



# 'As long as they are safe – Birth mode does not matter' Swedish fathers' experiences of decision-making around caesarean section



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## ABSTRACT

**Background:** Decision-making in childbirth involves considerations about both the mother and her unborn baby's wellbeing. For men the safety of both is paramount.

**Aim:** To explore and describe Swedish fathers' beliefs and attitudes around the decision for a caesarean section.

**Methods:** Qualitative descriptive study. Twenty one Swedish men whose partners had experienced elective or emergency caesarean participated in a telephone interview. Thematic data analysis was used.

**Findings:** The theme, 'Childbirth is Risky', included "Caesarean birth has lots of advantages" and "Birth mode does not matter". In the context of having experienced a caesarean section male partners considered birth mode to be irrelevant. The majority considered caesarean to be a quick and efficient way of giving birth which equated to being safer. Most men could articulate some risks associated with caesarean but these were mainly minimised. The second theme, 'Simply a matter of trust: Birth mode is not my decision', reflected men's belief that they had little to contribute to the decisions made around birth mode. The decision for a caesarean section was considered to lie with the medical practitioner.

**Conclusion:** Mode of birth was regarded as unimportant. The recommendation for a caesarean section was readily accepted and appreciated, and shifted responsibility for birth to the medical practitioner. Involving men in the decision-making process by means of giving them information was valued. Men's limited knowledge about the risks of a caesarean may contribute to birth mode decisions. Professionals need to provide balanced and correct information within the context of individual circumstances.

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## 1. Introduction

Decision-making in the context of childbirth is an interesting phenomenon as it involves taking into consideration not only the mother's wellbeing but that of her unborn baby. For expectant

fathers the wellbeing of their baby and partner has been reported as paramount.<sup>1</sup> The uncertain nature of the labour and birth process however is often very challenging for men.<sup>2</sup> While many state they want to be involved and take an active role in labour and birth<sup>3–6</sup> the research suggests male partners commonly worry about how they will cope with the labour process which triggers feelings of fear, anxiety and helplessness.<sup>7,8</sup> In this context it is not difficult to see how type and preference of birth mode becomes a topic of debate.

The need to make decisions around birth mode has increased exponentially with the rising caesarean section rate. This is particularly relevant when making decisions about birth mode in a

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subsequent pregnancy following a first caesarean. In Sweden the rate of caesarean section has risen from 5.3% in 1973 to 17.1% in 2012.<sup>9</sup> Other countries such as Australia and the United States have caesarean section rates over 30%.<sup>10,11</sup> High planned repeat section rates and low vaginal birth after caesarean rate are significant contributors to the overall rate. For example in New South Wales, Australia the planned repeat caesarean section has risen on average 4.8% annually over the last ten years. The greatest contributors to the overall caesarean section rate were having a first or a repeat elective caesarean section.<sup>12</sup>

There is some evidence that male partners not only want to be involved in decision-making but are also influential in the process.<sup>3,4,6</sup> For example Turnbull et al.<sup>13</sup> identified that male partner's experiences of childbirth influenced a woman's preference for surgical birth. More recently Johansson and colleagues<sup>16</sup> found that fathers with a previous negative birth experience or who had experienced a caesarean section had a preference for a caesarean section. In this cross sectional study 6.4% of the prospective fathers had a preference of caesarean section. On the contrary, in an English study a number of expectant fathers stated quite clearly that decisions around mode of birth were not in their remit.<sup>14</sup>

Choice of birth place also highlights men's influence on decision-making. Bedwell et al.<sup>15</sup> found an overwhelming trust in the medical environment dominated the men's attitudes and views. The men felt vulnerable and wanted to 'protect' their partner, furthermore professionals were viewed as experts.

There is a lack of knowledge about men's birth preference and their experiences of decision-making during childbirth especially within the context of caesarean section. Therefore the aim of our study was to explore and describe Swedish fathers' beliefs and attitudes around the decision for a caesarean section.

## 2. Participants and methods

### 2.1. Design

A qualitative descriptive design was chosen. This systematic approach was considered well suited to exploring men's decision-making and highlighting the meaning male partners give to the phenomena of birth preference.<sup>16</sup> Rich descriptive approaches

such as this are useful where there is limited understanding of the phenomena under study.<sup>17</sup>

### 2.2. Recruitment and participants

The men recruited to this study were participants in a large prospective longitudinal cohort study investigating Swedish couples experiences of pregnancy, birth and the first year postpartum, please see<sup>18</sup> for greater detail. During the study 147 men whose partners had experienced a caesarean section birth were given information to participate in this interview study. Twenty-two men (16%) responded and subsequently consented to participate in a tape recorded interview via telephone. However, data from one participant was unable to be transcribed due to excessive extraneous noise that was not identified until after the interview was complete.

The 21 men whose data was used in this study were aged between 27 and 40, all of them were living with a female partner, and all except one were of Swedish origin. Eleven of the men had a college or university level education, nine a high-school certificate and one had achieved a comprehensive level (year 10 equivalent). Nine men were first time fathers and 12 had previous children. Table 1 provides information on the type and reason for their partner's caesarean section. At the time of interview the average age of the fathers' infant was ten months.

### 2.3. Data collection

Telephone interviews were used to collect the data as the men lived in geographically distant locations. The interviews were informal with men firstly being asked to share their experiences of previous birth experiences if any. The interviewer then moved on to cover topics such as decision-making, the caesarean section experience and birth of their baby as well as their experiences of the early postnatal period. This paper focuses on presenting participants' beliefs and attitudes around the decision for a caesarean section birth. During the interviews specific questions about the advantages and disadvantages of different birth modes, their experiences around decision-making and their preferences around mode of birth were asked. The participants appeared relaxed and willing to talk about their experiences. The interviews lasted between 20 and 80 min, were digitally recorded and

**Table 1**

Type and reason for the female partner's caesarean section.

| Identity code | Baby order | Type of caesarean section | Reason for the caesarean section   |
|---------------|------------|---------------------------|--|
| Albert        | First      | Elective                  | Partner very fearful of childbirth.  |
| Benny         | Second     | Emergency                 | Second emergency both for dystocia.  |
| Conny         | First      | Elective                  | Breech position.   |
| Danny         | Second     | Elective                  | Elective for restricted pelvic and slipped disc. Previous emergency for asphyxia and dystocia.   |
| Edwin         | Second     | Elective                  | Elective for small fundal height. Previous emergency for failed induction and asphyxia.  |
| Frederic      | First      | Emergency                 | Dystocia and asphyxia.   |
| Geffery       | Second     | Elective                  | Second elective both due to spinal injury.   |
| Henry         | First      | Elective                  | Breech position.   |
| Irwin         | Second     | Elective                  | Third degree tear in previous birth.   |
| Jeremy        | Second     | Emergency                 | Second emergency both for dystocia.  |
| Ken           | First      | Elective                  | Elective because of the partner's two previous emergency caesarean births.   |
| Liam          | First      | Elective                  | Partner fearful of childbirth.   |
| Matt          | Second     | Elective                  | Second elective both for breech position.  |
| Nick          | Fourth     | Elective                  | Partner's second baby by elective due to restricted pelvic and with previously emergency due to failed induction and restricted pelvic. His first two children were born vaginally by another woman. |
| Otto          | Second     | Elective                  | Second elective for breech position, this was the partner's fifth caesarean birth.   |
| Pontus        | Second     | Elective                  | Second elective for restricted pelvic outlet.  |
| Roger         | Second     | Elective                  | Third degree tear in previous birth.   |
| Stephen       | First      | Elective                  | Some thoughts about small pelvic outlet in context of partner being fearful of birth.  |
| Tony          | First      | Elective                  | Breech position, this was the partner's sixth caesarean birth.   |
| Umberto       | Second     | Elective                  | Elective for restricted outlet. Previous a prolonged vaginal birth.  |
| Vernon        | First      | Elective                  | Premature rupture of membrane and failed induction.  |

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