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## A narrative review of fathers' involvement during labour and birth and their influence on decision making



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#### ABSTRACT

*Objective:* to identify and critically review the research literature that has examined fathers' involvement during labour and birth and their influence on decision making.

*Design:* the review follows the approach of a narrative review. Systematic searches of electronic databases Social Services Abstract, Sociological Abstracts, ASSIA, CINAHL Medline, Cochrane library, AMED, BNI, PsycINFO, Embase, Maternity and Infant care, DH-Data and the Kings Fund Database were combined with manual searches of key journals and reference lists. Studies published between 1992 and 2013 examining fathers' involvement during intrapartum care were included in the review.

Findings: the findings of this review suggest that fathers' level of involvement during labour ranges from being a witness or passive observer of labour and birth to having an active supporting and coaching role. The findings also suggest that there are a number of facilitators and barriers to fathers' involvement during labour and birth. There are a limited number of studies that have examined fathers' involvement in decision making and specifically how fathers' influence decision making during labour and birth. Key conclusions: future research needs to address the gap in the literature regarding fathers' involvement and influence on decision making to help midwives and obstetricians understand the process in order

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enhance the transition to parenthood for women and men.

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#### Introduction

The participation of fathers during birth has increased in Western societies since the 1970s (Chandler and Field, 1997), Prior to the 1970s, many maternity hospitals in the United Kingdom (UK) adopted a policy that excluded fathers and other friends and relatives from attending the birth (Chapman, 1992, Draper, 1997). By the 1970s, however, medical resistance was overcome by a consumer discourse on pregnancy and childbirth which arose in the United States of America (USA) and the UK. This was influential in undermining some of the medical dogma against fathers (Chapman, 1992) and was associated with the emergence of the natural childbirth movement. Fathers were redefined as a valuable resource for the midwives in the labour room, rather than as an obtrusive sightseer. At the same time consumer discourses included a greater emphasis on the psychological and emotional aspects of birth (Lewis, 1987) and fathers support in labour was seen as being a step towards ensuring these needs were met.

Today labour and birth are a significant event for fathers. Whilst the actual labour and birth can provoke a range of emotions, from fear to euphoria, the birth marks a new phase that brings additional roles and responsibilities (Draper, 1997). The transition to fatherhood begins during pregnancy, however, the birth is an important event in the on-going process of adaptation to parenthood (Genesoni and Tallandini, 2009). Understanding the process by which fathers are involved or influence decision making during labour and birth may help midwives and obstetricians improve the birth experience and enhance the transition to parenthood for women and men.

Research about father's presence during labour goes back as far as the 1980s when fathers were slowly being admitted to the labour room. In the 1980s the research focused mainly on birth outcomes. The evidence then suggested that a fathers' presence during labour may lead to a shorter labour and birth, better outcomes for the mother, and had a positive effect on parental relationships and attachment between father and child (Bowen and Miller, 1980; Antle-May and Perrin, 1985; Palkovitz, 1985). More recent evidence concurred with these findings and suggested that the presence of a father reduces the length of labour, the need for caesarean section and analgesia, increases the number of normal births and decreases the length of labour (Somers-Smith, 1999; Ip, 2000, Chan and Paterson-Brown, 2002; Gungor and Beji, 2007; Hodnett et al., 2011).

Since the 1980s the research evidence has also examined the positive effects on the couple's relationship as well as the father–child relationship (Nichols, 1993; Logsdon et al., 1994; Vehviläinen–Julkunen and Liukkonen, 1998; Greenhalgh et al., 2000; Grossmann et al., 2002; Brandao and Figueiredo, 2011). Fathers' involvement during labour has been found to deepen their relationship with their partner and to be an important part of the process of becoming a father (Logsdon et al., 1994; Vehviläinen–Julkunen and Liukkonen, 1998). Fathers' involvement at birth has been found to improve the play sensitivity score of babies (Grossmann et al., 2002) and increase the emotional involvement between father and child at one month post partum (Brandao and Figueiredo, 2011).

Research in the 1990s, when the number of fathers in the labour room was increasing, began to focus on fathers' experiences during labour and birth. The evidence suggests that although fathers have a strong desire to be present they have a mixture of negative as well as positive experiences. Fathers were made to feel comfortable by the

nurses and midwives, felt they were helpful to their partner and were happy with the care their partner received. Fathers also reported feelings of joy and happiness when the baby was born (Nichols, 1993; Chalmers and Meyer,1996; Vehviläinen-Julkunen and Liukkonen, 1998; Chan and Paterson-Brown, 2002). However, some fathers felt pressurised into being present, had feelings of discomfort and helplessness and were made to feel like outsiders by health-care professionals when present. They were also fearful of seeing their partners in pain, reported feelings of fear and anxiety during operative interventions and expressed concerns over the baby's well-being (Chalmers and Meyer, 1996; Chandler and Field, 1997; Vehviläinen-Julkunen and Liukkonen, 1998; Hallgren et al., 1999; Chapman, 2000; Johnson, 2002; Eriksson, et al., 2006; Nolan et al., 2011).

Over the last 10 years a number of UK policies have recommended greater involvement of fathers during labour and birth, including the government publication 'Maternity Matters (DH, 2007) which made recommendations for more active involvement of fathers during childbirth. Guidance from the Department of Health (DH) 'Preparation for birth and beyond resource' (DH, 2011) as well as the Royal College of Midwives' guide 'Reaching out: involving fathers in maternity care' (2011), and Midwifery 2020 (Midwifery 2020, 2010) all emphasised that health professionals should routinely engage with both parents in maternity care, and ensure that both are well informed. A publication by the former National Health Service Institute for Innovation and Improvement 'Promoting Normal Birth' (2010) emphasised the importance of father's involvement in decision-making as part of the process of promoting choice within maternity services. There is also an increased pressure on the midwifery profession to respond in practice to the push to involve fathers during labour and birth from service user groups and through policy directives (Fatherhood Institute, 2008; Department for Children, Schools and Families, Department of Health, 2009; Chief Nursing Officers of England, Northern Ireland, Scotland and Wales, 2011). Several national policies from other countries also support the involvement of fathers during labour and birth (The National Board of Health and Welfare, 1981; Perinatal & Maternal Mortality Review Committee, 2009; New South Wales, 2009).

In order to for midwives to respond to this push to involve fathers more during labour and birth, it is important to understand more fully fathers' role in decision making during labour and birth. The aim of this paper therefore is to critically appraise and synthesise the research literature that has examined father's involvement in decision making during labour and birth.

#### Methods

A comprehensive narrative review of the literature was undertaken with the aim of identifying and critically appraising and synthesising empirical studies that have examined fathers' involvement in decision making during labour and birth. The search strategy was a systematic search of the following electronic databases for empirical studies published between 1992 and 2013: Social Services Abstract, Sociological Abstracts, ASSIA, CINAHL, Medline, Cochrane library, AMED, BNI, PsycINFO, Embase, Maternity and Infant care, DH-Data and the Kings Fund Database. The search terms were developed around three key areas, namely 'fathers', 'decision making', and 'intrapartum care'. Search terms used are presented in Table 1.

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