Archives of Women's Mental Health (2022) 26:117–126
https://doi.org/10.1007/s00737-022-01284-y

ORIGINAL ARTICLE

Black fathers' contributions to maternal mental health

Tova B. Walsh[1] · Alvin Thomas[2] · Helenia Quince[1] · Jacqueline Buck[1] · Vivian Tamkin[3] · Dalvery Blackwell[4]

Received: 31 January 2022 / Accepted: 30 November 2022 / Published online: 16 December 2022

Abstract

This mixed-methods research study aimed to assess the contribution of interparental relationship quality and paternal support for mothers to maternal mental health among Black parents in a metro area characterized by severe racial disparities. We also explored Black parents' understanding of meaningful paternal support for mothers. Using survey data collected from Black mothers ($N=75$), we examined correlations among the study variables, then conducted mediation and moderation analyses to examine whether relationship quality would mediate the association between paternal support and maternal mental health and to test whether relationship quality would moderate the association between paternal support and maternal self-reported overall health. We used inductive thematic analysis to analyze data from focus groups with Black parents ($N=15$). We found that mothers' mental health was positively correlated with relationship quality, mothers' subjective health was positively correlated with paternal support, and relationship quality significantly mediates the relationship between paternal support and maternal mental health while controlling for relationship status. Our thematic analysis yielded four themes to characterize meaningful paternal support for mothers and a high quality interparental relationship: (1) Teammates; (2) Multidimensional, everyday support; (3) Communication is key; and (4) Challenge racism and disrupt intergenerational trauma. Findings suggest that paternal support and interparental relationship quality can play a protective role, promoting maternal mental health and wellbeing. Providers of perinatal services should support Black parents to support one another, including as advocates in confronting racism.

Keywords Maternal mental health · Perinatal mental health · Paternal support · Interparental relationship · Black mothers · Black fathers

Persistent and unacceptable racial and ethnic disparities characterize maternal health in the USA (Glazer and Howell 2021), such that Black mothers disproportionately experience adverse health outcomes (Hoyert 2021). Multiple factors drive these disparities, including differences in health insurance coverage and access to healthcare, and structural and institutional racism (Artiga et al. 2020; Crear-Perry et al. 2021). Black women living in disadvantaged neighborhoods and experiencing racial discrimination are more likely to experience high levels of stress and depressive symptoms (Giurgescu et al 2017; Nowak and Giurgescu 2017; Nowak et al. 2020; Sealy-Jefferson et al 2016). Depression and anxiety are among the most common health challenges for pregnant and postpartum women (Declerq et al. 2013), and Black mothers are less likely to be screened for depression (Sidebotton et al. 2021) and less likely to receive needed mental health treatment (Kozhimannil et al. 2011).

Accumulating evidence demonstrates that partner support can play a protective role, promoting maternal health and wellbeing (Ghosh et al. 2010; Stapleton et al. 2012). Higher levels of perceived support from their partners is associated with lower emotional distress for mothers (Rini et al. 2006). Partner support may be a particularly important resource for Black mothers in the context of persistent racism and disparities in diagnosis and treatment of maternal mental health issues.

✉ Tova B. Walsh
tbwalsh@wisc.edu

[1] Sandra Rosenbaum School of Social Work, University of Wisconsin, Madison, WI, USA

[2] School of Human Ecology, University of Wisconsin, Madison, WI, USA

[3] School of Education & Counseling Psychology, Santa Clara University, Santa Clara, CA, USA

[4] African American Breastfeeding Network, Milwaukee, WI, USA

Black fathers are stigmatized and commonly believed to be uninvolved with their family despite the empirical evidence that Black fathers are more involved than White and other fathers in the USA (Jones and Mosher, 2013), suggesting that Black fathers may be particularly involved during pregnancy and postpartum. The role of fathers in supporting mothers and promoting maternal mental health is increasingly well-established among primarily White, married, and middle-to-upper class parents (Nelson et al., 2009; Stapleton et al. 2012), but the role of fathers as a support to mothers among lower income, married and unmarried, racially and ethnically diverse parents is less well understood (Garfield and Isacco 2009). One exploratory study with a diverse urban sample found that fathers identified changes in their partner's mental health after birth and offered multiple forms of support to mothers during times of distress (Garfield and Isacco 2009). Other studies with Black mothers have found that higher levels of conflict with partner predict higher levels of depression symptoms (Caldwell et al 2018) and closer relationships are associated with lower levels of maternal stress (Eboh et al 2018). The current study examines interparental relationship quality, paternal support for mothers, and the contribution of relationship quality and paternal support to maternal perinatal mental health among Black parents residing in a metro area that consistently ranks among the worst in the nation on indicators of Black community wellbeing and segregation (Levine 2020). Further, we center the perspectives of those with lived experience by exploring Black mothers' and fathers' understanding of what constitutes meaningful paternal support for mothers and a high-quality interparental relationship.

Methods

From June to December 2021, in close collaboration with the African American Breastfeeding Network (AABN; a community organization dedicating to championing maternal infant health and breastfeeding equity), we conducted a mixed-methods study encompassing (1) an online survey of 75 Black mothers and 75 Black fathers, living in Milwaukee, Wisconsin, and expecting a baby and/or parent to an infant 0–12 months of age; and (2) focus groups with a subset of respondents. AABN led participant recruitment. AABN staff, including breastfeeding specialists, doulas, and a father engagement specialist, shared study information with clients and more broadly throughout the community, via personal contacts, email, and social media postings. The objective of the study was to identify new, father-inclusive strategies to improve outcomes for Black mothers, babies, fathers, and families. In this paper, we use survey data collected from mothers to examine interparental relationship quality, paternal support for mothers, and the contribution of relationship quality and paternal support to maternal mental health. We use focus group data to explore how mothers and fathers conceive of meaningful paternal support and a high quality interparental relationship. The online survey opened with informed consent information, and participants indicated their consent by clicking to advance to the next screen. The survey took 20–30 min to complete and participants were compensated $25. Focus group participants received informed consent information and provided written consent before the focus group began. Focus groups lasted 90 min and participants received $50. The University of Wisconsin-Madison Minimal Risk Research Institutional Review Board designated the study exempt research.

Survey measures

The survey was designed in consultation with community experts. The Executive Director and Father Engagement Specialist of AABN advised on cultural relevance and accessibility, ensuring a survey instrument suited to engaging participants typically underrepresented in research (Julion et al. 2018).

Paternal support was assessed with 8 questions about the support mothers received from their baby's father. Respondents reported frequency of supportive behaviors (e.g., "Help with household tasks I did before pregnancy;" "Provide emotional support") using a 5-point Likert scale from 1 = Never to 5 = All of the time. Higher scores are indicative of higher support, with a maximum potential score of 40 calculated by combining scores for all 8 items. The scale had a Cronbach alpha of 0.934 in this sample.

Relationship quality was measured using 3 items about mothers' perception of their relationship with their baby's father. Items included "How close or distant is your relationship with the father of your baby?", "In general, how often do you think that things between you and the father of your baby are going well?", and "How often do you feel like part of a team with the father of your baby?" Response options were distributed on a 6-point Likert scale from 1 = Extremely distant to 6 = Extremely close. The Likert scale for the third question was from 1 = Never to 6 = All of the time. We calculated a total score by combining the 3 items for a total possible score of 18 where higher scores indicated stronger relationships. The scale had a Cronbach alpha of 0.855 in this sample.

Mental health was measured using responses to the PHQ-4 (Kroenke et al. 2009), a 4-item scale that measures anxiety and depressive symptoms on a 4-point Likert scale from 0 = Not at all to 3 = Nearly everyday. Participants responded to the following question: "Over the last 2 weeks, how often have you been bothered by any of the following problems?". An example of the prompts to which participants replied was "Feeling nervous, anxious, or on

edge." A total score was computed so that higher scores represented poorer mental health. For use as a brief screen scores are rated as normal (0–2), mild (3–5), moderate (6–8), and severe (9–12); however, for this study, we use the total score to represent psychological functioning—a combination of depressive and anxiety symptoms. The scale had a Cronbach alpha of 0.856 in this sample.

Subjective health, or self-reported overall health, was measured by response to, "How would you rate your overall health?" The item was measured on a Likert scale from 1 = poor to 5 = excellent.

Statistical analyses

First, we assessed the underlying relationships among the study variables and the covariates by computing Pearson product correlations. Next, we tested our mediational and moderation models using hierarchical regressions, controlling for sociodemographic characteristics (mother's age, income, and relationship status). We estimated a mediational model, first, with relationship quality as the mediator, to assess whether relationship quality would mediate the association between paternal support and maternal mental health. We used the Sobel test to assess the significance of the mediation effect (Sobel 1982). In a subsequent analysis, we tested our second model to determine whether relationship quality moderated the association between paternal support and maternal overall health, such that mothers who reported stronger relationship quality and paternal support will also report better subjective health. We included all main predictors and sociodemographic variables to estimate main effects in the model. Interaction terms were calculated by mean centering each predictor and computing product terms. These were then included in this moderation model. The alpha level was set a priori at 0.05. We used *SPSS 26* to conduct the analyses.

Focus group procedures and analysis

We held separate focus group discussions with Black mothers ($N = 7$) and fathers ($N = 8$), moderated by the first and second authors, a social worker and clinical psychologist with training and experience in group facilitation. Following a semi-structured guide, developed by the research team in collaboration with our community partners at the African American Breastfeeding Network, discussions centered on experiences of pregnancy, birth, and early parenting; interparental relationships and co-parenting; support needs; and engagement in perinatal health and family services. Discussions were audio-recorded and professionally transcribed for analysis. Four members of the research team conducted an inductive, thematic analysis (Thomas, 2006). This methodological approach supports deeper understanding of important psychological phenomena in specific contexts and with specific populations (Elliott et al. 1999), and suited the goals of increasing understanding of meaningful paternal support and a high quality interparental relationship in the lives of expectant and new Black mothers and fathers. We coded using labeling in Microsoft Word. In a first round of open coding, data were organized into smaller segments and descriptors were attached to the segments (Leech and Onwuegbuzie, 2008). In an iterative process, we independently read each transcript multiple times to distinguish and refine definition of recurrent themes and to establish reliable codes (Thomas 2006). After each round of coding independently, the team would meet to review coded transcripts, discuss emerging themes and code definitions, and resolve disagreements through discussion. When consensus was reached on code definitions, all transcripts were coded accordingly. Through discussion, the team identified patterns among codes and grouped related codes into themes. The researchers who conducted the focus group analysis included social workers and clinical psychologists with expertise in Black maternal and paternal mental health. Community collaborators joined in interpreting findings, participating in meetings with the research team to discuss and make meaning of emerging themes.

Results

Survey results

Descriptive information

Almost two-thirds (64%) of the mothers were in the 26–34 age group, about 55% of mothers reported receiving moderate or greater paternal support, and 56% of mothers reported the quality of their relationship with their baby's father as moderate to high. Most of the mothers (76%) had a high school diploma/GED or some technical education. Half were married or living with their partner, and 46.6% were expecting a baby. For further sample characteristics, see Table 1. Close to 70% of mothers reported overall depressive and anxiety symptoms in the moderate (3–8) to severe (9–12) range according to PHQ-4 cutoffs, but 69.2% judged their overall health as very good or excellent. Mothers' mental health was positively correlated with relationship quality ($r = 0.324$, $p = 0.001$). Mothers' subjective health was positively correlated with paternal support ($r = 0.294$, $p = 0.001$). Table 2 presents the correlations among the variables.

Table 1 Demographic characteristics of survey respondents ($N=75$)

Variables	*n*	%
Age in years		
18–25	14	18.7
26–34	48	64
35–43	12	16
≥44	1	1.3
Education status		
Some High School	4	5.3
High School Diploma/GED	28	37.3
Some College/Trade School	29	38.7
Bac	11	14.7
Advanced Degree (e.g., PhD, MD, JD)	3	4
Work status		
Unemployed	39	51
Part-time	18	24
Full-time	19	25
Relationship status		
Single	22	29.3
Married	29	38.7
Separated	3	4
Living with partner	21	28
Expectant/new parent		
Expecting a baby	35	46.7
Parent to an infant	40	53.3
Number of children		
≤0	39	52
1–3	33	44
4–6	3	4
Household income		
≤$24,999	23	30.7
$25,000–$49,999	21	28
$50,000–74,999	17	22.7
$75,000–$99,999	9	12
≥$100,000	5	6.6

Multivariate analyses

As expected, we found that relationship quality helped explain the association between paternal support and maternal mental health, while controlling for relationship status, age, and income. Our results showed that paternal support was a statistically significant predictor of mental health (B = 0.113, $p = 0.014$). Next, when the mediator, relationship quality, was entered in the regression analysis, paternal support was no longer a significant predictor of mental health (B = 0.024, $p = 0.676$). However, the mediator, relationship quality, emerged as a significant predictor of mental health (B = 0.265, $p = 0.009$). Relationship status was the only demographic covariate that was significant, and it remained significant at each stage of the mediation model. Results of a Sobel test confirmed that relationship quality significantly mediates the relationship between paternal support and maternal mental health (Z = 2.480, $p < 0.013$) (see Fig. 1).

Examining whether relationship quality moderates the association between paternal support and subjective health, we found that maternal mental health was negatively linked to subjective health ($\beta = -0.077$, $p = 0.04$), suggesting that mothers who reported more mental health problems were also more likely to report lower subjective health. There were no other significant main effects in our model (see Table 3). Additionally, the interaction between paternal support and relationship quality was not significant ($\beta = -0.004$, $p = 0.03$).

Focus group results

Fifteen Black, expectant and new parents participated in the focus groups. For sample characteristics, see Table 4. Four central themes emerged as participants discussed their multifaceted views of paternal support for mothers and strong interparental relationships. These themes and component sub-themes, reflective of patterns across focus group discussions with both mothers and fathers, are presented below, with illustrative quotations presented in Table 5.

Theme 1: teammates

Participants described fathers as "part of the process," and felt fathers should be involved alongside mothers in pregnancy, birth, and parenting. *Showing up for mother*: Fathers

Table 2 Pearson correlations among all study variables

Variable	M (*S.D.*)	1	2	3	4	5	6
1. Income	2.36 (1.23)						
2. Employment Status	3.89 (1.76)	. 342**					
3. Maternal Mental Health	12.17 (3.30)	−.460**	−.163				
4. Relationship Quality	13.41 (4.13)	−.031	.011	.324**			
5. Subjective Health	4.12 (.99)	.460**	.130	−.183	.189		
6. Paternal Support	27.33 (7.27)	.264*	−.002	.100	.596**	.294**	–

* $p < .05$; ** $p < .001$

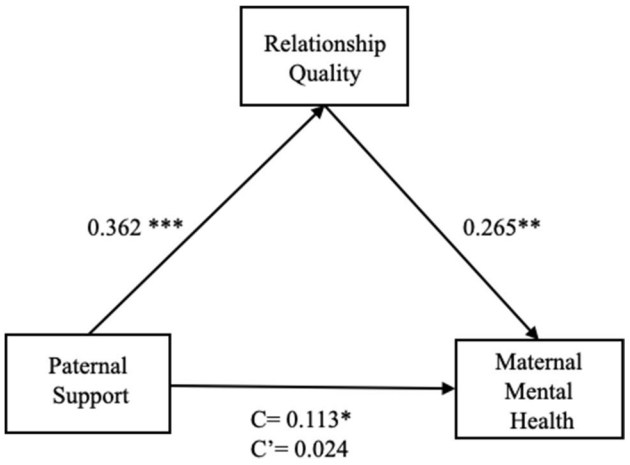

Fig. 1 The mediating effect of relationship quality on the link between paternal support and maternal mental health NB: C = PS MMH; C' = PSMMH when RQ is in the model

Table 3 Moderating effect of relationship quality on the link between paternal support and subjective health ($N = 75$)

Variable	Subjective health	
	B	SE
Paternal Support (PS)	.027	.020
Relationship Quality (RQ)	.016	.037
Maternal Mental Health (MMH)	− .077	.040*
PS × RQ	− .004	.003
PS × PH	.001	.005
Adj. R^2		.191*
F-statistic		3.029 (5, 64)

*$p < .05$

Table 4 Demographic characteristics of focus group participants ($N = 15$)

	Fathers ($N = 8$)	Mothers ($N = 7$)
Age in years	4	3
25–29	3	3
30–34	1	1
≥ 35		
Education status	3	1
High School Diploma	1	5
Some College	1	-
Associates Degree	1	1
Technical Certificate	1	-
Bachelor's Degree		
Work status	1	2
Unemployed	1	2
Part-Time Employment	6	3
Full-Time Employment		
Relationship status	6	4
**not mutually exclusive*	1	1
Single	1	1
Engaged	–	1
Married	3	4
Separated		
Living with partner		
Expectant/new parent	5	6
Expecting a Baby	3	1
Parent to an Infant		
Number of children	1	1
≤ 0	4	4
1–3	1	1
4–6		
Household income	1	2
≤ $24,999	4	3
$25,000–$49,999	1	2
$50,000–$74,999	–	–
$75,000–$149,999	1	–
≥ $150,000	1	–
Unknown		

expressed the desire to "be there" for mothers and described their efforts to support their baby's mother whether or not they were in a romantic relationship (Table 5, Section A). *Showing up for baby*: Relatedly, fathers placed great emphasis on being there for their baby and recognized supporting their baby's mother as integral to supporting their baby (Table 5, Section B). *Present and engaged in perinatal health and healthcare:* One specific way that mothers and fathers wanted fathers to be involved and supportive was being present and engaged in perinatal healthcare (Table 5, Section C).

Among those who were romantically partnered with their baby's other parent, paternal support and relationship quality were understood to extend beyond direct involvement in pregnancy and parenting. *Becoming a man*: Particularly for younger fathers, a commitment to learn and grow in order to be the man his family needs him to be was seen as central to demonstrating his support (Table 5, Section D). *Making changes for us*: The active expression of this commitment is actions to prioritize his family across areas of his life, for example, adjusting work hours or going out less with friends (Table 5, Section E). *We build each other up*: Both mothers and fathers placed value on efforts to "build each other up" and support each other's goals (Table 5, Section F).

Theme 2: multidimensional, everyday support

Mothers and fathers saw paternal support as reflected in helping mothers continuously feel understood, validated, and cared for. *Sensitivity and understanding*: Sensitivity and understanding were highlighted as important; mothers particularly wanted fathers to be tuned into their concerns and needs, and attentive to their physical and emotional experiences during pregnancy and postpartum (Table 5, Section G). *Responsiveness*: Responsiveness was identified

Table 5 Summary of thematic analysis of Black mothers' and fathers' perspectives on paternal support and relationship quality in the perinatal period, and illustrative quotes

	Quote
Theme: Teammates	
Section A: Showing up for mother	*I wanted to be there for her each and every step; and I was there for each and every step. I mean I wouldn't let anyone tell me I couldn't be there for any step.* [Father participant]
Section B: Showing up for baby	*I don't even know my father's name… so if I was to walk pass him today, I probably wouldn't even know who he is. … One thing I learned, like you just got to be there no matter what, just be there. Because that's all that really matters you know.* [Father participant]
Section C: Present and engaged in perinatal health and healthcare	*I was there every step, every appointment… It's a blessing bro, because like you actually just get to watch this [baby grow] … [and be there] for your girl. You going to do all you can to make sure this baby is straight.* [Father participant]
Section D: Becoming a man	*I was a senior in high school when I found out my girl was pregnant with my daughter, and at that time it was scary… You know I made it my business to like, when I have a child everything stops. It's about that child and I be cool with that.* [Father participant]
Section E: Making changes for us	*I didn't know what I was going to do, I didn't really have a plan, but I knew I had to do something. So it's like I made it my business to go find something, so I ended up doing temp services.* [Father participant]
Section F: We build each other up	*We're going to be teammates. That was the term that I used with her in the beginning, teammates, we're going to be teammates. We're going to help build each other and we're going to, you know you're going to build yourself, and I'm going to build me, okay and that's what we did. And we're growing and it's been almost five years now.* [Father participant]
Theme: Multidimensional, everyday support	
Section G: Sensitivity and understanding	*Like it really all boils down to understanding that… you want this to work, you want me to have a healthy pregnancy, you want a child to come into a healthy home, a healthy environment; your help matters. It takes a lot off of me, a lot.* [Mother participant]
Section H: Responsiveness	*Every morning y'all I don't miss a beat, every morning I get up at 4 to 6, between 4 to 6 a.m., I'm doing straight dad stuff. I'm even doing that before working, I ain't looked at an email yet. I ain't done nothing you know what I'm saying, like I'm cleaning up the dishes, I've made her coffee… The first thing [she sees when she wakes up] is the house, spotless.* [Father participant]
Section I: Multidimensional support	*What does provide mean to you? It means something different to me, it might mean something different to you, but to me it means stepping back and understanding what [someone] really needs.* [Mother participant]
Theme: Communication is the Key	
Section J: Communicating with thought and intention	*Like if there's issues, we try, try, because it ain't perfect, we try to talk about it. I try to express how I'm feeling in a way that he can understand, instead of like being… Sometimes I have to just sit and think and say hey, you know, I'm about to say something, but let me just think about how I'm about to say it, you know.* [Mother participant]
Section K: Growing capacity to communicate	*I'll tell her at this point in life we are a team… you know, we can have a very strong disagreement and have, you know a combative argument or whatever the case may be, but it doesn't necessarily have to escalate to us yelling at one another because we are grown, and at the end of the day it's still about us.* [Father participant]
Theme: Challenge racism and disrupt intergenerational trauma	
Section L: Confront racial bias in perinatal healthcare	*We actually sought out a Black doctor. We just thought that was the best, you know, the best option, somebody that looks like us, you know what I mean, to hopefully have a better interest in providing care for us, you know.* [Father participant]

Table 5 (continued)

	Quote
Section M: Challenge restrictive gender norms and stereotypes to re-envision mother and father roles	*I also wanted to highlight that, you know the fact that this is actually normal, this is the norm, you know Black men are actually in the households for their children… They're looking for you to not… …to not care, to not be present, you know.* [Father participant]
Section N: Attend to individual and collective trauma, and support partner to do the same	*That's where I'm breaking generational curses… When I say therapy I mean like finding out the root cause… In my instance it's like, okay I grew up in a single parent home, mom was there, but she wasn't there. She had a lot of, a lot of anger because for one, she didn't have any help, and past traumas….* [Mother participant]

as another key quality, inclusive of anticipating a mother's needs and doing things that are meaningful to the mother even when they are not equally important to the father (Table 5, Section H). *Multidimensional support*: Mothers and fathers recognized multiple dimensions to everyday support, naming fathers' roles as providers of financial, practical, and emotional support, protector, advocate, and caregiver (Table 5, I).

Theme 3: communication is the key

Mothers and fathers located communication at the heart of relationship quality. *Communicating with thought and intention*: Healthy communication was understood to be intentional, involving investment of thought and effort into conveying ideas, sharing feelings, and responding constructively (Table 5, Section J). *Growing capacity to communicate*: Mothers and fathers identified communication as an important area for growth, suggesting that relationships are strengthened as partners increase their capacity to understand one another (Table 5, Section K).

Theme 4: challenge racism and disrupt intergenerational trauma

Participants recognized the harmful impacts of persistent racism, and the intersection of racism and other forms of oppression, in their lives generally and in the perinatal period specifically. They identified challenging racism and oppression, and disrupting intergenerational transmission of trauma, as ways to show partner support, deepen the interparental relationship, and establish their values as a family. *Confront racial bias in perinatal healthcare*: One way fathers can show support to mothers is by showing awareness of racial bias in perinatal healthcare and acting as an advocate for mother and baby (Table 5, Section L). *Challenge restrictive gender norms and stereotypes to re-envision mother and father roles*: Another way of showing support is to challenge restrictive gender norms and stereotypes, for example, by recognizing that Black men should be able to express themselves and supporting Black women so they do not need to be Super Woman (Table 5, Section M). *Attend to individual and collective trauma, and support partner to do the same*: Mothers and fathers described acknowledging past trauma, individual and collective, actively seeking healing and supporting one's partner to do the same, as ways to support one another and develop enduring, nourishing relationships (Table 5, Section N).

Discussion

A recent report determined that Milwaukee represents "the archetype of modern-day metropolitan racial apartheid and inequality" (Levine 2020). All participants in this research were expecting a baby or had recently welcomed a baby in a city that has been identified as one of the worst places in the USA to raise Black children (Downs, 2015), at a time when existing challenges were further stressed by recent civil unrest and pandemic-related challenges. These circumstances contextualize our finding that close to 70% of Black mothers in our survey sample reported clinically significant depressive and anxiety symptoms. Findings that interparental relationship quality was positively correlated with mental health and paternal support was positively correlated with self-assessed overall health underscore the potential significance of paternal support and interparental relationship quality as buffers against the adverse effects of disadvantage and discrimination on maternal health (Giurgescu et al 2017; Nowak and Giurgescu 2017; Nowak et al. 2020; Sealy-Jefferson et al 2016).

Controlling for relationship status, we found that relationship quality helped to explain the association between paternal support and maternal mental health, such that mothers who report stronger interparental relationships experience greater mental health benefit from fathers' supportive behaviors during pregnancy. This finding suggests that efforts to encourage father involvement in pregnancy, endorsed by scholars and clinicians (Garfield 2015; Giurgescu and Templin 2015; Lee et al 2018; Walsh et al 2021), should be accompanied by efforts to strengthen interparental relationship quality to maximize the maternal

health benefits of increased father engagement behaviors. Early father involvement is significantly related to later paternal engagement (Cabrera et al 2008) and establishing a trajectory of father involvement in the context of a close interparental relationship may yield accruing benefits to mother, father, child, and family.

Our focus group findings add much needed nuance to understanding how fathers can meaningfully support mothers during pregnancy and postpartum, and what constitutes quality in the interparental relationship. Most studies of interparental relationships have used marital or cohabitation status to characterize the relationship (Gondwe et al. 2017), and a few have used unidimensional measures of relationship closeness (Eboh et al 2018), satisfaction (Jonsdottir et al. 2017), or conflict (Caldwell et al 2018), to examine associations with maternal stress and wellbeing. Our qualitative analysis elaborates Black mothers' and fathers' conceptualizations of paternal support and relationship quality, yielding insight to inform culturally responsive survey measures, supports, and services. It is important to note that participants discussed paternal support and relationship quality from multiple perspectives, including the ways they do or aspire to support their co-parent; their perception of the ways their co-parent does or could support them; and what they see in other people's relationships. While the discussions centered on positive experiences, observations, and aspirations for paternal support and interparental relationships, participants acknowledged relationships that fell short as well as ups and downs within overall positive relationships.

Consistent with prior research suggesting that feeling "in it together" is central to mothers feeling supported by fathers during pregnancy (Alio et al. 2013; Walsh et al. 2014), Black mothers and fathers in our study emphasized the importance of being a team. While all participants emphasized operating as a team in pregnancy and parenting, parents in committed romantic relationships conceptualized being teammates more broadly, to encompass supporting one another to learn and grow across life domains. Refuting persistent stereotyping of Black fathers as absent or unsupportive (Coles and Green 2010), participants described the many ways that Black fathers support mothers and babies. Participating in and advocating for mother and baby at perinatal healthcare appointments, listening to and trying to understand what an expectant or new mother needs and addressing her needs, prioritizing mother and baby and contributing to the household and to childcare in hands-on ways in addition to financially, are among the behaviors identified by participants as constituting father support for mothers and babies. Communication was repeatedly highlighted by both mothers and fathers as central to relationship quality and perceived partner support. This parental insight aligns with research showing that active communication and cooperation characterize successful coparenting relationships in married and unmarried couples (Hohmann-Marriott 2011).

This study illuminates an important dimension to paternal support and relationship quality: efforts to challenge racism and other forms of oppression and disrupt intergenerational trauma are ways for Black mothers and fathers to support one another and grow together. This finding has implications for providers of perinatal services. Whereas father-inclusive perinatal interventions typically focus on reducing maternal stress stemming from her relationship with the father of her baby (Eboh et al. 2018) , recognizing and fostering mothers' and fathers' efforts to support one another in confronting oppression and disrupting intergenerational trauma may help to reduce another prominent form of stress for Black mothers, namely the stress accruing from racial discrimination (Rosenthal and Lobel 2011).

Our study has limitations. The survey ($N=75$) and focus group ($N=15$) samples were both relatively small. All participants were residents of Milwaukee, participants were 26–34 years of age on average, and more than half of participants had completed some college or beyond. Moreover, the volunteer samples were recruited through the African American Breastfeeding Network and likely disproportionately included women who value breastfeeding and their partners, as well as parents who had the time, energy, and resources to participate in a survey and/or focus group. The results may not be generalizable to Black mothers and fathers in other cities, younger parents or parents with lower educational attainment, or those with fewer resources. However, given that Black mothers who live in disadvantaged communities and experience racial discrimination are at particularly high risk of perinatal mental health issues (Giurgescu et al 2017; Nowak and Giurgescu 2017; Nowak et al. 2020; Sealy-Jefferson et al 2016), knowledge of potential resources to buffer stress for mothers in Milwaukee and comparable locations is critical. Survey data used in the current analyses were collected from maternal reports. Future research should incorporate fathers' reports of their support for their baby's mother and the quality of their relationship. Despite these limitations, our findings enrich understanding of contributors to Black maternal health and how Black mothers and fathers conceive of paternal support and interparental relationship quality.

Perinatal mental health challenges can negatively affect parenting, family relationships, and child development, and strategies to support perinatal mental health for Black mothers, who bear disproportionate stress, are critical. Our research deepens understanding of the role of paternal support and interparental relationship quality in maternal wellbeing. Further, our research demonstrates some of the many ways that Black parents strive to support one another and create and sustain the relationships needed to parent effectively together.

Acknowledgements The authors thank all of the participants in this research for their contribution, and thank research assistant Hassnaa Mohammed and the team at the African American Breastfeeding Network, in particular Brooks Griffin and Terron Edwards, for their support of the study.

Funding Funding for this project was provided by the UW School of Medicine and Public Health from the Wisconsin Partnership Program through a grant to the UW Institute for Clinical and Translational Research. Research reported in this publication was supported in part by the Eunice Kennedy Shriver National Institute of Child Health & Human Development, the Office of Research on Women's Health, Building Interdisciplinary Research Careers in Women's Health (BIRCWH) program, the Office of The Director, National Institutes of Health and the National Cancer Institute, under Award Number K12HD055894. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Data Availability Due to privacy and ethical concerns, supporting data cannot be made openly available. Further information about the data is available from the authors upon request.

Declarations

Competing interests The authors declare no competing interests.

References

Alio AP, Lewis CA, Scarborough K et al (2013) A community perspective on the role of fathers during pregnancy: a qualitative study. BMC Pregnancy Childbirth 13:60. https://doi.org/10.1186/1471-2393-13-60

Artiga S, Pham O, Ranji U (2020) Racial disparities in Maternal and infant health: an overview. Kaiser Family Foundation. Kaiser Family Foundation https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/. Accessed 26 January 2022

Cabrera NJ, Fagan J, Farrie D (2008) Explaining the long reach of fathers' prenatal involvement on later paternal engagement. J Marriage Fam 70(5):1094. https://doi.org/10.1111/j.1741-3737.2008.00551.x

Caldwell CH, Misra DP, Rogers WB et al (2018) Interpersonal relationships among Black couples and depressive symptoms during pregnancy. MCN Am J Matern Child Nurs 43(5):265–270. https://doi.org/10.1097/NMC.0000000000000460

Coles RL, Green C (Eds.) (2010) The myth of the Missing Black father. Columbia University Press, NYC. http://www.jstor.org/stable/https://doi.org/10.7312/cole14370

Corbin J, Strauss A (2008) Basics of qualitative research: techniques and procedures for developing grounded theory, 3rd edn. Sage, Thousand Oaks, CA

Crear-Perry J, Correa-de-Araujo R, Johnson TL et al (2021) J Women's Health 2:230–235

Declerq ER, Sakala C, Corry MP et al (2013). Listening to mother III: new mothers speak out-report of the national survey of women's childbearing experiences conducted October -December 2012 and January-April 2013.

Downs, K. (2015, Mar. 5). Why is Milwaukee so bad for Black people? [Radio broadcast]. National Public Radio. https://www.npr.org/sections/codeswitch/2015/03/05/390723644/why-is-milwaukee-so-bad-for-black-people

Eboh RN, Giurgescu C, Misra DP (2018) Relationship with the father of the baby and perceived stress among Black women. MCN Am J Matern Child Nurs 43(5):259–264. https://doi.org/10.1097/NMC.0000000000000459

Elliott R, Fischer CT, Rennie DL (1999) Evolving guidelines for publication of qualitative research studies in psychology and related fields. Br J Clin Psychol 38(3):215–229

Garfield CF (2015) Supporting fatherhood before and after it happens. Pediatrics 135(2):e528–e530. https://doi.org/10.1542/peds.2014-3747

Garfield CF, Isacco A (2009) Urban fathers' role in maternal postpartum mental health. Fathering: A J Theory Res Practice about Men as Fathers 7:286–302. https://doi.org/10.3149/fth.0703.286

Ghosh JKC, Wilhelm MH, Dunkel-Schetter C et al (2010) Paternal support and preterm birth, and the moderation of effects of chronic stress: a study in Los Angeles County mothers. Archive of Women's Mental Health 13:327–338. https://doi.org/10.1007/s00737-009-0135-9

Giurgescu C, Templin TN (2015) Father involvement and psychological well-being of pregnant women. MCN Am J Matern Child Nurs 40(6):381–387. https://doi.org/10.1097/NMC.0000000000000183

Giurgescu C, Zenk SN, Engeland CG et al (2017) Racial discrimination and psychological wellbeing of pregnant women. MCN Am J Matern Child Nurs 42(1):8–13. https://doi.org/10.1097/NMC.0000000000000297

Glazer KB, Howell EA (2021) A way forward in the maternal mortality crisis: addressing maternal health disparities and mental health. Archives of Women's Mental Health 24:823–830. https://doi.org/10.1007/s00737-021-01161-0

Gondwe KW, White-Traut R, Brandon D et al (2017) The role of sociodemographic factors in maternal psychological distress and mother-preterm infant interactions. Res Nurs Health 40(6):528–540. https://doi.org/10.1002/nur.21816

Hohmann-Marriott B (2011) Coparenting and father involvement in married and unmarried coresident couples. J Marriage Fam 73(1):296–309. https://doi.org/10.1111/j.1741-3737.2010.00805.x

Hoyert LD (2021) Maternal mortality rates in the United States, 2019. National Center for Health Statistics. https://www.cdc.gov/nchs/data/hestat/maternal-mortality-2021/E-Stat-Maternal-Mortality-Rates-H.pdf. Accessed 26 January 2022

Jones J & Mosher WD (2013). Fathers' involvement with their children: United States, 2006-2010 (National Health Statistics Reports No. 71). National Center for Health Statistics. https://www.cdc.gov/nchs/data/nhsr/nhsr071.pdf

Jonsdottir SS, Thome M, Steingrimsdottir T, Lydsdottir LB et al (2017) Partner relationship, social support and perinatal distress among pregnant Icelandic women. Women and Birth 30(1):e46–e55. https://doi.org/10.1016/j.wombi.2016.08.005

Julion WA, Sumo J, Bounds DT (2018) A tripartite model for recruiting African-Americans into fatherhood intervention research. Public Health Nurs 35(5):420–426. https://doi.org/10.1111/phn.12411

Kozhimannil KB, Trinacty CM, Busch AB et al (2011) Racial and ethnic disparities in postpartum depression care among low-income women. Psychiatric Service 62(6):619–625. https://doi.org/10.1176/ps.62.6.pss6206_0619

Kroenke K, Spitzer RL, Williams JB et al (2009) An ultra-brief screening scale for anxiety and depression: the PHQ-4. Psychosomatics 50(6):613–621

Lee SJ, Sanchez DT, Grogan-Kaylor A (2018) Father early engagement behaviors and infant low birth weight. Matern Child Health J 22(10):1407–1417. https://doi.org/10.1007/s10995-018-2521-2

Leech NL, Onwuegbuzie AJ (2008) Qualitative data analysis: a compendium of techniques and a framework for selection for school psychological research and beyond. Sch Psychol Q 23:587–604

Levine, MV (2020) The state of Black Milwaukee in national perspective: racial inequality in the Nation's 50 largest metropolitan areas.

Center for Economic Development Publications, 56. https://dc.uwm.edu/ced_pubs/56
Nelson JA, O'Brien M, Blankson AN, Calkins SD, Keane SP (2009) Family stress and parental responses to children's negative emotions tests of the spillover, crossover, and compensatory hypotheses. J Fam Psych JFP J Division Fam Psych Am Psych Assoc (Division 43) 23(5):671–679
Nowak AL, Giurgescu C (2017) The built environment and birth outcomes: a systematic review. MCN Am J Matern Child Nurs 42(1):14–20. https://doi.org/10.1097/NMC.0000000000000299
Nowak AL, Giurgescu C, Templin TN et al (2020) How depressive symptoms among African American women relate to measures of social disorder in her childhood and pregnancy neighborhood. J Urban Health 97(1):26–36. https://doi.org/10.1007/s11524-019-00409-6
Rini C, Schetter CD, Hobel CJ et al (2006) Effective social support: antecedents and consequences of partner support during pregnancy. Pers Relat 13:207–229
Rosenthal L, Lobel M (2011) Explaining racial disparities in adverse birth outcomes: Unique sources of stress for Black American women. Soc Sci Med 72(6):977–983. https://doi.org/10.1016/j.socscimed.2011.01.013
Sealy-Jefferson S, Giurgescu C, Slaughter-Acey J et al (2016) Neighborhood context and preterm delivery among African American women: the mediating role of psychosocial factors. J Urban Health 93(6):984–996. https://doi.org/10.1007/s11524-016-0083-4
Sidebotton A, Vacquier M, LaRusso E et al (2021) Perinatal depression screening practices in a large health system: identifying current state and assessing opportunities to provide more equitable care. Arch Women's Mental Health 24:133–144
Sobel ME (1982) Asymptotic confidence intervals for indirect effects in structural equation models. Sociol Methodol 13:290–312
Stapleton LR, Schetter CD, Westling E et al (2012) Perceived partner support in pregnancy predicts lower maternal and infant distress. J Fam Psychol 26(3):453–463. https://doi.org/10.1037/a0028332
Thomas DA (2006) A general inductive approach for analyzing qualitative evaluation data. Am J Eval 27(2):237–246. https://doi.org/10.1177/1098214005283748
Walsh TB, Tolman RM, Palladino CL et al (2014) Moving up the 'magic moment': Fathers' experience of prenatal ultrasound. Fathering 12(1):18–37
Walsh TB, Carpenter E, Costanzo MA et al (2021) Present as a partner and a parent: mothers' and fathers' perspectives on father participation in prenatal care. Infant Ment Health J42(3):386–399. https://doi.org/10.1002/imhj.21920