

A Qualitative Study on the Experiences of Fathers Involved in Vaginal Delivery: Real-Life Experiences

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ABSTRACT

Purpose: The birth of a baby is one of the most meaningful moments partners can experience throughout their lives. This study was conducted to determine the emotions, thoughts, and experiences of fathers involved in vaginal delivery.

Methods: This study was a qualitative research using phenomenological approach and theoretical thematic analysis approach was used in data analysis. The 22 couples participated in the study. The data were separately obtained from fathers involved in the delivery and their partners using the face to face in-depth interview method within four hours after delivery.

Results: The data were categorized into five themes: emotions, thoughts, and experiences of fathers involved in delivery; purpose of involvement; positive and negative feelings, roles, and responsibilities of fathers; expectations from health professionals; and meeting the baby for the first time. The fathers who were confused when they first entered the delivery room experienced ambivalent feelings, especially during the last phases of the active period and the expulsion phase.

Conclusion: Fathers should be involved in the childbirth process so that the parents can experience a favourable childbirth experience, the relationship between partners strengthens, the family life is affected positively, and the newborns are born into an environment in which they feel safe.

Keywords: Newborn; Childbirth; Experiences; Fathers; Emotional

Doğuma Katılan Babaların Doğum Deneyimlerine İlişkin Niteliksel Bir Çalışma: Gerçek Yaşam Deneyimi

ÖZET

Amaç: Bir bebeğin doğumu eşlerin hayatları boyunca yaşayacağı en anlamlı yaşam deneyimlerinden biridir. Bu araştırma vajinal doğuma katılan babaların doğum sürecinde yaşadıkları duygu, düşünce ve deneyimleri ile bu deneyimlerinin anne üzerine olan etkisi belirlemek amacıyla gerçekleştirilmiştir.

Materyal ve metodlar: Bu araştırma fenomenolojik yaklaşımın kullanıldığı nitel bir araştırmadır ve verilerin analizinde kuramsal tematik analiz yaklaşımı kullanıldı. Araştırmaya 22 çift katıldı. Veriler doğuma katılan babalardan ve eşlerinden ayrı ayrı yüz yüze derinlemesine görüşme yöntemiyle doğumdan sonraki dört saat içinde elde edilmiştir.

Bulgular: Veriler beş temada kategorize edildi: doğuma dahil olan babaların duyguları, düşünceleri ve deneyimleri; katılım amacı; babaların olumlu ve olumsuz duyguları, rolleri ve sorumlulukları; sağlık profesyonellerinden beklentiler; ve bebeğe ilk kez tanışmak. Doğumhaneye ilk girdiklerinde şaşkınlık yaşayan babaların özellikle aktif dönemin son evrelerinde ve ekspülsiyon evresinde ambivalan duygular yaşadıkları belirlenmiştir.

Conclusions: Ebeveynlerin olumlu doğum deneyimi yaşamaları, eşlerin ilişkisinin güçlenmesi, aile hayatlarının pozitif yönde etkilenmesi ve yeni doğanın güvenli hissettiği bir ortama doğması için babaların da doğum sürecine eşlik etmesi gerekmektedir.

Anahtar kelimeler: Yenidoğan; Doğum; Deneyim; Baba; Duygu

Childbirth is one of the most important experiences in the lives of parents. The most important support during childbirth for parents is the partners themselves (1). Although the involvement of fathers in the delivery was initially considered to increase the infection incidence and negatively affect the relationship and sexual life of couples, men have started to play an active role in delivery rooms since 1960 (2). The involvement of fathers in the delivery not only helps them to support their partners, but also increases parental adaptation and paternal bonding. The father who accompanies the mother during labor will help to reduce the fear, anxiety, and loneliness of the mother and help her to have a more favorable childbirth experience (3). Moreover, the involvement of fathers in the delivery not only enables fathers to meet their newborn and share the experience of childbirth, but also is beneficial to the psychological support of women. Healthcare professionals should inform couples about the involvement of fathers in childbirth and should help fathers perform their responsibilities by supporting them during the delivery. Furthermore, the fathers' involvement in childbirth is both a need of the mother and a parental role that the father should experience (4). In Turkey, there are great differences in the society in terms of language, religion, and culture. Generally, fathers take a passive role in the delivery process and wait for the delivery to be completed away from their partners outside the delivery room. Additionally, there is the general idea that the birth of a child is a process only affecting the woman, and that the involvement of the father would obstruct the delivery and even have a negative impact. Therefore, Turkish fathers are not involved in the delivery and this is a social norm indoctrinated in men. There are many idioms and proverbs indicating that mothers and fathers should be away from each other during the delivery such as: "The mother gives birth to one child and the father to a thousand". In Turkey, fathers have a passive role in the childbirth process, which is a learned social imposition (5). However, special needs of fathers, who are both parents and the most important supporters of mothers, during pregnancy, childbirth, and parenthood should be determined and included in prenatal trainings by healthcare professionals, which can help fathers to be ready and eager to play an active role in childbirth (6). Knowing the feelings and thoughts of fathers in detail will provide detailed information to the health care professional in the provision of antenatal health services. It will also be guiding and encouraging for other men.

Research Questions

1. What are emotions and thoughts of fathers involved in the delivery?
2. What are the experiences of fathers involved in the delivery?
3. What are the roles and responsibilities of fathers during this process?

METHODS

Research design: This is a qualitative study. The study was conducted in a delivery room of a university hospital with fathers who volunteered to participate in the study between August 2018 and January 2019.

The study was designed as follows: Partners were allowed to enter the delivery room in addition to the routine medical personnel of the delivery room. The fathers were encouraged to support their wives and actively participate in the delivery. The fathers were encouraged to stay in the delivery room as long as their wives were there. In the hospital where this study was conducted, pregnant women are accepted to the delivery room in the latent phase of the delivery and stay there for 4 hours after the delivery (bleeding control phase). No male companions are allowed in the delivery room and postpartum service of the hospital. Table 1 shows the study design and the forms used in the study.

Table 1. Study Flow Chart			
	1. Interview	2. Interview	3. Interview
Time of Application	Latent/Active Phase of Delivery	From active phase to postpartum	4 hours after the delivery (bleeding control phase)
Setting	Training Room	Delivery Room	Training Room
Interventions	-Participants were informed about the study, their written/verbal consent was obtained; -Participants were taken into the delivery room;	-Routine care was applied in the delivery room; -Fathers were encouraged to stay with their wives during the delivery and postpartum process; -Fathers were supported during this process;	Interviews were carried out about the delivery experience
Forms used	Introductory Information Form		The semi-structured interview guide

Sample: The study included fathers who were 18 and older, who agreed to be with their wives during the delivery, who agreed to participate to the study, and whose wife had a normal live vaginal delivery. Exclusion criteria were a c-section delivery, risky pregnancy, or premature delivery. The simple random method was used for the sample selection. The study included 26 couples. However, the study continued with 22 couples because one of the pregnant women had to undergo cesarean section and three of the partners could not accompany their partners through the end of the delivery. Table 2 shows the participants' sociodemographic characteristics.

Variables	Mother		Father	
	$\bar{X} \pm Sd.$	Min-max	$\bar{X} \pm Sd.$	Min-max
Age	28.72±6.34	19-40	33.81±6.97	20-45
Gravida	2.68±1.55	1-6		
Parite	2.04±1.09	1-4		
Education Level	% (n)		% (n)	
Primary school or lower	68.1 (15)		54.4 (12)	
High School	27.3 (6)		36.4 (8)	
Undergraduate	4.5 (1)		9.1 (2)	
Employment Status				
Employed	13.6 (3)		100 (22)	
Unemployed	86.3 (19)		0 (0)	
Marital status				
Married	100 (22)		100 (22)	
\bar{X} : Mean, Sd.: Standard Deviation				

Qualitative interviews: The data were collected using the semi-structured interview guide, which was developed by the researchers to analyze the sociodemographic characteristics and delivery-related emotions and thoughts of fathers. The data were obtained from fathers involved in the delivery using the face to face in-depth interview method by researchers within the delivery room. The interview carried out with parents took approximately 30-45 minutes. The interviews held with the participants were recorded. All data obtained from the interviews were transformed into written format (Microsoft Office Word) within 24 hours and stored in the computer. No changes were made to the statements of the couples whilst changing the format. Data collection was terminated when the data from the sample reached saturation and began to repeat itself.

The semi-structured interview guide was composed of five open-ended and closed-ended questions to examine the father's childbirth experiences and support during the delivery. "Why did you want to be involved in the delivery process?", "What did you feel about accompanying your partner in the delivery process?", "What did you do to support your wife?", "Do you think that you were able to support your wife during this process?", and "What did you feel when you first saw your baby?". At the end of the interview, the participants were asked if there was something they wanted to add (1,4,5).

Ethical Consideration: Ethical approval was obtained from the Muğla Sıtkı Kocaman University Ethical Review Board (No:180119/113) on 17 July 2018. Participation was voluntary and confidential and written informed consent was obtained prior to participation in the study.

Data Analysis: Statistical Package for Social Sciences 21.0 package program was used to analyze the quantitative data of the research. Colaizzi's (1978) method of data analysis was applied to the transcripts, which had been proofread and cross-checked with the audio recordings, 3 times for exactitude, and to acquire familiarity with the content. The records of the interview were analyzed by 2 researchers independent of each other in terms of the experiences, feelings, and thoughts of the fathers. The researchers categorized the statements and concepts by repeatedly reading the results obtained from the interview guide and carrying out an analysis for the interview text (7). The codes were listed in categories. Then, all researchers came together and discussed to create a thematic framework.

RESULTS

Nine of the fathers (40.90%) reported that it was the first delivery for their wives. All fathers reported that they participated in the delivery for the first time. Table 3 show the themes, subthemes, and summaries of participants' statements formed after the in-depth interviews carried out with fathers. The data were categorized into five themes;

1. Fathers' Purpose of Participation in the Delivery

In-depth interviews showed that for the father, the purpose for participating in the delivery included supporting their partner and creating an environment of trust. Fathers' expressed their feelings about the involvement in the delivery as follows.

Table 3. Themes and Subthemes Formed After the Involvement of Fathers in the Delivery	
Themes and subthemes	Fathers' statements
1. Fathers' purpose of participation in the delivery	
Supporting their partner	I did not want to leave my wife and our baby alone Being with my wife was very important to me
Creating an environment of trust	I wanted to be with my wife because I did not want to leave her alone in an environment she is not familiar with I wanted my wife to know I am right beside her and she is safe with me
Witnessing the process	To see the birth of our baby To be a part of this process To see our baby for the first time with my wife
2. Fathers' Feelings	
Happiness, Joy, Excitement	Being with my wife made me very happy This happiness is very different; we are a mother and father now I am so happy because this experience positively contributed to our lives I am so joyful and happy
Being proud of oneself	I felt very happy and proud Knowing that I was supportive made me proud I am proud of myself for not leaving my wife and my baby alone
Self-confidence	It increased my self-confidence I felt valuable
Fatherhood	I realized that fatherhood is not easy and means not waiting behind the door of the delivery room I realized that I did not learn to be a father during the previous deliveries of my wife Moreover, being a father is beautiful
Respect to the mother	I could not handle this process; I could not do it. Women are really strong I realized that my wife was very strong
Satisfaction	We had a beautiful delivery experience Being with my wife and doing something for her and our baby was amazing I am so thankful that I was by her side
Confusion	I realized that delivery is an extraordinary event At first, I was very confused in the delivery room I did not know what I should do
Fear, anxiety, panic	To be honest, this period scared me very much I was so scared that something would happen to my wife when her pain increased This pain... Oh my god how was she able to bear it! I was so scared
3. The Role and Responsibilities of the Father	
Active participation	We started this path together. We were always together during her examinations and everything we will continue to do so I tried to be with my wife and support her. I wet her mouth with water and wiped her forehead when she sweat
Coach	I helped her to do breathing exercises I held her hand, hugged her, massaged her back, put a pillow behind her back
Team member	We started this path together and will continue together I realized that I was one of the important factors in the delivery
4. The Support of Healthcare Professionals	
Effective communication	We were in a great communication with the healthcare team Their communication and behaviors were great
Supportive care	Everyone in the delivery room was very successful. They were there for us every time we needed them Everyone knew what they were doing The midwives were constantly in communication with me
Empathy	They truly understood us and solved every need of us
5. Meeting the baby	
Happiness, joy, sentimentality, proud, miracle, satisfaction	It was not just happiness, it was beyond that It is an incredible feeling I was so happy When I first saw the baby, I was so happy

Supporting their partner: All participating fathers reported that they wanted to be involved in the delivery to support their wives. Fathers' statements were as follows: Father 1 said "I did not want to leave my wife and our baby alone. Being with my wife was very important to me."

Creating an environment of trust: It was observed that not only did mothers feel lonely in the delivery room, fathers also thought that their partners felt lonely in the delivery room. Therefore, all the fathers wanted to be with their partners in the delivery room in order not to leave them alone. Fathers' opinions on this subject are as follows: Father 14 stated "I love my wife so much. It is our first baby and first childbirth experience. I wanted my wife to know I am right beside her, she is not alone, and she is safe with me."

Witnessing the process: It was determined that one of the objectives of the fathers participating in the delivery was that they wanted to witness the process. Fathers' statements were as follows: Father 6 said "I wanted to be with my wife in case I could help in any way, also I wanted to see the process of my wife because I wanted to be with her and be a part of this process."

2. Fathers' Feelings

Fathers reported that as the labor continued, they experienced different emotions. All fathers reported that they were confused when they first entered the delivery room. They indicated that they experienced ambivalent feelings, especially during the last phases of the active period and during the expulsion phase. The feelings of fathers were given with their own expressions in the subthemes.

Happiness, Joy, Excitement: It was identified that all the fathers in the study experienced the feelings of happiness, joy and, excitement. All participants mentioned this feeling, and some of them made the following statements: Father 9 mentioned "Being a part of the delivery was miraculous, I witnessed how sacred childbirth and being a mother is. I am so joyful." Father 16 exclaimed "I am so joyful and happy... It is hard to describe."

Being proud of oneself: Half of the fathers participating in the study reported that they were proud of themselves. Father 17 stated "I was proud of myself for being able to support my wife... I learned that fathers can be a part of the delivery, too."

Self-confidence: Father 2 stated "It is so great that I was with my wife and my child. I felt valuable."

Fatherhood: Many of the fathers witnessing the delivery used the statement "I acknowledged my fatherhood". Father 19 stated "I realized that I did not learn to be a father during the previous deliveries of my wife. I am very happy that we experienced this process together."

Respect to the mother: All fathers witnessing the delivery reported that they started to respect their wives and all mothers. Fathers' statements about this matter were as follows: Father 18 declared "I realized how strong women are." Father 14 exclaimed "I could not handle this process; I could not do it. Women are really strong." Father 13 said "I realized that my wife was very strong. I love her."

Satisfaction: One of the most common emotions reported by the fathers was gratitude. Fathers' statements were as follows: Father 22 commented "It was delightful to be with my wife and do something for her and our baby."

Confusion: Father 10 articulated "At first, I was very confused in the delivery room, I did not know what I should do... My wife was very happy after the delivery that I was by her side. I was also very happy to see her like that."

Fear, Anxiety, Panic: Father 10 said "I was so scared that something would happen to my wife." Father 20 exclaimed "This pain... Oh my god how was she able to bear it! I was so scared."

3. The Role and Responsibilities of the Father

The study determined that fathers had multiple roles and responsibilities in the delivery room. It was observed that verbal expressions that represent active participation such as us, collaboration, and togetherness were frequently used by fathers. The statements of fathers about their roles and responsibilities during the delivery are as follows:

Active participation: All of the fathers reported that they played an active role in the delivery in some way. Father 21 stated "I did not wait behind the door desperately... I was with my wife and baby since the first moment. Now, I am going to do so as well."

Coach: Father 15 articulated "She had so much pain... She was suffering... I helped her to do breathing exercises... Held her hand, hugged her, massaged her back, and put a pillow behind her back. I tried to do my best to relieve her pain and encourage her."

Team member: Father 5 said "Instead of waiting for information behind the door of the delivery room with curiosity and anxiety, I wanted to be with them, comfort and touch them." Father 7 stated "... I only wanted to be with my wife to support her. But as the process continued, I realized that I was one of the important factors in the delivery."

4. The Support of Healthcare Professionals

The positive support of a well-organized and professional healthcare team for the women in labor and her husband during the delivery was obvious. This support was expressed as follows by the fathers.

Effective communication: Father 12 said "The healthcare team was always with us...they supported us... Their communication and behaviors were great... We felt safe."

Supportive care: Father 3 stated "There were moments I lost control and was confused... The midwives were constantly in communication with me."

Empathy: Father 10 said "At first I was very confused in the delivery room... Midwives and nurses were aware of that... They comforted, informed, and understood me." Father 4 commented "... The midwives were very helpful. I applied the exercises and massages they showed me. They truly understood us and solved every need of us."

5. Meeting the Baby

Feelings: Happiness, joy, sentimentality, proud, miracle, satisfaction: All fathers who met their babies reported that they felt an intense happiness, which was an indescribable feeling. Fathers' statements are as follows: Father 11 said "I cried with joy when I first saw my baby. I did not expect this meeting to be like this." Mothers reported that they were very happy and felt valuable because their partners were with them during the delivery. Additionally, mothers reported that their delivery experience was more beautiful and that they could cope with the pain more easily thanks to the support of their partners. As a result of, fathers' participation in childbirth had a positive effect on mothers' birth experiences.

DISCUSSION

The cultural environment of parents affects their delivery expectations and parental roles. In Turkey, fathers are not allowed in the delivery room and cannot witness

this miraculous moment because they are left in the background. In the Turkish society, the idea that the delivery is a process specific to women remains a societal belief. Although it is less common than in the past, the involvement of the father in the delivery is still seen as tabu (5). Most of the studies on childbirth experiences are about women. Therefore, this study includes important information about the perspective of the father.

The cultural environment of women affects their delivery expectations and parental roles. In this study, the presence of the father in the delivery room positively affected the delivery experience of the mother, which was very special and important for the women. All but one of the mothers reported that they felt happy, valued, and safe. Similarly, another study stated that the involvement of the father in the delivery process helps women feel safer. The fact that fathers fulfill the needs of their partners during this process positively affected both mothers and fathers (4). Moreover, in the meta-analysis of Johansson et al., it was found that with the support of the fathers to the mothers, the duration of labor was reduced, women experienced less anxiety and depression, anesthesia needs were reduced, and the recovery process was faster (8).

Fathers reported that they experienced strong emotions at the end of the delivery process. Additionally, they stated that involvement in the process with supportive and coaching roles positively changed their perspective on life. Fathers further reported that their relationship with their partners got stronger, they realized how strong their partners were, and their respect for women increased. In another study found that the childbirth experience increased the respect of men for their partners and strengthened the family bond and the relationship between partners (9). The study results are in compliance with the literature.

Throughout the study, fathers suppressed their own fear, anxiety, panic, and confusion and supported their partners. Similarly, in studies carried out with fathers involved in the delivery, fathers hid their negative feelings such as fear and anxiety to display a strong attitude and not negatively affect the delivery process (1).

The support of midwives and nurses are accepted as a facilitating factor in the involvement of fathers in the delivery, and weak communication and unfulfilled expectations are among the obstructive factors. Every father participating in the study reported that they had a positive

childbirth experience. The support of the midwife was observed to be one of the important factors in establishing this positive experience. The support and presence of the midwives who informed the fathers about the process of labor and delivery was a strong factor for the positive experience of father. Similarly, the literature shows that the support of midwives are very valuable for fathers (3, 10, 11). In this study, the majority of the fathers reported that the midwife provided the needed and expected support, which contributed to the positive childbirth experience.

Fathers who participated in the delivery reported they experienced strong and deep emotions when they first met their babies. Moreover, it was observed that fathers bonded with their babies right after the delivery. Fathers reported a positive childbirth experience and described their first encounter with their babies with positive words such as happiness, joy, proud, and miracle. Another study showed that the involvement of the father in the delivery strengthened the emotional bond between the newborn and the father (12).

LIMITATIONS OF THE STUDY

The results of this study are limited to those in the sample.

CONCLUSION

Fathers should also be involved in the delivery process so that the parents can experience a positive childbirth experience, the relationship between partners strengthens, the family life is affected positively, and the newborn arrives in an environment in which they feel safe. The involvement of fathers in the delivery helps women to be emotionally more motivated, more courageous, and deliver in a more peaceful environment. Supporting the presence of fathers in the delivery room is important for a favourable childbirth experience of families and building healthy family bonds.

DECLARATIONS

Conflict of Interests: The authors declare they have no conflict of interest.

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Ethical Consideration: Ethical approval was obtained from the Muğla Sıtkı Kocaman University Ethical Review Board (No:180119/113) on 17 July 2018. Participation was

voluntary and confidential and written informed consent was obtained prior to participation in the study.

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