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Fathers' experience of childbirth when non-progressive labour occurs and augmentation is established. A qualitative study

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ABSTRACT

Objective: Augmentation with oxytocin during labour has increased in Western obstetrics over the last few decades. The aim of this study was to describe how fathers experienced childbirth when non-progressive labour occurred and augmentation was established.
Method: A qualitative descriptive design. Ten fathers were interviewed 4–15 weeks post partum. The interviews were semi-structured and were analyzed using Braun and Clarke's thematic analysis.
Results: The analysis revealed three themes and four sub-themes. The themes were: (1) *A rational approach to own role*, (2) *Labour and birth as uncontrollable processes* and (3) *Relief about the decision of augmentation.* The fathers had a rational approach and felt powerless when the process of labour was uncontrollable. They felt they were not able to help their partners in pain when non-progressive labour occurred. They experienced relief when augmentation was established because of the subsequent progression of labour, and because it was then easier to find a role as a helper.
Conclusion: This study demonstrates that fathers feel relieved when augumentation is established. In addition, the study underlines that fathers, in order to regain control after experiencing the non-progressive labour, need directions from the midwives to carry out appropriate and usefull tasks.

Introduction

In the last few decades, fathers in the Western world have been participating in the birth of their children and, overall, the experiences are positive [1,2]. Factors associated with fathers' positive birth experiences are: midwifery support, continuous presence of midwives in the delivery room, sufficient information about the progress of labour [2], midwifery competence and positive approach to the father [1].

Though many fathers allegedly have good experiences, conflicting feelings of a wonderful and yet distressing experience are described by fathers, who do not live up to their own expectations and are confused about their role [3]. Feelings of helplessness, uselessness and anxiety are also reported and they often feel on the edge of events, taking only an observer role [4–6]. Several fathers report lack of knowledge about what is going on, leading to a feeling of not being in control [7]. Many fathers are highly engaged in supporting and caring for their partners and newborns in different unpredictable situations that might occur during childbirth [8,9]. However, first time fathers feel conflict in experiencing both the woman's pain and their own fear of the unknown which makes it difficult for them to bear the gendered preconceptions of masculine hegemony [10].

The incidence of augmentation is increasing in Western obstetrics [11,12], and the use of oxytocin has been associated with operative delivery and poor neonatal outcome [12].When women experience dystocia, they report a feeling of losing control [13], being caught in labour, bodily fatigue and a feeling of illness and overwhelming fear of losing oneself [14]. Augmentation is reported as a risk factor for a negative birth experience [15,16]. How fathers experience labour and birth when non-progressive labour occurs and augmentation is established is less well described. A few studies have reported that fathers' experiences are negatively influenced by the extent of intervention including emergency Caesarean section and instrumental vaginal delivery and in one study fathers described being scared and uncared for during acute situations [1,9]. Another qualitative study found that fathers felt

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fear, stress and hopelessness when augmentation was established, including fear about how their partner would cope with the process. Furthermore, they felt angry that augmentation was established without them being involved in the process [5]. We have not identified other studies addressing how fathers experience attending prolonged and augmented birth. The aim of this study was therefore to describe how fathers experience attending childbirth when non-progressive labour occurs and augmentation is established.

Method

Design

A qualitative descriptive design was applied to capture the unique perspectives of fathers attending labour and birth.

Setting, participants and recruitment

The study was a sub-study of the Danish Dystocia Study (DDS), a multicentre population-based cohort study on incidence, outcome and risk factors for non-progressive labour in 2810 low-risk nulliparous women [11]. From this cohort, 10 women were interviewed about their experience of non-progressive, augmented labour and the care they received from the midwives. The women were sampled purposefully, aiming to maximise variation in age, education level, mode of delivery, expectations for the birth, and attitudes towards intervention and pain relief [13]. The partners of these 10 women were invited to participate in the study and all agreed to do so. The number of interviews was for that reason predetermined. They were all cohabiting with the woman. Nine of the 10 fathers were first time fathers and one had a child from a previous relationship. Their average age was 29 years. One father had a low educational level, two had average educational levels and six had higher educational levels, while one was still in training.

Interviews

Interviews were conducted in 2004–2005 and carried out by HK 4–15 weeks after delivery. The semi-structured interview was chosen since it is suitable to capture an understanding of experiences within a specific problem [17]. The fathers were free to choose the locations of the interviews. Nine interviews were conducted in the family home and one was conducted at HK's office. The interviewer suggested that the mothers not to be present during the interviews. Nine interviews were performed this way and, for the tenth, the mother was present on and off. However, she did not comment or in any way involve herself in the interview and the father did not seem to bother. The interviewer strove to create a comfortable and confidential setting. To make sure that relevant areas were covered, a thematic interview guide was used to capture areas of interest such as the fathers' experiences of the onset of labour, the birth-experience as a whole, the experience of non-progressive labour, the establishing of augmentation and the period following this. Examples of questions were: "How did you experience labour and birth?" "How did you feel during the process?" "Please, describe your feelings prior to augmantation?" Furthermore, questions concerning communication and interaction with the midwife were asked if not raised spontaneously by the father. Unstructured interviewing allowed the interviewer to follow the father's narrative, to ask clarifying questions and to facilitate the expression of the participant's experience with minimal interruption. Interviews were tape-recorded and transcribed verbatim, two by HK and eight by a secretary. The interviews lasted for an average of 25 min (range 14–40 min).

Analysis

Latent thematic analysis was applied as described by Braun and Clarke [18] by continuously asking: "In which way did the fathers talk about their experience?" This approach was inductive, which entails the identified themes as strongly connected to the data themselves. The analysis was a six-phase process. (1) First we read the entire transcripts several times to obtain an overall impression. (2) We generated initial codes, which refer to the most basic elements of the raw data that can be assessed in a meaningful way. We paid attention to ensure that as many patterns as possible were coded for, keeping an openness regarding later phases. In this phase, manifest analysis was undertaken. (3) We organized codes into potential themes, gathering all data relevant to each potential theme. Some codes shaped themes and other sub-themes. In this phase, latent analysis was conducted. (4) We reviewed the themes by comparing them with each other. This was carried out on two levels. Firstly we checked in which way each theme interacted with the coded data-extracts. Secondly, we went through the same process, focusing on the entire data set. (5) We defined, redefined and finally labeled the themes identifying the essence of each theme. While labeling the themes we identified which themes contained sub-themes, how these were related to the theme and how they were related to the aim of the study. (6) Lastly, we made a final analysis and selected vivid examples from the data-extract. An example of analysis is given in Table 1. The six phase analysis was performed in collaboration between all three authors, who continuously supplemented and contested each other's statements to ensure that the findings were grounded in the participants' experiences. Based on the analysis of the interviews, three themes and four sub-themes emerged.

Research ethics

Permission to establish the DDS database was obtained from the Danish Data Protection Agency j.nr. 2004-41-3995. Since no invasive procedures were applied, according to Danish law no

Table 1
Examples of analysis: data extract, codes, initial themes, sub-themes and themes.

Data extract	Coded data extract	Initial themes	Sub themes	Themes
"And it happened at quite an early time actually, you kind of surrendered some control, and then one step led to another because the one substance required another, so it became a kind of avalanche of resignation"	Resigned control at an early point Avalanche of resignation	Unpredictability Losing control	A feeling of helplessness	The birth as an uncontrollable process
"Yes, of course we had prepared ourselves for a lot of things in advance, right but you can't read your way to it, so, it's like a situation you're **in**, ……but when it turned out not to have any effect and so on, it was almost pain for pains sake, and nothing else was happening, then it became difficult to be a witness to, that's obvious"	Difficult to be prepared Painful to witness	Feeling of uncertainty Unable to act	Distance between fathers' approach and the experienced reality	