Interview guide

A semi-structured guide was prepared based on a previous local research on mothers (Ong *et al.*, 2014) and was content validated by two senior nurses from the hospital. The guide was pilot tested on one father who met the inclusion criteria, which is independent from the main study. No changes were needed for the interview guide or time frame. Some of the asked questions were: "Tell us about your experience when you first got home with your wife and baby. How did you feel?" and "How do you find your preparedness in supporting your wife and taking care of your baby after the hospital

discharge?” On completion of the interviews and data saturation, the pilot interview data was collapsed into the main study to condense the emic perspective.

Data collection

Each father was interviewed once and all interviews were audio-recorded on obtaining consent. The interviewer also took field notes to inform an audit trail of decision-making. After obtaining ethics approval, fathers who met the inclusion and exclusion criteria were identified by the research assistant. The recruitment took place during each father's partner's stay in the participating wards. The hospital staff introduced the research assistant to the father and his partner, the research assistant then invited the father to participate in the study. A meeting was arranged at a mutually agreed, convenient time and place, mainly at the father's home and was approximately 5-14 days after their partner's date of delivery. Telephone contact was made one to two days before the scheduled interview date to remind participants of the interview. During the interview, demographic information, such as age, citizenship and ethnicity, were collected. The interview duration ranged from 16-47 minutes.

Ethic consideration

Ethical approval was obtained from the ethics committee of the participating hospital (NHG DSRB Ref: 2015/00850). Participants were informed of the objectives of the study and all their queries were answered before taking their written consent for participation in the study. Confidentiality of the data were maintained. A token of appreciation was given to each father at the end of the interview.

Data analysis

After each interview, the interviewer and the corresponding author listened to the audio-recordings and read the field notes. All interviews were conducted in English and transcribed into written form. The corresponding author and the interviewer read each transcript repeatedly to gain familiarity with the data. Concurrent analysis was undertaken and saturation was achieved when no new themes were found (Glaser & Strauss, 1967). Inductive analysis was used to identify interesting and relevant aspects, which formed the basis of repeated patterns across the data set. Thematic analysis was used, allowing the researchers to derive themes or patterns in the text (Boyatzis, 1998). Data extracts that demonstrated the same concepts were coded with each concept's assigned color code. These were

then collated in each code, which involved copying extracts of the data from each transcript. In each concept, the researcher picked out words from the data, which most represented the main ideas of the group. Those words were reviewed and reduced subsequently to group similar ideas. This was done until the idea of each group was distinct and unique from each other. This process linked common concepts to form broad themes, which were the findings of the study. After an analysis by the corresponding author and the interviewer, two co-researchers individually undertook the same process of analysis by way of research team checking (Glaser & Strauss, 1967; Silverman, 2009). Findings from each researcher were compared. Differing findings were discussed until a unanimous agreement was reached to ensure credibility of the findings. The final findings were shared with the participants and they had no further comments on the emerged themes and subthemes.

Rigor

To enhance the credibility and dependability of the study, reflexivity was adopted by the researchers throughout the research process (Glaser & Strauss, 1967). The researchers engaged in data collection and data analysis while keeping a journal to engage in an ongoing self-critical stance and reflections on their preconceptions, subjectivity, actions, feelings and conflicts experienced throughout the research process.

FINDINGS

The sociodemographic characteristics of the 15 fathers are presented in Table 1. The mean age of the participants was 31 years and the majority were Singaporean Chinese, followed by Malays, Indians and others. The majority had a Bachelor's or higher degree and all of them were employed with a monthly household income that ranged from SGD3, 000-9,999. All participants were married with a mean period of two years.

Thematic analysis revealed four emerging themes: 1) No sense of reality to sense of responsibility; 2) Unprepared and challenged; 3) Support: needs, sources, experience and attitude; and 4) Future help for fathers (Table 2).

No sense of reality to sense of responsibility

Fathers verbalized that the first two weeks post-delivery were a stressful period for them. They voiced that they had “no sense of reality” and “overwhelming emotions” at the beginning and then

slowly adapted to be more involved and bonded with their babies. They testified to a new sense of responsibility towards their partners and newborns.

No sense of reality

Many fathers verbalized that they had no sense of reality in becoming a father until their babies were born. Before the baby's birth, the father seldom talked about his feelings of becoming a father to anyone. The reality of fatherhood only set in after the birth of each father's baby:

... Only when the baby is born, then we (father and his mother) started to talk more about having a baby or becoming a father. Before that (during the pregnancy), we seldom talked (about it). (Chinese father, 4)

A few fathers who attended antenatal classes also added that they could not relate to the information delivered during the classes as there was "no real baby" they could relate the information to. Some fathers shared their disappointment with the mannequins used in the antenatal classes:

It would be better if there is an actual baby... I would prefer the training to be realistic, like they are real life scenarios. I would not attend any classes that are just theory-based. I can't relate to it. (Malay father, 7)

Feelings of joy versus frustration

Many fathers felt overwhelming emotions ranging from joy and satisfaction to anger, worry, fear, misery and frustration within the first few days post-delivery. Most of the fathers felt the feeling of happiness on the arrival of their babies and when they could participate in baby care:

A sense of achievement is felt when the baby starts crying and I manage to calm the baby down and (the baby) becomes very comfortable and starts sleeping and that's when I see the sense of joy to it and some achievement. (Chinese father, 1)

Need to bond with our babies

The majority of the fathers felt the need to establish a strong family bond. They stated that they tried to divide their attention between their wives and newborns equally. These fathers testified to needing to understand their newborn's cues as a means of bonding:

... Being a parent is important, very important, because I am a daddy for the whole package, I guess, for the whole relationship, it is important to bond with your baby. (Chinese father, 3)

Sense of responsibility

Most fathers verbalized that even though they initially felt helpless in supporting their wives, they sensed a growing responsibility through helping their wives with the baby's care. Some fathers also testified to taking over tasks so that their wives could have some rest:

Given that my wife has to wake up, so, in a sense, it helps that I can empathize, you know, what she's going through, because, actually, in the first few days, she had difficulty coping, the need of having to wake up every hour. Yes, so, I woke up with her, accompanied her and handled the baby. (Indian father, 9)

Unprepared and challenged

New fathers encountered many challenges in the first few days postpartum, from being unaware of the educational support available for them to feeling heavily sleep-deprived, confused in supporting their wife and baby and lacking the confidence to looking after their newborn.

Unaware of any educational support available

Almost more than half of the fathers of all cultural groups verbalized that they were not prepared and educated by healthcare professionals about the level of support their wives would need after the birth of their newborns. They were especially disappointed that they were not aware about the antenatal educational programmes offered by the hospital:

Actually, I was not aware of such classes... If there was, maybe I can consider (attending), depending on the price, depending on the type of content, or even the scope of the program. (Malay father, 7)

Sleep-deprived

Most fathers reported some degree of sleep deprivation. Some of them even felt bad about their wives as they had to be up more frequently due to breastfeeding. A few fathers tried to help their partners to compensate for their lost sleep by participating in newborn care tasks such as changing diapers:

First day... tiring, because baby usually sleeps in the morning and then wakes up around 10pm... and then he is awake up until maybe 7 in the morning. Sleeping pattern is not same as us, so it is very difficult ... (Filipino father, 6)

Confused and lacking confidence

Almost all of the fathers of all nationalities felt confused about the amount of support they could provide their wives, which led to a lack of confidence in looking after their newborns and performing baby care tasks. While they tried increasingly to adapt to the new reality of having a baby, their confusion was further aggravated when they received varying advice from their family members and healthcare professionals:

... For example, my baby has jaundice, so the doctor was telling us not to go down and allow some sunshine on the baby because it dehydrates the baby. But, for my parents, they say the traditional way is to bring downstairs, don't worry, doctor may not be always right... So, sometimes when I ask parents something, they may not give me a very accurate answer. (Chinese father, 1)

My challenge is that I feel not assured myself, I don't have the confidence level... It's not there yet, compared to my wife. (Malay father, 7)

Support: needs, sources, experiences and attitudes

Fathers shared their sources and needs towards receiving support. They also shared their experiences with the available support and what they felt about providing support to their wives and newborns.

Support needs

Most fathers felt the need for more formal informational support on baby care tasks. The fathers were concerned with the credibility of online videos and often relied on the comments section of YouTube to judge the reliability of those videos. All 15 fathers verbalized that although they tried to participate in baby care tasks, they did not received any formal feedback. Most of the fathers did not focus on their own emotional needs as they felt that their wives needed more emotional support. Fathers who felt that they did needed support tended to rely on their family members and friends from varying ethnicities. A few fathers voiced that they engaged in self-talk, talked to their babies, or smoked more when they felt stressed:

I will go to the comments section of an article. If there are a lot of comments, then I will go and I will analyze, I read a lot of comments... So I have this habit of reading comments, I know that, from those comments, this is a reliable one, this can be trusted. Yeah, this is meaningful, has common sense. Yeah. (Indian father, 14)

Sources of support

Fathers sought informal help from family and friends, social media and especially YouTube. For formal support, these fathers turned to healthcare professionals, especially nurses/midwives and lactation consultants. Most Chinese fathers preferred to seek support from the elderly. However, few local fathers reported inconsistent support from the family due to work or commitment to other grandchildren. Almost all non-Singaporean fathers (Indians, Filipinos and Sri-Lankans) had their extended family members' visit from their hometown to provide support in the early days after birth. A few non-Singaporean fathers, especially those from the Philippines, decided to bring the baby back to their countries of origin as they felt they could get more support back home:

... It's really hard not having anyone around, so we want to go home. But we have to wait, because the documents... the travel documents for the baby. So, she (the baby) had a follow-up check-up and also for my wife. We have to stay for a couple of weeks before we go home. (Filipino father, 15)

Experiences of the received support

Most fathers appreciated the support received from healthcare professionals, family, friends and social media. However, almost all the fathers felt 'left out' by the nurses as they felt the nurses had focused on providing support solely to their wives and newborns. Fathers were happy to receive added support from their in-laws and parents. However, many of the fathers, especially Chinese fathers, felt highly pressured to follow certain cultural confinement rituals. Due to the generation gap, these same Chinese fathers had to negotiate with their elders about which practices to follow. Singapore residential Chinese fathers with overseas in-laws experienced added stress to follow prescribed traditional rituals that they did not believe in:

I think for traditional Chinese, confinement is like... the first month after the laboring, I mean, strictly speaking, you cannot get off the bed and you cannot open the window... So, you cannot wash your hair at first. In Singapore, the weather (is hot) after 1 or 2 days, it

(hair) will smell. It's not good for me and not good for my wife and my child. So, that's something, I mean for different generations... will have different views on... how to take care of the baby. So, that's my challenging part. (Chinese father, 2)

Attitudes towards support provided

Fathers from different ethnic groups verbalized differently on the importance of participating in baby care tasks to provide support to their wives. Unique to the Malay fathers was the belief that performing newborn care tasks was primarily the mother's role and that their wives had lots of support from their extended families. These fathers felt that their participation in baby care tasks may confuse Malay cultural 'maternal and paternal' roles. In these roles, fathers are considered the breadwinner and would only participate in baby care tasks when advised to do so by elders in the family:

Most of the time, things are done by my wife and mother-in-law. So, for me, yes, maybe I would like to learn, but I don't think I need to... The wife needs to be the mother of the child, while the husband needs to support the mother and child. That's the correct way. (Malay father, 10)

Future help for fathers

The fathers shared many recommendations on the informational and practical help they needed. This included enabling them to be more involved in baby care via educational programs with topics especially catering to father's needs, more use of technology in developing educational programs such as mobile-health applications (apps) with videos and audio content and focus group activities with other fathers.

Educational programs and focus group discussions

Almost all of the fathers stated that they needed more involvement in educational programs. They highlighted that the information provided in educational programmes should be simple and easy to comprehend. They preferred real babies in the demonstration of various topics. Fathers confirmed that the first two weeks post-delivery was the needed time for educational interventions as it was perceived as the most stressful period for them:

One thing that we want to do (as a father) is to get more involved. But, another thing, maybe, from the hospital or from institutes, is telling us what we have to do. So, to be more aware, involve us more so that we will feel more important (laugh). (Chinese father, 5)

Fathers from all ethnicities recommended focus groups with other fathers so that they can learn and support each other as they are going through the same phase in life:

Maybe you can have other people (other fathers) sharing their experiences and you can put up a list of frequently asked questions. That will be helpful. (Sri-Lankan father, 8)

Continuity of care from healthcare professionals

All fathers verbalized that they trusted the advice received from healthcare professionals such as doctors or nurses. Hence, most fathers requested to have some continuity of care in the form of having a named and continuous professional who they could ask about questions they had. The fathers argued that they should not be seen as ‘separate’ from their wives, as “the baby needed both parents equally”:

It will be good if I could connect to professionals (after hospital discharge). I know that the information is provided by real professionals, like, doctors and (nurses). So, at least it's information that's reliable. So, I do not have to worry about, actually, is this true or not? I don't really have to think so much. I can know that I can trust the information. (Malay father, 10)

Use of technology, especially mobile-health apps

Almost all the fathers recommended using information technology such as the provision of a mobile-health app. They felt that such apps could be used at their convenience and they could view the content repeatedly. Fathers specifically requested interactive sessions via apps where they could connect with healthcare professionals and other fathers:

A mobile app will be useful... but information in the app has to come from professionals... I could not find any app... I never see any app like helping for the infant. Do you know any app? (Indian father, 8)

Advertising educational programs

The fathers requested that the various antenatal and postnatal educational programs offered by the hospital should be advertised and recommended during antenatal check-ups so that they can make informed decisions to participate in those programmes:

You guys have these kinds of classes before labor (antenatal classes), after labor (postnatal classes), right? So, maybe you guys can advertise it in a larger way. So that people, ah, like people like me, who doesn't know, needs to seek, so you guys should... take a step ahead, one step-up. (Malay father 12)

Clearly, these new fathers faced ambiguity in their new roles post-childbirth, which presented a challenge to fatherhood transitions. However, they reported to gradually grow into these roles by providing support to their wives and participating in newborn care tasks.

DISCUSSION

The findings revealed that fathers underwent a series of changes in their transition to fatherhood from having no sense of reality to feelings of joy and frustration and, eventually, responsibility in providing support to their wives and babies. Previous literature presented similar findings where new fathers experienced difficulties in living up to the new demands of fatherhood and expressed anger, frustration and confusion in their role as fathers (Barclay & Lupton, 1999; Nyström & Ohrling, 2004; Steen, *et al.*, 2012). This study further explains the ambiguous nature of transitioning into fatherhood as described by Draper (2003) in his transition theory that fatherhood is a dynamic process that undergoes a series of physical, social and emotional phases from pregnancy to the birth of the baby.

The fathers in our study did not feel the reality of fatherhood until they saw their babies after birth because props such as baby dolls that were used in educational programs distanced them further from the reality of having a baby. Similar sentiments were shared by mothers in a local study (Shorey *et al.*, 2015b) where the use of real babies during educational programs were emphasized. This could be further explained by an adult learning theory where adults learn and pay attention to tasks that they can relate to and see a real life meaning behind (Knowles, 1984).

The experiences of fathers in the West (Barclay & Lupton, 1999; de Montigny & Lacharité, 2004; Strauss & Goldberg, 1999) have highlighted that many fathers feel sleep deprived and are not confident in their initial role as fathers. Similarly, the fathers in our study went through an

‘emotional roller coaster’ where they were sleep deprived, confused and not feeling confident in taking care of their newborns and supporting their wives. They were unaware of the educational programs available to them. Their sense of confusion was further aggravated when they received varying advice from family members and healthcare professionals. Henderson and Brose (1991) found similar results in Canada and urged healthcare professionals, especially nurses, working with new parents to be aware of fathers’ needs and avoid inconsistent and unnecessary information.

Unique to the Asian context in Singapore, a higher proportion of young couples still live with or close to their extended families (Yap, 2007). Filial piety remains a dominant ideology among the Chinese (Yeung, 2013). Despite feeling a cultural generation gap in values and beliefs about baby care tasks, Chinese fathers in this study reported to be very thankful for the support they received from their families. This was also true for non-Singaporean fathers in whom the major source of support was from visiting family members. This theme could be further explained by the collective Asian tradition, where childbirth is considered a major life event and, despite geographical divides, some families travel to provide support to new parents (Holroyd, Lopez, & Chan, 2011; Naser *et al.*, 2012).

Similar to other local studies examining the needs of new mothers (Ong *et al.*, 2014; Shorey *et al.*, 2015b), the fathers in this study highlighted the lack of informational support available on baby care tasks. Although the participants received an educational booklet from the hospital, they related to videos better. The fathers in this study were especially concerned about how they could support their wives in the early postpartum period and their wives’ emotional well-being was their main concern. This contrasts with previous local studies (Ong *et al.*, 2014; Shorey *et al.*, 2015b) where mothers highlighted the need of more emotional support from their husbands. Therefore, healthcare professionals need to bridge the gap between new fathers who are willing to provide support and new mothers who are longing to receive support from their husbands. Fathers from all ethnic groups, except the Malays, were concerned about supporting their wives in newborn care tasks. Malay fathers believed that their wives, mothers, or mothers-in law should take on the main role of looking after newborns. These differences in care provision can be explained by the fact that Singapore is a multiracial society where diverse religious and cultural traditions such as Confucian, Hindu and Islamic teachings retain powerful and varying influences on family ties (Yeung, 2013).

Western countries alike (Henderson & Brouse, 1991; Steen *et al.*, 2012), fathers in this study perceived a lack of support from healthcare professionals, especially nurses and midwives, whom they thought considered them as bystanders. They wanted father-specific educational programs where their unique needs and queries, especially after the hospital discharge, are addressed. Local mothers, however, preferred one-to-one home visits by midwives (Ong *et al.*, 2014; Shorey *et al.*, 2015b) while fathers preferred the provision of educational support via technology such as mobile-health apps. The use of technology-based educational programs have also been recommended by fathers in previous studies (Deave & Johnson, 2008; Nyström & Ohrling, 2004).

Healthcare professionals should involve fathers in educational programmes. Nurses and midwives should use real babies by inviting experienced parents to antenatal and postnatal parenting educational programs. The topics covered during educational programs should be evidence-based and accommodate the findings in this study. Different ways of providing informational support in the form of mobile-health apps can be considered. Future studies are needed to explore the experiences and needs of both first-time and experienced fathers. Longitudinal cohort studies are needed to examine fathers' involvement and transition to fatherhood. The findings of such studies will enable targeted holistic support through perinatal parenting education programs.

Limitations

Due to logistical restrictions, this study focused on English-speaking fathers from a single hospital and may have missed representing fathers from Singapore who could not speak English. However, the use of the purposive sampling method enabled us to recruit parents from varied ethnicities that were sociodemographic representations of Singapore. Findings were not shared with the participants. As the experiences and needs of fathers evolve with time, this may affect the findings of this study as the fathers were interviewed only within the first two weeks postpartum. We contend that the depth of the interviews raises the attention of cultural localities. The emic perspective shared by these fathers added richness to our understanding on the phenomena of the early postnatal transition to fatherhood in Singapore.

CONCLUSION

This study provides empirical evidence on the experiences and support needs of first-time multiracial fathers in Singapore. The fathers in this study underwent a series of emotional and

personal challenges during their transition to fatherhood in the early postnatal period. They shared their support needs and the desire to be considered as an integral part of their family by Singapore healthcare professionals, especially nurses and midwives. Technology-based interventions such as mobile-health apps that focus on the unique needs of fathers will enable the implementation of effective and targeted support to enhance family health outcomes.

Author Manuscript

Author Contributions:

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE*):

- 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- 2) drafting the article or revising it critically for important intellectual content.

* <http://www.icmje.org/recommendations/>

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Table 1. Description of participants and interviews

Participant	Age (years) Mean (SD) 31 (3.55)	Ethnicity	Nationality S ^a /NS ^b	Length of marriage (years) Mean (SD) 2.4 (1.78)	Highest Education level	Occupation	Monthly household income	Antenatal class attendance	Paternity leave	Type of birth NVD ^c /LSCS ^d
1	34	Chinese	S	2.0	Diploma	Contract manager	S\$6000-S\$9999	No	2 weeks	LSCS
2	26	Chinese	S	1.0	Diploma	Military regular	S\$6000-S\$9999	No	2 weeks	NVD
3	38	Chinese	S	5.0	Degree	Lifeguard	S\$6000-S\$9999	Yes	< 2 weeks	LSCS
4	36	Chinese	S	7.0	Degree	Senior education Officer	>S\$10,000	Yes	< 2 weeks	LSCS
5	33	Chinese	NS	3.0	Degree	Engineer	S\$6000-S\$9999	No	< 2 weeks	NVD
6	29	Filipino	NS	1.0	Degree	System engineer	S\$3000-S\$5999	No	< 2 weeks	NVD
7	27	Malay	S	1.0	Diploma	IT Analyst	S\$3000-S\$5999	No	2 weeks	LSCS
8	34	Sri Lankan	NS	3.0	Degree	Engineer	S\$6000-S\$9999	No	2 weeks	NVD
9	33	Indian	NS	3.0	Degree	Industrial development manager	>S\$10,000	Yes	2 weeks	LSCS
10	28	Malay	S	1.0	Secondary School	Police officer	S\$3000-S\$5999	No	2 weeks	NVD
11	27	Chinese	S	1.0	ITE/NITEC	Civil servant	S\$3000-S\$5999	No	2 weeks	LSCS
12	32	Malay	S	1.0	ITE/NITEC	Aircraft painter	S\$1000-S\$2999	No	< 2 weeks	NVD
13	29	Indian	NS	4.0	Degree	Engineer	S\$6000-S\$9999	Yes	0	NVD
14	32	Indian	S	2.0	Degree	IT engineer	S\$6000-S\$9999	No	< 2 weeks	LSCS
15	30	Filipino	NS	1.5	Degree	Bartender	S\$1000-S\$2999	No	0	NDV

^a S = Singaporean, ^b NS = Non-Singaporean, ^c NVD = Normal Vaginal Delivery, ^d LSCS = Lower Segment Caesarean Section

Table 2. Findings: Themes and Sub-themes

Themes	Sub-Themes
No sense of reality to the sense of responsibility	No sense of reality
	Feelings of joy versus frustration
	Need to bond with babies
	Sense of responsibility
Unprepared and challenged	Unaware of any educational support available
	Sleep deprived
	Confused and lacking confidence
Support: needs, sources, experience, and attitude	Support needs and
	Sources of support
	Experiences of the received support
	Attitudes towards support provided
Future help for fathers	Educational programmes and focused group discussions
	Continuity of care from healthcare professionals
	Use of technology, especially Mobile-Health Applications

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