Sexual & Reproductive Healthcare 3 (2012) 11–20

Contents lists available at SciVerse ScienceDirect

Sexual & Reproductive Healthcare

journal homepage: www.srhcjournal.org

Childbirth – An emotionally demanding experience for fathers

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ARTICLE INFO

Article history:
Received 6 July 2011
Revised 9 December 2011
Accepted 12 December 2011

Keywords:
Birth experience
Content analysis
Father
Healthcare professional
Mixed methods
Mode of birth

ABSTRACT

Background: While attending birth mostly has a positive impact on becoming a father, it has also been described as including feelings of discomfort and is more demanding than expected.
Objective: The objective was to explore Swedish fathers' birth experiences, and factors associated with a less-positive birth experience.
Methods: Mixed methods including quantitative and qualitative data were used. Two months after birth 827 fathers answered a questionnaire and 111 (13%) of these commented on the birth experience. Data were analysed with descriptive statistics, chi-square test for independence, risk ratios with a 95% confidence interval, logistic regression and content analysis.
Results: In total, 604 (74%) of the fathers had a positive or very positive birth experience. Used method identified a less-positive birth experience associated with emergency caesarean section (RR 7.5; 4.1–13.6), instrumental vaginal birth (RR 4.2; 2.3–8.0), and dissatisfaction with the partner's medical care (RR 4.6; 2.7–7.8). Healthcare professionals' competence and approach to the fathers were also related to the birth experience.
Conclusions: As the fathers' birth experiences were associated with mode of birth and experiences of the intrapartum medical care fathers should be respectfully and empathically treated during labour and birth. It is essential to better engage fathers during the intrapartum period through involvement and support to improve the likelihood of a positive birth experience.

Introduction

Fathers' participation in childbirth has been described as a part of the rite of admission into fatherhood [1,2]. During recent decades fathers have been encouraged to participate in childbirth [3], and by the 1980s attention was directed towards fathers' experiences and expectations about labour and birth [1,4]. Since the 1990s nearly all expectant fathers have been involved in the birth of their baby [1,2]. Being present at childbirth has been tied to the idea of a more emotionally engaged and a mature fatherhood, and has been described to benefit the father's own, the partner's and the children's health [3]. Fathers' ability to be emotionally aware in fatherhood has been purported to improve fathers' physical and psychological health [2]. Research on fathers' experiences when attending the birth has shown that men experience a genuine and intense emotional response. Sometimes these responses are very unexpected [2]. These feelings have been described by the fathers as pleasure and pride, mixed feelings towards caregivers and the physical environment, and discomfort [5]. A recent review of seven studies reported that it was common for fathers to feel helpless, useless, anxious, and in a need of psychological support during the birth of their baby [6]. Participation in childbirth has been described as being more demanding for fathers than expected [6–8]. They have felt unprepared for the unpredictable process, the length of labour, the partner's reactions [7], her pain, and their own reactions [7,9]. The findings of discomfort and feeling of unpreparedness during labour and birth have made some fathers question the necessity about being present during childbirth [7,9] however many fathers have felt the pressure from society [10], their partner or midwife to participate [9]. Nevertheless, most fathers want to participate in childbirth and to provide support for their partner despite little if any experience [11]. The majority of fathers would prefer to be present at a future birth [9,10].

Attending childbirth has mostly been described as having a positive impact on fathers [9,12], with finally meeting the baby evoking intense and deep emotion [7,13]. Furthermore, fathers participating in childbirth may facilitate the process of labour

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doi:10.1016/j.srhc.2011.12.003

and birth, enhance the fathers' and mothers' self-esteem, strengthen the couple's relationship and facilitate bonding between father and baby [14].

The Swedish context

The Swedish National Board of Health and Welfare recommend healthcare professionals to include a women's partner in the care during childbirth [15,16]. The Swedish intrapartum care is mainly financed by the government through taxes, and only few private alternatives are offered in Sweden. Midwives are the primary caregivers for the parents-to-be during intrapartum care. When complications arise and a need for instrumental vaginal birth or caesarean section is necessary the obstetrician will be involved together with the midwife. Midwives are generally co-operating with nurse' assistants during intrapartum care. Swedish fathers mostly participate during both the antenatal and in particular the intrapartum care and they are encouraged to do so. During the year of 2008, 106,155 births took place in the country of Sweden and of these 75 percent were spontaneous vaginal births, eight percent instrumental vaginal births and 17 percent caesarean sections [17]. The cohort under study and described in this work was carried out in one of the 24 counties in Sweden, and included both rural and urban areas. The antenatal care was mainly within the public health sector but five private alternatives were available during the study period. During the antenatal care midwives offered the prospective parents the opportunity to take part in antenatal classes; priority was given to first-time mothers and fathers.

Three to four meetings were included in the parental education, and 78 percent of the first-time fathers were attending these classes. Under the study period the intrapartum care was offered at three hospitals with in total 2540 births reported for the year of 2008.

Much is written about women's experiences of childbirth but there is less understanding about fathers' experiences. According to our knowledge, existing research is often based on qualitative data and on smaller groups of participants [7,18–22]. In a study by Nichols [23], 44 first-time fathers answered three open-ended questions about feelings of their childbirth experience. A previous larger randomised controlled trial within this area has been identified and written by Bergström et al. [24]. Other quantitative investigations have been found and are of smaller sample sizes compared to the present study [5,12,25]. One quantitative study by Capogna et al. [25] investigated 243 fathers' attitudes towards labour and birth with or without epidural analgesia through questionnaires. The objective with the present study was to explore Swedish fathers' birth experiences, and factors associated with a less-positive birth experience.

Methods

Study design

To best describe and explore fathers' birth experience 2 months after birth, a mixed methods strategy integrating quantitative and qualitative data was employed [26–28]. This study was a part of a large prospective longitudinal cohort survey of prospective and new parents' experiences during pregnancy and the first year following childbirth which is reported elsewhere [29,30].

Participants and procedure

Recruitment for the prospective longitudinal survey took place during the entire year of 2007 in one county in the northern part of Sweden which included all three hospitals in the region. Two weeks prior to the planned routine ultra-sound screening offered to all pregnant women in gestational week 17–19, written information about the study was sent out to all the expectant mothers and their partners. In total, 2512 pregnancies were screened by ultra-sound examination and these pregnancies became a proxy for the eligible partners due to lack of information about the number of partners in medical records (Fig. 1). Partners not in mastery of the Swedish language, those not approached or moved shortly after the examination and the pregnancies with a malformed fetus were excluded (n = 165; 7%), that leaving 2347 included pregnancies. After the ultra-sound screening, the midwife in charge of the examination asked the partners, whom were all male, if they wanted to participate in the study. A total of 1414 expectant fathers consented to participate in the study by signing an agreement form (1414/2347; 60%). They were given the opportunity to complete the first questionnaire on site and put it in a sealed envelope, or to fill in the questionnaire at home and return it in a pre-stamped envelope. A reminder letter was sent out to non-responders after 2 weeks, and after four weeks a new questionnaire was sent out.

The first questionnaire was answered by 1105 men (1105/1414; 78%). The second questionnaire in this investigation was delivered to 1112 fathers by mail 2 months after birth and included a prepaid envelope and the same reminder process. Of these 1112 fathers 827 answered to the second questionnaire (74%) (Fig. 1). To be included in the present study fathers who completed the question about birth experience 2 months after birth were identified. Furthermore, their background characteristics were collected from the first questionnaire in mid-pregnancy.

Questionnaires

The questionnaire 2 months after birth included both closed-ended questions and a possibility to give a comment on the birth experience. The question about the outcome variable 'birth experience' was worded as 'What was your overall birth experience?' and was assessed on a five-point rating scale. This variable was dichotomised into the categories 'positive birth experience' (very positive and positive =0), and 'less-positive birth experience' (mixed feelings, negative and very negative birth experience =1). This choice was based on the fact that the distribution of responses was highly skewed. Few fathers rated their birth experience as negative or very negative. The option mixed feelings was interpreted as a deviation from a positive birth experience and was therefore included in the 'less-positive birth experience' category. The explanatory variables were socio-demographic and obstetric background, preferred mode of birth, childbirth-related fears, actual mode of birth, and baby admitted to neonatal intensive care. The variable childbirth-related fears were dichotomised into none or little (=0), and great or very great (=1). Other explanatory variables regarding the experiences of intrapartum care were dichotomised into agree (strongly agree and agree =0), and not agree (no strong feelings and disagree =1).

The fathers were also given the opportunity to express their views of their birth experiences in their own words and this was worded as 'Please, comment on your birth experience'. The responses varied from a couple of words to a few sentences. Their comments were used in our findings to illustrate different aspects of the experienced childbirth. The questionnaires were tested in a Swedish context by a face validity test with 12 fathers; only minor wording was changed due to their comments.

Data analysis

To be able to explore the fathers' birth experiences we collected quantitative and qualitative data from the same time point and