



## **FI Research Summary: Fathers at the Birth**

- In many countries, fathers' presence during labour and delivery is increasing and is currently as high as 80% in some Health Centres in Chile (Aguayo et al, 2012)
- Within each country, there are ethnic and other differences in relation to fathers' presence at the birth. For example, in the UK, 81% of the partners of women of Black or Minority Ethnic (BME) origin present for labour compared with 93% in multiparous white women (those who have given birth two or more times) (Redshaw and Henderson, 2013).
- In Trinidad and Tobago, fathers are still excluded from the delivery room in the public health system (Mendes-Franco, 2014).
- Health professionals with gender-equitable and inclusive attitudes towards the father are more likely to invite the father into the consultation room, communicate directly with him, provide more guidance on what to expect as new parents, and promote joint responsibility (Aguayo, 2012).

### **The value of preparing fathers well for the birth is clear:**

- A stressed birth partner can be counterproductive: stress, like fear, can contaminate - and maternal stress can slow down labour. Fathers' stress levels are often very high at key points during the birthing process (Johnson, 2002). Keogh et al (2006) found caesarian mothers' post-operative pain strongly linked to their fear-experiences during labour, and these were mediated by the level of their birth partner's fear.
- A well prepared father has a positive effect on his partner's birth experience, and good preparation can reduce his fear of seeing his partner in pain (Wockel et al 2007).

### **So teaching fathers techniques to manage their own stress levels during labour and delivery should be a key element in ante-natal preparation:**

- Fathers who have been prepared well to participate productively in the labour process tend to be more active participants, and their partners' birth-experiences tend to be better (for review, see Diemer, 1997).
- However, even where fathers have been only minimally prepared, studies repeatedly show high levels of satisfaction after the birth for both mothers and fathers in sharing the experience of labour and birth (Chan & Paterson-Brown, 2002).

## **Mothers experience their partner's presence positively:**

- The evidence suggests that women place a high value on their partner's presence and support in labour. This is related, in mothers, to reduced anxiety, less perceived pain, greater satisfaction with the birth experience, lower rates of postnatal depression and improved outcomes in the child (Dellman, 2004).
- In the UK, women who had the support of a partner during labour felt more positive about the birth and were found to require less pain relief (Chan & Paterson-Brown, 2002).
- Klein et al (1981) found fathers five times more likely to touch their partner during labour and delivery than other support figures; and the women rated the fathers' presence more helpful than that of the nurses.
- However, while a randomised trial of fathers' presence at the birth in Turkey found their presence helped mothers to have more positive experiences in all aspects of childbirth, this study found no relationship with length of labour, use of pain-relieving drugs, or obstetric interventions. When mother and father were supported during labour and delivery, the rate of the fathers who adopted an active role was high (Gungor and Beji, 2007).
- Research from China differentiated between types of support valued by mothers: perceived partner-provided practical support had more positive impact than perceived partner-provided emotional support with a strong correlation between duration of partners' presence during labour and women's ratings of perceived practical support by them (Ip, 2000). In other settings, emotional support may be more valued by mothers.
- Hayward & Chalmers (1990) suggest that these positive findings may be associated, in some cases, with the father's contribution as a general factotum on an understaffed labour ward or as helping to compensate for otherwise poor quality obstetric services.
- Spiby et al (1999) found labouring women generally disappointed by the level of midwife involvement while their partner's involvement much more nearly met their expectations – a personal experience also reported by Llewellyn Smith (2006).
- Labouring women benefit when they feel 'in control' of the birth process. A key component in this is experiencing support from their partner during the birth (Gibbins & Thomson, 2001).
- In Nepal, women accompanied by their husbands felt more agency/control over labour and delivery than when accompanied by other birth partners (Sapkota et al, 2012). When they had been continuously supported by their husbands during labour and birth, Nepalese mothers were more likely to report greater postnatal support and lower levels of anxiety (Dixon, 2014).
- Teaching massage and relaxation techniques to fathers to assist during labour is an effective way to increase marital satisfaction, and decrease postnatal depressive symptoms (Latifses et al, 2005), as well as providing psychosocial support for women. (Chang et al, 2002).
- In Australia, sharing the experience of childbirth and supporting each other in infant feeding were seen as the best outcomes for new mothers and fathers (Tohotoa et al, 2009).

## **Does the father's presence at the birth result in greater involvement later?**

- An early study found birth attendance by fathers not correlated with higher levels of involvement in post-partum infant care (Palkovitz, 1985). However, birth attendance followed by extensive father-infant interaction in the hospital may stimulate such behaviour (Keller et al, 2004).
- Moore & Kotelchuck (2004) found a significant correlation between fathers' attendance at the birth and subsequent involvement in monitoring infant health by participating in 'well child visits'.
- Kiernan (2006) compared the behaviour of non-resident fathers who had signed their baby's birth certificate with fathers who had not signed the birth certificate but had been present at their baby's birth. She found that though roughly equal numbers of both groups later moved in with their baby's mother, all other measures of involvement, except the payment of child support, were higher among the men who had attended the birth.
- Skin-to-skin contact with the father after caesarean section (Erlandsson et al, 2007) has been reported to result in babies being calmer and more likely to stop crying.

## **Is fathers' birth attendance damaging to the couple relationship?**

- Both fathers and mothers can experience post-traumatic stress disorder after very difficult births. However, warnings that the couple's sexual relationship is likely to be negatively affected by fathers' birth attendance (e.g. Odent, 1999) have received little empirical support.
- One well designed study showed that while negative perceptions of the birth-experience were correlated with depressive symptoms in fathers at six weeks postpartum, their effect was removed once pre-existing depressive symptoms were controlled for (Greenhalgh et al, 2000). That is, the distressed fathers were distressed before the birth.
- White (2007) also found that among the few fathers reporting psychological and sexual scarring after watching their partner give birth, most were vulnerable in some way before the birth. Assessing emotional vulnerabilities in fathers before the birth could result in effective approaches (White, 2007; Madsen and Juhk, 2007).

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