



She leads, he follows – Fathers' experiences of a planned home birth. A Swedish interview study

Helena Lindgren^{a,b,*}, Kerstin Erlandsson^c

^aSchool of Health and Social Science, Dalarna University, Falun, Sweden

^bDepartment of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden

^cSchool of Health, Care and Social Welfare, Mälardalen University, Eskilstuna/Västerås, Sweden

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ABSTRACT

Objective: To gain an understanding of fathers' experiences of a planned home birth.

Study design: In-depth interviews were conducted with eight Swedish fathers who had the experience of a total of 23 births, of which 17 were planned home births. The fathers were recruited by the midwives who had assisted with the planned home births. Content analysis was used.

Results: Analysis revealed the main theme "she leads – he follows". The fathers were compliant to the woman's decision; they also described it as a deliberate choice and struggled with feelings of being different in comparison with the established way of becoming a father.

Conclusion: The experience of a planned home birth for the father was a process in which he had to put his own ideas on giving birth aside and carefully follow his woman. Sharing fears and happiness during the process by being compliant to the woman may strengthen the new fatherhood. The fathers' role in the process of making an unconventional choice is an example that could probably be applied to similar situations in pregnancy and childbirth.

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Introduction

During the 1960's fathers presence at births became common as a part of the trend towards natural childbirth. It was a controversial issue; the men were not supposed to have the courage it would take and their presence was seen as a threat to the medical safety [1]. In industrialized countries fathers' attendance at birth is nowadays seen as natural and in 96% of all births the father is present in the birthing room [2]. Although the father usually is present it is not always. In Sweden almost all expectant fathers prepare to be present and support their woman during the birth of their child. For parents who have chosen to have their baby at home, a significant motive for the choice is the presumed loss of control they associate with a hospital birth. They wish to be in control of their own decisions and take on the responsibilities for the birth of their child [3,4]. In addition, it is of importance to them to know the midwife who is going to be present at the birth, prior to the onset of labour [5]. Being at home is considered by expectant parents who have chosen this alternative to facilitate the birth process and make progress easier [4]. Parents' experiences of giving birth at home seem to go beyond their expecta-

tions, and the experience of bonding with the child in their home environment has previously been described by Morison [6] and Lindgren [7].

Health care during pregnancy and childbirth at hospital is publicly financed in Sweden and as well as all pregnant women go to a midwife for check-ups. Home birth is not offered as part of the healthcare system, and the rate of planned home births is less than one in a thousand [8]. Midwives who assist homebirths usually run their own practice and have individual insurance. Few midwives assist women who wish to give birth at home, and there are few areas where parents can easily find a midwife willing to assist them if they wish to have their baby at home. Accordingly, few parents have experience of a planned home birth. Although most fathers wish to be present at the birth of their child, their experience can be both overwhelming and distressful [1]. It has not, to our knowledge, previously been studied how fathers experience their role during a planned home birth.

Methods

Eight fathers who had been present at one or more planned home births participated in the study. The fathers had experience of a total of 23 births; 17 of the births were planned home births and two fathers had experienced being transferred during the early stage of labour when the first child was born (Table 1).

* Corresponding author at: School of Health and Social Science, Dalarna University, 791 88 Falun, Sweden.

E-mail address: hli@du.se (H. Lindgren).

Table 1
Description of the eight fathers who participated in the study.

Father No.	Age	Occupation	Total number of children	Planned home births	Children born at home	Children born in hospital
1	33	Carpenter	3	2	2	1
2	42	Teacher	4	2	2	2
3	48	IT-consultant	5	3	3	2
4	38	Gardener	3	3	2	1
5	29	Shop assistant	2	1	1	1
6	23	Student	1	1	1	0
7	45	Physiotherapist	3	3	3	0
8	51	Researcher	2	2	1	1

The participants were identified by two midwives who assist home births in Sweden. Six different midwives had assisted the total of 17 planned home births. They were contacted by the midwives and informed about the study. The midwives explained that participants could withdraw at any time and that informant confidentiality was guaranteed. They informed the fathers that the interview would be audio-taped and would take an hour. A quiet place for the interview was emphasised during the two pilot interviews performed at the university, although not included in the analysis. All the fathers agreed to participate and were contacted by the research team. The interviews were conducted in the participants' homes and in a meeting room at a place where two of them lived. The interviews took place 6 months to 2 years after the most recent planned home birth the father had attended. The interviews lasted 40–80 min and the participants narrated freely in response to the open question "Can you tell me about the planned home births you have experienced?" All interviews were tape-recorded and notes were made by the interviewers regarding reflections on the interview situation. One of the two interviewers was a midwife with experience of attending home births.

The research process was carefully outlined in order to achieve trustworthiness. Participants with different background and experiences were approached, the researchers discussed and reflected on the content all through the analysis and the results were presented to two of the participants in order to achieve their opinion [9] (Table 2).

Data analysis

Data analysis took place after the data collection was completed. In this study we conducted qualitative content analysis using an inductive method [9]. In order to identify as well manifest content (described as categories) as the underlying meaning (described as a theme) we found qualitative content analysis as a suitable tool for the analysis. The inductive method was used in order to identify variations by identifying similarities and differences in

Table 2
The inductive process resulted in following categories and the theme.

Sub-categories	Categories	Theme
Being there for the woman Going along with the woman's decision Feeling at home	Being a compliant father	She leads – he follows
Being responsible Achieve continuity Carrying trust forward	A sensitive decision	
It's natural Being in control Meaning being different	A deliberate choice	

the text based on fathers' descriptions of a planned homebirth. The audio-taped interviews were transcribed verbatim and analysed using content analysis. First, the text was read through several times in order to grasp the whole and prior to the analysis HL and KE read the complete material several times. Secondly, meaning units were identified that responded to the aim of the study. The condensed meaning unit (consisting of either a single word, or several sentences) were abstracted and labelled with a code.

The codes were then merged into subcategories with similar contents. The researchers then discussed the codes and diverging codes were re-evaluated and consensus was reached. Similar codes were grouped into sub-categories and then also divided into main categories, critically questioned and compared among the researchers. To make sure that no subcategories fit in to more than one category all codes and subcategories were tested by repeated reading and comparing the categories. These categories were modified during the procedure to generate a broader and more subjective category system in order to capture the specifics in the data. Preliminary results were read through by two of the respondents in our study, who were able to confirm or fill in what they considered unclear. After further reflections upon the categories a final step followed which included interpretation to some extent. The comparison between similarities and differences resulted in one main theme: She leads – he follows.

The Research Ethics Committee at the University of Dalarna approved of the study in September 2008.

Results

Three categories and eight subcategories formed the theme describing fathers' experiences of the planned home birth of their child. The theme "She leads – he follows" depicts the fathers' birth experience as a dance in which he is the follower and listens carefully with all his senses to the woman in childbirth, his leader. The father follows every step his partner takes from the decision and during the entire birth process. The steps are sometimes difficult and he feels watched and afraid to make mistakes but finds reassurance in the music (the home atmosphere), in the dancing master (the midwife) and, most of all, in his partner.

Being a compliant father

Being a compliant father for the participants was following the woman and having trust in her. They did things they had never done before in order to make her feel safe and comfortable.

Being there for the woman

The fathers compared their role at home with the role they had had or presumably would have had at the hospital. One father described himself as the woman's interpreter and safety provider at home whereas he saw himself as a protector and guardian for the woman in a hospital birth. He describes it as important to their relationship that he stepped forward as a supporter while the birth proceeded. The fathers provided both physical and psychological support.

"It struck me around that time when I watched a film about childbirth that I had no idea because I had never seen a baby emerge. I'd never done that because I'd always been like this (he shows that his head had been close to hers) ... I had no idea. I was there to assist." [1]

Being supportive was considered to be facilitated by the home environment. The absence of unknown people was described as

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