







Experiences of first-time fathers: a systematic review of qualitative studies

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ABSTRACT

Objective: to summarize the postnatal period experiences of first-time fathers based on qualitative scientific evidence. **Methods:** systematic review of qualitative studies conducted in the CINAHL, SCOPUS, and LILACS databases, and the PubMed portal according to JBI guidelines, complemented by manual searches of the references of the selected material. The results were grouped using the JBI SUMARI with the meta-aggregation approach. The reliability of the synthesis result from qualitative studies was based on the ConQual approach. **Results:** a total of 1,046 studies were found, of which 12 were included, comprising a sample of 164 fathers. The findings were grouped into two categories: “Repercussions of fatherhood” and “Striving for an involved and caring fatherhood”, which reveal new roles and health impacts of becoming a father. Fatherhood is accompanied by learning new roles and satisfaction, but it also has negative impacts on mental and sexual health. **Conclusion:** first-time fathers need support from health professionals during the postnatal period, including the embracement of their emotional and informational needs, in addition to preparing them to care for the child.

Descriptors: Postpartum Period; Fathers; Paternity; Review; Qualitative Research.

INTRODUCTION

The postpartum period brings uncertainty, fear, and several changes to the family routine for women and their partners^(1,2). Professional support is essential, especially with the arrival of the first child⁽³⁾. This new stage is a critical moment that requires adjustments and can represent a risk for maternal and paternal depression^(4,5).

Although some men feel insecure about caring for the baby, this is an extremely important period for father-child bonding⁽⁶⁾. Even though the paternal role has changed in contemporary families, the figure of the father as provider and the mother as primary caregiver still prevails⁽⁷⁾. This configuration causes maternal overload and the risk of postpartum depression, which can also affect the father, who becomes frustrated for not being able to support his partner⁽⁸⁾.

Paternal postpartum depression can influence the man's involvement in the first six months⁽⁹⁾. Recognizing oneself in the father role requires psychological preparation in constructing the paternal identity and reflecting on changes in one's life goals⁽³⁾. In an attempt to model involvement in the role, many parents recall the degree of interaction they had with their parents during childhood⁽³⁻⁸⁾.

Despite the existence of many forms of paternal involvement, three factors are fundamental: interaction, availability, and responsibility, which significantly interfere in the relationship with the child⁽¹⁰⁾. The father's involvement depends on his sensitivity to respond to the child's signals and needs⁽¹¹⁾, which in turn contributes to child development⁽¹²⁾. The father is also a source of support and can provide effective assistance, especially in the first year after birth; however, he needs time, space, and guidance to deal with the care of the baby and the newborn family^(13,14). In this sense,

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the health professional plays an important role in encouraging the father's participation from prenatal consultations^(6,9) and breaking the model in which the mother remains the main target in postnatal education for newborn care and the person responsible for passing on information to the father⁽¹⁵⁾.

The search for paternal involvement during pregnancy and childbirth is evident^(13,16). However, the experiences of first-time fathers, that is, those who will be fathers for the first time, may be different from those of experienced fathers^(9,12). The transition to fatherhood may put men at greater risk of anxiety⁽¹⁷⁾ and psychological distress⁽¹⁸⁾. Thus, this study asked: "What is the qualitative evidence on the experience of fatherhood in the postnatal period from the perspective of first-time fathers?". In a previous search in the Medical Literature Analysis and Retrieval System Online (MEDLINE), Cochrane, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PROSPERO, and JBI databases and registries, current protocols or reviews that answered this question were not found.

Summarizing the experiences of first-time fathers from a paternal perspective during the first two years of the postnatal period based on qualitative research will provide evidence for planning nursing interventions to promote paternal participation in the postnatal period and address the specific needs of first-time fathers. The obstetrics team will be able to benefit from the knowledge produced about the learning needs of fathers and develop strategies to involve them in postnatal care in the future^(15,19). Thus, the objective was to summarize the experiences of fatherhood in the postnatal period from the perspective of first-time fathers based on qualitative scientific evidence.

METHODS

The systematic review of qualitative studies is an important methodology for evidence-based practice that pools data to respond to the phenomenon of interest⁽²⁰⁾. A meta-aggregative approach based on the Joanna Briggs Institute (JBI) methodology for systematic reviews of qualitative evidence was used in this review. It includes: development and detailing of the review protocol; sensitized search with standardized data extraction; synthesis of results and development of recommendations for practice⁽²¹⁾. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flowchart and the Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) guide were used to report this systematic review of qualitative studies^(22,23).

The articles included in this review met the following criteria:

- (i.) type of participant: first-time father⁽¹³⁾, regardless of the health and birth conditions of the baby (i.e., healthy children, full-term, premature, who required hospitalization or any special health condition). Studies with mothers and fathers were included as long as it was possible to clearly identify the father's experience in the results. Studies with adolescent fathers (under 18 years of age) and fathers

who lost their children after birth were excluded, as these experiences presented specificities.

- (ii.) phenomenon of interest: the experience of fatherhood during the postnatal period.
- (iii.) context: the interval corresponding to the first hour after the baby leaves the womb until two years of age was considered as the postnatal period⁽²⁴⁾, a crucial time for the child's health and development. Studies on the prenatal and childbirth experience, together with the postpartum period, were included only when it was possible to clearly identify the results of the postnatal period.
- (iv.) type of study: articles published in journals, since most peer-reviewed research is published in this format⁽²⁵⁾, focused on qualitative approaches (phenomenology, grounded theory, ethnography, action research, among others) and descriptive qualitative studies that described the experience⁽²¹⁾. Mixed or multi-method studies, editorials, literature reviews, and experience reports were excluded.

Searches were conducted in the following electronic databases:

Medical Literature Analysis and Retrieval System Online (Medline) via the PubMed portal, in the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus, and Latin American and Caribbean Health Sciences Literature (LILACS). These were chosen for their relevance and impact to gather research in the area of health and nursing. The search included articles published up to November 25, 2023, in English, Spanish, and Portuguese, regardless of the initial publication date. A manual search was also performed in the reference lists of the included articles and in literature reviews, as recommended by the framework adopted for the development of this review^(18,19).

The search strategy was structured in the Medline/PubMed database and adapted for the others according to their specificities. The SPIDER strategy was used to conduct the searches: Sample, Phenomenon of Interest, Design, Evaluation, and Research type⁽²⁶⁾. The searches were performed by two reviewers independently in September 2021 and updated in November 2023 based on the descriptors and keywords, using the Boolean AND and OR (Table 1). These reviewers were experienced in developing literature review studies, developing search strategies and managing databases.

The articles were imported into the Rayyan® software (online version, 2023, Qatar Computing Research Institute, Qatar)⁽²⁷⁾ to remove duplicates. The screening based on reading the titles and abstracts, as well as the reading of studies in full, was performed by two reviewers independently, according to the eligibility criteria. Disagreements in the selection were resolved by consensus, involving a third reviewer. The PRISMA flowchart⁽²³⁾ was used to report the selection process.

The methodological quality of articles included in this review was assessed by two independent reviewers, according to the JBI standard critical appraisal instrument for qualitative research⁽²¹⁾. No article was excluded based on the quality assessment, as all the results were considered relevant to the construction of this synthesis.

Table 1 - Search strategy used in the Medline/PubMed

SPIDER/description	Search terms
Sample: Father	"Fathers"[Mesh] OR "Fathers" OR "Father" OR "Spouses"[Mesh] OR "Spouses" OR "Spouse"
Phenomenon of Interest: Fatherhood experience	"Paternity"[Mesh] OR "Fatherhood" OR "Fathering" OR "Paternity" OR "Paternities" OR "Paternal Role" OR "Postnatal Bonding" OR "Paternal Attitudes" OR "Father-Child Relations"[Mesh] OR "Father-Child Relations" OR "Father Child Relations" OR "Father-Child Relation" OR "Relation, Father-Child" OR "Relations, Father-Child" OR "Father-Child Relationship" OR "Father Child Relationship" OR "Father-Child Relationships" OR "Relationship, Father-Child" OR "Relationships, Father-Child" OR "First time fathers", OR "First-time fathers"
Design: Qualitative study methods and techniques	"Focus Groups"[Mesh] OR "Focus Group" OR "Group, Focus" OR "Anthropology, Medical"[Mesh] OR "Medical Anthropology" OR "Grounded Theory"[Mesh] OR "Theory, Grounded" OR Culture OR "Thematic synthesis" OR "Hermeneutics"[Mesh] OR "Hermeneutic" OR "Ethnographic" OR "ethnographic research" OR "Phenomenology" OR "phenomenological research" OR "Narrative" OR "Interviews as Topic"[Mesh] OR "Interviewers" OR "Interviewer" OR "Interviewes" OR "Group Interviews" OR "Group Interview" OR "Interview, Group" OR "Interviews, Group" OR "in-depth interview" OR "qualitative interview" OR "content analysis" OR "semantic analysis"
Evaluation: Postpartum Period	"Postpartum Period"[Mesh] OR "Period, Postpartum" OR "Postpartum" OR "Puerperium" OR "Postnatal Care"[Mesh] OR "Care, Postnatal" OR "Postpartum Care" OR "Care, Postpartum"
Research type: Qualitative study	"Qualitative Research"[Mesh] OR "Research, Qualitative" OR "Qualitative studies" OR "Qualitative" OR "Empirical Research"[Mesh] OR "Research, Empirical"

A form developed by the authors, based on previously published systematic reviews of qualitative studies^(28,29) and the JBI SUMARI proposal⁽²¹⁾, was used to extract information from the studies included: first author, year of publication, country where the study was developed, phenomenon of interest, objective, type of study, collection technique and data analysis, sample/participants, main results and illustrations (statements of participants). The results of the qualitative studies and their respective illustrations were grouped using JBI SUMARI with the meta-aggregation approach⁽²¹⁾. Two reviewers manually analyzed the results of the studies line by line to generate the aggregations, which were later evaluated by a third reviewer. The team organized the results into groupings by similarity of meaning and hierarchy, developing categories that were synthesized. All findings were classified according to the JBI credibility levels as unequivocal (U), credible (C) or unsupported

(NS). Those classified as unequivocal and credible were considered for the final process of grouping categories and producing the descriptive synthesis, which was validated by the entire research team. Confidence in the result of the qualitative research synthesis was achieved using the ConQual approach⁽²⁰⁾.

RESULTS

A total of 1046 articles were identified in the databases, in addition to four articles from a manual search for citations. After assessing the eligibility criteria, 12 articles were included in the final sample (Figure 1).

Assessment of methodological quality

In general, the studies presented good methodological quality and all items of the JBI critical appraisal instrument were reported in most of them⁽²¹⁾ (Table 2). In four studies, the cultural and theoretical orientation of the researcher and his/her influence on the study were not clear and well defined.

Characteristics of the included studies

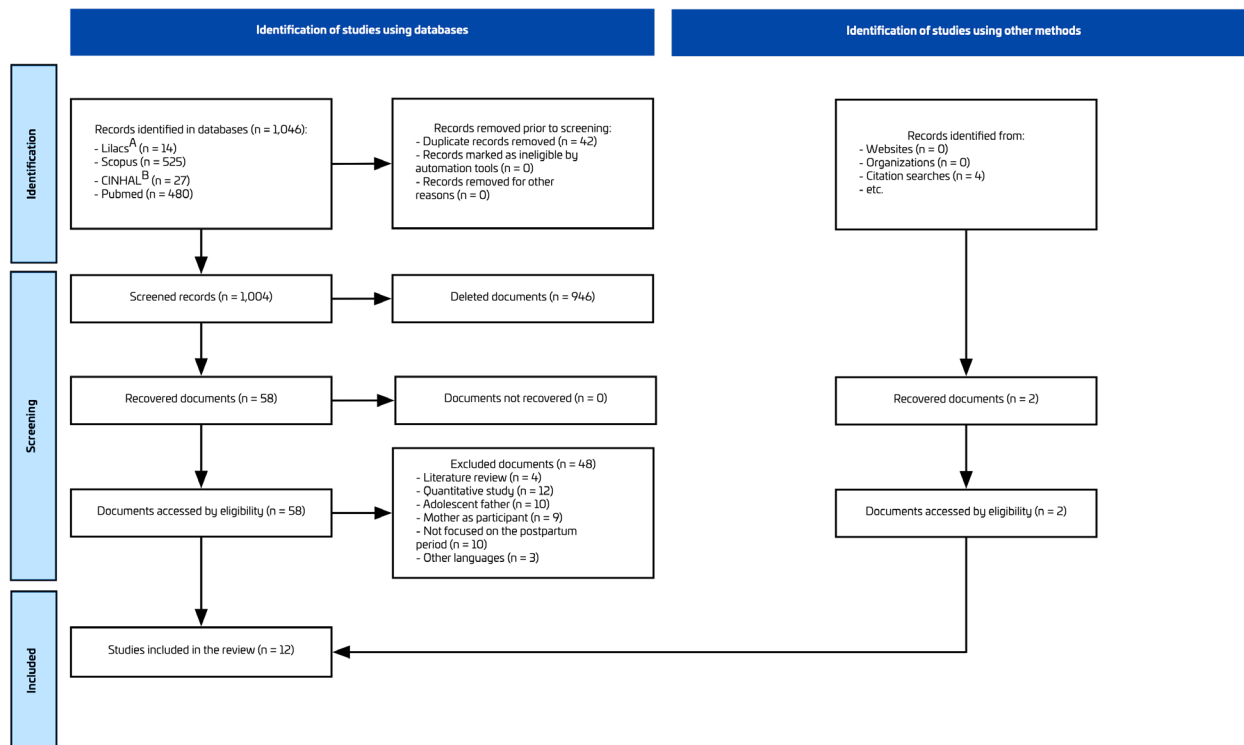
The characteristics of the 12 included studies are presented in Table 3. They were developed between 2008 and 2023 in different countries: Singapore (n = 3), Jordan (n = 1), Iran (n = 1) and South Korea (n = 1) in Asia; the United Kingdom (n = 3), England (n = 1) and Sweden (n = 1) in Europe; and Tanzania (n = 1) in Africa. Three were qualitative studies of unspecified type, three had a phenomenological approach, three were descriptive, two were grounded theory, and one was exploratory. The minimum number of participants in these studies was 10, and the maximum was 21, totaling 164 fathers. The average age of most participants was 30 years old.

Summary of results

The set of findings on the experience of first-time fathers during the postnatal period was grouped into two categories: 1 - "Repercussions of fatherhood", which encompasses three subcategories (New roles with the birth of the child, Satisfaction with becoming a father, Negative impact on mental and sexual health); and 2 - "Striving for an involved and caring fatherhood", with two subcategories ("Need for time for the father-child relationship" and "Need for information to participate in care").

The grouping of categories generated the following summary: the man tries to balance himself in search of an involved and caring fatherhood, which requires time for the father-child relationship and information. At the same time, he tries to deal with the repercussions arising from the new reality of life and parenthood, since he is experiencing becoming/being a father for the first time.

The summary of the findings with the ConQual Score⁽²⁰⁾ is shown in Table 4. The high reliability of the findings is highlighted, since the answer 'yes' was given to more than four criteria in the quality assessment. Although the findings are unequivocal, the credibility was assessed as moderate due to the lack of declaration

Figure 1 - Flowchart based on the Preferred Reporting Items for Systematic Reviews and Meta-Analysis – PRISMA(22), on the study selection process

Note: ^ALilacs - Latin American and Caribbean Health Sciences Literature; ^BCINAHL - Cumulative Index to Nursing and Allied Health Literature.

Table 2 - Assessment of the quality of the included studies according to the Joanna Briggs Institute critical appraisal instrument⁽²¹⁾

Questions	Studies											
	A ⁽²⁹⁾	B ⁽³⁰⁾	C ⁽³¹⁾	D ⁽³²⁾	E ⁽³³⁾	F ⁽³⁴⁾	G ⁽³⁵⁾	H ⁽³⁶⁾	I ⁽³⁷⁾	J ⁽³⁸⁾	L ⁽³⁹⁾	M ⁽⁴⁰⁾
1. Is there congruence between the philosophical perspective and the research methodology?	+	+	+	+	+	+	+	+	+	+	+	+
2. Is there congruence between the methodology and the research question/objectives?	+	+	+	+	+	+	+	+	+	+	+	+
3. Is there congruence between the methodology and the data collection?	+	+	+	+	+	+	+	+	+	+	+	+
4. Is there congruence between the methodology and the representation/analysis of data?	+	+	+	+	+	+	+	+	+	+	+	+
5. Is there congruence between the methodology and the interpretation of results?	+	+	+	+	+	+	+	+	+	+	+	+
6. Is there a statement locating the researcher theoretically?	+	?	+	?	+	?	+	+	?	+	+	+
7. Is the researcher's influence on the research addressed?	?	+	+	+	-	+	+	+	+	+	-	-
8. Are the participants and their statements well represented?	+	+	+	+	+	+	+	+	+	+	+	+
9. Is the research ethical according to current criteria, and is there evidence of approval by an appropriate body?	+	+	+	+	+	+	+	+	+	+	+	+
10. Do the conclusions reflect the analysis and interpretation of data?	+	+	+	+	+	+	+	+	+	+	+	+

Legend: Yes (+); No (-); Unclear (?)

Table 3 - Characteristics of the original studies included in the systematic review of qualitative studies

Author, year, country	Design, data collection, and analysis	Characteristics of participants
Premberg et al. ⁽³⁰⁾ , 2008, Sweden	Qualitative, phenomenological study; interviews; existential phenomenological analysis.	First-time parents (n = 10) aged between 25 and 32 years with children aged between 12 and 14 months; educational level ranged from high school to college level.
Deave; Johnson ⁽³¹⁾ , 2008, England	Cross-sectional study; semi-structured interviews; content analysis.	First-time parents (n = 18) aged between 19 and 37 years with children aged 3 to 4 months; all were white-British, except for one Asian and one Brazilian; diverse occupations (unemployed, students, and formal workers).
Mbekenga et al. ⁽³²⁾ , 2011, Tanzania	Qualitative study; individual interviews; qualitative content analysis.	First-time parents (n = 10) aged between 24 and 30 years with children aged 4 to 10 weeks; educational level ranged from 7 to 15 years of study; most were employed or owned their own business.
Poh et al. ⁽³³⁾ , 2014, Singapore	Qualitative, descriptive study; semi-structured interviews; thematic analysis.	First-time parents (n = 16), aged between 28 and 43 years, educational level from technical school to bachelor's degree; with full-time jobs; and healthy children aged at least 24 hours at the time of the interview.
Eskandari et al. ⁽³⁴⁾ , 2016, Iran	Qualitative, interpretative phenomenological study; semi-structured interviews; interpretative phenomenological analysis.	First-time parents (n = 15) aged 25 to 31 years with educational level between fifth grade and a bachelor's degree; and healthy children aged one week to 12 months.
Shorey et al. ⁽³⁵⁾ , 2017, Singapore	Qualitative descriptive study; semi-structured interviews; inductive thematic analysis.	First-time parents (n = 15); aged over 21 years and mean age 31 years, of varied ethnicities (Chinese, Malay, Indian, Filipino, and Sri Lankan); most had a bachelor's or higher education degree; all had children without comorbidities.
Baldwin et al. ⁽³⁶⁾ , 2019, United Kingdom	Qualitative study; semi-structured interviews; thematic analysis.	First-time parents (n = 21), aged between 20 and 60 years or older; educational level ranged from high school to doctorate; with children aged 3 weeks to 12 months without comorbidities.
Al Tarawneh et al. ⁽³⁷⁾ , 2020, Jordan	Exploratory qualitative study; semi-structured interviews; thematic analysis.	First-time parents (n = 12), from the postpartum period until approximately 2 months of life of the healthy baby; aged over 18 years, mean age 31 years; educational level ranged from high school to doctorate.
Marjorie; Anna; Shorey ⁽³⁸⁾ 2021, Singapore	Descriptive qualitative study; semi-structured interviews; thematic analysis.	First-time parents (n = 11) aged 29–39 years. Six Chinese, five Malaysian, and one Indian, with babies born at ≥37 weeks of gestation. Fathers with primary, secondary, and tertiary education; different occupations (bus driver, manager, musician, laboratory technician, and entrepreneur).
Noh ⁽³⁹⁾ , 2021, South Korea	Qualitative study; in-depth interview; phenomenological analysis.	First-time parents (n = 12) aged 29–41 years, mostly employed, with a university degree, and children aged 4–7 weeks, without comorbidities.
Hodgson et al. ⁽⁴⁰⁾ , 2021, United Kingdom	Qualitative study; semi-structured interviews; grounded theory.	First-time parents (n = 12) aged 25–44 years, white ethnicity, employed with a weekly workload of 30 hours or more, and completed high school education. All with children under 2 years of age.
Hodgson et al. ⁽⁴¹⁾ , 2023, United Kingdom	Qualitative study; semi-structured interviews; grounded theory.	First-time parents (n = 12) aged 25–44 years, employed and with complete high school education. All with children under 2 years of age.

Table 4 - Summary of findings**Title:** First-time fathers' postnatal experiences: systematic review of qualitative studies**Population:** first-time fathers**Phenomenon of interest:** fatherhood experience**Context:** postnatal period (first two years after the birth of the child)

Summary of findings	Type of study	Reliability	Credibility	ConQual score
The man tries to find balance in search of an involved and caring fatherhood, which requires time for the father-child relationship and information. At the same time, he tries to deal with the repercussions arising from the new reality of life and parenthood, since he is experiencing becoming/being a father for the first time.	Qualitative	High	Moderate	High

about the researcher's theoretical perspective and its influence on the study.

Category 1: Repercussions of fatherhood

New roles with the birth of a child

With the birth of a baby, a new identity emerges, along with new priorities and roles related to childcare^(30,36,39). Activities such as home maintenance and travel are viewed as secondary, so that the father has time to dedicate himself to fatherhood and the child^(27,33). Fathers and mothers give up social activities in search of more time with their child, which increases their sense of responsibility and brings the couple closer to the child^(34,35). Becoming a father means being mature enough to decide what is best for the child: "Well, you grow up a little. Now, living for fun is over, I'm a daddy"⁽³⁰⁾.

The main intention of a first-time father is to put his child at the center of his life without giving up on himself, though, since it is necessary to make time for work activities⁽³⁰⁾. Taking care of a baby and having a paid job is a challenge and a source of frustration for some, as they have little time for themselves because the baby has become the family's new priority^(32,34). As a result, they become more irritable and feel the pressure of supporting the family, in addition to being tired from work^(36,38,39).

When I lived with my wife, I didn't think much about the future, such as working until retirement age, as my income was enough for both of us to live. However, I changed my mindset after having a child because I feel the weight of becoming a father. Thoughts about possible challenges and conflicts make me worried⁽³⁹⁾. (U)

Parents of different beliefs and ethnicities report the role of each member within the parental nucleus, such as the woman being responsible for caring for the child and the father for financially supporting the home^(34,37). Some would like to share care with their wives, as they have doubts and insecurities, while others do not want to take care of the baby for cultural reasons⁽³⁷⁾. Studies report that some fathers seek to take on responsibilities, allowing their wives some rest, resolving problems and tasks that arise, which is an important form of family support⁽³³⁻³⁵⁾.

Satisfaction with becoming a father

Men show satisfaction with the arrival of their first child^(31,33-38,39). Despite the difficulties, many positive feelings come to the surface, such as happiness and fulfillment, making them more confident and reaffirming their masculinity before society. At the same time, assuming this role and caring for the child correctly meet the father's own expectations, as well as those of his family^(34,36,37).

It has been brilliant. I have never known anything so rewarding in my entire life, it is brilliant. Having a baby, the laughter when you do something silly and yes, he is great, brilliant⁽³⁶⁾. (U)

For some fathers, the sense of fatherhood was only perceived after the birth of the child^(32,35,36,38,40) and, for others, during prenatal care, based on fetal ultrasound images⁽³⁹⁾.

Negative impact on mental and sexual health

Fatherhood is an overwhelming time that requires adaptations^(30,33,41). Family and coworkers recognize a father's new identity through physical fatigue, less time dedicated to work because of time dedicated to baby care, and through their self-reports of frustration^(30,36). During adaptation, there may be situations in which the father needs to take medical leave and treat depression, as he does not feel capable of caring for the baby⁽³⁰⁾. Many tend to smoke to reduce stress⁽³⁵⁾, and there is an increase in alcohol intake, loss of appetite, anhedonia, irritability, and sleep disorders due to the baby's constant crying^(38,39).

Fathers also experience turbulence in their marital relationship, especially when the child has an illness or in situations that are out of their control^(34,36,38). Family tensions with in-laws in the face of conflicting advice and inappropriate behavior involving baby care also interfere in this relationship⁽³⁸⁾. Furthermore, they suffer pressure and criticism in the workplace due to their decreased performance and low concentration⁽⁴¹⁾.

They only seek out a health professional as a last resort, as there is resistance to treating problems related to mental health, for fear of taking someone else's place or being labeled as "weak" at work⁽³⁶⁾. Crying is considered a sign of weakness and they mask their feelings to avoid worrying their spouses⁽³⁸⁾. During their brief participation in prenatal health education, parents regret not having their mental health and other social aspects addressed⁽³⁶⁾. Trust in God is essential for overcoming difficulties⁽³⁴⁾.

During the breastfeeding period, parents avoid sexual intercourse for fear of a new pregnancy or the belief that this may harm the baby's development, since, according to them, sweat and sperm can contaminate the milk⁽³²⁾. Some seek contraceptive methods, and others prefer not to have sex with their wife, which sometimes leads to extramarital affairs and increases the risk of exposure to sexually transmitted infections⁽³²⁾. Fathers notice their partners becoming irritable due to fatigue from caring for the baby, which is another limiting factor for postpartum sexual relations⁽³⁶⁾.

We stopped having sex until the baby weans... Most people would start doing this after a year, forcing it (against the norms). But that is not our case⁽³²⁾. (U)

Category 2: Striving for an involved and caring fatherhood

Need for time for the father-child relationship

Working less has been an alternative for the father to spend more time with his child in order to increase the bond between them⁽³⁰⁾. However, the most common time for interaction between the two is at night, when the father gets home from work, but when the child is sleeping or being breastfed at that time, this time beco-

mes more restricted⁽³⁰⁾. Therefore, work is a limiting factor in the father's coexistence with his child; as the main provider of the family, the father cannot take time off work to offer in-person support to his wife^(32,36,41).

Although paternity leave is considered important, and with insufficient duration, some fathers give up this right and work excessively after the birth of their child due to financial need or job insecurity^(38,39,41). Employers sometimes make it difficult to grant parental leave, even though fathers need more time to stay home with their families and thus strengthen the bond with their child through play and other care activities^(30,36). By spending less time with their child, fathers feel guilty about abandoning the family⁽⁴¹⁾ and worried about not learning about the baby⁽³²⁾. They also complain of being left in the background in the postpartum wards, since some health professionals do not allow them to enter, increasing the distance⁽³²⁾.

It all caught up with me, I had to go back to work and leave the baby crying... she is screaming... I can't just not go to work, because as much as I would love to stay here and help, I can't because I am only allowed two weeks leave...⁽⁴¹⁾. (U)

Need for information to participate in care

Many fathers feel they do not have enough knowledge to care for their child and wife, which makes it difficult to recognize the baby's signs and symptoms and find ways to help the mother correctly^(30,32,36-38).

I have no idea what to do in the postpartum period...I've never had an experience like this before...I felt I needed support too⁽³⁶⁾. (U)

Although they seek information in books, online sources, and advice from people close to them on how to care for their child, they do not trust the information available on the internet and prefer guidance from friends and family^(31,33,34,38,39). They feel confused by the various information related to caring for their baby they receive from different sources⁽³⁵⁾. Furthermore, they report difficulty in learning from health professionals, as many do not offer a step-by-step explanation on how to care for their child^(32,36,38). In this sense, hiring a nanny is seen as a temporary escape from roles and responsibilities⁽³⁸⁾.

The nurse simply took the baby inside and left. She never instructed me on how to hold the baby, she never taught me anything⁽³⁸⁾. (U)

Several factors cause fathers to not participate or forget the teachings received during prenatal care, such as the lack of authorization from the companies where they work to accompany their child to consultations, little knowledge acquired in educational classes, reduced consultation time or the fact that they simply do not pay due attention to this^(30,36). There are also reports of feeling

excluded when professionals only give attention to the woman and the newborn^(36,40). Some like to participate in consultations involving the couple, and also when some professionals treat them with empathy and professionalism or give the couple priority in the consultation queue⁽³²⁾.

Also, according to them, prenatal classes with content on breastfeeding and baby care⁽³⁹⁾ aimed at fathers are necessary, because, although the groups are important, they focus mainly on caring for the woman, and the classes are very theoretical^(35-37,40). Some participate in discussion groups, but do not feel comfortable clarifying doubts because women are the majority among members⁽³²⁾. The literature also describes low attendance of fathers in postpartum classes due to the time and the fact that the group is nicknamed the "mothers' group"^(30,36).

In this context, they suggest learning groups with other fathers and educational programs, in addition to the creation of a guide or book for paternal care in the postpartum period, which, according to them, would help to care for the baby safely^(33,35,37-38).

One thing we want to do (as fathers) is to get more involved. But another thing, perhaps, from the hospital or institutes, is to tell us what we have to do. So, we can be more attentive, get ourselves more involved so that we feel more important⁽³⁵⁾. (U)

DISCUSSION

The postnatal experience of the first-time father is accompanied by the emergence of new roles, satisfaction, and at the same time, negative impacts on mental and sexual health after the birth of the child. The father strives for an involved and caring fatherhood, in which time for the father-child relationship and information to participate in the care are fundamental.

The father's cooperation in caring for the newborn child strengthens the bond with the baby and the family, corroborating studies on paternal involvement^(6,16,19). Throughout the child's development, the father has the opportunity to progressively relate to the child, providing teachings and enriching the concept of fatherhood, as observed in other studies^(12,14).

On the other hand, the father distances himself from interactions with his child when he does not have time due to the peculiar social configuration in which he is the provider and remains busy with formal work. With the arrival of the child, these roles are strengthened, given the greater need for financial resources^(32,36). First-time fathers are concerned about maintaining the family income, as some families do not have full daily meals, making it difficult for the partner to breastfeed exclusively⁽³²⁾.

They want to be involved fathers with their children and seek to exercise this role, including as an example for their children⁽¹⁴⁾. The father and the mother generally share the routine, take turns caring for the baby, and consider that even couple discussions are necessary to define roles in order to achieve well-being in this relationship^(30,35,37).

After the birth of the firstborn, some have the feeling of being more respected by society, since it means that they will continue their genealogy⁽³⁷⁾. Furthermore, the bond with the wife improves and is strengthened in this postpartum period⁽³⁰⁾. However, as fatherhood develops, some men feel the impact on their mental health^(4,17,18).

As the days go by and the child grows, the father's sense of responsibility intensifies, increasing his engagement in the care and bond with the child, with the development of new personalities, such as becoming more patient and sensitive with the child and his wife^(30,32). He helps in the care of the child, directly or indirectly, and conceives a good father as one who is present, educates, teaches, cares, participates, and gives affection⁽⁶⁾. Early closeness during pregnancy helps the father perceive his new role in caring for the baby, his place in the family group, and his importance during the postpartum period⁽⁹⁾.

A review of the literature showed a relationship between the paternal brain response and the child's auditory and visual stimuli, so that the paternal brain is highly responsive to child stimuli⁽¹¹⁾. Therefore, the lack of examples on how to proceed in caring for the baby, combined with the precarious flexibility of paternity leave, of time and space dedicated to exchanging information, may harm paternal engagement in the postnatal period.

Other studies confirm the results of this review and report that first-time fathers are hesitant to care for their children, given the perception of incapacity and that the baby is delicate, entrusting this responsibility mainly to the mother^(6,7). Becoming a father requires preparation and seeking knowledge from the beginning, which is done through support from family and health professionals, and searches on the internet in order to learn how to perform this care^(31,33,34). Therefore, health professionals need to help the father with caring for the child, demonstrating the necessary care techniques for this end⁽⁹⁾.

Fathers are satisfied with fatherhood, but mental health screening and support during the prenatal period are crucial in the face of the psychological distress associated with this transition to fatherhood⁽¹⁸⁾. Although first-time fathers in this review only had healthy children, fatherhood in the context of illness or prematurity can pose even more challenges. Other studies show fear, the unexpected nature of premature birth, concern about the care and frailty of the child, as well as the father's anxiety regarding the growth and development of the premature child^(42,43). There is also difficulty in balancing life with the wife, children, friends, and work, difficulty in asking for help, and lack of information when children are in the neonatal intensive care unit⁽⁴⁴⁾. These various sources of stress, heightened by the prematurity, illness, or hospitalization of the child, can make the experience of becoming a father for the first time traumatic, mainly because masculinities are readjusted in the face of the child's illness⁽²⁸⁾.

Involving the father in the care of the baby provides family involvement and, in the same way, minimizes negative repercussions on his mental health^(8,11,17). Receiving support from the partner,

family, and community, especially cultural and social acceptance, is important to form an active and involved father⁽¹⁴⁾. A study with the father of a premature baby showed that the wife is his most important source of support, followed by the close family⁽⁴³⁾.

Although men are resistant to accepting support, they seek to deal with challenging situations through physical activity, with beliefs that sustain hope and meaning, and through the adoption of spiritual practices⁽²⁸⁾. Health professionals also play an important role in recognizing the efforts of fathers and guiding them regarding the care of babies, so that they feel included and confident in this mission^(35,36).

The nursing team, in particular, assumes an essential role in parental competence⁽⁴³⁾. It is important to consider the level of health literacy of fathers, their workload, and culture in order to make more flexible schedules for prenatal consultations and hospital visits during the postpartum period⁽⁶⁾. Furthermore, they can consider and value the great potential for transformation of masculinities after parenthood and in the face of conflicting situations when assuming the caregiver role⁽²⁸⁾.

Despite the inclusion of different databases and languages of the studies, the sample of this review was small and exclusively composed of fathers of healthy children. Therefore, the results cannot be generalized to other groups and highlight the need for further studies on the impacts of the transition to fatherhood in first-time fathers, especially when there is the birth of a premature child who requires hospitalization or has some specific health condition. Contexts of illness, prematurity, or hospitalization may increase the levels of stress and suffering of the father^(42,43,44).

This review has clear implications for clinical practice and teaching by showing how nurses can include and encourage fathers in their infant care. Men experience a wide range of challenging emotions during the transition to fatherhood, and health professionals must recognize this unique conception of what it means to become a father so they can be present in interactions and interventions. Fathers need to be embraced and involved in dialogic interactions from prenatal care onwards, in consultations or support groups, in which their feelings, expectations, projections, and emotional and informational needs can be explored.

Better facilities for men in maternity wards are also needed, as they can promote their inclusion and continued presence with their partners and children immediately after birth, as well as their participation in decision-making. Other needs include implementing flexible visiting hours to help fathers balance work, fatherhood, and marital life, and the development of training programs for providing baby care adapted to men, and sensitive to cultural aspects of masculinity and information needs.

This review also revealed political implications, such as the need for social programs to help men's engagement as fathers through labor laws extending paternity leave and encouraging companies to respect and promote fathers' participation in child care.

Addressing cultural aspects, proposing and testing actions to increase fathers' participation in baby care, and understanding the

influence of fathers' involvement in child development are other gaps for future studies.

CONCLUSION

The experience of a first-time father is marked by the emergence of new roles, satisfaction with fatherhood, insecurity, and negative impacts on mental and sexual health after the birth of a child. Fathers strive to be involved and caring fathers, in which time for the father-child relationship and information to participate in care are essential. The support network and means of information interfere with the father's participation in the care of the baby. Health professionals play a fundamental role in promoting parental competence for a more participatory and satisfactory fatherhood. To this end, they must consider fatherhood in a contextualized and individualized way in order to promote embracement, attention to the father's needs from prenatal care, as well as the promotion of an inclusive environment in maternity wards, where the man's permanence with his partner and child and his involvement in decision-making are considered. Examples of strategies cited by fathers that would help them become more involved in care are the establishment of fathers' groups and educational programs in the pre- and post-natal periods aimed at increasing paternal literacy for child care, taking the specificities of the male audience into consideration.

REFERENCES

- Alves ACP, Lovadini VL, Sakamoto SR. Sentimentos vivenciados pela mulher durante o puerpério. *Rev. Enferm. Atual In Derme* [Internet]. 2021 feb 01 [cited 2025 juN 30];95(33):e-021013. Available from: <https://revistaenfermagematual.com.br/index.php/revista/article/view/721>
- Tomasoni TA, Silva JB, Bertotti TCW, Perez J, Korelo RIG, Gallo RBS. Pain intensity and immediate puerperal discomforts. *BrJP*. 2020 July 17;3(3):217-21. <https://doi.org/10.5935/2595-0118.20200047>
- Silva C, Pinto C, Martins C. Transição para a paternidade no período pré-natal: um estudo qualitativo. *Ciênc. Saúde Colet*. 2021;26(2):465-74. <https://doi.org/10.1590/1413-8123202126241072020>
- Wang D, Li YL, Qiu D, Xiao SY. Factors influencing paternal postpartum depression: a systematic review and meta-analysis. *J Affect Disord*. 2021 June 5;293:51-63. <https://doi.org/10.1016/j.jad.2021.05.088>
- Liu X, Wang S, Wang G. Prevalence and risk factors of postpartum depression in women: a systematic review and meta-analysis. *J Clin Nurs*. 2021 Nov 8;31(19-20):2665-77. <https://doi.org/10.1111/jocn.16121>
- Nascimento AO, Marcelino PHR, Vieira RS, Lemos A. The importance of parental accompaniment during postpartum and the fatherhood. *J. res.: fundam. care. online*. 2019 Jan 21;11(n. esp):475-80. <https://doi.org/10.9789/2175-5361.2019.v11i2.475-480>
- Trage FT, Donelli TMS. Quem é o novo pai? Concepções sobre o exercício da paternidade na família contemporânea. *Barbarói*. 2020 July 5;57:141-64. <https://doi.org/10.17058/barbaroi.v0i57.14263>
- Frizzo GB, Schmidt B, Vargas V, Piccinini CA. Coparentalidade no contexto de depressão pós-parto: um estudo qualitativo. *Psico-USF*. 2019 Jan-Mar;24(1):85-96. <https://doi.org/10.1590/1413-82712019240107>
- Shorey S, Ang L, Goh ECL, Gandhi M. Factors influencing paternal involvement during infancy: a prospective longitudinal study. *J Adv Nurs*. 2018 Sept 12;75(2):357-67. <https://doi.org/10.1111/jan.13848>
- Lamb ME. The history of research on father involvement. *Marriage Fam Rev*. 2008 Oct 13;29(2-3):23-42. https://doi.org/10.1300/J002v29n02_03
- Provenzi L, Lindstedt J, De Coen K, Gasparini L, Peruzzo D, Grumi S, et al. The paternal brain in action: a review of human fathers' fMRI brain responses to child-related stimuli. *Brain Sci*. 2021 June 20;11(6):816. <https://doi.org/10.3390/brainsci11060816>
- Rodrigues M, Sokolovic N, Madigan S, Luo Y, Silva V, Misra S, et al. Paternal sensitivity and children's cognitive and socioemotional outcomes: a meta-analytic review. *Child Dev*. 2021 Jan 28;92(2):554-77. <https://doi.org/10.1111/cdev.13545>
- Van Vulpen M, Heideveld-Gerritsen M, Van Dillen J, Oude Maatman S, Ockhuijsen H, Van den Hoogen A. First-time fathers' experiences and needs during childbirth: a systematic review. *Midwifery*. 2021 Jan 2;94:102921. <https://doi.org/10.1016/j.midw.2020.102921>
- Leahy-Warren P, Philpott L, Elmir R, Schmied V. Fathers' perceptions and experiences of support to be a parenting partner during the perinatal period: a scoping review. *J Clin Nurs*. 2022 July 27;32(13-14):3378-96. <https://doi.org/10.1111/jocn.16460>
- Buek KW, Cortez D, Mandell DJ. NICU and postpartum nurse perspectives on involving fathers in newborn care: a qualitative study. *BMC Nurs*. 2021 Feb 23;20:35. <https://doi.org/10.1186/s12912-021-00553-y>
- Xue WL, Shorey S, Wang W, He HG. Fathers' involvement during pregnancy and childbirth: an integrative literature review. *Midwifery*. 2018 July;62:135-45. <https://doi.org/10.1016/j.midw.2018.04.013>
- Leiferman JA, Farewell CV, Jewell J, Lacy R, Walls J, Harnke B, et al. Anxiety among fathers during the prenatal and postpartum period: a meta-analysis. *J Psychosom Obstet Gynaecol*. 2021 Feb 25;42(2):152-61. <https://doi.org/10.1080/0167482X.2021.1885025>
- Giallo R, Wynter K, McMahon G, Seymour M, Fogarty A, Cooklin A, et al. Preconception factors associated with postnatal mental health and suicidality among first-time fathers: results from an Australian Longitudinal Study of Men's Health. *Soc Psychiatry Psychiatr Epidemiol*. 2023 Jan 28;58(8):1153-60. <https://doi.org/10.1007/s00127-023-02421-3>
- Wynter K, Di Manno L, Watkins V, Rasmussen B, Macdonald JA. Midwives' experiences of father participation in maternity care at a large metropolitan health service in Australia. *Midwifery*. 2021 May 24;101:103046. <https://doi.org/10.1016/j.midw.2021.103046>
- Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBIMES-20-01* for evidence synthesis. JBI. 2024. <https://doi.org/10.46658/JBIMES-20-01>
- Lockwood C, Porritt K, Munn Z, Rittenmeyer L, Salmond S, Bjerrum M, et al. Chapter 2: Systematic reviews of qualitative evidence. In: Aromataris E, Munn Z, editors. *JBIMES-20-03*. JBI; 2020 June. p. 23-71. <https://doi.org/10.46658/JBIMES-20-03>
- Tong A, Flemming K, McInnes E, Oliver S, Craig J. Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Med Res Methodol*. 2012 Nov 27;12:181. <https://doi.org/10.1186/1471-2288-12-181>
- Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021 Mar 29;372:n71. <https://doi.org/10.1136/bmj.n71>
- World Health Organization (WHO). Newborn Mortality [Internet]. 2024 Mar 14 [cited 2024 July 13]. Available from: <https://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality>
- Stansfield C, Brunton G, Rees R. Search wide, dig deep: literature searching for qualitative research. An analysis of the publication formats and information sources used for four systematic reviews in public health. *Res Synth Methods*. 2013 Oct 25;5(2): 142-51. <http://doi.wiley.com/10.1002/jrsm.1100>
- Cooke A, Smith D, Booth A. Beyond PICO: The SPIDER tool for qualitative evidence synthesis. *Qual Health Res*. 2012 July 24;22(10):1435-43. <https://doi.org/10.1177/1049732312452938>
- Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan—a web and mobile app for systematic reviews. *Syst Rev*. 2016 Dec 5;5:210. <https://doi.org/10.1186/s13643-016-0384-4>
- Reis SMG, Leite ACAB, Alvarenga WA, Araujo JS, Zago MMF, Nascimento LC. Meta-synthesis about man as a father and caregiver for a

- hospitalized child. *Rev. Latino-Am. Enfermagem*. 2017;25:e2922. <https://doi.org/10.1590/1518-8345.1850.2922>
29. Neris RR, Bolis LO, Leite ACAB, Alvarenga WA, Garcia-Vivar C, Nascimento LC. Functioning of structurally diverse families living with adolescents and children with chronic disease: a metasynthesis. *J Nurs Scholarsh*. 2022 Oct 8;55(2):413-28. <https://doi.org/10.1111/jnu.12831>
30. Premberg Å, Hellström AL, Berg M. Experiences of the first year as father. *Scand J Caring Sci*. 2008 Feb 5;22(1):56-63. <https://doi.org/10.1111/j.1471-6712.2007.00584.x>
31. Deave T, Johnson D. The transition to parenthood: what does it mean for fathers? *J Adv Nurs*. 2008 Sept 4;63(6):626-33. <https://doi.org/10.1111/j.1365-2648.2008.04748.x>
32. Mbekenga CK, Lugina HI, Christensson K, Olsson P. Postpartum experiences of first-time fathers in a Tanzanian suburb: a qualitative interview study. *Midwifery*. 2010 Apr 10;27(2):174-80. <https://doi.org/10.1016/j.midw.2009.03.002>
33. Poh HL, Koh SSL, Seow HCL, He HG. First-time fathers' experiences and needs during pregnancy and childbirth: a descriptive qualitative study. *Midwifery*. 2013 Oct 10;30(6):779-87. <https://doi.org/10.1016/j.midw.2013.10.002>
34. Eskandari N, Simbar M, Vedadhir A, Baghestani AR. Paternal adaptation in first-time fathers: a phenomenological study. *J Reprod Infant Psychol*. 2016 Oct 28;35(1):53-64. <https://doi.org/10.1080/02646838.2016.1233480>
35. Shorey S, Dennis CL, Bridge S, Chong YS, Holroyd E, He HG. First-time fathers' postnatal experiences and support needs: A descriptive qualitative study. *J Adv Nurs*. 2017 May 30;73(12):2987-96. <https://doi.org/10.1111/jan.13349>
36. Baldwin S, Malone M, Sandall J, Bick D. A qualitative exploratory study of UK first-time fathers' experiences, mental health and wellbeing needs during their transition to fatherhood. *BMJ Open*. 2019 Sept 13;9(9):e030792. <https://doi.org/10.1136/bmjopen-2019-030792>
37. Tarawneh TA, Shoaqir N, Almalik M. "Being relieved and puzzled": A qualitative study of first time fathers' experiences postpartum in Jordan. *Women Birth*. 2019 July 30;33(4):e320-5. <https://doi.org/10.1016/j.wombi.2019.07.006>
38. Marjorie KYL, Anna TLC, Shorey S. Perceptions of distressed fathers in the early postpartum period: a descriptive qualitative study. *Journal of Family Issues*. 2020 Dec 21;42(10):2397-417. <https://doi.org/10.1177/0192513X20980042>
39. Noh NI. First-time fathers' experiences during their transition to parenthood: a study of Korean fathers. *Child Health Nurs Res*. 2021 July 30;27(3):286-96. <https://doi.org/10.4094/chnr.2021.27.3.286>
40. Hodgson S, Painter J, Kilby L, Hirst J. The experiences of first-time fathers in perinatal services: present but invisible. *Healthcare*. 2021 Feb 3;9(2):161. <https://doi.org/10.3390/healthcare9020161>
41. Hodgson S, Painter J, Kilby L, Hirst J. "Crying on the bus": first time fathers' experiences of distress on their return to work. *Healthcare*. 2023 May 8;11(9):1352. <https://doi.org/10.3390/healthcare11091352>
42. Mathioli C, Zani AV. O cuidado do pai com o filho prematuro no domicílio: revisão integrativa. *REAS, Revista Eletrônica Acervo Saúde*. 2018;10(3):1850-5. https://doi.org/10.25248/REAS288_2018
43. Afonso GA, Francisco NFX, Castro RBC. Participação paterna na unidade de terapia intensiva neonatal segundo a concepção da equipe de enfermagem. *Rev. Enferm. Contemp*. 2021 Aug 18;10(2):225-32. <https://doi.org/10.17267/2317-3378rec.v10i2.3815>
44. Strauss Z, Avrech Bar M, Stanger V. Fatherhood of a Premature Infant: "A Rough Roller-Coaster Ride" *J Fam Issues*. 2019 Feb 27;40(8):982-1000. <https://doi.org/10.1177/0192513X19832939>

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MSR: conceptualization; data curation; formal analysis; investigation; methodology; software; visualization; writing-original draft and writing-review & editing.

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SSR: conceptualization; data curation; formal analysis; investigation; project administration; supervision; validation; visualization; writing-original draft and writing-review & editing.

LCN: conceptualization; data curation; formal analysis; funding acquisition; investigation; methodology; resources; validation; visualization; writing-original draft and writing-review & editing.

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Conflict of Interest

None.