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Fathers' Emotions, Thoughts on Childbirth, and Coping with Childbirth Stress: A Qualitative Study

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Abstract

Background: Fathers may experience many emotions simultaneously during and before childbirth. Sometimes, fathers can feel conflicting emotions concurrently. Father's needs are often overlooked in the birth process. There are few studies on fathers' feelings about birth.

Aim: The aim of this study was to describe fathers' emotions, thoughts about childbirth, and how they cope with childbirth stress.

Methods: The study was a phenomenological and qualitative study. Seventeen fathers whose wives had given birth participated in the study. Semi-structured interviews were used to collect data, which was then analyzed using content analysis methodology.

Results: Seventeen fathers participated in the study. The fathers were between 22 and 33 years of age. The data were gathered under three main themes: thoughts on childbirth, feelings about childbirth, and coping strategies. There were a total of eight subcategories under each theme. It was established that the fathers found vaginal birth more natural and healthier, and they wanted to be with their wives during the birth. It was found that the fathers intensely experienced a range of positive and negative emotions simultaneously, principally fear, and also stress, excitement, happiness, impatience, worry, curiosity, tension, and sadness.

Conclusion: In coping with stress during childbirth, the fathers felt the need for support from relatives and health personnel, positive thinking, and religious activities.

Keywords: Cesarean delivery, childbirth, emotions, father, vaginal delivery

Introduction

Birth is often described by many first-time fathers as an 'unknown area.' Their lack of knowledge about labor and delivery methods affects their feelings and thoughts about birth.[1] Most fathers believe vaginal birth is safer than cesarean birth and, therefore, prefer it.[2] However, some fathers may have experienced traumatized vaginal birth. Due to the uncertainties of vaginal birth, they may view cesarean birth more positively.[3] Studies have shown that fathers may experience various feelings during the birth process.[1,4-6] The thought of life being in danger during birth evokes fear in fathers,[1] especially in first-time fathers compared to those who are already fathers.[7] Along with negative emotions, it has been shown that fathers also feel shock, surprise, and fascination.[4-6] One study found that fathers experienced positive emotions such as happiness and gratitude after birth.[8] Fathers' fear towards birth may affect the emotional and physical support they provide to their partners and the paternal roles they undertake.[7] At the time of birth, fathers' needs are just as important as those of the mother. However, fathers' needs are often overlooked,[9] despite their vulnerability in the birth process and need for support.[10] During labor, health personnel primarily focus on the mother and baby, so fathers' needs may be ignored.[6] When fathers are not informed by health personnel during the birth process, it is well established that they often experience apprehension concerning the health of their partner and the baby.[11-13] Fathers whose feelings of stress and anxiety during birth are not resolved continue to experience similar emotions after the birth.[13] Therefore, it is crucial for health personnel to inform fathers during the antepartum and postpartum periods.[11-13] To effectively support fathers, health personnel need to be aware of their feelings and thoughts regarding birth.[6,14] However, it is noticeable that there are few studies on the feelings of fathers concerning birth.[6,14] In summary, although fathers need

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support at birth,[14] it is evident that they are not sufficiently supported by health personnel.[12,13] For healthcare personnel to support fathers effectively, it is important that fathers are aware of their feeling during birth.[6] There are a few studies on fathers' feelings about birth, but these reflect another culture.[6,14] The applicability of such research to a culture like Türkiye is also controversial. Therefore, the aim of this study was to describe fathers' emotions, thoughts about childbirth, and how they cope with childbirth stress.

Study Questions

- What are fathers' feelings about birth?
- What are fathers' thoughts about birth?
- What is the relationship between fathers' emotions towards birth and their sociodemographic characteristics?
- What is the relationship between fathers' thoughts about birth and their sociodemographic characteristics?

Materials and Methods

Study Design

In this study, fathers' feelings and thoughts regarding birth were examined using a qualitative research method and phenomenological design. The face-to-face interview technique, one of the data collection methods of qualitative research, was employed. The phenomenological design approach was used because it provides an understanding of the experiences and perceptions of individuals concerning an event or a concept. This approach is frequently used in the field of health and is also suitable for researching the life experiences of first-time mothers.[15]

Study Sample

The study was conducted at the maternity clinics of a university hospital and a public hospital, located in a metropolitan province in the west of Türkiye. These two units are situated in the center of the metropolitan province. They are larger clinics with a higher patient population than other hospitals in the metropolitan area. Fathers were selected for the study through purposive sampling. With purposive sampling selection, the researchers choose cases that can provide valuable insights into the purpose of the study.[16] Seventeen fathers were included in the study. These fathers had wives who had experienced a healthy pregnancy and birth within the previous three days, were over 18 years old, were first-time fathers, and had voluntarily agreed to participate in the study. Fathers under the age of 18, who experienced any complications in the pregnancy or delivery of their wives, and who had previous paternity experience were not included in the study. The size of the sample was determined, as recommended in qualitative research, by increasing it until no new data emerged.[15] The wives of 12 of the fathers had a vaginal birth, and five had a cesarean birth. Two fathers refused to be interviewed.

Data Collection Tools

The study data were collected between October 2018 and July 2019 using a Descriptive Information Form and Semi-Structured Individual Interview Questions Form. The forms used in the study were prepared by the researchers based on the literature.[1,4,6,12] A pilot study was conducted with three fathers, and the questions in the semi-structured interview form and all questions asked by the researcher were examined by both the researchers and a faculty member specializing in psychiatry. After the evaluation, the questions were finalized, and the data collection phase began. Participants who took part in the pilot study were not included in the sample group.

Descriptive Information Form

The Introductory Information Form includes questions regarding sociodemographic characteristics such as age, education level and obstetric characteristics such as preferred delivery method, actual delivery method.

Semi-Structured Individual Interview Questions Form

The questions in this form are open-ended to allow the fathers to freely express their emotions. The semi-structured interview form includes three questions: "What do you think about birth?", "What are your feelings about birth?", and "How did you cope with the stress you experienced during the birth?" These questions are designed to learn about fathers' feelings and thoughts about birth.[17]

Data Collection Process

The interviews were all conducted by the same researcher, identified as GD, in quiet interview rooms in the clinics, which had adequate lighting and ventilation. At the time of this study, the researcher, who had training in qualitative research methods, was working as a nurse at a different hospital. The interviews lasted between 23 and 46 minutes, with an average duration of 32 minutes. All interviews were recorded with a voice recorder, with the fathers' permission, and were conducted individually with each father.

Data Evaluation

Content analysis, as described by Graneheim and Lundman,[18] was used to analyze the data. Immediately after completing each interview, the data were transcribed onto a computer and coded independently by two researchers. Subsequently, the similarities and differences in

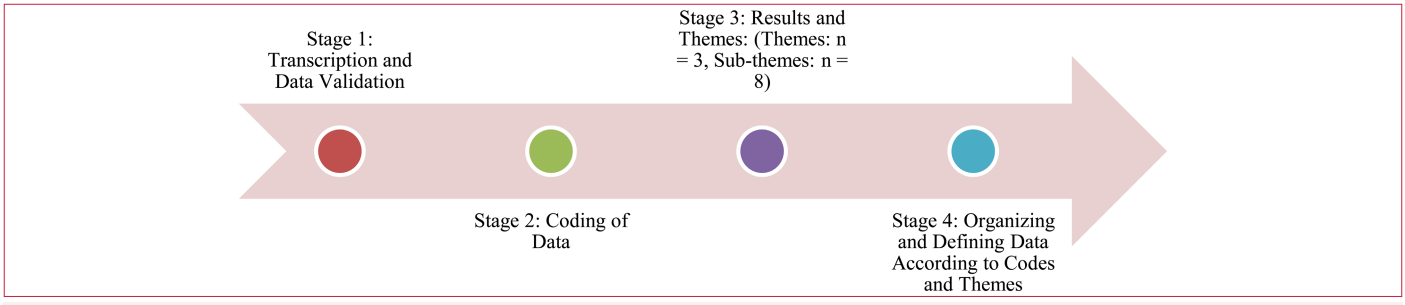

Figure 1. Data analysis process.

the coding were assessed, and the codes, categories, and themes were determined through discussion among the researchers. The data were interpreted according to the themes and codes, and the research report was written using quotations from the participants (Figure 1). While writing the research report, participants were coded as Father 1, F1, F2, etc., and the security of the data was ensured.

Rigor and Trustworthiness of Qualitative Analysis

Before starting the study, all participants were given simple and understandable written and verbal information about the study subject and method, and their written and verbal consent was obtained. To ensure the reliability of the study, the interviews were recorded with a voice recorder. Permission was again obtained from each participant before starting the recording. During the semi-structured interviews, the researcher asked each individual similar questions and recorded their responses. Observation notes were kept by the researcher during each interview. Following each meeting, an interview report was written on the same day, based on the audio recordings and observation notes. Each report from the interviews was independently analyzed by both researchers. After the study was completed, all interviews were analyzed independently by both researchers, who then conducted a joint analysis with the results they obtained and proceeded to the report-writing phase of the study. The qualitative data of the study were presented by quoting directly from the participants. In terms of the confirmability of this study, the results obtained by the researchers were conveyed to the reader in a clear and understandable manner. These practices aim to ensure the validity and reliability of the research.

Ethical Considerations

Institutional approval was obtained from the hospitals where the study was conducted and from the Non-Interventional Clinical Research Ethics Committee of the Pamukkale University (Approval Number: 60116787-020/37679, Date: 29.05.2018). All fathers were informed about the study, and it was explained to them that the interviews would be recorded. Only the researchers had access to the records obtained during the interviews. Verbal and written consent was obtained from all fathers who agreed to participate in the study. The principles outlined in the Declaration of Helsinki for human investigations were adhered to in this study.

Results

Sociodemographic Characteristics

The fathers were between 22 and 33 years of age. Seven of them had completed primary school, five had finished middle school, and five had attained higher education. All were married and employed; one had a low income level, while 16 had a moderate income. Fifteen had become fathers as a result of a planned pregnancy. Sixteen of the fathers preferred a vaginal birth, and one preferred a cesarean birth. Twelve of the births were vaginal, and five were cesarean. None of the fathers had participated in childbirth education classes. Four of the fathers stated that their knowledge about childbirth was adequate, five reported it as partially adequate, and eight considered it inadequate (Table 1).

Three themes and eight sub-themes were identified from the findings obtained from the interviews with the participants (Figure 2).

Table 1. Characteristics of Participants

Variables	Number	%
Age		
Less than 25	5	29.4
25-34	12	70.6
Education Level		
Primary School	7	41.2
Middle School	5	29.4
High School	5	29.4
Income Level		
Low	1	5.9
Middle	16	94.1
Marital Status		
Single	0	0
Married	17	100
Planned Pregnancy		
Yes	15	88.2
No	2	11.8
Preferred Mode of Delivery		
Vaginal Birth	16	5.9
Cesarean Birth	1	94.1
Actual Mode of Delivery		
Vaginal Birth	12	70.6
Cesarean Birth	5	29.4
Childbirth Education Classes		
Yes	0	0
No	17	100
Birth Information		
Inadequate	8	47.1
Adequate	5	29.4
Partially Adequate	4	23.5
Total Participants	17	100

Theme 1: Thoughts on Childbirth

Thoughts on childbirth were grouped into three categories: vaginal birth, cesarean birth, and being present at the birth.

Sub-theme: Vaginal Birth

A large proportion of the participants (n=16) emphasized that a vaginal birth was a healthy and natural method for both the mother and baby. The fathers said that with a vaginal birth, the mother recovered and returned to normal life in a shorter time (n=8). Some of the fathers stated that a vaginal birth was better for diseases of the mother's reproductive organs (n=10). Additionally, some fathers

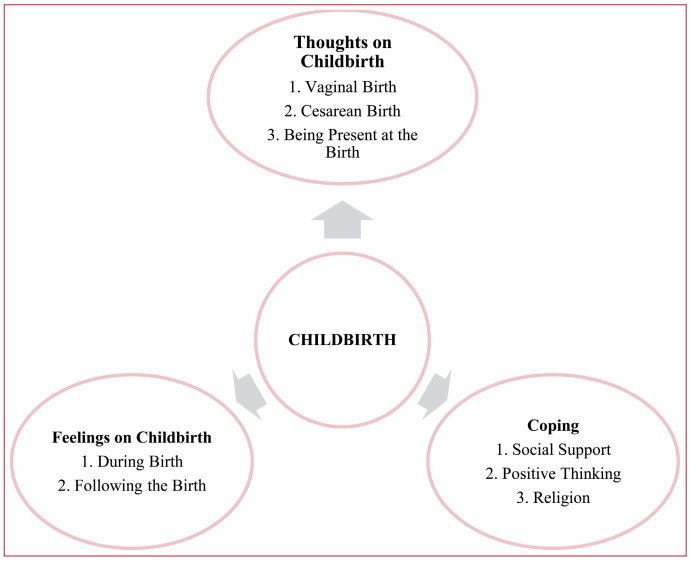

Figure 2. Classification of themes and sub-themes.

mentioned that they thought vaginal birth had a positive effect on maternal feelings (n = 10).

> *"A vaginal birth raises a mother's maternal feelings. I think that's because after that pain, they take better care of the baby."* (F7)

Sub-theme: Cesarean birth

A large proportion of the fathers (n = 16) stated that a cesarean birth should be preferred when there is a risk to either the mother or the child, or when a vaginal birth is not possible.

> *"A cesarean is something which can be used in a dangerous situation... it is something that is done when harm can come to the child or the mother..."* (F9)

Some of the fathers stated that they thought a cesarean birth was risky for both the mother and the baby, and that complications could develop in cesarean births (n = 10). The fathers stated that they did not prefer a cesarean birth because in the postpartum period, the mother would recover more slowly, she would need help in caring for herself and the baby, and after recovery, she would feel pain at the incision site (n = 16).

> *"In a cesarean birth they turn a person inside out... they put the stomach and everything to one side, and they take the baby out. It is risky for both the mother and the baby."* (F7)

Some fathers thought that a cesarean birth would limit the number of children they could have. Fathers who wanted a big family stated this as a negative factor (n = 3).

> *"When you have a cesarean, you are not allowed to have more than two or three children. After three, the doctor will not give approval. So that is a risk for those of us who want a bigger family."* (F10)

In contrast, some fathers said that they thought a cesarean birth was easier and less painful for the mother, and that it made the birth process easier (n = 2). Nevertheless, one father mentioned that even though it made things easier, a cesarean birth was not a harmless act.

Sub-theme: Being Present at the Birth

Many of the fathers (n = 12) expressed a desire to be with their wives in the delivery room, but some (n = 5) did not. Those who wanted to be there said that they thought that their presence at the birth would be helpful for the mother (holding her hand, making helpful suggestions, helping with breathing exercises, etc.). However, none of the fathers were able to be present at the birth because the hospitals where the births took place do not allow it.

> *"We could have done the breathing exercises together; I could have held her hand and said a few words to reassure her that I was with her."* (F15)

Some fathers did not want to be present at the birth for reasons such as not wanting to see their wives in pain, fearing they might not be able to handle what they saw and might faint, they might cry, they might be afraid and interfere with the health personnel, or they might have a negative effect on their wives (n = 5).

> *"Seeing that pain... No, it is not something I could handle. I could not stand it. I would cry in front of her, and then she would cry from seeing me cry. I mean, I could not offer any encouragement."* (F9)

Theme 2: Feelings on Childbirth

Feelings on childbirth were grouped into two categories: during birth and following the birth.

Sub-theme: During Birth

A large proportion of the fathers stated that they felt fear during the birth (n = 12). Fathers who felt fear were afraid that harm would come to their wives or their baby, or that they would die. Apart from fear, the fathers stated that they felt stress, excitement, happiness, impatience, worry, curiosity, tension, and sadness. Some of the fathers stated that they cried because of the strong emotions they experienced (n = 2).

> *"Maybe this was the most difficult night in my life so far. I have never felt so much stress or felt so bad... Time did not pass... Yesterday I cried for the first time."* (F6)

Some fathers stated that they experienced more than one intense emotion simultaneously (n = 9).

> *"I felt all the emotions all mixed up together – happiness, fear, worry, impatience..."* (F14)

Sub-theme: Following the Birth

The fathers who felt fear stated that when the birth was completed safely and they saw the mother and baby, their fear disappeared, and they felt happiness, love, and relief (n = 11). The fathers described their feelings when they saw their babies and held them as deep happiness and excitement. Some fathers stated that they tried not to show these feelings due to social pressure (n = 4).

> *"Oh, the moment I inhaled the baby's scent... My eyes welled up with tears. Even now, that distinctive smell of a newborn lingers in my memory."* (F7)

Many fathers stated that they felt more than one emotion at the same time after the birth (n = 14).

"I have got all sorts of different feelings. On the one hand, you feel happy, and on the other, sad." (F1)

Theme 3: Coping

Coping was grouped under three categories: social support, positive thinking, and religion.

Sub-theme: Social Support

Waiting with relatives or being in contact with them during the birth was calming for the fathers. Some of the fathers stated that health personnel had supported them in coping with the stress they felt at the time of the birth (n = 6), but others said they had not received enough support (n = 11). Fathers who were unable to have good communications with health personnel during the birth said that it caused them stress and made the period difficult for them. The fathers had expected to receive information from health personnel on the progress of the birth and the health of their wife and baby (n = 11).

"When I asked how the birth was going, if they had just told me my wife was OK, that would have been enough." (F5)

Sub-theme: Positive Thinking

Some fathers who felt fear stated that they had coped with their fears through positive thinking (n = 5).

"The way my wife and I always motivated ourselves was like this: 'It will be born healthy, it will be born healthy.' We kept on saying that." (F2)

Sub-theme: Religion

Some fathers who felt fear stated that they coped with their fear through prayer (n = 7).

"I prayed ... I just prayed. I prayed for my wife, for our baby, for them to be healthy. There was nothing else I could do. Praying was good for me too, I felt safe." (F10)

Discussion

This study found that most of the fathers preferred vaginal birth and thought it was natural, safer, and healthier. The fathers stated that in a vaginal birth, the mothers recovered in a shorter time and returned to normal life sooner, that it was beneficial for illnesses of the mother's reproductive organs, and that it positively influenced their feelings of motherhood. A few of the fathers said that they thought cesarean birth was an easier and less painful method, and that it made the birth process easier. These results are in accordance with previous studies.[2,19]

In this study, it was found that fathers thought good motherhood is linked to experiencing labor pain. The meaning given to labor pain is influenced by the culture individuals live in.[20] In another study in Turkish culture, it was stated that labor pain helped the mother to better understand the value of the baby and to feel the feelings of motherhood more intensely.[21]

This study has shown that many of the fathers wanted to be present at the birth to support their wives. The fathers wanted to be with their wives, hold their hands, make positive suggestions, and help with breathing exercises. The results of previous studies also show that fathers wanted to support their partners by being present at the birth.[1] Fathers wanted to support their partners through methods such as talking to them, holding their hands, massaging, and aiding with walking and breathing exercises.[22] In this study, the fathers who wanted to enter the delivery room were not able to do so because the hospitals did not allow it. Most public hospitals in Türkiye still do not allow the father to be present at the birth. In the Mother-Friendly Hospital Program of the Turkish Ministry of Health, women giving birth in hospitals designated as mother-friendly have the freedom to choose one suitable companion to be with them at the birth.[23] However, there are few of these hospitals, and not all women are able to make use of this right.

Some of the fathers in this study were found not to want to be present at the birth. The reasons for this included not wanting to see their wives in pain, being unable to stand what they were seeing and fainting, fearing that they might cry, feel fear, interfere with the health personnel, or have a negative effect on their wives. An emergency situation in the delivery room, a painful process, or witnessing a medical intervention could cause the father to feel bad.[24] Fathers who are present at the birth may leave the room or choose not to attend the birth because they do not want to see their wives in pain or because they are afraid.[8] Supporting fathers in the delivery room during birth positively affects their ability to cope with the negative emotions they feel and their desire to be involved in the birth process.[25]

It was found that a large proportion of the fathers felt fear during the birth, fearing that their wife or their child might come to harm or die. Previous studies have also found that fathers experienced fear during the birth.[1,3,24,26] In the present study, it was found that when the birth was completed safely and they saw the mother and child, the fathers' fears disappeared, and were replaced by feelings of happiness, love, and relief. Similar to our research results, it is known that fathers' fears disappear after birth.[8,24,25]

Fathers can experience more than one emotion simultaneously at a birth.[24] It was found in this study also that the fathers could experience intensely positive and negative emotions at the same time. They experienced stress, excitement, happiness, impatience, worry, curiosity, tension, and sadness. Similarly, in the literature, fathers were seen to experience stress,[24] worry,[25] and excitement and impatience[4] at a birth. It was found in this study that some fathers cried because of the intense emotions which they felt, and some tried to hide their feelings because of social pressure. In Turkish culture, it is believed that men should be strong and firm. It is considered inappropriate for men to cry in front of others.[27] Dolan and Coe[11] showed that the fathers thought that showing the feelings they experienced during the birth process would damage the respectability of their male role in society, and they preferred to hide their feelings.

Fathers need support during a birth, and the first people they expect help from are the health personnel. Information from health personnel will help a father to cope with fear and stress.[17] In this study, it was shown that some fathers did not receive enough support from health personnel during the birth. Fathers who were unable to establish adequate communication with the health personnel during the birth said that this caused them stress and made the process more difficult for them. Dolan and Coe[11] also stated that fathers who were not supported by the health personnel had difficulty in coping with negative emotions.

Fathers whose stress and anxiety are not noticed and who are insufficiently supported during a birth continue to feel stress and anxiety in the period after the birth.[13] For this reason, it is of great importance to identify fathers who need the support of the health personnel and to provide the support they need.[5]

In this study, it was found that the support of relatives, thinking about positive things, and religious activities such as praying or reading the Quran during the birth were important in coping with stress. Expressing negative thoughts to their relatives makes it easier for fathers to cope with these thoughts.[28] It is also known that thinking negatively causes negative emotions, whereas thinking positively helps to cope with negative emotions.[29]

Limitation

This study is important in that there are few studies investigating fathers' emotions and thoughts about birth. However, this study has two limitations. Because the hospitals did not allow fathers into the delivery room, none of the fathers were present when their wives gave birth. This hindered collecting data on the fathers' experiences during the birth. Additionally, a qualitative study is inherently non-generalizable. It is valid only for the group in which the study was conducted.

Conclusion

It was established that the fathers found a vaginal birth more natural and healthier, and that they wanted to be with their partners during the birth. It was found that the fathers intensely felt a large number of positive and negative emotions at the same time, principally fear, and also stress, excitement, happiness, impatience, worry, curiosity, tension, and sadness. In coping with stress during the birth, the fathers felt the need for the support of relatives and health personnel, positive thinking, and religious activities. It was observed that some of the fathers were not adequately supported by the health personnel. It must not be forgotten that not only mothers but also fathers need support. Based on the results of our study, we recommend that willing fathers be included in the birth process and be given the support and information they need during the birth process. More qualitative and quantitative studies are needed in different cultures to determine fathers' feelings and thoughts about birth.

Ethics Committee Approval: Ethics committee approval was obtained from the Non-Interventional Clinical Research Ethics Committee of the Pamukkale University (Approval Number: 60116787-020/37679, Date: 29.05.2018).

Informed Consent: Verbal and written consent was obtained from all fathers who agreed to participate in the study.

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