First time father's experience in the delivery room

Faculty of Medicine

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SUMMARY

Dor Abraham
First time father’s experience in the delivery room.

Aim: To evaluate first time father’s experience during childbirth.

Objectives: To determine the factors which influenced first time father’s experience during childbirth.
To assess correlations between pre-birth preparations, sociodemographic data and medical staff attentiveness to the overall experience.

Methodology: A prospective study was conducted in Obstetrics and Gynaecology department at Hospital of Lithuanian University of Health Sciences Kauno Klinikos.
It had taken place on October 2017 – December 2017.
An original questionnaire was created and delivered to participants who met the inclusion criteria. Statistical analysis was performed using IBM SPSS Statistics, version 20.

Study participants: First time fathers of nulliparous women with low risk pregnancy and delivery whom delivered vaginally.

Results: Majority of the respondents (33/35) had positive overall birth experience.
The main factor which influenced first time father's experience during childbirth was their ability to support their partner as stated by the vast majority (25/35).
No correlations found between the sociodemographic data, pre-birth preparation and medical staff attentiveness to the overall experience.

Conclusion: The main factor which influenced first time father's experience during childbirth was their ability to support their partner.
ACKNOWLEDGMENTS

Justina Kacerauskiene - supervisor
Juste Lukoseviciute – statistical work
CONFLICT OF INTEREST

The author reports no conflict of interest.
An approval from the bioethics committee Nr. BEC-MF-94 was given.
INTRODUCTION

Childbearing and birth is a clear woman dominion while the father's role may not be always clear, his role as a supportive figure. There are researches discussing father's importance as a supportive figure before, during and after childbirth [1,2,3] but their own experience is usually ignored [4].

Furthermore, at time of writing no research focusing on fathers had been found by the author featuring fathers in Lithuania. In lieu of that, the author recognizes gap to when it comes to father's experience in the delivery room in general, and more particularly to first time fathers.
AIM AND OBJECTIVES

The aim of the study was to evaluate first time father’s experience during childbirth.

Objectives:
1. To determine the factors which influenced first time father’s experience during childbirth.
2. To assess correlation between pre-birth preparation and the overall experience.
3. To assess correlation between medical staff attentiveness and the overall experience.
4. To assess correlation between sociodemographic data and the overall experience.
LITERATURE REVIEW

The focus on fathers is sometimes not obvious when thinking about the childbirth process itself. Nonetheless, father's experience is a key element in the connection between the couple by their shared experience of childbirth [5]. Staff's ability to provide support, make the future fathers feel included during childbirth is essential for developing themselves into fatherhood [6]. Attention has to be paid to fathers to be, before, during and after childbirth in order to support their coping with the experience [7]. Not an easy task for staff as they should be aware of the presence of fathers and also be attentive to their needs [2] while providing medical care and at the same time provide fathers with instructions how to actively assist their partner when appropriate [8]. In return, father's readiness to childbirth is essential to their ability to support their partner and positive experience [9]. Another key element which might not be focused on is reducing observed pain which will allow more positive childbirth experience to both parties [10], continued midwife attentiveness to fathers is highly important and will allow better childbirth experience to them [11]. Furthermore, open communication in the delivery room between all involved is essential to the father's sense of being supported [12]. Antenatal preparation and knowledge will ease father's ability to fit into their new role and find their place during childbirth [13].

Another aspect which staff should keep in mind is that fathers might choose to adjust their behavior in order to better support their partner, this might mask their own need for support which staff has to consider while offering support [14], yet knowing how to balance giving the right amount of information will enhance father's positive experience of childbirth [15]. Providing intrapartum care to fathers will enhance the positive birth experience [16], knowing that lack of communication between fathers and birthing team will contribute to traumatic perception of childbirth experience [17]. When considering antenatal preparation, research isn't unanimous. One research shows how father's antenatal perpetration contributes to positive childbirth experience, being able to support and be involved [18]. On the other hand earlier study found that antenatal class attendance by fathers might not attribute to positive childbirth experience [19], keeping in mind the correlation between father's psychological distress and lack of appropriate knowledge regarding childbirth [20].

Midwife's actions during childbirth have direct influence over the positivity of the father's childbirth experience [11]. Father's presence during childbirth is important to woman's psychological well-being and midwife should also provide support to the father in-order to
create overall positive experience to both parties [21], their (father's) continued support in labor contributes to positive experience of their partner [22], presence during childbirth provides more comfort to their partner [23]. Medical staff should pay closer attention to the age of first time fathers and provide support accordingly as older men are more prone to be stressful during antenatal period while younger men might require better perception of intrapartum care [24]. The impact of upright birth position over father's positive experience and activity during childbirth will enhance their involvement and comfort, midwives could still mitigate negative experience by being attentive and communicative to fathers [25]. Furthermore, staff could better support and enhance first time father's positive experience during childbirth as it directly correlate to their ability to feel part of the childbirth process [26], Not being sidelined by caregivers which should encourage new father's natural need to support their partner and provide them with tools to do so even in complicated childbirth [27], all of which will allow better outcome for the family unit.

Present study attempts to further the knowledge of first time fathers experience and ability to understand which factors might have higher impact and are relevant to Lithuanian first-time fathers of nulliparous women with low risk pregnancy and delivery as at the moment of writing no published research was found in Lithuania.
Study settings
A prospective study was performed in Obstetrics and Gynaecology department at Hospital of Lithuanian University of Health Sciences Kauno klinikos.
It had taken place on October 2017 – December 2017.

Inclusion criteria:
first time fathers,
nulliparous women,
low risk pregnancy,
low risk delivery,
vaginal delivery.

An original questionnaire was created (annex 1). It consisted of closed and open questions related to:
- demographic information (age, living area and marital status. Marital status was divided into two groups: 1.Single - consists of cohabiting, divorced and single subjects 2. Legally married subjects).
- pre-delivery related questions (pre-birth preparation)
- delivery related questions (experience during delivery)
- post-delivery (reflection on the experience)

In questions 1, 8 and 11 multiple answers were appropriate.

Daily review of the delivery book led to list of eligible possible participants who met the inclusion criteria, questionnaires were therefore handed and self-filled by those who chose to take part in the research, they collected afterwards during their few days stay post-partum.
Data analysis
Data was processed using MS Excel 2010 and analysed using IBM SPSS Statistics, version 20. The descriptive analysis included the calculation of the prevalence, minimum, maximum and median. Categorical data were presented as percentages (n,%), and comparisons done using the Fisher's exact test. Kruskal-Wallis test was used to calculate age and categorical answers. Continuous variables were presented as mean ± standard deviation (SD). The statistical significance level was set at 95%.
RESULTS

There were 473 deliveries during the study period. Forty eight of them have met the inclusion criteria but only 35 respondents agreed to participate in the study. The response rate was 72.9% (35 participants out of 48 which met the criteria).

Participants were between the ages of 19-41 with median age of 29, the majority were married and lived in urban areas. The sociodemographic data presented in Table 1.

<table>
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<tr>
<th>Sociodemographic data</th>
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<tr>
<td><strong>Age</strong> (mean ± SD) (years)</td>
<td>29.31±4.47</td>
</tr>
<tr>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td><strong>Living area</strong></td>
<td></td>
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<tr>
<td>Urban</td>
<td>30</td>
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<tr>
<td>Rural</td>
<td>5</td>
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<tr>
<td><strong>Marital status</strong></td>
<td></td>
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<tr>
<td>Married</td>
<td>27</td>
</tr>
<tr>
<td>Single</td>
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Table 1. Sociodemographic data

Pre-delivery related questions
More than half of the respondents (19/35) answered that they had been prepared for childbirth. Most popular preparation method was attendance to pre-birth course. Less common method was gathering information on the internet (Figure 1).
The vast majority of respondents (74%, 26/35) were confident about their ability to support their partner during childbirth.

**During delivery**
All respondents (100%) answered that they have been able to perform as they thought they would.
More than half of the participants (24/35) answered they have been told by the medical staff how to support their partner during the delivery.
The vast majority of respondents (85.7%, 30/35) answered that the medical staff explained them about the procedures were performed during the delivery and felt part of decision making during the process.
Almost all the participants (97.1%, 34/35) answered they felt free to ask the medical staff questions were unclear during the delivery.

Almost all of respondents (31/35) felt active during the delivery. (Figure 2).
Post-delivery
Two thirds of participants answered their experience was like they expected beforehand. The vast majority rated their overall experience as very positive (Figure 3).
The results have shown that there was no correlation between the sociodemographic data (age, living area, marital status) and the overall experience, $p=0.329$, $p=0.428$, $p=0.312$ respectively.

No correlation found between pre-birth preparation and medical staff attentiveness to the overall experience. ($p=0.470$, $p=0.373$ respectively).

The main factor which influenced the participants' overall experience rating was their ability to support their partner (Figure 4).

![Figure 4. Factors which influenced their overall experience rating](image)

All participants (100%) answered that they would take part in future deliveries. After their experience, more than half of the respondents (21/35) thought that special preparation before childbirth is needed.
DISCUSSION OF THE RESULTS

Findings have shown that majority of fathers were prepared for childbirth and the preferred method of preparation was attendance to pre-childbirth course. Other unique answers were: “I’m a Doctor had studied the subject”, “My wife is midwife and explained beforehand”. When comparing pre-birth preparation and overall experience no significant difference was detected although the author would like to suggest that the fact that the majority prepared to childbirth might hint towards possible connection, which is shown by previous studies [9,13]. Interestingly, all the respondents answered that they have been able to perform as they thought they would during the delivery which correlates with the fact that more than half of fathers prepared themselves in one or more methods. Over two thirds answered they were told by medical staff how to support their partner during childbirth, importance of which outlined by previous research [8]. Almost all participants answered that medical staff explained procedures during delivery and they felt free to ask questions were unclear during the process which correlates with them feeling part of the decision making and actively involved, importance of which outlined by previous study [5].

Although in this study no significant difference between the attentiveness of the medical staff and overall experience, the author is in mind that with the noted limitations and being supported by different studies [2,6,7,11] it seems logical that connection is possible. Two thirds of participants answered that their experience was as they expected beforehand. This question also had place for open answers in case of answering ‘No' where the participants were asked to elaborate, some of which were: „It's hard to see a loving person suffers“ „I did not think that it’d be so scary to see my wife in pain“ and „I thought it would be shorter and less painful for my wife“ which demonstrated by research published in 2006 [10] which further demonstrate how the woman being in pain might affect the fathers, predominantly enough for them to feel uncomfortable. Other answers included: „surpassed expectations, it was wonderful“ and, More than I expected it was indescribable feeling“ in line with previous studies [5,26] showing the importance of father's presence and need to be able to support the woman to create positive experience.

Most participants seem to describe positive experience with only two neutral responses. Furthermore, most said they were able to support their partner, while having support from staff,
one participant explained: „midwife assistance and information“ contributed to his positive experience demonstrating the importance of communication and information by medical staff [2,11,12,15]. Significant is the fact that all participants replied they would take part in future delivers, which the author believes derive from the overall noticeable positive experience. The majority of participants thought first time fathers required special preparation before childbirth. Respondents were also asked to further elaborate in case of answering yes. some of the replies include: „attend courses, practical training, to be interested in the Internet“, „to know the physiology, to understand the childbirth process“, „courses, books, information on the Internet“, „Know when to help the partner“, „attend classes, communicate with your wife“. The above have strong emphasis on the need of antenatal preparations to first time fathers which is supported by several researches [9,13,15,18]

**Strengths**
This research will be first of its kind focusing on father's experience of childbirth in general and first time fathers in particular, which up to the date of writing this thesis no other research was found in Lithuania.

**Limitations**
Approaching the results, one must keep in mind the size of the sample group (n=35), hence we might expect rather homogeneous answers and the scope might not allow for firm conclusion nonetheless the author believes even with those limitations certain ‘trends’ or ‘patterns’ could still show some importance to this thesis.
CONCLUSION

In conclusion, the main factor which influenced first time father's experience during childbirth was their ability to support their partner as stated by the vast majority.
REFERENCES


ANNEXES

Annex 1. Questionnaire

Age:
Living area:
Marital status: Single / Married / Divorced / Cohabiting

Before delivery

1. Have you been prepared for childbirth?
   □ Yes
   □ No

   If yes, how?
   □ Attended to pre-childbirth course
   □ Searching information on the internet
   □ Read books about the subject
   □ Spoke with friends or family
   □ Other: ________________________________

2. Were you confident about your ability to support your partner during the childbirth before the delivery?
   □ Yes
   □ No

During delivery

3. Did you have been able to perform as you thought during the delivery?
   □ Yes
   □ No

   If answered no, why? ________________________________

4. Have you been told by the medical staff how to support your wife during the delivery?
   □ Yes
   □ No
   □ Not enough

5. Have the procedures which had been performed by the medical staff to the mother were explained to you during the delivery?
   □ Yes
   □ No

6. Did you feel free to ask the medical staff questions were unclear during the delivery?
   □ Yes
   □ No

   If answered no, could you explain why? ________________________________
7. Did you feel part of the decision making during childbirth?
   □ Yes
   □ No

8. How did you feel during childbirth:
   □ Active participant
   □ Disturb
   □ Unnoticed
   □ Ignored

9. Was the experience as you expected beforehand?
   □ Yes
   □ No
   □ If answered no, could you explain why? _________________________________

10. How would you rate your overall experience?
    1- Very negative, 2- Negative, 3- Natural, 4- Positive, 5- Very positive

11. What is the main influence on your rating?
    □ Staff attentiveness
    □ Personal preparation
    □ Being able to support my wife (girlfriend) during the delivery
    □ Not being able to support my wife (girlfriend) during the delivery
    □ Other (please elaborate) _________________________________

12. In light of your experience, would you take part in future deliveries?
    □ Yes
    □ No
    □ If answered no, why? _________________________________

13. After your experience, do you think men need special preparation before childbirth?
    □ Yes          □ No
    □ If answered yes, please explain what could be done ____________________