

# ORIGINAL ARTICLE

## Fathers' Experiences during Delivery of Their Newborns: A Content Analysis

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### ABSTRACT

**Background:** Paternal involvement during pregnancy has been shown to have a positive impact on the mother-baby dyad during and after birth. The presence of the father during birth also positively influences father-child attachment, reduces, apprehension, and stress, increases maternal satisfaction, and increases love and respect for the partners. This study explored the experiences of fathers who were present in the delivery room during the delivery process.

**Methods:** This qualitative content analysis study was conducted at a maternity hospital in Kingston, Jamaica from June to July 2022. A total of ten (10) fathers of babies delivered within six weeks were purposefully selected to be interviewed via telephone over four weeks. Data were analysed using a thematic approach.

**Results:** Four sub-themes and one theme were extracted from data analysis. Fathers perceived satisfaction and empowerment in the shadow of positive and negative feelings as the theme. Sub-themes emerged from the data including “clinician’s acceptance and support”, “close bonding and attachment with mother and baby”, “preparedness of fathers to give support”, and “inspiring and amazing feeling by fatherhood experiences”.

**Conclusion:** Fathers experienced the feeling of empowerment and wished to take up their role during the delivery of their newborns. Their experiences were influenced by the midwives and the resources available to support their accommodation. More policies are needed to strengthen the fathers’ involvement during antenatal clinic visits, delivery, and postnatal care.

**Keywords:** Childbirth, Delivery, Fathers, Jamaica, Labor, Maternity, Newborn

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## INTRODUCTION

Fatherhood starts from pregnancy, and the delivery room experience plays a major role in their experience. There is an increasing trend towards fathers' attendance during childbirth as their presence in the delivery room can have positive psychological and physiological benefits for both baby and mother.<sup>1</sup> According to the World Health Organization, the interaction between fathers and their families is critical for all maternal and newborn health services, but some challenges must be addressed.<sup>2</sup> These barriers include unhealthy relationships with spouses, lack of experience, dysfunctional family units with no role models, gang violence, insufficient positive paternal involvement education and negative influence of the media, educational level, income, health centre-related factors, and low awareness about the role of men in reproductive health.<sup>3</sup> Fathers of poor educational and lower socioeconomic backgrounds may partake less in maternal and child health care. Age, ethnic background, and health status are related to the dissatisfaction experienced by fathers in the labour room. Adolescent fathers have more emotional and psychological challenges.<sup>4</sup>

A review of literature reveals that most black fathers would want to be in attendance, but cultural taboos, lack of knowledge and fears concerning childbirth, lack of interest in childbirth, and childbirth being regarded as a woman's department are stumbling blocks that they must overcome.<sup>5</sup> This is not the case in the English-speaking Caribbean, as fathers who do not live with the mother of their infants are normally not interested in being in the delivery room. Many fathers in the Caribbean are visiting fathers, however, the common-law relationship is possibly the most prevalent form of committed relationship in Jamaica.<sup>6</sup> Regardless, women are increasingly expressing the desire to have their partners present in the delivery room. Some mothers feel disrespected when their partners are not allowed in the delivery room.

At the same time, not all clinicians want

fathers in the delivery room. Participation of fathers is considered a positive matter; however, their presence can be detrimental as some women become more anxious, labour lasts longer, and may even lead to unnecessary surgery.<sup>3</sup> There is also a heightened risk of litigation if anything goes wrong. To protect the mother, baby, and care providers, many birthing centres prohibited fathers from attending their children's births during the COVID-19 pandemic, when this study was conducted. The decision was later reversed by WHO in which partners were allowed to be present during labour.<sup>7</sup>

Therefore, intrapartum staff need to show care and support to the fathers. The midwife also needs to provide him with updates on his partner's progress, so that the father can have a positive birth experience and participate.<sup>3</sup> Given the positive influence the fathers' presence can have in the delivery room, measures should be taken to always enhance their accommodation during childbirth. Studies on Jamaican fathers' experiences during the delivery of their infants were not found in the literature. Therefore, this study explored the experiences of fathers who were present in the delivery room during childbirth at a maternity hospital in Kingston, Jamaica

## MATERIALS AND METHODS

This qualitative content analysis study revealed the fathers' perception of their birthing room experience at a Type A hospital in Kingston, Jamaica, which offers maternity care. It is a centre of excellence for teaching and patient care and is open to accommodating research and using the findings. It has a bed capacity of 579 and accounts for almost 1,642 births per year with an average of 136 births per month. Fathers are allowed to attend in the delivery room. Participants were selected from a population of fathers of 272 babies born between June to July 2022; the participants included were those who were willing to participate, were 18 years and over, whose partners had a spontaneous vaginal delivery, and were discharged within

the timeframe of the study as well as those who were present at their children's birth. Fathers who were not willing to participate during and after the interview were excluded.

A semi-structured interview guide was developed based on the literature used to guide the telephone interviews. The open-ended questions asked included: "What have you experienced from being in the delivery room?", "What situation has influenced your experience?", "How did the midwife contribute to your experience in the delivery room?", and "What is your behaviour like now since being in the delivery room?"

Approval was obtained from the Mona Campus Research Ethics Committee with approval code CRE-MN, 199, 2021/2022. The study was conducted at the antenatal clinic, delivery unit, and postnatal ward to sensitize the general clinic population. The contact details of mothers whose spouses attended their birth and were prepared for discharge from the postnatal ward were obtained. The mothers were then given a brochure with information about the study, and a copy of the informed consent form to give to the fathers of their newborns. This was done to sensitize the fathers of the study and obtain their consent to be a part of the study. The mothers were asked to ascertain verbal consent from the fathers to share their contact details with the researcher. Upon receiving the contact information for the potential participants, purposive sampling was used to select fathers from the newly created list of fathers. They were then contacted, and after providing them with an overview of the study, a mutually agreed time was scheduled a week before the telephone interviews. This was followed up with a telephone call as a reminder.

The interviews were conducted with the fathers in a location with minimal distractions and interruptions. They were informed that they could decline to answer any question that made them uncomfortable. They were reassured that the information collected would not affect future care at the hospital. Participants' autonomy and right to

full disclosure were observed. The fathers' rights to ask questions and refusal to give information at any time were emphasized. The principle of justice was applied by assuring them that they were selected because they best fit the objectives of the study and that at no time in the study will data be used in a way that is disadvantageous to them. Oral consent was obtained from all fathers. The telephone interview lasted for thirty (30) minutes and was audiotaped. The information provided was kept confidential. Participants' anonymity was preserved, and the fathers were informed of their rights to withdraw from the study at any time. Fathers gave verbal consent for the recording of interviews. Completed data gathering instruments and electronic recording of interviews were stored in a locked cupboard and on a laptop accessible only to the researcher. All data-gathering instruments and the recording of the audio tapes were destroyed at the end of the study.

Participants recruitment continued till data saturation, and finally, 10 fathers participated in the study. Data were analysed using the Creswell and Poth methods of data analysis through the mathematical approach.<sup>7</sup> This is a 6-step process. The data were prepared and organised in Step 1. The audio files were transcribed verbatim, and codes were allocated to protect the identity of the participants. In Step 2, the researcher became familiar with the data by reading or looking at the data, listening, and re-reading to get the ideas and tones of the interview. This was followed by coding the data in Step 3 as the researcher categorized the data. Generation of a description of themes emerged as followed in Step 4 as the coded chunks were placed together and 5 themes emerged. The description of the themes was represented in Step 5 as the findings were summarized in narrative passages with participants' exact words in quotation marks. Finally, the interpretation, discussion, and conclusion in Step 6 as the findings of the study were compared to the literature, limitations were

identified, and recommendations were provided for future research.

To ensure the validity of this study, we used the semi-structured interview guide as used in the literature along with probes to elicit rich data. The telephone interviews were audiotaped. A team of midwifery educators was asked to review the items to ensure the study objectives and the suitability of the instrument. According to Lincoln and Guba as cited in Polit and Beck, credibility which equates to internal validity is a trust in the truth of the data and its interpretation.<sup>8</sup> Peer debriefing and member checking were done. Member checking was conducted to ask the participant after the interview to verify what was taped or written as actual words. Peer debriefing was conducted by a qualitative research expert such as the research supervisor.

Dependability is the reliability of data over different times and conditions, meaning that the results could be replicated with different participants. Strategies to ensure this included careful documentation and member checking. Comprehensive notes were collected from participants until data saturation was achieved. The researcher did not interfere with the feelings and opinions of the participants. The findings of this study can be a guide to future research studies on the fathers' experiences during the delivery of their newborn.

## RESULTS

Of the 10 fathers that participated in the study,

five (5) were first-time fathers, and the other five (5) had 2 to 4 children. Their age ranged from 22 to 50 years ( $34.60 \pm 9.47$ ). Seven of them lived in the Kingston Metropolitan Area, and the other 3 were from a nearby parish. Four fathers completed tertiary-level education, one (1) had vocational training, and 5 of them had stopped at the secondary level. All fathers were employed (Table 1).

When fathers were asked about their experience and perception of being in the birthing room, they all thought that the experience was good and led to their empowerment and satisfaction in the shadow of both positive and negative feelings. Some of their positive moments included seeing the baby take its first breath and hearing the first cry. The negative feelings included the lack of comfort for the fathers as they had nowhere to rest; no real structure in place to have them as part of the process (more like an afterthought) and the anxiety and worry of seeing their spouses in labour; hearing the screams; and seeing the tears and the uncertainty of the baby's health. Skin to skin option was not available to them even though there was no emergency with their babies.

Four sub-themes emerged from the narratives of the experiences gained by fathers in the delivery room, namely: clinician's acceptance and support; close bonding and attachment with mother and baby; preparedness of fathers to give support; feeling of inspiration and amazement by fatherhood experiences as shown on Table 2. Details are as follows:

**Table 1:** Characteristics of the Participants

No.	Age	Number of children	Educational status	Job	Living location
1	27	1	Secondary	Lab Technician	St. Catherine
2	50	4	Tertiary	Investment Banker	Kingston
3	30	2	Secondary	Auto mechanic	Kingston
4	22	1	Secondary	Chef	Kingston
5	45	3	Tertiary	Loans Recovery Officer	St. Catherine
6	31	2	Vocational	Police Officer	Kingston
7	47	1	Tertiary	Director of School	Kingston
8	28	1	Secondary	Customer Service Representative	St. Catherine
9	31	1	Tertiary	Banker	Kingston
10	35	3	Secondary	Auxiliary worker	Kingston

**Table 2:** Sub-themes and themes which emerged from the data

Sub-themes	Theme
Clinician's acceptance and support	Fathers' satisfaction and empowerment in the shadow of positive and negative feelings
Close bonding and attachment with mother and baby	
Preparedness of fathers to give support	
Feeling inspired and amazed by fatherhood experiences	

### 1. Clinician's Acceptance and Support

All fathers had the desire to be present and wanted to feel welcomed and feel like a part of the birthing process by the midwives. They felt pleased as the midwives used kind words to guide and cheer them on in the delivery room. Some of them said about the midwives:

*"There were 3 midwives in the room. They gave my wife moral support. They cheered me on as well. They said, 'daddy good, daddy good'. I felt good."* (P2)

*"Well, they were quite professional."* (P5)

Another father said:

*"The experience went smooth, and the explanations were clear. I was not fearful."* (P6)

*"The staff was the perfect mix for me. Even though they were young, they were enthusiastic and attentive. I was included in what was happening."* (P7)

Two fathers, however, reported a lacklustre welcome, acceptance, and support; They said:

*"There wasn't any support; they just prepared to do the delivery and asked, 'Are you ready?'" They were general in their instructions; they said, "You can motivate her and hold her head" and stuff like that, but there wasn't any support."* (P4)

*"There was no structure; it was almost like an afterthought for the fathers to be there. My presence did not seem like an acceptable part of the birthing process. That's the first thing I noted. Mothers are embraced and welcomed with all the attention. One of the midwives was sort of welcoming, but the others acted as if I was not a normal part of the process. I felt like a hindrance to the whole process. One nurse came one time and asked, "How are you?" I didn't exist for most of the time."* (P2)

### 2. Close Bonding and Attachment with Mother and Baby

All the fathers that were present voiced the

level of bonding to baby and mother and the love being felt. Some reported:

*"I think it was good that I was there, so I can appreciate what she went through. Having seen the process and knowing that I would have contributed to it allows me to form a closer bond between me and her and the baby. I feel like a better father."* (P1)

*"The experience makes me love my mother even more. It's important to be there for my son. When growing up, he will hear a different narrative that your father was there. Do you know what I mean? It is big. I feel a lot of gratitude in terms of my feeling.... I see my wife as a champion."* (P7)

*"This will always have an impression on me, a soft spot, a good impact. I will always remember my wife screaming and what she went through to have my baby."* (P10)

One father described his level of attachment to his son as:

*"I love him like the air that I breathe. I love my baby because it was hard for my spouse to push him out."* (P10)

Other fathers explained that:

*"It's a joy, laughs; I'm trying to get used to the fact that this little human in my life is from me and my wife; we are very close, and the bond is strong."* (P9)

*"I feel closer to the child and knowing that's part of me coming out there. Yes, I will try to give him all that is necessary for him to survive, yes."* (P5)

*"Through the closeness with your child and the mother that is usually enhanced after the experience, the bonding tends to get a little closer."* (P2)

### 3. Preparedness of Fathers to Give Support

The fathers all desired and did some level of preparation before entering the delivery room. Some did it with their partners, while

others singly, but they all thought that it was important to have some knowledge in advance about what to expect and the support to be given. Here is what some of them said:

*"Yes, I usually watch delivery stuff with my wife. I was aware that I would have to be sanitized and mask up in the delivery room due to COVID-19."* (P5)

*"You know you have YouTube and stuff like that. There was this app that I came across, Baby Centre... I used the app to get prepared for most of it."* (P8)

*"I spoke to a few females as well and they told me what the process would be like in addition to watching videos."* (P1)

Some fathers felt that the institution did not prepare fathers for the prenatal process:

*"I was prepared by my family... but the hospital doesn't prepare the fathers because you are not a part of the prenatal process there. I felt just like the taxi driver; we drop off and wait outside. I did my reading and talked to my mother and grandparents."*(P7)

The fathers' description of the support they gave in the delivery room is detailed below:

*"Well, ahhm, just holding her hands and rubbing her head as much as possible; based on what the nurse was telling her, I tried to let her hear from me as well."* (P6)

*"I was talking to her and holding her hands and telling her to push. I was there; I don't know how receptive she was of my support, but I tried. I just prepared her mentally...I stood there by her side."* (P9)

*"I was there comforting her, telling her everything would be ok, it's not gonna last, she must just pull through. I mean after the baby was born and the placenta....after that everything was good and went back to normal."* (P8)

#### 4. Feeling of Inspiration and Amazement by Fatherhood Experiences

When asked to describe the feelings in the delivery room and the emotions felt during the process, some fathers reported:

*"It was all smiles when the baby was born, and we saw that it was a healthy girl. It was*

*just an amazing experience."* (P1)

*"The whole process was amazing, amazing, amazing. I cannot stop saying that word. When I see the child emerge, I was amazed."* (P7)

*"It was an experience. Not every father gets this experience. The experience rings in my head like a bell."* (P10)

*"The whole experience was mind-blowing. It was a great feeling, not going to lie. It's just unbelievable. I am not used to that type of sight...seeing that was kind of shocking and that experience was great as well...I learned a lot. It is fascinating how the human body goes through the different changes to facilitate the birth of the baby."* (P8)

Overall, all fathers felt a sense of accomplishment and felt satisfied that they were present during the delivery of their newborns.

## DISCUSSION

This study examined the experiences of fathers in the delivery room during the birth of their children at a Type A hospital in Kingston, Jamaica. A similar study showed that fathers were motivated, prepared, and ready to support their partners in the delivery room during the birth of their children. They reported good feelings.<sup>9</sup> Fathers needed to feel like they were actively involved in the experience, not like a hindrance regardless of how minuscule their role in the process might have been. Men reported feeling safer when participating.<sup>9</sup> Staff training geared towards the father's role should be encouraged.<sup>10</sup> Some fathers were treated like outsiders and felt unwelcome in the delivery room. It is worth noting that the midwife's acceptance, education, and support could enhance the fathers' experiences in the delivery process. Hence, there should be adequate sensitization and awareness of the importance of the father's involvement in the birthing process of their babies.<sup>10</sup> Professional behaviour and facial expression of the midwives were keenly observed as these contributed to the fathers' experiences. Some felt they were

needed and important during the delivery of their babies, while others felt they were a bother or nuisance. Some fathers experienced exclusion both by themselves and midwives.<sup>11</sup> Fathers in this study amplified their manhood and fatherhood experiences with the feeling of a closer bond with their spouses and children and a sense of empowerment. Benefits of fathers' presence in the labour room included improvement in father-child attachment, reduced apprehension, and stress, increased maternal satisfaction, positive attitude towards moving into motherhood, and increased love and respect for their partner.<sup>1</sup> Furthermore, fathers all had an amazing euphoric feeling while witnessing the birth and hearing the first cry resonated with them and brought joy, a sense of fulfilment to want to be protectors and model figures in society.

A study reported that the site of blood and body fluids and the sound of partners in the pangs of labour can be hard, but the fathers in this study reported that they were aware that this was a natural process and felt empathy for their partners.<sup>1</sup> They knew it would not last forever. In contrast, a study reported that some fathers might become reserved, traumatized, or even suffer from post-traumatic stress disorder from the experience and may no longer see their partner as being sexually attractive and desirable, especially if an emergency or complication occurs.<sup>12</sup> Being in the delivery room was regarded as a life and death experience, and they were expecting knowledgeable clinicians with experience to safely deliver their spouses and to be provided with information and updates.<sup>10</sup> The fathers in this study were very observant and could easily detect if there was uncertainty or lack of knowledge in a midwife.

Society did not influence the fathers in this study, but it was more of a commitment to self and partner to offer strength and courage which is like the findings in another study.<sup>13</sup> More women reported their desires to have their partners to be present in the birthing room.<sup>9</sup> The behavioural outcome expressed by the fathers after being in the delivery

room was one of calmness and gentleness; they were ready to display more love to improve the home, community, and society, and better mental health and well-being.<sup>1</sup> A study reported that having both partners prepared for the delivery process made them more ready.<sup>14</sup> However, this was not found in this study. Fathers' involvement in antenatal preparation at the clinic appointments for the delivery room is ideal, as desired by fathers in this study. This option was not available to them; hence, they felt marginalized in this regard. There are many benefits to having fathers involved in the birth of their babies. This begins from pregnancy to antenatal clinic appointments and taking an active presence during birth, getting to enjoy the entire process by feeling free to express emotions and feelings. This will contribute to the humanization of care with an effective link to the family.

This study was conducted during the COVID-19 pandemic. Fathers expressed that they wore personal protective gear and were sanitized before entering the delivery room as suggested by WHO.<sup>15</sup> The fathers had some negative experiences as there was no comfortable and designated area for rest. In addition, no real structure was put in place to have them as part of the delivery process.<sup>14</sup> Adapting spaces and resources and making health personnel aware of fathers' needs would improve their experiences.<sup>14</sup>

The current study for midwifery practice implies that the midwives will understand how much influence they have on the fathers. Therefore, midwives should be educated and supported to accommodate fathers during antenatal visits. In addition, infrastructural and protocol barriers need to be reviewed to allow the attendance of fathers. There is a need for further research on the involvement and accommodation of fathers in the delivery room as well as the impact that disease outbreaks like COVID-19 can have on fathers' delivery room experience.

A qualitative study design was utilized; hence, the results were based on the participants'

opinions and judgments. This study cannot be generalized because respondents were from two out of the fourteen parishes in Jamaica. Nonetheless, it can be used as a representation. Another limitation is that by talking on the phone in interviews and not being face-to-face, the researcher was not able to capture the facial expressions of the fathers as they gave their vivid descriptions and expressed their emotions; instead, the researcher was only able to capture the audio expressions. The research study on the presence of fathers in the delivery room can contribute to the body of knowledge that will make Jamaica a better place to live, grow, and raise families and contribute to the achievement of the maternal health Sustainable Development Goal. This research can also lead to policy change to include fathers in antenatal care and sensitize them about childbirth. In addition, it can prompt administrators to improve infrastructural upgrades and create a space for the family to remain together while the mother is still in the delivery suite. Furthermore, this research may promote continuous training and support for midwives on their roles in supporting fathers during antenatal, childbirth, and postnatal periods.

## CONCLUSION

This study concludes that fathers are increasingly taking an active part in their partner's pregnancy and childbirth experiences. Fathers have found their experiences to be rewarded with the benefit of having a closer family attachment which will impact society positively. With the midwife's support and guidance, the experiences will be memorable. Society did not influence their choice of being in the delivery room, but it was a personal and family commitment. The birthing experience left the participants feeling empowered.

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