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THE UNIVERSITY OF ALBERTA

FIRST-TIME FATHERS' EXPECTATIONS AND EXPERIENCES OF LABOUR AND DELIVERY

by

SUSAN MARGARET CHANDLER

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF NURSING.

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DEDICATION

This thesis is dedicated to the men who participated in my study taking time from some of the busiest moments in their lives to share some of their inner thoughts and feelings about a most important life event.

I dedicate this thesis to my family who has always encouraged me in my pursuit of knowledge.

ABSTRACT

The majority of the research conducted about fathers and the birth experience has principally focused on the man's role as labour support for his labouring partner. Little research has been conducted to date to discover the important aspects of the labour and delivery experience for the expectant father. In this exploratory study eight primary and six secondary first-time expectant fathers were interviewed pre- and post delivery to gain an understanding of the labour and delivery experience from the men's perspective. The pre-labour expectations were compared with the actual experiences.

Results indicated that the men progressed through various stages of emotions, ranging from confidence to fear and anxiety to elation during the labour and delivery. The men also had unique needs dictated by the characteristics of the couple as well as the labour path. The expectations of first-time fathers were principally formed by external sources, thus the fathers did not develop generalized role expectations. Important factors that influenced the experience were length and intensity of the labour and delivery process, state of the couple's relationship, ability to comfort the partner during the labour and the attitudes of and the care provided by the nursing staff during the labour and delivery. The conclusions based on the results are that each father has an individual experience and that each father participates in the labour and delivery process in unique ways. The importance of health

professionals ascertaining how the father wishes to participate in the labour and delivery and then supporting those wishes may provide a more meaningful experience for each man. Other findings indicated that the majority of the fathers did not want all the technical information given in many prenatal education classes, but wanted to learn how to comfort their partners during the labour and delivery.

Implications for nursing include the need to teach nursing students about the needs of fathers during the reproductive cycle. In addition nursing staff who work with expectant fathers through all phases of the pregnancy, labour and delivery need to be assisted to provide more sensitive care based on the factors identified in the study. Finally the findings indicate a generalized dissatisfaction with present day prenatal education on the part of the fathers. It may be essential that childbirth educators alter the content provided in prenatal education so expectant fathers will obtain the information they require.

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CHAPTER I

INTRODUCTION

The family is the oldest human institution serving vital human needs. Although there are as many different family living styles as there are cultures, it has been suggested that, despite these differences, the family will continue to endure as long as there are human beings on earth (Phillips & Anzalone, 1982, citing Mead & Heyman, 1965). An integral part of the family has been the indispensable role of the man for procreation.

Historically the fathers' primary role within the North American family unit was one of breadwinner or disciplinarian but never one of active parenting (Anzalone & Phillips, 1982). However, over the last 25 years the role of the father has changed significantly, the most salient changes being that of becoming more actively involved in the events of pregnancy, in child care and in the parenting of their children (Benson, 1985; Boyd, 1985). There is an increasing possibility that fathers will be present and participate in the labour and delivery of their children. Benson suggests that fathers have become more nurturing and consequently want to be active in pregnancy, labour and delivery and in the subsequent parenting of their children.

Therefore as men's roles have changed with respect to

fathering it is imperative that more be known about fathers' views of being present during labour and delivery. It is assumed that this knowledge will assist the father's development of his relationship with his newborn child, but this assumption has not been proven. It is also not known whether or not being present at labour and delivery affects the man's relationship with his partner. Professionals need to know how fathers actually experience the event in order to provide the necessary supportive care for the labouring couple. Consequently, more knowledge is needed with respect the father's reaction to the birth process if better integration of the father into the labour and delivery process is to occur.

In this investigator's labour and delivery experience fathers respond differently from one another in their responses to their partners' labours and deliveries. Today the majority of the health care providers in the labour and delivery areas anticipate that fathers will participate actively in the labour and delivery. Any expectant father who does not is often considered to be failing in his duties during the process. Consistent findings from studies may be the force that propels health care providers to change their attitudes toward the expectant father and to better integrate him into the labour and delivery process with his partner as a labouring couple should he choose to be present. Conversely, if the expectant father should choose not to

participate in the labour or delivery then he should be able to do so without recriminations from health care practitioners.

Purpose

The purpose of this study was to describe in detail first-time fathers' expectations and experiences of their partners' labours and deliveries and to examine the meaning of the experience for first-time fathers.

Research Question

The principal question to be answered in the study was: What are fathers' expectations and actual experiences while their partners labour and give birth? Several questions arising from this main question were developed to ensure that all pertinent areas of the labour and delivery experience were covered (See Appendix A2).

Definitions

First-Time Father - the biological first-time father who has lived with the expectant mother during the pregnancy. The couple may have experienced first trimester abortions. The father could not have experienced a live birth with any other partner prior to the present one.

Healthy Baby - a term baby between 37 and 42 weeks gestation, or weighing more than 2500 grams who was free from

any genetic problems or congenital abnormalities and who did not require to be in a Neonatal Intensive Care Unit (NICU) or who did not require any unusual medical or nursing care at birth or during the hospital stay due to altered physiological or mental status.

Significance of the Study

In the obstetrical or perinatal nursing literature, the labouring woman is a common term that appears when reference is made to labour and delivery. Little emphasis is placed on the "labouring couple". The idea of the male partner as primarily assuming a supportive role still prevails and little thought is given to his own experience of the birth of his child, albeit vicariously through his partner. Nurses who work in the labour and delivery area with the labouring couple need to learn to consider the male partner as a whole person with a broad scope of reasons for being present not only as a caregiver to his partner. Health professionals, too, need to recognize that culture dictates in many cases how the man participates in the birth process. It is beyond the scope of this study to examine the birth customs within other cultures, but if it is shown that traditional Canadian couples exhibit a wide range of ways in which husbands participate in labour and delivery, then similarly it would also indicate the potential for greater variations among the different cultural groups.

The findings from this study will assist professionals to better understand the needs of fathers so they can respond in a way that will ensure that the experience meets the needs of both partners, not those of the mother alone.

In the next chapter a review of the relevant literature on fathers during the pregnancy, labour and delivery and in the immediate postpartum period will be presented. This will be followed by a description of the research method in Chapter III. The findings will be presented in Chapter IV followed by the conclusions, discussions and implications for future research, clinical practice and nursing education in Chapter V.

CHAPTER II

LITERATURE REVIEW

The family is the oldest institution serving vital human needs and will endure as long as the human race survives (Phillips & Anzalone, 1982). A triadic relationship of father, mother and child has traditionally constituted the majority of families, with the imperative role of the father being that of procreation. One important factor is that in all societies a father's role exists and that his expectations and duties vary from culture to culture and even within cultural groups.

Historical Roles of Fathers

During colonial times in North America in the 1700 and 1800s when the vast area of the continent was being settled it was usually the husbands who attended their wives in childbirth. This was by virtue of being the only person who could help rather than by choice (Verny, 1986). The nineteenth and early twentieth centuries saw the urban father as the breadwinner, an absolute ruler who was feared and respected by his children. He often controlled the lives of both wife and children, being instrumental in all the decision-making related to them, while he took no active role in child rearing except for discipline (Verny, 1986).

Bedford and Johnson (1988) state that during these early times, when home births in rural areas were the norm, some fathers had a significant role surrounding this event. The father was around the house during childbirth carrying out the instructions of the midwives, such as building fires, preparing food, looking after the other children, and after the birth he would announce the arrival of his new offspring to the community.

In the early 1900s there was a decline in this absolute patriarchal power as major social reforms, in particular women's rights, empowered women to demand the relinquishment of this absolute rule over the family. May and Perrin (1985) state that as a consequence of these vigourous efforts by women to gain rights within the family, fathers lost not only their absolute control over the family, but in essence were also in part denied fatherhood. Women slowly assumed control and rule over childrearing and parenting (Phillips & Anzalone, 1982). Other factors by which men lost their familial control were the increase in industrialization and the effects of the depression which found fathers working long hours and often travelling long distances to earn good salaries. This permitted and also forced women to assume complete control over the home and thus childrearing (Heggenhougen, 1980; Phillips & Anzalone, 1982).

Changing Family Roles

Benson (1986), Jordan (1990) and May and Perrin (1985) cite the major changes in the sex roles of men and women, and the changing societal beliefs about these roles and parenting as part of the impetus toward the study of fathers during the perinatal period. These researchers suggest that the desire to participate in pregnancy and during labour and delivery may solidify the bond between man and woman as well as foster the beginnings of a strong father-infant relationship in which the father takes an active role in the parenting of the child. No longer does the father have the sole role of breadwinner and the sometime disciplinarian as in the past, he has a necessary function in the parenting of his children.

The Role of the Father in Contemporary Society

As more research is conducted into the realms of the family and the role which the father plays within the family system, it is evident that many aspects influence the quality of life for today's children. There are influences from the external environment, within the family and within each individual family member. All of these life forces interact together and shape what is known as the family unit (Hanson, 1985). Hanson sees participation in childbirth as :

> ... an opportunity to express and demonstrate a joint commitment and responsibility towards the child and towards parenthood in general. Where the fathers see themselves as personally implicated in the decision to have a family, their presence at birth is constructed as a

> logical and public statement, endorsing this mutual decision (p. 192).

Benson (1985) and Hanson (1985) both firmly believe that the changing work habits of society, especially with the ever-increasing numbers of women in the work force full-time as probably being the biggest impetus towards the changing role of the father in childrearing and parenting.

Recent findings suggest that as many as 75% of families may have dual-incomes (Hanson, 1985). This high number may force fathers to participate in household and parenting activities, although the exact extent to which fathers actually perform these duties is unknown. In a review of studies on paternal participation in household duties and child caretaking activities Hanson found that fathers are often discouraged from parenting and household activities by their wives, work colleagues, friends, society, the work environment, government and themselves (p. 59). The implications for the children raised under such conditions are multiple and one possible way to implant into the fathers' minds that they are equally responsible for the raising of children is to involve them in pregnancy, labour and delivery. Fathers' activities, however, may be in part subject to the gate-keeping of some mothers, many of whom see themselves as the only ones adequately prepared to look after the newborn child (Jordan, 1986).

A report from Statistics Canada "The Characteristics of Dual Income Families in Canada" (1989), using figures

collected in 1985, indicated that at that time 65% of women worked outside the home as compared to 35% in 1967. In 1985 33% of the spouses of the 65% of women employed were unemployed at any given time. This is significant in the sense that there may be many unemployed men, who not by choice, are the primary care givers to their children.

May (1987) in a discussion on man's sexuality in the childbearing years stressed that there is an incredible lack of knowledge about the psychological and social processes that are related to the transition to fatherhood (p. 60). She wrote that there is a very complicated relationship between a man's sexuality and the subsequent relationships with his partner and his newborn child. This concurs with Osofsky's (1982) findings from his study on sexuality and the developmental process of readiness to become a father. Osofsky found that men who were comfortable with their sexuality and the sexual intimacy with their partners were able to accept the alterations in the couples' lives to accommodate a demanding infant as an additional member in the family. All aspects of family life, not only the intimate portion, were interrupted by the new infant. Osofsky wrote that men who were who had completed developmental tasks appeared to be secure in their gender role adapted better to the new baby than did men who had not. The gender role is closely related to sexuality, a man's values, beliefs, attitudes and behaviours. May stressed the need to examine

the relationship between sexuality and transition to parenthood. May also cited other authors as summing up that "men's sexual functioning is closer to their core concept of self than appears to be true for women" (p. 64). It was postulated that men who had more androgenous characteristics were able to invest more emotion into nurturance of their newborns and partners and these activities may compensate for the alteration in spousal sexual activity. May questioned whether men see these alterations as a decline in sexuality or a change, and stressed that this entire area requires more scrutiny.

Benson (1985) has identified trends in fathering in today's society that should be considered in order to facilitate excellence in fatherhood in modern society. He described eleven such trends, however only those listed that have a direct impact on the fathers' active participation in labour and delivery, these are: a) A decreasing number of men have the desire to have children and the trend is to have fewer, b) Men tend to be older having their first child, c) Fathers and mothers are sharing the economic provider function more than before, d) More fathers are providing nurturance to their children, e) Women are gaining power in respect to family decision making, f) Men appear to have more emotional ties to their children than ever before, and g) There are more single male families with children (p. 27). All of these current trends create a need for health professionals to

recognize that, for fathers, there may be more to experiencing labour and delivery than just providing support for their labouring partn

Early Research Involving Fathers

The first studies in the 1940s principally focused on expectant fathers and new fathers who exhibited deviant behaviours during the pregnancy or during the early postpartum period (Osofsky, 1982). Following this there were numerous interactive studies that used a cause and effect approach to study the expectant father with respect to a multitude of variables but always with the father being the dependent variable.

In the late 1960s and the early 1970s childbirth educators and health professionals appeared to have created a place for men which in part revolved around the notion of the father in a supportive role as a labour coach. This may have been in part an effort to legitimize the presence of the father during the labour and delivery process (Bowen & Miller, 1980; Brown, 1987). Other studies focused on the following areas: fathers' presence and the amount of analgesia used by the labouring partner (Block & Block, 1975; Sosa, Kennel, Klaus, Robertson & Urrutia, 1980); the effect of the fathers' presence on the subsequent paternal-infant relationship (Bowen & Miller, 1980; Cain, Pederson, Laslow & Krammer, 1984; Cronenwett & Newmark, 1974; Greenberg & Morris, 1975; Grossman

& Volkmer, 1984); the effect of the father having participated in childbirth education and the ensuing paternal-infant relationship (Fortier, 1988; Lee, 1986; May & Sollid, 1984). Overall the results from the studies have been equivocal, in part because of the small samples as well as the methodology and statistical analysis performed.

Fathers and Pregnancy

It was not until the 1950s and early 1960s that obstetrical units began to permit fathers into the labour and delivery rooms but often with the condition that they had taken childbirth education classes. Even so, it was a long hard battle before nationwide acceptance of fathers in labour and delivery occurred. Many authors cite Coleman & Coleman (1971) who describe a father who handcuffed himself to his wife so the delivery room staff had no choice but to allow him attend the birth. This illustrates the drastic measures that some men took to be present during labour and delivery as hospitals slowly moved toward acceptance of a philosophy of family-centered maternity care, a philosophy that incorporates family in the reproductive cycle; a very different picture from the almost obligatory presence of fathers in the labour and delivery room in the 1980s and 1990s.

The transition to fatherhood may not be as easy as it is thought to be. Benedek (1970) suggested that a significant amount of maturation occurs in the male during his wife's

pregnancy and that the wife may influence the husband's emotional response to and his involvement in the pregnancy, labour and delivery as well as his attitudes towards his child. Hanson (1985) and Bozett (1985) affirm the changing nature of men's role in society. They believe that men want to become more nurturing, not only with their children but with the significant others in their lives as well.

Perhaps Benedek's theory (1970) has credence in that fathers, too, must go through a transition process, as women do, to come to accept the role change from childless men to expectant fatherhood and then to actual fatherhood. Many authors believe that those men who experience couvade symptoms may be in fact going through an adjustment and acceptance period. This may be a reflection of anxiety experienced by fathers during this period of adjustment.

In the early 1970s while exploratory studies were conducted on the fathers' presence at labour and delivery the emphasis was on the subsequent relationships the fathers has with their infants. In 1978 Richman and Goldthorp identified that there were some men who desired to share in the birth of their children, and that these men who planned to be present gave more emotional support to their pregnant spouses.

Studies on fathers have covered a wide range of topics, for example, the couvade phenomenon (Clinton, 1987; Condon, 1987; Drake, Verhulst & Fawcett, 1988; Ferkeitch & Mercer, 1989) as well as stressors the expectant father experiences

(Glaser, 1969) and the transition to fatherhood (Battles, 1986; Hangsleben, 1983; May, 1982a). Although these studies all focused on the father, little emphasis has been given to discovering the meaning of pregnancy and birth for the expectant father.

A correlational study by Fishbein (1984) examined the degree of anxiety in fathers as it related to the relationship between both parents' expectations of projected paternal involvement in the pregnancy, labour and delivery, and infant care. A convenience sample of 103 married couples from a prenatal class formed the study group. The Projected Paternal Behavior Scale (PPBS) (Alter, 1978) was used to measure the projected participation; and the Spielberger State Anxiety Inventory, with well known reliability and validity, was used to measure paternal anxiety.

Fishbein (1984) indicated that the expectant father had a lower PPBS anxiety score the more the mother and father concurred on what child care activities the father proposed to perform following delivery. There were no long term measurements into the actual amount and type of child care following delivery. No actual statistical data were provided in this report. Other findings, from Fishbein's study, indicated that as age and income increased so did the agreement between the partners. As with many of the studies on fathers none were done longitudinally to determine if there is a period in which the projected participation would have

decreased.

Battles (1988), Hangsleben (1983) and Hott (1976) conducted studies on the transition to fatherhood and parenthood and the variables that are important in those transitions. Hangsleben (1983) in a correlational study of 53 first-time middle class Caucasian fathers found that signs of depression in fathers in their transition to fatherhood were related to marital tension, unplanned pregnancies and baby sex preference. The manner in which these men were fathered by their own fathers was significant in that it was found that expectant fathers must come to accept the way they were fathered. Hangsleben used Beck's Depression Inventory to measure depression and the Short Marital Adjustment scale determined marital tension. Other findings indicated that increasing age and income were related to fewer plans for involvement with baby care. That is the older the man and the higher the salary the less the father planned to do in terms of child care activities. This contradicts the writings of Benson (1985) and the findings of Fishbein (1984).

Hott (1976) found no difference between men who participated in childbirth education classes and those who did not on either self-concept or their relationships with their wives. Hott suggested that the perhaps unconscious conflicts with their own self-images may have been triggering factors for men to join psychoprophylaxis classes. Hott stated that some men wanted classes without their wives so they could

express feelings they did not want their wives to know about; for example, fears and fantasies about their own deaths, fears about economic family support, possible illness or death of the wife or the new infant. Hott suggested this is an important area where crisis intervention may be needed, but which has never been addressed.

Battles (1988) reiterates that couples often do not have the general coping strategies that can strengthen family relations at such labile moments. One way of such strengthening is through the use of community and social supports. Battle found that adaptability is the first line of coping used especially for first-time parents when confronted with stress.

Sherwen (1986) conducted an exploratory study of first-time fathers to determine if they fantasize about the pregnancies and their unborn children. Sherwen believes that whether or not the nurturing aspects of a father emerge or are allowed to emerge depends upon the extent to which the man is attuned to his inner feelings about childbirth and childrearing, and concludes that fantasies may be necessary to allow the man to assume the role attainment for the expectant father (p. 157).

Sherwen (1986) used three comparison groups in the study, an expectant father group, an expectant mother group, and a non-expectant male group. Reliabilities for the tools used were provided and ranged from $\underline{r}$ = .57 to $\underline{r}$ = .97 for the ten

scales used. She also carried out test-retest reliabilities at three weeks. Results indicated that expectant men did fantasize more than non-expectant men; expectant men and women have no significant difference in scale scores indicating that both groups fantasize almost the same, but that women have more nightmares than men; expectant fathers with more feminine characteristics had higher scores than men with more masculine characteristics. Inverse relationships were found with frequency of daydreaming and paternal involvement in pregnancy ($r = -.75$, $p < .01$). Positive correlationships were found between positive daydreams and paternal pregnancy involvement ($r = .43$, $p < .01$) and visual imagery and paternal pregnancy involvement ($r = .32$, $p < .01$). The findings give an indication that men have many of the same pregnancy milestones as women. Such milestones would include the acceptance of the pregnancy, fears and anxieties about the pregnancy outcome and the ability to parent.

In an exploratory study of 20 men in their wives' last trimester, Orbutz (1976) used structured interviews and found that the subjects had major concerns related to their adequacy as a father, finances and caretaking skills. These men also cited nurturing, teaching and providing for their infants as their main responsibilities following delivery. Smith (1983), in a grounded theory study with six expectant first-time fathers, discovered that while the fathers had varied experiences during the pregnancies there were nevertheless

common concerns among them. The men had to identify with their own fathers, with their work, with their wives as mothers, not only as wives, and with the expected baby. Anxieties and fears centered around adequacy of being able to provide financially for the family, ability to raise a child well and the future of the family unit. The inability to predict these aspects of family life made the men feel very vulnerable and uneasy. Roehner (1976), in an exploratory study which used a questionnaire to survey 26 fathers, identified similar findings to Smith and Orbutz. In addition men had many mixed emotions, in particular they identified a sense of protectiveness towards their partners. Marquart (1976) and May (1982a, 1982c) reported similar findings and also identified that at times the men had a sense of ambivalence towards the pregnancy.

In 1980 May conducted an exploratory study of the experiences of 20 first-time fathers to generate a grounded theory which described a typology of detachment/involvement styles of the expectant fathers. The identified detachment/involvement styles were: a) the observer; the most common style, in which the father maintains an emotional distance from the pregnancy and sees himself as a bystander; b) the expressive style; in which the father is highly involved and considers himself a full partner; c) the instrumental style; in which the father deals with the accomplishment of tasks and sees himself as a caretaker or

manager of the pregnancy, but with little emotional involvement. May predicted that each style might be related to subsequent parenting styles, but had not tested this hypothesis.

A second study by May (1982c) employed interviews of 20 couples and a further 80 expectant fathers to identify three phases of fathers' involvement in the pregnancy. These were: a) the announcement phase; which lasts from a few hours to a few weeks after the confirmation of the pregnancy; b) the moratorium phase; which lasts up to 25 weeks gestation; c) the focusing phase which lasts from the 25th week until birth. She noted that different tasks were completed during these phases and that the men expressed certain emotions that were common to each phase. Interestingly no further research was carried out, nor did May try to relate the previously identified detachment/involvement styles to the different tasks of the phases of the pregnancy.

Valentine (1982), who viewed pregnancy as a developmental process, identified four developmental tasks that the expectant first-time father should accomplish. These tasks were: a) the acceptance of the pregnancy and the beginnings of attachment to the fetus; b) the evaluation of the practical issues such as adequate housing and financial stability; c) the resolution of the dependency issues, that is he must come to terms with the fact that as well as a wife he now has a totally dependent child who will need his support; and d) the

acceptance of and resolution of any conflicts that he had with his own father. Citing Benedek's (1970) work Valentine affirms that accepting the future fatherhood role is a very important step for an expectant father to take and come to terms with. Often there is an element of conflict resolution if the man had problems with his own childrearing. Smith (1983) had similar findings of identifying the need to go through a developmental process to come to terms with the impending fatherhood and she suggested that these tasks occur at different times during the pregnancy. Richman and Holland (1983) affirm that needed counselling for the expectant father is virtually non-existent. One approach would be to hold prenatal education classes in the man's workplace.

In a subsequent study May (1982a) corroborated the findings of Valentine (1982) and Smith (1983) that have been discussed in the previous paragraph. May correlated emotional involvement in pregnancy with readiness for fatherhood. She did not examine readiness for fatherhood with respect to any of her findings from the involvement/detachment or phases of involvement in pregnancy studies (1980, 1982c). Four factors were correlated to readiness: a) relative financial security; b) a sense of closure of the childless part of the relationship; c) a desire to become a parent; and d) perceived marital stability. No mention was made with the perceived marital stability if a planned pregnancy was included in this aspect of a stable marriage.

Schodt (1989) believed that fathers may have experiences which are manifestations of the unity of the father with his environment, hence his unborn child. "When both parents demonstrate higher levels of attachment, then it is expected that this represents a quality of a field process in which the knowing participation may be more intense and more kinds of communication are possible" (p. 90). Schodt used the Maternal-Fetal Attachment (MFA, Weaver & Cranley, 1981) and the Paternal-Fetal Attachment Scales (PFA, Weaver & Cranley, 1982) to determine factors which influenced attaching behaviours. The PFA had an alpha coefficient of reliability of 0.84 in this study. The Scales were administered to 110 couples with heterogenous demographic backgrounds obtained through childbirth education classes. The significant findings indicated that there were individual fathers who had fetal attachment scores as high and as low as some of the mothers. In 25% of the couples the father had higher scores than the mother. As a group, however, fathers had overall lower scores, possibly due to the vicarious experiencing of the fetus via the mother. The findings also confirmed that 10% of the sample experienced some couvade symptoms. Schodt affirms that pregnancy may be a time of "greater sensitivity and awareness of changes in their environment...notably the presence of their unborn child" (p. 95). Significant was the fact there was an inverse relationship between mothers' and fathers' scores. Schodt speculated that parents seemed to

play a role in each other's attachment processes; similarly she questioned if the gap one parent leaves as indicated by a low score, becomes filled by the other parent? (p. 96). Other studies support the fact that attachment scores differ between men and women (Mercer et al, 1988; Weaver & Cranley, 1983). They also support the finding that men do begin to form attachments to their unborn babies. The strongest areas in which men form attachments are differentiation of self, role taking and giving of self, that is the ability to give to another without expecting anything in return (Weaver & Cranley, 1983).

Stainton (1985), in a descriptive study, interviewed 24 first-time couples in the eighth month of pregnancy to determine the ability of the parents to identify fetal behaviour which allowed them to identify the fetus as an individual. The sample was 80% middle class Caucasian. Constant comparative analysis was done on the data obtained in the semi-structured interviews. Consistent dimensions of fetal behaviours and characteristics were identified: a) appearance; b) verbal and non verbal communication; c) gender determined by type of movement; d) sleep-wake cycles; and e) temperament. Stainton suggested that these interactions help post delivery attachment. Both parents consistently attributed the same meaning to the specific behaviour. Stainton, however, did not explore in depth the paternal perceptions and their sources since the fathers' perceptions

were vicarious. She emphasized that the birth was just a turning point on the inter-related continuum between parent and fetus and subsequently the parent and newborn relationship.

Greenberg and Morris (1974) decided to investigate the father-infant relationship as a result of their work on maternal-infant relationship (p. 520) since they believed that the father would have a strong impact on the maternal-infant relationship. "Engrossment", a term coined by Greenberg and Morris (1974), refers to a "sense of absorption, pre-occupation, and interest in the infant" (p. 521). Seven characteristics of engrossment were identified: a) tactile awareness; b) visual awareness of the newborn; c) awareness of distinctive features; d) perception of the perfect baby; e) strong attraction to the baby; f) elation; and g) an increased sense of self-esteem.

The two groups of 15 first-time fathers, one which had immediate contact at birth, and the other which was only shown the baby a number of hours after birth were studied for their reactions to their newborns. Results indicated that fathers began to form a bond with their infants by the first three days and often earlier. The findings from the study did not show any significant differences between the amount of engrossment among fathers who saw their babies at birth compared to those who did not. However, fathers who were present at the birth felt they could distinguish their babies

from others and felt more comfortable holding their babies. Greenberg and Morris (1974) questioned whether some wives might feel threatened by active paternal involvement, postulating that a wife may consider caretaking "her territory" (p. 528). No research was found on this topic although it has been mentioned by other authors that some mothers may act as gate-keepers with respect to the amount of paternal involvement in infant care.

The issue of paternal-infant interaction has been widely studied by researchers who have examined the birth experience with respect to subsequent father-infant interaction and attachment. Documented variables that appeared to be associated with the formation of a relationship between father and infant were: age of the father (Taubenheim, 1981); marital status (Cronenwett & Newmark, 1974; Greenberg & Morris, 1974; Weaver & Cranley, 1984); presence at delivery (Bowen & Miller, 1981; Greenberg & Morris, 1974; Palkovitz, 1985); planned pregnancy (Leonard, 1977; Smith, 1983); and the father's previous experience in child care (Taubenheim, 1981).

Equivocal results that have been reported are fathers' presence at birth (Fortier, 1988; Moore, 1988; Palkovitz, 1982); high risk versus low risk pregnancy and the husbands' satisfaction with the birth outcome (Fishbein, 1984; Palkovitz, 1987); childbirth education classes (Bowen & Miller, 1981; Taubenheim, 1981), sex of the infant (Fortier, 1988; Jones, 1985; Jones & Lenz, 1986; Kotelchuk, 1976;

Palkovitz, 1982; Parke & O'Leary, 1972; Taubenheim, 1981); extended contact with the infant at delivery (Jones, 1981; Keller, Hildebrandt & Richards, 1985; Palkovitz, 1985; Pannebecker, Emde & Austin 1982; Rodholm, 1981).

Summary

Of the studies reviewed, the earlier studies from the 1970s and early 1980s were principally exploratory in nature using questionnaires (Roehner, 1976; Valentine, 1982) or interviews (May, 1980, 1982a, 1982b; Orbutz, 1976). Orbutz (1976) used a retrospective questionnaire three months postpartum. The time interval in Orbutz's study may have clouded fathers' recall thus skewing the findings. The investigators used very small convenience samples which were usually recruited from childbirth education classes, creating biased samples thus making generalizations impossible. No further research has been found on May's (1982c) Phases of Involvement nor on accomplishment of developmental tasks in pregnancy.

Fishbein (1984), Hangsleben (1983) and May and Sollid (1984) conducted correlational studies, again using small convenience samples to study stressors for men, transition to fatherhood and unanticipated cesarean sections respectively. Some provided demographic data and only first-time fathers were studied. None of the authors supplied data on reliability or validity of instruments used. Similar findings

of increased stress and anxiety with lower education, lower income and martial discord were reported in these studies. There is a lack of studies that include subjects from different ethnic groups or the economically disadvantaged.

Schodt (1989) and Stainton (1985) used qualitative methods, grounded theory and descriptive methods, to identify factors that influenced men attaching to their unborn children and the ways in which men came to know their fetuses while Greenberg and Morris (1974) used observational methods and descriptions to identify seven characteristics of engrossment. They presented data which supported the idea that men do form attachments with their unborn fetuses and their newly delivered infants.

In these earlier studies different facets of the pregnancy, labour and delivery experience from the fathers' perspective were explored using a variety of research methods. However none of these studies focused on the experience of labour and delivery as a part of a developmental process for men who will become fathers for the first time. Only Valentine (1982) alluded to the notion that there may be a process either maturational or developmental that men experience in their transition to fatherhood.

Fathers and Childbirth

May and Perrin (1985) stated that: "research in the effects of father participation emerged in part with the need

to legitimize the presence of the father in the delivery room" (p. 77) while Kunst-Wilson and Cronenwett (1981) aptly summed up the achievements of fathers in being able to attend the labour and delivery as: "the father's potential role in childbirth has evolved from one of an unnecessary source of infection to an essential source of affection for both the mother and newborn" (p. 202).

Many studies from the 1970s onwards focused on the father as coach or support person for his labouring wife implying that his main purpose in being present was for her benefit alone (Block & Block, 1975; Heggenhougen, 1980; Nicholson, Gist, Klein, & Standley, 1983). There was no conclusive evidence that the fathers' presence actually contributed to a shortened or a more pain free labour and delivery, which may be related to the small sample size used in these studies. Other researchers have examined the relationship between support persons, though not necessarily the father, and decreased anxiety, a shorter labour, and decreased use of analgesics (Hodnett & Osborn, 1989; Sosa, Kennel, Klaus, Robertson, & Urrutia, 1980). Hodnett and Osborn (1989) found that women who were coached by trained birth attendants used less analgesics and had lower anxiety scores than groups coached by the expectant father.

Richman and Goldthorp (1978) analyzed social parameters, which might influence fathers' birth attendance. They used a questionnaire to survey 100 middle class men who attended

the labour and birth and 50 fathers who were present for only the labour. Neither age nor employment were significant variables whereas previous childbirth was a strong influence. However, the researchers could not ascertain how, nor with whom, the decision was made to attend the birth. These authors affirmed that "birth for many men provides the legitimation for escaping one's stereotype at work for being hot-headed or militant. Birth provides the justification for initiating a series of new practices" (p. 164-165). Although men's pregnancy careers are secondary, that is, they experience everything vicariously, men are still capable of attachment to the fetus. Thirty-two percent of the sample felt the baby would bring them closer together as a couple, make them happier, and provide them with a fuller life and sense of family unity. Gabel (1982) and Palkovitz (1985, 1987) reported similar findings.

Cronenwett and Newmark's (1974) correlational study of 152 married fathers using a 29 item statement questionnaire found that prepared fathers, that is those who attended formalized childbirth education classes, had the most positive responses to childbirth. Both prepared and non-prepared attenders had higher perceptions of their relationships with their partners than those non birth attenders, thus emphasizing the impact of sharing the birth experience.

MacLaughlin and Taubenheim (1983) utilized a 50 item questionnaire pre and post-delivery to compare the

psychosocial needs of first-time fathers who had and who had not had childbirth education classes. The convenience sample of 11 married unprepared and 20 married prepared fathers showed no significant differences in the satisfaction with the new infant. Both groups had realistic ideas of the childbirth experience and had similar amounts of knowledge, although the prepared group wanted more explanations for the events of the labour and delivery experience. Both groups wanted behavioral guidelines from the attending staff during labour and delivery. The demographic data showed that prepared fathers were better educated, earned a higher income and were generally older. This very small sample did not permit generalization but may indicate that many feelings expectant fathers had did not come from childbirth education classes, but that classes may enhance those feelings, that is the classes may encourage the expectant fathers to reflect more and seek out other information that might help them to better prepare for the labour and delivery. The findings of Gabel (1982) and Palkovitz (1985) support this conclusion.

Peterson, Mehl, and Leiderman (1979) studied 46 middle income couples planning different childbirth methods, hospital (with and without anaesthesia) and home delivery. The three groups were interviewed during the sixth and eighth month, observed during labour and delivery and then interviewed again at one, two, four and six months postpartum. Motives for having children as well as projected child care activities

were stressed. The fathers were observed in labour and delivery and the length of contact with the newborns was recorded. The emotional quality of the labour and delivery experience was the most significant variable using multiple regression analysis. Other significant variables were length of labour, the environment in which the labour occurred, disappointment factor and parity. The higher the father rated the birth experience the more child care activities he participated in after the delivery. The quality of the birth experience, for attending fathers, was in Peterson et al's opinion more predictive of child care activities than were prenatal attitudes.

Palkovitz (198[illegible]) interviewed and administered a questionnaire to 37 first-time couples during the third trimester to discern motives for birth attendance. The convenience sample was 100% Caucasian, university educated and 78% of the pregnancies were planned. Primary reasons for attendance were support of the wife (37%), part of the fathers' role (14%), curiosity (14%), a very special event (11%), to strengthen the marriage (8%) and to bond with the baby (3%). Interestingly, 41% of the fathers felt they were pressured by friends, wife and society to attend, however despite this feeling of pressure, 84% of the total sample indicated that they would be disappointed if they were unable to attend the birth. In another Palkovitz study (1982) in which 40 fathers and their five month old infants were

observed for paternal-infant interaction, one salient finding was that 11 men who did not attend the birth usually because of travel, illness or work were made to feel like second-class citizens and felt guilty for as long as five months postpartum for having missed the delivery.

Palkovitz (1985) surveyed 244 volunteer subjects, high school and college students, childbirth education participants and shoppers to determine lay persons' beliefs about fathers attending the birth of their children. Seventy-eight percent were not yet parents. Results indicated that 45.5% believed that fathers missing the birth should compensate for that absence by participating more in child care activities, however 65% disagreed that paternal birth attendance was critical for the most positive child development outcomes. One of the more salient results was that the respondents who were parents felt that birth attendance was critical {$t(238) = -2.46$; $p. < .015$}. The Analysis of Variance (ANOVA) indicated that education {$F(241) = 3.08$, $p. < .02$}, parity {$F(239) = 5.74$, $p. < .001$}, and income {$F(222) = 3.84$, $p. < .005$} all significantly influenced the beliefs. If the attitudes were representative of the general population, then a significant percentage believed the father should attend the birth and that if he did not then his relationship with his child may never be as good as if he had. Cronenwett & Newmark (1974), Moore (1983) and Palkovitz (1985) questioned the importance of birth attendance for father-infant bonding while

the popular lay literature and media continue to stress the importance of immediate parent-infant bonding.

Moore (1983) undertook a longitudinal study of 105 couples to determine if there were changes in marital satisfaction throughout the antenatal and intrapartum periods (measured at 24-28, 36-38 weeks gestation and 3-21 days postpartum), and whether changes could be attributed to childbirth education classes (LaMaze versus hospital based). Twelve LaMaze couples and 20 hospital-based couples took part. Results from the analysis of variance (ANOVA) showed that, over the three measurements, a significant improvement appeared in marital satisfaction. The author stated that whether the birth was vaginal or cesarean did not influence satisfaction but did not provide the statistical data to support this conclusion. Moore indicated that by 24 weeks gestation the couple may have already made adjustments in the pregnancy, so that any discordance would not have been seen.

Cain, Pedersen, Zaslow and Kramer (1984), in a retrospective study, interviewed 23 self-selected couples who had cesarean births (4 planned, 19 unplanned). Thirteen fathers attended the birth, while 10 fathers, 9 of whom had wanted to attend, were unable to because of hospital policies with respect to fathers attending cesarean sections. The differences in attitudes and behaviours were analyzed in relation to the fathers' absence or presence at delivery. Results showed that when the father was present the mother

reported more positive feelings, whereas negative feelings were related to absence (Z = 3.88, p. < .01). Equally, the fathers felt the same positive and negative feelings (Z = 2.91, p. < .01). Of the 19 unplanned cesareans it was reported that the fathers' presence enhanced the couples participation in decision making about the cesarean birth (Z = 2.11, p. < .05). Due to the small convenience sample the differences between attenders and non-attenders could possibly be explained by the fact that the interviews were retrospective and the time lapse could have altered their recollections and the possible negative perceptions which diminish over time.

An exploratory study of 46 Caucasian middle class fathers whose partners had unplanned cesarean births was conducted by May and Sollid (1984). The fathers reported feelings of acceptance, moderate relief, disappointment and anger. Strong feelings of anger and disappointment were directed at the staff's attitude toward the father and the hospital policies that denied the father access to the operating room, as well as being excluded from the decision making for the cesarean and the prolonged separation from partner and infant following the surgery.

There were six exploratory studies using questionnaires and interviews (MacLaughlin & Taubenheim, 1983; May, 1982a; May & Sollid, 1984; Palkovitz, 1982, 1985, 1987). Palkovitz (1985) was able to use a random sample as he surveyed 244 lay

people about birth beliefs, thus making it possible to generalize these findings. In four other studies (Cain et al, 1984; Cronenwett & Newmark, 1974; Moore, 1983; Reichman & Goldthorp, 1978) correlational designs were used, in three data were gathered using interviews and questionnaires in the immediate postpartum period, while Palkovitz (1982) used the same methods five months postpartum. Moore (1983) also used questionnaires and interviews in a longitudinal study measuring marital satisfaction during pregnancy.

The lack of research on larger heterogenous groups, "multigravid" fathers, minorities, studies of the labour and delivery experience, e.g. complicated labours and deliveries, uncertainty of labour outcome, nurses attitudes, hospitals' philosophies about family-centered maternity care and pressure on the father to participate was evident when conducting the literature search.

One study which examined differences in perceptions of the birth experience between a Canadian and an American group was conducted by Mercer and Stainton (1984). Results indicated that even between two very similar cultures, such as American and Canadian, there were significant differences. The major differences lay in the health care systems, that is one in which the care is publicly funded and one in which care is based on fee for service. The Californian women perceived cesarean deliveries less favourably that did their Canadian counterparts and the Canadian women attended prenatal classes

more frequently and stayed at home longer with their newborn children. This aspect can best be explained by the Canadian federal laws which provide government monies for maternity leaves. Similarly, prenatal classes are less expensive in Canada than in the U..ited States.

Fathers Experience of Labour and Delivery

Studies that have examined the experiences of fathers who attend the labour and delivery are few in number. Between 1977 and 1990 only three studies were found which examined the expectant father and his experience of his partner's labour and delivery (Berry, 1988; Jordan, 1990; Leonard, 1977). The effects of the father's presence at and participation in the labour and delivery experience and his subsequent relationship with his partner and his newborn generally are not known. Articles published in the late 1970s discussed fathers' concerns during labour and delivery but only a few systematic studies were conducted which examined in depth the meaning of the experience for the labouring father.

In an early study of fathers, Cronenwett and Newmark (1974) surveyed 152 fathers using a Likert-type questionnaire following the birth of their children. The findings from this study did not support the hypotheses that there would be a measurable difference in the paternal-infant relationship from having attended the birth or from having participated in childbirth education classes from those men who had not

attended some form of prenatal education. However the birth attendance enhanced the father's perception of himself and his partner, and all the fathers viewed the experience as positive. There was no significant difference in the amount of satisfaction with the birth experience for fathers with or without childbirth education classes. No demographic information was provided about the fathers.

In 1977 Leonard conducted a descriptive study exploring the father's perspective of labour and delivery. This Canadian study included 20 fathers, 17 first-time fathers and three non-first-time fathers. Leonard used an interview schedule which had rating scales and open-ended questions. The interviews lasted 45-90 minutes and were conducted without the wife present. Only seven fathers expressed fear and anxiety during the pregnancy, but those fears and anxieties were allayed by attending prenatal education classes. Most husbands rated the labour as slightly positive on a scale from -4 to + 4, with a mean of +1.6. Words used to describe the labour and delivery were "meaningful, a necessary evil" and all described a feeling of helplessness. Fears of fetal complications ran through the interviews. Focus was directed toward the partner during first and second stage; all the time seeking indication that all was well. Just as the baby was to be delivered the focus changed to the baby, knowing soon that it would become a reality. For these men a healthy baby was tantamount in their thoughts. The cry and colour reaffirmed

their relief. Most men expressed belief that they had helped their wives during labour and delivery and that their presence was meaningful. Many looked to the nurses for direction as often prenatal education classes did not adequately prepare them. This study was conducted 15 years ago and the men did not believe that the nurses had an obligation to include them in the birth experience, but were appreciative when they did. Another significant finding was the fact that some nurses looked after the well-being of the expectant fathers, reminding them to rest and eat. The physical care they provided included back rubs, feeding ice chips, and holding hands. No mention was made of decision making, or whether staff inquired how the father wanted to be included in the labour and delivery.

McNall (1978) conducted a survey to discover the concerns of expectant first-time fathers. The major concerns identified related to the actual labour and delivery were feelings about being able to help their wives during labour and delivery; concerns about their partners health during labour and delivery; feelings about the pain their partners would have to endure; fears about possible complications; concerns about not being able to be with their wives in labour; and concerns about being kept informed of labour progress. Findings from this study indicated that expectant fathers had many needs and concerns which may only require information for their resolution. However, if the concerns

were serious there may be a need for counselling, particularly if the role adjustment proved to be difficult. Secondly, expectant fathers need to discuss with their partners and the staff the ways in which they wanted to participate in the labour and delivery. Thirdly, McNall believed there was an outstanding need for postnatal classes, as the prenatal period did appear to be a propitious time to be receiving information about an event that has not yet occurred. Finally health care workers during the prenatal period, when given the opportunity to interact with the expectant father, need to explore and evaluate his feelings about his impending fatherhood. This could be assessed through the use of tools, such as Malnory's Maternal-Paternal Developmental-Psychological Assessment Tool (MPDP) (1982), so that actual or potential problems may be identified.

DeGarmo (1978) chose to study the father's birth experience by interviewing a group of men whose partners had recently delivered. The researcher chose to examine the characteristics of the fathers who participated in the birth experience, characteristics of those who chose not to be part of the birth experience and motivations behind the participation. The author also wanted to discern if mothers and fathers had the same sentiments and experiences about the birth experience. The sample included 30 couples in which the husband participated and 30 couples in which the husbands did not participate. The interviews took place within 72

hours of admission. A Likert-type scale consisting of a five point scale was used to assess paternal satisfaction with the birth experience. DeGarmo also used semi-structured interviews to have the fathers describe the experience in detail to be able to identify common themes and to elicit a rich description of the experiences. Two major differences between the groups were identified, a) the fathers who attended the birth had university education while the non-participants had high school education and b) the majority of the non-attenders did not like hospitals and felt uncomfortable in them. DeGarmo speculated that this dislike for hospitals and not wanting to see their partner in pain may have accounted for a large portion of the non-attendance. These men knew beforehand that they were able to be present during the labour and delivery. When the births were planned there was an increased likelihood that the men would be at delivery. Another difference in the attendance group was that the attenders had more childbirth education preparation than those who did not. Frequently the non-attenders had no preparation.

The reasons for not attending were many: not wanting to see the partner in pain; did not want to be there; afraid of the blood; did not believe it was the fathers' role to be present. Reasons cited for the father being present were: to be there; offer support; help coach; give emotional support and to witness the birth of their child.

Another salient finding was the fact that of those men who did not attend, 44% of the women were happy that the father was not present. The couples who shared the birth experience expressed more feelings of happiness and ecstasy while the couples in which the father did not attend had a lower score on the emotional scale. DeGarmo recognized that the sample was not large nor was it heterogenous. One interesting fact was that in 1978, the couples in which the fathers participated in the birth experience were few in number, thus these could not be randomly selected, while the non-attenders could be randomly selected.

In 1982(b) May questioned if men really did participate during labour and delivery or if they wanted to participate as they said. She discussed two popular myths; myths in the sense that there has been no research to support the concepts. The first myth was that father participation in labour and delivery was a result of prenatal education and that his presence reduced the amount of analgesia the partner uses, enhanced the father-infant relationship and improved the couples' relationship.

The second myth was that all fathers wanted to participate in the birthing experience, which can lead health professionals to conclude that any father who did not participate was not interested in his offspring. In this case the health professionals must realize that in some cultures men do not consider childbirth their sphere. May (1982b)

argues that there has been no research that conclusively supports these myths. Some of the problems with the existing research includes the small sample of self-selected participants usually middle-class Caucasian men and the fact the majority of the studies are North American, thus the results may be culturally biased. One exception to this is Gabel's (1982) study which produced interesting results.

Gabel (1982) examined the experiences of a group of fathers who had no childbirth education preparation. Using interviews the author sought to describe these experiences. In the study, twenty fathers were black but had at least a high school education and held blue collar jobs. On the average they were 25 years old, and 70% were married. In contrast 70% of the men described the event with negative terms such as "ugly, scary, nasty, and horrified" (p. 6). In spite of these terms they were happy to have been present but that was because attending the birth increased their self-esteem and feelings of pride. These men described fear and anxiety during labour but 40% believed the witnessing of the birth added to their religious and personal values and added an element to the family unity. Overall, Gabel recommended that even though some fathers do not have formalized childbirth education classes they will most likely find the experience meaningful and satisfying. Therefore the health care professionals working in the labour and delivery areas should make every effort to include all fathers whether or not

they have had formalized prenatal classes.

In 1988 Berry surveyed 40 first-time fathers to elicit their perceptions of the labour and delivery process. Results indicated that as the labour progressed so did the level of stress. The men questioned their value as coaches and expressed concern about the well-being of their wives as the labour progressed. The majority of the men attended prenatal classes but were not prepared for the intensity of the emotions that were constantly present during labour and delivery. Knowing that there was a nurse who would take over coaching during the labour was reassuring for these men. Most men did not want their wives to see their concern or anxieties. The author did not delve into the reasons for the fathers not wanting to identify these concerns and anxieties to their wives.

Jordan (1990) conducted a study, using grounded theory, to discover the relevance of the labour and delivery for the father. The findings from this study appear to be a beginning of a new era of research into the meaning of the experience for the expectant father. Given the small sample size in Jordan's study there are still many gaps in this body of knowledge that need to be filled and the findings need further verification. Jordan described the essence of the experience was that men laboured for relevance. This relevance included dealing with the reality of the pregnancy and the soon-to-be born child, dealing with not having the multitude of roles

which the expectant man performs recognized by spouse, friends and family and trying to come to terms with the new roles which he will have to perform. Jordan found that in spite of the participation of men in the childbirth experience they were still considered to be mainly breadwinners and helpers rather than active participants in the reproductive cycle of a couple's life.

Although the studies dedicated to the labouring fathers' experiences are few in number some consistent themes have emerged from the research. The most salient themes include: men not being considered an integral part in pregnancy; labour and delivery; men have unique needs during this period and men plan to be actively involved in parenting.

Most of the studies have included homogeneous samples, small numbers of subjects and used instruments for which the reliability and validity was unreported. It may be that the development of measurement tools is premature, in that the underlying experience for the man being present during his partner's labour and delivery has not been identified.
As small sample size and homogeneity of subjects limits the generalizability of findings, further study of fathers using indepth interviews is justified to continue to confirm the birth experience for expectant men and to possibly serve as a beginning in identifying interventions to enhance the paternal role in pregnancy and childbirth.

CHAPTER III

RESEARCH DESIGN AND METHODS

In this study a descriptive exploratory approach was used. The purpose of the research was to explore and describe the personal experiences of the informants from which "primitive concepts or constructs" (Aamodt, 1989, p. 38) could be generated. The method of data gathering was in-depth interviews so thick descriptions could be used in data presentation to describe first-time fathers' experiences from their perspectives (emic) within the cultural context, the birth of their first child (Aamodt, 1989; Spradley, 1979). This allowed for rich descriptions of the experience being studied with subsequent identification of common themes and behaviours across informants (Aamodt, 1989; Hammersley, & Atkinson, 1983; Spradley, 1979). Themes are "elements" that occur frequently in dialogue or text and tell the reader or researcher the common feelings or experiences that are lived by the participants. van Manen (1990) describes themes and theme analysis as the "process of recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work" (p. 78).

The ideas presented by the informants formed the basis of the description, as well as "generating a plan for recognizing and evaluating the needs of individuals and groups of

individuals" (Aamodt, 1989, p. 38). This qualitative research method allows the researcher to value the uniqueness of each and every individual while seeking out the commonalities contained within the study group (Thorne, 1991).

The interviews serve "as an important means by which the cultural actor's interpretation will inform the researcher's analysis of the meaning of each element within the whole" (Thorne, 1991, p. 181). Generation of concepts, propositions, and common variables from the informants may guide further research in the concerns and care of the labouring couple (Boyle, 1989; Brink, & Wood, 1988; Wilson, 1985). In this study, the researcher sought to determine those aspects of labour and delivery that promoted or enhanced the first-time father's experience of the birth of his first child.

Subjects

Inclusion Criteria

Potential informants had to be first time fathers: a) whose partners had a full term pregnancy, b) who were fluent in English, c) who lived with their partner during the pregnancy and d) who attended the labour and delivery.

Primary informants

All informants were first-time fathers selected from different sources using a purposive sampling method. The

major means of obtaining informants proved to be through snowballing, with fathers recruiting other fathers, or friends and colleagues making referrals. Secondary screening was necessary to ensure that fathers met the inclusion criteria. Two of the fathers had partners whose previous pregnancies had spontaneously aborted before the end of the first trimester. Since the importance of relevant data was tantamount, this non-random selection method was necessary to facilitate the acquisition of data that would provide the rich descriptions required to identify themes around first-time father's experience of labour and delivery (LeCompte & Goetz, 1982).

The first source for obtaining informants was an advertisement placed in a local newspaper (Appendix B). Upon contacting the researcher the potential informant was read the information letter (Appendix C) over the telephone. If he was interested in participating, a time was arranged when he could meet with the researcher to further discuss the study. An informed consent was also obtained at this time. During the first pre-labour interview the informant provided demographic information (Appendix D). If it was convenient, the informed consent (Appendix E) was read and signed and the first pre-delivery interview was conducted at this meeting. The first time the advertisement was placed, two potential subjects were obtained, while three more advertisements produced unsuitable informants or obscene telephone calls. Subsequent advertisement placed during the summer produced no response

leading the researcher to conclude that the summer time was a poor recruitment time using this resource.

A second source of potential subjects was from the childbirth education classes offered by a private community organization. This center was selected because of its heterogenous population and the fact that the couples who attended the classes planned to deliver at different city hospitals. Permission to address the classes about the study was sought from the director of the center. The researcher attended the childbirth education classes and explained the study to prospective informants. Information sheets (Appendix B) about the study along with the researcher's telephone number were left on a table at the door of the classroom. Interested first-time fathers could contact the researcher if they wanted more information. Four men called about the study, but only one participated. The other three men did not meet the criteria or they anticipated missing the labour and delivery.

Another source of subjects was physicians who practised obstetrics at the various city hospitals. Four physicians, three family physicians and one obstetrician were contacted, first through a letter (Appendix F) along with a copy of the study proposal and then with a follow up telephone call to discuss the research with them. Most fathers do not accompany their partners to these prenatal appointments. Physicians were asked to provide the mothers with an explanatory letter

to be given to their partners. All physicians expressed interest in the project and indicated they were willing to distribute an information sheet (Appendix G) to their pregnant clients. One difficulty in dealing with physicians was ensuring that prospective informants would receive information. Some physicians had their receptionists put an information sheet in the file of each pregnant woman in her last trimester, while others said that they would personally distribute them. For whatever reason, these methods were not fruitful. The one potential informant obtained from this source did not meet the inclusion criteria.

Snowballing proved to be the best technique in acquiring subjects. Actual subjects were asked if they knew of any expectant first-time father who might be willing to participate in the study. They were asked to give any interested first-time father the researcher's telephone number so they could call to obtain more information. Snowballing also occurred when friends who knew of the research asked pregnant couples they knew if they were interested in the project. Any expectant first-time father who contacted the researcher after hearing about the study from friends or others and expressed a desire to participate were considered and included. Five subjects were recruited using snowball sampling.

Because of the difficulty in predetermining the sample size, it was thought that approximately 10 fathers would

probably allow for most of the major variables to be identified, with a contingency of additional first-time fathers should any of the original men drop out (Field & Morse, 1985; Morse, 1986; Morse, 1989). Eleven men volunteered to participate in the study but two men dropped out before the first interview. No reason for their withdrawal was obtained. The third man dropped out after the first interview because he and his wife experienced a stillbirth. This father did not want the pre-labour interview to be included, and the tape and transcripts were destroyed at his request. In qualitative research sampling continues until no new major themes or categories are discovered in the analysis of the interview data (Morse, 1989; Spradley, 1979). The sample of eight informants provided sufficient information to identify common themes. When the researcher encountered no new themes in the primary informants' data sampling ceased.

Secondary Informants

Secondary informants consisted of six men who had contacted the researcher after the births of their children, thus making them ineligible for the main study as no pre-labour interview was possible. These six men, when asked, agreed to serve as secondary informants to validate the information obtained from the primary informants.

These secondary informants were obtained from a variety of sources, in the researcher's work place immediately

following delivery, once the father knew of the researcher's interest and offered to participate, friends who had recently delivered and offered to be in the study, and at social functions when the subject of the research came up in conversation. These men were then told that their information could be used as secondary or validating information .
By informally having them talk about their birth experiences it was also possible to determine whether there were new themes that had not been uncovered in the interviews with the primary informants. If they agreed to be interviewed, they signed the same consent form and filled out the same demographic sheet as the primary informants and an informal interview was arranged.

The secondary informants were first-time fathers who had experienced childbirth within the last four months. An informal interview was conducted with each and their information was used to validate data from the primary informants. However, there were two secondary informants who had very strong opinions about the encouragement of childbirth educators to have the father involved in every aspect of pregnancy and labour and delivery. These two secondary informants had very different views about the father being present at delivery and his succeeding relationship with his newborn from the primary informant group. These views will be included in the data analysis and findings chapters. In general, utilizing the information obtained from the secondary

informants, with the exception noted, provided further support for the same themes uncovered with the primary informants.

All 14 (8 primary and 6 secondary) informants had lived with the expectant mothers throughout the pregnancies. It had been planned that fathers whose babies developed unanticipated problems in the early postpartum period, or whose wives suffered serious problems would be given the opportunity to withdraw. Only one father, who experienced a stillbirth, did so. This father expressed his sorrow that he felt unable to continue but he believed that he could not provide a good interview as he needed to be with his partner to "comfort her in her loss". This father was referred to Pastoral Care at the hospital where the delivery occurred to receive counselling.

Data Collection

Interviews and Interview Schedule.

Initially unstructured face-to-face interviews were used to collect data (see Appendix A1 & A2 for example guiding questions) and then semi-structured interviews were used as categories began to emerge from the data that needed expansion or clarification (Field & Morse, 1986; May, 1989; Wilson, 1985). The initial pre-delivery interview focused on the first-time fathers' ideas and thoughts on how they expected the impending labour and delivery to unfold. The interviews

took place when the pregnancy was approximately 35-37 weeks gestation. This gave the fathers the opportunity to discuss how their expectations might have changed over the trimesters. The interviews lasted approximately one and one half to two hours.

The post-delivery interviews were to have taken place as soon after delivery as possible. Initially the researcher asked that the post delivery interviews take place within one week of delivery. This proved to be impossible as the fathers were extremely busy with the new baby, arranging for the family to come home, and coping with visiting family members and work. The post delivery interview on the average occurred about four weeks after the birth. This time frame did not seem to detract from the richness of information obtained. At the post delivery interview an unstructured question format was used in order to allow the fathers freedom in describing their experiences. The researcher used prompts to direct the interviews so as to ensure that all areas of the labour and birth experience were covered (Appendix A1). All the interviews were tape-recorded and each interview lasted about two hours. Nonverbal behaviours were recorded by the researcher either during or immediately following each interview, then placed on the transcripts as they were reviewed for the first time. Some fathers were contacted a second time by telephone to expound on a theme or idea that did not appear complete when the tapes were perused after the

initial transcription. Their comments were written down and used in the analysis.

Prior to initiating the project, the researcher thought that some fathers might not be willing to share their experiences in full detail or that they might be too tired to talk at length about the labour and delivery experience. Surprisingly the men interviewed talked freely and exuberantly for long periods without appearing tired. It was as if they too needed to relive the labour and delivery experience as do women. The informants shared very personal information and their innermost thoughts with the researcher. Being a knowledgeable obstetrical nurse probably helped the informants view the researcher as both credible and having a sincere interest in discovering the meaning of the labour and delivery experience for fathers. The researcher wanted the informants to understand that one aim of the study was that some of the research findings might assist hospital personnel in determining ways to improve the birth process for the father, not only as a support person for the partner but also as a man vicariously experiencing the birth of his child. The interviews with the six secondary informants were not taped, but the pertinent comments were written down verbatim and included in the study.

Setting

All the interviews were done in the informants' homes at

a time that was suitable for each of them. The home setting provided a sense of warmth and comfort and all the informants appeared comfortable and relaxed during the informal, unstructured interviews. The interview took place at the kitchen or dining room table while they and the researcher had tea. There were three interviews conducted when the wives were at home but they were not present during the interview, although there were some occasions when the partners came into the kitchen. Their presence did not appear to interfere with the topic under discussion. Had the husband requested that the wife be present, then this probably would not have been an obstacle in obtaining rich descriptions about the labour and delivery experience. All of the informants stated that their relationships' with their partners were special and this was obvious when the researcher saw the interactions between the partners that she met.

Diaries

At the initial pre-delivery interview the informants were asked to keep a diary. In this diary they were asked to write their thoughts and feelings about the impending labour and birth of their child, and on any aspect of the pregnancy, as well as ideas about their perceptions of the unborn child. They were asked to jot down thoughts and feelings during the labour and delivery, and in particular, in the period immediately after the birth up to the time of the first post-

delivery interview. They were informed that the diary was confidential and that their spouse would not have access to it, unless they personally wished to share it; and that only they, the researcher and possibly the thesis committee members would read it. However, real names would be removed from the diary and only code names would be used prior to sharing the diaries with the thesis committee. Fathers refusing to keep diaries or share the information were not excluded from the study.

The fathers were given a notebook by the researcher which had sections, divided by tabs, to facilitate making notes in the appropriate section and also to facilitate data analysis. The sections were about the father himself, the pregnancy, his partner, the fetus, the impending labour and delivery, the actual labour and delivery, and a section for miscellaneous thoughts.

The father also had the option of using a tape recorder to record his thoughts instead of a written diary. The tape would be provided by the researcher and a tag would be put on the tape as to areas to comment on (father himself, fetus/baby, impending labour and delivery, actual labour and delivery, and a miscellaneous section), however no father wanted to tape his thoughts.

Overall the use of diaries was poor. Only two fathers kept detailed diaries and wrote notes to themselves that would remind them to discuss various points during the post delivery

interviews. Investigating the reasons for the other fathers not using the diaries, the main reason cited was the lack of time to do so. Perhaps if the study had included several interviews over a period of months, then the fathers might have been more receptive and might have perceived it to be useful. The two men who kept diaries chose not to give them to the researcher stating that they did not contain any more information that would have been helpful for the study.

Field Notes

The investigator kept field notes on observations during the interviews, as well as theoretical, methodological, and personal notes (Wilson, 1985). The interviewer had to excel in the use of self (Lipson, 1989) to put the informant at ease, as well as to establish trust, rapport and understanding using both verbal and nonverbal language. The informants had no difficulty talking about their experiences and did so readily. They did not appear uncomfortable with the tape recording, nor the note taking while they spoke. They understood that the researcher was writing notes about them as well as prompts for other questions. The notes also reflected the researcher's thoughts and interpretations about the interview, as well as behaviours of the informants. For the most part nonverbal and verbal behaviours coincided. The researcher did not perceive nonverbal behaviours that did not match the tone of voice or the emotions expressed.

Data Analysis

Data analysis began as soon as the first tapes were transcribed. The investigator had to become familiar with the data to note any emerging themes or concepts, and to identify areas that needed clarification in further interviews (Boyle, 1989; Field & Morse, 1984; Leininger, 1987). Each concept or theme was identified as they were uncovered in the transcripts and given a code name. Each concept was written on a separate sheet of paper, as the concept appeared in the interviews the informant number and the page number was noted on the code sheet as well as being coded on the interview transcript.

There were general categories or themes that appeared, but there was a wide variation within the themes. These categories were further examined for homogeneity and negative cases (Field & Morse, 1985). The researcher then examined the interviews for interconnected themes and relationships that might influence the father's experience of the labour and delivery.

Theoretical notes as well as methodological and personal notes were written onto the transcript. Observations from the field notes were also written onto the transcripts to correlate both verbal and non-verbal language (Wilson, 1985). The initial intent was that the diary would have been another way of verifying the themes from the interviews. However, the two informants who chose to use the diary did so to remind

themselves to discuss pertinent issues. Both of these men led very hectic business lives and they believed that with all the events occurring during that time frame they might have forgotten to include important details.

The analysis generated concepts and common themes which provided a better understanding of fathers during the labour and birth experience. The informants constituted a distinct homogenous group. A comparison of fathers' expectations of the impending labour and birth experience was made with the actual experiences.

Ethical Considerations

Researchers, especially those using ethnographic methods have an ongoing obligation to their informants to constantly remind them of the research being conducted. The rights to privacy, confidentiality, anonymity, informed consent, to be aware of potential or real risks, and to know the use of the findings of the research must be upheld (Ellen, 1984). The informant received an information letter about the study (Appendix C). Following this, informed consent was obtained when the informant agreed to participate (Appendix E). The consent was read aloud and discussed before it was signed. Refusal to participate and withdraw were covered in the consent as well as measures for ensuring confidentiality and anonymity, disclosure of risks and benefits, and the provision for consent to use the data for secondary analysis

in future research. The consent also contained steps to be taken should the informant disclose any information that identified a threat to his own health, that of his fetus/infant or partner. The informant was constantly reminded that everything he said was potential data for the study and that he had to indicate any information that he did not want used in the study.

Reliability and Validity

Reliability and validity determines the value and the credibility of any study (Brink, 1989; Brink & Wood, 1988; Field & Morse, 1985). In qualitative research reliability refers to the consistency of the information over time, while validity refers to the "extent to which the research findings represent reality" (Field & Morse, 1985, p. 139).

Reliability errors may occur with the interviewer and in coding. The interviewer must be consistent and accurate in taking field notes and in coding the data into appropriate categories. Therefore the transcribed tapes had to be checked for accuracy.

An expert judge was consulted to check the reliability of the identification of the emerging themes and the coding of the data. The goal of the data analysis was to have true and accurate findings. The ongoing analysis allowed for themes to emerge inductively by repeated descriptions from the different informants. Asking for the same description with different

questions and prompts at different interviews were some ways of assessing the reliability of the informants' information.

Validity of the findings was assessed by asking the secondary informants who had experienced labour and delivery in the past four months to verify findings from the study. Another form of validation is credibility, described by Sandelowski (1986), which refers to the truth value of the findings. The subjects validate whether the findings described in the analysis are representative of their experiences. The informants, both primary and secondary, read the themes identified by the researcher, and they all agreed that the themes did aptly describe their experiences, although there was usually a range of experiences within the different themes.

CHAPTER IV

PRESENTATION OF DATA

Introduction

Originally the researcher had wanted to interview the fathers post-delivery as the original research question was the experience of labour and delivery for first-time fathers. However, as the subject was an intimate one it was decided that a pre-labour interview would allow the fathers to become more comfortable with the researcher as well as the tape-recording. Furthermore it gave the researcher the opportunity to examine the expectations that the men had with respect to their intended participation in their partners' labours and deliveries, to attempt to discover the sources of these expectations and to explore what other influences may have shaped these men's desires to be involved in the birth of their first children.

It was surprising how willing these men were to share some of their innermost thoughts about themselves and their partners. The informants were equally surprised that the researcher did not want to include their wives, that the researcher was solely interested in the fathers' experience and his perspective of the pregnancy, labour and delivery.

During the interviews it became apparent that there were many intervening and interrelated variables that contributed

many intervening and interrelated variables that contributed to the birth experience for each labouring couple. This term "labouring couple" was one that became implicit after analyzing the interviews, that is, the father saw himself as participating in and experiencing the birth of his child, albeit vicariously; but at the same time it is a term that health care professionals have yet to recognize. According to these fathers they expressed the sentiment that the father is still viewed as being present at childbirth to support his partner through "her labour and delivery".

The Informants

There were eight principal informants who were interviewed pre and post-delivery, and six secondary informants who gave informal interviews to validate the information provided by the principal informants. The secondary informants were interviewed once, approximately three months after their partners' labours and deliveries. The secondary informants' interviews were analyzed for the presence of different themes other than those of the primary informants.

Each principal informant was given an assumed name and is referred to by that name throughout the analysis. The pre-labour interview was designated #1 and the post-delivery interview #2. These numbers are used throughout the presentation of the data.

Characteristics of the Primary and Secondary Informants

The eight principal informants formed a homogenous group. All the men were Caucasian with their ages ranging from 30-42 years with a mean age of 33 years and three months. All but one man were in first-time marriages and seven had lived with their partners prior to marrying. These couples had been married two to 5.5 years with a mean of 3.7 years. The entire group described their marital relationship as positive and very special.

The ages of the secondary informants ranged from 26 to 37 years with a mean of 33.5 years. One secondary informant was married for the second time while the other men were in first-time marriages. All the secondary informants had lived with their partners prior to marrying. The couples had been married from one year to 5.5 years with a mean of 3.5 years.

In terms of economic income all the couples except for two had dual incomes that exceeded $70,000.00 per year. The two couples who had incomes less than $70,000.00 had only one income from the wives who worked while the two informants were full time students. All the secondary informants had incomes greater that $70,00.00; two men had incomes greater that $400,000.00 per year. These two men owned their own businesses and they had the opportunity to take as much time at home during the early postpartum period as they wished. Just prior to the confirmation of the pregnancy, during the pregnancy or immediately following the pregnancy all the

couples had purchased new homes.

Six principal informants had university education, two of whom had graduate degrees. The other two men had post secondary education following completion of high school. All the six secondary informants had university education. The men's careers ranged from university professor to engineer to theater director. Two informants travelled in their work, while a third, Tim, had a career that kept him away from the house for long periods of time. For seven weeks in the last trimester Tim was busy 14-16 hours a day and he came home mainly to sleep; as a result he missed a significant portion of his partner's last trimester. During the interviews this missed time with his pregnant partner proved to be significant with respect to some of his attitudes about participation in the pregnancy. The family backgrounds of the principal informants were similar. They were all raised by two parent families, all had siblings with whom they stated they had close relationships. The families, although presently scattered around the country, maintained close contact by telephone, especially when one of the couples was pregnant or if there was a family problem. One informant, Jake, was raised with his sibling in a competitive environment with high performance expectations placed on them in relation to both scholastic and athletic activities. During the course of the interviews, he expressed an overwhelming wish that he would not place high expectations on his children.

One other important fact was that all the pregnancies had been planned and in Max's case, the couple went as far as to seek In-Vitro Fertilization to have their desired child. The secondary informants, with the exception of one, described similar family life as children. One secondary informant, Steve, had been raised by his mother after a divorce when he was seven years old. His mother was an accountant and although he had no father figure he described himself as coming from an upper middle class background. Two of the primary informants' partners had had first trimester spontaneous abortions, while a third partner had two children from a previous marriage.

The birth outcomes of the primary informants' partners were five spontaneous vaginal deliveries, one cesarean section with epidural anaesthesia, one mid forceps rotation and one vacuum extraction. There were six boys and two girls. The partners of the secondary informants had spontaneous vaginal deliveries and all the babies were male. Two primary couples had planned or considered home deliveries, with only one being successful, while all the secondary informants had planned hospital deliveries.

The primary couples were:

Brian and Annie	Terry and Alice	Tim and Angie
Phil and Sara	David and Bonnie	Peter and Molly
Jake and Lana	Max and Jane	

The secondary couples were:

John and Liz	Charles and Susan
Allan and Margaret	Doug and Trish
Bruce and Barb	Steve and Carol

The Perceptions and Expectations of the Pre-Labour Experience

Introduction

With the interviews occurring at approximately 36-37 weeks gestation the men had ample time to experience the pregnancy and to reflect on the way they expected the labour and delivery to unfold and their participation in the birth of their children. All the men were eager to talk about the pregnancies and their feelings surrounding them.

It became evident in the first three or four pre-labour interviews that similar themes prevailed but with a range of feelings and emotions. The common themes were mainly general in nature, shaped by external sources such as spouse, family, friends, reading and peers. The common themes were "she will manage", "we will get through it", "shared feelings", "staff are there to help" and "baby is not quite real".

She Will Manage

All the men had the utmost respect and faith that their

partners would cope well with the labour and delivery with minimal problems, yet recognizing that the most distressing aspect for them all would be the suffering from the labour pain and the impotence of not being able to help. The men thought that the comforting measures taught in the prenatal classes would help them to help their wives. As Terry stated: "...it's not the kind of thing you can fail. It's nature whether it's going to be good, bad or ugly, you're going to have this baby. You don't have a choice in the matter, so rest assured you can't screw this up" (Terry, #1, p. 14).

Phil recognized that Sara had some concerns about "how the heck the little person's going to get out through such a narrow opening" (#1, p. 5), but that the midwives created a relaxed and confident environment and eventually they felt reassured that there would be a positive birth outcome. On the other hand he affirmed that because Sara had been so "healthy along the way that I've never questioned our decision to have a home birth" (#1, p. 6). Phil described Sara as "very efficient and not overly nervous with an inner strength" that he believed would help her in labour and delivery.

Jake did not really describe his thoughts about Lana's dealing with labour and delivery, but he stated that she would "do far better that he would" and that "they have a lot of confidence in each other to do what they have to do, even though being unsure of what to do (#1, p. 8). Having experienced Lana's previous spontaneous abortions with her

made Jake realize the pain that women suffer was considerable. This was a constant worry for him as he believed that the labour pain would be far worse.

David had more confidence in Bonnie than in himself in dealing with the labour and delivery. This was a common sentiment expressed by all the men. They based this on the performances of their partners dealing with other stressful situations in their lives.

None of the fathers expressed fears that their partners would not cope with labour and delivery, in fact most said that their partners would do extremely well. Only Terry stated that Alice had a low pain tolerance, but he said that she would not fail. The idea of watching their loved ones in pain and not being able to alleviate it was the strongest feeling expressed.

We Will Get Through It

The expectations that each father had for himself as to how he would experience and participate in the labour and delivery appeared to be dependent upon the amount of time and energy that each had invested in the pregnancy. Terry, Tim, Brian and Max had similar expectations in relation to their roles.

Brian described himself as a "standerby" anticipating he would take the lead from the information that he had learned in prenatal classes as well as cues that Annie and the labour

nurse would give him during the course of the labour. The physical tasks that he anticipated doing were:

> ...massaging and that sort of thing, providing ice and water, walking around with her...helping her shift positions, doing the breathing exercises...If she wants me just to hold her hand then I guess that is what I'll do...I'm not really sure what I'll have to do...it all depends on Annie. It is all an unknown (Brian, #1, p. 7).

Brian anticipated focusing more on the emotional support than the physical. He had a very positive attitude in that he felt "everything would turn out alright" (#1, p. 1). He added:

> ...surely the encouragement which is obviously a big part of my being there rather than the physical. Just to try to...keep her at ease. For us obviously there's going to be some anxiety...this hasn't happened before. For me...I like to be in control of all situations at all times and I've got a problem with this because I can't control any of it (Brian, #1, p. 4).

Tim, too, was anxious, "edgy and excited" because of the unknown of the impending labour. His anxiety was described as "... you know eventually that you're going to be at the gate" (#1, p. 3) (sic). As far as the physical activities he would be involved in timing contractions, rubbing Angie's back and anything else that would help her to cope with the pain. "I think it's very much an action-reaction kind of situation that this is what's happening and she requires this. I think the hardest thing I'm going to have to deal with is her yell at me" (#1, p. 7). Tim reiterated that "she's a pretty high

strung individual so I don't know if she's in a lot of pain if the measures will help, but I'm there to help her and we'll do just fine...besides it's our first child" (#1, p. 2). They studied a form of relaxation through mind control and he believed this would help them both with the contractions.

David planned to be there both physically and emotionally for Bonnie. His health profession background would allow him to be involved in the technical aspects of the labour and delivery. David stated:

> Every pregnancy and labour is a little different. People tolerate things differently and cope differently... so we'll have to wing it the first time. The prenatal classes have added to what we already know and have given us a lot of tips. They told us to focus on something to help her focus. I think just being supportive and letting her know I'm right there...we'll cope with the pain together. I think if she tells me to rub her back and it helps then I'll continue to rub her back. If she tells me to go sit in a corner and stay quiet then that is what I'll do... but once she hits transition then I'll have to read her and take the initiative as to what to do what I think she would want done. But we'll handle it (David, #1, p. 8).

Phil believed there would be times when he would feel left out and he was adamant that he wanted to be involved as much as possible:

> After all we are in this together and we will see this through. I believe that the midwives will allow us to do this together. What other way could be more beautiful to bring our child into the world.. than doing it together and I know we will somehow get through it (Phil, #1, p. 12).

Even though Phil wanted the two of them to labour together he was also afraid of not being able to deal with Sara's possible hostility during the transitional period of labour.

The overall feeling was that the couples would labour together, the women would be the ones to experience the pain but their husbands would also experience the pain through their wives and the men would do their utmost to help the women through the labour by their presence and comfort measures. All the men stressed the importance of their presence as being central to the women positively experiencing the labour and delivery and being able to cope with the labour pain.

Shared Feelings

From the moment of the confirmation of the pregnancy the couples began to share the joy and the apprehension of the unknown. All the men used the word "we" in reference to becoming pregnant as well as describing different pregnancy milestones during the interviews. There was a prevailing sense of the couples being pregnant. The couples appeared to be able to express both positive and negative thoughts to one another during the pregnancy, discussing these feelings at great length whenever they arose.

One of the informants, Phil, was the only one to express consistent negative sexual feelings about his partner, Sara, although he said he was able to discuss other concerns and

fears with her. Other than the hidden thoughts about his not being sexually attracted to Sara during the pregnancy he said he felt they were closer than ever. He expressed guilt about these feelings, but he was incapable of feeling otherwise.

> I think right now we're probably more in synch than we've ever been...I've tended to keep some of own thoughts to myself. Just in terms of my own reactions to her pregnancy, feeling uncomfortable, feeling sexually unattracted to her and my anger in myself for that. I'm more attracted to other women...to someone's hands. In that sense I don't think we are as much in synch, but in terms of the birth, in terms of her and my expectations, we are in synch (Phil, #1, p. 2).

Phil, a self-declared sensitive man, stated in his opening sentence of the first interview that he did not know how he would deal with Sara's hostility, knowing that it would be a function of the labour. Although he and Sara had discussed this they had not reached any conclusions as to how he could best deal with the difficult moments when she might direct anger at him. Of Sara he said:

> She's worried about how she's going to be as a mother... we had a chance to deal with a lot of that stuff with the other pregnancy...so a lot of philosophy about being a mother really came out. We have been able to come to terms with a lot that happened when we weren't ready the first time. Of course our fears are very different this time ...we are older so there are other issues to sort out (Phil, #1, p. 2-3).

Phil spoke candidly of himself and stated that perhaps part of his feelings came from the fact that he was bullied as a child and does not want his child to experience the same

things. Another reason for his concerns came from his work which involves counselling troubled individuals.

> I think I'd be a little more anxious about raising a boy in this day and age ...I'm afraid a little bit about raising a sensitive boy...he can get picked on, sensitivity can be a double-edged sword. About fostering an atmosphere where emotions are easily expressed. I worry a little bit about the care that's necessary with someone so small and fragile (Phil, #1, p. 5).

A large portion of the concerns that Phil and Sara discussed were future issues that involved parenting. Phil described himself as being more aware of underlying feelings than was Sara. Phil said he presently shared the household duties and he projected that he would assume as many of the child care activities as he could. He did not foresee any problems and he anticipated that Sara would be at home for at least one year, but he acknowledged that besides assuming a new role as mother Sara still would maintain her previous roles.

Comfort was a major reason for Phil and Sara deciding to have a home delivery, however the final decision was Sara's. She had friends who had successful home births and as their outcomes were described as wonderful this influenced her to opt for one as well. Phil did not feel he had any right to impose his wishes upon her and her pregnancy nor the choice of birth site. Although she permitted him to experience the pregnancy with her, she alone made the decisions. At times, throughout the interview, there was a sense of fear in the

impending birth but because it was what Sara wanted, th[illegible] Phil capitulated. In a followup telephone call to validate and clarify this underlying fear Phil said:

> The first pregnancy was very traumatic for both Sara and myself and now that we were both ready to have a child, and given the fact that I didn't want her to have an abortion with the first pregnancy I felt I owed her this one. Although she didn't want the first pregnancy her first option was to have an abortion which I was opposed to, preferring that she had the child and give it up for adoption. I know now that had she had the first child to please me, then our marriage would have ended at some point in time. I guess I didn't know how much she didn't want it. It was only after some years had passed, when we began to talk about another that I realized how much she resented my imposition. So I decided that she could do whatever she wanted. We like the idea of intimacy, we are very private people (Phil, #1, postscript).

This in itself was a bit contradictory because Phil had stated that they "we're in synch and we're ready for the pregnancy" yet on the other hand he constantly referred to the pregnancy as hers. "She's the centre of attention... this is what she wants" (Phil, #1, p. 12).

David was very much involved in the pregnancy. He did not miss a doctor's appointment and he actively participated in all the prenatal classes in spite of his nursing background. He said he worried more than Bonnie did. Being very descriptive, David said:

> I was probably bad right from the first... she got pregnant the first time...that's when I think I became overprotective of a

> baby who wasn't born yet. I really am a sound sleeper but once she got pregnant she couldn't get up to the bathroom without my saying "are you okay?" If she had stomach cramps, then I was trying to assess her as if she were a patient who was about to abort. At first my anxieties were about her aborting, now they've switched to "is she in labour?" Last week I started to have palpitations. I started throwing PACs like crazy, I think it's all related (David, #1, p. 13).

David said that Bonnie would treat his concerns very lightly, but he felt that she may have felt as anxious as he, but her glibness may have been her way of dealing with her fears. However they openly talked about the way each other was feeling. David said that although Bonnie would make fun of his panic attacks, she also had concerns.

> Bonnie has more fears of course...in her work she doesn't get to see a lot of normal kids...she was really impressed with the way the system was set up ...the O.R., the case room and everything kind of together...I think the main reason is just we have the facilities and I think it (the birth) should be there. We're probably cautious and caring. So when we chose the place...our family physician who has delivered lots of babies at another hospital referred us to our obstetrician and that's how we ended up there (David, #1, p. 2-3).

David constantly changed his mind as to who had more fears about the pregnancy and childbirth, at times it was he then at others it was Bonnie. It was interesting to hear David say that Bonnie had more fears than he did and David affirmed that it was difficult to determine who had more as each one had different concerns. He continued to have

palpitations up to the delivery.

Terry travelled in his job, as well as having a demanding work schedule when he was in the city. He was unable to take time off to attend the prenatal appointments when Alice went to the physician. He did not appear to be upset with this and said that as long as Alice was happy with the physician then he was too. Terry said:

> From what she has told me after she comes home from her visits with him, it makes me feel that she's quite happy and confident in him and in the hospital she's going to deliver in. She has said she is ready and if she is then I guess I am too. We laugh at my uneasiness and she jokes that I should be the one having the baby. I wish I could be as positive as she (Terry, #1, p. 5).

Jake and Lana decided together that they would prefer to have a home birth as they did not want the standard practices that most hospitals impose: continuous fetal monitoring, shave preps, enemas and the lithotomy position for delivery. From the onset Jake felt that in the hospital he would be "running interference" for his partner so that she might have her desired birth experience. To achieve their planned birth Jake and Lana sought a physician who would facilitate their plans. After a considerable search Jake and Lana found one who did not have standard practices and who was willing to permit them to have a birth plan. Jake was the only father who anticipated "fights around the procedures" (Jake, #1, p. 3).

Peter and his wife planned to agree to only minimal intervention so that their labour and delivery would be as

normal "as nature intended it to be" (Peter, #1, p. 4). Peter, too, felt that advocacy would be a major role for him during the active stage of labour when Molly might not be able to speak for herself. The couple had decided on procedures that would be acceptable and unacceptable. They also planned in minute detail how they would deal with any of the number of different scenarios that could occur, such as imposed labour augmentation.

Brian did not want to fail Annie and was afraid that he would not be able to deal with Annie's pain. He stated they practised the relaxation techniques every day. With respect to the pain, Brian said: "I know there will be certain things that I can't control and that I can't really help her with (Brian, #1, p. 7). The couple also discussed the frequent problems that arise in labour and delivery and how they would make the correct decisions. Annie's blood pressure had risen during the last two months, of this Brian said:

> I guess just seeing what Annie has to go through and what the other ladies go through as well you get a much better appreciation...a better concept of what the whole thing is all about...It is very difficult to second guess what may go wrong, but I think we are fairly realistic..we know. My sister suffered a stroke when she was seven months pregnant, yes, I know how quickly it can sour. That is why we bought a blood pressure machine when Annie's pressure started to go up (Brian, #1, p. 11).

The couples during the last trimester talked about the concerns and fears that each had with respect to the impending

labour and delivery, the most common sentiment being the immediacy of the labour process and the unknown factors that went with it such as the labour pain and the length of labour. Some couples dealt with concerns about future parenting issues prior to the labour and delivery. The expectant fathers stated it was easy to discuss these positive and negative feelings with their partners. One father, although he and his partner were able to talk in detail about the majority of what he was feeling, was unable to discuss with his partner the fact that he was sexually unattracted to her. That bothered him immensely, but he was unable to change these feelings. No other father said that he was unable to verbalize any of the concerns that he may have had. The idea of open communication was a common theme from the interviews.

Staff Are There To Help

The feelings about the nurses, midwives and physicians were that they would do whatever they could to help each couple labour and deliver in the manner they chose. The belief was that these people were professionals, who knew what they were doing. For the majority of the fathers the thought of questioning the professionals' actions was unthinkable. However, if the fathers did not have enough information, they stated they would not hesitate to ask for clarification or for more information about the progress of labour. Those fathers who had considerable contact with health professionals, or

those who worked within one of the health disciplines, stated categorically that they would not hesitate to seek information if they were unhappy or concerned with any aspect of care.

There was a distinct separation between expectations that the fathers had of the nursing and medical staff. Jake and Phil had higher expectations of their midwives and more confidence in these birth attendants. The fact that the midwives were the birth attendants was a significant influence in the way Jake and Phil perceived them. They believed the midwives would involve them in all aspects of the labour and delivery. This was due to several factors: the extended contact in the one to two hour prenatal office visits and the extensive prenatal classes. Jake and Phil believed that the success of the labour and delivery experience would be directly dependent on the established trust that had been built between the birth attendants and the expectant couple during the pregnancy.

Although Phil had great confidence in the midwives ability to perform a home delivery he was worried about his partner's size and therefor her ability to physically deliver a child, but he had assured himself completely that Sara's self-confidence would help her to ultimately achieve her home birth. He was convinced that the midwives would respect Sara's desire to be the central figure in the birth process.

Jake and Lana had complete trust in their physician and they had spent many hours discussing with her the type of

labour and delivery they had planned. They were concerned with the time when the physician would not be present and the possibility that the nursing staff would impose standard practices on them. They believed that once they were in the hospital it would be more difficult for them to refuse. For them, the biggest unknown factor was the nursing staff, who would care for them, whom they had not yet met. As a result of the hospital tour Jake believed that the nursing staff were regimented, adhering to the hospital's procedures. Jake said that had they had the opportunity to meet some of the staff they might have felt better and had a more positive attitude toward them.

> One of the expectations is actually conflict with the hospital staff...run into problems with the standard procedures. It's like I'm holding the fort until the doctor arrives (Jake, #1, p. 2).

Jake believed that the physician would intercede on their behalf but he acknowledged that the physician would not be present until the second stage of labour or if there were problems.

Max expected the nursing staff to be "straight forward" and he said he could not imagine the staff not keeping them informed of the progress of labour nor providing them with information that would help them cope with the labour and delivery. Max continually referred to Jane's work with handicapped children and the anxieties that he had about the possibilities of a traumatized infant from the labour and

birth.

Tim felt their physician included him in the conversations during the prenatal visits and she encouraged his questions. The only expectation that Tim had of the physician was that she be present. Tim believed that the prenatal classes had prepared them well. The childbirth educators encouraged the couples to ask the physicians about their call schedules so they would have an idea about their time off and to inquire also about the alternate physicians. Tim said:

> They did say to us that if your physician will not be there, it might be a good idea to find out who will be and I thought that was a very good...check it out beforehand. And these are the things like schedules and are you going away for a weekend or do you get holidays or whatever the game is...So I quizzed her about her schedule and she was reluctant to give it out (Tim #1, p. 8).

The men felt they could not make any pronouncements about the nursing staff as they had not had much contact with them, except for Tim who met one of the labour and delivery nurses when she gave a prenatal class. He came away from the class with a negative feeling. "This lady didn't like to field questions that veered away from her class content. That's not indicative of a good teacher. I got bad vibes. It was like she was only doing a job, one that she did because she got paid for it" (Tim, #2, p. 17).

In general the expectant fathers had their expectations shaped by those people around them and from the educational

materials that they accessed. One of the major influences as to their formation of expectations was the quality of the relationship with their partners. The men mainly expressed optimism in describing their feelings about the impending labour and delivery.

The Experience of Labour and Delivery

Introduction

The actual experience proved to be very different from the expectations. The main variables determining the experience were the labour path and the nursing staff, although other factors did have a smaller influence on the quality of the experience. The emergent themes followed the course and length of the labour and delivery and were as follows: "it's happening - the beginning", "more work than anticipated", "increased fears and emotions", "hidden fears", "lack of inclusion", "increased excitement", "immense pride", "surprise at partner's inner strength", "increased respect for women", "familial beginnings", "staff determined quality of experience" and "childbirth education did not meet needs".

It's Happening-The Beginning

Labour began quite normally as most of the men had anticipated. The women either began to leak amniotic fluid or they started having contractions in the evening or very early

in the morning. All the men described a calm atmosphere except for David. In spite of his being a health professional he was the least composed, in fact at first he was completely disorientated.

> ...So you thi[illegible] could find the number... in the teleph[illegible]ook. Nope, it didn't exist. Wasn'[illegible]re how to spell. So I showered, an[illegible]aved, came out of the shower and f[illegible]ot that I took one. I was going to take another one before we left. Bonnie had to tell me. I couldn't find my shorts. I find my shorts and then I couldn't find my glasses. I didn't know what to do next...By the time we got to the hospital I started calming down and I was more relaxed (David, #2, p. 2-3).

Tim and Angie took their time going to the hospital. Tim, in fact, procrastinated until 7 o'clock "because they didn't know how to enter the emergency area" (#2, p. 2). They returned some videos they had rented the night before so they would not be charged a late penalty. Their entrance into the hospital was calm, as was the admission for Terry, Brian and Peter. Max and Jane entered the hospital for an elective induction of labour for post maturity.

The decision to enter the hospital was made jointly. Terry and Brian timed the contractions until they became regular and then the couples prepared to leave for the hospital. Tim and Peter went to the hospital shortly after their partners began to leak amniotic fluid in spite of no contractions. Tim first called the hospital to seek direction while Peter, who was a nurse, knew they should enter the hospital in the event there should be an occult prolapsed

cord.

Jake and Phil's partners both went past their due dates and every time the women began to have contractions the men thought that labour had finally begun. The men found the waiting long. Phil and Sara were completely ready for the home birth; all the necessary supplies had been bought, while Jake and Lana still had not decided whether to have the home birth or not when the labour began. Therefore nothing was prepared to accommodate a home birth. In fact when the contractions began in earnest neither of them could believe it; they took a walk instead. As Lana began to have more regular contractions Jake wanted to have the midwife present to confirm the beginning of the labour. He wanted someone there to provide support for Lana as well as for himself. Lana, on the other hand, did not want anyone called until the last moment as she truly desired a home birth and she hoped that things would progress beyond the point of transfer to hospital. Jake was becoming desperate.

> By 1:30 I'd had it, I couldn't wait anymore. I called the midwife...I was actually a bit scared as the contractions seemed to me to...be ripping through, almost without a break. She was comfortable with the home birth, and I must admit that I really felt scared ...I realized how helpless I felt through the whole event up until this stage... she's going through labour and what's flashing through my mind is everything I learned in the prenatal classes isn't one hell of a lot. I wanted help and I wanted it yesterday (Jake, #2, p. 3).

The majority of the men were comfortable in the early

stage of labour as their partners coped well with the contractions and based on the relative ease of the early part of the first stage the men projected that the rest of the labour would be straightforward with minimal discomfort for their partners. The labours had begun as the men had expected and all the men except for David described a state of calm as the couples prepared for hospital admission. There was also a sense of excitement as the moment for which they had so intensely planned had finally arrived.

More Work Than Anticipated

As the labours progressed to the active phase of the first stage of labour and the women began to suffer more with the contractions the men realized that the labour process would not be as easy as they had believed it would be. The more intense the labour became the more work the men had to do, both physically and psychologically.

Jake and Phil described more arduous physical support than the other men who had hospital births during both first and second stage of labour. During the second stage the midwives had the women push in a squatting position with their husbands supporting them from behind bearing their partners' weight. Phil did this in two to three hour sessions as his partner pushed with a nonexistent force at the end to achieve her home birth. Sara remained at full dilatation for 24 hours before being transferred to hospital. Phil described this

period:

> ...yet when she was pushing, when she was pushing and I think emotionally we both were drained, didn't have any sleep... but physically she was pushing...and she still wanted to keep trying. She was using my knees for support and for squatting... I mean I was giving up (Phil, #2, p. 2).

> She leaned on my knees...I'd put a heating pad on her back between contractions and when a contraction would come...I held her leg up...took the blanket off and after the contraction was over I put the leg down and the heating pad back on her back and a blanket (Phil, #2, p. 4-5).

This constant changing of position, coupled with the placing and removing of the pad and the blanket was exhausting for Phil and when he was at his wits end he sat down and cried from sheer frustration. He appreciated the midwives comforting him in his need to cry.

> I felt more worried. I wondered if this was the best thing. Are we giving encouragement that's unrealistic, etc, etc...I was discouraged. I was tired. I wanted to go and lie down and crawl away somewhere and Sara said no, "I need you her beside me". So I just went through it (Phil, #2, p. 8).

For Brian the labour began to progress "fairly quickly once the labour augmentation commenced" (Brian, #2, p. 5). Brian was amazed how tired he became from all the back rubs and massaging. He said he was not properly dressed, he wore the clothes he usually wore to the office. He said he learned to respond quickly to hand signals.

> I reacted to hand signals the most. Annie wasn't talking for a long time... was giving me hand signals pointing at

> her back, waving me away, virtually telling me to get lost, not wanting me to touch her. I guess my real role was helping her relax, helping her move. I paced a lot... afterwards my feet were killing me. Annie told me that I really kept her focused, breathing, pushing... I was thrilled to be there. I was flabbergasted by the whole thing...I probably spent four or five hours massaging her back and I think that I was pretty exhausted after that (Brian, #2, p. 9-10).

David described how few of his comfort measures seemed to work as he tried to help Bonnie cope with the pain. The baby was in an occipital posterior position and nothing David did appeared to alleviate the back pain. He suggested different positions and the use of hot water in the shower. He felt discouraged that Bonnie still had a lot of pain despite his comfort measures.

> Nothing seemed to work. All I was doing was get sore feet and an aching back. My arms kept going to sleep and I had to change my position to prevent my getting cramps. I didn't think it would be so tiring (David, #2, p. 6-7).

Tim described the mental worry as being the worst and he said it was something that no one could teach. It was necessary to experience the anguish caused from seeing a loved one in pain as well as the worry caused by an impending cesarean section.

> I tell you...perhaps I had better tell this...it will help you understand the mental turmoil...When the doctor told Angie she had to have a cesarean section and she started to cry my heart broke. You take your relationship for granted and it's not until moments like that... you begin to appreciate what your partner

> means to you. The back rubs were nothing in comparison to the mental pain...for me that was the most difficult (Tim, #2, p. 12).

The men described this period as one of almost being unbelievable, not having been able to foresee the gamut of emotions and worry that it would cause.

Increased Emotions and Fears

The length and the progress of the labour were the most significant variables in determining the amount of emotions and fears experienced by the men. Although each man experienced differing fears and emotions, the progress of labour and its' events shaped the experience.

Phil did not speak with much feeling about the first stage of labour. He said the nine hour labour progressed smoothly. The second stage proved to be a nightmare. The second stage of labour began at 5 o'clock Saturday afternoon and Sara did not deliver until 3 o'clock Sunday afternoon. Sara had been at full cervical dilatation for 22 hours. Phil's description of the events is one of intense stress, fear, fatigue and certainly, one of hopelessness. He desperately wanted Sara transferred into the hospital. However, in his despair, he still did not want to impose his will upon his partner nor on the midwives. He suffered in silence and occasionally he would voice his opinions, be listened to, but in essence his partner was in control.

> We tried pushing in two or three hour spurts...I was a basket case...but the

> baby's heart was strong. I was ready to go to the hospital in the middle of the night but Sara didn't want to...We were both emotionally drained but she wanted to keep trying...The midwives listened to my concerns, my feelings...but it was difficult not having any control. I was giving up, just wondering if the baby ever was going to come out...I found it hard to have Sara in labour for so long (Phil, #2, p. 13).
>
> I was... really uncomfortable Sunday morning...couldn't stand to see Sara in so much pain...but I wasn't so uncomfortable that I lost trust in the midwives. Finally one of the midwives convinced Sara that the baby was never going to deliver without assistance. At the hospital I was relieved, and disappointed...It was a big relief to have it over (Phil, #2, p. 3).

In spite of the prolonged second stage, compounded by his feelings of helplessness, Phil truly trusted the midwives and he believed that the decisions they and Sara made were the right ones. He did not believe that he had any right to impose his will over Sara's wishes. "So, like Sara was the center of attention and it was based on what Sara was feeling and what Sara wanted. It was Sara's agenda, no one else's. No physician to be under or anything like that" (Phil, #2, p. 8). Phil was worried when, after he expressed his concerns about the length of the second stage, the midwives did nothing to move Sara to the hospital. To Phil it was apparent that after fifteen hours at full dilatation Sara would not deliver at home. In fact, after three or four hours the uterus stopped contracting and Sara would push without any urge to do so, just the sheer will to deliver at home made her continue.

In the end they were forced into being admitted to the hospital under the care of a physician, one thing they wanted to avoid. Phil really did not enjoy the labour and delivery. He spoke about the delivery in a detached manner as if it belonged to someone else. He described the delivery in a clinical fashion.

> Mentally...insane. When the time came all my emotions stopped. Like when he was born, they asked me if I wanted to cut the cord and I said no. I just, we envisioned ourselves primed to go, and deliver at home, so I wasn't able to (Phil, #2, p. 5).

Phil later stated he was sorry he had not cut the cord but that at the time he was mentally and physically unable to do so.

Tim's partner's labour progressed slowly, the cervix had only dilated two centimeters in 12 hours. During the afternoon Angie received an epidural and a labour augmentation because of an occipital posterior position. In spite of these measures Angie's cervix did not dilate further. After being examined by the obstetrician Tim and Angie were told that the labour had failed to progress and it would be prudent to perform a cesarean section. The physician gave them the opportunity to labour two or three hours longer but they chose not to do so. Tim was distressed because Angie was upset not being able to deliver vaginally. The possibility of a cesarean section had not been in their repertoire of birth options, so they were taken by surprise.

> ...then they go for the word cesarean and it's kind of like hold on here , we're in another black room. Where's the light switch? So I mean, there's all these things that you're ignorant about, like holy cow, ...I think that what it boiled down to more than the actual procedure was to go over his thought pattern, how he, his deduction, how he got there...I said I can't run on this wheel any more, like change it and okay, I'm ready to deal with this and that was fine. I turned and...only until I saw Angie's reaction emotionally I was ridden very hard. It's a funny thing, with your bonding...you go through life and you do whatever you do...take one another for granted...when they're hurt then you realize your relationship is so special (Tim, #2, p. 15).

After deciding to proceed with the cesarean Angie asked Tim to call and ask her mother to pray for her. Tim became extremely frightened. Tim described Angie as a religious woman and her request to call her mother created "indescribable feelings" in him. He called her mother and then he described an event that he called "bizarre".

> ...if anything helped her then it helped me...Angie asked me to phone her Mom to have her pray for Angie...of course in the middle of our emotional conversation ...holy cow, I broke under the pressure... one thing we had thought on the way to the hospital, is we should have brought a cross and I thought well, being a catholic hospital, there would be lots and if we need one I'd rip it off the wall. Well the ones they've got there are screwed onto the wall and don't come off...I'm thinking Angie would appreciate it if I could find her one. I remember Father D. is on the fifth floor and he married Angie's sister...he'd been in all summer recovering from a stroke...but no luck he did not have a crucifix (Tim, #2, p. 14).

After the initial shock of Angie having to undergo a

cesarean Tim was excited. The idea of his being with Angie, who would be awake during the cesarean, was exciting. However, the excitement soon disappeared and when Tim left the operating room he felt "very lonely" (p. 19). His wife and child were wheeled away and he was left sitting alone. Tim was soon rescued by his sister-in-law, who was a nurse in the hospital, and she took him to the nursery so he could visit with his son.

The low point for Brian and Annie was the slow progress during the first seven hours of hospitalization. Brian said: "we're both kind of looking, God, we're going to be here forever. We'd better bring in a calendar" (Brian, #2, p. 18). Time was an important factor and Brian and Annie began to measure time by the amount of intravenous solution remaining. They had expected that progress would be faster. Once progress was faster then time ceased to pass slowly.

When Bonnie began to push the fetal heart rate decreased during the pushes. Although David understood the physiology behind the decelerations he was nevertheless frightened and even more frightened when the resident said "they were going to pull the baby out...I guess nature must have stepped in, in that the heart rate did not fall badly again, before that resident did something stupid" (David, #2, p. 3). David said that if the heart rate had continued to fall but returned to the baseline after the contractions then he might have stopped the resident from applying the forceps without the

obstetrician being present. Luckily, for them, the heart rate only fell slightly and the obstetrician arrived shortly after that. David described his emotions as running high.

> Actually throughout the whole labour I never felt so helpless in my whole life, cause she was in pain and I mean what could I do? I was rubbing her back, her brow, but it was not the same. It was just like I was useless, helpless. The suggestion to go into the shower didn't register as being helpful, I just saw her in agony. Mind you the pain had decreased but it still wasn't enough. I think if I could have taken the baby out I would have felt useful, but no I just felt useless (David, #2, p. 4-5).

Max and Jane were left totally alone except for the times when the nurses checked the induction rate. The nurses did not spend any time helping them cope with the difficult labour. Max tried to rely on Jane for direction as to how he could best help her. Max did not know what to do.

> Jane'd gone into the washroom and then after they had given her the enema as a matter of fact it was about...close to 1 o'clock when she felt that she had to go again, there was nobody to help, so I helped her. The contractions were very hard, she could hardly stand up and after I helped her into the bathroom...she urinated and had a partial bowel movement and Jane was very upset with me there. Then a contraction came in the bathroom and she was scared that the baby would come...no one seemed to worry about us. A cleaning lady looked in and then left without saying anything. I was angry and surprised that we were left alone (Max, #2, p. 6).

Max was concerned that the nurses were constantly increasing the induction rate and then decreasing it the next

time one of the nurses entered the room.

> I was pretty anxious...pretty worried too because she was in a lot of pain... from whatever I'd read and everything, the contractions were just too close together. Not knowing any better I didn't press the call bell but at the end someone different came in and turned the rate down...then we were left alone again. The contractions were getting stronger and harder.. fifteen minutes later another different person came in and increased the rate. I didn't know what to do or say, but I was so angry and helpless at the same time. I felt as if I let Jane down when she needed me most (Max, #2, p. 8-10).

After the delivery Max still was not able to relax and become acquainted with his newborn son as Jane began to bleed. The intern returned to put in some stitches and Max described the intern as putting in "dozens". He described himself as being "terribly concerned and upset" (Max, #2, p. 4) because the intern should "have known what he was doing otherwise "he should not be permitted to deliver babies" (Max, #2, p. 5).

Jake felt he had to portray a calm appearance so as not to transmit his worries and fears to Lana. He had to hide his anger when the midwives would not come when he called them. He found it difficult to cope with the fear.

> ...I realized just how helpless I felt through the whole event...everything flashed through my mind, the risks... some doubts about home births. I was really torn between starting the car and calling the midwife again. But I settled down and attempted to do the things that felt good to her...she would just curl around me and hold on. I'm surprised she couldn't sense my fears by the trembling of my hands (Jake, #2,

p. 4-5).

> Scared, that's exactly how I felt, I didn't know what to do, I knew I couldn't do anything. I was sitting on the edge of the bed with Lana sitting between my legs...my holding her up. There were two conflicting thoughts going through my head at the same time, holding her helps her and what do I do if I drop her (Jake, #2, p. 8).

Jake reiterated that the fear caused him to become angry and for a period of time he was not able to totally focus on supporting Lana. The fears did not abate until after the delivery and then his exhaustion partly prevented him from enjoying the first moments with his new daughter.

As labour progressed all the men experienced mounting fears and emotions; there being a moment for each man when they had to control and hide their true feelings so as not to worry their partners. While this was a common event it did not occur at the same time for all the men.

Hidden Fears and Emotions

Peter and Molly had rehearsed some of the common scenarios with which they thought they might be confronted. As Molly had entered hospital with ruptured membranes and no contractions, the nursing staff wanted to augment the labour shortly after the hospital admission "to get Molly delivered before the end of the shift" (Peter, #2, p. 6). When Peter and Molly refused, the staff tried to isolate Molly and convince her to have the augment. Peter said:

> I was so angry that if I wasn't careful I might have said something I would have regretted and Molly may not have received the care she needed. Inside I was dying, I was upset that this would happen to us. But I couldn't say anything. It wouldn't be fair to Molly if I said anything, she was counting on me (Peter, #2, p. 4).

Even though Jake was the lucky one whose wife achieved a home delivery, and even though he was pleased with the outcome, he had "moments of sheer terror" (Jake, #2, p. 21) that he said he would not want to experience again. The difficult aspect of these emotions was that he had no one with whom he could discuss them. He was surprised and angry when the midwife refused to go their home the first time he called her and he could not say this to Lana as she was beginning to labour more intensely and she was content being at home. Jake said about the midwife: "I must admit that ticked me off. I wanted someone there immediately who knew what they were doing. All that time I had to help Lana but inwardly I was praying one of the midwives would appear" (Jake, #2, p. 4).

> I was just sort of trying to keep talking to her, encouraging her. The two midwives were exchanging glances and not saying a word. Cause these glances kept going back and forth and there was nothing encouraging coming out...I didn't want to transmit my panic to Lana (Jake, #2, p. 21).

The expected role of advocate did not come to pass even though he wanted to say many things. He was upset with the glances that passed between the midwives but he said he could not say anything as Lana might become upset. He just wanted the labour to end.

Jake said he came to the realization that one must have a trusting relationship with the birth attendants, whomever they may be. He found himself inwardly become angrier by the minute whenever the second midwife made comments about things that did not pertain to Lana. He needed the people around Lana to provide total support for her, otherwise he did not believe they should have been present.

When labour began Terry was surprised at the strength of the contractions. After the initial period of surprise, Terry took charge of Alice and he became the labour manager.

> Okay, it was let's time them just first to see how fast they're coming...gone from ten minutes to three minutes. It was very quick. Okay, let's get going. So we grabbed our bags. I was timing the regularity of the contractions. I was doing my best just to give her my hand, just mainly putting my arm around her. She needed that (Terry, #2, p. 1-2).

Terry's partner Alice, too, had an occipital posterior position and suffered from extreme backache. Nothing Terry did eased the pain. Terry, as did all the other men, felt the stress and anxiety rise as the labour pain did. The nurses suggested the use of a narcotic soon after the pain became bad and Terry perceived that the nurses did not want to care for an uncontrollable woman. Finally Alice agreed to have an injection of narcotic and when she began to finally rest the nurses came in and initiated a labour augmentation. This left Terry perplexed and worried. The nurses never discussed the augmentation with the couple and Terry described his emotions

as very high, high enough that he did not think to question the augmentation.

> She was 5 centimeters [illegible] they gave her the morphine...that was confusing because they came in and said they were going to augment the labour...before I knew it everything was ready to go. I felt a little helpless when I could do nothing to help her and I let her down when I did question the augmentation. I couldn't tell her how confused I was with them wanting to keep her quiet and then the next minute the drip was set up (Terry, #2, p. 12).

David was very thrilled with his son's birth but he inwardly died when the baby was cyanotic at birth. His main concern was to see the baby become pink and begin to cry.

> The worst moment was when I could not say anything to anyone. I didn't want Bonnie to freak out, her working with sick children and all. The pulse went down and so did I. What could I do, nothing because Bonnie would pick up on it. The time between the first moment when the baby's heart rate dropped and delivery was like an eternity and I suffered alone (David, #2, p. 18).

Max, in retrospect, became angrier every time he relived the birth experience, when he considered the amount of time they were left to labour alone.

> I thought they'd left us alone way too long...they were just down the hall, of course, but it seems, when you're inexperienced...you're not sure, plus she was on that dosage of medicine...I suppose I expected someone to always be there...especially from the time when the pain became really intense, and they were not. I wasn't smart enough to really get angry, it only got me after the delivery, every time I think about it all. Something terrible could've happened (Max, #2, p. 8).

The feelings that the men felt they had to hide were the fears and concerns the men had for their partners' and unborn baby's well-being. They stated that to express those negative feelings during the most stressful part of the labour process would be devastating for the women, thus the men had to keep the feelings inside, even though they had predicted that they would be able to express any concerns at any time during the labour and delivery experience.

Lack of Inclusion

One of the most prevalent and overwhelming sentiments was that of being excluded from the labour process. The men described feelings of not being part of the labour, rather their presence was tolerated. Even the two men whose partners planned home deliveries felt excluded during the active part of labour. This contradicted the midwifery philosophy they had expected, which was that the couple would experience all aspects of the labour and birth together.

Jake was very descriptive about his disappointment at being excluded from many of the comfort measures that the midwives implemented after they arrived at the house.

> I'm really conscious of the time. I mean I'm watching, looking at my watch every thirty seconds and every clock in the house and so when they arrived I was actually quite relieved. However they took over from me instead of helping me help Lana. I began to feel like an appendage rather than really be involved (Jake, #2, p. 6).

Although Jake felt he had helped Lana remain calm, he was pushed aside as the midwives entered the house. The midwives included a friend of Lana's "who had come to help her and they seemed to enjoy and prefer her presence to mine" (Jake, #2, p. 7). He said he would have preferred to lie down but he would not "give in". As Lana began to push during the second stage Jake described himself assuming an active role again. He supported Lana with his arms while she squatted between his legs.

Even though they felt excluded from the active stage of labour, Jake and Phil described having performed more emotional as well as physical activities during the time when the midwives were not present than the men who experienced hospital births. From the descriptions of both men it was apparent that the midwives took over as soon as they arrived, leaving the men with little to do. The men performed most of their tasks prior to the midwives' arrival. Upon telephoning both men after analyzing the transcripts, they confirmed that prenatally, the midwives had reiterated that the fathers could do as much as they wanted during labour and delivery. In fact it was not true. Jake wondered if he would have received the same treatment in the hospital.

Terry was worried when the baby's heart rate suddenly dropped. When he asked for an explanation, none was forthcoming. A sense of annoyance was in his voice as he recalled the details. He spoke with clarity and precision in

describing details.

> I could have been more helpful to Alice if they had told me what to do. Nothing. ...So I never said anything when they didn't give me any reasons for the problem with the heart rate. I suppose it's just a regular job for them, but I thought perhaps they forgot that it was our first time and that everything was new. No one explained anything. The crowning scared me as I thought Alice would tear, but no, not a word (Terry, #2, p. 4).

After the delivery Alice told Terry that his voice was the one that she focused on. If Terry had not taken the initiative to mimic what the nurses were telling Alice to do, Terry speculated that Alice might have lost some of the control that she exhibited. He reiterated that he had needed guidance but was too uncomfortable to ask for it, but he concluded the staff should have automatically included him.

The men had thought that the nurses, being labour and delivery professionals, would automatically include them or instruct them as to the best ways to comfort their partners. There was the under-lying sentiment described by the men that their presence was tolerated and they were there to keep their partners company so the women would not labour alone. They did not describe feelings of being included in the labour and birth experience.

Increased Excitement

As the first stage of labour was ending and the second stage beginning all the men described an increased excitement

with the imminent birth. The mounting fears and hidden emotions that were prominent during the active part of the first stage of labour abated. Even Tim after going through moments of anguish when they were informed that Angie would have to have a cesarean section, felt excited at the prospects of finally seeing his newborn.

Brian, even though he had predicted that he would just be an observer, was an active participant in the actual labour and delivery. He said he got carried away with excitement helping Annie push during the second stage.

> I didn't distinguish between Annie and the baby in labour...but I think when the head started coming out I really got interested in that. In fact I was holding her head up...and I was leaning myself forward and pulling her head at the same time. She almost needed a whiplash brace afterwards (Brian, #2, p. 20).

Terry, an engineer, was enthraled with the mechanics of the monitors and a lot of his attention was focused on them in addition to Alice's pain. He tried to correlate the numbers on the monitor that measured contraction strength with the amount of pain Alice was experiencing. As Alice started to push he became more excited with each push.

> ...that monitor and the strength of the contractions. At first the numbers were low...towards the end I was amazed because they would just go up and up and I was going "wow is this ever reaching high". Like to see the numbers climb like they really relate to the amount of pain she had. When the baby started to crown it really drove home the point that there's a baby in there. The plates in the kid's head moved together and the kid's head

> is dented...no one seemed to be concerned so I tried not to be. It was fabulous to finally see the kid (Terry, #2, p. 7).

Max, as scared as he was, became more excited as the birth was imminent. He was petrified at being left alone for such long periods. He said that at the time of delivery people seemed to appear from nowhere. When Max described the birth his tone softened as he remembered the events.

> The experience of watching him being born was absolutely incredible. I strongly recommend it to anyone. Up until the baby was born, it was her, then as the moment got closer I forgot about her and it was totally the baby. I had to look at him wailing away. It was so emotional, I cried. When I saw it was a boy I was so happy. So was Jane. The two years of waiting and sacrifice were worth the effort and worthwhile (Max, #2, p. 10-11).

As with the pregnancy, the labour and then finally with the delivery, David did not want to miss a thing. In common with all the other men during the labour, he felt helpless when Bonnie was in active labour and he could do little to comfort her. When Bonnie started to push David helped and encouraged her but once the head came into view David's attention turned to the baby.

> Once she started pushing and I could see the head I had to check it out. I was right in there and the doctor asked me if I would like to touch the baby's head. I said no, but I was pretty excited. Once the head was out I ran and got my Camcorder. I cut the cord. He was great, he started crying right away. I didn't realize if it was a boy or a girl. I was just, so happy, the kid screaming ...which kind of surprised me as I

> thought I'd know if it was a boy or girl, it wasn't that important. A healthy baby was my main concern (David, #2, p. 5-6).

The men became more excited as the first stage of labour ended and the prospect of finally seeing their newborn infants was closer and to a lesser extent because their partners' suffering would soon end. This was the moment that the couples had planned for, that their newborn child would soon be a tangible presence in their lives.

Immense Pride

The birth of each infant was an immense source of pride for these new fathers. Finally they could see their creations. In the pre-labour interviews all the men, except Jake, had problems visualizing or describing the soon-to-be delivered infants. The moments following the delivery were intense ones as the culmination of the pregnancy and the labour process drew to a close.

David, an active participant during the pregnancy and during the labour process, was equally involved with the infant at birth. From the time the baby's head started to crown David's attention was totally focused on the baby and after the delivery David spent a lot of time with the baby and Bonnie.

> The best moment was when he was screaming. The next best was when I gave him to Bonnie and she started to breastfeed...I was so surprised that I didn't break down, but the old eyes were pretty watery... Afterwards I felt so great. It was like

> strutting down the street like a peacock (David, #2, p. 18).

Even though Tim's partner had a cesarean section Tim was able to see and to hold the baby immediately after the baby was delivered. He described being nervous with the atmosphere of the operating room, but he was excited at the thoughts of seeing the baby.

> ...like you're pretty close [to the head of the operating table] and make sure that you don't faint. So I go in there, they draped her, but don't kid yourself, you can still see...We talked through the whole thing and periodically you glance. It was a boy. We rejoiced. The nurse brought him right over to me and I held him while Angie stroked him with one free hand. I was so happy and thrilled that this nightmare was over and we're on top of the world (Tim, #2, p. 18-19).

Jake, not having planned a home birth, found the birth to be an exhilarating experience. He was so intently involved in supporting Lana, who delivered in a squatting position, he did not see the actual birth. Although Jake saw virtually nothing, that did not detract from his joy, his excitement, his multitude of emotions; emotions that were still obvious a month after the birth.

> The midwife moved the mirror as the crowning began...Lana was crying...I can remember feeling both excited and shocked at the baby's head. It was unbelievable...Lana started pushing like she was possessed. Our friend was taking pictures like mad...I was momentarily ticked off because I couldn't see a damn thing. Suddenly I saw the baby, it shot out and they caught it. They put the baby against Lana's belly, she was crying, I was crying, it was so

incredible (Jake, #2, p. 12-13).

One of Brian's fears was that Annie would start screaming as other women had done during the day. He said that he mentally prepared himself for it and that he was very surprised and thankful when it did not occur. The birth process was an amazement for him.

> They turned him around so his head was to me and we couldn't see the sex of the baby. I'm looking, trying to see and then suddenly we see it's a boy. This little stream of urine shot in the air. All I could think and say was 'it was a boy'. It was amazing, he was perfect. I was in awe...looking at him scream... realizing he was totally healthy (Brian, #2, p. 6).

Peter and Molly, after battling with the nurses, were able to forget about them and enjoy the baby. Peter said he was even able to forgive the nurses for their treatment of him and of Molly. "The sheer joy of the baby and seeing that she was healthy clouded what I had felt and I guess I momentarily forgave the nurses, but I can never forget" (Peter, #2, p. 8).

All the men, except Phil, described a myriad of positive emotions, mostly ones of extreme joy, happiness and amazement. Phil, not having slept for 24 hours, was not able to express happy emotions. The doctor announced the sex of the baby when they had wanted to discover it for themselves. He was also on guard to ensure that the staff did not do any procedures that Phil and Sara did not want. He said this duty prevented him from enjoying the baby.

The immediate joy was replaced by a lasting happiness and

contentment that was expressed at the time of the post-delivery interviews. The men described loss of sleep but that the presence of the baby in their lives made the loss of sleep seem trivial.

Increased Respect for Partners' Abilities

Enhancement of Relationship

In the pre-labour interviews all the men predicted that their partners would do well in labour, this being based on the way the women handled pain and stress in other life situations. However, after the deliveries, there was a general sentiment that their partners were far more resilient than they had ever thought.

Phil, after undergoing a marathon, in terms of the length of the labour, was amazed at the physical strength his partner summoned to keep pushing to avoid transfer to a hospital. Phil had total confidence in Sara and the labour and birth of their son reaffirmed it.

> I think Sara trusts her own judgement. I think you need that because there are so many people, like in nursing... and the doctors...like there are so many that are against the idea of home births. To go against the grain like that I think you have to have good internal locus of control. It's taken years to develop... As for Sara's strength, I don't know where she summoned it from. I could not have done it. Women are a source of amazement (Phil, #2, p. 16-18).

Sara had worked through many aspects of their relationship when she had the first unplanned pregnancy and

the way in which they dealt with it. Fortunately for them, Phil said, it ended in a spontaneous abortion, thus resolving one problem. However the situation made them realize that there were many value and belief issues to be worked through before they could grow as a couple. Phil described the process:

> It certainly makes me a lot more, well more appreciative of what we went through in the past and makes me more sensitive and respectful of what Sara and women go through with respect to reproduction...I also could never have done what she and other women do to have a child. I'm very impressed. Of our relationship, it is as good as it gets (Phil, #2, p. 18).

Max had tried to imagine the amount of pain Jane was in and he was grateful that Jane was patient with what he called "paltry efforts" to ease her discomfort. He said: "I appreciate it must have been very intense and you can only do so much...she was very good with me...she didn't get mad with me" (Max, #2, p. 7). Max reaffirmed his relationship with Jane. Of the relationship he said:

> I think we have grown stronger as a couple over the years but the birth of our son has really made our commitment to each other and the other children even stronger. Jane is one of least selfish people I know. Imagine after the ordeal of birth when I was studying for my final exams she slept in the other room so I could study and then get enough sleep...When she is busy or needs a break I take the baby (Max, #2, p. 18).

The recognition of the physical strength needed to support Lana while she pushed amazed Jake. Jake instinctively knew how to help Lana when she had trouble pushing

effectively. He described Lana as a "woman possessed" in her ability to gather strength to complete the birth process.

> ...at one point she started slipping and I was worried...my arms were going to sleep. I had no idea how strong Lana was and she pushed on sheer will power. It was almost dramatic...the feeling of strength that was coming out of her was unbelievable. I've never felt anything like that, it was amazing (Jake, #2, p. 9-11).

Jake was emphatic in stating that after seeing all the blood and mess on the plastic sheeting how "ill-prepared and arrogant he had been about the birth process, adding that it was real scary stuff" (Jake, #2, p. 14). He further commented that the whole process was humbling as in the first interview he had stated that he wanted to deliver the baby. Later he said:

> I certainly backtracked on any confidence that I had in my ability to do this stuff. That just, there's no doubt that came through loud and clear. Those midwives have a lot of responsibility and I don't want now or ever that responsibility on my shoulders (Jake, #2, p. 20-21).

> And I think, I mean one of the things that came out of the experience was that I think that our bonding is actually far better; I didn't think it could get any better but it has (Jake, #2, p. 24).

Brian was much more emotional than he thought he would be, considering himself to be a quiet individual in control at all times. Brian was constantly concerned about Annie and her pain, feeling helpless but at the same time amazed how well she coped. Once the delivery was over he thought that all

would be well "since she wouldn't be going through the pain she'd just experienced " (Brian, #2, p. 19). However she had a lot of postpartum pain and even though she was alone at home she did all the work herself. Of Annie he said:

> I feel a lot of respect for her. Obviously I had a lot before but just as to her capacity for pain and tolerance of pain and all that sort of thing, that really is incredible that she and any person could bear it all. I truly respect her for what she did for us as a couple... From a family standpoint...it adds another very large layer of commitment to your relationship that perhaps wasn't there before...definitely there's a lot more responsibility that goes along with it. There's more considerations to be made (Brian, #2, p. 27-32).

Tim, behind a facade of joviality for most of the interviews, described intense emotions that indicated how perceptive he was to Angie's needs. However he often hesitated before divulging sensitive information. He would say: "What the heck, I have to be completely honest if you're going to get a true interview and picture of my experience" (#2, p. 6). He described Angie:

> I mean I think Angie's a pretty tough cookie and she doesn't cry wolf for too much. I mean it's got to hurt and if she says it hurts, then it does. I was so surprised that she really didn't say too much when I could see it on her face...incredible, amazing...I certainly look at women quite differently. I never looked at them in an egotistical fashion, but now there's more respect than before...because it's a very unique experience to walk through, I can never have that (Tim, #2, p. 24).

> It's a funny thing with husband bonding,

> I mean you go through life and you take one another for granted and you try and love one another...but certainly when they're hurt, only then do you realize what you mean to each other... In the depths of despair, without sounding hokey, do many people unite (Tim, #2, p. 25-26).

David had always reiterated the faith in Bonnie to do well. He was amazed that she went through the labour and birth without sedation even though she had used Entonox and had requested an epidural. He constantly praised her.

> ...it may have strengthened the feelings we have for one another to a degree. I was surprised how well she actually did. On the postpartum floor she did everything herself. She didn't ask for any help. The baby roomed in 24 hours a day...I think we are stronger as a couple now. She just affirmed what I always knew. Actually, women are able to take much more pain than us babies (David, #2, p. 20-24).

The overall resounding feeling of respect for their partners, and women in general, was evident as these men described many unseen strengths and abilities they had suspected in their partners, but until the labour and delivery process they had not witnessed. All the men described an unconscious knowing that their partners had the ability to deal with most tasks in life. Some couples, during the course of their years together, had overcome differences or problems through commitment to the relationship and all who had problems had said that by working together the relationships were more harmonious even before they had decided to have a child. The addition of a child to the relationship was one

way the relationship would grow.

Time to Get Acquainted

Following the births all the couples, including Tim and Angie, although to a lesser extent because of the cesarean section, took time to acquaint themselves with and to explore their newborn babies. It took time to come to terms with the fact that these babies were real and theirs; for some this came sooner than for others. The indescribable feelings for all men was the fact that at one moment the baby was still an image and then the next it was a reality.

As soon as the baby was delivered Tim held him while Angie stroked him with one free hand while she still lay on the operating room table. They visited with him for a while and then the baby was taken to the nursery and Angie went to the recovery room.

> It was great that we could see him so soon. I thought it would take a long time and then I'd have to wait hours. I went to tell Angie's parents and then we waited. I felt very lonely. My sister -in-law works in the hospital and she took me to the nursery and I gave the baby a wash. That was great. It was strange though, one minute he was in Angie and here I was touching him... It didn't sink in until after we got him home that he was actually ours (Tim, #2, p. 15).

Max and Jane left the hospital the next day because they wanted to be alone with the baby and to acquaint the other children with him. Jane also felt that the care given on the

postpartum unit was poor. Max stated that the only difference in his feelings for his newborn son and his two stepchildren was the fact that he was not present at their births.

> I thought I'd feel more protective towards this baby and that I'd have to be careful so the other children would not be jealous as that was something Jane and I had discussed. It could have been a potential problem. Even though this is my "biological" child, the other kids are mine too. It was great going home early, it was more comfortable and slowly we let the kids see him and then hold him. That would have been more difficult in the hospital...It was like he had always been part of our lives. In fact the idea of us having a baby had been strong for two years and we dreamed that it would be so (Max, #2, p. 9).

Reality for David came in waves. He kept returning to the nursery to have another peak at him. When people called him "Dad" he truly felt like a father and then the notion of being a father was real. During the interview David held the baby the entire time and he was constantly aware of the baby's every move and noise.

> I went from Bonnie's room into the wait ng area and then I popped by the nursery to have a look. I left, got Bonnie and we both had a peek at him... I must have gone back a dozen times, thinking each time it's really happened. I'd stand there and say that's my kid... I was really euphoric, once it settled in. I was elated the whole time. I was just as proud as I could be (David, #2, p. 12-13).

When Phil was questioned about his remark that things were wonderful and he did not see how they could be any better, he clarified that they had assimilated the baby into

their lives easily although he functioned on less sleep. The lack of sleep and the enjoyment of his son offset one another.

> I was very disappointed when the physician announced the sex of the baby. We wanted to discover that for ourselves. We went home a few hours later and then we began to know our son. We kept him on the bed with us and we slept. When we woke up we slowly unwrapped him and examined him. He was perfect...For the first few weeks we shared the work. Sara rested and fed the baby while I changed and burped him (Phil, #2, p. 12).

The post-delivery interviews took place on the average one month after the deliveries and at that time the men described an active involvement in childcare. They stated that they were still getting to know their babies and thoroughly enjoying the additions to the families. The men all commented that the loss of sleep was an acceptable part of having a baby.

Staff Determined the Experience

The attending staff, the nurses, midwives and to a lesser extent the physicians, were the principal factor in determining how the couples perceived the labour and birth experience. The influence of staff was significant in the labour, the delivery and the postpartum period.

Phil and Sara, who attempted a home birth, were transferred to the hospital to deliver their child. Phil had nothing but praise for the midwives in spite of Sara's full cervical dilatation for 24 hours. Although Phil was worried

about Sara, he permitted the midwives and Sara to maintain full control until the transfer to hospital. Phil said that he "wasn't so uncomfortable that I lost trust in the decisions of the midwives. They listened to me, they didn't hoo-hoo my feelings...they were very supportive" (Phil, #2, p. 3).

Upon transfer to hospital Phil was ready to do battle with the staff, waiting for them to perform procedures that he and Sara did not want. He anticipated the worst. He stated that the overall hospital experience was adequate.

> I was so tired and the thought of going to the hospital where I would have to watch everyone. We didn't want them doing things we didn't want. I spent so much time watching, I didn't really enjoy the delivery. I didn't cut the cord. I regret that now. One thing that annoyed us was the physician announced the sex, we wanted to do that for ourselves...On the whole the people were nicer than I thought but we didn't want to stay longer than we had to (Phil, #2, p. 8-9).

Jake had nothing but praise for the primary midwife. During the prenatal visits and childbirth education classes he had not "gotten a feel for her" (Jake, #2, p. 9), but during the labour and delivery his perceptions changed drastically.

> ...I can remember one of the thoughts that went through the rest of the time was how incredibly quiet and strong this midwife was...It was, her, it was sort of her professionalism had taken over and her face was almost expressionless for the entire event...It was her voice that comforted me more than anything 'cause it was so quiet and encouraging. Lana got into her voice too. It was never excited or demanding (Jake, #2, p. 9).

Jake came away from the birth experience with a different perspective of health care professionals, be they midwives, nurses or physicians; they must be competent in what they do. He had negative feelings about the second midwife because she did not appear to be totally interested in Lana nor her labour process. Jake said he "had no time for anyone who did not completely focus on Lana" (Jake, #2, p. 7).

In Brian and Annie's case the nurses did not stay with them for long periods of time and consequently Brian and Annie laboured alone for most of the labour process. Brian described the nurses as "encouraging and keeping us relaxed and on the right track when they were there" (Brian, #2, p. 5). The couple had three sets of nurses caring for them. The nurses reminded Brian that he had to eat and they offered to sit with Annie while he ate in the cafeteria.

> At no time were we kind of, out in left field and not knowing what was going on. They weren't busy at the time, which made a big difference because they were able to come in on a more regular basis and monitor what was going on (Brian, #2, p. 9).

> ...they were tremendously competent and obviously very able to do everything so, from that standpoint that was reassuring and you got the feeling very early on... the professionalism and the obvious capabilities of the people and the caring as well (Brian, #2, p. 28).

Brian and Annie did not have their regular physician for the delivery and this did not appear to have a negative impact on the experience. They were more concerned about the

professionalism and the capabilities of this new physician. Brian felt this physician instilled confidence in them and he commented on the physician's calming effect and his projected experience. Brian said "they saw him in action, he was quite professional and very, very capable" (Brian, #2, p. 6).

Terry was very content with the nurses and the medical staff. An intern followed Alice through her labour and she spent a number of hours with the couple as they laboured. Terry commented on the nurses' great coaching during the labour.

> ...the nurses were just super. They were there all the time. They really gave you a feeling of comforting, of ease that everything was going to be okay. The whole staff impressed me (Terry, #2, p. 2).

Terry, like Brian, had complete trust in the doctor. When Alice was pushing, Terry said the physician spoke softly and convincingly. Describing the physician Terry said:

> I thought just the manner in which the guy spoke, it was like how can this guy be telling us anything but the truth. He seemed so positive in what was going to happen (Terry, #2, p. 6).

Terry liked the informal atmosphere of the labour and delivery unit. He believed that if the people were "calm and laid back" then there really was not too much to worry about. Relating to his job he said that when people became frantic then things started to go awry. He commented on the efficiency, and because efficiency was important to him in his field of work, then by implication the nurses had to be good

in their jobs. Of their primary nurse Terry said:

> ...the nurse that spent the whole night with us, her shift ended at 7:30 but she did not leave. She said she would stay until the baby was born as she had spent the night with them (Terry, #2, p. 10).

Terry had indicated several times that he would have wished for better and more detailed technical information about things that were happening, perhaps more because of his technical background and a sense of curiosity. He was quick to add that this did not detract from the quality of care and their satisfaction with the staff.

Some of the fathers, however, while describing the nurses as pleasant appeared to question their professionalism. Tim, who outwardly seemed to be very relaxed and happy-go-lucky, was exceedingly observant. Of all the fathers he made the clearest distinction between a nurse being nice and friendly and being professional.

> I bet you out of ten hours she spent eight hours of it in our room. She just sat and talked to us and we went through the day. Got to know all about her. Very pleasant, a couple of children. I mean before you knew it we knew her whole life story (Tim, #2, p. 3).

This is not a description of a professional relationship but of a casual one. Tim thought she was a great person but never once did he describe if, or how, she facilitated their labour and delivery experience. He said they were given little factual information as to the progress of the labour. Tim commented that "there's no question that they're very,

very careful how they put things and what they say and how they say it" (Tim , #2, p. 4-5). Throughout the day the nurse did not indicate that the labour was not progressing well or that there might be difficulties.

> The nurse gave us nothing but encouragement...the doctor walks in, checks everything out, he's gone for two minutes and said to us he would like to discuss the problems that are obvious here (Tim, #2, p. 5).

Tim gave the nurse the benefit of the doubt by saying that perhaps the nurses did not have the authority to discuss the labour progress or that they did not want to worry Tim and Angie. However the tone in his voice lead the researcher to believe that he had problems believing nurses could not discuss labour progress with patients.

The hospital in which Tim and Angie delivered was conducting a feasibility study on an epidural service and three weeks prior to their entering the hospital in prenatal classes someone had asked about epidurals and they were told the hospital did not have a service. However the project had already been in place for a period of time and Tim believed "the right hand did not know what the left was doing".

Both Tim and Angie had very high opinions of the physician and felt confident in his decision that a cesarean section was necessary because of the lack of progress with Angie's labour and her rising temperature. Tim had conflicting feelings about the staff, one minute he was satisfied with the care and the next he was nor sure how he

felt about them. One source of irritation was conflicting advice from nurse and at times the physicians.

> ... the one doctor we dealt with, it was interesting, every time these other doctors came in I was always gone...The only one I met was Dr. J. and like I say this guy was great...he's obviously good at what he does...There's no doubt that there's a difference in the quality of nursing and I don't think it's so much the nurses' knowledge...it's personality. One of the nurses who gave us prenatal classes I always felt she was a little bent...I thought this lady's some kind of fool. She told us there are no epidurals and here's Angie lying in bed with one (Tim, #2, p. 24-25).

> There was one who was a dirtbag...she was just rude. She was rude and half the time she was never there...She was insensitive and rude...just rude (Tim, #2, p. 28).

Tim was probably the only father to make a distinction between a pleasant nurse and one who inspired confidence. Jake explained that for him, irrespective of the type of birth attendant it was imperative that the birth attendant be professional and knowledgeable. These were qualities that inspired confidence in these two men.

David had a unique experience in that the nurse who was to be their labour nurse was an ex-girlfriend. David stated that Bonnie did not mind that this nurse cared for her. Because of knowing this nurse, David was able to do more in terms of tasks, such as taking blood pressures, than any other nurse would have permitted a father to do. David described a relaxed relationship with the nurses and he constantly praised

their professionalism, despite the fact that when they entered the unit there was a nurse fast asleep at the desk. He easily excused this when he discovered how busy they were the night before. "We were really happy with the nursing care in the caseroom" (David, #2, p. 8).

As Bonnie entered the second stage of labour the fetal heart began to drop as she pushed and David was not happy when the obstetrical resident entered the room and said they would "pull the baby out". David was relieved when their obstetrician entered and decided to use the vacuum extractor as the fetal heart was dropping lower. David was not happy that the resident performed the delivery, despite knowing they were delivering in a teaching hospital.

> I would like to have had our physician actually deliver the baby whereas the resident did the delivery and Dr. C. was beside him...he's our obstetrician, we could have had our family doctor deliver him for that matter...that's why we chose him, he's a specialist and his resident could have been less qualified than our family physician (David, #2, p. 17).

David and Bonnie were dissatisfied with the postpartum care and the nurses' attitudes. Neither David nor Bonnie had mentioned they were both nurses and when the postpartum nurses discovered this fact David said the nurses seemed to be angry that David and Bonnie had not informed them. David said he and Bonnie thought it was possible that the nurses thought that Bonnie and David were checking up on the care they provided. David described their primary nurse as "snotty".

> I think she felt intimidated and I think she thought that maybe we should have disclosed from the start that we were nurses...here it is our third or fourth day and she didn't know this and maybe she thought "geez, I wonder if I gave good care"...I kind of felt guilty that we didn't tell them...I kind of felt like a jerk for not letting them know... After discussing it we decided we did nothing wrong...It wasn't if we were critiquing anyone...we had a baby... Besides obstetrics isn't our field of practice (David, #2, p. 11).

Max and Peter appeared to have the most negative experiences with the staff. Max was generally dissatisfied with the nursing care in the caseroom and on the postpartum unit. His main concern was that they were left alone far too long and there really was no need, as they were the only labouring couple in the caseroom. Because Jane was having her labour induced the only time they saw the nurses was when one of them would enter the room to adjust the infusion rate of the intravenous. Max was worried that there was no consistent rate, up one minute down the next check, and that the nurses did not assess the contractions before adjusting the rate.

> ...contractions were just too close... somebody came in twenty minutes later and turned the dosage down. She stayed five minutes...fifteen minutes later someone else came in and increased the rate...left alone again, only to be turned down the next time (Max, #2, p. 2-3).

Max was frightened and he did not understand why someone was not sitting with them. He had expected that someone would be with them during the induction. He said the nurses were sitting at the nurses' station. When questioned about his

thoughts as to their professional capabilities he said the nurses seemed capable when they were present, but that was infrequent. He also described them as "kind and considerate when they were there". The theme of "when they were there" was consistent in the post-delivery interview. He said he received no guidance as to how best to help Jane cope with the contractions.

> ...you know, they were very nice, but I think in this case anyway I was just, I wasn't, I didn't have the confidence to do the right thing. Too much was left up to me, especially this being my first time (Max, #2, p. 8).

The care Jane received on the postpartum unit was perceived as being too lax. Jane had not had a baby for eight years and she had many questions as she was not sure what practices were still current. She was constantly told after seeking advice that "whatever she wanted to do was fine". She did not have current information on which to base her decisions. After 36 hours Jane asked to be discharged.

Peter and Molly had rehearsed how they would respond to various situations if they arose. They wanted as natural a labour and delivery as possible. Molly entered the hospital with ruptured membranes, not in labour. Three hours into the hospital she still did not have an established labour pattern and the staff wanted to augment the labour. When Peter and Molly refused the battle was on.

> The staff got very hostile when we said no to the augmentation. They said it

> was for our own good. We still didn't change our minds. Outside the room the nurses tried to bully me. They told me I was selfish. One nurse tried to whisper in Molly's ear when she took her blood pressure that she should have the augment and I was selfish...The nurses didn't know we had gone over this all before...After a couple of hours the contractions got better and Molly was in good labour...The nurses were never very good with us after... they did what they had to do but you knew they were not happy with us (Peter, #2, p. 8-10).

Although Molly had a short labour and delivery, Peter said the overall experience was negative because of the nurses' attitudes toward him and Molly. He was surprised that the nurses were so negative and "unbending" when a couple decides to go against the grain. He was upset with the amount of intervention before trying other methods, especially to stimulate contractions.

The majority of the men had positive experiences, those men who did not, had very high expectations that were not met in either the home or the hospital setting. The negative impressions left on the men and their partners appeared to be long-lasting, at least at the time of the interviews the feelings were still strong. In discussing their labour and birth experiences the men with the negative experiences talked about those events first.

Childbirth Education Did Not Meet Needs

When the men pointed out the more positive aspects of

childbirth education classes, one was the accuracy of the sequence of the stages of labour and the more significant events. The time frame given for the different phases was irrelevant as some of the labours were short while others were long. Brian stated that for him the classes let him know basically where they "were at any given moment (Brian, #2, p. 15). The classes allowed him to keep things focused, anticipate what would happen next, generally he felt "there were no big surprises". One comment he added was if the classes were to be meaningful the couple has to commit themselves to going to the classes and to do the recommended reading.

Another positive aspect of the classes which Terry and Brian attended was that, because of the small number of couples, they were able to become acquainted and they formed a semi-formal support group. After the couples delivered the center had a tea to which the couples could bring their newborns and many of the couples relived the birth experiences. Brian reiterated the importance of this as the men realized that the feelings that each had were common to most fathers.

David, Brian, Terry and Peter felt that the classes should de-emphasize the overly technical aspects of labour and delivery and delve more into the teaching of comfort techniques. Other points they believed that needed to be emphasized were the policies of the institution as well as the

realities of labour and delivery. For example, epidurals may be contingent upon the state of the operating room and at times they may not be readily available, and women must wait.

All the men agreed that the hospital tour was an important part of childbirth education because they were able to familiarize themselves with the physical layout. They did not feel so lost when they entered the hospital. More information about the first few weeks at home and the common problems that new parents may experience were features that most of the men would like to see incorporated into the childbirth education classes.

Tim was not happy with the classes he and Angie took at the hospital. Tim was disappointed that the nurses only gave classes because the pay was good and not because they had a desire to actually educate the expectant couple.

> ...they just sort of, there again, I'm sure that goes from individual to individual who offers you classes. They have an outline to follow...it is used all the time and no one critiques it... I asked how one became an instructor... I was shocked by her answer..."Oh, I applied for it". I'd consider education a treat...That was a little disappointing 'cause in the back of my head I'm thinking now I know why there's a doehead giving me a class, 'cause she applied for it, not because she has any more knowledge, simply because she applied for it (Tim, #2, p. 26).

However Tim realized the importance of some form of prenatal education. He said that "without it you're dead. You can't even start" (Tim, #2, p. 26). Tim and Angie had not

had much contact with newborns prior to their baby and Angie had many problems breastfeeding. No one had stressed the importance of positioning. She learned the hard way.

> The first three days the kid sucked the nipples right of her. They were all scabbed and cut and they were a mess. No one, this goes back to her doctor as well, told her about the importance of nipple care and how to position properly. I certainly hope she gets the opportunity to get involved in one of these clinics, go talk with other mothers and share experiences. I think that would be a pretty positive thing (Tim, #2, p. 29-30).

Terry quickly learned to take cues from the staff as they came in and out during the labour, as no nurse sat with Alice to provide support with the breathing exercises. Because she had an occipital posterior position the narcotic injection did not help. Terry stated that had the prenatal instructors informed the couples that narcotics do little to relieve the backache from an occipital posterior position then Alice may not have had an injection. Although Terry knew what stage of labour Alice was in at any given moment he would like to have had learned more comfort techniques.

> There's a lot of detail. I really think they could have eliminated a fair bit of detail...breech births, cesareans... it seemed extremely detailed...six positions of breech birth...too much. After all I don't see how much more detailed they could have made it...Labour is such an emotional event...they really can't prepare you for that (Terry, #2, p. 12-14).

Overall, Terry was happy with the prenatal education he and Alice received. They, too, would have appreciated more

information about the prenatal period, but Terry added that family and friends provided them with a lot of information they needed.

David and Bonnie, in spite of their being nurses, found the classes to be informative. For the most part, David said, the classes refreshed their memories and they learned new facts. They plan to go to refresher classes for a second child. The tour of the unit stood out in David's mind as being the most salient point of the classes. To be able to talk to new fathers would be a benefit for the expectant fathers, "to hear it from the horse's mouth" (David, #2, p. 17). David was adamant that if couples plan to deliver in teaching hospitals then they should be made aware that an obstetrical resident may be the physician delivering the baby not their own physician.

> The prenatal information? I thought it useful. Like when we went through prenatal I thought it was useful. When everything happened, I don't know if it was useful. I suppose it was because I'm sure I was doing things I'd learned. I think I was a better coach and I suggested things, but I suppose without really being aware...yes, I think it was good (David, #2, p. 25).

Bonnie and David attended prenatal classes given by a local health unit and David said he would like the instructors to give specific information about the different hospitals with respect to policies and procedures. In their case they had been told that when they wanted an epidural, it would be readily available, but the reality was that Bonnie was told

she would have to wait about an hour because the anaesthetist was busy in the operating room. David said that in the meantime Bonnie reached full cervical dilatation and she delivered before she could get the epidural.

Max did not have many comments about prenatal classes although they were his main source of information. He was unable to attend all the classes because of his university class schedule. His principal criticism was about the poor quality and the age of the teaching materials and also the fact that the materials were American and in some cases not applicable to Canadian practices. Max wondered if his age had an influence on his perception of the quality of the teaching aids. One of his more positive comments was interaction with the other expectant couples. Max and Jane liked the sharing of information and support given to couples.

Phil and Jake had nothing but praise for the preparation they received in the prenatal classes provided by the midwives. As well as learning about labour and delivery there was a lot of emphasis on relaxation techniques, non-pharmacologic methods of pain relief and ways to empower the couple so they could achieve their home deliveries with relative ease.

The couples also received prenatal exercise classes in addition to the hour long office visits. All this attention permitted the couples to come to know their unborn children much sooner than if they had gone to regular classes. In all

the classes everything was done in tandem, the father was never left out, always an active part of everything. Jake and Phil, during the actual labour process were virtually pushed aside as soon as the midwives arrived. This contradicted everything they had been expecting.

Phil expressed a hint of dissatisfaction about the information regarding infant care during the first few weeks after delivery, however as he said: "I don't feel dissatisfied with what we did get, only with what we didn't get. We needed information about baby care" (Phil, #2, p. 19).

Jake and Lana had not totally committed themselves to the idea of a home birth until the labour process began. Jake and Lana visited both physician and midwives and they also attended both the midwives' and hospital's prenatal classes. In describing the midwives classes Jake said:

> They prepared me in a, I knew the stages and the steps but I really didn't have a sense of the time that would be involved or the emotions that would run while it was happening...it was sort of like, if we [the midwives] don't arrive, this is how you deliver a baby, well that was very wrong...Also once the midwives arrived they took over, I was pushed aside and left out. They gave us the idea in classes that fathers could do whatever we wanted. It was a let down when that didn't happen (Jake, #2, p. 15-17).

All the fathers in this study came away from the various prenatal classes with the idea that it was possible for them to come to an understanding as to how they would feel watching their partners in labour. After the experience the men all

realized that it was impossible, and if they had to describe the feelings to other first-time expectant fathers about what to expect they would tell them to anticipate a sea of emotions.

All the fathers received useful information, some benefited more than others. All the men decided that some form of prenatal education was necessary, but there was no consensus as to the best method of preparation. One common theme was the lack of information about baby and maternal care for the first few weeks at home. There were complaints about the hospital prenatal classes while Phil and Jake were generally more content with the preparation they received. It became apparent that each expectant father had different needs in spite of their all being first-time expectant fathers.

Validation of Themes By Secondary Informants

The six secondary informants unanimously concurred with the themes that the researcher developed from the primary informant's interviews. These men had the same experiences, varying degrees, as did the primary informants. John was the only secondary informant who considered the entire experience negative and even two months after the birth of his son he was not able to approach his wife sexually because of the vivid pictures of a gaping perineum from a fourth degree extension of the episiotomy.

> I don't believe that fathers need to be present at childbirth to be a good

> father or husband. For me, it turned me completely off sex after I saw the mess her bottom was in after they used those meat hooks to deliver the baby. I thought we lived in a humane era. I'm sorry that type of experience is not for me. I don't know when I'll be able to resume a normal sex life. I'm scared of hurting her. I am a great father. I'd be a better one if I could relax around Liz (John, #2, p. 7).

Conclusion

In this chapter the experience of the first-time expectant and labouring father was explored in depth using eight primary informants. Dialogue from the interviews was interspersed in the analysis to illustrate the common themes and the variation amongst the men within each theme. The manner in which each man formed his expectations was a function of an interactive set of variables, some of which were age, careers of the couple, the relationship between the partners, the amount of time invested in the pregnancy and the degree of desire to have a child.

The labour experience was influenced by the same variables and also by the nature or path of the actual labour process. One key factor which seemed to influence the way each father experienced the labour was the career of the father. For example, Terry, who was an engineer, was interested in the efficiency and technical aspects of the monitors used in the labour process and he used this word on numerous occasions in the interviews. Tim on the other hand,

being involved in theatre, used analogies to explain some of the experiences. He used rich descriptions in his recounting of the experience of labour and delivery. Jake's profession required that he use logic, he liked data sets so he could then decide which option to choose, an option that best suited Lana's and his needs. This feature was not apparent until all the interviews had been analyzed and reviewed several times. David and Peter experienced the labour and birth as the health care professionals that they were, knowledgeable in both the technical and emotional aspects of care of the labouring woman.

The other more salient aspect was how the attitudes and actions of the nursing staff affected the experiences of the fathers. Never once were the men and women considered a labouring couple, nor was any father asked how he wanted to participate in the labour and delivery. Given the fact that the group was quite homogeneous in its demographic composition the experiences were quite disparate. The perceived difficulties and length of the labour and delivery process were the two most significant factors that seemed to influence the negative thoughts. Some of the main factors that influenced the manner in which the fathers experienced the labour and delivery have been presented in this chapter. The discussion of the findings and conclusions will be presented in Chapter V. Limitations as well as implications and recommendations for nursing will also be presented.

CHAPTER V

CONCLUSIONS, DISCUSSION & IMPLICATIONS FOR NURSING

Introduction

The original purpose of this research was to examine the experiences of first-time fathers while their partners laboured and gave birth. However, it became obvious that examining the men's expectations would serve two purposes, one, to allow the informants to become accustomed to the researcher and the tape recording process and second, to determine whether these first-time fathers' expectations differed from the studies reported in the literature. First-time fathers were chosen as the study population because their experiences of labour and delivery would add to the existing small body of knowledge about this group of men.

The conclusions drawn from the data will be discussed, first in terms of a comparison between the expectations and the actual experiences, which can be found in table form in Appendix H, and then the description of the common themes uncovered from the interviews, thereby answering the principal research question: "What are first-time fathers' expectations and experiences while their partners labour and give birth?". The findings will also be discussed in relation to findings from other studies examining first-time fathers expectations and experiences of labour and delivery. The chapter will

conclude with the limitations of the study, areas for future research and implications for nursing.

Discussion

In analyzing the data there were two distinct aspects of the study, first-time fathers' expectations of the impending labour and delivery and their actual experiences. More research has been conducted and documented about fathers' expectations and concerns of labour and delivery than the actual experience of the event from the informants' perspectives. The research literature on expectant fathers' experiences of labour and delivery is still quite limited, thus the findings from this study may also serve to strengthen that body of knowledge.

Pre-Labour Expectations

The common themes from the pre-labour interviews contained general ideas as to how the men thought the labour and delivery would unfold. As none of the men had experienced this event before, their expectations were general in nature, usually shaped by external sources. The sources of these role expectations were friends, other fathers, peers, family, partner, the media, childbirth education classes and other pregnancy-related educational materials. O'Grady-Wilson (1989) describes role expectations as follows:

> the idea of expectation presumes that individuals are aware of the experiences

> and the environment. It implies that people will conform their behaviour to meet the behavioral expectations held for them based on their role (i.e. status or position). The importance of shared expectations is evidenced by the implication that there are common experiences among those who exhibit the same roles (p. 56).

This definition holds true for these expectant first-time fathers in that they would undergo similar experiences, although there was a range of emotions and descriptions for each individual event within the labour and delivery process.

The expectant fathers held values that appeared to be based on their perceptions of societal expectations of the father's role in childbirth. The men believed they should be present for the labour and delivery as well as provide support for their labouring wives. The expectations described by these expectant first-time fathers can be theoretically explained using role expectation and anticipatory socialization theory as postulated by Biddle (1979) and Biddle and Thomas (1966).

Biddle and Thomas (1966) define role expectations as the behaviours that an individual "within a certain position is expected to perform based on group-held standards by the majority of aggregate for that position" (p. 10). Merton (1966) uses the term "anticipatory socialization" to further describe individuals who adopt "the values of a group to which he belongs or aspires to belong serves a dual function of assisting him to rise in the group and of his easing his

adjustment to that group" (p. 347).

The fathers in this study all had planned pregnancies with their partners and voiced their enthusiasm with the impending fatherhood. All the expectant fathers appeared to readily adapt their behaviours to conform to the societal standards in relation to expectant fathers, that is, that all fathers should be in attendance for the birth of their children as well as attend some form of prepared prenatal education. No study was found that used role theory to explain the expectations of impending fatherhood. Hangsleben (1983) studied transition to fatherhood, identifying such factors as the man's own relationship with his father, state of the marital relationship, financial status, and whether the pregnancy had been planned as significant in the taking on of the role of fatherhood and participating in child care activities. Hangsleben, however, did not use a theoretical model to explain the transition.

One study that examined beliefs about birth attendance was conducted by Palkovitz (1987), who reported in an exploratory study, that the major motive for expectant fathers' birth attendance was that it was an expectation that men attend the labour and delivery to support their wives. Only a small percentage reported that they planned to attend to witness the birth as an experience for themselves. In an earlier study, Palkovitz (1985) surveyed lay people's beliefs about fathers' birth attendance. The majority of the

informants surveyed believed the father should be present to provide labour support and to initiate and facilitate the bonding process with his newborn child.

The men in this present study believed that part of their role as expectant fathers was to be present to support their partners but they sincerely wanted to be present to witness the birth, thus supporting the findings of Palkovitz's studies (1985, 1987). One finding that did not concur with Palkovitz (1985) was that the men did not believe that not attending the labour and delivery would be detrimental to the formation of the bond of the paternal-infant relationship. The general sentiments expressed by the informants in this study was that the birth personally introduced the expectant fathers to the fetus they had come to know during the pregnancy. The informants never expressed a sense of planning to be present because it was expected, moreover it was a sincere desire to witness the birth as well as provide support for their labouring spouses.

Although the informants in this study had different experiences, all the men went through similar phases in the labour and delivery process. These are shown in Figure 1. Each couple's labour and delivery process was made unique by the differing variables which shaped the experience. The phases of the labour and delivery experience were influenced by a) the length of the labour, b) the wife's reaction to pain, c) the position of the fetus in utero and d) the nursing

and medical staff who attended them in labour and delivery.

Prior to the labour experience the men held similar expectations for the impending labour and delivery, expectations shaped by external sources. In general the feelings were for a positive experience with an anticipated successful outcome. The first stage of labour began easily with mild contractions and the idea that everything would unfold as anticipated. It was a time of early calm, bolstering the thought that the labour would be relatively easy.

As the labour became more active the feelings changed and the realization that labour was more work than they had anticipated pervaded their thoughts. It was a time when increased fears and a sense of helplessness were predominant, as well as not knowing if their actions were effective or not. The transitional period fostered a feeling that the labour would soon come to an end. There were more hidden fears and a pervasive mood of feeling excluded from the care and the labour experience itself, while the staff moved in to take over the care in preparation for the delivery.

The second stage of labour heralded a change in their feelings, from anxiety and fear to feelings of excitement, anticipating the culmination of nine months of pregnancy and the arduous labour. At some point during this stage the focus changed from being on the mother to being on the head of the baby as it crowned. Even Tim, who was in the operating room,

stated that he stood up to look at the baby as the physician delivered the head through the incision.

The delivery resulted in the men becoming relaxed for the first time in the long labour and delivery process. Relief was the pervading sentiment. The relief was heightened by the perception that the physician had performed well to provide a safe entry for the baby into the world. Following the delivery there was the initiation of familial beginnings. It was time to become acquainted with the their baby. This was a time for reflection about many facets of their lives: a) the idea of fatherhood, b) future parenting, c) the belief that the marital relationship was confirmed and enhanced and d) time to reflect on the milestones of their lives prior to this momentous event. These reflections continued for all the men as late as six weeks postpartum when some of the post-delivery interviews were completed.

Themes For Expectations

Based on Biddle's (1979) and Biddle and Thomas's (1966) theory which postulates that role expectations are formed from the "standards held by the majority for the aggregate" in any given position, the fathers in this study held expectations, general in nature, shaped by what they perceived to be today's "standards" for expectant fathers.

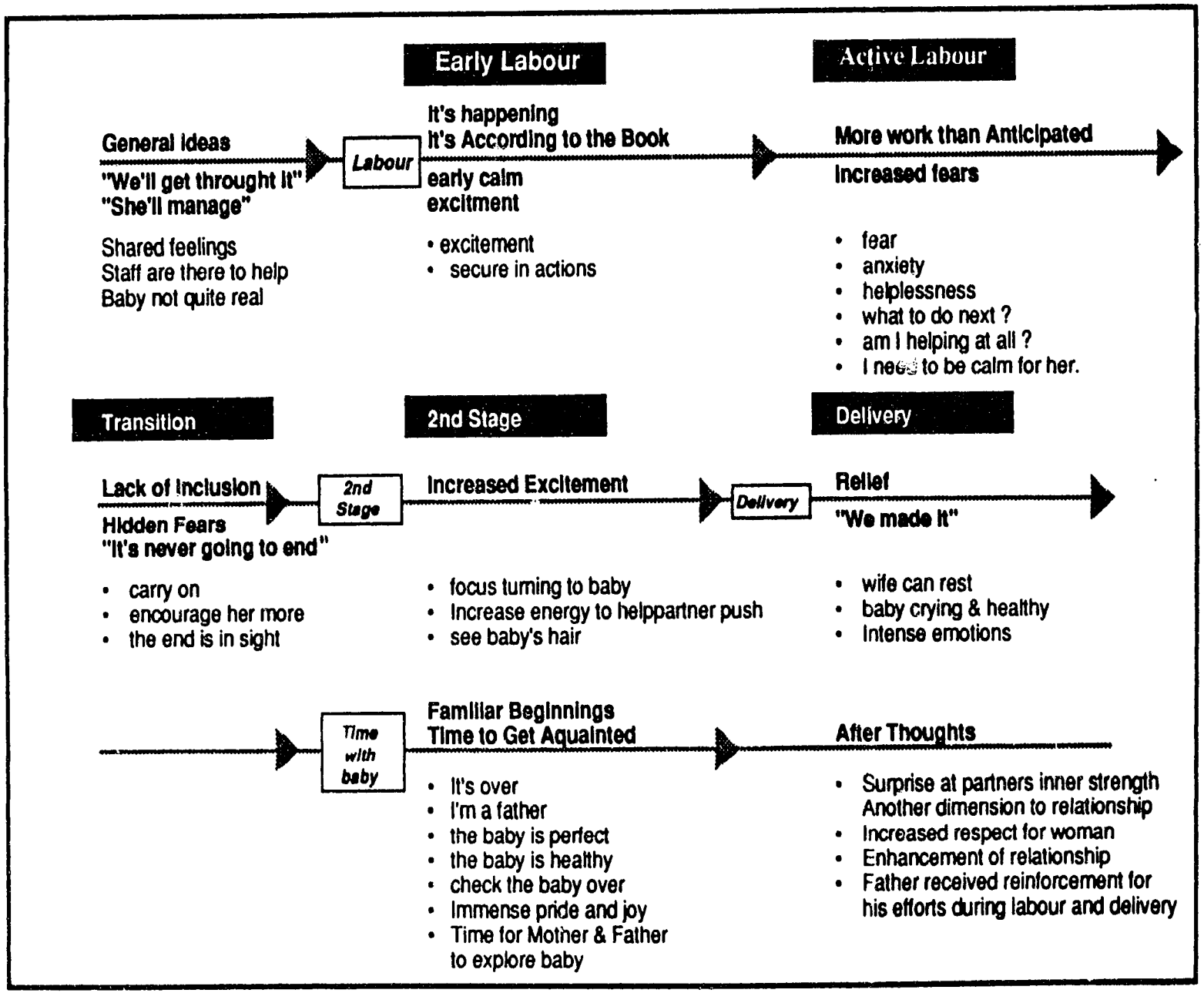

Figure 1
The Labour Path

The emerging themes for the expectations were: "we'll get through it", "she'll manage", "shared feelings-both positive and negative", "ability to complete comfort measures", "adequate prenatal information" and "staff will do everything to help". The emerging themes from the labour and delivery experience appeared to follow the labour path and the wife's reaction to the labour process.

The general feeling expressed concerning the impending labour and delivery was "we'll get through it". The men truly believed that their partners would cope very well with the labour pain even though it was an unknown phenomenon. They based these predictions on their partners' past experiences with other forms of pain and difficult situations. Only three men had thought they would have more of a passive role, that is, perform comfort and other measures on request, rather than be instrumental in initiating actions for their partners.

May (1980) describes three phases of fathers' involvement in the pregnancies of their partners. The observer was the most common in the sample of first-time fathers. Three types of involvement were described. The observer was the most common type, considering himself a bystander who remains emotionally distant from the pregnancy. The expressive man is totally involved and views himself as a full partner, while the instrumental man ensures that the tasks of pregnancy are completed but is not emotionally involved. Only one father, Brian, described himself as the "standerby" during the

pregnancy. He did not like not being in control, so he let Annie take charge of the details of the pregnancy, such as doctor's appointments and prenatal classes. Despite this, he was very interested in all the pregnancy milestones. Much to his surprise he became fully and actively participatory in the labour and delivery. Tim and Max were also observers in the prenatal period taking leads from their wives as to what to do during the course of the pregnancy. When the time came to prepare the physical things for the baby; the crib, the painting of the bedroom, the purchasing of the various articles that the baby would need, Brian, Tim and Max took charge of these details. Terry used an instrumental approach, ensuring that tasks were accomplished, the physical preparations for the baby, as well, arranging his work schedule so as not to miss many prenatal education classes. He performed these tasks without emotion. He appeared to be the most detached. He matter-of factly described the events of the pregnancy, labour and delivery but usually without emotion.

The rest of the men, David, Jake, Phil and Peter fit the category of expressive men. They were totally involved, both emotionally and physically, in the pregnancies from the moment they knew their wives had conceived. David appeared to be the most typical of May's (1980) expressive man. He stated that he lived the total pregnancy, experiencing the milestones and always aware of Bonnie's concerns and needs, constantly aware

of Bonnie and their growing fetus. He was always having Bonnie describe to him what she was feeling.

Jake, once he allowed himself to become excited about the pregnancy, feeling somewhat secure in that the pregnancy might reach full term, became totally engrossed, enjoying each pregnancy milestone. Using palpation techniques taught by the domiciliary midwives Jake described how every night he would spend time acquainting himself with the growing fetus, an invariable source of fascination for him. In this research the majority of men were not identified as observers, rather half of them fitted into May's (1980) expressive category. The findings from this study do not parallel May's results, in that the majority of her informants were observers during pregnancy while in this study three were observers, one was instrumental and four were expressive in their participation during the pregnancy. However, these findings may be a phenomenon of a small sample.

Although impending paternal development through the pregnancy was not the topic of the thesis all the men expressed the importance of having an established home and financial security before embarking on a family. All the couples, except one who was in the process of looking for a home, owned their own homes. The men, with the exception of Peter and Max, had established careers with which they were very satisfied, secure in that their income would support a family. Max and Peter were attending university to attain

other career options. They had not felt stable in their past occupations and given the unstable economic times of the 1990s they both believed they had made optimal career moves. The comments were similar to the findings of Battles (1988), Deutcher (1970), Hangsleben (1983), May and Sollid (1984), McNall (1978) and Smith (1983) who all described findings that the men who felt secure in themselves, that is a secure job, financial security, and a stable relationship, were more readily able to assume the parenting role than men who had not considered all the ramifications of impending fatherhood.

"She'll manage" was the second theme to emerge. All the men, except Terry, firmly believed that their partners possessed a innate strength that would help them overcome the labour pain. Terry did not know how Alice would deal with the pain as he said she did not cope well with other types of pain. However, Terry did affirm that Alice would "survive" the experience. When questioned as to whether they wished that their partners would have a good experience or whether they believed that they had the abilities to cope with the labour pain, all the men said they believed that the women would perform well in the labour and delivery process.

During the pre-labour interviews the informants stated that they and their partners were able to discuss their concerns about the pregnancy, the impending labour and plans regarding future parenting. There did not appear to be any difficulty with the couples discussing pregnancy or future

parenting related matters.

Opinions expressed about the nursing and medical staff were principally positive in that the men believed that the staff would assist them and their wives as the situation warranted. The only contact that the men had with nursing staff was during the prenatal classes or during the hospital tour. All the men, except Tim, sincerely believed that being available for the labouring couple was a prime function of the nursing staff. Tim became disenchanted with a labour and delivery nurse who taught prenatal education classes when he discovered that she taught classes mainly for the money rather than for the enjoyment of teaching. This mood prevailed into the labour and delivery experience and Tim was not surprised when the nurses were not present as much as Tim and his partners were told.

Jordan (1990; found that for the majority of men the fetus did not seem real until the actual delivery when they saw the baby, and for some the reality of the baby did not begin until the baby was bought home. When the men were asked to reflect and describe how they imagined the unborn baby to appear the majority were unable to mentally visualize them. Jake and Peter were probably the only two men who considered the baby as having a unique personality during the pregnancy, the others acknowledged the fact that there was a real person but they had trouble imagining it. For those men who witnessed an ultrasound examination the visual impact of the

skeletal outline helped them think of the fetus as a person, but they still could not visualize the baby. These findings differ from those of Jordan in that the men perceived the fetus as a "real" person, but they were unable to visualize it as having particular characteristics. The difference may be spurious as Jordan's definition of "real" is unknown.

All the couples had attended prenatal education classes in a variety of settings, midwife-run, hospital-based, community-held and privately-run classes. The overall sentiment was that the information appeared adequate in helping the fathers learn how to comfort their partners during the labour and delivery process. Some individual negative comments came from Tim who believed that prenatal educators should teach for the love of teaching and also from Max who was unhappy with the old materials that were used as teaching aids.

The similarity of the expectations among the men was best explained by role theory, and more specifically, role expectation and anticipatory socialization theory (Biddle, 1979; Biddle & Thomas, 1966). Having never experienced the labour and delivery process the men had external sources from which to form their expectations. The men held expectations that were commonly espoused by current societal standards. The idea in today's society is that fathers should participate in actively parenting the children. This sentiment was voiced by all the men. They believed that the witnessing of the

birth was the beginning in that sharing of the parenting.

Experience of the Labour and Delivery

Introduction

The actual labour and delivery experience differed significantly from the predicted expectations. This was not surprising given the fact that each labour experience was unique for each couple. However each couple followed a labour path that was similar in the events of labour and delivery but each event was experienced uniquely by each man and his labouring partner with respect to the actual details.

During the early labour stage the identified themes were: "it's happening, it's going according to the book". The men appeared to take hope in the fact that the labour seemed to be unfolding as they had anticipated. All the men, with the exception of David, went through a period of "initial calm" as the beginning of labour appeared to go according to what they had learned. As the women entered into the more active stage of labour there were dramatic changes with heightened emotions. The common themes were: "more work than anticipated", "increased fears", "lack of inclusion in the care" and "hidden fears". The overwhelming sense of helplessness, fear and lack of control was evident with every man.

Once the women entered into the second stage of labour

the feelings and experiences changed dramatically to become overall more positive, the fears and anxieties diminished as the birth approached. The themes were: "increased excitement" and "focus turning to the baby". At delivery the overwhelming theme was "relief and immense pride" and "time to get acquainted". Other themes that were identified included: "confirmation of partner's inner strength", "enhancement of the marital relationship and an increased respect for women", and "childbirth education did not meet needs". As with the pre-labour expectations all the themes had influencing factors that were instrumental in shaping the emerging themes.

Comparison of Expectations and Actual Labour and Delivery

In comparing the expectations with the actual experiences there was little concordance between the two. The general pre-labour predictions about the impending labour process "we'll get through it" was an overall sentiment from the interviews, whereas the actual experience had phases, divided according to the phase of labour.

In the early labour phase the men thought that everything would be easy as "it was going according to the book", while as labour became more active and the discomfort level of the women rose, the feelings were "it is more work than anticipated" and along with this came "increasing fears", a sense of helplessness and the doubt of their abilities to comfort their wives.

All the men had described general beliefs that their wives would cope with the pain and that "she'll manage". The experience produced an element of "surprise at the wife's inner strength" as well as an "increased respect for women" and their ability to bear children. With respect to their own predicted roles during labour and delivery the men had thought that they would have the ability to comfort, that they would be able to complete the tasks and that as a couple they "were in this together". The actual experience proved to be a disappointing one in that they perceived themselves to have performed poorly with respect to providing comfort measures; nor did they receive encouragement from the staff in providing comfort measures. The men expressed immense surprise at the intense psychological work.

During the pregnancy the couples discussed their positive and negative feelings about the pregnancy, labour and delivery and impending parenthood. This discussion of fears and anxieties did not occur during the actual experience, somehow the fathers felt unable to express them. In addition, the men did not describe the women as expressing fears or concerns during the active phase of the first stage of labour.

As labour progressed the men's focus changed from being totally on their wives to being totally on their newborn babies at delivery. They had predicted that they would be constantly focused on their wives, but could not make any predictions about their reactions to the babies at delivery.

For the majority of the men prenatally the baby was still an image found in books and on films, it was virtually impossible for them to imagine what their babies would look like.

The men believed that the nursing staff or midwives would be readily present or available to help the couples through this momentous event when in actual fact they were left to labour alone for extended periods, both in the hospital and at home. The midwives did not proceed to the homes until both Sara and Lana were in established labour, consequently Jake and Phil laboured longer and more intensely than did the fathers who laboured in the hospitals.

The fathers were disappointed with the lack of information about care for their wives and labour progress as well as with the exclusion from care when the nurses were present. This was equally evident with the domiciliary midwives who took over the comfort measures upon arrival at the couples' homes. This completely contradicted what Jake and Phil had been told in the midwifery-run prenatal classes and during the prenatal visits.

An inability to predict their reactions to their babies was common. All the men were eager to finally see their offspring, but at the same time they could not visualize the babies. Fathers who had been present for ultrasound examinations had more of a sense of reality than those who had not. Fatherhood was anticipated but still unimaginable. At delivery there were very intense emotions, extreme happiness

when their babies were healthy and crying and a great feeling of relief that the labour and delivery was finally over for their wives. All the men equated a crying infant as being a healthy one without any explanation as to why they believed this to be so. It was a time to rest and a time to greet their newborns. Fatherhood was confirmed and the family had begun. The feelings towards their newborn infants were totally positive.

Chapman (1991) in her study, using grounded theory, described the birth process as a "triple helix travelling in a unidirectional path through time" (p. 25). The triple helix included the father who had his own path as well as the labouring woman's path and the path of the labour itself. The fact that the labour path was considered important for inclusion in the triple helix is very apt, because in this study the level of stress was controlled by the labour path. In Phil's case the stress level built up so significantly after Sara had been at full cervical dilatation for almost 24 hours Phil broke down and cried.

When reflecting on the childbirth education classes at the pre-labour interview, all the men, with the exception of Max and Tim, had expressed satisfaction with the preparation they had received. The post-delivery comments were completely the opposite, all the men whose partners had delivered in the hospital expressed a general dissatisfaction with the preparation as it did not meet their needs, especially with

respect to information about relaxation techniques and comfort measure to be able to comfort their labouring partners.

In comparing the pre-delivery expectations and the actual experiences it was not surprising to discover that the actual experiences unfolded quite differently from the expectations. The expectations which were developed from external sources were general in nature, based on what they had been told or what they had read. However the actual experience was totally dependent on the labour and delivery events.

The labour path and the care by the nursing staff were the most significant variables in the shaping of the experiences. Overall the men had not been ready for the extreme intensity of the event. Although the outcomes were extremely happy and satisfactory the experiences could have been more rewarding for the labouring couples, especially the expectant fathers.

During the actual labour and delivery all the informants in this study were actively involved with their labouring partners, helping them push as well as being physically close to the perineum to witness the delivery. Even John, a secondary informant, who did not believe in the necessity of the father being present during labour and delivery, worked with his partner helping to ease her labour pain. John did not believe witnessing the birth was a prerequisite to begin his new role as a parent, nor for him to bond to his newborn; nor was the sharing of the birth experience necessary for the

continuing development of the couple's relationship. John expressed aversion to seeing someone in pain and said after seeing his partner suffer in childbirth he doubted he wanted to father another child; if he did he thought he would choose not to be present during labour and delivery. His partner agreed that John did not help her during the labour; in fact she was more worried about his reactions than the pain from the contractions.

After returning home following the birth John took over completely with the child care activities except for the breastfeeding because he did not believe her when she said she felt well. He had difficulties believing her perineum would heal adequately for her to be able to resume a normal sex life. Being a company owner, John virtually spent the first three months at home with his partner and baby. He believed that the activities during this period created a desire in him to be totally involved in all aspects of infant care and parenting.

Brian was the only father who predicted that he would stand back and observe. However he became actively involved during the labour and delivery. May (1980) speculated that men might participate in labour much in the same fashion as they did in pregnancy. The three men in this sample that fitted the description of observers participated actively in labour and did not sit by and watch the nurses look after their partners. Brian was the only man who was surprised by

his active participation. During the post-labour interview he indicated that he could not understand how men could stand by and not comfort their wives. He said he fitted into the coaching role very easily, not being able to sit back and let Annie cope with the pain alone. The other four men who had participated actively in pregnancy and had predicted that they would be as active during labour and delivery believed they were. With only one man changing his style of involvement from pregnancy to labour and delivery it is impossible to infer the reasons for the change.

All the men had thought of the physical comfort measures for their partners. Massaging backs, coaching with the breathing exercises, feeding ice chips and helping the partner walk the halls were all common measures identified as ways by which they could relieve some of the labour discomfort. Even the supportive psychological measures the men thought necessary were similar. Encouragement was the most commonly identified means of support for the labouring partner. The men believed that someone as close to their partners as they were would be ideal to keep the women focused, and to some extent relaxed, while they breathed through contractions.

Phil was the only father to believe that his partner was the only one who could make decisions about the way she wanted the labour and delivery to unfold. If she did not want Phil to actively participate he would have relegated himself to a corner until she said or indicated otherwise. This way of

thinking went completely against the midwives' philosophy of active paternal participation in labour. However, Phil did not appear to have any problems with his partner's wishes. Phil expressed a fear of his partner becoming hostile during the labour and he was not sure how he would deal with the hostility. One described approach would be to act as his partner wished.

All the men's partners, with the exception of Max's, were primiparas and the expectant fathers expressed confidence that their partners would manage to cope with the pain and achieve normal vaginal deliveries. There was also fear and anxiety because of the unknown quality of the pain that these women were sure to have. A sense of helplessness was anticipated if the pain was so severe that nothing they did alleviated it. This proved to be so. Max's partner had two children from a previous marriage and those two labours were each about three hours long. Therefore he took his cues from Jane and he thought that a third labour should be just as quick. In the event that it was not, Max was not sure how he would help Jane cope with the pain, although he described her as very strong. He, too, had the underlying fear of not being able to comfort her and then not knowing what to do.

Jake and Phil believed they would have more participation as their partners had planned home births. The comfort of their homes, plus the fact that the midwives were very familiar with the couples, would provide them with the labour

and delivery experience they planned. These couples believed that the regulations and standard procedures of a hospital would not permit them their desired experience. What Jake and Lana did not want were the standard enema and shave prep, continuous monitoring, artificial rupture of the membranes, an intravenous because of perceived risk factors or to have to deliver in lithotomy position. When the couples laboured without the presence of the midwives the men were totally responsible for the comfort of their partners and Phil and Jake appeared to have provided the most intense physical and psychological support, but only until the arrival of the domiciliary midwives, who immediately assumed the care of the labouring women. This proved to be unsatisfactory for both Jake and Phil. There appeared to more exclusion from the event because they had anticipated that they would have been able to participate as much as they wanted.

Exclusion from the care of their labouring wives was voiced by the men who laboured in the hospitals, although not as strongly as Jake and Phil. In conjunction with being excluded from care, the men felt that with the care they did provide they never knew if their efforts were correct or if they should have been providing other comfort measures. This produced a sense of helplessness. Chapman (1991) concurs that without guided encouragement men aimlessly wander. Malestic (1990) reiterated the fact that fathers need signs and words of encouragement from the nurses to know they are performing

appropriately and providing adequate comfort measures for their partners, so they do not despair when their partners are in very active labour and enduring incredible pain. In this study these were the moments that fathers needed the most encouragement to continue with their efforts even as they perceived they were ineffective. None of the fathers in this study received any encouraging words, not even the men whose partners were attended by the midwives. Both Phil and Jake lost hope, and they abandoned whatever comfort measures they had been performing when the midwives arrived as the midwives immediately took over all comfort measures. However, Jake became more active in supporting Lana during second stage and he felt good about this role. He did not receive any praise that his efforts were helping Lana push more effectively. Berry (1988) reaffirmed the need for reassurance for the fathers from the nurses in order that they could perform effectively. In Berry's study 85% of the men did not expect to feel the way they did emotionally nor were they able to do all the things they had learned to do to assist their partners. None of the eight men and the six secondary informants had expected the range of emotions nor to feel as helpless as they did, but all were able to perform the comfort measures that they had been taught.

Jordan (1990) found that fathers liked being kept informed but her informants did not say by whom and there were no comments specifically about the physicians. Peter and Max

were disappointed that the physicians were not forthright during the prenatal visits about some of the standard procedures that the staff implemented, for example augmentation after ruptured membranes with no contractions. May and Sollid (1984) described fathers as being angry with the physicians and the hospital when they were denied access to the operating room when their wives had cesareans performed. There were no other studies reviewed in which the fathers specifically spoke about or critiqued the physicians.

Even the most professional and congenial nurses did not individualize care for the labouring couples, nor did they include nor praise the men in their efforts to comfort their wives. Chapman (1991), Jordan (1990) and Malestic (1990) all emphasized the necessity for fathers to receive positive feedback for their efforts. Chapman found that the men who did not receive any praise felt lost and searched for something else to do or searched for direction from the nurses. The fathers, too, in Jordan's study (1990) were unhappy with the lack of, or scarcity of, information not only for the women but for themselves on basic infant care and felt somewhat incompetent in performing small tasks and at times not feeling safe with being left alone to care for the baby.

The men in this study did not specifically comment on an inability to care for the baby, but David, Max and Peter said that they were clumsy during the first few weeks with the baby. Most concluded that trial and error was part of being

a first-time father and welcomed it. To sum up the collective feelings about their actual experience was that it was a resounding positive experience and they would have changed little except to have the nurses present more frequently during active labour,

Chapman (1991) and Field, Campbell and Buchan (1985) found that men were unhappy if they did not receive direction from the staff; if there were criticisms about the staff they were not included in the findings from the study. The feelings of fear and anxiety were common in all the men. The fear of the unknown was also expressed by the secondary informants. Inability to comfort their partners in the moments when the men believed they were needed the most and a sense of possibly failing the women in their hour of greatest need was unsettling. These findings are consistent with those of Chapman (1991), Hott (1976), Jordan (1990), May (1982b), McNall (1978) and Smith (1983). Berry (1988) found that her informants described a need to hide their fears and anxieties so as not to worry their partners. Berry also found that the men reported high stress levels during active labour that reached a peak during the delivery of the infant. The men in this study described an intense level of stress just before second stage began, but as soon as the partners started to push the levels of stress were not as intense in that the men knew that the end was close and the pain would soon cease for their loved ones.

At the delivery, be it a spurious finding or not, all the fathers, except for Jake, held the infants before the mothers. None, when asked, could explain why, but were exceedingly pleased that this happened. Berry (1988), Leonard (1977), McNall (1978) reported that their fathers, too, found the second stage to be the time when there was more focus on the baby then on the partner. The reassurance of the crying and the grossly outwardly normal looking appearance of the babies immediately put Leonard's fathers' minds at rest. They too equated crying with being healthy.

All the men commented on the potential gender of the fetus. Only Tim and David expressed a wish to have a son. David said it was his male ego speaking, while Tim wanted to break the string of females being born to both families. Phil expressed a desire to have a girl as he believed in the 1990s it would be very difficult to raise a "sensitive" boy who would fit in with his peers. A girl on the other hand could be any way she desired without the criticism of family and friends.

Confidence was expressed in the medical system by four of the men who believed the medical and nursing staff would provide the best possible care. Four of the informants lacked this confidence in the system. Expecting too much medical intervention was the prime reason that Phil and Jake opted for home deliveries. David and Bonnie, both being health professionals, chose the institution that met their criteria

and then an obstetrician who worked out of the institution. Overall the couples were happy with their physicians and it was primarily the woman who chose the physician and then registered at the hospital where the physician had privileges. The actual deliveries affirmed an overall confidence in the medical staff, although the men would have preferred that the physicians had been present for a longer period of time.

Prenatal education classes were usually taken at the hospital where the couple planned to deliver. Two couples took classes at a private organization, one with the community health center and Jake and Phil took the midwifery-run prenatal classes. In contrast to 1978 when McNall conducted her study she had to search for couples who had taken childbirth education classes, today the majority of couples attend some form of childbirth preparation. This includes classes, individual reading and renting modern videos on childbirth from the local libraries.

Peter, a nurse, described what appeared to be a labour and delivery envy. He had wondered what labour would be like, so participating as much as he could in the labour and delivery with Molly was the closest he would come to it. No other father expressed the same sentiment or curiosity about actually experiencing the labour. Osofsky (1982) wrote about a "pregnancy envy" of some men. He stated that subconsciously the men became more involved in the pregnancy, labour and delivery because it would be the closest the men would come to

experiencing a pregnancy.

Labouring as a Couple

The nurses did not ask the couples how they, as couples, wanted to labour. There was never the feeling of the "labouring couple" in any of the described labours, not even with the home births. Chapman (1991) describes men present during labour and birth as a "couple experience, they are co-laboring in one of three major roles: coach, teammate or witness" (p. 25). The coach directed the labour initiating comfort measures and was totally active in the labour and delivery, the teammate responded to requests from the wife, while the witness did virtually nothing during labour but only wanted to witness the birth. These descriptions aptly fit the men in this present research study, but the men in this study assumed all three roles at the same time, not just one principal role of the three that Chapman's subjects assumed during labour and delivery. As with Chapman's sample these men were present to witness the birth of their children. However, the men in this study had a simultaneous triple function of teammate, witness and coach compared to the men in Chapman's study who, if they were witnesses, did little to comfort their wives during the labour. In fact those who were designated witnesses watched television or read or talked with friends. In fact none of the men in this study read or watched television during the active labour phase.

In Leonard's study in 1977 the fathers who participated saw their role in labour and delivery as principally that of support for the wife and none mentioned the importance to them of experiencing the birth. It is difficult to discern if this truly is a change in attitudes about fathers' role in labour and delivery or just differences in the composition of the samples. In this study none of the men were strictly witnesses. Tim, Brian and Max could be described more as teammates in that they did not take the initiative in providing comfort or insisting that their partners perform the breathing exercises, while the remaining men were very much coaches, although the intensity of the coaching appeared to wax and wane for Terry, Jake and Phil while David and Peter were constant in their attempts to support their partners and they did not relent in that coaching role. Luckily for David and Peter their partners' labours were relatively short.

Chapman (1991) described "engagement" which was the degree of physical or psychological support provided by the husband. Chapman found that the role assumed by the men in her study determined the type and degree of engagement. The men in this study assumed both physical and psychological roles, one was often more prevalent than the other at given times, but all men provided both. Seven of the fathers doubted that their psychological efforts were effective and during the labour neither nurses nor partners gave them any indication as to their success. It was not until after the

delivery when the couples were reliving the experiences that the women expressed their satisfaction with the support and encouragement they received from their husbands' words of encouragement. All the men were proud when they heard this, but they still would have preferred to have someone encourage them during their efforts. In this case it would have to be the nurse, because in active labour all the men described their partners as being inner focused, talking little.

Time was very much a significant theme for all the fathers, it was very slow during the labouring period but accelerated during the second stage of labour. Most men attributed this to the fact that they would finally see their creation and that their partners' suffering would soon be over. Brian at one point, after being informed that Anne's cervix had only dilated one centimeter in eight hours, felt acute despair and thought the process would never terminate. Annie's labour was augmented and after inquiring as to how long the labour would last with the augmentation Brian began to measure time with the amount of remaining intravenous fluid in the bag. As it slowly dripped in he believed an eternity would pass before second stage was reached. Jake envisioned an eternity passing when he was left to labour alone with Lana after calling the midwives and discovering that they would come after a few more hours had passed. He remarked that his eyes were on every clock in the house wishing that the time would not be that which he saw on the clock. Minutes seemed

like hours, but once the midwives arrived then time took on its normal course. Of course Phil thought that the baby would never be delivered after Sara's marathon. He did not find time as interminable as did Jake. Max, in his fear that Jane would deliver without anyone present except himself, found the twenty minute intervals seem like hourly intervals, in fact he said that time appeared to stand still and that the process would never end. All the men found that the time in labour seemed endless but that as soon as their partners reached the second stage then time became accelerated and that the second stage did not seem to last very long at all. Tim's partner was the only one to undergo a cesarean birth and for Tim time passed very slowly when he was waiting to enter the operating room and then afterwards when she was in the recovery room. None of the studies reviewed with respect to the experience of labour and delivery mentioned any aspect of the time dimension slowing and then accelerating for the fathers. For the men in this study the aspect of time was memorable.

To aptly describe the emotions felt at the time of birth was very difficult for all the men and this finding is consistent with all the reviewed literature. Some of the men in Gabel's study (1982), who had no childbirth education preparation, did not like the labour and described it as horrible but at the time of delivery all the men were very emotional in describing the birth and all the men said that they were glad to have participated in the labour and

delivery. Over time it appears that whatever the role the father assumed with his partner in labour and delivery the joy and surge of emotions that are present at time of delivery have changed little.

Other findings

After analyzing the transcripts, both the pre-labour and post-labour interviews, it appeared that the fathers' professions indirectly influenced how the father participated in the labour and delivery process. For example, the informant who was a lawyer would analyze all aspects of any issue before a decision was made. Three health professionals functioned as such during the labour. Two of these men performed procedures such as taking the blood pressures, checking the amnictic fluid for meconium, and palpating the contractions for intensity. Their participation in the labour took on a nurse role as well as that of an expectant father. The third man, a psychologist, permitted his partner to be the decision maker as he wanted to comply with her wishes and he believed that in essence it was her pregnancy to manage as she wished. However he still felt genuinely a part of the pregnancy. One father who worked in theatre appeared to want to entertain his wife so she could cope with the contractions better. Two men were engineers and they were very interested in the technical aspect of the labour. They commented on the efficiency and capabilities of the staff as well as the

technical equipment. One father was fascinated with the tocodynometer that measured the contractions. Both men were surprised at the force of the delivery in the second stage that the baby seemed to "fly out".

The only informant who laboured as an expectant father was a student. There did not appear to be any particular aspect of his labour performance that might reveal his former profession as a tradesman.

In interviewing the secondary informants three of the men seemed to participate as they would in their professional lives. The two businessmen seemed to function as they would handle a business deal. They both had wanted to expedite the labour to have the end results, the baby. John, in particular, believed that any technology available to speed the process was warranted. His partner had an epidural and augmentation after the couple, in conjunction with the labour nurse, felt that the labour was not progressing as fast as it should. The third man was also a lawyer and he, too, analyzed the procedures examining the risks and benefits of each. No other studies reviewed have commented on this aspect of the fathers' participation in labour and delivery. These findings may be just spurious as the sample was small, but nevertheless interesting.

Another finding was that seven of the men, except Jake, were given the babies before the mothers and they in turn showed the babies to the mothers. The men expressed pleasure

with this gesture, however they could not explain why the nurses did this. Some speculated that it might be because the physicians were suturing the episiotomies and that the women might have been uncomfortable. This finding is completely the opposite from finding from Tomlinson, Rothenberg and Carver's (1991) ethological study of 24 first-time fathers in which all the mothers were given the baby first and the fathers did not actively seek to hold the infant. Demographically the two samples were quite different in that Tomlinson et al's subjects were in the lower to middle socioeconomic bracket while the men in this study were in the upper-middle to high income brackets. Overall these authors found the majority of their fathers exhibited passive behaviours, as defined by proximity and gaze behaviours, while the men in this study exhibited more active behaviours such as touch and movement. The men in this study rocked, walked with the newly delivered infants and three couples actively explored the infants usually starting with their faces and hands, progressively unwrapping the baby to view and examine their bodies. Rubin (1984) described newly-delivered mothers who began to explore their infants starting at the fingertips, no studied reviewed has described fathers as performing this ritual. Some of the men, in conjunction with their wives, slowly unwrapped their infants, confirming for themselves the sex of their babies. The small samples in both studies do not allow for adequate explanation of the differences in the fathers' behaviours.

However, these behaviours lead to the question, Do fathers complete pregnancy tasks as women do? If so, what are they and does the completion of paternal tasks help with the taking on of the role of father?

No study reviewed mentioned a religious component to the couple's experience of labour and delivery. Two fathers said they and their partners prayed during difficult moments of the labour and Tim sought frantically to find Angie a crucifix before entering the operating room. Peter believed that the praying gave them strength.

Most men enjoyed the challenges and were very happy with their new role as fathers and from their descriptions, they were participating in the child care activities. They expressed the notion that they would not want to change the manner in which they were sharing the care of their infants. They all knew beforehand that their lives would change, but this did not become reality until the event was actually thrust upon them. This outcome is consistent with Jordan's (1990) findings about reality of the baby and for some of the men in her study reality did not sink in until they had had the baby home for a period of time. This time frame varied from a few days to a few weeks. The men in this study appeared to have accepted from the first few days at home with their infants the interrupted sleep, the lack of sleep and the frustration of not being able to quiet a crying baby. However it was too soon to determine if this trend would continue.

Benson (1985) had described more paternal participation in the child care as one of the trends from the late 1980s. One of the most important aspects that can not be overlooked is the fact that all these pregnancies were planned; that the men were accepting the end of the childless part of their lives and they welcomed the next stage of a couple's life, that of the emerging family (Duvall, 1977).

Validation of Findings

The process of validating the findings was necessary to establish objectivity, reliability and validity (Field & Morse, 1985; Sandelowski, 1986). After the analysis was completed and the chart of the expectations and the actual experiences created, the researcher showed and discussed the chart with the primary informants and asked them to review the themes. The six secondary informants also read the findings of the primary informants and generally agreed that the themes represented their experiences of labour and delivery.

The informants, both primary and secondary, all stated that the themes represented their experiences. The individual circumstances of the marital relationships of the couples, the labour path and the manner in which each woman laboured created a unique experience for each father within the categories.

Conclusions

This qualitative study was undertaken to explore first-time father's expectations and experiences of labour and delivery. In depth interviews were used as the principal means of gathering data about the expectations and the actual experiences of the labour and delivery process. A purposeful sample of eight primary informants was recruited to provide the main body of information. Informal interviews were held with six secondary informants to validate the findings of the experiences of the primary informants and to be able to discern if any new themes emerged. The secondary informants did indeed validate the main themes but with some variation of each theme. This corresponded to the experiences of the primary informants.

The men did not have overly ambitious expectations. If it could be extrapolated from the studies on maternal expectations and birth outcome that state that the greater the fit between expectations and actual outcome the higher the level of satisfaction, then as these men's expectations and actual labour experiences were closely related they should therefore have a high satisfaction level. There was little variation in the men whose partners delivered in hospital and the actual outcome, while there was a wider disparity between the two men who had midwives attending their partners at home and the actual outcomes. However both these men rated the experience as positive. Overall the men in this study were

generally satisfied with their entire performances and the delivery outcomes. David, although generally satisfied, believed he could have done more to alleviate Bonnie's pain, but nonetheless he was content with everything during the labour and delivery.

Common to all fathers, with slight variation, was the actual delivery in which all the fathers were ecstatic with the healthy baby and therefore perceived successful outcome as well as the fact that the pain and suffering for their spouses was over. Other themes that emerged dealt with the fathers' expectations about how they planned to participate in labour and delivery prenatal education, the actual path of the delivery, both psychological and physiological tasks, reactions to the newborn, feelings about self and spouse after delivery, comments about the nursing and medical staff. Another question that was answered was what factors made the experience negative or positive.

By far, the nursing staff and the couples' interaction with the nurses were the biggest variables in determining if the experience was positive or negative. Both men who had midwives as birth attendants in home births were happy with the outcomes but one father did not like the second backup midwife and those feelings were still very strong after a truly successful home delivery. There were a number of negative comments about the quality of prenatal childbirth education and the immediate postpartum care information. Most

fathers believed that the classes needed many changes to meet their needs. The men stated that they thought expectant fathers would probably prefer to have one or two sessions for fathers only to "hear it like it is", as well as to be able to express fears and anxieties that perhaps they would not share with their partners. These sentiments are similar to the reported findings in studies by Cronenwett and Newmark (1974) and Jordan (1990). It must be remembered that this group of informants had on the average one university degree and the men, too, sought information from sources other than solely relying on prenatal classes.

Never were any of the fathers asked how they wanted to participate in helping their partners during the labour. The couples were not seen as a "labouring couple", but still a labouring woman with her partner present. The findings concur with the findings from identified qualitative studies conducted in the late 1970s and three current studies in 1990 and 1991. It is a disconcerting thought to find that the experiences have not changed over the last 15 years, the labouring fathers continue to voice the same thoughts, and that the areas in which changes could have been made have not yet occurred. Perhaps with better dissemination of research findings and active inservicing of labour and delivery staff, the staff can be assisted in finding ways to better include the father into the birth experience and so enable the labouring couple to have the birth experience they desire.

Limitations of the Study

The major limitation of this study was the fact that the small sample included only first-time fathers, however the scope of the thesis would have been too broad if both first-time and "multigravid" fathers had been included. Another limitation was that the sample were men who all had planned pregnancies and had attended prenatal education classes. Participation from informants who had not attended prenatal education would have provided a comparison for those who had attended prenatal education, that was not the case. As well the experience of men who had not planned a pregnancy may have given a different perspective to the range of experiences. A comparison of fathers who had planned versus unplanned pregnancies would have indicated whether or not a planned versus unplanned pregnancy was significant in the expectations and actual experience of the labour and delivery.

As with most qualitative research it is impossible to generalize. The small homogeneous sample did not allow for generalizations to any other population, except perhaps for other samples with the same demographic make-up, although as seen with this sample, while the group was homogeneous the experiences had a wide variation, thus implying that the interaction of a host of variables, perhaps some not identified, influenced the actual experience. The self-selecting sample included those men who were perhaps more involved in the pregnancy and had higher aspirations than the

average expectant father. However, Battles's (1988), Chapman's (1991) and Jordan's (1990) studies from completely different demographical samples resulted in similar findings related to the experiences of first-time fathers, thus strengthening the body of knowledge about this group of men.

In this study only first-time fathers, all of whom were in a stable relationship and whose pregnancies had been planned, were examined. All the men wanted to actively participate in the labour and delivery experience Economically the couples had no financial problems. instrument measuring marital satisfaction may have provided more information about the relationships. A satisfaction scale measuring the congruency between expectations and labour and birth outcomes may also have given strength to the findings. As the sample was very homogeneous it was not possible to examine if there were any cultural diversities in expectations and actual labour and delivery experiences.

Another limitation was the fact that the study did not continue longer to determine how these men assumed their new fathering role over time. However, one month following delivery the men were still very enthusiastic about their newborns and were actively involved in child care. Benson's (1985) predictions about the trends in paternal activity with pregnancy and early child care activities appear to be valid for this sample.

Implications for Future Research on Fathers

Further research is needed on first-time fathers from different socio-economic levels to determine if this factor influences involvement and participation in labour and delivery. Other questions that need to be asked are: 1) Does an unplanned pregnancy influence the expectant fathers' expectations and participation in labour and delivery?, 2) How do multigravid fathers' expectations change over pregnancies?, 3) What are the needs of multigravid fathers during labour and delivery?, 4) How does culture influence the manner in which men participate in the labour and delivery process and does the amount of time in North America alter cultural influences and subsequently participation in the reproductive cycle?, 6) How can childbirth education classes be designed to meet the needs of couples of the 1990s? and 7) What factors, including active participation in labour and delivery, help the first-time father assume his new role and what factors hinder the assumption of this role?

There are many aspects of fathers' involvement in pregnancy and labour and delivery that need to be explored in more detail to discern which aspects help promote the life long role that first-time fathers are taking on. As more and more demands are placed on women who are in the outside workplace, it becomes more apparent that men will have to be more willing to share in the child care activities and parenting so that the couple can have a healthy life together

as a couple and as parents.

Implications for Clinical Practice

The findings from this study inferred that the nurses play a significant role in the fathers' experiences of labour and delivery. It is therefore imperative that clinical educators identify areas in which nursing staff are failing the labouring couples and assist them to individualize care for each couple. There exists a need for educators to present current research findings to labour and delivery staff so that they are aware of the small things they can do to facilitate a better experience for the couple. Involving staff in small projects will show them those measures which are beneficial and those which are not.

Nurses need further education on the transition to fatherhood and the role of the expectant man in pregnancy, labour delivery and how this participation may enhance the assumption of the fathering role, a role that for some may be difficult to take on. Therefore health professionals should know how to recognize risk factors and then implement strategies that assist the father with his new role. Fatherhood is not an innate role for the man. Some men may be more ready than others to become fathers and consciously choose to be a father, while there are many men who have the role thrust upon them.

Implications for Childbirth Education

It is time for organized childbirth education groups to reevaluate the effectiveness of the type of classes that are currently being offered. Attendance at childbirth classes appears to have dropped while alternate means of acquiring prenatal information are expanding. There is a wealth of printed material available and many couples are now supplementing classes with reading or viewing videos on childbirth education. One area of concern expressed by the fathers in this study was the use of outdated teaching aids and at times information that is not current. Thus the couples had difficulty in deciding which information to believe.

In basic nursing education the new concepts about fathers and their roles in pregnancy, labour and delivery can be incorporated into the curricula on parent-child nursing. Then, when students graduate, they may better incorporate the father into the parent-child life cycle understanding the theory behind the changes in the fathering roles in modern society.

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Appendix A1

Sub-questions from Main Research Question

1. What are the differences among first-time fathers in their expectations of labour and delivery?
2. What are the factors that influence these expectations?
3. What are the reasons for birth attendance?
4. How do men prepare for labour and delivery?
5. How do men actually experience the labour and delivery?
6. Is there a difference in the way men participate in the pregnancy and the actual delivery?
7. What are the positive and negative aspects of the actual experience?
8. How do medical and nursing staff influence the experience?
9. What would men change to make the experience more meaningful?

Appendix A2

SAMPLE OF GUIDING QUESTIONS

These sample questions are guides only, and may not be strictly adhered to, depending on the course and circumstances of the interview.

General topic questions for first interview- prior to delivery - may be used as prompts if necessary.

1. What do you think or expect will happen when your wife/partner goes into labour?
2. What do you think your role will be while she labours and delivers?
3. What do you think you will do to help her during the labour and birth.
4. How have you prepared for the labour and birth?
5. How do you want to participate in the labour and birth?
6. How do you feel about participating in the labour and the birth of your child?

General questions for the first interview after the delivery.

1. Tell me about your experience when your wife/partner gave birth to your child.
2. Describe the birth. What were your feelings about it?
3. How did you participate in the labour and birth?

4. Did you do the things you thought you would do? For example, did you ----------?

5. Could you or anyone else have done anything to make the experience better?

6. Can you compare the way you thought it would be with the way it actually was?

Second interview questions - from fictitious answers

1. You mentioned "the doctor didn't care"- Can you tell me why you thought he didn't care. What did he do or say?

2. Earlier you said "the nurse was helpful". Please describe the things that were helpful. Could these things be helpful to everyone or just to you?

3. Earlier you said "it was difficult - being in the center of things-- trying to help A get through it. What would you have wanted to do? Were you comfortable doing what you did? What were the reactions of your wife/partner or the staff to your participation?

Appendix B

Newspaper Advertisement

EXPECTANT FATHERS

Looking for first-time expectant fathers willing to talk about their expectations and experiences before and after the labour, delivery and the birth of their babies. Their partners should be about 34-36 weeks pregnant. Call 452-2460 for more information.

Appendix C

Information Document for potential/actual participants

Study: First-time fathers' expectations and experiences while their wives/partners labour and give birth.

My name is Susan Chandler and I am a Master of Nursing student at the University of Alberta. I am doing a study on first-time fathers. I am looking for men whose partners are pregnant, and who plan to be at the labour and delivery, and who would be willing to talk to me about their experiences of the labour and delivery. In this study I hope to describe the experiences of men who go through labour and delivery with their partners to see if there are ways that staff working in labour and delivery can improve the experience for the father. I want to hear about the good and bad parts of the delivery, your thoughts on the care provided, and how you felt about the entire experience.

There will be one or two interviews before delivery to talk to you about what you think the labour and delivery will be like. Following the birth of your child there will be at least two more interviews. Each interview will last about one to one and one half hours and will be tape-recorded. The total time you will be in interviews will be about five or six

hours.

You will be asked to keep a notebook provided by the researcher to write down your thoughts and feelings about the time before and after the labour and delivery. If you want, you can use a tape-recorder instead of a notebook. You can still take part in the study if you do not want to keep a diary.

If you want more information about or wish to take part in the study, please call: Susan Chandler at (403) 452-2460. If there is no answer, please leave your name and telephone number on the answering machine.

Appendix D

DEMOGRAPHIC INFORMATION

Age ----------

Number of years married ----------

Number of years living together (if different from above)

Occupation yours ----------

your partner's ----------

		you	partner
Education	some high school	---	---
	completed high school	---	---
	University (did not finish)	---	---
	University (completed)	---	---
	Other post-secondary training	---	---

Income	you	partner
less than 15,000	---	---
15,000-20,000	---	---
20,000-25,000	---	---
25,000-30,000	---	---
30,000-35,000	---	---
more than 35,000	---	---

Was this pregnancy planned? yes ----- no ----

Appendix E

INFORMED CONSENT

Title of Research - First-Time Fathers' Expectations and Experiences While Their Partners Labour and Give Birth.

Researcher
Susan Chandler — Faculty of Nursing, University of Alberta — 452-2460

Advisor
Dr. Peggy Anne Field — Faculty of Nursing, University of Alberta — 492-6241

Acting Advisor (Jan.1, 1991- June 30, 1991)
Dr. Marion Allen — Faculty of Nursing, University of Alberta — 492-6411

Purpose of the Study

The purpose of this study is to explore and describe the experience of first-time fathers while their partners labour and give birth.

Procedure

You will be interviewed one or two times before your partner gives birth. Two to three days after your baby is born, you will be interviewed again at least twice. Each interview will be about 1 to 1 1/2 hours long. All the interviews will be tape recorded and then typed. The interviews will take place at a time and place that is good for you.

The researcher will ask you to keep a diary. The researcher will give you a notebook to write down your thoughts and feelings about the time before the birth and the time during the labour and birth. If you want to tape record your thoughts and feelings the researcher will give you a tape. You do not have to give the notebook or tape to the researcher but the researcher wants to talk to you about the writings or recordings with you. You can still take part in the study if you do not want to write or record your thoughts. You can still take part in the study if you write or record your thoughts and then decide not to give the notebook or tape to the researcher or if you decide you do not want to talk about your written or recorded thoughts to the researcher.

Risks

Taking part in the study may not help you directly. The details from this study may help nurses and doctors to understand fathers' needs and concerns when they go through labour and delivery with their partners. Information may also help fathers take part in labour and delivery the way they want to.

Voluntary Participation and Confidentiality

You do not have to be in this study if you do not want to be. If you do take part in this study you may drop out of the study at any time. If you want to drop out of the study, let Susan Chandler know. You do not have to answer any question if you not want to. Taking part in the study or dropping out of the study will not make any difference in the care that your partner or baby will get.

Your real name will not appear in the study. Any names that are said on the tapes will not be typed. If you give your diary to the researcher your diary will belong to the researcher and will not be shared with your family members. Your tape recordings, name, address, phone number will be kept in a safe place. They will be destroyed at the end of the study. The transcripts will be kept in a safe place for five years and then destroyed. Your name will not be put in any reports of this study, nor in any articles or talks about the study.

If you have any questions or concerns at any time, you are free to call the researcher, Susan Chandler or advisors Dr. P.A. Field or Dr. Marion Allen.

Consent

I, _____, have read this information and agree to be in the study called "First-Time Fathers' Expectations and Experiences While Their Partners Labour and Give Birth". I have had the chance to ask questions about the study and my part in it. All my questions have been answered at this time. I understand that the typed material from this study may be used in future studies on fathers and their experiences in labour and delivery. If this is to be done, the research will have to be approved by an ethics committee.

I am aware that during this study, should the researcher become aware of information that may be harmful to my health or that of my partner or my baby, she will discuss this with me. Under the law, this information may not be able to be kept confidential. I have been given a copy of this consent form.

Signature of Participant	Date
Signature of Researcher	Date

==========

If you wish to receive a summary of the study when it is finished, please fill in the next section.

Name: ----------

Address: ----------

Appendix F

DOCTOR'S LETTER

(Follow-up letter to telephone call)

Date

Dear DR.----------.

In a follow-up to our telephone conversation, let me remind you that I am a Master of Nursing Candidate from the University of Alberta, Faculty of Nursing, and I am doing a research study on "first-time fathers experiences while their wives/partners labour and give birth".

I know you practice Obstetrics and I would to ask you to distribute the enclosed information sheets to your couples in the last trimester of pregnancy so that anyone interested in participating in the study may contact me.

I have enclosed a detailed description of my study to give you an idea about the project. If you have any questions about the study, please do not hesitate to contact me at 452-2460. I would appreciate your cooperation in distributing the information sheets to any prospective couples or to leave the sheets in your waiting room.

Thank you for your time,

Yours very truly,

Susan M. Chandler, R.N., B.A., B.N., M.N. Candidate

Appendix G

Letter to Expectant Couples

I am doing a study on expectant first-time fathers and their expectations and actual experiences of their participation in the upcoming birth of your child. The study consists of three or four interviews, each about one hour long, one or two before delivery and two very soon after the delivery (starting 48-72 hours after the delivery so the experience is fresh in his mind) in which he will describe in detail how he felt about the labour and delivery. He will also keep a diary in which he will write his feeling and thoughts about the approaching delivery. If he so chooses he can write down some thoughts soon after the delivery is over.

Please give this letter to your husband/partner and if he has questions about the study he can call me Susan Chandler at 452-2460. If there is no answer he can leave his name and telephone number on the telephone answering machine. He is under no obligation to participate in the study.

Thank you for your cooperation,

Susan Chandler, R. N., B. N., M.N. Candidate

Appendix H

Comparison of Fathers' Expectations and Experiences

Expectation	Perception of Experience
Labour Process "We'll get through it"	Early Labour "It's according to the book"
	Active Labour "More work than anticipated"
Wife's Abilities "She will manage"	Surprise at wife's inner strength
	Increased respect for women
Own Role Ability to Comfort	Dissatisfaction with performance Poor performance with comfort measures Intense psychological support Lack of reinforcement from staff
"We're in this together"	Lack of inclusion in care
Own Reaction to Pregnancy & Impending Labour & Delivery Shared feelings-Talk about good and bad	Shared positive feelings Hidden anxieties
Focus of Attention in Labour and Delivery Focus on wife	Focus on wife in labour
Inability to project about baby	Focus changed to baby at delivery
Professional Performance "They will do their best	Disappointment with care -lack of information -exclusion from care

Reaction to Baby	
Eager to see	Relief it's over
Inability to visualize	More emotions than imagined
	Crying = healthy
Reaction to Delivery	
It's the end of the process	It's finally over
	-time for rest
	-time to greet newborn
Feelings about Self	
Unconfirmed fatherhood	Familial beginnings
Don't know how they'll feel	-sudden realization it's over
	-suddenly I'm a father
	Positive feelings-no fear
Childbirth Education Classes	
Adequate information to get through it	Unmet needs of childbirth education
	-lack of information about comfort measures
	-too much technical information
	-not enough information about early child care.