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Fathers' experiences of a vacuum extraction delivery – a qualitative study

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ABSTRACT

Objective: To explore fathers' experiences of a birth by vacuum extraction (VE).
Method: A qualitative interview study with 10 fathers analysed with qualitative content analysis.
Findings: The theme 'affected but helpless' refers to the father's role changing when childbirth terminates with a VE. From initially being involved in the delivery, his role switches to being merely an observer at the mercy of the professionals' knowledge and guidance. The VE procedure evoked concerns over the mother's and the child's safety and wellbeing, even if the fathers wanted the birth process to be over. The fathers considered the choice of conducting a VE as an adequate alternative, but they expressed concerns about consequences on future decisions. The theme encompasses all the main categories: wish to be involved, anxious observer, turbulent feelings and thoughts about consequences.
Conclusions: VE delivery has a strong emotional impact on fathers and the procedure is often experienced as a dramatic way to end a birth and an ultimate way to terminate a long birth process. The results indicate that a lack of support and of a genuine opportunity to participate, as well as the mother's pain impair their experience, not the VE delivery, per se.

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Introduction

In Sweden, expectant fathers have been allowed to attend the births of their infants since the late 1950s. Some fathers wish to attend the birth in order to support the mother, out of curiosity or according to the partner's desire [1]. However, most fathers claim they want to be present in order to experience the birth of their child and share the unique event with their partner [2]. The involvement of fathers during pregnancy and childbirth is associated with improved maternal and child outcomes, such as better socio-emotional development of the children and improved mental maternal health [3]. Fathers describe a variety of feelings related to being present during childbirth in general. Most of them experience childbirth as a unique, joyous event [4–7], but there are also divergent descriptions. It can be stressful to see their partner in severe pain [1,8], and some fathers express concerns about the coping ability of the mother to give birth [4] and worry about the health of the partner and the infant [4,5]. Despite such negative feelings, most men describe being present during the birth and the delivery as a positive experience [9,10], and most of them are willing to attend a future childbirth [1,2,9].

Vacuum extraction (VE) is an obstetric procedure that is used in several childbirth situations: to shorten a prolonged second stage of labour; the need to birth the child as quickly as possible due to complications; if pushing is contraindicated because of maternal cardiovascular or neurologic disease; or if the mother is exhausted [11]. The proportion of VE-assisted births is steadily increasing in Sweden, from 10.6% in 1990 to 15.6% in 2012 in all primipara deliveries and from 1.8% to 3.3% in multiparas [12]. Studies on fathers who experienced an instrumental delivery show that the fathers rate the delivery as more traumatic and find themselves less able to be helpful than fathers who attended a spontaneous delivery [9]; there is also a fourfold increased risk of the fathers evaluating the childbirth experience as negative after attending a VE delivery [2]. Fathers with negative birth experiences are more inclined to ask for a Caesarean section (CS) at subsequent childbirths [13]. How men experience childbirth may affect their emotional well-being [14].

Although VE is commonly used, there are no qualitative studies on fathers' experiences of deliveries assisted by VE, to our knowledge. The aim of this study was, therefore, to explore how fathers describe their experiences of being present during a VE delivery, to get a deeper understanding of their perspective.

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Methods

This was an individual interview study of 10 fathers who had participated in a VE delivery. Semi-structured interviews were conducted, starting with an open-ended question [15]. Qualitative content analysis [16] was used in the analysis process, as qualitative methods are useful to describe and gain deeper knowledge of people's experiences [17].

Setting

The participants were recruited from two university hospitals in Stockholm, Sweden. The numbers of deliveries in those hospitals in 2013 were 3900 and 5000, respectively. In the same year, the proportion of all births that were CS and VE were 21% and 13% in the first hospital and 19% and 8% in the second.

In Sweden, most uncomplicated labours and deliveries are handled by midwives. In case of complications, an obstetrician is called upon. If a VE is deemed necessary, in most cases an obstetrician performs the operation in collaboration with the midwife.

Participants

A list from the hospital's database of all women who had undergone a VE delivery during April 2013 was prepared since the interviews were planned to be conducted in May. The medical records were then scrutinised to find out whether: the father had attended the childbirth; the infant was healthy before discharge; the pregnancy was full term; and the infant had not been cared for at a neonatal unit. In order to get a sufficient number of participants, we assessed that we would need to interview 10 fathers, due to the open character of the interview [17]. A telephone call was made to those fathers where the above described criteria were met, starting with the first father on the list. They were informed about the study and asked whether they were willing to participate. Out of the first 16 fathers on the list who fulfilled the criteria, four declined participation and two did not speak enough Swedish to understand our questions, but 10 fathers had adequate skills in Swedish and were willing to participate. Those 10 fathers were sent an e-mail with additional information stating that the interview transcripts would be treated confidentially, that the participants could withdraw from the study at any time and that they could contact someone on the research team if they needed to talk to someone after the interview.

Data collection

To accommodate the participants, they were able to choose the interview place according to their preferences. The majority of the fathers were interviewed in their homes or at their workplaces, though one interview took place at a library and another at a cafe. Appropriate measures were taken to ensure that the interviews were conducted comfortably and in private. Initially, questions were asked regarding socio-demographic background. Thereafter, an open-ended question was posed: the fathers were asked to generally describe their experience during childbirth. Next, specific questions were asked, such as: "How did you understand the reason for the use of VE?" "How did you feel involved during the VE procedure?" This approach allowed the interviewers to address supplementary questions about the father's experiences [15]. When needed, follow-up questions were used to clarify and get deeper descriptions of their experiences. The interviews were conducted by either EA or HB (two of the authors), and were recorded and transcribed verbatim. The interviews lasted between 23 and 84 minutes (mean = 63 minutes).

Table 2
Background characteristics of the participants.

Father	Age	Country of origin	Education	Previous childbirth
1	30	Sweden		1 CS
2	41	Sweden	University	–
3	25	Sweden	Secondary school	–
4	26	Sweden	Secondary school	–
5	29	Mexico	University	–
6	67	Iraq	University	–
7	31	Sweden	University	2 normal
8	34	Sweden	Secondary school	2 normal
9	64	Sweden	Secondary school	–
10	33	Sweden	Secondary school	–

CS = Caesarean section.

Analysis

To analyse the interviews, a quality content analysis with an inductive approach was used to identify similarities and differences in the texts. The inductive approach implied that no elaborate theory or model was used in the analytic process [16].

The text was read several times in order to obtain a better sense of the whole. The core content was then marked with colour codes, and meaningful units covering the same topic were merged, from all interviews [15]. These meaningful units were condensed into comprehensive sentences without changing the content [16]. Each condensed sentence was labelled with a code covering the material's content and meaning. From the beginning, the codes could fit into more than one subheading, and a comparison process to reveal similarities and differences gradually formed subcategories. These subcategories were abstracted into four categories. The content of the main categories was interpreted and an overall latent theme emerged, which is an approach that has been described by Graneheim and Lundman [16]. An overview of the subcategories, categories and theme is presented in Table 1. The preliminary coding process was performed by the interviewers, and the subsequent analysis was discussed by all authors until agreement was met as a means to enhance validation. Quotations are presented to increase trustworthiness of the study and in an attempt to capture the interviewees' feelings about VE.

The study was approved by the Research Ethics committee of Karolinska Institute 2012/399-31/4.

Results

Characteristics of the participants are presented in Table 2, which shows that they were heterogeneous with regard to age, educational level and previous experience of childbirth. Seven of the 10 participants were first-time fathers. One father had experienced a prior CS delivery. None of them had had a previous experience of a VE delivery.

Table 1
Subcategories, categories and theme.

Subcategories	Categories	Theme
A need to be informed Participate in decisions	Wish to be involved	Affected but helpless
I am here for you Thoughts awakened The atmosphere changes	Anxious observer	
Use of the ventouse The birth The VE mark	Turbulent feelings	
Later effects A subsequent pregnancy	Thoughts about consequences	

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