### EXPECTANT FATHERS EXPERIENCE DURING LABOR AND DELIVERY OF THEIR WIFE ADMITTED IN LABOR ROOM.

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#### ABSTRACT

Labor and Delivery is a lives event for women causing both physical and emotional changes, along with her the Expectant fathers also goes through varied emotional experience which affects him to a greater extent. This study is aimed to assess the Expectant fathers experience during labor and delivery of their wife admitted in labor room. A non experimental descriptive research design was undertaken on 80 expectant fathers by convenience sampling technique. The experience of the fathers was assessed by Kupio instrument for fathers (KIP) and by Numerical rating scale. Findings indicated that 83.75% fathers felt proud and 97.5% felt love for their wife, at the same time 92.50% felt anxious, 91.25% felt nervous and 70% felt restless during labor and delivery. Around 78.75% felt that they are needed during the time of labor and delivery of their wife. The mean score of fear among the expectant fathers were 7 and the mean score of anxiety was 8 at the same time the mean score of happiness during the childbirth is 9. Expectant fathers go through mixed experiences which need to be addressed and taken care by the health care team which will promote family centred care.

#### **INTRODUCTION**

Childbirth is a unique experience for a women and her husband. Giving birth is the most joyous moment in a women's life and yet is a stressful experience too. The expectant fathers also go through a similar experience during pregnancy and birth of their baby. Expectant father should understand and adjust to the transition in family roles and responsibility and should be able to deal with their own feelings, fear and anxiety. The transition of fatherhood is one of the most significant experience a man will ever face.

Draper (2002) says that transition of fatherhood begins with the news of pregnancy and progresses as pregnancy advances. He also reported that the fathers expressed feelings of

dislocation at the time of birth and they did not know whether they should stay with the partner or remain with the baby.

Researches are very minimal on early fatherhood experience. Fathers experience is frequently identified as lesser important than the mothers and hence very less important is placed on nurturing role of fathers (Halle et al, 2008).

Eriksson et al (2005, 2006) Reported that 79% of the fathers had Fear related to the health and safety of the baby. The study mentioned that most of the fathers felt alienated, belittled and depersonalized. The fathers wished to be supportive and helpful but were disempowered from doing so. They felt excluded during decision making, as if their opinion did not matter. Chandler & Field (1997) mentioned that fathers had fears about prolonged labor, inability of their partner to cope and on operative delivery.

Fathers identify health care providers as their primary source of information. Fathers express the need for more support and reassurance from health care providers. They desire for more information about what to expect during the hospital stay and more information about the feelings that they will experience after birth and during infant care (Beard Shaw, 2001; Dellman, 2004; Draper, 2002; Smith, 1999).

Although there are researches done worldwide related to involvement of spouse during the time of delivery, investigation describing feelings and experiences of expectant fathers about their wife's delivery is lacking. More researches focusing on the fathers experience is needed for the health care team to understand the fathers and give family centred care. It is also important for the health care members to address to the transition role of the fathers as they play a vital role in supporting the mother and the child.

#### **OBJECTIVES**

The objectives of the study were

- To assess the expectant fathers experience during labor and delivery of their wife admitted in labor room.
- To find the association between the experience of expectant fathers and selected demographic variables.

#### **METHODS**

A non Experimental descriptive design was used to assess the expectant fathers experience during labor and delivery of their wives who are admitted in labor room of a tertiary health care centre. The study included 80 expectant fathers by convenience sampling technique who had admitted their wives in labor room for delivery.

#### INSTRUMENT

The data collection instrument consist of three parts

1. PART A – DEMOGRAPHIC DATA

Demographic data consist of Age, Educational status, Occupation, Income, Number of children, Condition of previous child (if present), Number of hours waited outside labor room and Mode of Delivery.

2. PART B – KUOPIO INSTRUMENT FOR FATHERS (KIF)

This is a validated instrument developed by Vehvilainen – Julkunen and it was tested by Sapountzi – Krepia et al (2009). The reliability of the instrument was checked and the interclass correlation coefficient of the scale is 0.85. This questionnaire is designed to explore fathers feelings related to their wife's delivery. This scale is divided into four sub scales. A. A 13 itemsubscale for eliciting fathers own feelings. B. A 7 item subscale on fathers feeling concerning their wife. C. A 4 item subscale on father's feelings about the birth of their child. D. A 3 item subscale on the father's feelings about the hospital staff. It will be scored using a five point likert scale as follows, 5 – Strongly agree, 4 – agree, 3 – difficult to say/ Uncertain, 2 – disagree, 1 – Strongly disagree.

- 3. PART C NUMERICAL RATING SCALE TO ASSESS THE LEVEL OF
  - Anxiety
  - Fear
  - Happiness
  - Concern for Baby, Wife, Self
  - Feelings of closeness
  - Pain perceived

The scores were categorized and interpreted as 1-3 = Low, 4-6 = moderate, 7-10 = high. The mean scores were also calculated.

The study was conducted after getting permission from the concerned authorities. The data were collected over a period of 2 months during which the investigator identified the mothers who had delivered vaginally and by emergency Cesarean section without any antenatal risk factors. Then the investigator went to labor room waiting area and identified the expectant fathers of those mothers. A written informed consent was obtained from the participants. The Kuopio instrument for fathers and the numerical rating scale was administered to the fathers. The data were collected during the duty hours of the investigator (7.30am – 4.00pm), so the sampling technique used was convenience sampling. The data were analyzed using descriptive (Percentage, Mean) and inferential statistics (Chi square). A pilot study was conducted to check the feasibility of the study.

#### **RESULTS AND DISCUSSION**

Among the expectant fathers majority (65%) were between 26 - 35 years. Many of them (45%) were graduates and most of them were professionals (40%). The incomes of most of them (47.5%) werebetween 11,000 – 13,000. More than half of them (66.2%) were fathers for first time. Expectant fathers waited outside labor room for 6 - 10 hours were 27.5%. About 70% of their wives had delivered vaginally.

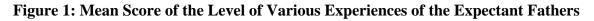
Table 1 Kupio instrument for fathers shows that 83.75% of fathers felt proud. About 72.5% strongly agreed that they felt love for their wives and 71.25% felt grateful to their wives. As to the feelings of their child 83.75% strongly agree that they were proud and happy about the birth of their baby. At the same time about 63.75% were very anxious and about 50% of them strongly agreed that they were nervous. Around 48.75% of them strongly felt that they were needed during the time of delivery. Expectant fathers who worried about their wives coping were 58.75% and 43.75% felt guilty about their wives being in pain. Regarding the feelings about the staff 68.75% strongly agreed of trusting the staff. This shows that the expectant fathers go through both positive and negative feelings to a greater extent. A similar study done by Labrague et al(2013) revealed that 88.2% of first time fathers felt happy during the birth of their baby at the same time 80.39% felt anxious and 78.43% were worried and felt guilty.

<b>Table 1: KUPIO INSTRUMENT FOR FATHERS</b>	(KIF)	(N = 80)
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Fathers own feelings	Strongly agree N (%)	Agree N (%)	Difficult to Say/ Uncertain	Disagree N (%)	Strongly Disagree N (%)
			N (%)		

				1	1
I was proud to become a father	67(83.75)	13(16.25)	-	-	-
I was Nervous	40(50)	33(41.25)	3(3.75)	3(3.75)	1(1.25)
I was Anxious	51(63.75)	23(28.75)	3(3.75)	2(2.5)	1(1.25)
I was Tired	17(21.25)	22(27.5)	21(26.25)	12(15)	8(10)
I felt sick	9(11.25)	14(17.5)	18(22.5)	25(31.25)	14(17.5)
I was Helpless	13(16.25)	15(18.75)	16(22.5)	18(22.5)	18(22.5)
I was unhappy	10(12.5)	14(17.5)	18(22.5)	20(25)	18(22.5)
I was Restless	20(25)	36(45)	, ,		5(6.25)
		· · · /	11(13.75)	8(10)	
I felt uncertain	14(17.5)	21(26.25)	23(28.75)	16(20)	6(7.5)
I was needed	39(48.75)	24(30)	12(15)	2(2.50	3(3.75)
during delivery	25(21.25)	24(20)	7(0.75)	14(17.5)	10(12.5)
I was an outsider	25(31.25)	24(30)	7(8.75)	14(17.5)	10(12.5)
I was afraid that	2(2.5)	10(12.5)	22(27.5)	21(26.25)	25(31.25)
being present at					
delivery will make					
me sexually					
impotent		20(40.75)		4(5)	2(2.75)
My masculinity	28(35)	39(48.75)	6(7.5)	4(5)	3(3.75)
was enhanced					
Fathers feeling					
about his wife					
I was worried	47(58.75)	28(35)	1(1.25)	4(5)	-
about how my					
wife will cope					
I felt guilty about	35(43.75)	21(26.25)	10(12.5)	11(13.75)	3(3.75)
my wife being in					
pain					
I felt love for my	58(72.5)	20(25)	-	2(2.5)	-
wife					
My presence	57(71.25)	18(22.5)	5(6.25)	-	-
would have made					
the delivery easier					
for my wife					
I am grateful to	57(71.25)	21(26.75)	-	1(1.25)	1(1.25)
my wife					
I was afraid that	2(2.5)	1(1.25)	18(22.5)	22(27.5)	37(46.25)
my wife would die					
during delivery					
I was uncertain	15(18.75)	23(28.75)	16(20)	14(17.5)	12(15)
about my wife's					
situation					
Fathers feeling					
0					
about the birth of					
0					
about the birth of	42(52.5)	25(31.25)	7(8.75)	4(5)	2(2.5)
about the birth of his child	42(52.5)	25(31.25)	7(8.75)	4(5)	2(2.5)
about the birth of his childI felt moved by the	42(52.5) 67(83.75)	25(31.25) 13(16.25)	7(8.75)	4(5)	2(2.5)

I was happy about	69(86.25)	11(13.75)	-	-	-
the baby					
I was worried	28(35)	16(20)	15(18.75)	10(12.5)	11(13.75)
about the health of					
the baby					
Fathers feeling					
about the staff					
The staff were	38(47.5)	37(46.5)	3(3.75)	1(1.25)	1(1.25)
very professional					
I trusted the staff	55(68.75)	24(30)	-	-	1(1.25)
The staff were	30(37.5)	34(42.5)	6(7.5)	6(7.5)	4(5)
busy					



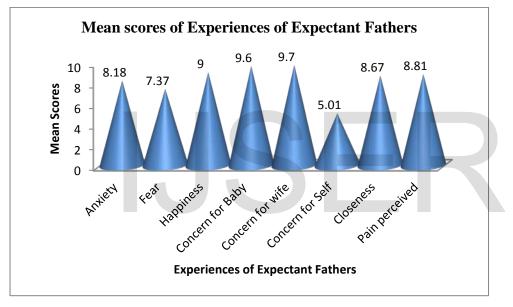


Figure 1 shows the mean scores of various experiences or feelings of the expectant fathers measured by the Numerical rating scale. Concern for the wife by the fathers stands high with the mean of 9.7. The level of happiness was 9. The level of various feelings the expectant fathers experienced were high except for the concern for self which was moderate. There is a mixture of negative and positive feelings that the expectant fathers go through which are rated equally high.

## Table 2: Association between Selected Experiences of Expected Fathers and Selected Demographic Variables

Variables	LOA		LOF		LOH		LOPP	
	$\chi^2$	p value	$\chi^2$	p value	$\chi^2$	p value	$\chi^2$	p value

Age	7.947	0.019*	3.475	0.482	3.142	0.534	4.039	0.133
Education	0.167	0.983	2.765	0.838	5.505	0.481	4.157	0.245
Occupation	1.826	0.401	0.856	0.931	4.935	0.294	6.697	0.031*
Income	3.715	0.446	5.884	0.660	6.025	0.044*	4.140	0.387
No of Hours waited outside	8.708	0.121	7.178	0.709	7.786	0.650	17.112	0.004**
labor room								
Type of Delivery	3.418	0.064	5.678	0.058	5.196	0.074	0.007	0.931
No of Children	10.282	0.006**	4.631	0.327	26.772	0.000**	0.445	0.800

LOA – Level of anxiety, LOF – Level of fear, LOH – Level of happiness, LOPP – Level of pain perceived.

(\*\* p < 0.01) (\*p < 0.05)

Table 2 shows that there is a highly significant relationship between the Number of hours waited outside labour room and the pain perceived (p=0.004) by the expectant fathers and also there is a highly significant association between Number of children with the level of anxiety (p=0.006) and the level of happiness (p=0.000). There is a significant association between age and level of anxiety (p=0.019), Occupation and level of pain perceived (p=0.031). However there is no association with the other demographic data and the experiences of the expectant fathers.

The study findings reveal that there is a mixture of positive and negative feelings that the expectant fathers go through. There is no significant relationship between the majority of feelings and the demographic variables. However there is a significant association between the pain perceived and the duration of hours waited outside labour room and also there is association between the anxiety and happiness with the number of children. The above findings are supported by the findings of the studies by Labrague et al (2013), Sapountzi et al. (2010), Raju et al. (2014) that the Expectant fathers go through both negative and positive feelings. Positive feelings have to be encouraged and negative feelings should be addressed and counselling to be given to the fathers to cope with the situation. Expectant fathers should be supported and counselled right from the antenatal classes, focusing not only in taking care of their wives but giving information and supporting them to deal with their own feelings, emotions in the transitional stage.

#### CONCLUSION

The study findings reveal that the expectant fathers go through positive and negative experiences and the level of their positive and negative feelings are rated high. There are significant association between the level of happiness and anxiety with the number of children. However there are no significant association between the other experience and the demographic variables. The health care providers should be sensitive to the changing role of the fathers and support them.

#### BIBLIOGRAPHY

- Beard Shaw, T. (2001). Supporting the role of mothers around the time of birth. MIDRIS Midwifery Digest.11(4): 476-479
- Chandler, S., Field, P. A. (1997). Becoming a father.First Time Fathers' Experience of Labour and Delivery. Journal of Midwifery and Women's Health, 42(1):17-24. (Pub-Med)
- Dellmann, T. (2004). 'The best Moment of my life'. A literature review of Fathers' Experience of childbirth. Australian Midwifery, 17(3): 20-26
- Draper, J. (2002) Men's Passage to fatherhood: An analysis of the contemporary relevance of transition theory. Nursing Inquiry, 10(1):66-78
- Eriksson, C., Westman, G., Hamberg, K. (2005). Experiential Factors Associated with Childbirth related fear in Swedish women and men: A population based study. Journal of Psychosomatic Obstetrics and Gynaecology, 26(1):63-72
- Eriksson, C., Westman, G., Hamberg, K. (2006). Content of Childbirth related fear in Swedish women and men – Analysis of an open ended question. Journal of Midwifery and women's health, 51(2):112-118
- Smith, N. (1999). Men in antenatal classes. Teaching the 'whole birth thing'. The practising Midwife, 2(1):23-26
- Halle, C., Dowd, T., Fowler, c., Rissel, K., Hennessy, K., &MacNevin, R (2008). Supporting fathers in the transition to parenthood. Contemporary Nurse. 31(1), 57-70.
- Sapountzi Krepia, D., Raftopoulos, V., Psychogiou, M., Tzavelas, G., Vehvilainen-Julkunen, K. (2009). Test –retest reliability of the Kuopio instrument for fathers (KIF): A Questionnaire to assess fathers' feelings, experiences and preparation for their wife/partner's delivery. Midwifery. 25(4):366-72
- Sapountzi-Krepia, D., Lavdaniti, M., Dimitriadou, A., Psychogiou, M., Sgantzos, M., He, H. G., Faros, E., Vehvilainen-Julkunen, K. (2010).Fathers feelings and experience related to their wife/partner's delivery in northern Greece. The Open Nursing Journal 4:48-54

- Labrague L. J., Jelly. R., Rojuana. C., Ma. N., (2013). Exploring First- Time Fathers' Feelings and Experiences during Labor and Delivery of their Partner/Wife. International Journal of Caring Sciences. 6(2):217-226
- Raju, J., Viji, A., &Suguna, M. (2014). Expectant fathers attitude towards childbirth: A little attitude makes a big difference in delivery suite. Journal of Behavioral Health. 3(2), 1-5.

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