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A Meta-synthesis of fathers' views and experiences of maternity care

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EPIC

- Engaging Partners in Childbirth (EPIC) Study
- This meta-synthesis was part funded by EPIC
- On-going research exploring fathers views and experiences
- Need to focus on disadvantaged and bereaved fathers



Background

- Growing evidence - active involvement of fathers in maternity care is associated with health and social benefits for the mother and baby.
- Maternity care expectations and experiences of expectant and new fathers have received little attention from policy makers and maternity service providers.



Aim of Meta-synthesis:

- To identify and synthesise good quality qualitative research that explores the views and experiences of fathers who have experienced maternity care over the last ten years.



Search Strategy:

- **Systematic search using Databases:**
 - CINAHL, MEDLINE, EMBASE, Mother & Infant Care & PsychInfo databases, BNI,
 - Cross-checked with NHS Evidence
- Papers published, from January 1999 to January 2010.



Search Strategy:

- These terms were searched in **titles, keywords or abstracts**

('fathers' OR, 'dad' OR, 'dads' OR, 'partners') AND ('maternity care', OR 'pregnancy' OR, 'antenatal care' OR, 'antenatal education' OR 'parenting education' OR, 'childbirth', OR 'birth' OR 'Intrapartum care' OR 'Postnatal', OR 'Puerperium' OR 'Perinatal') AND ('Views' OR 'Experiences' OR 'Roles').



Quality Assessment

- Quality of included papers critiqued independently by 3 researchers
- **Used a 2-stage approach:**
 - **Initial review** – based on the qualitative CASP tool
 - **Detailed** quality assessment tool and Grading system (adapted from Walsh & Downe, 2005; Downe et al (2008))
- **Any disagreement**, a final quality score was agreed by debate and consensus.
- Papers that did not reach C+ were excluded



Analysis involved:

- Compare and contrast metaphors, phrases, ideas, concepts, relations and themes in the original texts
- Undertake reciprocal and refutational translations to establish how far the themes were similar, or different
- Synthesize themes arising from included studies



Inclusion criteria:

- Direct quotes from fathers
- Good quality qualitative research studies exploring fathers' involvement in maternity care and up to 6 months following the birth.
- Studies based in the UK, and in UK-like settings were included.
- No language restrictions were imposed.



Findings

- **856** hits were identified from titles, key words and abstracts.
- **92** abstracts related to fathers and maternity care
- A further **6** identified from backchaining of papers
- After exclusion of duplicates, studies not meeting the criteria and those of poor quality,
- **23** papers were included in the meta-synthesis.



Studies included - 9 countries

- (7 UK, 5 Australia, 4 Sweden, 2 USA, 1 Japan, 1 Taiwan, 1 South Africa, 1 Finland, 1 New Zealand).
- 10 focused on prenatal period (prenatal diagnosis, A/N education & care)
- 5 focused on intrapartum period (place of birth, premature birth & experiences)
- 8 focussed on postnatal period (transition to fatherhood & post-traumatic stress disorder)



6 - Emerging themes:

- **risk and uncertainty,**
- **exclusion,**
- **fear and frustration,**
- **the ideal and the reality,**
- **issues of support,**
- **experiencing transition.**



risk and uncertainty,

- Within this theme the concept of “**what’s normal**” arose.
- Men can perceive pregnancy and childbirth as “**risky**”
- The ‘**guardian of facts**’ men feel they have a role to limit risk where possible and to protect both their partner and their child



risk and uncertainty

- preparation for labour and delivery the **'fear of extreme events'** seems to be prominent
- expectant fathers whose partners had given birth by emergency caesarean described experiencing feelings of **'anxiety and powerlessness'** and **'relief on seeing a healthy baby'**



exclusion

- evidence that men felt excluded.
- eg, the way A/N care is offered
- difficult for expectant fathers to accompany their partner and some felt not welcomed.
- understood why A/N education was '**woman focussed**' but felt that '**some content**' should specifically relate to them



exclusion

- Feelings of **'being on the periphery'** and **'being left out'** **'being a bystander'** **'being an invisible parent'**, even though they wanted to be involved
- Very common for them to receive **'limited preparation'** and **'second-hand information'** from their partners.



fear and frustration

- limited recognition - fathers are **vulnerable**:
 - psychologically, emotionally, socially, & physically
- felt frustrated, anxious when attending A/N education - information needs not met. **“Being in the back seat”**
- Observing **‘partner in pain’**, being unable to help them > anxiety levels, **‘feelings of powerlessness’**.
- **‘there was nothing I could do and I felt frustrated’**,



fear and frustration,

- Especially, if their partner needed a CS.
- more likely to be **'forgotten about'** when an emergency section required
- new fathers found **'fatherhood in the early postnatal period to be disappointing and frustrating'**
- **'expected to be involved a lot more'** than they actually were, circumstances rather than choice played a part.



the ideal and the reality

- Evidence of significant changes in **'self-identity'** and **'relationships with their female partners'**
- **'Visualizing the baby'** first scan described as a critical point in the process of pregnancy by fathers
- reported that the experience of watching their partner give birth can lead to **'sexual scarring'** that can last for many years



the ideal and the reality

- Within this theme:
- **'renegotiation of roles'** can be an issue for some fathers
- In terms of relationships, the **'impact a new baby can make'** and expectations can differ from the reality
- However,
- Research suggests that such impacts could be minimised through both appropriate **preparation of fathers** and by **involving them**

issues of support

- **need access** to a health professional to answer questions, **'I feel I can trust them now'**
- **negative emotional experiences** during pregnancy, birth, first 6 months of fatherhood linked to **family relationships problems**
- **Fathers** have few support systems. Often new fathers feel isolated **'...did not have anyone to whom they could turn too'**





experiencing transition

- Evidence that ultrasound helps expectant fathers to **visualise their baby** & realise their **transition to fatherhood**.
- **'role adaptation'** is needed and a **'balancing act'** has to happen
- Expectant father experience **high levels of stress & anxiety** during pregnancy, birth and transition to fatherhood,
- they want to know **'precisely'** what they should do to **'get it right'**

Synthesis

- **'As Partner and Parent'** fathers experience as **not-patient** and **not-visitor** situates them in an interstitial and undefined space with the consequence that many feel excluded and fearful.
- They **cannot support their partner effectively unless they are themselves supported, included, and prepared** for the reality of risk and uncertainty in pregnancy, labour and parenthood and for their role in this context.





Conclusions

- Fathers are expected to be involved
- Yet they vulnerability, fear of the unknown during pregnancy, birth and transition to fatherhood receives limited acknowledgment.
- Expectant fathers can feel excluded, on the periphery, without their needs being addressed.
- Fathers need to feel welcomed valued and supported to enable them to support their partners



The Fatherhood Institute

The vision of the Institute is to give all children a strong and positive relationship with their fathers, support co-operative parenting, provide greater support for mothers as carers and earners, supports the role of men in caring for children (Fatherhood Institute, 2008).

Being a Family

