

# An Integrative Review of Changes of Family Relationship and Mental Health that Chinese Men Experience during Transition to Fatherhood

Mo Zhou, Samantha Ashby, Lyn Ebert

**Abstract**—In China, the changes that men experience in the perinatal period are not well researched. Men are also at risk of maladaptation to parenthood. The aim of this research is to review current studies regarding changes that Chinese men experience during transitioning to parenthood. 5 databases were employed to search relevant papers. The search found 128 articles. Based on the inclusion and exclusion criteria, 35 articles were included in this integrative review. Results showed the changes that Chinese fathers experienced during the transition to parenthood can be divided into two aspects: family relationships and mental problems. During transition to parenthood, fathers usually experienced an increase in their disappointment with marital conflict resolution and decreased sexual intimacy with their partner. Mental health declined, with fathers often feeling depressed and/or anxious during this time. Some men were diagnosed with clinical depression. The predictors of these changes included three domains: personal background (age and income), family background (gender of infant, relationship status and unplanned child) and cultural background ('doing the month', Confucianism, policy, social support).

**Keywords**—China, fathers, life change, prenatal, postpartum.

## I. INTRODUCTION

TRANSITIONING to parenthood is a term used to describe the adjustments which people face when they become parents for the first time [1]-[3]. These adjustments usually occur during the nine months before birthing and last for two years after the birth of the child [4].

Transitioning to parenthood differs for males and females [5]-[7]. Existing literature concerned with the transition to parenthood has mostly focused on measuring the effects of transitions on the physical, emotional and psychological health effects of mothers [8]-[12]. Whereas transitioning to parenthood is a common lifecycle stage and one of the most important parts of development during adulthood [13], it can cause issues for fathers who may experience the stress of taking primary responsibilities for earning a living for the family and providing affection for their partner [4]. Therefore, transitioning to fatherhood can be a critical period because it can cause imbalance between work and family and some health problems [11]. Fathers have to experience and adapt to the changes occurring during this period. If males cannot adapt well to the transition to fatherhood, it can have negative effects on the child's growth and development, in addition to

the family's functioning, stability and well-being [14]. Increasing awareness of father's transition and improving fathers' adaptation during the transition to parenting is a necessary role for healthcare workers included in prenatal and postnatal health services [12], [15]. Thus, it is important to explore men's experiences during transition to fatherhood and provide them with health interventions timely.

## II. BACKGROUND

A number of studies in western countries have found the changes that occur during the transition to fatherhood can be divided into four domains: self-identity, lifestyle, family relationship, and health status.

### A. Self-Identity

Parenthood is a major life transition for first-time fathers involving major changes in marital relationships, self-identity and dynamics of a new role [16]. During the pregnancy period, men begin to seriously think about their transition to fatherhood. A review found that for the majority of first time Australian fathers considered the role of father as a 'protector' and 'provider,' which extended beyond the stereotypical roles of financial responsibility [16]. They were therefore more willing to adopt a hands-on approach to raising the child, while also offering emotional and practical support for their partners. An interpretative phenomenological analysis involving 14 first-time British fathers revealed that contemporary fathers were in a quest for a new identity, where they viewed fatherhood as a vital aspect of their life experiences [17]. Similarly, Canadian fathers were reported to experience feelings of uncertainty, which resulted in them developing adaptation strategies to cope with their forthcoming role of father. Their quest for developing a new identity was a result of their aspirations to be a 'good father' [18]. Moreover, it is explained that being a 'provider' is also consistent with the western societal expectation for fathers in Britain [19].

The transition to fatherhood has been identified as facilitating changes in personality [20], [21], where fathers felt more 'caring' and 'sensitive' to the needs of their partners and the child. Most identified that they felt a sense of maturity, where they were willing to eradicate some behaviours that they deemed to be child-like [22], [23]. The newfound responsibility also inspired them to engage themselves in less-risk taking behaviours, ensuring greater self-care [24].

Identity alteration is considered as the first step in adapting

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to fatherhood [3], [20], [24]. The understanding that a change in identity is required is aligned with educational status. The higher the level of education, the more the men were aware of the need for having to adapt to enhance their childcare involvement [21], [22], [24], [25]. The major reason for men taking on increased childcare roles was the employment status of their partners. Men were more willing to involve themselves in child care if their partner was working [25], [22]. Furthermore, increased childcare involvement by the men improved self-efficacy in their ability to raise the child, reducing overall parental stress, which had a positive effect on their marriages and lead to higher marital satisfaction scores [21], [24].

### *B. Lifestyle*

It is argued that in America, the transition to fatherhood can affect fathers' lifestyle in terms of keeping a balance between leisure, paid work and child-caring and maintenance of a healthy couple relationship [26]. This is similar to other researchers' definition of lifestyle as individuals' participation in leisure activities and paid work [27]-[29]. However, new fathers may have to continue to focus on paid work hours since it is a key part of their lifestyle. Competing roles can affect possibilities for combining leisure and child-caring [30], [31]. A review of published literature between 1999 and 2009 found that new fathers felt that they must earn more money and accept greater financial responsibilities after the birth of their child because children are an additional financial expense [32]. This funding is supported by a research in Canada that after having the child, couples need to re-divide the labour, have a lower level of sexual relationship and enjoy less quality time together [33]. Furthermore, a study in Sweden had similar outcomes and explained that since leisure contains inherent importance for parents and is related to high levels of positive affect, the reduction in leisure (particularly in time-flexibility) can damage the balance between paid work and child-caring [34].

### *C. Family Relationship*

Transitioning to fatherhood also alters the relational dynamics of a couple from a pair to a family-structure. New parents are engaged at an individual level to create a partnership and now need to cooperate to build up a harmonious family dynamic [35]. It is highlighted that the importance of a healthy couple relationship is positively associated with the wellbeing and mental health of children, couples and wider family [11]. Also, an investigation in America revealed that the health of the couple's relationship can significantly affect their developmental psychological growth [36].

New fathers are required to rebuild the relationship with the partner to keep a new balance as a couple, as well as renew their understanding of their individual roles with the dynamics of a family [1]. However, it is reported in Britain that the quality of a couple's relationship can decrease when becoming a parent, and explained that it was because the first year of parenthood was considered to be a time period, when there can

be a gap between the realities of the child's health, caring and expectations, involving difficulties in having time to be together along with an obvious decrease in sleep [37].

Many scholars found that compared to fathers who have lower incomes, fathers with higher income levels usually experience better relationships with the partner [37]-[40].

### *D. Health Status*

New fathers usually experience somatic and mental symptoms after childbirth, including toothaches, constipation or diarrhea, headaches, indigestion and weight gain [41]. Moreover, a study in American reported that fathers also experienced these symptoms especially during the first month postpartum [42].

Researchers have identified that the changes in mental health is an obvious indicator of what couples experienced during transitioning to parenthood [43]-[46].

Men usually feel depressed during transitioning to fatherhood [38], [47]. Currently, researchers widely use the term 'paternal postpartum depression' to describe a male's symptoms of depression [48]-[50]. In 2015, the global prevalence rate of paternal postpartum depression was estimated to be 10.4% [47]. Based on existing literature, collected between 2009 and 2014, the prevalence rates of paternal postpartum depression varies globally with 8.7% in Sweden, 1.8% in Turkey, 3.4% to 4% in Spain, 7.2% in Portugal, 7.8% in Germany, 14.3% in Japan, 5.2% in Brazil [51].

Positive predictors for mental problems for new fathers include advanced age at time of birth, low income, low level of education, partner with poor mental health status, policies limiting paternal leave and perceived poor social support [17], [22], [37], [38], [40], [43], [50].

## III. OBJECTIVES

Scholars in western countries have paid attention towards impacts of transitioning to fatherhood on males. However, the changes that Chinese men experience in the perinatal period are not well researched. Thus, this study aimed to systematically search, appraise and summarize the literature on Chinese males' experiences during the transition to fatherhood to review the changes that occur during this special period and analyze the predictors of these changes.

## IV. METHOD

A literature search was conducted using the following databases: Maternity and infant care database (1985-), Medline (1946-), PsycINFO, PubMed and Scopus with full text. The search was limited to scholarly journals (peer reviewed) PubMed and Scopus with full text. The initial search key words included Chinese father\* OR men OR paternal OR husband AND antenatal OR pregnancy OR postnatal OR postpartum.

The inclusion criteria were: articles written in English, population focusing on Chinese males, fathers' experiences in the prenatal and postnatal period. The exclusion criteria were: articles not written in English, population exclusively focusing

on Chinese females during the transition to parenthood, articles not peer-reviewed.

All included articles were critically appraised in Covidence according to JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses by the first, second and third author. Data from included articles were extracted in Nvivo 12 according to the JBI Data Extraction Form for Reviewer for Systematic Reviews and Research Syntheses by the first author.

## V. RESULTS

The search returned 128 articles. Based on the inclusion and exclusion criteria, 35 articles were included in this integrative review and read in full text by the first author. The list of references consisted of selected 35 articles and relevant articles in this field were considered. According to these articles, the changes occurring during the transition to fatherhood on Chinese men can be divided into two domains: family relationship and health status.

### A. Family Relationship: Marital Satisfaction

Marital satisfaction is defined as marital relationship quality consisting of consensus, companionship and intimacy, and that is harmonious, supportive, stable and compatible [52]. In Chinese culture, marital quality is associated with the parent-child relationship, and good marital quality can strengthen parents' mental health and facilitate child growth and development [53].

A quantitative study on 202 couples in Hong Kong found that from pregnancy to six weeks after childbirth, the score of marital satisfaction in both new fathers and new mothers significantly decreased and kept dropping from six weeks to six months following birth [54]. This is consistent with another quantitative research on 128 new fathers conducted by the same researchers in 2012 [55]. However, a quantitative study on 1,527 new parents in Hong Kong had different results with mothers' marital satisfaction decreasing at six month postpartum and fathers' marital satisfaction decreasing from six to eighteen months after birthing [56]. It is explained that it is because mothers usually pay more attention towards the effects of transitioning to parenthood on the couple's relationship, and discover warning signs early; whereas fathers might perceive the effects in other ways at the early fatherhood stage (such as stress of finance) [56]. However, a quantitative research on 217 Taiwanese new fathers found that compared to the 36<sup>th</sup> week of pregnancy, new fathers' marital satisfaction raised in the first postnatal week, as well as in the fourth postnatal week [57]. This is consistent with a qualitative study (2008) interviewing 20 new fathers in Sweden, with a possible explanation that adaptive processes, stressful life events and long-term vulnerability can improve marital stability and quality [58]. Thus, even though the transition to fatherhood is depressing and stressful, it may not necessarily have a negative effect on the couple's relationship since it may lead to a better relationship [58].

### B. Family Relationship: Relationship with Mother and/or Mother-in-Law

It is reported that new fathers begin to experience anxiety regarding their relationship with their mother and/or mother-in-law from the first week after childbirth, and felt the worst at six weeks postpartum [54].

### C. Health Status

There is no research regarding the change of physical health among new fathers in China.

Studies of Chinese men have found different prevalence rates of postpartum depression similar to those found in international studies. All studies utilised the Edinburgh Postnatal Depression Scale as a screening tool. In contrast with the global prevalence rate of paternal postpartum depression 10.4% found in an international study [47], a research in Guangzhou (2009) assessed 130 new fathers by the EPDS using a cut-off score of 13 or above [59]. They had similar results that 14 (10.8%) of new fathers screened as positive for postpartum depression at six to eight weeks after childbirth. During the same period after childbirth, an investigation on 376 new fathers in Fuzhou found similar results that 47 (12.5%) new fathers tested as depressed using the EPDS [60]. Meanwhile, a study assessing 180 new fathers in Xi'an using the EPDS found that after birth 21.1% of fathers at three days, 20.4% at two weeks and 13.6% at six weeks, were screened positive for depression [61]. This is significantly higher than the global prevalence rate but the researchers did not give a clear explanation on it. Furthermore, a study on 200 new parents in Hong Kong revealed that during pregnancy and in the sixth postnatal month, 7% (14) and 10.5% (21) new fathers met the criteria of EPDS for depression, respectively [62]. It is also highlighted that the change of new fathers' mental status is a dynamic process, thus it needs long-term and continuous assessment [62].

## VI. DISCUSSION

According to these articles, scholars found that the predictors of these changes can be divided into three categories: personal background (age, income & work), family background (gender of infant, partner's status and unplanned child) and cultural background (Confucianism, doing the month, policy and social support).

### A. Personal Background

#### 1. Age

A quantitative research involving 403 new fathers in Fujian showed that younger fathers were more likely to feel nervous and anxious than older fathers at one and two days after birth [63]. This is similar to a quantitative study on 622 new fathers in Hong Kong that younger age can lead to anxiety and depression among new fathers during late pregnancy [64]. It is explained that it is because compared to older fathers, young fathers usually earn less money, feel less confident in taking care of their partner and infant and receive less social support [64].

## 2. Income & Work

It is illustrated that new fathers who had earned less money had higher scores on the EPDS [59]. Similarly, a quantitative study exploring 8551 new parents in Hong Kong revealed that new fathers who were worried about unemployment felt more depressed compared to new fathers in paid work [65]. Another quantitative research in Hong Kong supported this finding and explained that children represented prosperity in traditional Chinese family, whereas raising a child in China was expensive [64]. This financial strain rendered fathers vulnerable to depression and anxiety.

### *B. Family Background*

#### 1. Gender of Infant

It is reported that compared to new fathers who have a boy, fathers with a girl have higher scores on the EPDS [59]. Additionally, new fathers whose parents expected a boy baby felt more depressed. This is in accordance with a work in Taiwan [57].

Even though gender equality has prevailed in China, Chinese traditional culture sets having offspring to keep on the family line as the ultimate aim of a marriage, particularly having a boy is a revered and a vital concept in traditional Chinese culture [66]. Confucian philosophy has considered filial piety and family as the core cultural norms which are reinforced and transmitted through socialization practices and social institutions in China [66]. Furthermore, in China, becoming a father is acknowledged as accomplishing a vitally essential social obligation and duty that creates more labor and wealth, and continuing the family line [67].

#### 2. Partner's Status

It is revealed that there is a significant association between maternal and paternal postpartum depression. A father has a 31% risk of feeling depressed when his partner is screened positive for depression [65]. Similar results from other research in Beijing and Xi'an also showed that in the sixth postnatal month, an increase in depression for a father was related to depressive symptoms of his partner [61], [68]. However, a quantitative study on 83 Taiwanese new parents had conflicting findings with one partner's depressive symptoms showing no association with the other's depressive symptoms [69].

#### 3. Unplanned Child

It is discovered that compared to new fathers whose child has been planned, fathers with an unplanned child have higher scores on the EPDS [59]. This is in line with another quantitative study in Taiwan [57]. It is explained that new fathers who have planned to have a baby are usually more socioeconomically steady and prepared better for fatherhood [57] whereas fathers who have an unplanned child have to address these negative consequences of the event.

### *C. Cultural Background*

#### 1. Doing the Month

There is a traditional postpartum care in China that women

follow for one month after birthing named "zuoyuezi" in Mandarin, and interpreted in English as "doing the month". "Doing the month" has existed for over 1000 years and has been passed by from the previous generation to the next ones [66]. This traditional postpartum care is still widely-accepted in China. For example, it is reported that most Chinese women accept "doing the month" after childbirth and during this period, over 90% of women will not eat any cold food, 98% will not touch cold water, and 99% will not do any exercise or heavy work [70].

The medical principle of "Doing the month" is based on Chinese traditional medicine in terms of "yin-yang" in body [66]. An individual feels well if he (she) keeps a balance between yin and yang, and may feel unwell if the balance is broken [66]. A female is considered to have a serious imbalance between yin and yang (usually yin is much higher than yang in body), which means that women have a greater risk of getting certain physical and mental illnesses [71]. Thus, women should not add more yin in her body, like cold wind, cold water and cold food. On the contrary, she should add more yang, such as hot water and food with rich protein [72]. Meanwhile, female should rest totally at home, not encouraged to do any physical practice, thus they should be cared for by her husband, mother and mother-in-law following birth [72].

'Doing the month' can provide maternal and emotional support, as well as intimacy, that can improve new mothers' self-confidence and gives a buffer that prevents the difficulties and stressors that occur at the early stage of motherhood [73]. Moreover, these rituals and practices can render new mothers have adequate rest to recover from birth and strengthen their physical and mental health [74]. However, a study interviewed 100 women in Hong Kong and showed that new mothers can feel stressed at some restrictions during doing the month, such as keeping away from cold food or refraining from wind [75]. Some mothers felt anxious because their mother-in-law required them to follow these practices strictly [75]. Moreover, another study interviewed 20 new mothers in Hong Kong, and found that during the process of "doing the month" new mothers usually felt trapped and stressed when living with their care-givers [76]. Particularly among new mothers who lived in their mother-in-law's home, they felt anxious because of the embarrassment of being in another's home and the deprivation of privacy [76].

A systematic review including 16 papers on the impacts of 'doing the month' revealed that Chinese mothers felt most anxious and depressed associated with the conflicts with their mother-in-law [77]. This is consistent with another qualitative study in Kong Hong showing that the main arguments between the new mother and mother-in-law was how seriously the new mother was required to adhere to traditional practices regarding baby caring, such as whether to use cotton or disposable nappies, whether to bath or shower the baby in the first month postpartum [76]. Furthermore, this systematic review highlighted that new mothers usually felt more stressed regarding conflicts with their mother-in-law compared with their own mother. It was because when addressing the

conflicts with their own mothers, they could speak more freely. However, they felt reluctant to share their views and feelings with their in-laws [77].

Conflicts between daughter-in-law and mother-in-law during postnatal period can lead to new father's mental problems in China. Compared to western cultures that prioritize individuals over group, Chinese cultures consider group as the priority [78]. Family and filial piety are the key cultural values in Confucianism which are transmitted and supported by social institutions and socialization practices in China [54]. Traditionally in China, the mother-in-law has great power in a family and has an important effect on the new mother's health care after childbirth. Meanwhile the daughter-in-law should not disobey her mother-in-law's control and supervision [68] whereas in modern Chinese society, people (especially modern women) have tried to declare their independence and individuality and as a result, relationships between many mother and daughter-in-law's are complex [69], [79].

Although mother in laws are responsible for supervision during the month, when conflict occurs, the new father is usually trapped in between the roles of 'a loving husband' and an 'obedient son' [69], [70]. Therefore, the in-law conflict can cause distress which puts new fathers at risk of poor mental health, such as feeling anxious and depressed, even having paternal postpartum depression as a mental illness [70].

## 2. Confucianism Requirements

When Chinese mothers and fathers feel troubled, they usually ask help from their family and friends, rather than taking medicine or consulting a psychotherapist. It is because Chinese people usually think it will bring humility to the whole family if the strangers know one of their family members has mental problems [76]. This finding is supported by an exploration on 840 men in Hong Kong reporting that the rates of help-seeking and consultation for mental problems in Chinese males was lower than females, which makes it difficult to diagnose and treat males' depression and other emotional problems [80].

Similar to western countries like Australia, scholars have found that a lack of help seeking is associated with the norms of masculinity that contribute to barriers for Chinese men's stress-coping. In China, men are considered as independent, strong and never having signs of sadness and weakness [81]. When becoming fathers, men have to hide their negative emotions to meet their family and social role expectations [79]. Meanwhile, Chinese traditional culture considers that demonstrating mental problems to the public will bring stigma to the family [54]. Therefore, even if new fathers in China are aware of services, they may feel unable to seek healthcare services and professionals for assistance [70].

## 3. Policy

From 1979 to 2014 in mainland China, the one-child birth policy was implemented where couples were required to have only one child [82]. Exceptions to the policy included minority ethnic parents in poor socioeconomic status regions,

a first born child with a disability, or if the only child died in an accident [82]. As a result, scholars found that in mainland China, new fathers with a boy baby, compared to those with a girl baby usually felt less stressed or depressed [59], [66], [82]. The male-centered culture in China promotes the expectation by new fathers that their only child be a male baby to keep on the family line [67], [82]. Moreover, it is generally considered that the child's family name should follow the father's, and only males are qualified to make offerings to the ancestry [68]. Thus, new fathers with a female baby felt stressed and depressed as they usually did not qualify to have another child, that may have been a boy [67], [68]. However, this policy was abandoned at the end of 2014 and Chinese couples are no longer limited to having one child [83]. Therefore, this predictor may be ignored for future research.

It is revealed that in Hong Kong males are usually not provided with paternity paid leave [79]. Also, in Macau, Taiwan and mainland, there is no legislation that supplies males with paid paternity leave [57], [84]. Fathers' income will usually be cut off by their employers if they ask for paternal leave, which will add their financial burden for child care [57], [84]. Without enough paid paternity leave, fathers usually feel difficult to spare time to take care of their partner and child, as well as to attend prenatal and postnatal health education to facilitate themselves to get ready for the role transition [57].

## 4. Social Support

Social support is identified as the interactive resources mobilized and accessed when people try to solve daily strains and stresses [85]. Social support consists of the perceptions and availability of social support [86]. Social support performs as a safeguard that prevents people from the possible negative impacts of daily strains and stresses, therefore improving problem-solving abilities and wellbeing [85].

In general, social support has four components: informational, instrumental, appraisal and emotional [87]. Informational support supplies education, advice and knowledge. Instrumental support includes time, money, tangible products and services. Appraisal support means messages consisting of assurance and acceptance. Finally, emotional support refers to encouragement and comfort [87].

Researchers in China have demonstrated that it is necessary for new fathers to receive social support from their partner, other family members and health experts [59], [78], [88]. They explain that it is because social support can help males to prepare sufficiently for their new role as fathers, improve their family relationships and strengthen their mental health.

In China, poor social support can cause men's mental health problems. It is illustrated that at the sixth week after childbirth, new fathers perceived less social support than new mothers [60], [69]. Many scholars have considered poor social support as an etiological predictor of paternal postpartum depression in China [60], [78], [88], [89]. Furthermore, it is concluded that if new fathers received more social support in the 3rd trimester of pregnancy, they have less symptoms such as anxiety, depression, insomnia and fatigue; otherwise, they

were more likely to have postpartum depression because of high pressure after birthing [89].

Chinese cultural background has negative impacts on new fathers' mental health. As conflicts between the mother-in-law and daughter-in-law usually occurs after childbirth, rather than receiving encouragement and comfort from family members as emotional and appraisal support, new fathers usually have to deal with family conflicts and attempt to keep a balance between a father, a husband and a son. Meanwhile, new fathers with mental problems are usually unaware of or reject assistance from health services due to the cultural influence of Confucianism.

Current health services in China lack attention towards new fathers. From the 1980s, the Chinese government has devoted large amounts of money and medical resources to maternal and child health services. In 2010, these services involved 3025 maternal and child health sectors, 398 obstetric and gynecological hospitals, 72 children hospitals, 33000 community health service stations, 38000 township hospitals and 648000 village clinics [90]. The Chinese Ministry of Health suggests that females begin prenatal consultations with a doctor or a nurse in hospital before 12 weeks of pregnancy and have at least 5 consultations during the pregnancy [90]. The Guidelines of Pregnancy Care and Service in China claim that postpartum consultations should be conducted within the first 8 weeks after childbirth. The context of consultations should be considered in consultation with the mother and determined by the needs of both mother and her infant/s, as well as scheduled consultations for infant immunization, maternal nutrition, breastfeeding and family issues, ensuring wellbeing for the mother and infant [90]. However, there are few prenatal or postnatal health services for new fathers in China. Thus, it is difficult for men to receive instrumental and informational support.

## VII. LIMITATIONS AND FURTHER RESEARCH

This review only involved articles in English language. This might exclude other important studies written in other languages, particularly papers written in Chinese utilizing other research methods (such as qualitative method using interviews and/or reviews), which the authors assumed that there might be Chinese language studies focusing on transitioning to fatherhood as well as its possible predictors beyond what the authors have discovered. Furthermore, this research was limited to peer-reviewed literature; there might be other findings and perspectives if book chapters and/or grey literature were included. Thus, it is suggested that studies written in Chinese language and other non-peer-reviewed literature can be involved in the further review to build a more comprehensive framework of changes occurring during the transition to fatherhood among Chinese males.

## VIII. CONCLUSION

In China, changes occurring during the transition to fatherhood usually have significant impacts on family relationship and mental health among Chinese males. Fathers

usually have more conflicts with their partner and other family member (especially with mother and/or mother-in-law). Also, fathers usually have mental problems such as feeling anxious and depressed, even can be diagnosed as paternal postpartum depression as a mental illness. There are three kinds of predictors of these changes: personal, family and cultural background. Cultural background has the most important effect on Chinese males' experiences during transitioning to fatherhood because the Chinese cultural impact of Confucianism that highlights collectivism and men-centred is different from the western cultural context that focuses on individualism, which put more pressure on Chinese males. Meanwhile, health services in China usually lack attention towards new fathers. Thus, healthcare professionals in China should provide more medical assessment and interventions to new fathers (such as encouraging them to receive prenatal and postnatal health education) in order to assist them to prepare well for the changes occurring during the transition to fatherhood, and to improve their health status. Also, healthcare workers should usually consider the possible effects of Chinese traditional practices and beliefs upon new parents' postnatal health to supply culturally suitable healthcare.

## REFERENCES

- [1] Katz-Wise SL, Priess HA, Hyde JS. Gender-role attitudes and behavior across the transition to parenthood. *Developmental psychology* Vol 46, No. 1, pp 18, 2010.
- [2] Goldberg, A. E., & Smith, J. Z. Stigma, social context, and mental health: lesbian and gay couples across the transition to adoptive parenthood. *Journal of Counseling Psychology* Vol 58, pp 139, 2011.
- [3] Kings CA, Knight T, Ryan D, Macdonald JA. The "sensory deprivation tank": An interpretative phenomenological analysis of men's expectations of first-time fatherhood. *Psychology of Men & Masculinity* Vol 18, No. 2, pp 112, 2017.
- [4] Tyano, Sam, Miri Keren, Helen Herrman, and John Cox. *Parenthood and mental health: A bridge between infant and adult psychiatry* Vol. 12. John Wiley & Sons, pp 171-9, 2010.
- [5] Delmore-Ko P, Pancer SM, Hunsberger B, Pratt M. Becoming a parent: The relation between prenatal expectations and postnatal experience. *Journal of Family Psychology* Vol 14, No. 4, pp 625, 2000.
- [6] Pancer SM, Pratt M, Hunsberger B, Gallant M. Thinking ahead: Complexity of expectations and the transition to parenthood. *Journal of personality* Vol 68, No. 2, pp 253-79, 2000.
- [7] Baxter J, Hewitt B, Haynes M. Life course transitions and housework: Marriage, parenthood, and time on housework. *Journal of Marriage and Family* Vol 70, No. 2 pp 259-72, 2008.
- [8] Johnston DD, Swanson DH. Constructing the "good mother": The experience of mothering ideologies by work status. *Sex roles* Vol 54, No. 7-8 pp 509-19, 2006.
- [9] Kanotra S, D'Angelo D, Phares TM, Morrow B, Barfield WD, Lansky A. Challenges faced by new mothers in the early postpartum period: an analysis of comment data from the 2000 Pregnancy Risk Assessment Monitoring System (PRAMS) survey. *Maternal and Child Health Journal* Vol 11, No. 6 pp 549-58, 2007.
- [10] Christopher K. Extensive mothering: Employed mothers' constructions of the good mother. *Gender & Society* Vol 26, No. 1 pp 73-96, 2012.
- [11] Hildingsson I, Thomas J. Parental stress in mothers and fathers one year after birth. *Journal of reproductive and infant psychology* Vol 32, No. 1 pp 41-56, 2014.
- [12] Gauthreaux C, Negron J, Castellanos D, Ward-Peterson M, Castro G, de la Vega PR, Acuña JM. The association between pregnancy intendedness and experiencing symptoms of postpartum depression among new mothers in the United States, 2009 to 2011: A secondary analysis of PRAMS data. *Medicine* Vol 96, No. (6), 2017.
- [13] Belser AB, Agin-Liebes G, Swift TC, Terrana S, Devenot N, Friedman HL, Guss J, Bossis A, Ross S. Patient experiences of psilocybin-assisted psychotherapy: an interpretative phenomenological analysis. *Journal of*

- Humanistic Psychology Vol 57, No. 4 pp 354-88, 2017.
- [14] Hung CH. Predictors of postpartum women's health status. *Journal of nursing scholarship* Vol 36, No. 4, pp 345-51, 2004.
  - [15] Henwood, Karen, Joanne Procter. "The 'good father': Reading men's accounts of paternal involvement during the transition to first-time fatherhood." *British Journal of Social Psychology* Vol 42, No.3 pp 337-355, 2003.
  - [16] Habib C. The transition to fatherhood: A literature review exploring paternal involvement with identity theory. *Journal of Family Studies* Vol 18, No. 2-3 pp 103-20, 2012.
  - [17] Beestin L, Hugh-Jones S, Gough B. The impact of maternal postnatal depression on men and their ways of fathering: an interpretative phenomenological analysis. *Psychology & health* Vol 29, No. 6, pp 717-35, 2014.
  - [18] Gage JD, Kirk R. First-time fathers: perceptions of preparedness for fatherhood. *Canadian Journal of Nursing Research Archive* Vol 34, No. 4, pp 14, 2016.
  - [19] Etheridge J, Slade P. "Nothing's actually happened to me.": the experiences of fathers who found childbirth traumatic. *BMC pregnancy and childbirth* Vol 17, No. 1, pp 80, 2017.
  - [20] Hamilton A, De Jonge D. The impact of becoming a father on other roles: An ethnographic study. *Journal of Occupational Science* Vol 17, No. 1, pp 40-6, 2010.
  - [21] Höfner C, Schädler C, Richter R. When men become fathers: men's identity at the transition to parenthood. *Journal of Comparative Family Studies* pp 669-86, 2011.
  - [22] Pinheiro RT, Magalhães PV, Horta BL, Pinheiro KA, Da Silva RA, Pinto RH. Is paternal postpartum depression associated with maternal postpartum depression? Population-based study in Brazil. *Acta Psychiatrica Scandinavica* Vol 113, No. 3, pp 230-2, 2006.
  - [23] Cabrera N, Tamis-LeMonda CS, Bradley RH, Hofferth S, Lamb ME. Fatherhood in the twenty-first century. *Child development* Vol 71, No. 1, pp 127-36, 2000.
  - [24] Killewald A. A reconsideration of the fatherhood premium: Marriage, coresidence, biology, and fathers' wages. *American Sociological Review* Vol 78, No. 1, pp 96-116, 2013.
  - [25] Lamb ME, Lewis C. Father-child relationships. *Handbook of father involvement: Multidisciplinary perspectives* Vol 2, pp 119-35, 2013.
  - [26] West F, Sanders MR, Cleghorn GJ, Davies PS. Randomised clinical trial of a family-based lifestyle intervention for childhood obesity involving parents as the exclusive agents of change. *Behaviour research and therapy* Vol 48, No. 12, pp 1170-9, 2010.
  - [27] Edvardsson K, Ivarsson A, Eurenus E, Garvare R, Nyström ME, Small R, Mogren I. Giving offspring a healthy start: parents' experiences of health promotion and lifestyle change during pregnancy and early parenthood. *BMC public health* Vol 11, No. 1, pp 936, 2011.
  - [28] Natale RA, Messiah SE, Asfour L, Uhlhorn SB, Delamater A, Arheart KL. Role modeling as an early childhood obesity prevention strategy: effect of parents and teachers on preschool children's healthy lifestyle habits. *Journal of Developmental & Behavioural Paediatrics* Vol 35, No. 6, pp 378-87, 2014.
  - [29] Nelson SK, Kushlev K, Lyubomirsky S. The pains and pleasures of parenting: When, why, and how is parenthood associated with more or less well-being? *Psychological Bulletin* Vol 140, No. 3, pp 846, 2014.
  - [30] Habib C, Lancaster S. Changes in identity and paternal-foetal attachment across a first pregnancy. *Journal of reproductive and infant psychology* Vol 28, No. 2, pp 128-42, 2010.
  - [31] Moraeus L, Lissner L, Yngve A, Poortvliet E, Al-Ansari U, Sjöberg A. Multi-level influences on childhood obesity in Sweden: societal factors, parental determinants and child's lifestyle. *International Journal of Obesity* Vol 36, No. 7, pp 969, 2012.
  - [32] Umberson D, Pudrovska T, Reczek C. Parenthood, childlessness, and well-being: A life course perspective. *Journal of Marriage and Family* Vol 72, No. 3, pp 612-29, 2010.
  - [33] Lemelin L, Gallagher F, Haggerty J. Supporting parents of preschool children in adopting a healthy lifestyle. *BMC nursing* Vol 11, No. 1, pp 12, 2012.
  - [34] Stenhammar, C., Wells, M., Åhman, A., Wettergren, B., Edlund, B., & Sarkadi, A. 'Children are exposed to temptation all the time'-parents' lifestyle-related discussions in focus groups. *Acta Paediatrica* Vol 101, No. 2, pp 208-215, 2012.
  - [35] Perelli-Harris, B., Kreyenfeld, M., Sigle-Rushton, W., Keizer, R., Lappegård, T., Jasilioniene, A., & Di Giulio, P. Changes in union status during the transition to parenthood in eleven European countries, 1970s to early 2000s. *Population studies* Vol 66, No.2, pp 167-182, 2012.
  - [36] Pinquart, M., & Teubert, D. A meta-analytic study of couple interventions during the transition to parenthood. *Family Relations* Vol 59, No. 3, pp 221-231, 2010.
  - [37] Roberts, S. L., Bushnell, J. A., Collings, S. C., & Purdie, G. L. Psychological health of men with partners who have post-partum depression. *Australian & New Zealand Journal of Psychiatry* Vol 40, No. 8, pp 704-711, 2006.
  - [38] Paulson J F, Bazemore S D. Paternal postpartum depression in fathers and its association with maternal depression. *A meta-analysis [J] JAMA* Vol 303, No. 19, pp 1961-1969, 2010.
  - [39] Figueiredo, B., & Conde, A. Anxiety and depression symptoms in women and men from early pregnancy to 3-months postpartum: parity differences and effects. *Journal of Affective Disorders* Vol 132, No. 1-2, pp 146, 2011.
  - [40] Smith, J.K., 2013. The Lived Experiences of Male Partners of Women who have Previously Been Diagnosed with Postpartum Depression (*Doctoral dissertation, Texas Woman s University*). 2013.
  - [41] Thomas SG & Upton D. Expectant fathers' attitude toward pregnancy. *British Journal of Midwifery* Vol 8, pp 218-221, 2000.
  - [42] Brennan P.A., Hammen C., Andersen M.J., Bor W., Najman J.M. & Williams G.M. Chronicity, severity, and timing of maternal depressive symptoms: relationships with child outcomes at age 5. *Developmental and Psychology* Vol 36, pp 759-766, 2000.
  - [43] Skari H, Skreden M, Malt UF, Dalholt M, Ostensen AB, Egeland T, Emblem R. Comparative levels of psychological distress, stress symptoms, depression and anxiety after childbirth. *British journal of obstetrics and gynaecology* Vol 109, pp 1154-63, 2002.
  - [44] Niaz S, Izhar N, Bhatti MR. Anxiety and depression in pregnant women presenting in the OPD of a teaching hospital. *Pakistan Journal of Medical Sciences* Vol 20, No.2, pp 117-119, 2004.
  - [45] Kim HG, Mandell M, Crandall C, Kuskowski MA, Dieperink B, Buchberger RL. Antenatal psychiatric illness and adequacy of prenatal care in an ethnically diverse inner-city obstetric population. *Archives of Women's Mental Health* Vol 9, No.2, pp 103-07, 2006.
  - [46] Uguz, F., Gezginc, K., Kayhan, F, Sar S, Büyükoğlu, D. Is pregnancy associated with mood and anxiety disorders? A cross-sectional study. *General Hospital Psychiatry* Vol 32, No. 2, pp 213-215, 2010.
  - [47] Abdollahi, F., Rezaei, A. F., & Zarghami, M. (2017). Post-partum depression effect on child health and development. *Acta Medica Iranica* Vol 55, No. 2, pp 109, 2017.
  - [48] Bronte-Tinkew, J., Moore, K.A., Matthews, G., Carrano, J. Symptoms of major depression in a sample of fathers of infants socio demographic correlates and links to father involvement. *Journal of Family Issues* Vol 28, pp 61-99, 2007.
  - [49] Anna deMagistris, M.C., Carta, M., Fanos, V. Postpartum depression and the male partner. *Journal of Pediatric and Neonatal Individualized Medicine* Vol 2, pp 15-27, 2013.
  - [50] Demontigny, F., Girard, M.E., Lacharite, C., Dubeau, D., Devault, A. Psycho-social factors associated with paternal postnatal depression. *Journal of Affective Disorders* Vol 150, pp 44-49, 2013.
  - [51] Edward, K. L., Castle, D., Mills, C., Davis, L., & Casey, J. An integrative review of paternal depression. *American Journal of Mens Health* Vol 9, No. 1, pp 26-34, 2015.
  - [52] Shek, D. T. L. Hong Kong parents' attitudes about marital quality and children. *Journal of Genetic Psychology* Vol 157, No. 2, pp 125-135, 1996.
  - [53] Wong, S., & Goodwin, R. Experiencing marital satisfaction across three cultures: A qualitative study. *Journal of Social and Personal Relationship* Vol 26, No. 8, pp 1011-1028, 2009.
  - [54] Ngai, F. W., & Ngu, S. F. Family sense of coherence and family and marital functioning across the perinatal period. Sexual & reproductive healthcare. *Official Journal of the Swedish Association of Midwives* Vol 7, pp 33-37, 2016.
  - [55] Ngai FW, Ngu SF. Psychometric properties of a Chinese version of the medical outcomes study family and marital functioning measures in Hong Kong Chinese childbearing families. *Community Ment Health [J]* Vol 48, No. 5, pp 634-42, 2012.
  - [56] Lau, Y. A longitudinal study of family conflicts, social support, and antenatal depressive symptoms among Chinese women. *Arch. Psychiatr. Nurs* Vol 25, pp 206-219, 2011.
  - [57] Huang, Y. W., Hung, C. H., Huang, M. C., & Yu, C. Y. First-time fathers' health status during the perinatal period. *Applied Nursing Research* Vol 40, pp 137-142, 2018.
  - [58] Fagerskiöld A. A change in life as experienced by first-time fathers. Scandinavian. *Journal of Caring Sciences* Vol 22, pp 64-71, 2008.

- [59] Gao, L. L., Chan, S. W., & Mao, Q. (2009). Depression, perceived stress, and social support among first-time Chinese mothers and fathers in the postpartum period. *Research in Nursing & Health* Vol 32, No. 1, pp 50-58, 2009.
- [60] Mao, Q., Zhu, L. X., & Su, X. Y. A comparison of postnatal depression and related factors between Chinese new mothers and fathers. *Journal of Clinical Nursing* Vol 20, No. 5-6, pp 645-652, 2011.
- [61] Zhang, Y. P., Zhang, L. L., Wei, H. H., Zhang, Y., Zhang, C. L., & Porr, C. Post partum depression and the psychosocial predictors in first-time fathers from north-western China. *Midwifery* Vol 35, pp 47-52, 2016.
- [62] Ngai, F. W., & Ngu, S. F. Predictors of maternal and paternal depressive symptoms at postpartum. *Journal of Psychosomatic Research* Vol 78, No. 2, pp 156-161, 2015.
- [63] He, H. G., Vehviläinen-Julkunen, K., Qian, X. F., Sapountzi-Krepia, D., Gong, Y., & Wang, W. Fathers' feelings related to their partners' childbirth and views on their presence during labour and childbirth: A descriptive quantitative study. *International Journal of Nursing Practice* Vol 21, No. 2, pp 71-79, 2015.
- [64] Koh, Y. W., Lee, A. M., Chan, C. Y., Fong, D. Y., Lee, C. P., Leung, K. Y., & Tang, C. S. Survey on examining prevalence of paternal anxiety and its risk factors in perinatal period in Hong Kong: a longitudinal study. *BMC public health* Vol 15, pp 1131, 2015.
- [65] Chung, T. K., Yip, A. S., Lok, I. H., & Lee, D. T. Postnatal depression among Hong Kong Chinese fathers. *Hong Kong Medical Journal* Vol 17, No. 2, pp 9-12, 2011.
- [66] Yeh, K. H., & Bedford, O. A test of the Dual Filial Piety model. *Asian Journal of Social Psychology* Vol 6, pp 215-228, 2003.
- [67] Yi, X., Ribbens, B., Fu, L., & Cheng, W. Variation in career and workplace attitudes by generation, gender, and culture differences in career perceptions in the United States and China. *Employee Relations* Vol 37, No.1, pp 66-82, 2015.
- [68] Lu, L. Postnatal adjustment of Chinese parents: A two-wave panel study in Taiwan. *International Journal of Psychology* Vol 41, No. 5, pp 371-384, 2006.
- [69] Wang, S. Y., & Chen, C. H. Psychosocial health of Taiwanese postnatal husbands and wives. *Journal of Psychosomatic Research* Vol 60, No. 3, pp 303-307, 2006.
- [70] Wang, Y. Y., Li, H., Wang, Y. J., Wang, H., Zhang, Y. R., & Gong, L., et al. (2017). Living with parents or with parents-in-law and postpartum depression: a preliminary investigation in china. *Journal of Affective Disorders* Vol 218, pp 335-338, 2017.
- [71] Ho, M., Li, T. C., Liao, C. H., Su, S. Y., & Su, S. Y. The Association between Behavior Restrictions in Doing-the-Month Practice and Mental Health Status Among Postpartum Women. *The Journal of Alternative and Complementary Medicine* Vol 21, No. 11, pp 725-731, 2015.
- [72] Liu, Y. Q., Petrini, M., & Maloni, J. A. "Doing the month": Postpartum practices in Chinese women. *Nursing & health sciences* Vol 17, No.1, pp 5-14, 2015.
- [73] Wang X, Wang Y, Zhou SZ. A population-based survey of women's traditional postpartum behaviours in northern China. *Midwifery* Vol 24, pp 238-245, 2008.
- [74] Holroyd, E., Lopez, V., & Chan, S. W.-C. Negotiating "doing the month": An ethnographic study examining the postnatal practices of two generations of Chinese women. *Nursing & health sciences* Vol 13, No. 1, pp 47-52, 2011.
- [75] Holroyd, E., Twinn, S., & Yim, I. W. Exploring Chinese Women's Cultural Beliefs and Behaviours Regarding the Practice of "Doing the Month". *Women & Health* Vol 40, No. 3, pp 109-123, 2004.
- [76] Leung, S. K., Arthur, D., & Martinson, I. M. Perceived stress and support of the Chinese postpartum ritual "doing the month". *Health Care for Women International* Vol 26, No. 3, pp 212-224, 2005.
- [77] Wong, J., & Fisher, J. The role of traditional confinement practices in determining postpartum depression in women in Chinese cultures: A systematic review of the English language evidence. *Journal of affective disorders* Vol 116, No. 3, pp 161-169, 2009.
- [78] Tang, L., Zhu, R., & Zhang, X. Postpartum Depression and Social Support in China: A Cultural Perspective. *Journal of Health Communication* Vol 21, No. 9, pp 1055-1061, 2016.
- [79] Lai, B. P., Tang, A. K., Lee, D. T., Yip, A. S., & Chung, T. K. Detecting postnatal depression in Chinese men: A comparison of three instruments. *Psychiatry research* Vol 180, No. 2-3, pp 80-85, 2010.
- [80] Wong, W.C.W., Lee, W.K., Lau, B.S.T. Are Chinese men less susceptible to anxiety and depression? A community-based cross-sectional survey from Hong Kong. *The Journal of Men's Health & Gender* Vol 3, pp 152-159, 2006.
- [81] Ngai V., Chan S. & Ip W.Y. The effects of a childbirth psychoeducation program on learned resourcefulness, maternal role competence, and perinatal depression. *International Journal of Nursing Studies* Vol 46, pp 1298-1306, 2009.
- [82] Hesketh, T., Lu, L., & Xing, Z.W. The effects of China's one-child family policy after 25 years. *New England Journal of Medicine* Vol 353, No. 11, pp 1171-1176, 2005.
- [83] Song Quan cheng, Wen Qing Ying. The significance, current situation and problems of the implementation of the policy of the second child population in China. *Journal of Nantong University: Social Science Edition* Vol 31, No. 1, pp 122-129, 2015.
- [84] Lu, H., Zhu, X., Hou, R., Wang, D. H., Zhang, H. J., & While, A. Chinese family adaptation during the postpartum period and its influencing factors: A questionnaire survey. *Midwifery* Vol 28, No. 2, pp 222-227, 2012.
- [85] Leathers, S.J., Kelly, M.A., & Richman, J.A. Postpartum depressive symptomatology in new mothers and fathers: Parenting, work, and support. *Journal of Nervous and Mental Disorders* Vol 185, No. 3, pp 129-139, 1997.
- [86] Chen, C.H., Tseng, Y.F., Wang, S.Y., & Lee, J.N. The prevalence and predictors of postpartum depression. *Nursing Research (Taiwan)* Vol 2, No. 3, pp 263-274, 1994.
- [87] Heaney, C. A., & Israel, B. A. Social networks and social support. *Health Behaviour and Health Education: Theory, Research, and Practice* Vol 4, pp 189-210, 2008.
- [88] Yu, C. Y., Hung, C. H., Chan, T. F., Yeh, C. H., & Lai, C. Y. Prenatal predictors for father-infant attachment after childbirth. *Journal of clinical nursing* Vol 21, No. 11-12, pp 1577-1583, 2012.
- [89] Wee, K. Y., Skouteris, H., Pier, C., Richardson, B., & Milgrom, J. Correlates of ante- and postnatal depression in fathers: A systematic review. *Journal of Affective Disorders* Vol 130, No. 3, pp 358-377, 2011.
- [90] Zheng X, Morrell J, Watts K, Shen Q, Zhang H. Maternal and child health services in China. *British Journal of Midwifery* Vol 21, No. 9, pp 664-71, 2013.

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