

Title: Claiming their place - Men's interactions with midwives within maternity care

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Abstract:

Over the past two decades there has been increased interest in the role of men in the childbearing and childrearing process. However, there is a dearth of evidence which specifically focuses on the role of midwives in facilitating men's transition to fatherhood. The aim of this paper is to explore men's experiences of their interactions with midwives during the antenatal, intrapartum and postnatal period and discuss whether these interactions impact on their transition to fatherhood. Glaser's classic grounded theory methodology was used to theoretical sample 37 first time fathers from two large urban maternity care sites and one rural area in Ireland. Data were analysed using the constant comparative method. The findings suggest that most men attend antenatal care appointments, although it's not about them they do value being included by midwives. Men's inclusion in maternity care is dependent on the maternity care staff they meet and the busyness of the hospital at that time. Both positive and negative encounters make an impact on transition to fatherhood in terms of gaining knowledge and skills necessary to increase their confidence as a father. The inclusion of men by midwives in antenatal, intrapartum and postnatal care make an impact on men's transition to fatherhood, therefore midwives need to be cognisant of the supportive role of the father to his partner and baby.

Keywords: First time fathers, Maternity care, Midwives interactions, Grounded theory

Background

Prior to the 1930s childbirth predominately happened in the home, where women were attended by female birth attendants who were usually friends who were mothers themselves. These women had a great deal of experience in knowing how to care for a labouring woman and often the expectant father waited outside for his baby's arrival. Throughout the next four decades the birthing environment moved from home to hospital and by the 1970s most births happened in hospital. Up until this time men gathered as a group in the waiting rooms of the maternity hospitals. These rooms were usually close to the labour ward where men paced the floors and awaited news from the midwife about their baby's arrival. In other instances men's main role was driving their partner to the maternity hospital and leaving them in the care of maternity care staff. In some units during the 1960s men were allowed to go into see their partner in the early stages of labour or the woman could visit her partner in the waiting room if it was quite (Leavitt 2009). It wasn't just the labour room which removed men from seeing their baby, when it came to the postnatal ward there were designated visiting times for fathers to see their baby and very often this was through a glass partition in the nursery.

Men in the western world weren't allowed into witness the birth of their baby because there was much opposition by physicians and maternity care staff because they were seen as carriers of infection, in the way, a nuisance and they could faint. In addition some felt they might be perverted in some way wanting to watch childbirth and obstetricians were afraid that some fathers might bring a law suit against them (Chapman ?; (Leavitt 2009).

It wasn't until the late 1960s in the UK (Guardian 1965) and the mid 1970s in Ireland when men were allowed into the birthing rooms in hospitals to witness their baby being born. This

event came about as a result of the women's movement and from men's voices themselves (Leavitt 2009). In Ireland by 1989, up to 60% of men attended the birth of their child (Moloney 1989). Today the vast majority, i.e. from 96% (Singh and Newburn 2000, NHS 2005) to 98% (Newburn et al. 2011) of men witness the birth of their baby and this figure may be higher but statistics on men's presence in maternity care are not collated in the Republic of Ireland.

There are a number of reasons why men should be involved in maternity care, which include benefits to their partner, their baby and themselves. Men are considered mothers primary source of support (Institute 2008) and women want them present (Bondas-Salonen 1998); men also influence the duration and success of breastfeeding (Gamble and Morse 1993, Swanson and Power 2005, Tohotoa et al. 2009) and their lack of support decreases women's emotional wellbeing which can lead to postnatal depression (Hildingsson et al. 2008). There is substantive evidence to support the many benefits of a father's involvement with his child, which include positive behavioural, physical, social, psychological and educational wellbeing (Allen and Daly 2007, Sarkadi et al. 2008, Lamb 2010). Becoming a father is also beneficial to men as they indulge in less risky health behaviours (Richardson and Carroll 2008) and fatherhood increases their self confidence and satisfaction with life (Eggebeen and Knoester 2001).

Methodology

Considering the many benefits a fathers positive involvement has on his child, his partner and himself, it is important that he is involved with his partners pregnancy from the outset, consequently the aim of this paper is to explore men's experiences of their interactions with midwives during the antenatal, intrapartum and postnatal period and

discuss whether these interactions impact on their transition to fatherhood. This data is part of a larger study on men's experiences of becoming a father. The methodology used for this study was Glaser's classic grounded theory. Through the process of theoretical sampling 37 first time fathers were recruited to the study and most were interviewed on two occasions. The constant comparative method of analysis was used and it emerged that men needed to be interviewed at different stages throughout their partner's pregnancy and the postnatal period. Consequently, participants were interviewed once in the antenatal period and the timing of these interviews ranged from 15 to 38 weeks gestation of their partners pregnancy. Participants were also interviewed again in the postnatal period and interviews ranged from 6 weeks to 5 months after the birth of their baby. In total 68 interviews were conducted, where 29 men participated in the pre and post birth interview (see table 1) . Three additional participants were interviewed in the antenatal period only and the reasons why they declined to be involved in the postnatal interview was because one of the participants was very busy with a new job and moved house around the same time, another participant's child was hospitalised and the third participants cancelled the interview on 3 occasions. Five participants were interviewed only in the postnatal period because 2 of their partners went into premature labour around the time the antenatal interview was planned and another 3 father's contacted the first author only after the birth of their baby and two were subsequently interviewed on 2 occasions in the postnatal phase (6 weeks and 4 months).

Table 1: Number of interviews conducted on participants

Number of participants N=37	Antenatal interview N=31	Postnatal interview N=35	Total number of interviews 68
29	29	29	58
3	3	0	3
5	0	5 (2 x2 interviews)	7
Total = 37	32	35	68

The mean length of the antenatal interview was 51 minutes and the postnatal interview 54 minutes. Thirty four participants took part in a face to face interview and 3 participants from the rural area in Ireland took part in a telephone interview. The first author conducted all interviews and in keeping with grounded theory interviews were unstructured and started with a very open question – tell me about your experiences of becoming a first time father? All participants were interviewed on their own, that is, without their partner being present and these interviews took place in a range of venues, for example, their homes, their workplace, cafes, bars and the first author’s workplace.

Data was analysed through the constant comparative method of analysis, where each participant’s data was compared with every others participant’s data. The antenatal and postnatal interviews of each participant were also compared with each other and with others participants data. All interviews were transcribed in their entirety and memos were written up throughout the process of data collection and data analysis and these informed the theory as it was being generated. Codes were generated and each code was compared with other participants’ codes throughout the study and similar codes were grouped together to form categories. Ethical approval was received from the two maternity care sites, individual participants in the rural area and the higher education institution. All

participants provided written consent prior to each phase of data collection and their right to withdraw at any stage was upheld.

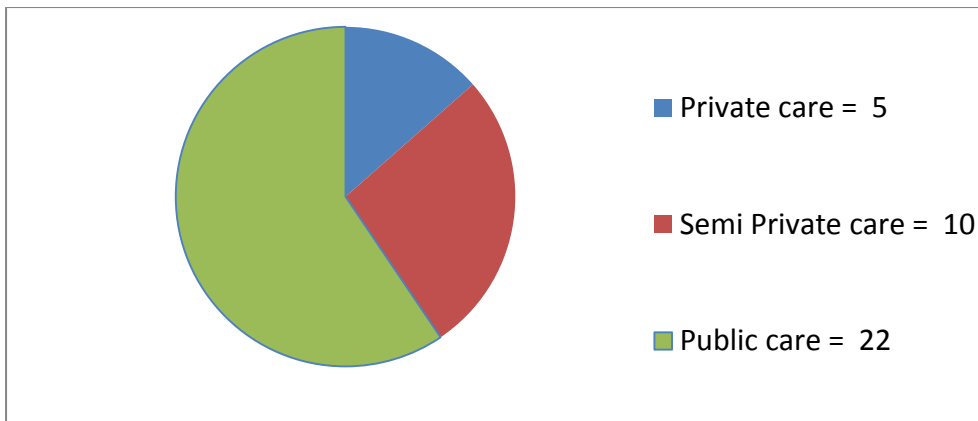
Findings

The average age of participants was 33 (32.9) and their ages ranged from 18-51. Twenty six of these men were of Irish origin and eleven men were from ten other different nationalities (2 Asian, 2 American and 7 European). Twenty eight of these men were in fulltime employment, 3 were employed part-time, 4 were unemployed and 2 were students. Fourteen of these men had attained second level education, 18 were educated to third level or above and 2 were students. The majority of the couples were married, 9 were co-habiting and one was a single father living in his parent's home. The main category that emerged which explains men's experiences of their interactions with midwives within maternity care was "claiming their place". Men's experiences of their interactions with midwives in antenatal education are discussed elsewhere.

Men's interactions with midwives within antenatal care

Generally it's not until the second trimester of pregnancy (usually between 14-18 weeks gestation) that a woman registers for care with the maternity hospital in Ireland. A pregnant woman's first point of contact is her GP, unless there is a first trimester bleed or some other complications then they go directly to the maternity hospital. The types of maternity care accessed by couples in this study are displayed in figure 1.

Figure 1: Types of maternity care accessed



The vast majority of couples availed of obstetric led care (which is the main type of maternity care availed of in Ireland) and only two couples attended a midwife led clinic. Interestingly most men accompanied their partner to the first antenatal visit. Sixteen men went to all antenatal hospital visits; five went to most, while the remainder went to as many appointments as they could. Many men noticed that not all men attend appointments with their partner but they observed that expectant mothers often had a friend or their mother with them.

Overall men's interactions with midwives in antenatal care were mixed. Men interactions with midwives fell into three main types of involvement, i) little to no involvement, ii) maintained a neutral stance on their level of involvement and iii) satisfied with their level of involvement. It was down to the man's disposition, the busyness of the clinics and the staff they met whether they felt involved or accepted as part of the family unit within antenatal care.

Many men whose partners attended obstetric and midwife led care were very satisfied with their level of inclusion.

22.1 Dylan: “[S]he asked me have I any fears or anything I am worried about ... she was quite reassuring, they been great that way”.

Several of these men made themselves involved by asking questions and they were always satisfied with the answers they received from midwives. Some midwives spent a great deal of time engaging with the father also when explaining what happens at these appointments.

20.1 Richard: “...it was explained all the process we will go through and it was very good because we were treated very well. The midwife explained everything to us and spend all the time needed it was very good”.

On the other hand several men took a more neutral stance and once their partner was being well cared for, it didn’t bother them if they were involved or not.

36.2 Henry: “Once the mother is looked after I don’t mind if they involve me or not. The main priority is the mother and baby”.

On the whole men were satisfied with the level of care their partner received, but some men felt midwives did not engage with them during the antenatal care of their partner. A few men felt that they were just being processed at these clinics and that staff were too busy to be caring to the couple.

32.2 Christopher: “Very capable midwives, doctors, nurses but not very caring. It was really, really, really disappointing. ..., why does it have to be such a manufacturing line”?

Rob 18.1: “[I]t’s just rather chaotic and if you don’t know what’s going on, where you are or where you should be, you just feel a bit in the way”.

These men felt as if they were bystanders, in the way and superfluous to the requirements of maternity care. They had made an effort and wanted to be there because they cared

about their partner and their baby.

11.1 Gary: “Don’t feel very useful or welcome to be honest with you. ...the wife is up on the bed and you’re around the corner on a little crappy bench. And if you open your mouth they kind of look down on you as if, shut up I didn’t ask you. And it’s just silly, I feel a bit unwanted there sometimes. ... We’re in it together. It’s not just her, it’s not just me. Obviously she’s having the baby, she’s the most important part of it all, but I think the role of the father should be a bit more appreciated or embraced”.

Some negative interactions men experiences during their partners antenatal visit, was that some men were ignored or left waiting on the bench outside and they didn’t know whether it was acceptable to go in for the visit or not. It was only when these men saw that other men go in with their partner for their antenatal consultation that they then went in with their partner at the next antenatal appointment.

18.1 Rob: “I didn’t know that you could go in. Nobody said, “Listen, would you like to come in with C?” It didn’t happen. Or nobody said to C, “Would you like your partner to come in?”

They couldn’t understand why they were made feel unwelcome, particularly when there were many absent fathers who they thought might not want to be involved with the pregnancy. One father felt that maternity care staff was more focused on the delivery of the baby rather than antenatal care or how the couple might feel.

32.2 Christopher: “[M]aybe for the professionals the clinic isn’t that important. But for us it’s unbelievably important. We’re the ones between each appointment, who are sitting and talking to each other asking is he ok, do you think the baby’s okay? And you’re really looking forward to the next appointment where you can get that reassurance that everything’s fine.

... Probably for the professionals, this isn't important because what will really matter is the delivery. So they probably think these parents are stressing over nothing".

Men find that the clinics are extremely busy and understaffed. They find the queues very long and there is no-where for them to sit as they give up whatever seating places there are for pregnant women. Men wanted to be involved, by merely their presence being acknowledged.

34.2 Lorenzo: "...in all the visits I was paying attention to where the eye contact was, because that validates your presence".

However, some midwives (and other maternity care staff) did not always engage with men in antenatal care. Men are an untapped support person to their partner during these visits. Men don't purposely set out to be involved by midwives at the antenatal care appointments, in fact they have little expectations of being involved, that is primarily because they want the focus to be on their partner and baby. But they accompany their partner because they want to be involved fathers and to support their partner and it does make a difference to them if they are made feel welcome.

25.1 Justin: "I do feel that by being there, you're more involved".

Midwives positive interactions with men in antenatal care does facilitate them in their transition to fatherhood, where they are made feel welcome and comfortable when attending appointments with their partner. Provision of time to answer their questions and any concerns they have also reassures them that their partner and unborn baby are healthy. Men also like to visualise their baby and hear the fetal heart as this is confirmation for them that the baby is real. Men want to be involved as the baby is also part of them.

24.1 Don: “I feel involved... if I was not going to the antenatal classes or the antenatal appointments, I would be feeling left out”.

On the other hand midwives interactions with men whilst undergoing their transition to fatherhood can have a negative impact in that they feel it’s unnecessary to be there because maternity care staff ignore them, make them feel in the way and a nuisance and don’t engage with them. This type of behaviour can further remove the expectant father from involving himself with his unborn child. Men don’t have the physical reminders of the signs of pregnancy and they depend on external sources in facilitating their transition to fatherhood, such as maternity care staff welcoming and engaging with them, acknowledging their presence, facilitating them to listen to the baby’s heartbeat and/or visualise their baby. Some men make themselves involved whereas others want to be involved but don’t know their place within antenatal care.

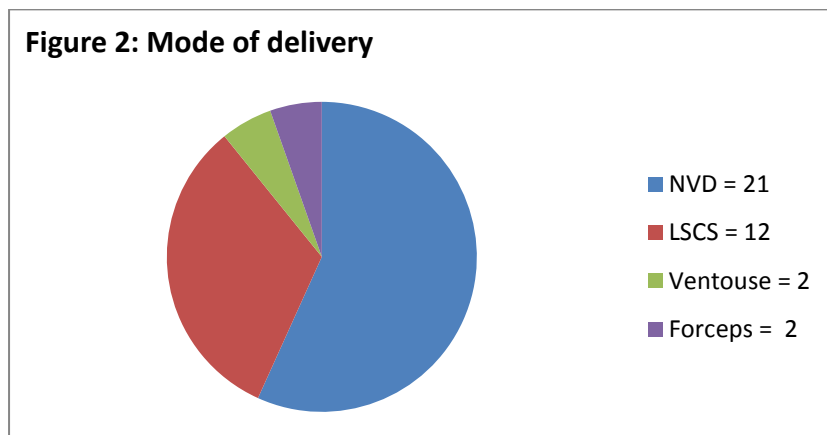
07:1 Sean: “I think it’s important to get fathers there, whether it’s inviting them, asking them both to come.”

Although men go to the antenatal clinic to be an involved father, some don’t always feel welcome, and this is because men perceive the clinics to be very busy, understaffed and no specific role for men there. In addition to this the structural facility of the clinic environment doesn’t do much to make men feel welcome, as there are no father friendly posters/images or leaflets and they just sit on a bench (some stated they were “bored out of their bin”) waiting for their partner’s appointment without any engagement with other men or staff.

Men’s interactions with midwives within intrapartum care

All men accompanied their partner to the labour ward and were present for the birth of

their baby. Twenty one of the men's partners experienced a normal delivery and 12 experienced a caesarean section (Figure 2), where only one of these was an elective section. For the purpose of this paper men's experiences of midwifery care in the operating theatre are not discussed here.



When their partner was in labour men were concerned for the welfare of both their partner and their baby, but they kept these concerns to themselves because they didn't want to cause undue worry to their partner. Although several men visited the labour ward as part of their antenatal class, they still felt a little out of place and loss of control because they were in unfamiliar territory.

On the whole, men provided very positive accounts of the care they received from midwives when their partner was in labour. Most of them recalled their names and many talked about the qualities that midwives displayed which included professionalism, confidence, knowledgeable, skill and in control of the situation.

18.2 Rob: "... there was a midwife with us whose name was X who was wonderful. She was great. She was very reassuring, she was very calm. She was in control".

34.2 Lorenzo: “I have never seen someone so young, so confident in her knowledge. ...She knew what she was doing”.

Some midwives even stayed over their time to facilitate the delivery of the baby.

08.2 Paul: “The midwife was so extremely helpful, so friendly. She stayed over her time to finish with us”.

Other qualities men said that midwives exhibited were respect, sensitivity, humaneness and friendliness. What came up during several conversations is how professional the midwives were and many men were amazed by this.

29.2 Kevin: “I think they were very professional and what I really like, because I’m not from Ireland, is that they involved the doctors minimally, I really like that because child birth is a natural process, it’s not a disease ...”

Men used words like “they were fantastic”, “amazing”, “totally professional”, “first class”, “fantastic” and “unbelievably good” to describe their experiences of midwifery care in the labour ward.

32.2 Christopher: “...you’re made to feel like you’re really important and they’re there to care for you and there to look after you and it’s just stunning”.

However, men’s level of involvement in the labour ward varied from being very involved to less involvement as discussed by William.

15.2 William: “It was between them two and they were saying, “you can stand here and hold her hand if you like”, but they didn’t tell me to do anything at all”.

L.A.: Did that bother you?

15.2 William: “In fact I probably felt, I should back over here a little bit, that kind of a way”.

A couple of fathers said when the midwife went out of the room then they felt more comfortable doing things for their partner. Fathers saw the midwife as the key person to facilitate the woman’s delivery. Many men were frightened when they saw the colour of the baby as it was being born; they had forgotten this information from the antenatal classes. Some men were asked by the midwife if they wanted to do skin to skin contact with their baby and for these men it was a very special moment for them. Some men were also asked by the midwife, generally after the birth of the baby, if they would like to cut the baby’s umbilical cord.

18.2 Rob: “The midwife asked me if I’d like to cut the cord, which was very nice because I had spoken to friends and it never happened”.

On the other hand some men who were asked declined to cut the umbilical cord as they felt this was best performed by a medical person. The midwife then usually gave the father the baby to hold and men valued this time as it was their first opportunity to introduce themselves to their child and say hello.

9.2 Frank: “I took him and it was just a wonderful experience for me as a dad, to actually be able to sit there and be close to her and also have him in my arms for such a long period of time”.

Many men actively ask questions to make sense of the situation (e.g. progress of labour, fetal distress) and actively make themselves part of the birthing process. By doing this they made their involvement known to the midwife caring for them. They felt that if you give the midwives vibes that you want to be involved then they made you feel involved and vice

versa, if you don't want to be too involved they will respect that also.

21.2 Jason: "I made myself part of it, and helped count the contractions so I'd know when they were about to happen, and I was very involved, and I think when you get that response, even from the midwives ... I think that they then really do start to involve you, because you're a help to them more than anything".

9.2 Frank: "I felt like I had an important role because they were asking me questions because G really wasn't able to make certain calls".

When it comes to the care men received from the midwife in the labour ward, midwives make a major impact on men's transition to fatherhood. Labour is an anxious and worrying time for men because they are concerned for the welfare of two people, their partner and their baby. They are in unfamiliar territory, out of their comfort zone and lack a sense of control. How midwives make an impact on men in their transition to fatherhood at this time is by answering their questions, keeping them updated with the progress of labour and explaining any deviations from normal. Men need encouragement from midwives to show their involvement as they see the midwife as the professional who will facilitate the delivery of their baby and some men might stand back if they feel they have nothing to offer to the situation. Several men like to be involved in cutting the baby's umbilical cord, but this needs to be discussed in the early stages of labour and men should not be put in a spot after the birth of the baby as some feel this procedure is best performed by the midwife because they were afraid they would do something wrong. Men really value and treasure the time they get to hold the baby after birth as this is their first opportunity to introduce themselves to their child for the first time.

Men's interactions with midwives within postnatal care

This group of fathers wanted to be involved with the care of their baby from the outset. However, fathers did not have very high expectations of how the midwife might involve them in caring for their baby and it was not until they got home that some fathers felt they had missed out on certain skills and information when they were grappling with the care of the baby themselves. Overall, most fathers had positive experiences of postnatal care and wanted to be included in information and practical sessions concerning the care of their baby. They valued learning this information from the midwife, who they looked upon as the professional with the expert knowledge in this area. Men's involvement in postnatal care was enhanced by two main factors, that is, the disposition and the personality of the man himself, by asking questions and making himself involved and the midwives who engaged them in their postnatal care.

7.2 Sean: "... they showed me how to change the baby and bath the baby. I did everything from the beginning. I got stuck right in".

Several men were shown by the midwife how to change their baby's nappy and bath the baby. In many instances the couples were shown how to do this together and this helped the couple in remembering various pieces of information that the midwife provided.

13.2 Aaron: "It was lovely to be shown how to do that. It gives a great sense of confidence".

Many men felt midwives do their job with passion, and many said they had an enormous respect for them as a team. Most found the midwives to be friendly and when they asked questions they were always answered and their responses put them at ease.

31.2 Senan: “That’s one of the things that struck me about the midwives: that they were very gifted. ...they had this incredible ability to hold the anxiety, their professionalism was- I mean the doctor was around but it was really the midwives work. So that was the lovely experience.....And then the care was excellent in there. The nursing staff were outstanding. All very different personalities but there was no doubt of their commitment. And they got us involved. ...they get you set up. So very quickly you begin to build your confidence”.

However, eight men in this study were not included by midwives in their postnatal care and were not shown how to change their baby’s nappy or bath their baby. The reasons men cited for this is that most of the care of the baby and demonstrations were conducted in the morning and they had missed these. In addition many men found the postnatal ward staff to be very busy and understaffed.

4.2 Daniel:“... they’re so busy; there are not enough of them”.

25.5 Justin: “The post natal ward, they were under so much pressure they didn’t deliver really on anything. You pretty much had to look after yourself...”.

For two of these fathers it didn’t bother them that they were not included in postnatal care, as they didn’t expect to be included in the first instance. However, the remaining six would have liked to be included because they had no prior experience when it came to caring for a baby.

4.2 Daniel: “I hadn’t a clue; I didn’t know what to do”.

They depended on their partner to show them how to change and bath the baby and at times this resulted in some arguments. On the other hand, those fathers who were involved from the outset in caring for their baby, appear to do this more often in the home situation.

12.2 Liam: “I was part of that process and it remained like that”

When men are shown how to care for the baby, it instils confidence in them that they are doing the right thing. Learning how to care for their baby was important to these men and when they did not have this vital information and practical skills it caused them great concern, because many “hadn’t a clue” in knowing how to care for a baby and then “just had to wing it” when they got home.

10.2 Mark: “Information is key isn’t it. The more you know the less stress and worry you do. You’re not winging it there by yourself”.

For first time fathers it’s a trip into the unknown and most have never cared for a baby previously. Fathers who had some prior experience felt so much more at ease in handling a baby and changing the baby’s nappy, although bathing a baby was something new for them all. Once the father was shown, they felt they learned and grasped very quickly how to care for their baby and during the postnatal interviews men talked about how they are now “a dab hand” at doing it. Many fathers felt that the delivery of postnatal care was more orientated towards the mother and baby and many got used to and accepted this.

10.2 Mark: “Maybe tell you a bit more what to do when you get home. Tell the men how to change the nappy, how to hold her, how to carry her, how to get her wind up. ...we got all the pamphlets and stuff but it isn’t the same is it?”

One father from the rural area felt that both young and older midwives completely ignored the father in the postnatal period.

37.2 Evan: “ I really felt excluded in that ward”.

LA: “Do you want to talk to me a little bit about that”.

37.2 Evan: “ I definitely found that all of the focus, every bit of advice and focus and questions was directed towards E, she would have recognised this as well, that the vast majority of the midwives and nurses would completely ignore the father. I don’t think I was even referred to as a father at any stage that I can think of”.

LA: “Yeah”.

37.2 Evan: “... for those three days I felt like I was kind of getting in the way, that I was only a nuisance, that sort of thing. ...And it was something I really had an issue with at the time to be honest”.

The data reveals that men whose partners have a caesarean section get more hands on experience with their baby because their partner is not very mobile in the first few days and they have difficulty carrying the baby. After a caesarean section when the father arrived to the postnatal ward with the baby before the mother left the theatre or the recovery room, the midwife would show the father how to bath and change the baby.

One consistent negative aspect men brought up during conversations were contradictory advice their partner’s was given in relation to breastfeeding and this caused men concern because they could see how upset and distressed their partner was when they were trying to establish breastfeeding.

24.2 Don: “I said “look regardless of who is right, I don’t care who is right, I don’t care if you’re both right, but just sing from the same hymn sheet, because its very distressing, especially when the kid isn’t feeding. They should be all saying the same thing and not causing confusion, or leave something long enough to see will it work out”.

On the other hand many midwives spent a long time facilitating the mother to establish breastfeeding and men were so grateful for this.

Midwives have a major impact on men's transition to fatherhood after the birth of their baby. Men by their very presence want to be involved with the care of the baby from the outset. For the vast majority of men, they don't know how to care for a newborn baby and it's very new to them and are nervous about it initially. Several men were encouraged by the midwife from the outset to bath and change their baby. Men who were involved from the outset in caring for their baby did this more often in the home situation. How midwives make an impact on men during this period is that they instil confidence in them that they can do it, and with practice they build their confidence. Midwives negative interactions with men during this time include the inflexibility of care by not involving them in the skills necessary to care for their baby. Men want to be involved with their child and some need encouragement to do so. If there are any postnatal demonstrations men want to be encouraged and invited to attend.

Discussion

The main category that emerged from men's interactions with midwives within maternity care is "claiming their place". Men are present at antenatal appointment, the birth of their child and spend long periods in hospital when their partner is in the postnatal ward, but men are unsure of their exact role and place in maternity care. This group of men did not have very high expectation of maternity care involvement as their main priority was the satisfactory care of the partner and baby. But men by their very presence, involvement and interest are subtly claiming their place in maternity care. This is an insidious, subtle behaviour and not one they go out to grab intentionally. In a recent metasynthesis on

father's experiences of maternity care, Steen et al. (2011) found that men are neither a patient nor a visitor, but they do consider themselves to be both a partner and a parent. Their synthesis found that men are "in an interstitial and undefined space" (both emotionally and physically) with the consequence that many feel excluded and fearful", because they don't know their exact place within maternity care (Steen et al. 2011:1). They also found that men felt excluded and unwelcome when they did attend antenatal care appointments and that men felt like outsiders when it came to postnatal care. This metasynthesis also found that men had a "strong desire to support their partners" and that "fathers want to be engaged in maternity care" (Steen et al. 2011:9).

In the UK, Deave and Johnson (2008) explored the needs of first time fathers in relation to care, support and education provided by healthcare professionals during the antenatal period and how this prepared them for their transition to fatherhood. Twenty expectant fathers were recruited from 2 different sites and interviewed during the last trimester of their partner's pregnancy and again when the baby was 3-4 months old. They found that maternity care professionals have an important role in facilitating a man's transition to fatherhood by supporting them and involving them during care. This group of men also felt excluded and lacked involvement and information provided by maternity care staff. They found "that first time fathers described themselves as bystanders: more detached than they expected or wanted to be" (Deave and Johnson 2008:631).

In another paper Deave et al. (2008) examined how first time mothers (n=24) and their partners (n=20) could be better supported during the antenatal period, particularly in relation to transition to parenthood and parenting skills. Men and women were interviewed before and after the birth of their baby. The findings suggest that men mainly turn to health

care professionals and work colleagues when they need support in their transition to fatherhood. This group of men also “felt very involved with their partners’ pregnancy, but excluded from antenatal appointments, antenatal classes and the literature that was available”, even though women in this study identified their partner as being their main support person (Deave et al. 2008:1).

From a woman’s perspective, Hildingsson et al. (2008) conducted a study in Sweden, the purpose of which was to investigate the proportion of women dissatisfied with partner support in early pregnancy, and to identify risk factors associated with dissatisfaction through a follow up study 2 months and 1 year after childbirth. A national cohort of n=2430 Swedish women were recruited in early pregnancy and followed up at 2 months and 1 year afterbirth. Three postal questionnaires were administered. The results suggest that 5% of women were dissatisfied with partner support in early pregnancy, and these women were more likely to be multiparous, live on their own and to report an unfavourable timing of the pregnancy. Women who lacked partners support experienced more physical symptoms, more depressive symptoms, more major worries and a lower sense of coherence than women who had favourable support. Women who were dissatisfied with partner support 2 months after the birth of their baby were more likely to cease breastfeeding and felt more lonely and isolated. One year after birth women who had little to no support from their partners were more likely to be divorced, and disappointed with their partner’s participation in household chores and childcare (Hildingsson et al. 2008).

Men are happy to be secondary to the needs of their partner during prenatal care, what Jungmarker et al. (2010:421) term “playing second fiddle”. The aim of their study was to describe expectant father’s experiences of and involvement in prenatal care in Sweden. The

sample included a one year cohort study of n=827 Swedish speaking fathers (n=390 were first time fathers) recruited during their partners mid pregnancy and followed up 2 months after the birth of their baby. This study found that only 3.6% of men did not attend any antenatal care appointment with their partner, where 37% men attended 3-5 visits and 37.9% attended greater than 5 antenatal visits. The results suggest that men's main priority is their partner when it comes to their involvement in antenatal care, but they did feel excluded when it came to the provision of care and information that was given (Jungmarker et al. 2010). In an earlier study women main reason for dissatisfaction with antenatal care was midwives lack of attention to their partner (Hildingsson and Radestad 2005).

Recommendations for practice

Steen et al. (2011:9) recommend that "healthcare professionals need to increase their awareness and capacity in authentic involvement of expectant and new fathers" and state that there are two main reasons for this which include i) that they experience a positive and active transition to fatherhood and ii) that they are enabled to provide the necessary support to their partner. Deave et al. (2008) also recommend that midwives should offer a personal invite to men to come along to antenatal visits. Expectant and new fathers need to be made feel welcomed when they are present with their partner in maternity care. Midwives need to acknowledge the presence of the father in both a supportive capacity to his partner as well as wanting to be an involved father to his child. Therefore, it is important that midwives ask men if they have any questions or concerns in the antenatal period. Consideration needs also to be given to how they feel about their presence and their role when their partner is in labour. They need to be kept updated and informed about events during labour as they are worried about two people. When it comes to postnatal care most

men want to be involved with the care of their baby and the midwives has a pivotal role in instilling their confidence with baby care skills and information to support their new role as a father. The RCM in conjunction with the fatherhood Institute, Royal College of Obstetrician and Gynaecologists and the Department of Health published a guide to involving fathers in maternity care, called “top tips for involving fathers in maternity care” (RCM 2011).

Conclusion

Men have come a long way within maternity care from waiting outside in a waiting room for the news of their baby’s arrival. Men role in maternity care has evolved over the past 4 decades. Despite this there is still plenty of room for improvement. So that they father can be involved in the care of his child and support his partner, midwives need to provide a holistic family centered approach to maternity care. Although it’s not about them, men do value being involved by midwives when they deliver care and their positive interactions do make a difference on men’s transition to fatherhood. This study discussed men’s interactions with a group of involved father, but midwives need to also give consideration to men who are absent by default or intentionally and this requires further study.

Acknowledgments

LA would like to say a very big thank you to the men who participated in the study and for the generosity of their time in sharing their experiences of becoming a father. This research was funded by the Health Research Board [HPF/2010/59] in Ireland.

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