



Original Research - Quantitative

## Needs of fathers during labour and childbirth: A cross-sectional study

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## ABSTRACT

Fathers play an important role in the childbearing process, but are sometimes sidelined by midwives. The objectives were: identify fathers' needs during the labor and childbirth process; determine if their needs were met by midwives; and identify variables influencing these needs.

The questionnaire was designed based on a systematic literature search and validated by a multistage consensus method. Data were collected during a cross-sectional study in two maternity wards in Belgium, where a medical-led model is used. Fathers present during natural childbirth were recruited via consecutive sampling.

Based on multivariate analyses, fathers with a higher education level and multiparous fathers needed less information about the process of birth compared to less educated fathers ( $p < 0.05$ ; OR = 4.08; 95% CI = 1.02–16.31) or first-time fathers ( $p < 0.001$ ; OR = 0.04; 95% CI = 0.01–0.18). For multiparous fathers, a tour of the delivery room was less important than for primiparous fathers ( $p = 0.005$ ; OR = 0.14; 95% CI = 0.03–0.54). Married fathers needed less information on how to support their partners physically ( $p < 0.005$ ; OR = 0.18; 95% CI = 0.06–0.59) and emotionally ( $p = 0.01$ ; OR = 0.24; 95% CI = 0.08–0.72) compared to cohabiting fathers. Information needs are more important to fathers compared to needs focusing on the birth experience or their involvement. Socio-demographic variables like educational level, parity, and marital status were associated with fathers' needs. Midwives need to be aware of fathers' needs during the birth process and to fulfill these needs appropriately.

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## Statement of significance

## Problem

Fathers are getting more involved during labour and childbirth. It is important to know which specific needs fathers have during the childbearing process to optimise midwifery care.

## What is already known

Fathers want to be involved in perinatal care, which can lead to a more positive birth experience for fathers and can avoid negative outcomes for both mother and child.

## What this paper adds

Studies about fathers' involvement are increasing, but studies about the needs of fathers during childbirth, however, are scarce. This paper shows which type of needs fathers have (information, experience needs) and which variables can influence these needs (parity, education level, marital status). Additionally, this study also determines if the needs were met by the midwives or not.

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## 1. Introduction

In Europe, partners have been encouraged to be present during childbirth since the 1970s.<sup>1</sup> Within ‘the natural childbirth movement’ in the United States, the expectant father was seen as the most appropriate person to support the mother in the natural process of childbirth.<sup>2–4</sup> Today, the presence of a partner during childbirth is common<sup>3</sup>; in England for example, 95% of fathers are present during labour and childbirth.<sup>5</sup> In Scandinavian countries, this percentage is even higher, namely 98% of fathers.<sup>6</sup>

Studies describe the involvement of fathers during labour and childbirth in different ways: from actively involved fathers to passive supporters.<sup>7</sup> Chapman describes three fathers’ roles that imply a degree of engagement.<sup>2</sup> Fathers can be present during labour in the role of ‘coach’, ‘teammate’ or ‘witness’.<sup>2</sup> Fathers in the role of coach have a high degree of engagement. They see themselves as leaders of the experience of childbirth and support their partner during labour. Fathers in the role as teammate see themselves as helpers. They are supportive by responding to the requests of their partner. The role of witness includes fathers who are observers. They are present, but often looking for distraction during childbirth: watching television, reading a book, or walking in the corridor.<sup>2</sup> Lamb et al. define three components to cover the concept of involvement: interaction, availability and responsibility.<sup>8</sup> These three components are applicable to paternal involvement after childbirth. As such, a translation to the context of labour and childbirth had to be made. Interaction is defined as the direct contact with the partner and caregivers during labour and childbirth, through caretaking or shared activities. The second component, availability, is defined as being present or accessible to the partner during labour and childbirth whether or not through direct interaction. Responsibility is described as the role of the father during the process of childbirth in ascertaining that the partner is taken care of.<sup>8</sup> The three components cannot be seen separately.<sup>8</sup>

Involvement can be seen in the light of collaboration with the partner and the midwife. The literature shows that fathers can receive limited attention from midwives and that they are not always involved during labour and childbirth.<sup>9–12</sup> Fathers who are less involved can have a more negative birth experience.<sup>11,13</sup> When fathers feel to be left out, this can be associated with panic and helplessness.<sup>9</sup> A negative birth experience can also lead to symptoms of post-traumatic stress disorder (PTSD).<sup>14</sup>

Involving fathers in childbirth may result in a range of positive effects, such as being able to better manage their overwhelming feelings of helplessness or experiencing the first contact with their child more positively.<sup>9</sup>

Besides fathers, mother and child benefit as well when the father is part of the childbearing process.<sup>15–18,3,4</sup> Supportive fathers during pregnancy can decrease the risk of a preterm delivery by moderating the effects of maternal chronic stress.<sup>15,19</sup> Furthermore, when fathers are involved during the perinatal period, the risk for an infant with a very low birth weight or born very preterm is decreased.<sup>16</sup> Fathers provide emotional, psychological, and practical help during labour,<sup>3,4</sup> which promotes a more positive childbirth experience for both parents.<sup>17</sup> Sharing this experience stimulates emotional bonding between partners and strengthens the sense of shared responsibility for their child.<sup>18</sup>

Previous studies show that most fathers prefer to be involved in the process of childbirth and that they want information suiting their needs during that process.<sup>20,11,21</sup> Hildingsson et al. and Poh et al. found that the majority of the fathers reported that receiving information about the progress of labour was important.<sup>11,22</sup> The need to be involved in labour and childbirth was also described in a study by Bäckström and Wahn.<sup>9</sup> Kainz et al. described that fathers sometimes act like spokesmen for their partners during labour and

childbirth.<sup>3</sup> Fathers support their partners physically by attending to their needs in the delivery room, such as changing positions, or keeping their partners warm or cool.<sup>23</sup> Other studies also refer to the physical support provided by fathers, such as giving massages, cuddling, and providing fluids.<sup>3,4</sup>

Three reasons underpinned the need for our study. The first one being that literature about the needs of fathers during labour and childbirth is generally scarce. Another reason is that in Flanders a medical-led model is used compared to a midwifery-led model, where midwives are playing a central role and are focusing on the normalcy of childbirth often used in other countries.<sup>24–26</sup> In the medical-led model, the midwife is capable to observe and support the process of labour and is the primary caregiver during childbirth, but the obstetrician performs the delivery and is thus ultimately responsible.<sup>24,25</sup> Conclusions of previous studies about the needs of fathers, often performed in a context of a midwifery-led model, are not applicable to contexts where a medical-led model is used (such as in Flanders). The medical focus of the care for childbearing women affects the role of the midwife.<sup>27</sup> The final reason deals with the recent development to decrease the hospital stay of women after childbearing.<sup>28</sup> In the light of a shortened stay and the involvement of partners, fathers can be an important player in the childbearing process.<sup>28</sup> In order to know what is important in involving fathers, their information and involvement needs should be identified.

The objectives of this study are to: (1) identify needs of fathers during labour and childbirth, (2) verify accomplishment of their needs by midwives, and (3) identify variables that can influence the fathers’ needs.

## 2. Participants

Participants were recruited in two maternity wards in Belgian hospitals, using consecutive sampling. Fathers of new born children who had attended a vaginal birth (including induction, epidural anaesthesia and assisted vaginal delivery, such as episiotomy, medical stimulation of contractions, vacuum extraction and forceps delivery), spoke Dutch, and were able to complete a questionnaire were invited to participate.

## 3. Methods

A draft questionnaire was designed based on a systematic literature search and existing questionnaires. The distinction between information needs and needs focusing on experience or involvement was not made in previous questionnaires. The ‘felt needs’ approach of Johnsen et al. was chosen for this questionnaire.<sup>29</sup> (p. 1026) A felt need is defined as ‘the degree to which the patients express a need for help for a specific problem ( . . . ) measured by asking the patients if they have received sufficient help ( . . . )’.<sup>29</sup> By using this approach it is possible to evaluate the services the patients received.<sup>29</sup>

Eight experts validated the content by means of a Delphi procedure. This is a multistage consensus method, involving the transformation of opinions into a group consensus.<sup>30</sup> The panel consisted of a gynaecologist, an independent Registered Midwife (working in a private midwifery practice), two Registered Midwives (bachelor level), two Registered Midwives (master level, Msc) and two Registered Nurses (PhD and Msc). The Delphi procedure was used in this study to calculate the Content Validity Index (CVI) for each question.<sup>31</sup> A cut-off point of 0.88 (seven of the eight experts agreed) was used.<sup>32</sup> In the last Delphi round all items scored 0.88 or more. Two Delphi rounds were needed to validate the questionnaire.

The questionnaire consisted of six parts: (1) preparation for childbirth, (2) general information, (3) support from the

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