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ORIGINAL RESEARCH – QUALITATIVE

## Puts the magic back into life: Fathers' experience of planned home birth<sup>☆</sup>

Siobhan Sweeney<sup>a</sup>, Rhona O'Connell<sup>b,\*</sup><sup>a</sup> Health Service Executive (HSE) South, Ireland<sup>b</sup> University College Cork, Ireland

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## ABSTRACT

**Background:** In Ireland, planned home birth is seen as an alternative but safe choice of maternity care. Women's experience of home birth is reported as positive but little is known about fathers' thoughts and feelings about planned home birth.

**Aim:** The aim of the study was to explore fathers' experience of planned home birth.

**Method:** Hermeneutic phenomenology was selected to explore the experiences of eight fathers whose partners had a recent planned home birth. Data were analysed using Interpretative Phenomenological Analysis (IPA).

**Results:** Themes identified were 'negotiating the decision', 'ownership of the birth' and 'changed way of being'. Fathers overcame their initial reservations about home birth before the decision to plan a home birth was agreed. They were actively involved with their partner in labour which gave themselves a sense of ownership of the experience and a valued post-birth intimacy. Their belief in natural birth was reaffirmed and the experience gave them a new perspective on life.

**Conclusion:** When men have a positive experience of childbirth they benefit personally and emotionally. This experience can strengthen their relationship with their partner and the family. Midwives are ideally placed to involve fathers actively in birth either in a home or hospital setting.

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### 1. Introduction

The World Health Organisation recognises the importance of fathers being involved in childbirth<sup>1</sup> but little information is available about father's experience of home birth. Most studies on fathers' thoughts and feelings of childbirth focus on hospital birth. A metasynthesis which explored the challenges men encounter in this environment reported that they are in a somewhat indeterminate role as they are neither 'patient' nor 'visitor'.<sup>2</sup> Fathers share their partner's experience of pregnancy and birth and try to be supportive but may feel excluded and helpless as the woman and baby are the focus of care. Men's experience in the hospital labour room is particularly difficult and both positive and negative experiences have been reported with the experience often

dependent on the midwifery care provided.<sup>3–5</sup> In terms of postpartum care, it has been reported that fathers can feel excluded when required to leave the hospital after the birth and that hospital routines can hinder their early attachment to the baby.<sup>6–9</sup>

Women who have a planned home birth report overwhelmingly positive experiences<sup>10–12</sup> but there is a dearth of information on fathers' experience of birth at home. It is recognised that women planning a home birth discuss the place of birth with their partners<sup>13,14</sup> and it has also been reported that fathers rely on their partners to have the required information to make the decision about having their baby at home.<sup>15</sup> In terms of labour and birth, women who had a home birth described their partners as having an active role at the birth.<sup>16</sup> Just two studies were identified which focused on father's experience of home birth. Lindgren and Erlandsson found that men followed their partner's lead in relation to the planned home birth but they valued remaining at home for the birth and being actively involved in what happened.<sup>17</sup> Nilson and Hoy reported that fathers valued the midwives' expertise when a baby was born at home and they felt a shared ownership of the birth with their partner.<sup>18</sup>

<sup>☆</sup> This study was carried out by Siobhan Sweeney and supervised by Dr. Rhona O'Connell.

\* Corresponding author at: School of Nursing and Midwifery, University College Cork, Ireland. Tel.: +353 868371028; fax: +353 21 4901493.

E-mail address: [r.oconnell@ucc.ie](mailto:r.oconnell@ucc.ie) (R. O'Connell).

We were interested in contributing to this area of research by exploring the experiences of fathers who had a recent home birth. In Ireland home birth services are provided by Self-employed Community Midwives (SECMs) and a few hospitals which offer a limited service. Under a national agreement, SECMs who sign a Memorandum of Understanding can provide a publicly funded home birth service whilst obtaining clinical indemnity cover for the care they provide. This enables SECMs to offer a home birth service to women who meet strict eligibility criteria.<sup>19</sup> Home births are also provided under two hospital administered structures. In 2012, 176 women had a home birth facilitated by 20 SECMs and there were 53 home births through hospital administered services.<sup>20</sup> This represented 0.2% of all births.

The aim of this study was to explore the experience of fathers who had a recent home birth using Interpretative Phenomenological Analysis (IPA). Using this approach, we hoped to generate themes which would help us gain an understanding of fathers' experience of the home birth as they made sense of it themselves.<sup>21</sup>

## 2. Methodology

### 2.1. Hermeneutic approach

The experience of childbirth is a subjective and complex phenomenon to explore. We selected a hermeneutic approach to assist us interpret the phenomenon of fathers' thoughts and feelings around their home birth experience. The hermeneutic approach focuses not on achieving knowledge but on coming to understand the lived experience of the subjects.<sup>22,23</sup> It has the capacity to transform lived experience into a textual expression of its essence through reflection and phenomenological writing. Through this the phenomenon can be described and the meaning of the experience understood.<sup>24</sup>

The phenomenological approach demands a mode of data collection and data analysis that present participants' experiences precisely from their particular perspective and has the potential to provide a new insight into the phenomena of interest.<sup>25</sup> This enables the researcher to address, identify, describe, understand and interpret the essence of the experiences that the participants describe. Hermeneutics presupposes prior understanding on the part of the interpreter which are legitimate parts of being, thus recognising prior experiences of the researcher is relevant to the questions being asked and the subsequent interpretation of the data.<sup>26</sup>

### 2.2. Participants

Five SECMs from one geographical area were asked to identify potential participants from couples whose births they had attended in the previous two to six months. Fathers were contacted by the midwives and those fathers who expressed an interest in being involved were provided with full information. The fathers were enthusiastic about the study and this was apparent when making arrangements to meet with them. All fathers provided a signed consent and anonymity was maintained by the use of pseudonyms.

Eight fathers were interviewed, at least one from each of the five SECMs. Five of the fathers were in their 30s and three in their 40s. Six fathers had a third level qualification. All had children prior to this recent home birth and their family size ranged from two to four children. Seven fathers had experienced a previous hospital birth.

### 2.3. Data collection

The interviews were informal and it was apparent that the fathers were eager to share their experience of the birth. Initial

questions were about the decision to have a home birth, fathers were then asked about their experience of the pregnancy and birth, before moving on to enquire about their post birth experience and impact the birth had on them.

The interviews were recorded in the father's home or a place of their choice and the duration ranged from 30 to 60 min. Field notes were taken before and after the interviews. The data were transcribed verbatim with pseudonyms used to remove any identifiable information.

### 2.4. Ethical considerations

Ethical approval was obtained from Clinical Research Ethics Committee of the Cork Teaching Hospitals which is recognised under Regulation 7 of the European Committee (Clinical trials on Medicinal Products for Human Use) Regulations 2004. Permission to access the midwives was provided by the health service manager for the community area. Consent was also obtained from the five SECMs who contacted the fathers on our behalf. Confidentiality was assured for both the midwives and the fathers interviewed.

### 2.5. Data analysis

Recordings were listened to repeatedly by the primary researcher and the transcripts were read and re-read to facilitate immersion in the data. Interpretative Phenomenological Analysis (IPA) was used to explore and understand the data prior to generating a thematic account.<sup>21</sup> This involved a continual process of reflection on the data and on the interviews themselves. Preconceptions and initial ideas were noted and the fact that these ideas could be misconstrued was considered before the data were disaggregated into codes.

Data were coded line by line freely into descriptive and phenomenological codes.<sup>27</sup> This was organised into 75 coded sheets using MS Excel. The codes identified objects of concern to the participants, important aspects of the fathers' stories and their experience of those issues. Patterns, commonalities, language and metaphors were then examined.<sup>28</sup> Throughout this process reflection was a key component.<sup>29</sup> The second researcher read and re-read the transcripts and assisted with the analysis. Each step was discussed and debated to ensure that interpretations and themes referred to the core of the fathers' narrative. Agreement was reached when the themes and subthemes were decided.

## 3. Findings

The three overarching themes that emerged from the data were 'negotiating the decision', 'ownership of the birth', and 'changed way of being'. Ten subthemes were identified. Where quotations are used the line numbers from the transcript is presented in brackets.

### 3.1. Negotiating the decision

Two fathers had previous experience of home birth and reported that the decision to plan to have a home birth again was easy for them. For the other couples, it was the woman who introduced the idea and the fathers needed to be convinced that home birth was safe.

#### 3.1.1. Forming opinion

According to the fathers, the decision to have a home birth was prompted by a search for an alternative birth experience following a previous hospital birth. Most fathers knew very little about home

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