



First-time fathers' experiences of normal childbirth



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ARTICLE INFO

Article history:

Received 5 October 2015

Received in revised form

11 April 2016

Accepted 27 May 2016

Keywords:

First-time father
Experiences
Childbirth
Qualitative study
Thematic analysis

ABSTRACT

Objective: To identify and describe first-time fathers' experiences of normal childbirth.

Design: A qualitative interview study using a thematic analysis for analysing the transcripts.

Participants: purposeful sampling was used. Eight men were interviewed two to six months after experiencing childbirth. Participants were men who had become fathers for the first time.

Setting: A county located in the middle of Sweden covering both urban and rural areas.

Findings: The analysis resulted in one major theme – a transformative experience – with four sub-themes: preparing for childbirth, feeling vulnerable in a new situation, being confirmed as part of a unit, and meeting their child for the first time.

Key conclusions: The findings indicate that the needs of prospective fathers should be given more recognition during childbirth. The findings also show that the midwife is an important person for prospective fathers, both before and during the birth.

Implications for practice: The findings of the study show what affects first-time fathers' experiences of childbirth. By listening to fathers and recognising them as part of a unit with the woman giving birth, midwives can support them and increase their participation. Thereby, they can find their role in an unfamiliar situation and thus have a positive experience of childbirth.

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Introduction

Having a baby is one of life's major events. The attendance of prospective fathers during childbirth is taken for granted and they are expected to support the woman giving birth, which means being at her side (Premberg et al., 2011). Studies have shown that fathers experience labour as a positive but demanding event and they express that information for prospective fathers is lacking. There is also a need for support for the fathers themselves (Bäckström and Hertfelt Wahn, 2011; Johansson et al., 2012; Johansson et al., 2015; Lindberg and Engström, 2013; Premberg et al., 2011).

Before 1960 the prospective father was seen as an inconvenience in the childbirth room as he could faint or somehow hinder the care of the woman. He was also seen as a person that could spread infections (Bedford and Johnson, 1988; Peterson, et al., 1979). Later it became evident that the prospective father had a desire to share the birthing experience with his partner. New preparation courses were implemented and they focused on both expectant parents. The prospective father was now in the position of coaching the woman during the birth (Hagström, 1999). Prospective fathers have been encouraged to attend births since the

1970s. A once womanly domain has elevated the importance of the role of the expectant father. The attitude about the importance of the prospective father's attendance during childbirth gradually came to include his relation with the infant (Hagström, 1999).

In a study by Chandler and Field (1997), the prospective father described how he is seen as just an accompanying partner to the woman in labour and not as a part of a couple delivering a child. The prospective fathers' own point of view is that they are a part of a couple going through childbirth. This is also expressed in another study by Steen et al. (2012) where the prospective father viewed himself as a partner and parent during the pregnancy and birth, but felt he was not seen or recognised in the healthcare system as such. If the prospective father does not experience support, does not feel included and is not well prepared for pregnancy, birth and parenthood, he will not be able to support his partner in an appropriate way to best reach a transition to positive parenthood (Steen et al., 2012). It is important that the prospective father can prepare himself and practice a coaching role (Chandler and Field, 1997; Dellmann, 2004). Preparation for childbirth is an important factor if it is to be a positive experience (Bergström et al., 2013).

Li Poh et al. (2014) pointed out that during the pregnancy and birth the prospective father experiences several different emotions: euphoria, happiness, shock and anxiety. The authors also describe how the prospective father adapts his behaviour to

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support his partner. This is confirmed by [Johansson et al. \(2015\)](#) and [Vehviläinen-Julkunen and Liukkonen \(1998\)](#) who describe the prospective father wanting to actively participate during childbirth and to be respected for his input. However, the prospective father often experiences overwhelming emotions and feelings of being incapable of supporting his partner during the birth. The prospective father suffers when he sees his partner in pain, which can be relieved if he takes an active part in the birth by giving reassurance and security by assisting and caring for the mother. He needs support from healthcare professionals in this mission. The woman giving birth is seen as the obvious focus of attention, and in order to be able to support and strengthen her, his own needs and emotions (i.e. helplessness, doubts and pain) are put aside. This highlights a need to confirm the father's supporting role and also to recognise him as a vulnerable person ([Johansson et al., 2012](#); [Lundgren and Berg, 2007](#)).

The prospective father's attendance in the delivery room is important. It is important for the woman giving birth to have support; this contributes to her well-being but it is also important in terms of the father's attachment to the child ([Vehviläinen-Julkunen and Liukkonen, 1998](#)). His presence during childbirth may also have a positive influence on the intellectual development of the child ([Amato, 1994](#); [Hildingsson et al., 2011](#); [Premberg et al., 2011](#); [Trautmann-Villalba et al., 2006](#)).

There are few studies focusing on first-time fathers' experiences ([Premberg et al., 2011](#); [Chandler and Field, 1997](#)), but there are some studies about fathers' experiences and participation in childbirth which also point out the importance of the midwife ([Johansson et al., 2012](#); [Longworth, in press](#); [Longworth and Kingdon, 2011](#); [Vehviläinen-Julkunen and Liukkonen, 1998](#)). As a result, it is important to study first-time fathers and gain more knowledge and understanding of these men's experiences that could give the midwife the means to supply optimal care for both the prospective mother and father. The aim of this study therefore was to identify and describe first-time fathers' experiences of normal childbirth.

Method

A qualitative approach appropriate for an open exploration including description and understanding of the first-time fathers' experiences was utilised ([Kvale and Brinkmann, 2014](#)). Semi-structured interviews explored their experiences and data were analysed with thematic analysis ([Braun and Clarke, 2006](#)).

Sample

Inclusion criteria were first-time fathers who understand and speak Swedish. The childbirth should have been normal (not an assisted delivery; forceps and ventouse or caesarean) and a maximum of six months before. The exclusion criterion was a childbirth where mother or child was not doing well, i.e. there were complications affecting their health. Female partners were excluded from this study since the aim was to focus on first-time fathers' experiences.

Participants were recruited via posters displayed on maternity wards, six different child welfare centres and three open day nurseries in a county in South East Sweden. The same poster was also published on the authors' Facebook site, encouraging friends to share it further. This resulted in 105 shares. This poster only gave a little information and included a link to the authors' homepage where they could read more about the study. The prospective participants communicated their interest via e-mail. Twelve first-time fathers reported an interest, out of which four were excluded: two births had been complicated; one birth had taken place more than six months previously; and one first-time

father was excluded due to confusion regarding languages (not fluent in Swedish or English). None of the participants were known to the authors.

Eight first-time fathers were included in the study and informed consent was obtained before the interview. The fathers were aged between 23 and 45 and they had become fathers two to six months before. All pregnancies were wanted. Out of these eight first-time fathers, six had participated in parent education. Three of the fathers had an upper secondary school education, five had a university education and all were full time employed. The fathers came from both rural and urban settings but all the first-time fathers went through the childbirth process at the same hospital.

Data collection

The interviews were scheduled to take place in a location chosen by the fathers and were conducted between September 2014 and January 2015.

All interviews were conducted using an interview guide containing three areas of interest: the father's own experience of the birth, his role during the labour, and his relationship with the midwife. Every interview started with the open-ended question 'Can you tell me about your experience of the birth?' in order to make the fathers speak openly and honestly. To get a deeper understanding and to clarify some parts of the interview, questions such as 'Can you tell me more about that?' or 'Can you clarify that?' were asked ([Kvale and Brinkmann, 2014](#)). The interviews were digitally voice-recorded and lasted for 10–60 minutes (median was 23 min).

Data analysis

The eight verbatim transcripts were analysed using thematic analysis ([Braun and Clarke, 2006](#)). In fact, thematic analysis is a useful and flexible method for qualitative research that searches for themes or patterns ([Braun and Clarke, 2006](#)). The analysis was a continuous reading of the text while following the principles of thematic analysis. During this process, initial ideas were noted in order to become familiar with the data, and the statements were then coded. The codes were reviewed and put into potential themes. After that, themes and subthemes were identified, data were compared, and a thematic map was created to give a better overview. Finally, an ongoing analysis was conducted to refine the characteristics of each theme and to find the story of the analysis – presenting the meaning of the theme ([Braun and Clarke, 2006](#)).

[Braun and Clarke \(2006\)](#) devised a 15-point checklist of criteria for good thematic analysis. We tried to follow all these criteria to ensure that a good and reliable thematic analysis was provided. The data were transcribed to an appropriate level of detail, each piece of data was given equal attention in the coding process, themes were checked against each other and back to the original data set. Data were analysed and interpreted, not just described, ensuring meaning was given to data. As mentioned above we were two persons doing the analysis, to balance out the subjective influences of individuals ([Flick et al., 2004](#)).

In order to ensure trustworthiness/validity of data and data presentation; the data collection and analysis is clear presented and follow the method. The findings are written in such a way that it can be experienced and understood by the readers as directed to them ([Flick et al., 2004](#)).

Ethical considerations

The study was performed in accordance with the Declaration of Helsinki and Swedish legislation of non-invasive studies ([WMA, 2013](#); [SFS, 2003:460, 2008:192](#)). According to Swedish law, ethical approval is not required for research studies conducted during advanced

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