

Paternal Presence during Childbirth - An Overview

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Abstract

The attendance of fathers at the births of their babies was one of the most radical social changes in developed countries' in the 20th century. In US during the 1930s, barely half of American births took place on hospitals, with most men isolated in hospitals waiting rooms, while their wives labored undelivered. By the beginning in the late 1940s, many men began to find this isolation intolerable.

The arrival of NHS in the United Kingdom by 1948 meant for more women giving birth in the hospital rather than at home, but fathers were still preferred remaining in the pubs while their wives were laboring. The real change came in 1970s. The Peel Report stated that every woman should have access to hospital care when giving birth.

Today, men are encouraged all over world to attend their children birth, they feel involved in the preparations for birth by attending the birth classes so to get know the birth process better and have questions answered.

Keywords: *Fathers; Labor; Companion Support; Childbirth; Health Care Providers*

Introduction

The attendance of fathers at the births of their babies was one of the most radical social changes in developed countries' in the 20th century. Early involvement of fathers with their children has increased in recent times and this is associated with improved cognitive and socio-emotional development of children. The change steady occurred with the move of birth from home to hospital. This unfortunately, seems not to have been equally reflected in developing countries.

In US during the 1930s, barely half of American births took place on hospitals, with most men isolated in hospitals waiting rooms, while their wives labored undelivered. By the beginning in the late 1940s, many men began to find this isolation intolerable; they wrote and read comments in "fathers' books" that, many hospitals provided as semi-public dairies, and they took action. As one father put it, to "grab hatches and chop through the partition" separating them from their laboring wives.

Fathers joined with the natural childbirth movement, childbirth educators and the emerging women's movement to revolutionize hospital birth and make it less impersonal. With women's encouragements, men continued to press for change in hospital policies and practices, some fathers felt out of place in delivery rooms, which remained medical territory.

The men contested and the separate hospital space and the exclusionary routines of medical authority to find a place for them and, in so doing, created unprecedented new masculine domestic roles while enhancing the birth experience for mothers [1].

In the UK during the 19th and early 20th century, men and women adopted clearly defined parenting roles, the father as the head of the family and breadwinner was disciplinarian and decision maker. The industrial revolution led to more fathers working away from home and consequently they became emotionally and physically distant [2,3].

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In the 1950s and 1960s, men succeeded in entering labor rooms with their wives. There, “alone together”, couples shared intimate moments holding hands, reading out loud together, playing cards, husbands often rubbed their wives backs during contractions. One woman in labor said “it made me feel peaceful and confident, somehow just his sitting there”. The experience of easing labor soon led to its logical conclusion: being present in the delivery room.

A range of social and economic changes, particularly since the Second World War promoted this evolution. These include changes in cultural and social expectations, reconfigurations of the nature and organization of work, the increasing participation of women in further education and workforce. The drive towards gender equality changes in family dynamics and changes in economic trends [4].

The real change came in 1970s. The Peel Report stated that every woman should have access to hospital care when giving birth. Consequently, the number of home births began to radically decline, this increased the rate of fathers attending their children birth from minority to nearly 70 - 80% [5]. The hospitals and physicians gradually relented and permitted men to be in Delivery rooms, where they (the men) were positioned at the head of the table and could encourage laboring women in their work.

The men were happy to be there. One wrote, “While the doctor was holding our baby, the cord still attached to my wife felt tears rolling down my face. “The whole delivery was beautiful beyond words; not pretty, but beautiful in the sense of a God-given natural beauty”. Couples shared the event, strengthening their bonds and the men made a meaningful start to fatherhood.

Tim Blackshaw estimated that the percentage of American dads in delivery rooms surged from 5% in 1950s to 97% in 1995 [1].

The African culture of health, illnesses and the physical aspects of childbirth are continually integrated with spiritual, social and behavioral practices. Fathers are not permitted to be present during labor in rural Zulu society in South Africa; the supervision of labor is largely governed by older women in the community [6,7].

In Malawi as in other African settings, parturients, are attended and supported by other women during labor and birth. Kululanga, *et al.* from southern Malawi, documented that childbirth is perceived as a woman’s issue, a territory where woman would not want men to invade. The concept of the male partner attendance of labor and birth seen as a foreign culture that is seldom practiced. Interestingly in addition to the tradition another barrier for males attendants is infrastructure, as most of the public health facilities do not provide privacy for laboring women and presence of someone’s male partner would breach another laboring woman privacy [7].

In Saudi Arabia, studies related to the involvement of Saudi husbands during labor are lacking despite the high birth rates due to community characteristics of high desire to have large families. This could be related directly to cultural and structural limitations of presence of Saudi fathers during their children birth [8].

In Iran where there is no tradition of the husband's presence in the delivery room, a study in 2002 about couples attitudes and the husband's presence in the delivery room during childbirth evaluated 150 couples. They were randomly selected and interviewed with a standardized questionnaire. Most of the couples concluded to have a positive attitude during labor, the study stated that Iranians have little experience of the practice and suggested to provide facilities for the husbands presence in the delivery room [9].

Discussion

Labor support is a term used to describe the presence of an empathic person who offers advice, information and comfort measures to help the woman cope with stress of labor and birth. It rearranges the relationships between male and female couples.

Evidence now abounds demonstrating that women who have adequate emotional support during labor, require less pain, medication and intervention during childbirth, they have shorter births and report greater overall satisfaction with the entire birth experience. Across the world, economists are beginning to observe that the earlier the men are introduced on childbirth care during labor and after childbirth the more of achieving a balance between females and males on child caring, domestic and earning activities.

Most of the researches had focused on white middle classmen, with few researches relate to non-white and those from lower socioeconomic groups. Researches from USA on African American families suggest higher rates of absent fathers during their spouses/partners delivery in comparison to other men in other ethnic groups, particularly in communities with high unemployment or low socioeconomic status.

Studies in UK in the 1990s examined the association between socioeconomic status and the degree of partner support during their childbirth, concluded that working class were less likely to be present during labor than the middle class couples were.

Descriptive studies of women's childbirth experience suggest three dimensions that women want during labor; emotional, informational and physical support.

Early involvement of fathers and with their children has increased in recent times such involvement is associated with improved cognitive and socio emotional development of children.

In contrast absent fathers during their spouses/partners labour have been associated with poor educational, behavioral and developmental outcomes in children with both direct effects on infants and child behavior and hence indirect effects possibly due to partner relationship problems and lack of social supports.

A Cochrane review published in 1995 included 14 trials involving over 5000 women, across ten countries, concluded that men's support during labour was associated with significant reductions in the likelihood of cesarean or instrumental vaginal delivery. The results this study have widely adopted in practice guidelines in US, Canada and UK which recommended continuous caregivers support for all women during labour [10].

Genesni and Tallandini noted in their literature review on fathers and the transition to parenthood that in a wide range of contexts, men can experience a tension between needing to be breadwinner and also wanting to be involved in childcare.

However, this is also true for working women. Involvement in care of baby during the postnatal period may be unaffected by parity but associated with level of education, social class and income of the fathers [11].

Bearing in mind the changing context of couples' relationships and the work situation for men and women there is little recent quantitative information about the extent of fathers' levels of involvement in pregnancy childbirth and postnatal period and how this varies

with sociodemographic characteristics. It is therefore important to understand how men engage during pregnancy and after birth, and how paternal engagement may influence a woman's uptake of services, her perceptions of care and maternal outcomes especially those associated with health and wellbeing.

Implications in practice principally lies on the importance ascribed by health professionals. Recognizing that women in certain socio demographic groups may be less supported by their husbands and more reliant on staff; they may book later in pregnancy and as consequence miss the window of opportunity for dating scans and other screening tests. They may also miss antenatal classes, which may leave them even more unsupported in the postnatal period. It would appear nevertheless, that the vast majority of fathers are reportedly pleased or overjoyed in reaction to the pregnancy and involved antenatal in labor and postnatal periods.

Today, men are encouraged all over world to attend their children birth, they feel involved in the preparations for birth by attending the birth classes so to get know the birth process better and have questions answered. This enables them to feel as active participants in labor, to form a team with the spouses/partners in birth decisions, and to cut the cord. It also promotes the feelings of gratitude; and make the father to be feel satisfied and emotional to become a father. There is an overwhelming feeling of early responsibility of parenthood when holding the baby, hear his/her voice for the first time which will also promote strong bonds between the triad (fathers, partner/spouse and the baby).

On the contrary, some fathers might experience a number of negative affects when present during their own childbirth. Some fathers may feel pressurized into taking on active role during labour and delivery, leaving then with a feeling of helplessness, and uselessness especially as they and find it difficult to witness their partners in pain [12].

Some fathers became more anxious as labor progress with the birth being the most stressful point. They may feel marginalized, excluded and abandoned with the feeling they have no control over events.

Conclusion and Recommendations

While women and their babies are the focus of care, there is room for yet greater engagements with fathers. Health professionals have an active role in supporting and facilitating this by encouraging fathers to attend appointments and classes with their partners/wives and where possible to direct some parts of antenatal education specifically at fathers.

Counseling and education for both fathers and their spouses/partners since the early beginning of the pregnancy may reduce the negative emotional experiences and improve satisfaction with childbirth experiences. Men's perception for positive experience is achievable through education in childbirth classes, easy to read materials, educating midwives, and health care providers.

It is also important to provide facilities for husband's presence in delivery rooms, especially in governmental related hospitals in countries that have no clear policies that permit such services or in countries, which have cultures not encouraging fathers' attendance during labor. Or where there is persistence of traditional gender norms in the work place that reinforce inequality which make it difficult for men to become active and more engaged as fathers, So it is important to achieve workplace support for men and enable them to have paternal leaves for early care of their newborn babies.

Improving infrastructure facilities in poor communities' hospitals to ease fathers' attendance in delivery rooms and ensure privacy.

There are needs to encourage more research studies as there is lack in researches about non-white westerns males who attend labor and their children birth in countries who do not have this culture to evaluates its impacts and benefits.

Paternal understanding of the birthing process may serve as the basis for the structure of more humanized attention from the part of health professional now more covered with needs of male as a companion [13-15].

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