



ORIGINAL RESEARCH – QUANTITATIVE AND QUALITATIVE

Swedish fathers' experiences of childbirth in relation to maternal birth position: a mixed method study

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ABSTRACT

Background: Fathers often want to be involved in labour and birth.**Aim:** To investigate how maternal birth position during second stage of labour may influence fathers' experience of childbirth.**Methods:** Mixed method study with 221 Swedish fathers completing an on-line questionnaire. Descriptive statistics and qualitative content analysis were used.**Results:** In total 174 (78.7%) had a positive overall birth experience. The theme *An emotional life-changing event influenced by the birth process and the structure of obstetrical care* was revealed and included the categories; *Midwives ability to be professional*, *The birth process' impact*, and *Being prepared to participate*. The most frequently utilised birth position during a spontaneous vaginal birth was birth seat ($n = 83$; 45.1%), and the fathers in this group were more likely to assess the birth position as very positive ($n = 40$; 54.8%) compared to other upright and horizontal birth positions. Fathers with a partner having an upright birth position were more likely to have had a positive birth experience ($p = 0.048$), to have felt comfortable ($p = 0.003$) and powerful ($p = 0.019$) compared to women adopting a horizontal birth position during a spontaneous vaginal birth. When the women had an upright birth position the fathers deemed the second stage of labour to have been more rapid (mean VAS 7.01 vs. 4.53) compared to women in a horizontal birth position.**Conclusion:** An upright birth position enhances fathers' experience of having been positively and actively engaged in the birth process. Midwives can enhance fathers' feelings of involvement and participation by attentiveness through interaction and communicating skills.

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1. Introduction

Since the late 1960s expectant fathers in Sweden have been encouraged to attend the birth of their children and currently the majority participate in the process of birth.¹ Expectant fathers want to be authentically engaged during labour and birth,² and their attendance has had a positive impact on the birth process and on labouring women's birth experience.^{2,3}

A support person being present for a woman in labour leads more often to a spontaneous vaginal birth, less need for

intrapartum pain relief, shortened duration of labour and a decreased risk of experiencing dissatisfaction.⁴ However, fathers have sometimes been discontented with their ability to support the woman during labour.⁵

Women tend and prefer to use a variety of positions during labour and birth.⁶ Mobility promotes optimal uterine perfusion, alignment of the foetal head in the pelvis and descent.⁷ It has been reported that women who articulated preferences for birth position ahead of birth were more likely to be in a preferred position at birth.⁸ The use of various positions is, however, facilitated or constrained by the policies and philosophy of the birth care environment.⁷

Upright positioning has been associated with reduction of labour pain and an increase in maternal satisfaction.⁹ Other obstetrical advantages of an upright position include shorter second stage, fewer episiotomies,^{10,11} and less use of synthetic oxytocin in the second stage of labour.¹¹ Reports regarding

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reduction in assisted deliveries are inconclusive but fewer abnormal foetal heart rate patterns have been reported when mothers adopting an upright position at birth. Negative outcomes are described as a small increase in second-degree lacerations and excessive blood loss, almost exclusively in women who used birth chairs.^{10,12}

As previous studies have reached consensus that a father's attendance at birth has an important impact on maternal birth experience,³ as well as on his own birth experience,^{5,13} and on his bonding with the child,¹³ it is of importance to provide even more data on what makes the birth experience positive for expectant fathers.

Birth position during second stage of labour is known to have an impact on women's experiences, yet little is known about fathers' experiences of birth position adopted by the woman. Fathers highlight the importance of being involved in decision-making on various aspects of care, and one of the decisions they want to contribute to may be to assist the woman in her choice of birth position.³ The aim of the present study was to investigate how maternal birth position during second stage of labour may influence fathers' experience of childbirth.

2. Methods

In order to describe and explore Swedish fathers' birth experience in relation to maternal birth position in the second stage of labour, a mixed method strategy integrating quantitative and qualitative data was employed. The strategy of mixed method by collecting quantitative and qualitative data at the same point in time, and within the same group of participants facilitate findings and enhance a deeper understanding of fathers' birth experience.¹⁴ This study was nested within a randomised controlled trial (RCT), which randomised healthy nulliparous women to birth on a birth seat or in any other birth position.¹² The recruitment for this follow-up study took place between 2010 and 2012, and respondents from two labour wards in the hospital's catchment area were polled.

2.1. Procedure and data collection

All women who had participated in the RCT received a letter by post, which included an invitation to participate by submitting replies to an on-line questionnaire. In this letter a similar invitation to the woman's partner was included. To be included in the study the partners had to be able to understand the Swedish language. The partner received a separate login address to the web based on-line questionnaire. The only thing that could connect the woman and her partner were that they had the same randomisation number making it possible to connect the partners.

In the invitation letter comprehensive information was included about how collected materials would be processed under current confidentiality regulations. Participation in the study was voluntary and the prospective participant could at any time, without any particular explanation, terminate participation. A completed questionnaire was interpreted as informed consent. Two reminders were sent by E-mail with an interval of three weeks apart. Altogether 221 fathers responded to the questionnaire on-line.

2.2. The on-line questionnaire

The on-line questionnaire was constructed for the purpose of this follow-up study. The questionnaire was pre-tested by seven fathers before an invitation for participation was distributed. These answers were not included in this study. The test-retest method was carried out to ensure that the questions were understandable,¹⁵ and only a few linguistic corrections were

needed. The questionnaire included both closed-ended questions and a possibility to comment on the birth experience. It contained socio-demographic characteristics (age, marital status, level of education, country of birth and planned pregnancy) and items regarding mode of birth, experiences of birth and birth position. The birth position of birth seat, kneeling and standing were grouped and labelled into 'upright birth position'; and semi-recumbent, supine, lithotomy, left-lateral into 'horizontal birth position'. The questions regarding experience of the labour duration and birth position adopted by their spouse at birth were measured on Visual Analogue Scales (VAS) ranging from 0 to 10. For the experience of the length of labour, 0 signified prolonged labour and 10 a rapid labour. For the experience of birth position, 0 signified a very negative and 10 a very positive experience, and was dichotomised into the categories 'less positive' (i.e. VAS 0–7) and 'positive' (i.e. VAS 8–10) due to mean 7.65 of this variable. Another question about the overall experience of birth could be answered according to a Likert scale from 1 to 5, where 1 denoted a very positive and 5 a very negative experience. This variable was dichotomised into the categories 'positive birth experience' (1–2) and 'less positive birth experience' (3–5) because of the skewedness of the answers. Respondents were also able to freely choose between any of five different positive expressions of emotions, which may have arisen in relation to the maternal birth position. They were free to check any number of emotions that were relevant to their experience in the questionnaire. The open-ended question was worded; "*Please tell us in your own words about your birth experience*". The responses varied from a single word to more elaborating sentences. The fathers' comments were used to illustrate different quantitative aspects of their experience of birth position.

2.3. Outcome measurements

Outcome measurements were experiences of birth and the spouse's birth position.

2.4. Data analysis

To be able to explore the fathers' experiences of birth position and overall birth experience quantitative and qualitative data were collected. For the quantitative data analysis descriptive statistical analysis and were used. The level of statistical significance was set to 0.05 which is a commonly used level and is considered being small enough to justify rejection of the null hypothesis. Differences in mean and standard deviation (sd) between upright or horizontal birth position and experience of length of labour and birth/length of second stage of labour were analysed with *t*-tests. Chi-square test and Fisher's Exact Test were calculated for comparison between upright or horizontal birth position and overall birth experience, emotions and experiences of maternal birth position by using a method described by Mantel and Haenzel, cited in Rothman.¹⁶ All analyses were performed using PASW version 22 (Predictive Analytics Software Inc., Chicago, USA).

Qualitative content analysis was used to further explore the fathers' comments about their overall birth experience.¹⁷ The analysis closely adhered to the wordings in the comments. In order to interpret the data, each of the two authors (MJ and LT-L) read through all of the statements numerous times, separately, to obtain a sense of the whole.¹⁷ The statements were then divided into smaller parts, which all were labelled with different codes. Thereafter both authors grouped the codes, jointly, into seven created subcategories according to their common content. In the continuing analysis subcategories with similar events and incidents were grouped together into three categories and eventually one overriding theme, of which all included the meaning of the fathers' birth experience.

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