

**THE NURSE'S ROLE DURING THE CHILDBIRTH
EXPERIENCE OF FIRST-TIME FATHERS**

Honors Thesis

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Abstract

The experience of first-time fathers during childbirth has changed dramatically over the last several decades. Recent studies have demonstrated that though the support person plays a major role in childbirth, they are often overlooked. Some first-time fathers may feel like they did not have many choices or a voice in the childbirth experience. This study analyzed the experiences of seven first-time fathers through personal interviews and is aimed at helping nurses adapt their care to better include fathers. These interviews identified a need for improved assessment of first-time fathers desired involvement in childbirth and ultimately leading to the development of an efficient tool to fill this gap.

Keywords: first-time fathers, childbirth, nurses' role, involvement

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The beauty of childbirth is something often discussed in today's culture. Television shows, movies, classes, and so much more are focused on this topic. However, an important part of that experience is often left out or overlooked. Though fathers play an important role in a child's growth and development, they are not always seen as important team members during childbirth. This student researcher wanted to explore the experience of first-time fathers' to better understand how nursing can assist fathers at this time.

Background

Few studies have been conducted about the experience of first-time fathers during childbirth. Prior to conducting this study, five research studies were used for background information. Each study explored a specific part of the fathers experience with childbirth, but none focused on the nurse's role in this experience. Eggermonta and colleagues (2016) explored the needs of fathers during childbirth. The researchers surveyed 72 participants and asked questions about if they needed support and specific information during their childbirth experience. Demonstrating what fathers need during childbirth, the study informs best practice in the childbirth setting. Redshaw and Henderson's 2013 study reflected the varying levels of involvement among fathers during childbirth and how they perceived communication with staff. The majority of fathers rated communication with staff as 'very good.' However, communication in the post-partum setting was ranked lower than antenatal and intrapartal communication. This may reflect a lack of involvement of new fathers by post-partum nurses. To inform and guide this study, the aforementioned studies allowed this student researcher to identify a significant research gap regarding the nurse and first-time father relationship.

Methodology

Personal interviews with first-time fathers were used to conduct this study. Each of the seven interviews were conducted in the participants home or place of business and lasted ten to fifteen minutes. Each interview varied slightly in time depending on individual willingness to fully open up to the researcher and talk about the experience. Younger participants who had their first child within the last five years had more to say than the participants whose first child was born twenty or more years ago. Each interview began with explanation of the consent form and allowing the participants time to read and sign the form. Participant demographics were then collected. Following completion of demographic information, the interviews began and consisted of seven pre-written questions as reflected in Appendix A. The questions served to direct data collection.

Data Analysis

Data analysis of this study was done using a revised Colaizzi Method. The Colaizzi Method consists of rereading notes and listening to audio recordings of each participant. Statements and keywords are then extracted to inform the study. Meanings are established, and themes identified. These themes, meanings, and statements helped to establish structure for the study and explain the interview questions. Normally, the Colaizzi Method includes returning this data to the participants for reviewing but due to limited time, this step was not undertaken. However, the participants were invited to view the study outcomes.

Findings

Initial data collected involved broad demographics including age. The participants ages ranged from 30 to 59 years old, and their ages when their first child was born ranged from 18 to 32. All participants were married, non-Hispanic, white males. Three out of the seven participants identified as following the protestant religion while the other four expressed no religious

followings. Three participants attended high school and two of them were high school graduates. Three participants had some college education, and one participant completed four years of college culminating in a bachelor’s degree.

Table 1:

PARTICIPANT NUMBER	AGE	AGE WHEN 1 ST CHILD WAS BORN	ETHNICITY	RACE	RELIGION	MARITAL STATUS	HIGHEST LEVEL OF EDUCATION	JOB TITLE AT TIME OF 1 ST CHILD’S BIRTH
1	30	28	Non-Hispanic	White	None	Married	High School	Supervisor
2	52	28	Non-Hispanic	White	Protestant	Married	Some College	Tractor Trailer Driver
3	59	23	Non-Hispanic	White	None	Married	Some College	Mechanic
4	56	26	Non-Hispanic	White	Protestant	Married	High School	Mechanic
5	31	27	Non-Hispanic	White	None	Married	Bachelor’s Degree	Head Screen Printer
6	40	18	Non-Hispanic	White	Protestant	Married	High School	Driver
7	34	32	Non-Hispanic	White	None	Married	Some College	Restaurant Server

Using the Colaizzi Method, four key themes were identified. Theme one identified how first-time fathers have varied levels of desired participation. Theme two demonstrated how father-newborn bonding varies by participant and the year that their first child was born. Theme three highlighted the good and bad moments that resonated with each first-time father. Finally, theme four reflected each first-time fathers’ emotions during their child’s birth.

Theme one focused on the desired involvement level of each first-time father and how it varied greatly with each participant. Clearly voicing their level of involvement during their first-time childbirth experiences: respondents provided the following information. Some wanted to be involved as much as they possibly could while one participant described a desire to maintain

limited involvement in the first-time childbirth experience. Two participants were proud of the fact that they went to every prenatal appointment and helped in any way they could while other participants desired less participation. One subject voiced his concern that he did not feel confident in his abilities at the time. This led to hesitancy in his level of involvement. Another participant said that a nurse had asked him to hold his partner's leg during the third stage of labor, but he wanted only to serve as emotional support. Situations such as this may cause fathers to feel obligated to do something they are not comfortable with and may take away from their first-time childbirth experience. This theme highlighted that not every first-time father wants the same thing out of this experience.

Theme two reflected first-time fathers' experiences with bonding with their newborn. The three fathers whose first children were born between the years of 2015 and 2017 described skin-to-skin contact when discussing bonding. The four fathers whose first children were born between the years of 1982 and 1996 mostly talked about holding and caring for their newborns. One of the newer first-time fathers also explained that his nurses told him to take the baby's hat off while holding or feeding which was contradictory to what he had heard. One participant specifically stressed that he wished the nurses had better educated him on the importance of the father-newborn bond and how it differs from the mother-newborn bond. He felt this area was not addressed as well as it could have been.

The third theme highlighted moments resonated with the first-time fathers, both negatively and positively. For example, one participant stated that the post-partum nurse made he and his wife feel like 'just another couple.' He did not feel that the nurse tried to connect with them and because of this he remembered her well. Another participant noted that the nurses did not inform him about how his baby would react to a circumcision. Stating that nurses did not tell

him the newborn would scream, though this information may seem minor some parents may see it as a deterrent for this procedure. Another participant noted that during the high-risk delivery of his twins, he felt neglected by the nurses because they failed to inform him where and why one newborn was removed from the delivery room. An additional participant noted that having the same nurse two days in a row helped facilitate a better bond that helped him feel more comfortable.

One participant was happy that his nurses gave he and his partner more options instead of instructions. This helped him feel more in control of the situation and more comfortable with what was happening with his newborn. He highlighted how the nursing staff took on a team approach after his baby arrived. He said that the nurses took over the care of his newborn initially allowing him to ease into parenthood which was appreciated.

The fourth theme reflected the feelings that first-time fathers experience during the childbirth process. Each participant voiced how they felt very clearly. Though some of the fathers could not remember certain details of the experience, they distinctly recalled how they felt. Almost every participant reported feeling included and supported but overwhelmed and stressed. One participant described feeling frightened as a first-time father whose partner underwent a high-risk delivery. Two participants voiced contradictory perspectives. While one believed the first-time childbirth experience to be life changing for him, the other participant reported it was not that way for him. This same participant also voiced tremendous anxiety regarding the possible decision that fathers may have to face regarding saving their partners or their babies if something had gone wrong in childbirth. That thought was prevalent throughout the childbirth experience. He further described feeling alienated by the health care professionals because they wore personal protective equipment whenever in the hospital room since his

partner had a past history of Methicillin-resistant *Staphylococcus aureus* (MRSA). He expressed that he felt like there was 'something wrong with them' because everybody wore gowns. This feeling ought to be recognized by nurses, so infection control policies might be better explained to patients. Another participant believed he had been left alone for long periods of time without nurses checking in on them. Simply checking in frequently may help ease the minds of those experiencing first time childbirth.

Suggestions were made by the participants about how nurses could address the needs of first-time fathers during the childbirth experience. Though three of them had no suggestions the four who did mentioned things such as assigning the same nurse day to day when possible and promoting a pre-admission hospital tour. Both of these things helped the fathers feel more comfortable. The father who experienced the high-risk delivery expressed his wish of keeping the father informed during an emergency. He felt as though communication could be better in those situations. Another participant wished that the nurses had informed him of what he could do to feel more helpful in situations where he felt as if there was nothing he could do. The most unique suggestion came from a participant regarding a first-time father checklist. During the interview he proposed a pre-made checklist that could be presented to first-time fathers either during their pre-admission tour or upon admission that would describe things that first-time fathers could do to be more involved. For example, the father could check off his desired level of involvement which could be provided to nursing staff to plan the father's involvement. Situations where fathers might feel pressured to do something that they do not want to do could be avoided. A sample of this tool has been created (Appendix B). Each hospital or birthing center could create versions of the tool depending on services offered within their facilities.

Nursing Implications

This study has helped to identify ways in which nurses can help first-time fathers during the childbirth experience. Educating, informing, questioning their desired level of involvement, and treating them as important childbirth team members are ways in which nurses might facilitate a more positive first-time childbirth experience for fathers. This data will assist nurses in better understanding how first-time fathers experience childbirth and how their experiences may be improved. Therefore, the information presented in this study is meant to assist perinatal and post-partum nurses in facilitating enhanced first-time fatherhood experiences.

Limitations

A limitation of this study was its small sample size. Seven participants did not adequately reflect a wealth of reported experiences. Another limitation of this study was the sample populations lack of diversity. This lack of diversity may not adequately reflect the experiences of all cultures and ethnic groups.

Conclusion

Four key areas were identified regarding first-time fathers' experiences with childbirth. The first one was their desired level of involvement. This study demonstrated that all fathers do not wish to be involved in the same ways. The variety of participant responses reflected that nurses cannot expect all first-time fathers to be involved in the same ways. Theme two indicated that bonding practices have changed over the last twenty years. Skin-to-skin contact is now a current evidence-based nursing practice. This theme also identified a lack of education surrounding father-newborn bonding. Theme three identified what moments resonated with first-time fathers, both positive and negative. The participants revealed that many things that nurses do are remembered by patients for years thereafter. Theme four encompassed the varying emotions felt by first-time fathers during childbirth. The necessity of support and inclusion stood

out for most first-time fathers particularly when feeling overwhelmed. Finally, a participant provided a valid suggestion for a tool (Appendix B) that nurses might use in hopes that the childbirth experiences of first-time fathers might be enhanced. Based on the results of this study nurses might consider providing improved emotional support, increased intra and post-partum teaching and greatly attempts at improving the nurse-father relationship during the first-time childbirth experience.

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Appendix A

Interview Questions

1. Describe the birth of your first child. How was the nurse involved with you throughout this process?
2. How do you feel about your involvement in the childbirth experience?
3. Is there anything you wish had happened differently?
4. How did the nurse promote bonding between you and your first-born child?
5. Was there a nurse who stuck out the most to you and why?
6. Did you feel supported by the nurses during this time?
7. Do you have any suggestions of ways nurses can better cater to fathers specifically?

Appendix B

Father's Wishes – Checklist

Studies have shown that all fathers have different desired levels of participation when it comes to the birth of their child. The purpose of this checklist is to let your nursing staff know what you feel comfortable doing and what you do not feel comfortable doing. If you have any questions about anything on the list, please feel free to ask. If you need pointers on how to do certain items, such as breathing techniques or massage techniques, please let the staff know and they can help. We aim to make this the best experience that we can for you and this is just one of the ways that we can achieve that.

- | | |
|--|--|
| <input type="checkbox"/> Help mom with breathing techniques | <input type="checkbox"/> Participate in first bath |
| <input type="checkbox"/> Help coach Mom through | <input type="checkbox"/> Learn how to change a diaper |
| <input type="checkbox"/> Massage mom's back | <input type="checkbox"/> Learn how to swaddle |
| <input type="checkbox"/> Hold mom's hand | <input type="checkbox"/> Be involved in breastfeeding teaching |
| <input type="checkbox"/> Hold mom's leg while pushing | <input type="checkbox"/> Participate in bottle feeding |
| <input type="checkbox"/> See the baby's head come out | |
| <input type="checkbox"/> See the baby come out | |
| <input type="checkbox"/> C-Section – Look over curtain | |
| <input type="checkbox"/> Cut the umbilical cord | |
| <input type="checkbox"/> Have footprint stamped on arm | |
| <input type="checkbox"/> Participate in skin-to-skin bonding | |
| <input type="checkbox"/> Observe first shots | |
| <input type="checkbox"/> Observe first bath | |

Please list your favorite snack and drink so that the nursing staff can bring them to you when they are bringing in things for mom and baby.

Favorite snack:

Favorite drink:
