



What do expectant fathers expect of antenatal care in Sweden? A cross-sectional study



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ABSTRACT

Background: In Sweden expectant fathers are now assumed to be active participants in pregnancy and birth, but few studies have focused on fathers' expectations of antenatal care. Knowledge of expectant fathers' views about what is important in antenatal care will enable the design of care that is more inclusive and meets the expectant fathers' needs.

Objectives: To identify expectant fathers' expectations regarding the content of antenatal care during pregnancy and to examine associations between expectations and social factors.

Methods: The current study uses data from a quasi-experimental trial that took place from 2009 to 2010, in which 627 expectant fathers were recruited from different parts of Sweden.

Results: Checking the health of the baby (85.3%) and the mother (80.8%) were rated highest in importance by expectant fathers, whereas attending parent classes (14.9%), becoming acquainted with other expectant parents (7.0%) and paying attention to their own emotional well-being (6.9%) were rated lowest. Furthermore, less than half of the expectant fathers had a very high expectation of being treated in a way that made them feel involved (38.5%). First-time fathers, young fathers and fathers with very good emotional health had higher expectations about most aspects of antenatal care.

Conclusion: Expectant fathers had low expectations of receiving support or of meeting other parents as they thought that antenatal care should have a medical focus. First-time fathers, young fathers and fathers with very good emotional health had higher expectations of antenatal care in most areas.

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Background

Changing expectations placed on fathers

The cultural expectations placed on men as parents have changed dramatically over the past century in Sweden [1]. Today, men are not expected just to take responsibility for breadwinning and the moral upbringing of their children, but also to be caring fathers who contribute equally with mothers in all aspects of family life. Underpinning this development, we find a variety of fundamental social policy initiatives that have contributed greatly in providing better opportunities for men to move towards increasing involvement in their children's lives and in being fathers [2,3]. The unique Swedish parental leave system, where all families are guaranteed 13 months of parental leave, which can be shared in a range of ways between the parents and paid at 80% of their regular salaries, is one example of such policy. Today Swedish fathers use around 25% of all available parental leave days and even more fathers take leave to stay

at home with their young children when they are sick [4]. Well-developed and highly subsidized municipal childcare is another important welfare initiative that clearly helps Swedish parents to better balance work and family life. Together, these changes have created unique expectations and opportunities for fathers to be involved very early on and to take responsibility for the care of their young infants. In addition 66% of first time expectant fathers participate in the parents' education groups during pregnancy [5].

Antenatal care and expectant fathers

While prospective fathers have, for some time, been expected to attend antenatal care with their partners, there is little room for them to express their own concerns or fears, or for their needs to be addressed.

The current Swedish guidelines for antenatal care state that the midwife's work should encompass the entire family and no longer focus solely on the pregnant woman [6]. Today's parents consider parent classes as an important part of their preparation for parenthood [7,8]. According to The National Board of Health and Welfare in Sweden [9] parent education classes should also help create networks between prospective parents. Studies have shown that parent

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classes play an important role in building new contacts for parents, and this has also been highlighted as one of the main motivations for parents to participate in classes [10].

However, studies in Sweden indicate that these parental classes need modification in order both to be more attractive and to fulfil both parents' expectations [7]. Additionally, both expectant fathers and pregnant women have been reported to view parent education as reinforcing traditional gender roles [11–13].

Fathers also experienced that the mother's role, as a parent, was encouraged, while the father's importance in parenthood was not stressed [12,14]. Meanwhile, midwives have expressed a lack of professional competence in supporting expectant fathers [15,16]. Since 1990 there have been parent educational groups exclusively for fathers, with the aim of promoting fathers' role as active and equal parents. At first any father could facilitate these fathers' groups, but today the leaders are specially educated [17]. Fathers who participated in online parental support groups only for fathers reported that sharing experiences with other fathers was strengthening [18].

Expectant fathers' involvement in pregnancy

Involvement during pregnancy and childbirth by the expectant father has been shown to be strengthening for the woman and to have positive effects on the health of mother and new-born child [19,20]. Yet studies have identified that fathers feel excluded during the antenatal visit [21,22] and have a low expectation of inclusion in antenatal care [23]. Fathers' experience of exclusion from antenatal care was described during the 1990s by Olsson et al. [24] and remains an issue, according to more recent studies [25]. Widarsson et al. [23] found that fathers wished to be more involved during pregnancy but found it difficult to understand what was expected of them. The majority of pregnant women, however, rated the importance of their partners' feeling involved as high [26,27]. Furthermore, Hildingsson and Rådestad's study [26] shows that pregnant women experienced the lowest level of satisfaction with antenatal care if they felt that their partner did not receive enough support. On the other hand, postnatally, fathers ranked the most important function of antenatal care as the focus on the woman's physical and emotional wellbeing and to make sure the woman was receiving adequate support from the midwife [21].

Yet, fathers are known to find it difficult to support the woman throughout pregnancy, birth and parenthood if they do not get support themselves [21–23,28,29]. The consequences of a perceived lack of support for fathers during pregnancy can lead to a greater likelihood of suffering from depression and anxiety at 6 weeks postpartum [30]. It is also known that mental illness is likely to negatively affect fathers' attachment to their newborns [19]. To prevent these negative effects in the transition to parenthood, May and Fletcher [31] recommend that fathers should be prepared, especially for the inevitable role changes in their relationship.

To succeed in this endeavour, the father needs to be treated as a prospective parent right through pregnancy in order to frame childbirth as an important experience for both parents.

Problem area

With increased gender equality there has also been a growing interest in the expectant father's role during pregnancy, childbirth and the transition to fatherhood. Despite increased knowledge about the importance of an involved father, studies still show that expectant fathers often feel excluded from antenatal care [21,22]. In order to meet the needs of expectant fathers, an increased awareness of their expectations of antenatal care is needed. Knowledge of fathers' expectations of the content of antenatal care can help identify gaps and enable the design of a more inclusive care program. Previous research has revealed associations between pregnant

women's expectations of antenatal care and a range of social factors. This raises the question of whether expectant fathers' expectations also vary by social factors, yet few adequately sized studies have yet to investigate this. The aims of this study were to identify expectant fathers' expectations of antenatal care and what they considered important, and to examine possible associations between expectations and social factors. A range of aspects of antenatal care provided by midwives was considered in relation to expectant fathers' expectations: health and medical checks for the mother and baby, information and support during pregnancy, receiving respectful care and feeling welcomed and involved.

Methods

This study was an exploratory study within a controlled trial that compared two models of antenatal care in Sweden from 2009 to 2010. Midwives were randomized to provide either group-based care or standard individual care and then parents evaluated the care they received. Data on expectations of care were collected from both pregnant women and expectant fathers in both groups at baseline prior to the intervention commencing. Further details regarding the trial and the recruitment process are described elsewhere [27].

Participants

There were 661 pregnant women recruited to the main trial who were living with the expectant father. At the first antenatal care visit the expectant father was invited to participate in the study at the same time as his partner was invited.

The questionnaire could be completed at the visit, or taken home and returned later. If the expectant father did not accompany the pregnant woman to the antenatal visit when the study invitation was made, then she was given a questionnaire to take home for him to complete and return if he wished to take part. In total, 637 questionnaires were received from expectant fathers; 10 of these were returned unanswered. This gives a participation rate of 95% [14].

The participants were recruited from 12 antenatal care clinics in both urban and rural areas of Sweden between 2009 and 2010. Both oral and written information about the study was provided and if expectant parents consented to participate, they were allocated to one of the models of care in the first trimester. Only Swedish-speaking expectant fathers were approached and invited to take part in the trial; there were no other inclusion or exclusion applied. Both expectant first-time fathers and expectant fathers who had previous children were included; no pregnant woman in the trial had a female partner.

Data collection

A questionnaire, which had been used to measure expectations of antenatal care and a range of social factors in a previous study [14,26], was utilized in the current study. The internal consistency in the current study was good (Cronbach's alpha = 0.88). Participants were asked to record their expectations of antenatal care by rating the importance of different aspects of care, in response to an overarching question: "What are the essentials of antenatal care for you" (Table 2) Response options were provided on a Likert scale of 1–5 for each aspect of care, where 1 represents "not important" and 5 represents "very important".

Analysis

In this study, descriptive and comparative statistics were used to analyse data. Descriptive statistics were used initially to describe the data on social factors and participants' expectations.

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