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Table S1. Thesaurus Search terms – PsychINFO and PsyARTICLES

Thesaurus Search terms	
Concept 1: Perinatal period	(pregnancy OR pregnant OR prenatal OR antenatal OR perinatal)
Concept 2: Fathers	(fathers OR men OR dads OR paternal OR male)
Concept 3: Barriers	(barriers OR obstacles OR challenges OR difficulties OR issues OR problems)
Concept 4: Help-seeking	(help seeking OR treatment seeking OR treatment engagement OR service utilization OR help seeking behavior OR treatment seeking behaviour)
Concept 5: Intervention	(interventions OR therapy OR treatment OR strategies)
Concept 6: Support	(support OR supporting OR aid OR assistance OR help OR guidance)
Combined search terms:	<p>(fathers OR men OR dads OR paternal OR male) AND (barriers OR obstacles OR challenges OR difficulties OR issues OR problems) AND perinatal AND (interventions OR therapy OR treatment OR strategies) AND (support OR supporting OR aid OR assistance OR help OR guidance)</p> <p>perinatal AND (fathers OR men OR dads OR paternal OR male) AND (barriers OR obstacles OR challenges OR difficulties OR issues OR problems) AND (intervention OR treatment OR therapy) AND (support OR supporting OR aid OR assistance OR help OR guidance)</p> <p>(pregnancy OR pregnant OR prenatal OR antenatal OR perinatal) AND (fathers OR men OR dads OR paternal OR male) AND (help seeking OR treatment seeking OR treatment engagement OR service utilization)</p> <p>postpartum AND (fathers OR men OR dads OR paternal OR male) AND (help seeking behavior OR attitudes OR treatment seeking behaviour)</p> <p>perinatal AND (fathers OR men OR dads OR paternal OR male) AND (help seeking OR treatment seeking OR treatment engagement OR service utilization)</p> <p>postpartum AND (fathers OR men OR dads OR paternal OR male) AND (barriers OR obstacles OR challenges OR difficulties OR issues OR problems) AND (pregnancy OR pregnant OR prenatal OR antenatal OR perinatal)</p>

Note. Only thesaurus terms were used

Table S2. Thesaurus and authors' selected Search terms – PubMed and MEDLINE

Search terms	
Concept 1: Perinatal period	(perinatal OR pregn* OR pregnancy OR pregnant OR prenatal OR postpartum OR post partum OR post-partum)
Concept 2: Fathers	(father OR paternal OR men OR man OR dads OR male)
Concept 3: Barriers	(barrier* OR obstacle)
Concept 4: Help-seeking	(help-seeking behaviour OR help-seeking behavior OR “help seeking”)
Concept 5: Intervention and support	(intervention OR therapy OR program OR support)
Concept 6: Digital/online	(digital OR online OR technology OR web OR app)
Combined search terms:	<p>(perinatal OR pregn* OR pregnancy OR pregnant OR prenatal OR postpartum OR post partum OR post-partum) AND (father OR paternal OR men OR man OR dads OR male) AND (barrier* OR obstacle) AND (help-seeking behaviour OR help-seeking behavior OR “help seeking”) AND (intervention OR therapy OR program OR support) AND (digital OR online OR technology OR web OR app)</p> <p>(perinatal OR pregn* OR pregnancy OR pregnant OR prenatal OR postpartum OR post partum OR post-partum) AND (father OR paternal OR men OR man OR dads OR male) AND (barrier* OR obstacle) AND (help-seeking behaviour OR help-seeking behavior OR “help seeking”) AND (intervention OR therapy OR program OR support)</p> <p>(perinatal OR pregn* OR pregnancy OR pregnant OR prenatal OR postpartum OR post partum OR post-partum) AND (father OR paternal OR men OR man OR dads OR male) AND (barrier* OR obstacle) AND (intervention OR therapy OR program OR support)</p>
Combined search terms with Thesaurus terms	<p>“Fathers/psychology”[MeSH] AND “Parturition/psychology”[MeSH] AND “Pregnancy”[MeSH]</p> <p>“Fathers”[MeSH] AND “Parturition/psychology”[MeSH] AND “Pregnancy”[MeSH] AND “Postpartum Period”[Mesh] AND “Digital Health”[Mesh] AND “Online Social Networking”[Mesh] AND “Internet-Based Intervention”[Mesh]</p> <p>“Fathers”[MeSH] AND “Internet-Based Intervention”[Mesh]</p>

Note. Both thesaurus (MeSH) terms and author-generated terms were used.

Table S3. Search terms – Embase

Search terms	
Concept 1: Perinatal period	(perinatal OR pregn* OR pregnancy OR pregnant OR prenatal OR postpartum OR post partum OR post-partum)
Concept 2: Fathers	(father OR paternal OR men OR man OR dads OR male)
Concept 3: Barriers	(barrier* OR obstacle)
Concept 4: Help-seeking	(help-seeking behaviour OR help-seeking behavior OR help seeking)
Concept 5: Intervention and support	(intervention OR therapy OR program OR support)
Concept 6: Digital/online	(digital OR online OR technology OR web OR app)
Combined search terms:	<p>(perinatal OR pregn* OR pregnancy OR pregnant OR prenatal OR postpartum OR post partum OR post-partum) AND (father OR paternal OR men OR man OR dads OR male) AND (barrier* OR obstacle) AND (help-seeking behaviour OR help-seeking behavior OR “help seeking”) AND (intervention OR therapy OR program OR support) AND (digital OR online OR technology OR web OR app)</p> <p>(perinatal OR pregn* OR postpartum OR post partum OR post-partum) AND (father AND paternal) AND (barrier) AND (help-seeking behaviour OR help-seeking behavior OR help-seeking) AND (support)</p> <p>(perinatal OR pregn* OR pregnancy OR pregnant OR prenatal OR postpartum OR post partum OR post-partum) AND (father OR paternal OR men OR man OR dads OR male) AND (barrier* OR obstacle) AND (intervention OR therapy OR program OR support)</p> <p>(pregn*) AND (father AND paternal) AND (barrier*) AND (intervention)</p> <p>(perinatal) AND (father AND paternal) AND (barrier*) AND (intervention)</p> <p>(pregn*) AND (father OR paternal OR man OR men) AND (barrier) AND (help-seeking behavior OR help-seeking behaviour OR help-seeking) AND (support OR intervention)</p>

Note. Only author-generated terms were used.

Table S4. Search terms – Scopus

Search terms	
Concept 1: Perinatal period	(perinatal OR pregn* OR pregnancy OR pregnant OR prenatal OR postpartum OR post partum OR post-partum)
Concept 2: Fathers	(father OR paternal OR men OR man OR dads OR male)
Concept 3: Barriers	(barrier OR obstacle OR challenge OR issue OR problem)
Concept 4: Facilitator	facilitator
Concept 4: Help-seeking	(help-seeking behaviour OR help-seeking behavior OR help seeking)
Concept 5: Intervention and support	(intervention OR therapy OR program OR support)
Concept 6: Digital/online	(digital OR online OR technology OR web OR app)
Combined search terms:	<p>(perinatal OR pregn* OR post*partum) AND (father AND paternal) AND (intervention OR therapy OR program) AND (barrier OR obstacle) AND (help-seeking behaviour OR help-seeking behavior OR help-seeking) AND (digital OR on-line OR technology OR web OR app)</p> <p>(perinatal AND pregn* AND (postpartum OR post partum OR post-partum)) AND (father AND paternal) AND (barrier) AND (help-seeking behaviour OR help-seeking behavior OR help-seeking) AND (support)</p> <p>(pregn*) AND (father AND paternal AND (Man OR Men)) AND (barrier) AND (help-seeking behavior OR help-seeking behaviour OR help-seeking) AND (support) AND (intervention)</p> <p>(post partum OR postpartum OR post-partum) AND (father AND paternal) AND (help-seeking AND help-seeking behavior AND help seeking behavior) AND (facilitator) AND (barrier OR obstacle OR challenge OR issue OR problem)</p>

Note. Only author-generated terms were used.

Table S5. Paper excluded – Dataset search

Authors, year	Title	Reasons for exclusion
Abushaikha & Massah, 2012	The roles of the father during childbirth: the lived experiences of Arab Syrian parents	<ul style="list-style-type: none"> • The focus was solely on providing support to the mother
Aiyar et al., 2025	Parenting experiences and impacts to wellbeing for South and Southeast Asian migrant caregivers in Australia across the First 2000 Days: reflections from migrants and service providers	<ul style="list-style-type: none"> • Not father-reported information
Albuja et al., 2019	The effect of paternal cues in prenatal care settings on men’s involvement intentions	<ul style="list-style-type: none"> • Included men regardless of them being fathers
Alio et al., 2013	A community perspective on the role of fathers during pregnancy: a qualitative study	<ul style="list-style-type: none"> • No father-specific data (fathers and mothers’ data were analysed in aggregated form)
Allport-Altillo et al., 2020	Parents’ Perspectives on Supporting Father Involvement in African American Families During Pregnancy and Early Infancy	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Andrews et al., 2022	The experience of fathers during the covid-19 UK maternity care restrictions	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Barrett & Charlton, 2025	Passenger parenting, role conflict and guilt: the transition to parenthood from new and experienced fathers	<ul style="list-style-type: none"> • Full-text not available
Battle et al., 2021	Father’s perspectives on family relationships and mental health treatment participation in the context of maternal postpartum depression	<ul style="list-style-type: none"> • Mothers present a diagnosed Major Depressive Disorder • None of the dimensions of interest were evaluated
Bawadi et al., 2016	The role of fathers during pregnancy: A qualitative exploration of Arabic fathers’ beliefs	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum
Beachy, 2008	Father’s experience of birth	<ul style="list-style-type: none"> • Not a peer-reviewed study
Bell et al., 2016	Barriers and Facilitators to the Use of Mental Health Services by Women With Elevated Symptoms of Depression and Their Partners	<ul style="list-style-type: none"> • No father-specific data (fathers and mothers’ data were analysed in aggregated form)
Bergström et al., 2009	Effects of natural childbirth preparation versus standard antenatal education on epidural rates, experience of childbirth and parental stress in mothers and fathers: a randomised controlled multicentre trial	<ul style="list-style-type: none"> • Did not provide separate data on fathers

Bergström et al., 2013	Fear of childbirth in expectant fathers, subsequent childbirth experience and impact of antenatal education: subanalysis of results from a randomized controlled trial	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Boykova, 2016	Transition from hospital to home in parents of preterm infants	<ul style="list-style-type: none"> • Review
Bresnahan et al., 2024	Awe and Trepidation: The Role of Perinatal Care Providers in Black Fathers' Experiences of Childbirth in the U.S	<ul style="list-style-type: none"> • Full-text not available
Cameron et al., 2024	A Qualitative Forum Analysis of Fathers' Stressors and Support Seeking Behaviour During the COVID-19 Pandemic	<ul style="list-style-type: none"> • Not focused on the perinatal period
Cameron et al., 2024	A Qualitative Forum Analysis of Fathers' Stressors and Support Seeking Behaviour During the COVID-19 Pandemic	<ul style="list-style-type: none"> • Not focused on the perinatal period
Charman et al., 2024	'would I risk it again?' the long-term impacts of a traumatic birth, as experienced by fathers	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Copland & Hunter, 2025	Paternal perinatal mental health support: fathers' perspectives on barriers, facilitators, and preferences	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months postpartum • Most fathers have a formal diagnosis
Corner et al., 2023	The birth of a story: Childbirth experiences, meaning-making, and postpartum adjustment	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Dalal et al., 2025	Paternal Health and Health Behaviors During the Perinatal Period: Results from a Representative Survey of Fathers in Georgia, 2018-2019	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Davenport et al., 2022	"What Can I Do to Not Have This Life"? A Qualitative Study of Paternal Postnatal Depression Experiences among Fathers in the United Kingdom	<ul style="list-style-type: none"> • All participants self-identified as experiencing PND and three had been formally diagnosed
David & Kentenich, 1993	[Fathers in the labor room--a survey before and after delivery]	<ul style="list-style-type: none"> • Not in English
DeCoteau et al., 2022	Experience Implementing a Public Health Surveillance System Designed for Fathers of Infants on a South Dakota American Indian Reservation	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Deslauriers & Kiselica, 2024	An Ecological Approach to Understanding the Paternal Commitments	<ul style="list-style-type: none"> • Adolescents (<18 years) and young adults fathers' data are aggregated

	of Young Fathers: From the Pregnancy Test to the Child's First Birthday	
Driesslein, 2017	From the "Technician Thing" to the "Mental Game": Masculinity and U.S. Homebirth	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Edward et al., 2019	Self- screening using the Edinburgh Post Natal Depression Scale for mothers and fathers to initiate early help seeking behaviours	<ul style="list-style-type: none"> • No father-specific data (fathers and mothers' data were analysed in aggregated form)
Edwards et al., 2020	What about the men? Perinatal experiences of men of color whose partners were at risk for preterm birth, a qualitative study	<ul style="list-style-type: none"> • Includes participants who had experienced neonatal death after a preterm birth
Etheridge & Slade, 2017	"Nothing's actually happened to me.": the experiences of fathers who found childbirth traumatic	<ul style="list-style-type: none"> • The woman experienced severe health conditions during births (e.g., some of the women went through a hysterectomy, had a hemorrhage or internal bleeding)
Firouzan et al., 2019	Barriers to men's participation in perinatal care: a qualitative study in Iran	<ul style="list-style-type: none"> • Not a fathers' report (information regarding fathers, but the informant was their wives and midwives)
Fletcher et al., 2023	Developing a text message intervention for fathers with partners experiencing perinatal depression or anxiety	<ul style="list-style-type: none"> • Full-text not available
Foley et al., 2020	Two's company, three's a crowd? Maternal and paternal talk about their infant differs in associations with wellbeing, couple relationship quality, and caregiving sensitivity	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Forbes et al., 2021	Fathers' involvement in perinatal healthcare in Australia: experiences and reflections of Ethiopian-Australian men and women	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Freitas et al., 2007	[Fatherhood: The male experience from a gender focus]	<ul style="list-style-type: none"> • Not in English
Gallagher & Wise, 2012	Fathers at birth and beyond	<ul style="list-style-type: none"> • Not a peer-reviewed study
Gawlik et al., 2015	Assessing birth experience in fathers as an important aspect of clinical obstetrics: how applicable is Salmon's Item List for men?	<ul style="list-style-type: none"> • None of the dimensions of interest were addressed
Ghaffari et al., 2021	Design and psychometric evaluation of the fathers' fear of childbirth scale: a mixed method study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated

Ghaleiha et al., 2022	Fathers' help seeking behavior and attitudes during their transition to parenthood	<ul style="list-style-type: none"> • Not focused on the perinatal period
Golubitsky et al., 2024	Childbirth as a traumatic event for attendant fathers	<ul style="list-style-type: none"> • None of the dimensions of interest were addressed
Greening, 2006	And--how was it for you dad?	<ul style="list-style-type: none"> • Full-text not available
Gürber et al., 2017	Antenatal depressive symptoms and subjective birth experience in association with postpartum depressive symptoms and acute stress reaction in mothers and fathers: A longitudinal path analysis	<ul style="list-style-type: none"> • None of the dimensions of interest were addressed
Gaynor et al., 2025	Practicality of the My Baby Now App for Fathers by Fathers: Qualitative Case Study	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum
Hambidge et al., 2021	“What kind of man gets depressed after having a baby?” Fathers' experiences of mental health during the perinatal period	<ul style="list-style-type: none"> • Presence of psychiatric diagnosis during the post-partum
Henshaw et al., 2016	First-time parents' shared representation of postpartum depressive symptoms: A qualitative analysis	<ul style="list-style-type: none"> • Focus is solely on the woman symptoms
Hildingsson, 2014	Swedish couples' attitudes towards birth, childbirth fear and birth preferences and relation to mode of birth - a longitudinal cohort study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Hott, 1981	Best laid plans...pre and postpartum comparison of self and spouse concepts in primiparous Lamaze couples who share delivery and those who do not	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Howarth et al., 2019	First-time fathers' perception of their childbirth experiences	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated • Focus on the mother
Howarth & Swain, 2020	Low-cost self-paced interventions increase birth satisfaction in first time fathers	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Hughes et al., 2020	Worrying in the wings? Negative emotional birth memories in mothers and fathers show similar associations with perinatal mood disturbance and delivery mode	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Ilies et al., 2025	Gender differences in tweets on postnatal depression: A corpus linguistic analysis	<ul style="list-style-type: none"> • Impossible to define the perinatal period range
Inglis et al., 2016	Paternal mental health following perceived traumatic childbirth	<ul style="list-style-type: none"> • Included father with a psychiatric history

Jayamanna & Abeysena, 2025	Expectant fathers' knowledge and attitudes towards postpartum depression and the associated factors: a cross-sectional study in a rural community, Sri Lanka	<ul style="list-style-type: none"> • Focus is solely on the woman's symptoms
Jelmeland, 2008	A father's birth story of breech twins: Tiernan Shae & Caulla Anora Mae	<ul style="list-style-type: none"> • Not a peer-reviewed study
Jeong et al., 2024	Fathers' mental health and coping strategies: a qualitative study in Mwanza, Tanzania	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum
Johansson et al., 2012	Childbirth - an emotionally demanding experience for fathers	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Johansson & Thies-Lagergren, 2015	Swedish fathers' experiences of childbirth in relation to maternal birth position: a mixed method study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Jouhki et al., 2015	Supporting and Sharing-Home Birth: Fathers' Perspective	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Katz-Wise et al., 2010	Gender-role attitudes and behavior across the transition to parenthood	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Kim et al., 2016	Use of social media by fathers of premature infants	<ul style="list-style-type: none"> • Preterm children with medical conditions; it's not specified how preterm they are
Kululanga et al., 2012	Malawian fathers' views and experiences of attending the birth of their children: a qualitative study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Labrague & McEnroe-Petitte, 2016	Use of Music Intervention for Reducing Anxiety and Promoting Satisfaction in First-Time Filipino Fathers	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Ladur et al., 2018	'Whose Shoes?' Can an educational board game engage Ugandan men in pregnancy and childbirth?	<ul style="list-style-type: none"> • Focus on the mother
Leanderz et al., 2025	What It Means to Become a Father	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum
Letourneau et al., 2011	Identifying the support needs of fathers affected by post-partum depression: A pilot study	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum
Levy-Shiff, 1999	Fathers' cognitive appraisals, coping strategies, and support resources as correlates of adjustment to parenthood	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum
Li et al., 2009	A birth education program for expectant fathers in Taiwan: effects on their anxiety	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated

Lindgren & Erlandsson, 2011	She leads, he follows - fathers' experiences of a planned home birth. A Swedish interview study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Liverpool et al., 2023	An App to Support Fathers' Mental Health and Well-Being: User-Centered Development Study	<ul style="list-style-type: none"> • Not focused on the perinatal period
Longworth & Kingdon, 2011	Fathers in the birth room: what are they expecting and experiencing? A phenomenological study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Lovett & Smith, 2024	Mental Health, Declining Physical Activity and Social Connection during Transitions into Fatherhood in the UK	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum • Some of the participants present, or their partners present, a diagnosed condition (data are unclear and not better specified)
Lwanga et al., 2017	An exploratory study of men's companionship, perceptions and experiences during pregnancy and delivery in Uganda	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Macdonald et al., 2021	How are you sleeping? Starting the conversation with fathers about their mental health in the early parenting years	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum • Includes partners of women with substance abuse
Macdonald et al., 2020	Profiles of Depressive Symptoms and Anger in Men: Associations With Postpartum Family Functioning	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum • None of the dimensions of interest were evaluated
Mancini et al., 2023	"Connection, community and convenience": A case study of a Facebook group for fathers navigating parenthood	<ul style="list-style-type: none"> • Not focused on the perinatal period
McLeod, 2020	"Hello group, I need advice": A Textual Analysis of Black Fathers' Help-Seeking Posts on Facebook	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Mihelic et al., 2018	DOES A PERINATAL PARENTING INTERVENTION WORK FOR FATHERS? A RANDOMIZED CONTROLLED TRIAL	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Mselle et al., 2019	Humanizing birth in Tanzania: a qualitative study on the (mis) treatment of women during childbirth from the perspective of mothers and fathers	<ul style="list-style-type: none"> • No father-specific data (fathers and mothers' data were analysed in aggregated form) • None of the dimensions of interest were addressed

Mulgund et al., 2025	The Design and Evaluation of a Mental Health Educational App for Paternal Postpartum Depression	<ul style="list-style-type: none"> • Impossible to define the perinatal period range
Murphy, Leah	Maternal postpartum depression: A phenomenological exploration of the experience of fathers	<ul style="list-style-type: none"> • Not a peer-reviewed study
Neale & Tarrant, 2024	The dynamics of young fatherhood: Understanding the parenting journeys and support needs of young fathers	<ul style="list-style-type: none"> • Not a peer-reviewed study
Ngai & Xiao, 2021	Perceptions of paternal involvement and labour pain management in Chinese couples during childbirth: A qualitative study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Nolan et al., 2011	At home in early labour: what fathers do and how they feel--part 1	<ul style="list-style-type: none"> • Full-text not available
Nolan et al., 2011b	At home in early labour: what fathers do and how they feel--part 2	<ul style="list-style-type: none"> • Full-text not available
Nolan et al., 2012	At home in early labour: what fathers do and how they feel--part 3	<ul style="list-style-type: none"> • Full-text not available
Nystedt & Hildingsson, 2018	Women's and men's negative experience of child birth-A cross-sectional survey	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Oster et al., 2018	Peyakoheiwamak—Needs of involved nehiyaw (Cree) fathers supporting their partners during pregnancy: Findings from the ENRICH study	<ul style="list-style-type: none"> • Not focused on the perinatal period
Paredes & Parchment, 2021	The Latino father in the postnatal period: The role of egalitarian masculine gender role attitudes and coping skills in depressive symptoms	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Parikh, 2009	Validating reciprocity: Supporting young fathers' continued involvement with their children	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months postpartum
Pedersen et al., 2021	"I Wanted to Be There as a Father, but I Couldn't": A Qualitative Study of Fathers' Experiences of Postpartum Depression and Their Help-Seeking Behavior	<ul style="list-style-type: none"> • Fathers have a formal diagnosis of depression • The focus of the evaluation goes beyond 12 months postpartum
Petch et al., 2012	A randomized controlled trial of a couple relationship and coparenting program (Couple CARE for Parents) for high- and low-risk new parents	<ul style="list-style-type: none"> • None of the dimensions of interest were addressed
Pilkington et al., 2017	Partners to Parents: Development of an online intervention for enhancing partner support and preventing perinatal depression and anxiety	<ul style="list-style-type: none"> • No father-specific data (fathers and mothers' data were analysed in aggregated form)

Premberg et al., 2012	Father for the first time--development and validation of a questionnaire to assess fathers' experiences of first childbirth (FTFQ)	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Rashidi et al., 2023	Fear of childbirth and its relationship with anxiety and depression among Iranian fathers: a descriptive study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Rayburn, 2023	Identifying support needs and intervention opportunities for perinatal fathers: An exploratory sequential mixed methods study	<ul style="list-style-type: none"> • Dissertation • Full-text not available
Reay et al., 2023	Understanding the Barriers Fathers Face to Seeking Help for Paternal Perinatal Depression: Comparing Fathers to Men Outside the Perinatal Period	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum
Redshaw & Henderson, 2013	Fathers' engagement in pregnancy and childbirth: evidence from a national survey	<ul style="list-style-type: none"> • Women's report of the men's data
Reinicke, 2020	First-Time Fathers' Attitudes Towards, and Experiences With, Parenting Courses in Denmark	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Ritorto et al., 2024	Factors Associated with Fathers' Mental Health Difficulties in an Australian Help-Seeking Sample	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Roberts & Spiby, 2020	The calm before the storm': A qualitative study of fathers' experiences of early labour	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Rominov et al., 2020	Fathers' perinatal mental health: An important and neglected topic	<ul style="list-style-type: none"> • Congress abstract.
Sansiriphun et al., 2015	The journey into fatherhood: A grounded theory study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Searson et al., 2025	"Nobody asked me, as a dad, how I was coping": exploring Australian new fathers' paternal postnatal support experiences and needs	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum
Schoppe-Sullivan et al., 2008	Maternal gatekeeping, coparenting quality, and fathering behavior in families with infants	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Schytt & Hildingsson, 2011	Physical and emotional self-rated health among Swedish women and men during pregnancy and the first year of parenthood	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Seymour et al., 2021	"We're in the background": Facilitators and barriers to fathers' engagement and	<ul style="list-style-type: none"> • Not focused on the perinatal period

	participation in a health intervention during the early parenting period	
Shafer et al., 2019	Depression, Masculine Norm Adherence, and Fathering Behavior	• Not focused on the perinatal period
Shorey et al., 2018	A mobile health app-based postnatal educational program (home-but not alone): Descriptive qualitative study	• No father-specific data (fathers and mothers' data were analysed in aggregated form)
Singley & Edwards, 2015	Men's perinatal mental health in the transition to fatherhood	• Review
Sioma-Markowska et al., 2015	The model of active participation of the father in childbirth, based on the preferences of the parturient women	• Full-text not available
Smith et al., 2019	Perinatal anxiety and depression: Awareness and attitudes in Australia	• Included men regardless of them being fathers
Swami et al., 2020	Mental health literacy of maternal and paternal postnatal (postpartum) depression in British adults	• Impossible to determine the reference period as regards the perinatal period
Swami, Vintila, et al., 2020	Mental health literacy of maternal and paternal postnatal depression in a community sample of Romanian adults	• Impossible to determine the reference period as regards the perinatal period
Sweeney & O'Connell, 2015	Puts the magic back into life: Fathers' experience of planned home birth	• None of the dimensions of interest were evaluated
Teague et al., 2025	Mobile app-based intervention for paternal perinatal depression, anxiety, and stress: A randomised controlled trial	• None of the dimensions of interest were evaluated
Turner et al., 2022	Addressing Determinants of Paternal Subjective Well-Being Through Fatherhood Education	• Not focused on the perinatal period
Uncu et al., 2025	The effect of fathers' birth attendance on paternal attachment and the perception of parental role: a randomised controlled trial	• Full-text not available
Underwood et al., 2017	Paternal Depression Symptoms During Pregnancy and After Childbirth Among Participants in the Growing Up in New Zealand Study	• None of the dimensions of interest were evaluated
Uribe-Torres et al., 2024	Paternal well-being perception during childbirth: Experience of prepared Chilean fathers after a prenatal education intervention	• None of the dimensions of interest were evaluated
Vaillancourt et al., 2024	A qualitative study exploring the perinatal experiences of social stress among first- and second-generation immigrant parents in Quebec, Canada	• None of the dimensions of interest were evaluated

van de Beek et al., 2025	Unraveling the threads of vulnerability and resilience: Young men's journey through unintended fatherhood	<ul style="list-style-type: none"> • Included fathers below 18 years of age • The focus of the evaluation goes beyond 12 months post-partum • Most fathers have a formal diagnosis of ADHD, mood disorder or past substance abuse disorder
Vischer et al., 2020	Birth experience from the perspective of the fathers	<ul style="list-style-type: none"> • None of the dimensions of interest were addressed
von Sydow & Happ, 2012	["There she was - lying like Jesus on the cross ..." - Fathers' experiences of childbirth]	<ul style="list-style-type: none"> • Full-text not available • Not in English
Wade et al., 2023	Influences on Fathers' Information- and Support-Seeking for Parenting	<ul style="list-style-type: none"> • Included fathers below 18 years of age • The focus of the evaluation goes beyond 12 months post-partum
Warriner et al., 2018	An evaluation of mindfulness-based childbirth and parenting courses for pregnant women and prospective fathers/partners within the UK NHS (MBCP-4-NHS)	<ul style="list-style-type: none"> • None of the dimensions of interest were addressed
Wee et al., 2013	Fathers' mental health during the ante and postnatal periods: Knowledge, recommendations and interventions	<ul style="list-style-type: none"> • Review
Whooten et al., 2023	Expectant fathers' health behaviors, infant care intentions, and social-emotional wellbeing in the perinatal period: A latent class analysis and comparison to mothers	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Widarsson et al., 2015	'Paddling upstream': Fathers' involvement during pregnancy as described by expectant fathers and mothers	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Wilson, 2020	British Couples' Experiences of Men as Partners in Family Planning	<ul style="list-style-type: none"> • Not focused on the perinatal period
Wynter et al., 2023	Health literacy among fathers and fathers-To-be: A multi-country, cross-sectional survey	<ul style="list-style-type: none"> • The focus of the evaluation goes beyond 12 months post-partum
Xue et al., 2024	Fear of childbirth and influencing factors of expectant fathers in China: a cross-sectional study	<ul style="list-style-type: none"> • Full-text not available
Xue et al., 2018	Factors influencing first-time fathers' involvement in their wives' pregnancy and childbirth: A correlational study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated

Zwedberg et al., 2015

Fathers' experiences of a vacuum
extraction delivery - a qualitative study

• None of the dimensions of
interest were evaluated

Table S6. Paper excluded – Manual search

Author, year	Title	Reasons for exclusion
Åsenhed et al., 2014	Becoming a father is an emotional roller coaster - An analysis of first-time fathers' blogs	• None of the dimensions of interest were evaluated
Bäckström & Hertfelt Wahn, 2011	Support during labour: first-time fathers' descriptions of requested and received support during the birth of their child	• None of the dimensions of interest were evaluated
Bäckström et al., 2017	'To be able to support her, I must feel calm and safe': Pregnant women's partners perceptions of professional support during pregnancy.	• No father-specific data (fathers and mothers' data were analysed in aggregated form)
Bonifácio et al., 2020	PRENACEL partner - use of short message service (SMS) to encourage male involvement in prenatal care: a cluster randomized trial	• None of the dimensions of interest were evaluated
Carlson et al., 2014	First-time fathers' experiences of and desires for formal support: A multiple lens perspective	• The focus of the evaluation goes beyond 12 months post-partum
Chikalipo et al., 2018	Exploring antenatal education content for couples in Blantyre, Malawi	• None of the dimensions of interest were evaluated
Clifford-Motopi et al., 2022	Hearing from First Nations Dads: Qualitative yarns informing service planning and practice in urban Australia.	• Some of the sample presents conditions such as suicidality and self-harm
Danbjørg et al., 2014	Do families after early postnatal discharge need new ways to communicate with the hospital? A feasibility study	• No father-specific data (fathers and mothers' data were analysed in aggregated form)
Davenport & Swami, 2023	Getting help as a depressed dad: A lived experience narrative of paternal postnatal depression, with considerations for healthcare practice	• Case-study like/written in first person • Unspecified length of the post-partum period (the person wrote it when the child was already 4 yrs)
Doaltabadi & Amiri-Farahani, 2021	The effect of in-person and virtual prenatal care education of the spouses of primiparous women on the father and mother's attachment to infant: a quasi-experimental and controlled study	• None of the dimensions of interest were evaluated
Erlandsson & Häggström-Nordin, 2010	Prenatal Parental Education From the Perspective of Fathers With Experience as Primary Caregiver Immediately Following Birth: A Phenomenographic Study	• None of the dimensions of interest were evaluated

Fägerskiöld, 2008	A change in life as experienced by first-time fathers	• None of the dimensions of interest were evaluated
Firouzan et al., 2020	Comparing the effect of group- based training along with text messaging and compact disc- based training on men’s knowledge and attitude about participation in perinatal care: a cluster randomized control trial	• None of the dimensions of interest were evaluated
Fletcher et al., 2008	The evaluation of tailored and web-based information for new fathers	• None of the dimensions of interest were evaluated • Not focused on fathers
Fletcher et al., 2016	Development of a set of mobile phone text messages designed for new fathers	• The focus of the evaluation goes beyond 12 months post-partum
Fletcher et al., 2017	Supporting men through their transition to fatherhood with messages delivered to their smartphones: a feasibility study of SMS4dads	• Includes fathers as young as 16 years of age
Forbes et al., 2021	Fathers’ involvement in perinatal healthcare in Australia: experiences and reflections of Ethiopian-Australian men and women	• The focus of the evaluation goes beyond 12 months post-partum
Friedewald et al., 2005	All-male discussion forums for expectant fathers: Evaluation of a model	• None of the dimensions of interest were evaluated
Garfield et al., 2022	Pregnancy Risk Assessment Monitoring System for Dads: A piloted randomized trial of public health surveillance of recent fathers’ behaviors before and after infant birth	• None of the dimensions of interest were evaluated
Hildingsson et al., 2011	Fathers’ birth experience in relation to midwifery care	• None of the dimensions of interest were evaluated
Hrybanova et al., 2019	First-time fathers’ experiences of professional support from child health nurses	• The focus of the evaluation goes beyond 12 months post-partum
Jeffery et al., 2015	Australian Fathers’ Study: What Influences Paternal Engagement With Antenatal Care?	• None of the dimensions of interest were evaluated
Johansson et al., 2020	Mothers’ and fathers’ lived experiences of postpartum depression and parental stress after childbirth: a qualitative study	• Some of the participants experiences either medical complications during/after birth or miscarriages
Kothari et al., 2022	“It’s a lot of pain you’ve got to hide”: a qualitative study of the journey of fathers facing traumatic pregnancy and childbirth	• Severe medical issues during birth
Machin, 2015	Mind the gap: The expectation and reality of involved fatherhood.	• Full-text not available

Mackert et al., 2017	Engaging Men in Prenatal Health Promotion: A Pilot Evaluation of Targeted e-Health Content	<ul style="list-style-type: none"> • Included men regardless of them being fathers
Mayers et al., 2020	Supporting women who develop poor postnatal mental health: what support do fathers receive to support their partner and their own mental health?	<ul style="list-style-type: none"> • Presence of severe mental disorder
Mbekenga et al., 2011	Postpartum experiences of first-time fathers in a Tanzanian suburb: A qualitative interview study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Mehran et al., 2020	Spouse's participation in perinatal care: a qualitative study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Missler et al., 2020	Effectiveness of a psycho-educational intervention for expecting parents to prevent postpartum parenting stress, depression and anxiety: a randomized controlled trial	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Nešporová, 2019	Hazy Transition to Fatherhood: The Experiences of Czech Fathers	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Pilkington & Rominov, 2017	Fathers' Worries During Pregnancy: A Qualitative Content Analysis of Reddit.	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Poh et al., 2014	First-time fathers' experiences and needs during pregnancy and childbirth: a descriptive qualitative study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated • Not focused on fathers
Premberg et al., 2008	Experiences of the first year as father	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Reinicke, 2020	First-Time Fathers' Attitudes Towards, and Experiences With, Parenting Courses in Denmark.	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Shorey et al., 2019	Paternal involvement of Singaporean fathers within six months postpartum: A follow-up qualitative study	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated • Not focused on fathers
Solberg et al., 2024	The Impact of the New Families Home Visiting Program on Depressive Symptoms Among Norwegian Fathers Postpartum: A Nonrandomized Controlled Study.	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Soltani et al., 2017	Knowledge and Attitude of Men Towards Participation in Their Wives' Perinatal Care.	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
St John et al., 2005	Meeting the Challenge of New Fatherhood During the Early Weeks	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated
Torche & Rauf, 2021	The transition to fatherhood and the health of men.	<ul style="list-style-type: none"> • None of the dimensions of interest were evaluated

Turan et al., 2001	Including expectant fathers in antenatal education programmes in Istanbul, Turkey.	• None of the dimensions of interest were evaluated
Walsh et al., 2017	Expectant Fathers' Presence at Prenatal Ultrasounds: An Opportunity for Engagement	• Not include fathers

Table S7. Sample characteristics

Author (year)	Age (years)	Ethnicity/Country of birth (N; %)	Occupation (N; %)	Marital status	Educational Level	Income	Pre & Post (N; %)	Primiparous/Multiparous	Clinical Characteristics
(Abushaikha & Massah, 2013)	21 to 47 (M=32.5)	Arab (Syrian) (100%)	<ul style="list-style-type: none"> ▪ Employed (11; 78.57%) ▪ N/R (3; 25.43%) 	Married (100%)	0 to 18 (M = 8.8; SD = 5.3)	N/R	N/A	<ul style="list-style-type: none"> ▪ Primiparous (9; 64.29%) ▪ Multiparous (5; 35.71%) 	N/A
(Baldwin et al., 2019)	20 to 60	<ul style="list-style-type: none"> ▪ Indian 10; 47.62% ▪ Spanish (1; 4.76%) ▪ White British (7; 33.33%) ▪ Pakistani (1; 4.76%) ▪ Black Caribbean (1; 4.76%) ▪ Black African (1; 4.76%) 	<ul style="list-style-type: none"> ▪ Full-time employed (19; 90.48%) ▪ Part-time employed (2; 9.52%) 	<ul style="list-style-type: none"> ▪ Cohabiting (19; 90.48%) ▪ Not cohabiting (2; 9.52%) 	<ul style="list-style-type: none"> ▪ GCSE (1; 4.76%) ▪ A level (1; 4.76%) ▪ Degree (11; 52.38%) ▪ MSc or PhD (8; 38.10%) 	<ul style="list-style-type: none"> ▪ 15–30K (7; 33.33%) ▪ 31–45K (3; 14.29%) ▪ 46–60K (5; 23.81%) ▪ 61K+ (4; 19.05%) ▪ N/R (2; 9.52%) 	N/A	Primiparous (100%)	N/A
(Baldwin et al., 2021) ^a	<ul style="list-style-type: none"> ▪ 25 to 29 (7; 16%) ▪ 30 to 39 (32; 71%) ▪ 40 to 44 (6; 13%) 	<ul style="list-style-type: none"> ▪ White British (19; 42%) ▪ White other (11; 24%) ▪ Indian (7; 16%) ▪ Asian (3; 7%) ▪ Mixed ethnic group (3; 7%) ▪ Black African (1; 2%) ▪ Other (1; 2%) 	<ul style="list-style-type: none"> ▪ Full-time or self-employed (41; 91%) ▪ Part-time employed (4; 9%) 	<ul style="list-style-type: none"> ▪ Married (30; 67%) ▪ Cohabiting (15; 33%) 	<ul style="list-style-type: none"> ▪ GCSE level (1; 2.22%) ▪ A level or equivalent (4; 8.89%) ▪ Diploma or equivalent (2; 4.44%) ▪ Degree or equivalent (25; 55.56%) ▪ Master's or Doctorate (14; 31.11%) 	<ul style="list-style-type: none"> ▪ 5-15 (1; 2.22%) ▪ 15-30% (8; 17.78%) ▪ 31-45% (11; 24.45%) ▪ 46-60K (8; 17.78%) ▪ 61K+ (13; 28.89%) ▪ N/R (4; 8.89%) 	N/A	Primiparous (100%)	<p>Participants had <i>average</i> mental well-being both prenatal (M=25.1; SD=3.2) and postnatal (M=24.8; SD=4.1), considering a cut-off point of 28 or above as <i>high mental well-being</i> indicating positive mental health, 20–27 as <i>average</i>, and below 20 as <i>low mental well-being</i>.</p> <p>The cut-off point used to indicate possible depression was an EPDS score of ≥10, with 12 or more suggesting major depression. 18% (N = 8) of fathers reported a score of ≥10 on at least one time point during the perinatal period, with 13% (N = 6) reporting a score of 12 or more. N = 7 had higher scores postnatally; N = 2 had an EPDS score of 13 antenatally, with one increasing</p>

further in the postnatal period to 15, and the other reducing below the cut-off point (EPDS score = 7).

The cut-off point used to indicate anxiety was a score of 10 in the GAD-7, with scores of 10–15 suggesting moderate anxiety and over 15 severe anxiety. The mean (SD) score was 2.5 (2.4) antenatally, increasing to 3.1 (3.2) postnatally. Overall, there was a negative shift in the postnatal period with the median score increasing from 2 to 3.

(Bedwell et al., 2011) ^b	21 to 52 (M=34.68)	<ul style="list-style-type: none"> ▪ White (19; 94.74%) ▪ Indian (1; 5.26%) 	<ul style="list-style-type: none"> ▪ Employed (19; 95%) ▪ Unemployed (1; 5%) (see Table 1 for details) 	<ul style="list-style-type: none"> ▪ Married (15; 75%) ▪ Cohabiting (4; 20%) ▪ Separated (1; 5%) 	<ul style="list-style-type: none"> ▪ GCSE, NVQ (4; 20%) ▪ A level (2; 10%) ▪ Technical college exams (1; 5%) ▪ HNC (2; 10%) ▪ Degree (5; 25%) ▪ Postgraduate diploma (2; 10%) ▪ Postgraduate degree (4; 20%) 	N/R	N/A	<ul style="list-style-type: none"> ▪ Primiparous (17; 85%) ▪ Multiparous (3; 15%) 	N/A
(Cameron et al., 2017)	M=33.4 (SD=4.45)	<ul style="list-style-type: none"> ▪ Caucasian (90; 64.3%) ▪ Chinese (12; 8.6%) ▪ South Asian (7.9%) ▪ Pacific Islander (5; 3.6%) ▪ Black 3; 2.1% ▪ Latin American (2; 1.4%) ▪ West Asian (2; 1.4%) ▪ Korean (2; 1.4%) 	<ul style="list-style-type: none"> ▪ Full-time employed (127; 90.7%) ▪ Part-time employed (7; 5%) ▪ Unemployed (5; 3.6%) ▪ Part-time student (1; 0.7%) ▪ Full-time student (2; 1.4%) 	<ul style="list-style-type: none"> ▪ Married (124; 88.6%) ▪ Cohabiting (15; 10.7%) ▪ Divorced (1; 0.7%) 	<ul style="list-style-type: none"> ▪ High school diploma or equivalent (13; 9.3%) ▪ Diploma or certificate below bachelor level (40; 28.5%) ▪ Bachelor degree (53; 37.9%) ▪ Above bachelor's degree (34; 24.35%) 	<ul style="list-style-type: none"> ▪ \$0 to \$29,999 (4; 2.9%) ▪ \$30,000 to \$49,999 (5; 3.5%) ▪ \$50,000 to \$69,999 (18; 12.9%) ▪ \$70,000 to \$89,999 (13; 9.2%) ▪ \$90,000 to \$109,999 (19; 13.6%) 	N/A	N/R	<p>A history of seeking or receiving treatment for depression or another psychological disorder was reported by N=18 (12.9%) of fathers. N=21 (15%) reported a history of seeking or receiving treatment for other reasons (e.g., relationship distress).</p> <p>N=21 (15%) reported complications after vaginal birth; N=5 (3.6%) reported complications after caesarean section.</p>

(Daniels et al., 2020)	<ul style="list-style-type: none"> ▪ 24 to 51 (M=36.6; SD=6.3) (current age) ▪ 23 to 36 (M=33.8; SD=5.3) (age at time of trauma) 	N/R	N/R	N/R	N/R	N/R	N/A	<ul style="list-style-type: none"> ▪ Primiparous (50; 81.9%) ▪ Multiparous (11; 18.1%) 	N/A
(Darwin et al., 2017)	25 to 44 (M=33.1; SD=5.1)	<ul style="list-style-type: none"> ▪ White British (18; 94.7%) ▪ White Other (1; 5.3%) 	<ul style="list-style-type: none"> ▪ Full-time employed (17; 89.5%) ▪ Part-time employed (1; 5.3%) ▪ Unemployed (1; 5.3%) 	<ul style="list-style-type: none"> ▪ Married (16; 84.2%) ▪ Cohabiting (3; 15.8%) 	<ul style="list-style-type: none"> ▪ Secondary school (2; 10.5%) ▪ Further education (7; 36.8%) ▪ Higher education (9; 47.4%) ▪ N/R (1; 5.3%) 	N/R	N/A	<ul style="list-style-type: none"> ▪ Primiparous (14; 73.4%) ▪ Multiparous (5; 26.3%) 	<p>Antenatal mental health and wellbeing scores: PHQ-8 (M=3.5; SD = 2.7; range 0 – 10) GAD-7 (M=3; SD = 2.5, range 0 – 8) PHQ-15 (M=3.4; SD = 2.9, range 0 – 9) LTE (List of Threatening Events) (range 0 – 2; N=5 scoring ≥1)</p> <p>Postnatal mental health and wellbeing scores: PHQ-8 (M=4.8; SD = 2.8; range 0 – 11) GAD-7 (M=4, SD = 2.9; range 0 – 12) PHQ-15 (M=4.0, SD = 2.7, range 0 – 10) LTE (range 0 – 2; 3 scoring ≥1)</p>
(de Montigny & Lacharité, 2004)	M=30.5 (SD=5)	<ul style="list-style-type: none"> ▪ Caucasian (92%) ▪ Not reported (8%) 	<ul style="list-style-type: none"> ▪ Full-time employed (11; 84.62%) ▪ N/R (2; 15.38%) 	<ul style="list-style-type: none"> ▪ Married (3; 23.08%) ▪ Cohabiting (10; 76.92%) 	<ul style="list-style-type: none"> ▪ High school or less (6; 46%) ▪ University degree (6; 46%) ▪ N/R (1; 8%) 	Overall family income: <ul style="list-style-type: none"> ▪ Less than 60000\$ (5; 44%) ▪ N/R (8; 56%) 	N/A	Primiparous (100%)	N/A
(Diemer, 1997)	19 to 39 (M=28; SD=4.21)	Predominantly White	N/R	Cohabiting (M = 52.7 months; SD = 35.9)	11 to 24 years (M = 14.2; SD = 2.51)	Overall Family income: \$7,250 – \$72,700 (M = \$35,250; SD = \$13,536)	N/A	<ul style="list-style-type: none"> ▪ Primiparous (59; 71%) ▪ Multiparous (24; 29%) 	The only statistically significant difference between the study groups was on the number of spontaneous abortions: father-focused group (N=10; 23%);

(Eggermont et al., 2017)	20 to 45 (M=32.4; SD=4.9) (missing data 7; 9.7%)	N/R	N/R	<ul style="list-style-type: none"> ▪ Married (25; 34.7%) ▪ Cohabiting (42; 58.3%) ▪ N/R (5; 6.9%) 	<ul style="list-style-type: none"> ▪ Low (no education, primary school, secondary school) (35; 48.6%) ▪ High (university college or university degrees) (31; 43.1%) ▪ N/R (6; 8.3%) 	N/R	N/A	<ul style="list-style-type: none"> ▪ Primiparous (33; 45.8%) ▪ Multiparous (37; 51.4%) ▪ N/R (2; 2.8%) 	<p>traditional group (N=3; 8%) (X²(1, N=83) = 3.89, <i>p</i> < .05).</p> <p>Psychological symptoms at baseline: father-focused group (M=58.60; SD=11.82); traditional group (M=53.62; SD=11.83). At post-test: father-focused group (M=54.06; SD=12.44); traditional group (M=52.96; SD=10.60). There was a significant effect for time (F(1, 81) = 10.07, <i>p</i> < .01) and a significant interaction, group x time (F(1, 81) = 5.34, <i>p</i> < .05), with fathers in the father-focused group having a greater decrease in psychological symptoms.</p>
(Feenstra et al., 2018)	24 to 45	N/R	Employed (100%)	Cohabiting (100%)	<ul style="list-style-type: none"> ▪ Intermediate-long (5; 83.33%) ▪ N/R (1; 16.66%) 	N/R	N/A	<ul style="list-style-type: none"> ▪ Primiparous (3; 50%) ▪ Multiparous (3; 50%) 	<p>Reason for readmission of newborn: Nutritional problems such as excessive weight loss, dehydration (N=5) Jaundice (N=1) Length of readmission: 24 – 48 h (N=4) > 48h (N=2)</p>
(Fenwick et al., 2012)	<ul style="list-style-type: none"> ▪ < 30 (3; 25%) ▪ > 30 (9; 75%) 	N/R	<ul style="list-style-type: none"> ▪ Employed (11; 91.6%) 	N/R	N/R	Over \$60,001 AUS (middle-income earner or above) (100%)	N/A	<ul style="list-style-type: none"> ▪ Primiparous (5; 41.66%) ▪ Multiparous (7; 58.33%) 	N/A

(Fletcher & StGeorge, 2011) ^c	N/R	N/R	<ul style="list-style-type: none"> ▪ Employed and studying (8·3; 8·4%) ▪ Stay-at-home fathers (6; 25%) ▪ N/R (18; 75%) 	N/R	N/R	N/R	<ul style="list-style-type: none"> ▪ Prenatal (5; 20·83%) ▪ Postnatal (19; 79·16%) 	<ul style="list-style-type: none"> ▪ Primiparous (5; 20·83%) ▪ Multiparous (19; 79·16%) 	N/A
(Fletcher et al., 2017)	21 to 59 (M=33·7)	N/R	N/R	N/R	N/R	N/R	<ul style="list-style-type: none"> ▪ Prenatal (20; 44%) ▪ Postnatal (26; 56%) 	N/R	<p>Many of the participants reported moderate to high K6 scores at enrolment (M=12.3; SD=4.6). N=11 (24%) scored in the range, indicating moderate distress, and N=5 (11%) scored ≥ 20, indicating likely clinically significant distress.</p> <p>AUDIT-C screening test for problem drinking: No risk (N=17; 42.5%); At risk (N=23; 57.5%).</p> <p>Depression (DASS): No risk (N=32; 80%); At risk (N=8; 20%).</p> <p>Anxiety (DASS): No risk (N=31; 83.8%); At risk (N=6; 16.2%).</p> <p>Stress (DASS): No risk (N=36; 90%); At risk (N=4; 10%).</p>
(Fletcher et al., 2019)	M=35·11 (SD=5·87)	Australian not Aboriginal and/or Torres (100%)	N/R	N/R	N/R	<p>Prosperity:</p> <ul style="list-style-type: none"> ▪ Poor (1; 2·5%) ▪ Just getting by (4; 10%) ▪ Comfortable (28; 70%) ▪ Very Comfortable (7; 17·5%) 	N/A	<ul style="list-style-type: none"> Primiparous (33; 82·5%) Multiparous (7; 17·5%) 	<p>See Table 2 in the original study for details about emotional issues as reported by male callers by risk category</p> <p>K10 scores:</p> <p>Low (10–15) (N=1770; 54.6%).</p> <p>Moderate (16–21) (N=946; 29.2%).</p> <p>High or very high (22–50) (N=526; 16.2%).</p> <p>AUDIT-C scores:</p> <p>Median (Q1, Q3) = 2 (1, 4).</p>
(Fletcher et al., 2020) ^d	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	
(Fletcher, Regan, Leigh, et al., 2023)	M=34·9 (SD=5·3)	<ul style="list-style-type: none"> ▪ Not Aboriginal and/or Torres (3172; 97·8%) ▪ Aboriginal and/or Torres (57; 1·8%) ▪ Prefer not to say (13; 0·4%) 	N/R	N/R	<ul style="list-style-type: none"> ▪ Bachelor's degree or above (2261; 69·7%) ▪ Advanced diploma and diploma (252; 7·8%) ▪ Cert III/IV (430; 13·3%) 	N/R	<ul style="list-style-type: none"> ▪ Prenatal (1961; 60·5%) ▪ Postnatal (1288; 39·7%)^d 	<ul style="list-style-type: none"> ▪ Primiparous (2748; 84·8%) ▪ Multiparous (409; 14·9%)^d 	

(Forsyth et al., 2011)	M=33.54 (SD=3.23)	Australian (39; 81%)	N/R	<ul style="list-style-type: none"> ▪ Married (40; 83%) ▪ N/R (8; 17%) 	<ul style="list-style-type: none"> ▪ Year 12 (191; 5.9%) ▪ Year 11 or below (108; 3.3%) 	<ul style="list-style-type: none"> ▪ Tertiary education (27; 56%) ▪ N/R (21; 44%) 	Annual family income (A\$): <ul style="list-style-type: none"> ▪ < \$25 000 (1; 2%) ▪ \$25 000 – \$85 000 (17; 35%) ▪ > \$85 000 (30; 63%) 	N/A	<ul style="list-style-type: none"> ▪ Primiparous (23; 48%) ▪ Multiparous (25; 52%) 	N/A
(Gemayel et al., 2022)	25 to 45 (M=34.67; SD=5.74)	<ul style="list-style-type: none"> ▪ Indian (3; 25%) ▪ Russian (1; 8.33%) ▪ Chinese (1; 8.33%) ▪ Pakistani (2; 16.67%) ▪ Irish (1; 8.33%) ▪ Australia (3; 25%) ▪ Vietnam (1; 8.33%) 	N/R	<ul style="list-style-type: none"> ▪ Married (11; 91.7%) ▪ Single (1; 8.3%) 	N/R	N/R	N/R	<ul style="list-style-type: none"> ▪ Prenatal (4; 33.33%) ▪ Postnatal (8; 66.66%) 	<ul style="list-style-type: none"> ▪ Primiparous (4; 33.33%) ▪ Multiparous (8; 66.66%) 	N/A
(Hamil et al., 2021)	M=27.7	<ul style="list-style-type: none"> ▪ Black American (11; 37%) ▪ Hispanic/Latino (9; 30%) ▪ Caucasian (8; 27%) ▪ Other (2; 7%) 	<ul style="list-style-type: none"> ▪ Full-time employed (25; 83%) ▪ Part-time employed (5; 17%) 	<ul style="list-style-type: none"> ▪ Married (9; 30%) ▪ Cohabiting (9; 30%) ▪ Engaged (3; 10%) ▪ Single (9; 30%) 	<ul style="list-style-type: none"> ▪ < High school degree (3; 10%) ▪ High school degree/GED (12; 40%) ▪ Some college or beyond (15; 50%) 	N/R	<ul style="list-style-type: none"> ▪ Prenatal (6; 20%) ▪ Postnatal (24; 80%) 	N/R	N/A	
(Hodgson et al., 2023)	<ul style="list-style-type: none"> ▪ 25 to 34 (6; 50%) ▪ 35 to 44 (6; 50%) 	<ul style="list-style-type: none"> ▪ White British (11; 91.67%) ▪ White Other (1; 8.33%) 	Full-time employed (100%)	<ul style="list-style-type: none"> ▪ Married (6; 50%) ▪ Cohabiting (6; 50%) 	<ul style="list-style-type: none"> ▪ Completed formal education (100%) ▪ Left school at 16 (1; 8.33%) ▪ Left school at 18 (1; 8.33%) 	N/R	N/A	Primiparous (100%)	N/A	

(Johnsen et al., 2017)	24 to 43	<ul style="list-style-type: none"> ▪ Sweden (18; 58.06%) ▪ Denmark (8; 25.81%) ▪ Finland (5; 16.13%) 	Employed (100%)	N/R	<ul style="list-style-type: none"> ▪ Further education certificate (1; 8.33%) ▪ Graduate level (4; 33.33%) ▪ Post-graduate qualifications (5; 41.66%) ▪ Currently studying (3; 9.67%) ▪ College degree (7; 22.58%) ▪ University degree (21; 67.74%) 	N/R	N/A	Primiparous (100%)	N/A
(Kaner et al., 2024)	<ul style="list-style-type: none"> ▪ EG: (M=33.56; SD=3.76) ▪ CG: (M=33.23; SD=4.17) 	Secular Jewish Israelis (100%)	Employed (100%)	Years of marriage: <ul style="list-style-type: none"> ▪ EG (M=2.57; SD=1.43) ▪ CG (M=2.66; SD=1.5) 	<ul style="list-style-type: none"> ▪ EG (M = 16 years; SD = 2.34) ▪ CG (M = 15.8 years; SD = 2.1) 	N/R	N/A	N/R	23% of fathers showed some symptoms of PPD (13.2% mild and 9.8% with clinical symptoms), while the majority (77%) did not have any indications of PPD. There was no significant difference between groups.
(Ledenfors & Berterö, 2016)	23 to 45	N/R	N/R	N/R	<ul style="list-style-type: none"> ▪ Upper secondary school (3; 37.5%) ▪ University degree (5; 62.5%) 	N/R	N/A	Primiparous (100%)	N/A
(Mickelson et al., 2017)	M=29.87 (SD=4.30)	<ul style="list-style-type: none"> ▪ White (81; 88.1%) ▪ African American (2; 2.2%) ▪ Hispanic (1; 1.1%) ▪ Asian (3; 3.2%) ▪ Other (5; 5.4%) 	<ul style="list-style-type: none"> ▪ Full-time employed (82; 89.2%) ▪ Part-time employed (3; 3.2%) ▪ Self-employed (6; 6.5%) ▪ Unemployed (1; 1.1%) 	<ul style="list-style-type: none"> ▪ Married (84; 91.3%) ▪ Cohabiting (8; 8.7%) ▪ Years of marriage or cohabitating (M=3.47; SD=2.26) 	<ul style="list-style-type: none"> ▪ High school (10; 10.9%) ▪ Some college (22; 23.9%) ▪ College (M = 37; 40.2%) ▪ Advanced degree (23; 25%) 	<ul style="list-style-type: none"> ▪ Total family income: <ul style="list-style-type: none"> ▪ <\$20,000 (4; 4.3%) ▪ \$20,001 – \$40,000 (8; 8.7%) ▪ \$40,001 – \$60,000 (13; 14.1%) 	N/R	Primiparous (100%)	PPD symptoms significantly declined from 1 to 4 months postpartum ($t(81) = 4.03, p < .001$).

									<ul style="list-style-type: none"> ▪ \$60,001 – \$80,000 (28; 30.4%) ▪ \$80,001 – \$100,000 (17; 18.5%) ▪ \$100,001 – \$120,000 (12; 13%) ▪ > \$120,000 (10; 10.9%) 	
(Nash, 2018a) ^e	24 to 43 (M=32.8)	Anglo-Australian (from rural Tasmania) (100%)	<ul style="list-style-type: none"> ▪ Full-time employed (18; 72%) ▪ N/R (7; 28%) 	Cohabiting (100%)	<ul style="list-style-type: none"> ▪ Tertiary education (50%) ▪ N/R (50%) 	N/R	N/A	Primiparous (100%)	N/A	
(Nash, 2018b) ^e	N/R	N/R	N/R	N/R	N/R	N/R	N/A	Primiparous (100%)	N/A	
(Nordin-Remberger et al., 2024)	<ul style="list-style-type: none"> ▪ < 35 (63; 48.5%) ▪ ≥ 35 (67; 51.5%) M=34.02 (SD=5.25)	<ul style="list-style-type: none"> ▪ Sweden (119; 90.8%) ▪ Other (12; 9.2%) 	<ul style="list-style-type: none"> ▪ Employed (124; 94.7%) ▪ Studying (4; 3.1%) ▪ Parental leave (6; 4.6%) ▪ Sick leave (1; 0.8%) ▪ Unemployed (1; 0.8%) 	<ul style="list-style-type: none"> ▪ Cohabiting (128; 97.7%) ▪ Not cohabiting (3; 2.3%) 	<ul style="list-style-type: none"> ▪ Primary or high school (50; 38.2%) ▪ College/University (81; 61.8%) 	N/R	<ul style="list-style-type: none"> ▪ Prenatal (90; 68.7%) ▪ Postnatal (41; 31.3%) 	<ul style="list-style-type: none"> ▪ Primiparous (70; 57.9%) ▪ Multiparous (51; 42.1%)^e 	Of 131 fathers, 71 self-identified as having a current FOC. Of these, 57% had FOBS ≥ 60, 13% had FOBS 50% to 59%, and 30% had FOBS 0 to 49. ▪ N=18 (13.7) reported on-going mental health difficulties. ▪ N=47 (36.2%) report previous mental health difficulties.	
(Onyeze-Joe & Godin, 2020)	23 to 38	Nigerian (100%)	Employed (100%)	<ul style="list-style-type: none"> ▪ Married (45) ▪ Unmarried (7)^f 	<ul style="list-style-type: none"> ▪ No education (7; 14%) ▪ O' levels (17; 34%) ▪ University education (26; 52%) 	N/R	N/R	Primiparous (100%)	N/A	
(Persson et al., 2012)	25 to 37 (M=31.46)	Sweden (100%)	N/R	N/R	<ul style="list-style-type: none"> ▪ Comprehensive school (1; 7.69%) 	N/R	N/A	<ul style="list-style-type: none"> ▪ Primiparous (9; 69.23%) 	N/A	

(Philip et al., 2024)	29 to 39	Indian (100%)	Full-time employed (100%)	Married (100%)	<ul style="list-style-type: none"> ▪ Upper secondary (6; 46.15%) ▪ University/college (6; 46.15%) ▪ Undergraduate (2; 33.33%) ▪ Postgraduate (4; 66.67%) 	N/R	<ul style="list-style-type: none"> ▪ Prenatal (3; 50%) ▪ Postnatal (3; 50%) 	Range: expecting first child to father of 2 children	N=1 reported partner's perinatal depression and anxiety
(Premberg et al., 2011)	25 to 43	<i>Different ethnic origins: mainly Swedish; some having parents from other European countries; two Asian immigrants</i>	N/R	Cohabiting (100%)	From completing compulsory school to an academic degree (N/R)	N/R	N/A	Primiparous (100%)	N/A
(Rayburn et al., 2021)	23 to 42 (M=32; SD=4.92)	<ul style="list-style-type: none"> ▪ White (89.5%) ▪ Mixed ethnicity (2) ▪ Latino (1)^d 	Full-time employed (100%)	Relationship length: from 1 year or less to 9 years or more	14 to 20 years	Higher than average (M = \$87,105; SD = \$37,797)	At recruitment: <ul style="list-style-type: none"> ▪ Prenatal (15; 78.95%) ▪ Postnatal (4; 21.05%) 	Primiparous (100%)	N/A
(Rominov et al., 2018) ^g	30 to 42 (M=33.9; SD=3.2)	N/R	Employed (100%)	Married or in a de facto relationship (100%)	<ul style="list-style-type: none"> ▪ Postgraduate degree (4; 20%) ▪ Undergraduate degree (9; 45%) ▪ Technical certificate (1; 5%) ▪ Year 12 (4; 20%) ▪ Year 10 (1; 5%) ▪ Year 9 (1; 5%) 	N/R	<ul style="list-style-type: none"> ▪ Prenatal (12) ▪ Postnatal (8) 	<ul style="list-style-type: none"> ▪ Primiparous (5; 41.66%) ▪ Multiparous (7; 58.33%) ▪ Unclear (8, 40%) 	N/A
(Rowe et al., 2013)	21 to 37 (M=31)	<ul style="list-style-type: none"> ▪ Born in Australia (9; 56%) ▪ N/R (7; 44%) 	Employed (100%)	<ul style="list-style-type: none"> ▪ Married (7; 44%) ▪ De facto (8; 50%) 	<ul style="list-style-type: none"> ▪ Part secondary school (2; 13%) 	N/R	N/A	Primiparous (100%)	N/A

(Schobinger et al., 2022)	N/R	N/R	Employed (or on paternity leave) (100%)	Cohabiting/Married (100%)	<ul style="list-style-type: none"> ▪ Divorced (1; 6%) ▪ Secondary school (Year 12) (2; 13%) ▪ Certificate or diploma (5; 31%) ▪ University degree (7; 44%) 	N/R	N/R	N/A	Primiparous (100%)	N/A
(Schuppan et al., 2019)	24 to 64 (M=38.13; SD=13.92)	<ul style="list-style-type: none"> ▪ Australian (5; 62.5%) ▪ New Zealander (1; 12.5%) ▪ European (2; 25%) 	N/R	Employed (or on paternity leave) (100%)	<ul style="list-style-type: none"> ▪ Secondary (1; 12.5%) ▪ TAFE/Trade (2; 25%) ▪ Undergraduate (3; 37.5%) ▪ Postgraduate (2; 25%) 	<ul style="list-style-type: none"> ▪ Just getting along (1; 12.5%) ▪ Reasonably comfortable (5; 62.5%) ▪ Very comfortable (2; 25%) 	N/A	<ul style="list-style-type: none"> ▪ Primiparous (5; 62.5%) ▪ Multiparous (3; 37.5%) 	Men at risk of paternal perinatal depression and/or anxiety (scoring above the perinatal distress cutoff (5) on the EPDS and/or having a current or prior depression or anxiety diagnosis from a health professional): range 4 – 13 (M=8.38; SD=3.11). Current depression diagnosis (N=0); prior depression diagnosis (N=3; 37.5%). Current anxiety diagnosis (N=0); prior anxiety diagnosis (N=2; 25%)	
(Shorey et al., 2017)	26 to 38 (M=31.20; SD=3.55)	<ul style="list-style-type: none"> ▪ Chinese (6; 40%) ▪ Filipino (13; 33%) ▪ Malay (3; 20%) ▪ Sri-Lankan (1; 6.67%) ▪ Indian (3; 20%) 	Employed (100%)	Length of marriage (years) (M=2.4; SD=1.78)	<ul style="list-style-type: none"> ▪ Secondary School (1; 6.67%) ▪ Diploma (3; 20%) ▪ Degree (9; 60%) ▪ ITE/NITEC (1; 6.67%) 	Monthly household income: <ul style="list-style-type: none"> ▪ S\$1000 – S\$2999 (2) ▪ S\$3000 – S\$5999 (4) ▪ S\$6000 – S\$9999 (7) ▪ > S\$10,000 (2) 	N/A	Primiparous (100%)	N/A	
(Shorey et al., 2018)	22 to 50 (M=33.7; SD=4.9)	<ul style="list-style-type: none"> ▪ Chinese (31; 62%) ▪ Malay (16; 32%) ▪ Indian (3; 6%) 	Self-employed (6; 12%) Full-time employed (42; 84%)	N/R	<ul style="list-style-type: none"> ▪ Secondary school (3; 6%) ▪ Post-secondary school (8; 16%) 	Monthly household income (SGD) <ul style="list-style-type: none"> ▪ \$000 – \$2999 (7; 14%) 	N/A	<ul style="list-style-type: none"> ▪ Primiparous (34; 68%) ▪ Multiparous (16; 32%) 		

Part-time employed (1; 2%)
Unemployed (1; 2%)

- Diploma (10; 20%)
- Bachelor's degree (28; 56%)
- Post-graduate degree (1; 2%)
- \$3000 – \$5999 (12; 24%)
- \$6000 – \$9999 (20; 40%)
- > \$10000 (11; 22%)

(Short et al., 2023)	<ul style="list-style-type: none"> ▪ 23 to 52 (M=33.71, SD=6.01) (first-time fathers) ▪ 26 to 46 (M=35.56, SD=4.64) (second-time fathers) 	<ul style="list-style-type: none"> ▪ White or White British/Scottish (110; 93%) ▪ Asian or Mixed Asian (6; 5%) ▪ Black (2; 2%) 	Employed (100%)	N/R	N/R	N/R	N/A	<ul style="list-style-type: none"> ▪ Primiparous (70; 59%) ▪ Multiparous (48; 41%) 	The EPDS scores ranged from 0 to 21 (M=8.86; SD=5.04)
(Small et al., 2025)	31 to 39	N/R	N/R	N/R	N/R	N/R	Postnatal (100%)	Primiparous (100%)	
(Teague et al., 2025)	24 to 39 (M = 31.23; SD = 4.09)	<ul style="list-style-type: none"> ▪ Australia (8, 19%) ▪ Canada (5, 12%) ▪ UK (17, 40%) ▪ USA (13, 30%) 	N/R	N/R	<ul style="list-style-type: none"> ▪ Postgraduate (33%) ▪ Bachelor (49%) ▪ Trade certificate (16%) ▪ None (2%) 	N/R	<ul style="list-style-type: none"> ▪ Prenatal (8; 19%) ▪ Postnatal (35; 81%) 	<ul style="list-style-type: none"> ▪ Primiparous (60%) ▪ Multiparous (40%) 	Elevated depression, anxiety or stress symptoms (60% were above the clinical cut off on any mental health variable); <ul style="list-style-type: none"> ▪ EPDS (M = 10.56; SD = 5.48) ▪ DASS Anxiety (M = 6.60; SD = 6.58) ▪ DASS Stress (M = 17.86; SD = 9.00)
(Vahtel et al., 2021)	22 to 44 (M=32)	Employed (100%)	N/R	N/R	N/R	N/R	N/A	<ul style="list-style-type: none"> ▪ Primiparous (8; 66.66%) ▪ Multiparous (4; 33.33%) 	
(Watkins et al., 2024)	18 to 57 (M=32.5; SD=6)	Country of birth (880): <ul style="list-style-type: none"> ▪ USA (259, 29.5%) ▪ UK (203, 23.1%) ▪ South Africa (139, 15.8%) ▪ Other (see Table 2) 	N/R	<ul style="list-style-type: none"> ▪ Not currently in a relationship (11; 1.2%) ▪ In a relationship, not living 	<ul style="list-style-type: none"> ▪ Primary/elementary school (3; 0.3%) ▪ Secondary school (126; 14.2%) ▪ Trade school/apprenticeship/diploma (125; 14.1%) 	N/R	<ul style="list-style-type: none"> ▪ Prenatal (416; 46.8%) ▪ Postnatal (473; 53.2%) 	<ul style="list-style-type: none"> ▪ Primiparous (371; 41.73%) ▪ Multiparous (518; 58.27%) 	Self-reported mental health: <ul style="list-style-type: none"> ▪ Good, very good, or excellent (N=738; 83.3%) ▪ Poor or fair (N=148; 16.7%)

Figure S1. Encoding and Interpreting: Evidence and Barriers and Facilitators distribution by included study

N	AUTHOR, YEAR	Individual factors							Socio-cultural factors			Practical barriers								
		Maternal factors			Paternal factors		Service & Symptoms		View of fatherhood/masculinity	Stigma towards mental-health	Cultural (minorities)	Healthcare system			Digital resources					
		Worry about the partner	Woman difficulty	Women's presence	Reliance on women's initiative/disease-oriented mindset	Not wanting to bother	Interaction with other men/fathers	Emotional avoidance				Self-perception as the "protector"	Service knowledge	Signs and Symptoms knowledge	Health care providers attitude & behavior	No inclusion in routine appointments	Lack of father-specific services	Communication modalities	Screening	Individual appointments
1	Abushakha et al., 2013																			
2	Baldwin et al., 2019																			
3	Baldwin et al., 2021																			
4	Cameron et al., 2023																			
5	Carlin et al., 2021																			
6	Daniels et al., 2020																			
7	Darwin et al., 2017																			
8	Eggermont et al., 2017																			
9	Femotra et al., 2018																			
10	Fernick et al., 2012																			
11	Fletcher & StGeorge 2011																			
12	Fletcher et al., 2017																			
13	Fletcher et al., 2019																			
14	Fletcher et al., 2020																			
15	Gemavel et al., 2022																			
16	Hamil et al., 2021																			
17	Hodson et al., 2023																			
18	Johnson et al., 2017																			
19	Kaner et al., 2024																			
20	Lodenfors et al., 2016																			
21	Murray Cunningham et al., 2024																			
22	Nash, 2018b																			
23	Nordin-Remberger et al., 2024																			
24	Onyecz-Joe et al., 2020																			
25	Philp et al., 2024																			
26	Premberg et al., 2011																			
27	Romov et al., 2018																			
28	Rowe et al., 2013																			
29	Schobinger et al., 2022																			
30	Schuypan et al., 2019																			
31	Shorey et al., 2017																			
32	Teague et al., 2025																			
33	Wenze et al., 2018																			
34	Da Costa et al., 2017	Desired information by fathers for a Website Supporting their Emotional Well-being and Healthy Behaviors in the Perinatal Period Psychosocial Topics (51.2-60.3%): Fathers rated information on emotional adjustment, sleep problems, and stress management as highly important. Top 3 Psychosocial Questions: 1. Emotional adjustment after the baby's birth (60.3%) 2. Tools for managing sleep problems (57.5%) 3. Stress-management strategies (56.3%)							Distressed fathers were significantly more likely than non-distressed fathers to prioritize: - Stress-management tools (68.4% vs. 50.4%, p = .025) - Mood and emotional well-being strategies (68.4% vs. 44.4%, p = .003) - Emotional adjustment during their partner's pregnancy (63.2% vs. 45.3%, p = .027) - Access to psychosocial resources (36.6% vs. 23.9%, p = .045)											

Note. Red cell: dimension reported as barrier; Green cell: dimension reported as facilitator; Gray cell: reported as both a barrier and a facilitator based on how it is phrased; The study which results are descriptively summarized, reported results relevant to the considered phase of the model but did not report nor was it possible to extract related barriers and/or facilitators.

Figure S2. Generating options: Evidence and Barriers, and Facilitators distribution by included study

N	AUTHOR, YEAR	Individual factors							Socio-cultural factors		Practical factors			
		Maternal factors		Relationships factors	Paternal factors			View of fatherhood/masculinity	Stigma towards mental-health	Healthcare system		Logistical factors	Digital resources	
		Worry about the partner	Women's presence	Relationship quality	Peer support	Emotional avoidance	Symptoms severity			Solo struggle mindset	Health care providers attitude & behavior	Father-specific services	Communication modalities	Work
1	Baldwin et al., 2019													
2	Baldwin et al., 2021													
3	Bedwell et al., 2011													
4	Cameron et al., 2023													
5	Carlin et al., 2021													
6	Da Costa et al., 2017													
7	Daniels et al., 2020													
8	Darwin et al., 2017													
9	de Montigny et al., 2024													
10	Diemer, 1997													
11	Fletcher & StGeorge 2011													
12	Fletcher et al., 2019													
13	Fletcher et al., 2023													
14	Gemayel et al., 2022													
15	Hamil et al., 2021													
16	Hodgson et al., 2023													
17	Johansen et al., 2017													
18	Murray Cunningham et al., 2024													
19	Nash, 2018a													
20	Nash, 2018b													
21	Nordin-Remberger et al., 2024													
22	Oyoo-Joe et al., 2020													
23	Persson et al., 2012													
24	Philip et al., 2024													
25	Rominov et al., 2018													
26	Rosse et al., 2013													
27	Schappan et al., 2019													
28	Short et al., 2023													
29	Small et al., 2025													
30	Teague et al., 2025													
31	Vakiel et al., 2021													
32	Watkins et al., 2024													
33	White et al., 2018													
34	Fletcher et al., 2020	46,1% of the mild-moderate difficulties group of fathers called the PANDA help-line to seek support												
35	Forsyth et al., 2011	- Most men (83%) acknowledged their partner as a significant source of emotional support during pregnancy. - Other men identified antenatal classes (19%), friends (47%), family (37%), their mother (31%), or their doctor/obstetrician (17%) as key sources of support. - 94% of men (n = 43) indicated that their partner was somewhat or very supportive; partners were rated highest and antenatal classes lowest in terms of support (p < .001)												
36	Mickelson et al., 2017	- Internalized and experienced stigma showed a small to barely medium effect size significant correlation with indirect support-seeking; the association was not supported in the more complex model. - Fathers' indirect support-seeking significantly decreased from 1 to 4 months postpartum (p = .03). - Mothers reported significantly higher levels of indirect support-seeking from family and friends than fathers at both 1 and 4 months postpartum.												
37	Shorey et al., 2017	- Fathers who needed support often turned to family members and friends from diverse ethnic backgrounds. - Some fathers mentioned coping with stress by engaging in self-talk, talking to their babies, or smoking more. - Fathers sought informal support from family, friends, social media, and especially YouTube. - Fathers sought formal support by primarily relying on healthcare professionals, particularly nurses/midwives and breastfeeding consultants.												

Note. Red cell: dimension reported as barrier; Green cell: dimension reported as facilitator; Gray cell: reported as both a barrier and a facilitator based on how it is phrased; The study which results are descriptively summarized, reported results relevant to the considered phase of the model but did not report nor was it possible to extract related barriers and/or facilitators.

Figure S3. Decision Making: Evidence and Barriers, and Facilitators distribution by included study

N	AUTHOR, YEAR	Individual factors							Socio-cultural factors		Practical factors							
		Maternal factor	Relationships factors	Paternal factors				View of fatherhood/masculinity	Stigma towards mental-health	Healthcare system			Logistical factors			Online/Digital resources		
				Perceived intervention credibility and effectiveness	Fear of not being taken seriously	Personal commitment	Symptoms severity			Past support	Health care providers attitude & behavior	Fear of being directed to pharmacological therapies	Dedicated support	Closeness	Financial cost	Father-led intervention	Time flexibility	Anonymity
1	Cameron et al., 2017																	
2	Carlin et al., 2018																	
3	Murray Cunningham et al., 2024																	
4	Da Costa et al., 2017																	
5	Darwin et al., 2017																	
6	Hamil et al., 2021																	
7	Nordin-Remberger et al., 2024																	
8	Rominov et al., 2018																	
9	Rowe et al., 2013																	
10	Schuppan et al., 2019																	
11	Wenze et al., 2018																	
12	Nash, 2018a	Participants were motivated to join groups due to the lack of personal support from other men.																
13	Nash, 2018b	- Participants were motivated to attend the sessions because they neither sought nor received much personal support regarding pregnancy and birth. - Attending classes in a pub provided a sense of comfort. Framing the class with language such as "talk about childbirth... in manly terms" and holding it in a pub setting encouraged men to adopt a hegemonic gender performance.																

Note. Red cell: dimension reported as barrier; Green cell: dimension reported as facilitator; Gray cell: reported as both a barrier and a facilitator based on how it is phrased; The study which results are descriptively summarized, reported results relevant to the considered phase of the model but did not report nor was it possible to extract related barriers and/or facilitators.

Figure S4. Evaluation of the Help-seeking behaviour: Evidence and Barriers and Facilitators distribution by included study

N	AUTHOR, YEAR	Individual barriers			Socio-cultural Barriers		Practical barriers							
		Paternal factors			View of fatherhood/masculinity	Cultural (minorities)	Healthcare system			Logistical factors		Digital resources		
		Interaction with other men/fathers	Personal commitment	Socio-demographic characteristics			Healthcare providers attitude and behavior	Father-specific services	Perception of expertise	Work	Family responsibilities	Online resources	Digital Tool/intervention characteristics	
1	Baldwin et al., 2019													
2	Murray Cunningham et al., 2024													
3	Da Costa et al., 2017													
4	Daniels et al., 2020													
5	Darwin et al., 2017													
6	Diemer, 1997													
7	Fletcher et al., 2017													
8	Fletcher et al., 2019													
9	Fletcher et al., 2023													
10	Gemayel et al., 2022													
11	Hamil et al., 2021													
12	Nash, 2018													
13	Nash, 2018b													
14	Nordin-Remberger et al., 2024													
15	Premberg et al., 2011													
16	Rayburn et al., 2021													
17	Rominov et al., 2018													
18	Shorey et al., 2017													
19	Teague et al., 2025													
20	Vahtel et al., 2021													
21	Watkins et al., 2024													
22	Eggermont et al., 2017	Of the 2 out of 62 fathers that reported having an emotional needs during childbirth didn't receive support for it. The remaining said they didn't have this need, yet 20 (33.4%) still reported receiving support for it.												
23	Kaner et al., 2024	<ul style="list-style-type: none"> The 86.47% average group attendance indicates high acceptance. Group discussions helped fathers recognize shared experiences, which normalized their feelings. Participants valued the space as a way to cope with the loneliness of this major life transition. Fathers expressed a need for a different perspective on their situation, which the group helped provide. Many fathers said the discussions enabled them to express their feelings more clearly to their partners. 												
24	Shorey et al., 2018	Fathers reported only receiving instrumental support; only one participant reported receiving emotional support and from his partner.												

Note. Red cell: dimension reported as barrier; Green cell: dimension reported as facilitator; Gray cell: reported as both a barrier and a facilitator based on how it is phrased; The study which results are descriptively summarized, reported results relevant to the considered phase of the model but did not report nor was it possible to extract related barriers and/or facilitators.

Table S8. Critical Appraisal of Qualitative Studies

Author, year	1.1. Is the qualitative approach appropriate to answer the research question?	1.2. Are the qualitative data collection methods adequate to address the research question?	1.3. Are the findings adequately derived from the data?	1.4. Is the interpretation of results sufficiently substantiated by data?	1.5. Is there coherence between qualitative data sources, collection, analysis, and interpretation?
Abushaikha & Massah (2013)	Yes	No	Yes	Yes	Can't tell
Baldwin et al. (2019)	Yes	Yes	Yes	Yes	Yes
Bedwell et al. (2011)	Yes	Yes	Yes	Yes	Yes
Cameron et al. (2023)	Yes	Yes	Yes	Yes	Yes
Carlin et al. (2021)	Yes	Yes	Can't tell	Yes	Can't tell
Daniels et al. (2020)	Yes	No	Yes	Yes	Can't tell
Darwin et al. (2017)	Yes	Yes	Yes	Yes	Yes
de Montigny et al. (2024)	Yes	Yes	Yes	Yes	Yes
Feenstra et al. (2015)	Yes	Can't tell	Yes	Yes	Can't tell
Fenwick et al. (2012)	Yes	Can't tell	Yes	Yes	Can't tell
Fletcher & StGeorge (2011)	Yes	Yes	Yes	Yes	Yes
Fletcher et al. (2019)	Yes	Can't tell	Yes	Yes	Can't tell
Fletcher et al. (2020)	Yes	Yes	Yes	No	Can't tell
Gemayel et al. (2022)	Yes	Yes	Yes	Yes	Yes
Hodgson et al. (2023)	Yes	Can't tell	Yes	Yes	Can't tell
Johnsen et al. (2017)	Yes	Can't tell	Yes	Yes	Can't tell
Ledenfors et al. (2016)	Yes	Yes	Yes	Yes	Yes
Murray Cunningham et al. (2024)	Yes	Yes	Yes	Yes	Yes
Nash (2018a)	Can't tell	Yes	Yes	Yes	Yes
Nash (2018b)	Can't tell	Yes	Yes	Yes	Yes
Onyeze-Joe et al. (2020)	Yes	Can't tell	Yes	Yes	Can't tell
Persson et al. (2012)	Can't tell	No	Yes	Yes	Can't tell
Philip et al. (2024)	Yes	Yes	Yes	Yes	Yes
Premberg et al. (2011)	Yes	Yes	Yes	Yes	Yes

Rominov et al. (2018)	Yes	Yes	Yes	Yes	Yes
Rowe et al. (2013)	Can't tell	No	Yes	Yes	Can't tell
Schobinger et al. (2022)	Yes	Yes	Yes	Yes	Yes
Schuppan et al. (2019)	Can't tell	Yes	Yes	Yes	Yes
Shorey et al. (2017)	Yes	Yes	Yes	Yes	Yes
Shorey et al. (2018)	Yes	Can't tell	Yes	Yes	Can't tell
Small et al. (2025)	Can't tell	Can't tell	Yes	Yes	Yes
Vahtel et al. (2021)	Yes	Can't tell	Yes	Yes	Can't tell
Watkins et al. (2024)	Can't tell	Yes	Yes	No	Can't tell
White et al. (2018)	Yes	Yes	Yes	Yes	Yes

Table S9. Critical Appraisal of Quantitative Studies

Author, year	4.1. Is the sampling strategy relevant to address the research question?	4.2. Is the sample representative of the target population?	4.3. Are the measurements appropriate?	4.4. Is the risk of nonresponse bias low?	4.5. Is the statistical analysis appropriate to answer the research question?
Cameron et al. (2017)	Yes	No	Yes	Can't tell	Yes
Da Costa et al. (2017)	Yes	No	Yes	No	Yes
Diemer (1997)	Yes	No	Yes	Can't tell	Yes
Eggermont et al. (2017)	Yes	No	Yes	Can't tell	Yes
Fletcher et al. (2023)	Yes	Yes	Yes	Can't tell	Yes
Forsyth et al. (2011)	Yes	No	Yes	Can't tell	Can't tell
Mickelson et al. (2017)	Yes	No	Yes	Yes	Yes
Short et al. (2023)	Can't tell	No	Yes	Can't tell	Yes
Wenze & Battle (2018)	Yes	No	Yes	Can't tell	Can't tell

Table S10. Critical Appraisal of Mixed-Method Studies

Author, year	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	5.2. Are the different components of the study effectively integrated to answer the research question?	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Baldwin et al. (2021)	No	No	Can't tell	Yes	No
Fletcher et al. (2017)	No	No	Yes	Yes	No
Hamil et al. (2021)	No	No	Yes	Yes	No
Kaner et al. (2024)	No	No	Yes	Can't tell	No
Nordin-Remberger et al. (2024)	No	Yes	Yes	Yes	No
Rayburn et al. (2021)	No	No	Yes	Yes	No
Teague et al., (2025)	Yes	Yes	Yes	No	No

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