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Fathers' satisfaction with two different models of antenatal care in Sweden – Findings from a quasi-experimental study

Ewa Andersson, RN, RM, PhD Adjunct[a,*], Rhonda Small, BA, Grad Dip Epid, PhD Professor[a,b]

[a] Karolinska Institutet, Department of Women's and Children's Health, Division for Reproductive health, Retziusväg 13 A, 17177 Stockholm, Sweden
[b] Judith Lumley Centre, College of Science, Health and Engineering, La Trobe University, Melbourne, Australia

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Introduction

Antenatal care and fathers

In contemporary Sweden, there is a cultural expectation that prospective fathers will be involved in pregnancy, childbirth and care of the new-born. Most fathers are present at antenatal visits, including the ultrasound examination, and they also participate in parent education classes. A joint report of The Swedish Association of Obstetricians and Gynecologists and The Swedish Association of Midwives notes that it is important for the partner to feel involved in pregnancy but nowhere is it mentioned how a partner can be involved (SFOG and SBF, 2008). Nor does a report from the National Board of Health and Welfare (2015) provide any guidance, but suggests that the professionals in antenatal care need more knowledge and understanding about men's needs and perspectives in connection with pregnancy, childbirth and care of the mother, and about fatherhood.

Group based antenatal care

Group based antenatal care is a new way to provide pregnancy care where the woman and her partner meet other couples and the midwife at every session and parent education is also incorporated in the model. The idea behind this model is that each woman is in charge of her care (including for example doing her own urine tests) in partnership with the midwife. The model has a non-didactic approach from the caregiver who is commonly a midwife. Research on group based antenatal care has occurred mainly in the USA, but is increasing also in other countries. The majority of studies involve disadvantaged populations. The research has focused on birth and health outcomes and also on women's views and experiences of care. Most of the studies conclude that group based antenatal care led to a lower incidence of premature births and more positive experiences for women (Ickovics et al., 2003; Rising et al., 2004; Manant and Dodgson, 2011; Homer et al., 2015).

Partner's involvement during pregnancy

There is little doubt that partners'/fathers' involvement is very important for child development (Buist et al., 2003; Sarkadi et al., 2008). It is important for the woman that her partner is seen and respected as the father and not simply as a visitor. According to one study, when the staff ignored the father both parents took offence (Ellberg et al., 2010), and fathers' engagement in the pregnancy has been shown to reduce women's psychosocial stress (Bond et al., 2010). Other knowledge about partners'/fathers' experiences of antenatal care comes from research with women who report wanting more support from the midwife to involve the expectant father (Hildingsson et al., 2002).

Fathers' involvement in pregnancy, childbirth and fatherhood has proved important for their own health and well-being, and also their partners and children's health (Plantin et al., 2011; Johansson and Hildingsson, 2013). There are two directions in research on fathers' participation in care around childbirth. The first direction involves research to offer knowledge about men and their specific characteristics, or to note that more knowledge about men is called for (Finnbogadóttir et al., 2003). The other direction argues that antenatal

* Corresponding author.
E-mail address: Ewa.andersson@ki.se (E. Andersson).

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Gestational age	Content
Week 5-10	Conversation about health issues, group or individual.
Week 10-12	Booking visit and sample, individual.
Week 16	Extra individual visit (if needed).
Week 20 (First group session)	Presentation of group and content of care. Information/discussion about breastfeeding, fetal development and ultrasound. Physical and emotional changes. Suggested reading about fetus and child.
Week 25	Topic: The baby´s capacity and life in and outside uterus, parental leave and relaxation practice. Suggested reading: breastfeeding. 10 minutes individual assessment.
Week 28	Topic: Changes in third trimester, relationship, breastfeeding. Suggested reading: changes and transitions into parenthood. 10 minutes individual assessment.
Week 31	Topic: Physical and mental preparation for childbirth and parenthood. Practical exercises: breathing, relaxation and mental training. Film. Suggested reading: labour and birth. 10 minutes individual assessment.
Week 33	Topic: Normal birth, non-pharmacological pain relief, demonstration of massage. Lactation starting, role models. 10 minutes individual assessment.
Week 35	Topic: Further reflection on the birth, and pharmacological pain relief methods. Talk about expectations for giving birth. Partner / closely related role at birth. Suggested reading: postpartum and first weeks follow birth. 10 minutes individual assessment.
Week 37	Topic: Physical and emotional changes after birth. Partner / relatives reactions. The child's first weeks. Suggested reading: transition to parenthood, 10 minutes individual assessment.
Week 39	Topic. Continue childbirth discussion, preparation for parenthood. Information on child health and childcare. Relaxation exercises. 10 minutes individual assessment
Week 41	Individual visits and contact with birth clinic.
8-12 weeks after birth	Topic: Birth experiences, Contraception. Talk about sex life / sexuality, 30 minutes health assessment.

Fig. 1. Content of group based antenatal care.

care needs to be more family oriented where the family as a whole is taken into account (Ellberg, et al., 2010).

The importance of partners'/fathers' experience of antenatal care

While fathers' participation in care around childbirth has been occurring for many decades in Sweden, it is from the 1990s onwards that studies of fathers' experiences started to appear to any significant extent in Sweden, or elsewhere (Klinth, 2002). There have now been a number of qualitative studies on partners'/fathers' experience of antenatal care. A study of fathers' experience of ultrasound found that fathers needed more information than they were given (Åhman et al., 2012) and another study from Australia showed that fathers experienced feeling neglected in antenatal consultations (Fenwick et al., 2012). Other researchers have noted that fathers frequently feel excluded, invisible and irrelevant in antenatal care during pregnancy (Åsenhed et al., 2014).

Hildingsson and Sjöling (2011) studied fathers attending antenatal care in Sweden and found that only 40% felt that the midwife cared about them, although 78% said they were satisfied or very satisfied with pregnancy care in general. This suggests that their experience is more complex given that an experience of being an outsider and feeling somewhat invisible is not necessarily related to being dissatisfied with the care or the caregiver, especially as it relates to the care of their partners.

The strong focus in antenatal care on the physical aspects of pregnancy may make it difficult for prospective fathers to find a meaningful role during their encounter with antenatal care. An explanation for the father feeling neglected may be the dominance of a biomedical perspective in pregnancy care, where discussions on parenting may remain in the background (Olsson et al., 1998). Indeed, one father expressed this point of view in a qualitative study of group based care. The medical focus in the standard, individual pregnancy visits seemed to have transferred into the group setting (Andersson et al., 2011). In the same study, the fathers reported that midwives seemed unaware of men's needs and role. The midwives neglected fathers' need to discuss their feelings and thoughts when it came to pregnancy and childbirth. This is the only study found to date which has explored fathers' experiences of group based care.

Where studies have investigated women's satisfaction with group based antenatal care (e.g. Klima et al., 2009; Homer et al., 2015), overall satisfaction is generally high and higher than in standard care.