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# First-time fathers' expectations and experiences of childbirth in relation to age



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## ABSTRACT

**Objective:** to investigate first-time fathers' expectations and experiences of childbirth and satisfaction with care in relation to paternal age.

**Design:** data from a randomised controlled trial of antenatal education were used for secondary analysis. Data were collected by questionnaires in mid-pregnancy and at three months after the birth. Comparisons by  $\chi^2$ -tests and Student's *t*-tests were made between men in three age groups: young men aged  $\leq 27$  years ( $n=188$ ), men of average age 28–33 years ( $n=389$ ) and men of advanced age  $\geq 34$  years ( $n=200$ ).

**Setting:** the expectant fathers were recruited from 15 antenatal clinics spread over Sweden.

**Participants:** 777 first-time fathers.

**Findings:** antenatal expectations and postnatal memory of the childbirth experience varied by paternal age. In mid-pregnancy, mixed or negative feelings about the upcoming birth were more prevalent in men of advanced age (29%) compared with men of average (26%) and young (18%) age ( $p < 0.01$ ), and they feared the event more than the youngest (mean on the Wijma Delivery Expectancy Questionnaire: advanced age 43.3; average age 42.9; young 38.7;  $p < 0.01$ ). The older men also assessed their partner's labour and birth as more difficult (advanced age 43%; average age 41%; young 32%;  $p=0.05$ ) and had a less positive overall birth experience (advanced age 30%; average age 36%; young 43%;  $p < 0.05$ ). However, older fathers were more satisfied with care given during the intrapartum period: 52% were overall satisfied compared with 46% of the men of average age and 39% of young age ( $p=0.03$ ).

**Key conclusions:** men of advanced age had more fearful and negative expectations during their partner's pregnancies and postnatally assessed the births as less positive and more difficult than younger men did. Despite this, older men were more satisfied with intrapartum care.

**Implications for practice:** knowledge about age-related differences in the expectations and experiences of first-time fathers may help midwives and doctors give more individualised information and support, with special attention to older men's expectations and experiences of the birth as such, and to younger men's perception of care.

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## Introduction

Delayed childbearing applies not only to women but also to men. During recent decades, the average age of parents when their first child is born has increased in European countries, and in 2010 it was 31 years for Swedish men and 29 years for women (Fig. 1). Longer educational periods, establishment in the labour market, unstable financial situation and a wish to maintain an independent life are some of the explanations why young couples delay starting a family (Statistics Sweden, 2001).

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There is a growing body of literature showing that increasing paternal age is problematic from a reproductive point of view, in that it is associated with fertility problems, miscarriage, fetal death, preterm birth, preeclampsia, caesarean section, and offspring problems such as birth defects (Sartorius and Nieschlag, 2010). The increased medical risks for older first-time mothers, such as preterm birth, placenta complications (Cleary-Goldman et al., 2005; Joseph et al., 2005), prolonged labour (Treacy et al., 2006), excessive bleeding (Luke and Brown, 2007a, 2007b), anal sphincter tears (Fitzgerald et al., 2007), caesarean section and vacuum extraction (Cleary-Goldman et al., 2005; Luke and Brown, 2007a, 2007b), are well documented. The infants of mothers of advanced age are at higher risk of being small for gestational age (Cnattingius et al., 1992; Joseph et al., 2005) and for perinatal morbidity (Joseph et al., 2005) and mortality (Nybo Andersen

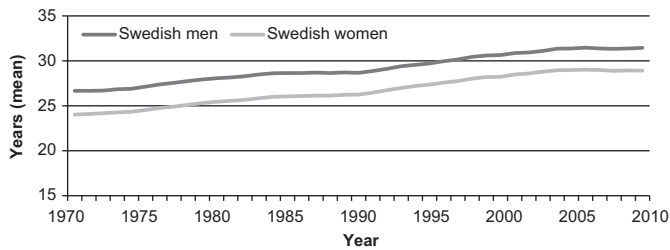


Fig. 1. Average age of Swedish men and women when they have their first baby, 1970–2010 (Statistics Sweden).

et al., 2000; Jacobsson et al., 2004; Joseph et al., 2005; Delbaere et al., 2007; Nabukera et al., 2006). These risk factors may affect women's experience of birth, which in turn may have long-term consequences, such as posttraumatic stress (Beck et al., 2011), depressive symptoms (Zaers et al., 2008) and even delayed future reproduction (Gottvall and Waldenström, 2002). A national study of Swedish women's birth experience showed that the oldest, aged 35–43 years, experienced childbirth overall as more difficult and tended to be more dissatisfied with intrapartum care, compared with women aged 26–29 years (Zasloff et al., 2007).

The emotional consequences of men's postponed parenthood have not been fully recognised. The fact that they are exposed to similar events as their, in most cases, 'old' partners, but in a different and supportive role (Chandler and Field, 1997), may affect their expectations of and experiences during the birth event and in turn, their well-being and health (Schytt and Hildingsson, 2011). Experiences during the birth may involve exposure to medical interventions that are difficult to interpret, feelings of helplessness regarding the partner's endurance of pain (Vehviläinen-Julkunen and Liukkonen, 1998; Hildingsson et al., 2011; Premberg et al., 2011) and fear for her or the infant's health or life. Few studies include age as a possible predictor for the birth experience in fathers. In a recent Swedish study of 595 primi- and multiparous parents who had experienced a normal vaginal childbirth, a father's positive birth experience was not associated with age when adjusted for marital status, country of birth and educational level (Hildingsson et al., 2011). Even when operative deliveries were included, the differences were statistically non-significant (Johansson et al., 2012). However, in a small study of 107 Finnish fathers, older men ( $\geq 33$  years) had less positive feelings during their partner's labour than their younger peers, and in particular the older first-time fathers (Vehviläinen-Julkunen and Liukkonen, 1998).

To facilitate a positive birth experience for the father, it is essential that the intrapartum staff include him in conversations and in the support and caring actions of his partner (Hildingsson et al., 2011). The support by the midwife has been recognised as particularly important, i.e. her presence in the delivery room and her continuous information about the progress of labour (Hildingsson et al., 2011). It is possible that a father's age and background may play a role in his interaction with the medical staff. For patient satisfaction with care in general, factors such as young age, ethnicity and medical conditions, such as psychiatric conditions or long-term pain, have been found to be related to dissatisfaction (Lyrtzopoulos et al., 2012).

To increase our understanding of how the needs of first-time fathers are met during labour and birth, and how expectations and experiences of the birth vary with age, we took the opportunity of using previously collected data on a large sample of Swedish first-time fathers.

The aim was to investigate first-time fathers' expectations and experiences of childbirth and intrapartum care in relation to age, in a sample of Swedish men.

## Methods

### Participants and procedure

This study uses data collected for a randomised controlled trial designed to test the effect of two models of antenatal education, the TUFF-trial (Bergström et al., 2009). Participants were randomly allocated to a standard care programme with information on childbirth and parenthood, or to natural childbirth preparation with breathing and relaxation techniques. Recruitment for the trial took place between 2005 and 2007 in 15 antenatal clinics, spread over Sweden. The participants filled in two questionnaires, at baseline in mid-pregnancy and at follow-up three months after the birth. There were neither any differences between the randomised groups regarding the primary outcomes of the trial (labour outcomes, experience of childbirth and early parenthood) (Bergström et al., 2009), nor differences in expectations or experience of childbirth and intrapartum care between men in the randomised groups *within the age strata* used in this study (data not shown, available on request). For the purpose of this study it was therefore possible to merge the randomised groups for secondary analyses.

Of approximately 1300 eligible men, 1064 agreed to participate in the trial. Of these, we included 777 men who were first-time fathers, had completed the follow-up questionnaire and whose partner had planned a vaginal childbirth, elective caesarean deliveries excluded. This sample was divided into three groups on the basis of paternal age in mid-pregnancy. There is no consensus regarding the definition of 'advanced' paternal age and different age cut-offs have been used, for instance in studies of male fertility: 30 years (Ford, 2000), 35 years (Dunson et al., 2002), > 40 years (de La Rochebrochard et al., 2003) and > 45 years (Hassan and Killick, 2003). In a recent study of social, economic and health characteristics of expectant fathers, advanced age was defined as 35–39 years and very advanced  $\geq 40$  years of age (Vika Nilsen et al., 2013). For the purpose of the present study, we found it reasonable to divide the sample by the breakpoints for the lower and upper quartiles for age, thus defining young men as  $\leq 27$  years ( $n=188$ ), average aged men as 28–33 years ( $n=389$ ) and men of advanced age as  $\geq 34$  years ( $n=200$ ).

### Variables

The questionnaire completed in mid-pregnancy included information on parental age, sociodemographic characteristics (civil status, immigrant background, education, total household income, partner's parity and planned pregnancy), feelings about the upcoming birth ('very positive' and 'positive' versus 'both positive and negative', 'negative' and 'very negative'), worry and fear about the upcoming birth. Single-item questions on worry were retrieved from the Cambridge Worry Scale (Georgsson Öhman et al., 2003; Green et al., 2003) about work and the family's financial situation. These items were chosen as they have previously proved to be associated with new fathers' emotional well-being (Bergström et al., 2011). The response alternatives, which ranged from 0 ('no worry') to 5 ('very strong worry'), were dichotomised so that 3–5 referred to 'worry' and 0–2 to 'no worry'. Fearful expectations of the upcoming birth were measured by the Wijma Delivery Expectancy Questionnaire (W-DEQ A) (Wijma et al., 1998) which was originally developed for women. To assess the relevance of the instrument also for fathers, it was piloted with expectant fathers, in writing and in a speak-aloud situation, where the questions were discussed and commented upon while being answered. This led to the exclusion of eight of the 33 items as they were irrelevant for men. The questions use six-point response scales and cover various feelings and cognitive appraisal about childbirth. The maximum total score was 125 and high values indicate more fear (Wijma et al., 1998). We estimated the validity of the scale in men by calculating the correlation between the total sum

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