

The preferences of parturient women and the participation of the child's father during birth

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Abstract

BACKGROUND: The participation of the father in the birth manifests itself in action, that depends on the attitude towards family-assisted birth and the preferences of the parturient woman.

AIM: Evaluation of expectations of parturient women in the aspect of the active participation of the father, that would enable the use of the most commonly reported preferences in the clinical praxis and the establishment of factors influencing the presented preferences.

METHODS: 250 married couples who participated in natural childbirth were subjected to prospective survey. Couples after physiological delivery with the participation of father in all stages of childbirth were qualified. The surveys were conducted in the first day after the childbirth. The survey tool was an author-developed survey questionnaire in two versions: (A) for the mother and (B) for the child's father who participated in the birth. The statistical calculations were performed with use of the Statistica PL software. The frequency of occurrence of respective quality (non-measurable) features was evaluated with χ^2 (chi-square) nonparametric test. The level of statistical significance adopted for tests was $p < 0.05$.

RESULTS: The preferences of parturient women, regardless of their age, education, duration of marriage, number of family-assisted births and the form of preparation mostly concerned the adaptation of a supportive role by the fathers, on every stage of the birth. During the second stage of birth 74.4% of parturient women expected the father to cut the umbilical cord. After the birth the majority of mothers (76%) preferred the presence of the father in post-delivery period.

CONCLUSIONS: The pre-birth education of couples of parents should include the expectations of the parturient woman, regarding the forms of father's activity during a family-assisted birth. High expectations of parturient women regarding the emotional support indicate the need for educating future fathers, as there is large demand for such element of mid-delivery care.

INTRODUCTION

The scientific approach towards the aptitudes and role of father during childbirth is a question of the recent decades, and the presence of father during birth is currently perceived as one of the important elements of psychosomatic care over the pregnant woman and proper preparation of both spouses for conscious parenthood (Capogna *et al.* 2007; Dave *et al.* 2008; Li *et al.* 2013; Labrague *et al.* 2013; Sioma-Markowska & Poręba 2008). The participation of a close person in the childbirth is recommended by the WHO, numerous scientific association, and the model of family-assisted birth won large interest of the societies (Borgen Jungmarken *et al.* 2010; Ip 2000; Li *et al.* 2009; Tehrani *et al.* 2015)

Father's participation in the childbirth is manifested in his actions. The range of this action can differ, depending on the aptitude towards common birth and the preferences of parturient woman. The fathers support or change their aptitudes during birth. After previous pre-birth education they usually present strong, balanced aptitude, based on broad knowledge. The fathers without pre-birth education have scarce knowledge, their aptitudes are less complex and change more easily. The fathers are expected to actively participate both during the pregnancy and birth, and childcare. The direct reason for father's participation in the childbirth is the aptitude of solidarity thus created. This forms the basis for the father to find fulfillment in performance of actions and participation at the childbirth (Laudański & Lipecka-Kidawska 2004; Sioma-Markowska & Poręba 2008).

The rate of participation of accompanying person, most often the husband, in childbirth is approximately 30 to 80% in various obstetrics and gynecology wards in Poland and abroad, reaching as much as 90% in some of the centers. Although the percentage of family-assisted birth rises, there are still numerous situations in which the father's participation in childbirth raises many questions. After over a decade of popularity of family-assisted births it is justified to evaluate the expectations of parturient women in the aspect of active participation of the father, that would enable the use of the preferences that were most often reported in clinical praxis.

AIM OF THE WORK

The aim of the work was to evaluate the expectations of parturient women in the aspect of active participation of the father, that would enable the use of the preferences that were most often reported in clinical praxis and find the factors influencing the preferences shown.

MATERIAL AND METHODS

250 married couples after common natural birth in the clinical ward in Tychy of the Medical University of Silesia (Poland) were subject to our survey. Couples after physiological delivery with the participation of father in

all stages of childbirth were qualified. The survey material was analyzed according to age groups, education, duration of marriage, number of family-assisted births and form of preparation for family-assisted birth. The non-married couples, surgically ended births, complicated births and births in which the father only participated in a selected stage, as well as not fully completed questionnaires were excluded.

The survey tool was an author-developed survey questionnaire in two versions: (A) for the mother and (B) for the child's father who participated in the birth. The questionnaires were to be filled in by the woman and man in the first day after the common birth, after explanation of the aim of the research, the mode in which the answers are to be provided, and obtaining of permission of the surveyed. The participation in survey was voluntary and anonymous.

The statistical calculations were performed with use of the Statistica PL software. For numerical values arithmetic averages, the standard deviation and their percentage and numerical distribution were calculated in the respective groups. The frequency of occurrence of respective quality (non-measurable) features was evaluated with χ^2 (chi-square) nonparametric test. The level of statistical significance adopted for tests was $p < 0.05$.

RESULTS

The average age of the parturient women was 26.6 years ($SD \pm 3.6$), and 29 years for fathers ($SD \pm 4.1$). The couples were, on average, married for 3.3 years ($SD \pm 2.5$). The most numerous group of mothers and fathers was that aged 26 to 30 (48.8% of mothers and 55.2% of fathers). Women aged 25 or less constituted 40% of the population and men 31.2%. Marriage duration of up to 5 years characterized 83.2% of the couples, and of 5 years and more – 16.8%.

The family-assisted birth was most often chosen by mothers with higher (49.6%) and high school (40%) education, from working class (56.4%) or white collar (41.6%) families, living in cities (86%) and actively working (64.8%). Among fathers who decided to participate in the birth the majority had high school (43.2%), then higher (35.2%) and vocational (21.6%) education, from blue (62.8%) and white (35.6%) collar families, living in cities (86%) and actively working (86%).

For 192 (76.8%) of the married couples it was their first family-assisted birth, for 58 (23.2%) the second. The decision to choose family-assisted birth was made commonly by 217 (86.8%) couples, and it was a conscious decision resulting from common needs, usually made in the first weeks of pregnancy (36.8%) or even before the pregnancy (32.4%). Substantial proportion of father and mothers participated in the birth without previous preparation (52.4% of fathers and 33.6% of mothers).

Within the researched population of fathers 85.6% ($n=214$) presented and active aptitude during the birth

and 14.4% (n=36) a passive stance. The active aptitude manifested itself in the numerous care and control-instrumental tasks performed as well as providing psychological support. The degree of engagement and the form of father's activity during the respective stages of family-assisted birth were subject to differentiation (Table 1).

Within the surveyed population of fathers a statistically significant ($p<0.05$) correlation between aptitude and the education level and the form of preparation for birth were observed (Figures 1 and 2). Fathers with higher education and with preparation in Childbirth School significantly more frequently were those who adopted active stance during the birth (Figures 1 and 2).

The preferences of the parturient women as to the forms of activity of the father of the child during natural birth, including the stages of birth, are presented in Table 2. 89.6% of parturient women expected psychical support in the first stage of childbirth, 42.4% aid in acquiring a comfortable position, 40% a massage of lower section of back, 49.6% the bringing of beverages, 37.6% the leading and supervision of the breathing. When the remaining activities of fathers are considered low expectation level of parturient women was

observed. In the second stage of birth the parturient women expected most of all: the psychical support – 87.2% and the cutting of umbilical cord by the father – 74.4%. Then the parturient women expected: aid during pushing (47.2%), aid in taking a convenient position for childbirth (43.2%) and the leading and supervision of breathing (38.2%). In the third stage of childbirth the vast majority (89.6%) of mothers expected psychical support, 80% the participation of father in measurements and examinations of child, 76% the presence of the father in the post-birth period (Table 2).

Variables such as: age, education, duration of marriage, number of family-assisted childbirths, form of preparation to childbirth were investigated in order to ascertain if they are not influencing, in a statistically significant way, the preferences of the women giving birth. Statistical significance ($p<0.05$) of such difference was confirmed for two activities of the fathers: the massage of lower back area and help in relaxing. The mothers giving birth for the first time, compared to those giving the second birth, more frequently expected the fathers to give them massage of the lower back region. The second time mothers significantly more often preferred the aid in relaxing (Figure 3).

Tab. 1. Forms of father's activity in the respective stages of family-assisted birth.

Actions of the father of child	STAGE OF CHILDBIRTH		
	First	Second	Third
providing psychical support	96.0%	92.0%	92.8%
massage of the lower back	46.4%	16.8%	
leading and control of breath	41.6%	41.6%	
listening to child's heartbeat with use of detector	22.4%	12.8%	
aid in adopting convenient birth position	56.8%	59.2%	
evaluation of contraction frequency	36.0%		
aid in pushing		65.6%	
cutting the umbilical cord		84.0%	
placing ID Tag on child's arm		6.0%	
reminding to relax	42.4%	23.2%	
aid in bath	18.4%	10.0%	
providing beverages	76.8%	15.0%	
participation in child measurement and examinations			84.8%
holding the child in arms			39.2%
aiding the preparation for first breastfeeding			27.6%
the presence, with wife, throughout the whole post-birth period			92.8%

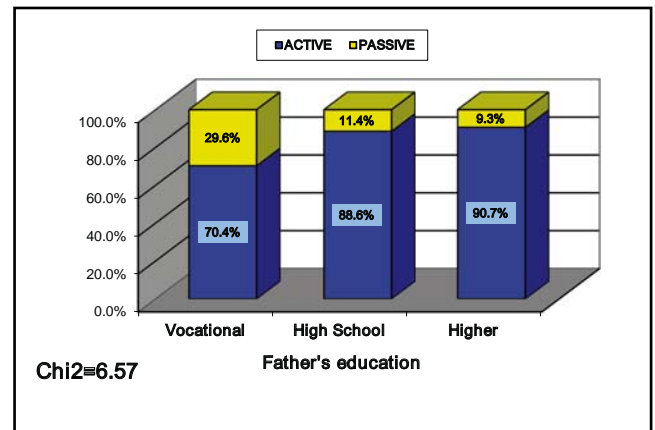


Fig. 1. Aptitudes of fathers during birth and their education.

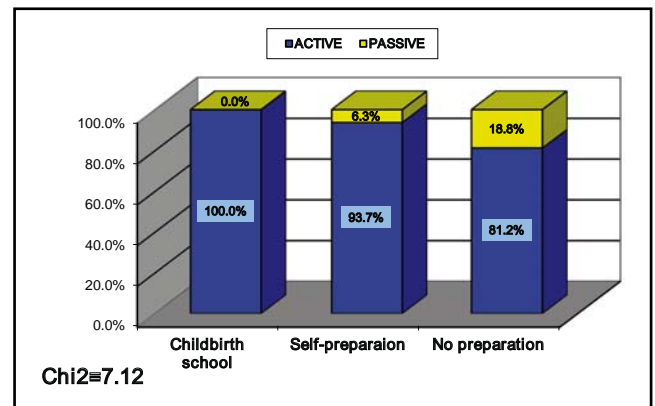


Fig. 2. Aptitudes of fathers during birth and their preparation.

Tab. 2. The preferences of the parturient women as to the forms of activity of the father of the child during natural birth, including the stages of birth*.

PREFERENCES	STAGE OF CHILDBIRTH		
	First	Second	Third
providing psychical support	89.6%	87.2%	89.6%
massage of the lower back	40.0%	9.6%	
leading and control of breath	37.6%	32.8%	
listening to child's heartbeat with use of detector	8.8%	5.6%	
aid in adopting convenient childbirth position	42.4%	43.2%	
evaluation of contraction frequency	25.6%		
aid in pushing		47.2%	
cutting the umbilical cord		74.4%	
placing ID Tag on child's arm		8.0%	
reminding to relax	28.0%	14.4%	
aid in bath	14.4%	8.0%	
providing beverages	49.6%	30.4%	
participation in child measurement and examinations			80.0%
holding the child in arms			42.4%
aiding the preparation for first breastfeeding			20.8%
the presence, with wife, throughout the whole post-birth period			76.0%

*possible multiple choice answers

DISCUSSION

The question of attitudes and the role of father in childbirth was subject to numerous publications in Polish and worldwide literature (Chapman 1992, 2000; Draper 2003; Ip 2000; Laudański *et al.* 2004; Levitt 2003; Poręba 2004; Sioma-Markowska & Poręba 2008). For over a decade we have seen the evolution of the character and importance of birth. The modern childbirth is a birth of different quality – a natural delivery with the participation of the husband – father of the child or other close person. The common childbirth in hospital conditions gives value to birth, the parturient woman herself and forms an expression of a wider, more humane approach to the questions of pregnancy and delivery (Laudański 2001; Saisto *et al.* 2001; Wagner 2000). The majority of authors investigating the questions of aptitude and role of father in the childbirth are unanimous in their stressing that only an active stance of the father during delivery and his psychical and emotional contact with the parturient woman have any sense (Chapman 2000).

Laudański *et al.* (2004) in their research of 7619 cases of filmy births saw 50.1% of fathers actively participat-

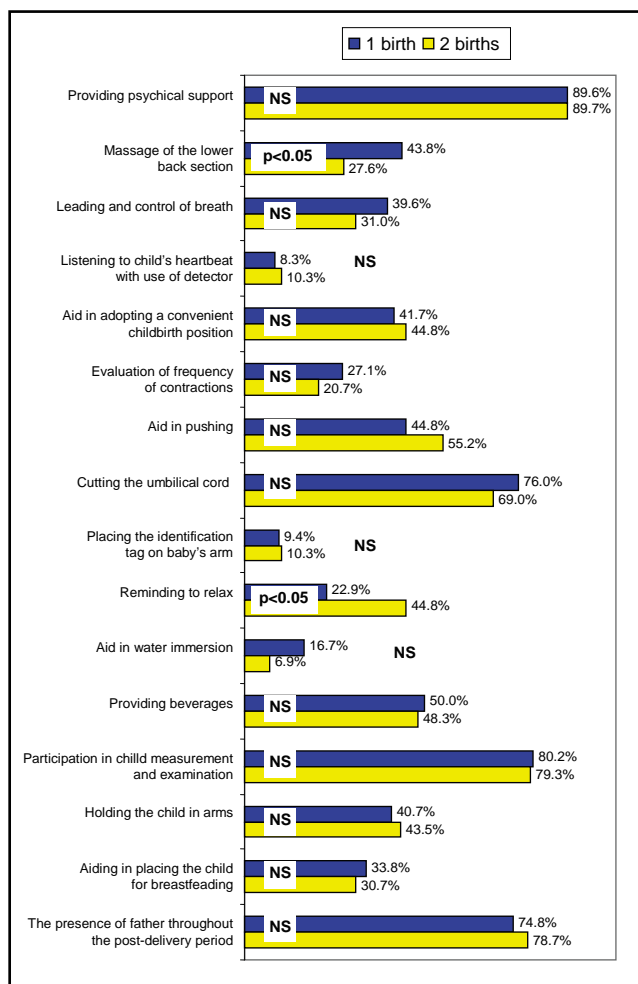


Fig. 3. Preferences of responding mothers and the number of family-assisted births.

ing in birth and 49.9% passive ones. The higher rate of active aptitudes in the present research is an expression of beneficial changes in the awareness of fathers. There is a change occurring in the mode of thinking about the possibility of father's participation in childbirth and the role, that the father of the child has to play during delivery. According to Tehrani *et al.* (2015) in obstetric care we have to have the awareness of occurring changes and the needs of the fathers, still taking the culture and religion of the respective country into account (Tehrani *et al.* 2015).

The active aptitude of the father during the subsequent stages of family-assisted birth finds its expression in the numerous care and supportive, control and instrumental tasks as well as provision of emotional support. Those tasks find their confirmation in the works of Leavitt (2003), Laudański *et al.* (2001, 2004), Poręba (2004). Comparing the present results with data reported by those authors we must admit, that the range of father's tasks during childbirth was significantly broadened.

The fathers participating in the delivery by their wife/partner shall be prepared and supported in their

active participation during childbirth (Deave & Johnson 2008; Johansson *et al.* 2012, 2015). The surveyed population of fathers has shown no significant influence of age on active participation in childbirth, but a proportion of cases suggests, that fathers aged over 30 are more frequently showing active participation. Similar observations were presented by Schytt *et al.* (2014), who found that older fathers achieve higher satisfaction from the care they provide during childbirth, but are more likely to be afraid than younger ones and they do value the delivery as a less positive experience (Schytt *et al.* 2014).

Somer-Smith (1999) stresses, that it is important to provide support and care to the parturient that would meet her expectations. The present research confirms, that women have set preferences as to the form of activity of the person accompanying them at childbirth. The preferences of parturient women most often concern the supportive role of the father on every stage of the birth.

CONCLUSIONS

The childbirth education of couples of future parents shall include the expectations of the parturient women as to what activities the father shall perform during family-assisted birth.

High expectations of parturient women regarding emotional support indicate the need for educating future fathers in this range, as there is large demand for this element of mid-delivery care.

Age, education level, duration of marriage, number of family-assisted births, the form for preparation to childbirth have no significant influence on the preferences of parturient women regarding the form of activities of fathers during a relative assisted birth.

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