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Childbirth fear in expectant fathers: Findings from a regional Swedish cohort study



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ABSTRACT

Objective: to investigate the prevalence of childbirth related fear in Swedish fathers and associated factors.

Design: a regional cohort study. Data was collected by a questionnaire.

Setting: three hospitals in the middle-north part of Sweden

Participants: 1047 expectant fathers recruited in mid-pregnancy during one year (2007) who completed the Fear of Birth Scale (FOBS).

Measurements: prevalence of childbirth fear and associated factors. Crude and adjusted odds ratios were calculated between men who scored 50 and above (childbirth fear) and those that did not (no fear). Logistic regression analysis was used to assess which factors contributed most to childbirth fear in fathers.

Findings: the prevalence of childbirth fear in men was 13.6%. Factors associated with childbirth related fear were as follows: Less positive feelings about the approaching birth (OR 3.4; 2.2–5.2), country of birth other than Sweden (OR 2.8; 1.3–6.1), a preference for a caesarean birth (OR 2.1; 1.7–4.1), childbirth thoughts in mid-pregnancy (OR 1.9; 1.1–2.0) and expecting the first baby (OR 1.8; 1.2–2.6).

Key conclusions: high levels of fear were associated with first time fathers and being a non-native to Sweden. Men with fear were more likely to experience pregnancy and the coming birth as a negative event. These men were also more likely to identify caesarean section as their preferred mode of birth.

Implications for practice: engaging expectant fathers in antenatal conversations about their experiences of pregnancy and feelings about birth provides health-care professionals with an opportunity to address childbirth fear, share relevant information and promote birth as a normal but significant life event.

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Introduction

Expecting an baby and becoming a father is generally a rewarding life experience. The evidence suggests, however, that most men experience a range of emotions during pregnancy (Mercer et al., 1988; Meleis et al., 2000; Schumacher et al., 2008). In the early stage of pregnancy men have commonly reported feeling somewhat ambivalent with others experiencing discomfort or distress as a result of changing relationships and

financial circumstances (Buist et al., 2003; Draper, 2003; Fenwick et al., 2012). This is often accompanied by a level of fear around the uncertainty of what the future holds (Donovan, 1995). Although most men adjust some will continue to experience the pregnancy as a disruption and a negative event, especially in the context of having a potentially ill partner and/or baby (Chalmers and Meyer, 1996). Unresolved feeling of discomfort, distress and uncertainty in expectant fathers has been linked to higher level of anxiety, fear and irritability and is recognised as a precursor to depression (Mercer et al., 1988; Ferketich and Mercer, 1989; Fletcher et al., 2006; Boyce et al., 2007; Chang et al., 2009).

Although there is a growing body of work around women's fear of childbirth (Eriksson et al., 2005; Waldenström et al., 2006;

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Rouhe et al., 2009; Haines et al., 2011) research with men or expectant fathers remains limited. What research has been done suggests that men's childbirth related fear is associated with feeling of insecurity, an inability to cope, concerns for their partners and unborn baby's health and well-being, their ability to cope with their partners labour pains and any potential surgical interventions (Hanson et al., 2009).

The prevalence of men experiencing childbirth related fear is fairly unknown. However, one Swedish study (Eriksson et al., 2005) found that of the 194 men surveyed 13% were categorised as having intensive childbirth related fear. The men in this study had difficulty expressing and talking about the fear and described childbirth as a risky and potentially dangerous event. Likewise in an earlier South African study (Chalmers and Meyer, 1996) researchers found that 13% of the expectant fathers were afraid for the upcoming childbirth. Men's reported fears were mainly about fetal abnormality, pain and death related to the baby and/or the woman.

The limited understanding of men's childbirth related fear makes it difficult to make assumptions as to the affect it may have. However, high levels of fear are likely to have some impact on men's own emotional health, their experience of pregnancy and the decision making processes that occur across pregnancy and during the labour and birth process. When men experience fear of childbirth it may also have an impact on their ability to be emotionally and physically supportive to their partner (Hanson et al., 2009).

Given the lack of knowledge and understanding of men's childbirth fear the aim of this study was to investigate the prevalence of childbirth related fear in Swedish fathers and associated factors.

Methods

The work presented in this paper is part of a prospective longitudinal cohort study where participants were recruited in mid-pregnancy in three hospitals in the middle-north part of Sweden. The three hospitals have an annual birth rate of 1600, 500 and 350. The larger hospital is a referral hospital.

Recruitment and data collection

Eligible participants were partners to Swedish-speaking pregnant women living in the hospitals' catchment areas during 2007 and who attended a routine ultrasound examination in week 17–19 of pregnancy. Only couples with a normal test result were eligible to participate. Two weeks prior to the examination a letter of invitation and information about the study were sent to all women and their partners who were booked for a routine ultrasound examination. After the ultrasound procedure and a normal result confirmed the midwife in charge of the examination enquired as to the couples' interest in the study. Those keen to participate signed a consent form, provided their names and home address and were given the first questionnaire. Couples either completed the questionnaire package in the waiting area before leaving or took the package home and returned it in the attached pre-paid envelope. The questionnaire package collected data on a wide range of issues of which some are reported in this study.

Outcome variables

Childbirth related fear was assessed using the Fear of Birth Scale (FOBS-scale) (Haines et al., 2011). Expectant fathers were asked to rate their feelings about the approaching birth by placing

a mark on two VAS-scales with the anchors verbally defined (a) 'calm and worried' and (b) 'no fear and strong fear' As suggested by Streiner and Norman (2003) two sets of anchors were included in order to assess the internal consistency of the resulting scale rather than to use a single-item question. The FOBS-scale was originally developed and tested in childbearing women (Haines et al., 2011).

Explanatory variables

The questionnaire investigated the socio-demographic background of participants such as age, civil status, country of birth, level of education, tobacco habits (smoking and snuff use), number of previous children, infertility and assisted conception, previous mode of birth, and the father's previous experiences of birth. In addition, questions about pregnancy and childbirth such as if the pregnancy was planned or not, feelings about the approaching birth and the first week with the newborn baby as well as their opinion about birth and birth preferences were investigated. All variables included in the questionnaire were self-reported.

The majority of questions were assessed on five-point Likert scales ranging from 'Very positive' to 'Very negative' or from 'Strongly agree' to 'Strongly disagree'. Due to the skewed nature of the questions we chose to dichotomise the questions into 'Positive' ('Very positive'+ 'Positive') and 'Less than positive' ('Both positive and negative'+ 'Negative'+ 'Very negative'). For the questions about attitudes regarding pregnancy, the upcoming birth and the first week with the new-born baby the scales were dichotomised into 'Strongly agree' versus 'Not strongly agree'.

Data analysis

Statistical analyses were conducted using Statistical Package for Social Sciences Version 20 (SPSS, Inc., Chicago, IL, USA). The appropriateness of combining the two VAS items to form a scale was assessed using a Spearman correlation coefficient and Cronbach's alpha coefficient. Following the procedure used by Haines et al. (2011) the two scores were averaged to create the FOBS-scale ranging from 0 to 100, with high scores indicating higher levels of childbirth related fear. The inter-item correlation for the two scales included was 0.73 and Cronbach alpha 0.83. A cut-off point of 50 was used to dichotomise the scores into two groups for the analyses. The rationale for using the cut-off point of 50 or more was based on previous studies investigating childbirth fear (Rouhe et al., 2009; Haines et al., 2011), using this same cut off point. The construct validity of the scale, when used with women, was supported by the finding that women who reported positive or very positive feelings about the approaching birth had significantly lower scores than women with negative or mixed feelings. The cut point of 50 clearly distinguished women who had been referred to counselling for childbirth fear. Over 85% of women who got counselling reported a FOBS-score of 50 or more (Haines et al., 2011).

Crude and adjusted odds ratios with a 95% confidence interval (CI) were calculated between fathers with and without childbirth fear. Thereafter all significant variables from the binary analysis were entered into a logistic regression model in order to assess factors most important for childbirth fear (Rothman, 2002).

Findings

In mid-pregnancy 2512 ultrasound examinations were performed at the three hospitals in the region. After exclusion of 129 pregnancies where mastery of the Swedish language was lacking,

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