



Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi



Original Research - Qualitative

Midwives' perceptions and experiences of engaging fathers in perinatal services

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ARTICLE INFO

Article history:

Received 2 September 2016
Received in revised form 24 November 2016
Accepted 25 December 2016
Available online xxx

Keywords:

Fathers
Engagement
Maternity
Midwifery
Perinatal mental health

ABSTRACT

Background: The active engagement of fathers in maternity care is associated with long-term benefits for the father, their partner, and their child. Midwives are ideally placed to engage fathers, but few studies have explored midwives' experiences of working with men. Therefore, the aim of this study was to describe midwives' perceptions and experiences of engaging fathers in perinatal services.

Method: A multi-method approach was utilised. Registered midwives ($N=106$) providing perinatal services to families in Australia participated in an online survey. Of these, 13 also participated in semi-structured telephone interviews. Descriptive analyses summarised the online survey data. The interview data were coded using semantic thematic analysis.

Results: Survey results indicated that midwives unanimously agreed that engaging fathers is part of their role and acknowledged the importance of receiving education to develop knowledge and skills about fathers. Analysis of the telephone interviews led to the identification of a range of strategies, facilitators and barriers to engaging fathers in midwifery services. Some of these were related to characteristics of midwives, factors related specifically to fathers, and several external factors relating to organisational policies.

Conclusions: Findings from this study could inform maternity health care policies, as well the development of resources, education and ongoing professional training for midwives to promote father-inclusive practice.

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Statement of significance

Problem or issue

The World Health Organisation recently declared that engaging fathers is a priority for all maternal health services around the world. Surveying staff attitudes and experiences has been recommended as a strategy to improve father-inclusive practice. Few studies have explored midwives' experiences of working with fathers.

What is already known

The active engagement of fathers in maternity care is associated with long-term psychological and social benefits for the father, their partner, and their child.

What this paper adds

Midwives recognised the importance of engaging fathers, but acknowledged significant knowledge gaps. Several strategies, barriers and facilitators to engaging men in perinatal services offered by midwives were identified.

1. Introduction

Over recent decades, expectant and new fathers have become increasingly involved in antenatal and maternal health care services. Today, many fathers see themselves as much more than just passive support persons for their partners during the perinatal period, the time encompassing pregnancy, labour, birth, and the first 12 months postpartum.¹ Despite fathers' physical presence and desire for increased involvement, many high-resource health-care systems tend to generate feelings of exclusion, fear, and uncertainty for fathers,^{1–3} which can increase men's vulnerability to experience mental health problems. This is of concern, as a

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meta-analysis of paternal perinatal depression reported prevalence rates between the first trimester and 1 year postpartum of 10.4%.⁴ Estimates of perinatal anxiety disorders in fathers are also high; a recent systematic review reported prevalence rates ranging between 4.1% and 16% during the prenatal period, and 2.4% to 18% during the postnatal period.⁵

Although women-centred maternity care is essential, there is a need for more recognition of fathers in the provision of maternity services. This was recently acknowledged by the World Health Organisation who declared that engaging with fathers and families is a priority for all maternal and newborn health services around the world.⁶ In health literature, the term “engagement” is used to describe a positive, active relationship between a service/practitioner and a consumer.⁷ Engaging with fathers is synonymous with being father-inclusive, which refers to responding to the needs of families as a system by including fathers in all aspects of the planning and implementation of a service.⁸ Fathers are more likely to participate in labour and birth related appointments with their partner, compared to participation in other family-related services.⁸ Indeed, over 95% of fathers in industrialised nations attend the birth of their baby.³ As such, midwives are ideally placed within healthcare systems to engage fathers, as they have several opportune moments across the perinatal period where they are likely to have contact with men.⁹

Positive and authentic engagement from midwives that acknowledges fathers in the transition to parenthood, has the potential to increase fathers' trust, decrease fear, and increase the chance of men seeing themselves as valued co-parents.¹ This can have a significant impact on fathers' perinatal mental health, which is associated with long-term psychological and social outcomes for the father, their partner, and their child. For example, fathers' psychological distress has been associated with less involvement in antenatal appointments, less responsiveness to infant cues, less involvement in child caregiving tasks, and increased parenting hostility.^{10–12} This can result in impaired infant development^{13,14} and compromised family relationships.^{15–18} The active engagement of fathers in maternity care, therefore, aligns with recent calls for more father-inclusive approaches to perinatal mental health.¹⁹

Several studies have explored fathers' perceptions of midwifery care, and have consistently reported higher levels of midwifery support to be a critical aspect that contributes to the positive transition to fatherhood for men. For example, Hildingsson et al.²⁰ surveyed new fathers ($N=595$) about their experiences of birth. The strongest factors associated with a positive birth experience for the father were midwife support and the midwife's ongoing presence in the delivery room. Similarly, a qualitative study ($N=11$ fathers) by Longworth and Kingdon²¹ indicated that the degree of communication between a father and midwife made a significant difference to the level of control and involvement that fathers felt at the birth. In turn, this influenced the fathers' positive or negative perceptions of birth events. Another qualitative study ($N=13$ fathers) described how fathers' sense of early postnatal security can be enhanced via engagement from midwives during the birth process.²²

Despite these investigations into fathers' perceptions, few studies have explored midwives' experiences of working with fathers. Reed²³ explored midwives' ($N=15$) views regarding fathers' involvement in antenatal screening processes for maternal diseases and foetal health. The midwives unanimously acknowledged the increased involvement of fathers, but their accounts highlighted the tensions between upholding women's reproductive autonomy and fathers' rights to be involved in the screening process, particularly if there were any concerns about domestic violence. Whilst of value, this study was limited by only exploring midwives' experiences working with fathers in one specific

context. Hildingsson and Haggstrom²⁴ also interviewed midwives ($N=7$) about their experiences of being supportive to prospective parents during pregnancy. Only one midwife mentioned working directly with fathers, reflecting on whether fathers who were absent from antenatal appointments were being sufficiently engaged by maternal services.

There is a clear need for research that explores midwives' perceptions and experiences of engaging fathers, particularly given the impact that midwifery care can have on a new father's transition to parenthood. As identified by several authors, a key strategy to improve father-inclusive practice is to survey staff attitudes and experiences.^{8,25,26} Therefore, the aim of this study was to describe midwives' perceptions and experiences of engaging fathers in perinatal services. Several research questions were explored: (1) To what extent do midwives see it as part of their job to engage fathers? (2) How do midwives' rate their knowledge, skills and confidence in engaging fathers? (3) What are midwives' perceptions of fathers' perinatal mental health problems? (4) What are midwives' perceived training needs to engage fathers? (5) What strategies do midwives use to engage fathers? and (6) What are midwives' perceived barriers and facilitators to engaging fathers?

2. Method

2.1. Study design

A multi-method approach was selected in order to provide a “fuller picture”²⁷, p. 239 of midwives' work with fathers. This involved using both an online survey and telephone interviews. Initially, the research team collaborated in the development of survey questions aimed to gather data regarding midwives' perceptions of father engagement and father experiences (research questions 1–4; see Appendix A). Consensus was reached among the investigators about the face and content validity of the questions. The survey was piloted with a midwife who endorsed the content and language of the items. Telephone interviews were chosen to explore the strategies midwives use to engage fathers, and to discuss the barriers and facilitators of father engagement (research questions 5–6), as responses to these topics could not be covered in sufficient detail by the quantitative survey. A semi-structured interview guide was developed by the researchers for the telephone interviews (Table 1). The guide was used in a flexible manner, in response to the direction in which the midwives wanted to take the interview. The use of telephone interviews in psychology and health research is becoming increasingly popular, with evidence that telephone interviews are a valid and reliable method to collect qualitative data.^{28,29}

2.2. Procedure

An online webpage was developed that provided details of the study and a hyperlink to the questionnaire. Data collection occurred between May and July 2016. The survey was advertised by the Australian College of Midwives (ACM) via their weekly online newsletter,³⁰ which is sent out to an estimated 5000 members (at the time of data collection). As indicated by the Administrative Officer at ACM, members include registered midwives, retired midwives, midwifery students, consumers, and other interested parties (e.g., researchers, other health professionals). The survey link was advertised in two ACM newsletters, circulated four weeks apart. To aid recruitment, the survey link was also emailed to 50 midwives registered on a publically available database.³¹ Eligibility criteria required that midwives (1) be a registered midwife currently practicing in Australia; and (2) have 6 months or more experience working as a

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