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## Childbirth fear in Swedish fathers is associated with parental stress as well as poor physical and mental health



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### ABSTRACT

**Objective:** to compare self-rated health and perceived difficulties during pregnancy as well as antenatal attendance, birth experience and parental stress in fathers with and without childbirth related fear.

**Design:** a longitudinal regional survey. Data were collected by three questionnaires.

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

**Participants:** 1047 expectant fathers recruited in mid-pregnancy and followed up at two months and one year after birth.

**Measurements:** childbirth fear was assessed using the Fear of Birth Scale (FOBS). Self-rated physical and mental health and perceived difficulties were assessed in mid pregnancy. Two months after birth antenatal attendance, mode of birth and the birth experience were investigated. Parental stress was measured using the Swedish Parental Stress Questionnaire (SPSQ). Crude and adjusted odds ratios were calculated between expectant fathers who scored 50 and above (childbirth fear) and those that did not (no fear).

**Findings:** expectant fathers with childbirth related fear (13.6%) reported poorer physical (OR 1.8; 95% CI 1.2–2.8) and mental (OR 3.0; 1.8–5.1) health than their non-fearful counterparts. The fearful fathers were more likely to perceive difficulties in pregnancy (OR 2.1; 1.4–3.0), and the forthcoming birth (OR 4.3; 2.9–6.3) compared to fathers without childbirth fear. First-time fathers with fear attended fewer antenatal classes. Fathers with high fear reported higher mean scores in four of the five subscales of the SPSQ. Childbirth related fear was not associated with mode of birth or fathers' birth experience.

**Key conclusions:** expectant fathers with childbirth related fear had poorer health, viewed the pregnancy, birth and the forthcoming parenthood with more difficulties. They were less often present during antenatal classes and had higher parental stress.

**Implications for practice:** this study provides insight into the health of expectant fathers during pregnancy and highlights the importance of understanding how childbirth fear may affect expectant fathers in both the short and longer term.

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### Introduction

Society places great value on the formation and maintenance of positive family relationships in the course of the lifespan; from the

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earliest days of pregnancy and the arrival of a new baby through to old age. In high income western nations such as Sweden, a father's involvement during pregnancy and his presence at the birth of his child is seen as integral to the establishment of healthy families. The expectation that a father attend during the labour and birth process has become virtually universal since the 1970s (Dellmann, 2004; Reed, 2005) and has effected a major shift in westernised birthing culture. Men's participation in antenatal appointments

and classes as well as the birth, was purported to increase their involvement with their children and enhance the father–infant bond (Mander, 2004). The presence of fathers in the pregnancy and birth was seen as one way of humanising medicalised birth, reducing fear and providing increased support for women (Reed, 2005).

Some 20 years after the widespread adoption of a more inclusive role for fathers in pregnancy and birth, researchers began to focus enquiry on understanding the role and experience of the father during the childbirth experience (Lupton and Barclay, 1997; Mander, 2004; Dolan and Coe, 2011). One review of the literature found that becoming a father was both ‘wonderful and distressing’ (Dellmann, 2004) and everything in between. Although some men report great joy leading up to and during the birth of their children, a consistent finding in the literature is that many others feel their role is ambiguous often secondary and frequently overlooked by health professionals (Dellmann, 2004; Johansson et al., 2012; Shibli-Kometiani and Brown, 2012; Steen et al., 2012). In addition for some men pregnancy and the subsequent expectations around attending the labour and birth generate high levels of anxiety and fear (Barclay and Lupton, 1999; Eriksson et al., 2006; Fenwick et al., 2012).

The prevalence of women’s childbirth related fear, its characteristics and effect on mode of birth has been widely reported in the Nordic countries (Saisto and Halmesmaki, 2003; Alehagen et al., 2006; Nilsson et al., 2012). More recently childbirth fear has become of increasing interest to researchers from countries such as the United Kingdom and Australia (Fenwick et al., 2009; Kingdon et al., 2009; Haines et al., 2011). There is much less known however about men’s fear of childbirth. Despite there being no validated instrument specially developed to measure men’s fear what evidence is available suggests that around 13% of fathers experience fear of childbirth (Eriksson et al., 2005; Hildingsson et al., 2013). Little is known about the role fear may play for fathers in affecting their expectations of and decisions about the pregnancy, mode of birth and parenting.

The transition to fatherhood is a watershed process for men in terms of their masculine identity (Dolan and Coe, 2011; Hoefner et al., 2011). For men with high levels of fear, negotiating an identity and role in the context of antenatal health checks, labour rooms and postnatal care may create greater stress than for men who are not anxious or afraid. The transition to fatherhood for many men is reported to be poorly addressed through antenatal education and postnatal care (Deave and Johnson, 2008).

It is probable that like their female counterparts, men who fear birth may experience poorer self-rated mental and physical health and negative anticipation toward the impending parenthood. Both men and women can experience significant levels of parental stress in the first 12 months of their child’s life (Widarsson et al., 2013). It could be hypothesised that men who experience high levels of fear in relation to childbirth will be less positive and experience greater levels of parental stress as they transition to the new father role than less fearful men. Men’s experiences of childbirth and early parenting, especially for those that are fearful, are important to investigate given our current lack of knowledge and understanding. The aim of this study was therefore to compare self-rated health and perceived difficulties during pregnancy and to follow up antenatal attendance, birth experience and parental stress in fathers with and without childbirth related fear.

## Methods

### Design

This study was part of a longitudinal regional survey that recruited pregnant women and their male partners in mid-

pregnancy. Participants were followed up at three time points (late pregnancy, two months and one year after birth) (see Hildingsson et al., 2013). The study was approved by the regional ethical committee (DNR 06-134). Before sending out the postnatal questionnaires the birth records were checked for stillbirths and neonatal deaths and any affected fathers were not sent questionnaires.

### Participants, recruitment and data collection

Participants were male partners of pregnant women who were booked for routine ultrasound screening during 2007 at three hospitals in the middle-northern part of Sweden. Antenatal care in Sweden is organised within the primary health care with a midwife as the primary caregiver, who meets the parent during the 6–9 recommended antenatal visits during a normal pregnancy. There is no routine visit to a doctor during a normal pregnancy. Swedish fathers are encouraged to attend during antenatal visits, the routine ultrasound examination and during labour and birth. Antenatal classes are offered mainly to first-time parents.

To be eligible for the study, mastery of the Swedish language and a normal ultrasound result were required. The expectant fathers were invited to participate in the study by the midwife who performed the ultrasound. If interested a consent form was signed and the first questionnaire was administered in the ultrasound ward or taken home and returned in a pre-paid envelope. Two reminder letters were sent to non-responders after two and four weeks. Additional questionnaires were sent to the participants’ home address, at two months and at one year after the birth. Similar reminder procedures were performed on all questionnaires. The two month post birth questionnaire was sent out to all fathers who completed the questionnaire during pregnancy. The one year follow up questionnaire was only sent to those who had completed all previous questionnaires.

### The Fear of Birth Scale

Childbirth related fear was assessed using the Fear of Birth Scale (FOBS) (Haines et al., 2011). Expectant fathers were asked to rate their feelings in response to the question *How do you feel right now about the approaching birth?* by placing a mark on two 100 mm VAS-scales with the anchors defined as (a) ‘calm and worried’ and (b) ‘no fear and strong fear’. The correlation between the two scales was 0.73 and Cronbach alpha 0.84 (Hildingsson et al., 2013). Following on from previously published research in this same longitudinal cohort (Hildingsson et al., 2013) the cut-point of 50 or higher determined childbirth related fear. Using this cut-point was based on the previous work undertaken with pregnant women (Rouhe et al., 2008; Haines et al., 2011).

### Explanatory variables

Demographic and background data were collected in mid-pregnancy and included information such as age, marital status, country of birth, tobacco habits, number of previous children and level of education. At this time participants were asked to self rate their physical and mental health. Self-reported physical and mental health was assessed on a 5-point Likert scale ranging from ‘Very good’ to ‘Very bad’. Due to the skewed distribution of the responses the variables were dichotomised into ‘Good’ (Very good and good) and ‘Less than good’ (neither good, nor bad, bad and very bad). In addition fathers were asked whether they perceived that there would be any difficulties during the pregnancy, the forthcoming birth and during the early days of parenthood. The response option for each of the three areas of perceived difficulties was ‘Yes’ and ‘No’.

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