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## Fathers at birth : women's experiences of their partner's presence during childbirth

Sarah Dlugosz  
*Edith Cowan University*

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Dated: 28th October, 2013

Fathers at Birth: Women's Experiences of their Partner's Presence during Childbirth

Sarah Dlugosz

A Report Submitted in Partial Fulfilment of the Requirements for the Award of Bachelor of  
Arts (Psychology) (Honours), Faculty of Health, Engineering and Science,

Edith Cowan University.

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## Fathers at Birth: Women's Experiences of their Partner's Presence during Childbirth

### Abstract

Childbirth is an ordeal of nature. It is an experience that elicits a range of emotions for the labouring woman; recognition of which has highlighted women's needs for psychological support during the birth process. Research has shown that a mother's perception of a positive birth is influenced by how supported she feels throughout her experience. In Australia it is common practice for the labouring woman's partner to be her main support person; however research into women's experiences of this phenomenon is scarce. This research aimed to explore the lived experiences of women in this context, asking the question "what meaning do women ascribe to their experiences of their partners presence in childbirth?" Semi-structured interviews were conducted with eight Western Australian women who had given birth in their partner's presence. Using an interpretative phenomenological approach, five main themes were identified: an essential presence; psychological support; 'on my side'; education and preparation; and strengthened relationship. It was found that the partners offered a unique approach to supporting the women, guided by the history they had together. The women felt it was important for their partner to be present for a range of reasons and his support was highly valued. It was also found that supporting fathers in their childbirth experience is fundamental to supporting mothers during childbirth. Understanding women's experiences in this context provides a vital perspective on the ways in which partners can best engage in the childbirth experience and provide support in order to enhance birth outcomes. Further research is required to assess gaps in care for women giving birth, and the men supporting them, to improve service provision in this area.

Researcher: Sarah Dlugosz

Supervisor: Dr. Bronwyn Harman

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Dated: 28th October, 2013

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### Fathers at Birth: Women's Experiences of their Partner's Presence during Childbirth

Childbirth is one of the most profound life experiences a woman will endure. It is an experience that can elicit a range of feelings, recognition of which has highlighted women's needs for psychological support during the birth process (Price, Noseworthy & Thornton, 2007). Traditionally, women giving birth have been supported by other experienced women; however in modern western society it is now common practice for men – the fathers – to be the labouring woman's main support person (Draper, 1997).

Throughout the literature surrounding women's experience of childbirth, the importance of a positive birthing experience is highlighted as integral to the mother and baby's well-being (Hodnett, Gates, Hofmeyr, Sakala, & Weston, 2011; Price et al., 2007; Tarkka & Paunonen, 1996). A major factor that influences the mother's perception of a positive experience is how supported she feels throughout childbirth (Campero, Garcia, Diaz, Ortiz, Reynoso & Langer, 1998; Hodnett et al., 2011). Modern day support during childbirth involves clinical care, physical care and emotional support that can be provided by a range of individuals, including professionals or the woman's partner, relatives or friends. Anecdotal evidence suggests that it has become the norm for the woman's partner to be at the birth of their child in Australia; however there is a lack of statistical evidence to support this. Statistics of partner's attendance at birth reported herein have been inferred from studies in other western societies, levels of which are high (Draper, 1997).

In western societies, fathers have become more nurturing and as a result, more interested and actively involved in birthing experiences over the past few decades (Cooper, 2005; Sengane & Nolte, 2012; Vehviainen-Julkunen & Liukkonen, 1997). As recently as the 1960's, it was unusual for fathers to be present for the birth of their child. However a 1994 survey in the UK revealed that up to 98 per cent of expectant fathers intended to be present

during labour and delivery (Draper, 1997). The presence and active involvement of fathers during labour as well as delivery has been described as a 'recent phenomenon', moving from unusual to normative and universally accepted in western societies (Draper, 1997). However, this transition has not gone unopposed (Blackshaw, 2009).

Concern over the father's involvement has been expressed in stereotypical views of the father's likelihood of fainting, panicking, behaving inappropriately or detracting support from the midwife that should be aimed at the labouring woman (Blackshaw, 2009). However the more serious concerns raised over partners attendance at birth suggest his presence can have a detrimental effect on the woman's childbirth experience, resulting in more pain, longer labours, and increased likelihood of medically assisted birth (Blackshaw, 2009; Odent, 2009).

In contrast, a number of studies have revealed that the partner's support during labour and childbirth contributed to a more positive birth experience, shorter duration of labour, and a smoother transition into parenthood (Bondas-Salonen, 1998; Kainz, Eliasson, & von Post 2010; Tarkka & Paunonen, 1996). Research has demonstrated that partners help to alleviate stress and fears, promote strength, endurance, comfort and security, help distract from the pain, and in general, contribute to a more satisfactory birth experience (Bondas-Salonen, 1998; Kainz et al., 2010; Price et al., 2007; Somers-Smith, 1999). It is these contradictions in the literature, regarding partners as help or hindrance to women's birth experiences that inspire the present study.

Throughout this paper, the terms partner and father are used interchangeably to refer to the male partner of the labouring woman, who is also the father of the child being born. The purpose of this research is to understand how a woman's birth experience is affected by her partner's presence during labour and childbirth, and to explore the meanings women

ascribe to their experiences. Firstly social support will be discussed to outline its importance in childbirth. The transition of fathers into the delivery room is then outlined, followed by criticisms of their involvement. Factors that impact on partner involvement will then be discussed in light of childbirth education and preparation of fathers, followed by a review of the literature on women's experiences of their partner's involvement in childbirth. Much of the research demonstrates that the partner's presence in childbirth is important in alleviating the woman's emotional distress (Bondas-Salonen, 1998; Kainz et al, 2010; Price et al., 2007; Somers-Smith, 1999). Literature regarding the partner's ability to comfort the woman, provide security and inspire strength is reviewed, followed by the importance of partner presence to family bonding and the transition to parenthood. Firstly though, as the findings from this study are discussed in relation to theory of social support, this is outlined below, relative to childbirth.

### **Theory of Social Support**

Giving birth, particularly for the first time, can be a stressful event for some women, as they anticipate the unknown challenges that face them. Many experience fear, pain and anxiety that can be further exacerbated by an unfamiliar hospital birth setting (Staessen, 2005). Moreover, if a woman remains in a stressful state, this can have potentially adverse effects on the progress of labour (Staessen, 2005). It is no wonder then that having a close, supportive companion nearby can be beneficial for a woman in this position.

Psychological theories of social support focus on the perceptions, behaviours and feelings of an individual which determine their response to stress (McCourt, 2009). Social support has been defined as an intentional human interaction whereby assistance and protection is offered to those faced with a stressful life event, generally by significant others such as a family members or friends (Thoits, 1986). The protective effect of social support

has been referred to as the buffering hypothesis, which states that the deleterious effects of psychosocial stress on health and well-being can be mediated or lessened by a strong support system (Cohen & McKay, 1984; McCourt, 2009). More simply, social support is considered coping assistance (Thoits, 1986).

The concept of social support is difficult to define or measure in the childbirth literature, as perceptions of support are highly subjective (Mccourt, 2009). Individual needs of support will differ depending on personal circumstances and preferences, as well as factors that guide cultural and societal norms (Mccourt, 2009). Research indicates that the perceived adequacy and appropriateness of social support will impact on its effectiveness (Mccourt, 2009). Furthermore, in order for support to be perceived as effective, it must match the support that is required (Mccourt, 2009). For example, if a woman has adequate personal resources and/or social support in labour, professional support may be perceived as intrusive; whereas a woman with minimal social support may feel that professional support is lacking. In addition to this, research has shown that support that is given but not perceived as effective can in fact have counter-productive effects, which highlights that not all support can be beneficial (Mccourt, 2009).

Moreover, it has been asserted that a woman's experience of labour is dependent on the personality and attitude of those present at the birth (Odent, 2005). The way in which a woman perceives those supporting her will influence her experiences of their support. The same support received from a midwife or a partner may have different effects on the labouring woman, depending on her relationship with them (Hodnett, 1996). Support from someone she loves may be perceived differently from a professional whose knowledge and expertise she respects (Hodnett, 1996).

### **Social Support in Childbirth**

Formal definitions of types of social support in childbirth are lacking or inconsistent throughout childbirth literature. However, Cohen and McKay (1984) provide definitions of social support that apply well to the support required in childbirth, and these are referred to herein. Cohen and McKay (1984) distinguish between three types of social support; tangible support, appraisal support and emotional support.

In childbirth, tangible support refers to comfort measures, taking the form of practical support such as hand holding, wiping the brow, fetching drinks, massaging; roles often taken on by the partner (Tarkka & Paunonen, 1996). Appraisal support acts to contribute to one's knowledge or cognitive structure with the aim of reducing the experience of stress by helping to alter an individual's assessment of threat, or assessment of their ability to cope with that threat (Cohen & McKay, 1984). For example, in childbirth this type of support may be information provided about a situation that would help redefine that situation as less threatening (Cohen & McKay, 1984). However Cohen and McKay (1984) highlight that this kind of support is only effective when provided by those who are perceived to possess accurate information. This suggests that partners might not be considered sufficient in providing appraisal support if they lack knowledge of the birth process, making medical staff key providers of this type of support. Moreover, Cohen and McKay highlight that this information will only be received well from those whose attitudes align with the individual's own attitudes. This is important to note as the woman's perceptions of her midwife, doctors and other support people can influence how much she trusts them, and in turn feel alleviated by their support. If the attitude of the labouring woman's partner aligns more closely with hers than do the midwives, partner support may be more highly valued over the medical staff's support.

Lastly, emotional support emphasises the recipients' feelings and evaluations of themselves in the face of stressful events (Cohen & McKay, 1984). This entails the provision of support that demonstrates that they are cared for, loved, respected, admired, appreciated, esteemed and valued, which in turn creates a sense of security (Tarkka & Paunonen, 1996). In childbirth, this is important in helping the woman feel competent and therefore in control over her circumstances (Cohen & McKay, 1984; Green, Coupland & Kitzinger, 1990; Hodnett et al., 2011). This type of support may take the form of encouraging words offering strength to carry on. In many cases, it is the partner or another close support person that is the main provider of this support (Bondas-Salonen, 1998).

There are a number of ways a woman can feel supported in childbirth, and one person may not be able to provide all types of support effectively. While midwives offer professional support, partners and others close to the labouring woman can offer a type of comfort, security and strength that may be unmatched by those unfamiliar to the woman (Bondas-Salonen, 1998). Hence, the need for fathers in the delivery room is becoming better understood and more universally accepted.

### **Fathers Transition into the Delivery Room**

By the 1970's, a new birth culture that focused on family-centred approaches to care had developed in western society (Hodnett, 1996). Fathers were not only allowed to attend the birth of their children, but were encouraged to assume active roles in supporting their partner (Blackshaw, 2009). Men were encouraged to attend prenatal classes where they learnt about techniques to help their partner during labour (Blackshaw, 2009). It was also around this time that technological advancements changed the nature of obstetrics, as the use of anaesthesia, electronic monitoring equipment and the use of instruments became routine (Leavitt, 2003). With the increasing number of hospitalised birth, a low nurse to patient ratio

became apparent (Leavitt, 2003). As a result, midwives were less available to the labouring women as their time was taken up tending to multiple women and interpreting machine generated data, which left minimal time for emotional support (Hodnett, 1996). As research had begun to highlight the maternal benefits of continuous support in labour, partners were increasingly called upon to fill this gap in care (Hodnett et al., 2011). Hence the father's main role became one of providing physical and emotional support to their labouring partners.

Hodnett (1996) distinguished between the support women receive from a midwife and the support received by her partner as dependent on her relationship with them. She asserts that unlike professional relationships, social relationships are bidirectional, in that both are expected to care about each other's needs (Hodnett, 1996). Though it is beneficial for the labouring woman to have her partners support, she may also become concerned with her partner's stress of the experience (Hodnett, 1996), something that Odent (2005) claims impedes on women's natural, instinctual processes of giving birth. He asserts that men distract women from primal urges that direct them in childbirth, resulting in longer labours, increased pain and higher chance of medical interventions such as epidurals and caesarean sections (Blackshaw, 2009; Odent, 2005).

### **Fathers - Help or Hindrance?**

There are mixed reports of the fathers' presence as help or hindrance. Odent (2005) claims that a lack of awareness of the birth process can make men feel anxious and uncomfortable, which is considered to be distracting to the mother. Research has continually found that watching the mother in pain is very distressing for the partner (Sapkota, Kobayashi & Takase, 2011; Sengane & Nolte, 2012; Vehviläinen-Julkunen & Liukkonen, 1998). A Finnish qualitative study of 107 fathers' experiences of childbirth found that men experience a lot of anxiety from feeling powerless to finding solutions for their partners' pain

(Vehviläinen-Julkunen & Liukkonen, 1998). In this study, some men found the experience of watching their partner go through pain as more intense than the pain actually reported by the mother (Vehviläinen-Julkunen & Liukkonen, 1998). Moreover, a qualitative study exploring South African men's (undetermined number of participants) expectations of care during labour found that they expected the midwives to intervene in any way they could to decrease the mother's pain (Sengane & Nolte, 2012). Partners in this study often requested pain relieving drugs, revealing their lack of knowledge about non-pharmaceutical ways to reduce pain (Sengane & Nolte, 2012). Further to this study, Somers-Smith's (1999) UK qualitative study of eight couples' experiences of birth found that women often expressed concern for their partner having to watch her in pain while being supportive at the same time.

Odent (2009) has highlighted that labouring women are not 'patients', but women doing something very natural and instinctual. He claims that western birthing practices have interfered with women's birth instincts, including the presence of the partner. Odent (2009) asserts that people intervening in the birth process, including the participation of the father, is one of the main reasons for prolonged and difficult labour. Odent (2009) asserts that fathers detract from the woman's need to switch off the thinking part of her brain, to allow the primal part of her brain connected to basic vital functions to take over. He highlights the need for a woman to enter her own private world, where she does not have to think or talk; a world he sees as infiltrated by the woman's partner asking questions and offering words of assurance and advice in his attempt to share in the experience (Odent, 2009). He also explains how the release of adrenaline is contagious and that a stressed husband can affect the release of oxytocin in the woman (the hormone essential for progression through labour) as levels of oxytocin decrease when influenced by stress hormones (Odent, 2005; 2009). Odent (2009) acknowledges that these claims are not research based, but is certain of them from his extensive experience practicing as an obstetrician in France. However, Odent (2009) does not

consider how the women's own psychological state may be affecting her own adrenaline levels, and therefore the release of oxytocin. This is an important factor that needs to be recognised as possibly playing a part in instances of non-progression of labour.

Furthermore, Odent (2005) asserts that in his many years as an obstetrician, he has witnessed that a woman's experience of labour is dependent on the personality and attitude of those present at the birth. A number of factors including the partner's attitude, childbirth education, stress coping abilities, levels of anxiety, personality, and relationship with the mother can have an impact on the role he plays during labour – either helping or hindering it (Draper, 1997; Odent, 2005).

A Chinese study of 63 primiparous mothers' birth experiences found that support from a partner did not affect the mother's anxiety or pain, but was related to an increase in the use of pain relieving drugs (Ip, 2000). It was suggested that the reason for this was because women may show more vulnerability to pain in their partners presence, which in turn leads to the request for more drugs (Ip, 2000). Moreover, this study revealed that women who received practical support from their partners also had longer labours (Ip, 2000). However, these results could have been influenced by the fact that at the time of the study, it was not common practice for partners to be present at childbirth in China (Ip, 2000). This would affect the knowledge of how best to include partners effectively, by both partners and medical professionals, as fathers may not have been adequately prepared for childbirth participation.

A Swedish study of 1087 nulliparous women by Bergström, Kieler and Waldenström (2009) found that natural childbirth preparation did not decrease the use of epidural rates during labour. However, an earlier UK study by Copstick, Taylor, Hayes and Morris (1986) that examined the importance of encouragement and instruction on the use of pain control

techniques in labour, found that women who were supported and encouraged by their partner to use techniques learned in antenatal classes had significantly lower epidural rates. The differences between these two studies may be attributed to the information received and/or cultural differences. However the suggestion that couple education about pain coping techniques may be beneficial to lowering intervention rates is important, as women's satisfaction with their birth experience has been found to be significantly lower among women who received unplanned interventions, particularly caesarean births (Marut & Mercer, 1979).

### **Preparation and Education of Fathers**

Research has shown that fathers often feel ill prepared for the experience of childbirth which leads to feelings of stress, anxiety, insecurity and inadequacy (Plantin, Olukoya & Ny, 2011). This has been found to be because partners are not well included in birth preparation classes (Plantin et al., 2011). An Australian qualitative study of six men's experiences of the transitional period toward becoming a father during their partner's first pregnancy found that the needs of the father were not met in antenatal classes (Donovan, 1995). This resulted in a number of concerns including fathering abilities, relationship disequilibrium and coping with changing roles that impacted on father's abilities to fully support the mother (Donovan, 1995). Hodnett (1996) asserts that providing information to an inexperienced and nervous father is essential to helping him find a useful role in support of his partner.

In a Nepalese study of 12 women's experiences of their partners' presence in childbirth, women felt their partner could have done more to help them if they had attended birth preparation classes (Sapkota et al., 2011). Furthermore, the women felt that better education could have helped their partners to mentally prepare themselves, enabling them to better control their own emotions (Sapkota et al., 2011). In this study, the women felt concern

for their distressed partners, something that could be lessened if their partners were better prepared for the birth process (Sapkota et al., 2011).

In examining the effect of the partner's presence on women, a 1975 American quantitative study of 49 births found that women whose partners attended labour and birth reported less pain, and were less likely to receive medication during labour and childbirth (Henneborn & Cogan, 1975). These results could be attributed to the fact that the women and their partners had all attended psychoprophylactic antenatal education classes that encouraged natural, drug free labours, and the partner's participation as labour 'coach' (Henneborn & Cogan, 1975). Also, the partners indicated a positive attitude towards helping during labour due to practice of breathing techniques with their wife, and self-education through reading and watching a birth video (Henneborn & Cogan, 1975). This demonstrates that the partner's level of education and preparation affects his attitude toward, and ability to support his partner, and therefore can positively impact on her experience of childbirth.

Moreover, a British study of 98 births found that there was a difference in reports of pain if the partner was perceived to be helpful or unhelpful (Niven, 1985). Sixty women described their partners' presence as helpful, and all reported significantly lower pain levels than women who described their partners' presence as unhelpful (Niven, 1985). This conveys how the partners' provision of support may impact on the mother's experiences. However, much of the literature suggests that the partners' involvement leads to positive outcomes, regardless of his abilities to assist (Bondas-Salonen, 1998).

### **Women's Experiences of the Fathers Involvement in Childbirth**

Throughout the literature, a vast majority of women who gave birth with their partner present reported increased positive feelings towards their birth experience (Bondas-Salonen, 1998; Gungor & Beji, 2007; Henneborn & Cogan, 1975; Kainz et al., 2010; Plantin et al.,

2011; Somers-Smith, 1999). A quantitative Turkish study comparing 25 women with their partners present in childbirth, to 25 women who did not have their partners present revealed that though there was no difference in length of labour or use of interventions, women whose partners were present reported more positive birth experiences in all aspects of childbirth (Gungor & Beji, 2007).

Research has uncovered a number of ways in which women felt their partners positively influenced their birth experience. A key effect of the partner's presence was to alleviate the women's emotional distress related to childbirth. Three main areas fathers were able to provide this support were identified as; offering comfort (Bondas-Salonen, 1998; Kainz et al., 2010; Price et al., 2009; Somers-Smith, 1999), providing security (Bondas-Salonen, 1998; Kainz et al., 2010; Sapkota et al., 2011), and promoting strength to the labouring woman (Bondas-Salonen, 1998; Kainz et al., 2010; Somers-Smith, 1999). These types of support are all interconnected in that promoting strength provides security and comfort, and security offers comfort and so on; but they have been distinguished herein for ease of explanation. Furthermore, partners' presence was considered important to the creation of family bonding. These findings are discussed below.

### **Comfort – Mere Presence and Personalised Support**

Bondas-Salonen's (1998) Finnish qualitative study of 40 women's experiences of their partner's attendance at childbirth found that the partner's presence offered a sense of comfort by simply knowing that their partner was there if they needed them. This reassured the women that they were not alone. The women expressed the importance of having their partners there, not necessarily to do anything other than be present (Bondas-Salonen, 1998). Research has shown that having someone constantly available was very important to the women (Bondas-Salonen, 1998; Hodnett et al., 2011; Kainz et al., 2010; Somers-Smith,

1999). This was confirmed in Somers-Smith's (1999) UK qualitative study of eight couples' experiences of birth, whereby the women expressed it was more important to have their partner physically present than to have him offer practical support. Their mere presence indicated that physical and psychological support was available to be called upon when needed (Somers-Smith, 1999).

For many women giving birth, the partner is the only person they know in the hospital (Bondas-Salonen, 1998). A qualitative study of 16 Canadian women's experience of social support in childbirth found that the women felt most comfortable in the presence of someone who "knew them best", offering a sense of personal connection in the birth environment (Price et al., 2007). Having someone who knew them well was also important as women wanted someone who could offer individualised support, and support that focused solely on them (Price et al., 2007).

In a Swedish qualitative study of 67 first time mothers, some women expressed that as their partner knew them so well, she only had to glance at him for him to know what to do (Kainz et al., 2010). Bondas-Salonen (1998) found that the couple's relationship created a breeding ground for how the father participated in birth. This suggests that the better the relationship, the better he could support her. It was also found that touch from the partner, someone who knew them best, was very comforting, particularly massage and hand holding, which was especially comforting when he knew to do it without being asked (Bondas-Salonen, 1998).

Moreover, women felt comfort in being able to express themselves fully with their partner, without worrying about what he thought of her (Bondas-Salonen, 1998). This was confirmed in Somers-Smith's (1999) study, in which women reported that their closeness with their partner enabled communication without causing upset, something they felt they

could not do with the midwives. Furthermore, giving birth in the presence of someone the women knew well also gave them a sense of security (Price et al., 2007).

### **Security – Appraisal Support**

A key aspect contributing to women's perspectives of a positive birth experience is that the women did not feel alone (Hodnett et al., 2011). In a number of studies, the partner's presence alleviated feelings of loneliness (Bondas-Salonen, 1998; Sapkota et al, 2011), which in turn made them feel more secure and less anxious (Bondas-Salonen, 1998; Kainz et al., 2010). In Kainz et al.'s (2010) Swedish study, one woman said "I felt secure all the time... because he was with me... he was calm and I became calm, thanks to him standing there holding my hand" (p. 626). In this case, his demeanour had a positive effect on her, reinforcing the belief that a partner's attitude can affect how the labouring woman feels.

In a number of studies, the women expressed that their partner's presence helped them feel as though they had more control over their situation. Women felt safe and protected having their partners with them, as they knew they could rely on them to keep her and the baby's best interests at heart if anything went wrong (Bondas-Salonen, 1998; Kainz et al., 2010). This included knowing he was there to hold and maintain contact with the baby after the birth if she was unable to (Bondas-Salonen, 1998). Furthermore, the father was important in ensuring good communication between the mother and the midwife (Kainz et al., 2010; Sapkota et al., 2011; Price et al., 2007). Kainz et al.'s (2010) study demonstrated this as the father had to 'plead her cause' and be her advocate when the midwife was not listening to the mother, or when she was too weak or 'inside herself' to communicate with anyone. The partner's role was to ensure effective communication of the woman's needs, and to relay the midwives information to the woman. Women felt secure and confident that their partner

knew their wishes and could communicate them well, allowing them to relinquish control of the situation to him (Kainz et al., 2010).

### **Strength – Emotional Support**

Many women reported receiving good emotional support from their partners that inspired strength to endure pain and suffering (Bondas-Salonen, 1998; Kainz et al., 2010; Somers-Smith, 1999). Kainz et al., (2010) found that the partners helped the women feel calm which gave her energy to fight through the labour. Somers-Smith (1999) found that the partners acted as a morale booster that increased the women's confidence and motivation to continue. The partners' care was considered a source of strength (Bondas-Salonen, 1998) that made the women feel valued, cared for and appreciated (Somers-Smith, 1999). His belief in her abilities offered new strength, courage and feelings of well-being (Kainz et al., 2010). However, inappropriate words of encouragement that did not align with the situation were considered frustrating (Bondas-Salonen, 1998). However, many women throughout the literature expressed that they could not have done it without their partner, and that his presence was irreplaceable (Bondas-Salonen, 1998; Somers-Smith, 1999).

### **Family Bonding**

Finally, many women expressed their joy in being able to share their birth experience with the father of their child. Bondas-Salonen (1998) and Kainz et al. (2010) found that no one could replace the father in the sharing of the experience, even though others were able to alleviate her suffering. The women in these studies felt it was important for their partner to share in the joy *and* the suffering of the birth, and considered labour an act of teamwork that they managed well together. This offered a sense of pride, and helped them feel closer. Some men also report an increased respect for their wives, further strengthening the couples bond (Chandler & Field, 1997).

Research has shown that the fathers' presence at birth helps to strengthen family togetherness, improve the couple's relationship and helps him bond with the baby (Pestvenidze & Bohrer, 2007; Vehviläinen-Julkunen & Liukkonen, 1998). Furthermore, it has been largely reported that the presence of the father at childbirth is integral for his transition into parenthood (Cooper, 2005; Kainz et al., 2010; Pestvenidze & Bohrer, 2007; Plantin et al., 2011; Vehviläinen-Julkunen & Liukkonen, 1998). When his first child is born, it is a significant moment for the acceptance of fatherhood for him, the moment he actually becomes a father (Vehviläinen-Julkunen & Liukkonen, 1998).

Ultimately, the partner's presence was symbolic in the sense of creating a family (Bondas-Salonen, 1998). Particularly at the birth of the first child, birth is the moment the couples felt they became parents, and a family, which was an important and memorable occasion in their lives (Kainz et al., 2010). This is a time of intense happiness, love and joy that women felt was important to share with their partners.

### **Limitations and Rationale**

There are a number of reasons for the contradictory findings in the literature regarding the efficacy of partner support in childbirth. Firstly, these studies are from various countries; Sweden, Finland, Turkey, Nepal, China, Canada and United Kingdom, all of which have cultural variations that may impact on how fathers participate in the delivery room. Moreover, the extent of the father's childbirth education and level of involvement, as well as women's individual perceptions of that involvement will generate varied results. Furthermore, all studies used various assessment measures, from likert scale ratings to interviews. However, qualitative studies have offered rich information that has helped to identify crucial therapeutic variables of the father's presence at childbirth, which are not so easily 'measured'.

Studies exploring women's experiences of social support in childbirth are lacking in Australia, particularly their experiences of partner support. There were 33,920 births in Western Australia alone in 2012, with inferred percentages of fathers' participation to be over 90 per cent (Department of the Attorney General, 2013; Draper, 1997). Considering birth is an everyday occurrence, and suggestions that labouring women could be suffering unnecessarily due to a number of psychosocial variables (Odent, 2005), the lack of research in this area is concerning. Therefore, the aim of the present study was to qualitatively explore Australian women's experiences of partner support in childbirth, to better understand its effectiveness, and to explore if the needs of labouring women are being met. Furthermore, this study endeavoured to explore the support Australian women desire in childbirth, with the aim of providing insight into the meaning women ascribe to their experiences.

As research suggests the partner's level of preparation and education will impact on how he participates in childbirth and therefore on the woman's experience; women's perceptions of her partner's supportive abilities were explored. Furthermore, as Odent (2005) claims women's experiences of childbirth are impacted upon by the personalities and attitudes of those attending birth, and her relationship with them, women's perceptions of their partners in this light was examined. Based on these premises, the underlying research question of the present study was "what meaning do women ascribe to their experiences of their partners presence during childbirth?"

## **Research Design**

### **Methodology**

An interpretative phenomenological methodology was adopted for the present study. This approach is based on a social constructionist epistemology that focuses on the underlying processes by which one constructs phenomena in their world (Smith, Flowers, &

Larkin, 2009). This approach is relevant to the present research question as this epistemology places knowledge within the process of social interchange, highlighting the influence of social context on the meaning one makes of their experience, such as partner's presence at childbirth (Gergen, 1985). Interpretative phenomenological analysis (IPA) emphasises experiential claims and concerns of participants, with the aim of offering insight into how unique individuals in a specific context make sense of specific events in their lives (Larkin, Watts, & Clifton, 2006).

Interpretative phenomenology is informed by the theoretical frameworks of phenomenology, hermeneutics, and symbolic interactionism (Smith et al., 2009). IPA is phenomenological in that it aims to explore human experience with the focus on the description, perception and explanation of a phenomenon, such as partner support in childbirth (Smith et al., 2009). Further, IPA is based on hermeneutic principles that are concerned with examining the latent or disguised structure of one's reality through interpretation (Larkin et al., 2006). However, in IPA, interpretation of a participant's portrayal of a phenomenon is inextricably influenced by the researcher's own experiences (Larkin et al., 2006). Thus the researcher must be aware of what allows them to see and what may inhibit their seeing, through careful consideration of their own assumptions and how they may impact on the inquiry (Watt, 2007). The participants' and researcher's individual contexts bring together subjective and objective descriptions, which broadens the range of vision of the phenomena (Gadamer, 1975; Larkin et al., 2006). IPA is also informed by symbolic interactionism which is based on the way in which pre-existing social processes influence interactions with one's environment and others in it, through which meaning is derived (Ashworth, 2008). Conversely, one will then act toward things and others in their environment according to the meaning they ascribe to them, for example the relationship a labouring woman has with those present during childbirth (Ashworth, 2008). Through this

interaction with others in their environment, shared meanings are created based on the social context in which they are immersed (Ashworth, 2008).

Guided by these principles of interpretative phenomenology, the present study aims to explore participant's subjective accounts of childbirth involving their partners, in order to understand how they themselves make sense of their experiences and the meaning they ascribe to them. In particular, how these meanings were shaped by the women's interactions with their partners and others in their environment is examined to determine the impact on her childbirth experience. A double hermeneutic process is engaged in as the researcher makes sense of the participants making sense of their experiences, while acknowledging and making transparent how their own context influences these interpretations (Smith & Osborn, 2008).

### **Participants**

A purposive sample of eight participants was recruited for the study. This was also a convenience sample as the participants were selected from people known to the researcher. These women were selected as they had all experienced labour and childbirth in the presence of their partner and were willing to provide rich, in-depth information of their experiences. The women were homogenous in that they were all middle class Western Australians residing in Perth, in married or defacto relationships with their male partner, and shared the common experience of their partner's presence at the birth of their children. The selection criteria did not discriminate between those that had a vaginal or caesarean birth, as women's experiences of their partners presence in both scenarios was of interest.

The women were between 26-33 years of age and each had one to three children, with the youngest being born in the last two years. Four of the women had one child, three of the women had two children and one woman had three children, totalling 13 birth experiences.

Of those births, nine were vaginal births, six of which involved no drugs, and three involved epidurals. Four of the births were caesarean sections with epidural. Of the multiparous women, two had experienced both natural and caesarean section births.

### **Materials**

A digital audio recorder was used to record the interview and note-taking equipment was on hand to make notes where necessary. Furthermore, a journal was kept by the researcher to allow for initial thoughts and reflections to be recorded throughout the research process. This aided exploration of the researchers own interpretations and understanding of the women's experiences and any impact they may have had on analysis. This process contributed to the interpretative rigour of the study, enabling reflexivity of the researcher and ensuring a clear audit trail of decisions made throughout the research process, promoting the credibility of the study (Watt, 2007).

### **Procedures**

Interpretative phenomenological analysis (IPA) aims to offer insight into how a person makes sense of a lived experience of personal significance. The nature of IPA follows Heidegger's views of existence as non-static, ever changing, and often paradoxical (Conroy, 2003). For this reason, IPA is not a prescriptive approach but is flexible, remaining open to change as circumstances demand (Liamputtong, 2009). The use of a semi-structured interview schedule allowed for the participant to lead the interview. This provided the researcher the chance to reflect carefully about what they were asking, and the opportunity to probe deeper with open questions such as "How did that make you feel?", or "What do you mean by...?" in order to gain a richer understanding of the participant's experience (Finlay, 2011).

Phenomenological research acknowledges the researcher's role in the process, whereby the researcher is also a person-in-context that brings prior knowledge and experiences that cannot be so easily discarded (Bondas-Salonen, 1998). This was particularly the case in this study as the participants were known to the researcher. Any prior knowledge of the participants was acknowledged and their implications explicated throughout the research process to ensure the phenomenon was not adjusted or distorted (Bondas-Salonen, 1998). Prior to the commencement of the interview, the women were asked not to assume the researcher had prior knowledge of their experience and to re-tell any information that may have already been shared with the researcher on previous occasions. The researcher acknowledged her previous understandings of the participants and was conscious not to influence the interview or subsequent interpretations of the data. Furthermore, the researcher does not have children, therefore no prior experience of giving birth was considered, helping to assume neutrality on the issue.

In the present study, it was requested that the partners were not present during the interview so that the women were able to talk openly about their experiences, good and bad, so *her* story was heard without interjection. This also allowed for complete honesty without the concern of hurting her partner's feelings.

After ethics approval was granted, a letter was sent to prospective participants (Appendix A) requesting their participation in the research and asking them to contact the researcher if they were willing to take part. Upon agreeing to participate, a time and place for the interview convenient for them was agreed upon, which was confirmed in an information letter (Appendix B) sent along with a consent form (Appendix C) to be signed at the commencement of the interview.

After obtaining informed consent, the interview proceeded using a semi-structured interview schedule (Appendix D). The interview began with non-threatening demographic questions to gain basic information. Women were then asked about their relationship with her partner, as according to Odent (2005), his personality may have an effect on her birth experience. This information is considered important in gaining a better understanding of women's experiences of their partners in the delivery room.

As the interview progressed, the women were asked how the decision of their partner's presence at the birth was made, followed up with a question of how they prepared for the birth. Women were then asked an open-ended question about their experience of having their partner present during childbirth. If the woman had more than one child, she was asked to talk about them one by one, starting with the first. The aim here was to explore how her partners support may have changed at subsequent births, if at all, and what factors may have caused this. The interview finished by asking the women if they had anything else they would like to add. Probing questions were asked throughout the interviews to gauge their reactions to their partners and to gain a deeper understanding of her experience. Interviews were digitally recorded for later transcription.

### **Analysis**

Data analysis was guided by an IPA process outlined by Smith, Flowers, and Larkin (2009). The interpretative analytic process is an iterative and inductive cycle with the goal of developing an interpretative account of the participant's descriptions of their experiences (Smith et al., 2009). This process ensures analytic attention is given to the participants' attempts to make sense of their experiences through reflective engagement with their personal accounts (Smith et al., 2009).

After the interview, the recording was listened to again and transcribed verbatim. The transcription process began before all interviews were completed, in order to pick up information that could guide subsequent interviews. This process aligns with the evolving, flexible nature of phenomenological inquiry. The transcribed interviews were then read and re-read to begin the data immersion process. A close line-by-line analysis of the experiential claims, concerns and understandings of each participant allowed the researcher to stay close to the explicit meaning of their experience (Smith et al., 2009).

During the first two readings, initial notes were made. Three subsequent readings explored the data from three different vantage points - descriptive, linguistic and conceptual - commenting on what emerged from looking at the data in these different ways (Smith et al., 2009). This exploratory commentary was then used to find commonalities within the data, developing and making connections across the emerging themes. Conceptualisations of the data were reflected upon in the researcher's journal, which greatly aided this process. Pertinent quotes were drawn from the data and grouped under emergent themes to ensure they accurately represented the women's experiences. These themes were then re-worked and re-named, through which overarching themes and subthemes were identified. To protect anonymity of the participants, all identifying information was removed.

To enhance interpretative rigour, two methods of verification were utilised. Firstly, researcher triangulation, whereby transcript extracts, themes and subthemes were reviewed and discussed with the research supervisor to enable consideration of other perspectives and interpretations of the data. Secondly, member checking was carried out via email, giving the participants the opportunity to review the emergent themes and offer feedback regarding the interpretations of their narratives, and to ensure they accurately represented their experience. All women reported back that they felt the themes accurately represented their experience.

This validation process increased the credibility of the research findings, certifying the women's experiences.

### **Findings and Interpretations**

Five major themes were identified in the interview data: an essential presence; psychological support; "on my side"; education and preparation; and strengthened relationship. Within these themes, a number of subthemes emerged, as shown in Table 1. The findings relating to these themes and subthemes are presented herein, including relevant quotes from the interviews to support findings and interpretations. These findings are discussed in light of the existing literature.

**Table 1.***Themes and Subthemes of Women's Experiences of their Partners Presence at Childbirth*

Themes	Subthemes
An Essential Presence	The Essential Father The Essential Partner The Least he could do
Psychological Support	Security and Reassurance Encouragement A Welcome Distraction
“On My Side” - Trust Facilitating Control	Abide by Her Wishes Trust in Her Ability Advocacy
Education and Preparation	Importance of Information Support for the Partner Effectiveness of Education Learning through Experience
Strengthened Relationship	Bearing Witness Connectedness

**An Essential Presence**

The essentiality of the women's partners at the birth was a recurrent theme throughout the interviews. This theme reflects the women's necessity of their partner in their childbirth experience. Three key subthemes were identified in regards to the overall meaning of the partner's involvement in the women's birth experience. These were: the essential partner, the

essential father, and the least he could do. The necessity of their partner's presence was discussed in terms of his relationship with her, and with their baby, and meeting her expectations of him in regards to his role in these two relationships. This is supported by research that suggests that a woman's expectations of her partner during childbirth is related her relationship with him (Somers-Smith, 1999).

**The Essential Partner.** All of the women in this study expressed the necessity of having their partner with them in childbirth. They described this necessity in terms of what their partner meant to them, based on the history they had together. In thinking about her partner's absence from the birth, one mother expressed the hurt this would have caused her:

*I feel really sad thinking that he couldn't be there for some reason. It would've broken my heart, and his. It couldn't have been any other way.*

She powerfully explained that his absence would have been heartbreaking for both of them. This reflects a loss that she would have experienced as a result of his absence, suggesting she gained something from his presence. She insisted that there was no other option to having him there, which was reiterated by another mother:

*It meant a lot, like just to know that he was there, like he's my rock. They're just like your everything, you just need them there, they're part of you.*

This mother stressed how important her partner was to her, and thus to the situation. In this statement she highlighted the inseparability of him from herself, implying that the alternative to having her partner there was unfathomable. She described her partner as her 'rock', her foundation, depicting him as someone strong, stable and dependable; someone she could lean on. This sentiment was echoed by another mother:

*I just wanted him to be present... because I didn't know how I was going to feel or what I was going to need from him, I just wanted to be able to see him and touch him... He's my best friend... I couldn't have imagined not having him there. He's my strength...*

In explaining why she wanted her partner at the birth, this mother described him as her best friend, representing someone important to her. She expressed that being able to physically see and touch him brought her comfort; even though she was not sure what else he could do for her. She was discussing her first child, reflecting on the unknown that lay ahead, and that she required him to simply 'be present', ready to assist when needed. Again the thought of not having him there was unimaginable, because she was dependent on him and his strength to help her cope with the laborious task of giving birth. These last two statements reflect how these mothers positioned their emotional strength within their partners and thus depended on his presence and his love to provide strength and consolation to her in a time of need.

Another mother went on to explain why it was him that she needed, over another:

*Because he knows me the best, and he knows me inside and out, there is nothing really that would've happened that I would've felt uncomfortable with him being there.*

This mother had originally planned to have her sister with her at the birth, but at the last minute decided to only have her partner there. This statement reflects on the history they had together and the intimacy they had shared, making him the most suitable person to ensure she felt comfortable. This has previously been reported by Price et al., (2007) who found that women usually chose someone who "knew them best", wanting someone close to them that they had a personal connection with, who could offer individualised support. This mother implied that she did not feel judged by her partner as he was completely accepting of her, meaning she could be completely herself, and not have to hide anything from him. This was particularly important to this mother as she felt the midwives were judging her for excessive complaints about the pain she was experiencing. This is again corroborated by other findings that women do not want to have to worry about what others think of them when they are giving birth, and want to be sure that they will receive unconditional support from those present (Somers-Smith, 1999).

The women in this study have demonstrated that their partner's mere presence brought them comfort and made them feel supported. This supports Bondas-Salonen's (1998) and Somers-Smith's (1999) findings, in which women expressed the importance of having their partners there, not necessarily to do anything other than be present. It was her partner she wanted there as he was the closest person to her, her confidant, her rock; however, the women in this study also highlighted his need to be involved as he was the father of the child.

**The Essential Father.** When asked about their decision to have their partner at the birth, all of the women amplified the importance of their partner's involvement in the whole experience - as he was the child's father. One of the mothers highlighted their partner's involvement in the making of the child, hence his importance in the experience:

*It feels like a whole package... you pollinate the flower then you get the fruit. You need two bits to make that whole. They're different roles but they're both needed and both equally as important.*

This mother emphasised his contribution to the creation of their child, asserting that without him, there would be no child to give birth to. She saw him as her equal in the experience, bringing something to the equation that was of equal importance to her role. Another mother highlighted the stake he had in the interest of the child; "*Just being the dad! You know, he's got a 50% interest in that baby, that's 50% his*". This statement again demonstrated that he was equally accountable for the child. His presence demonstrated to the mother his personal and emotional interest in the child.

These women expressed the undeniable involvement of the father: "*It was just a given that he would be there. He's the dad so I think he has the right to be there to experience that*". He was entitled to be there because of his status as the father: "*Well he is involved, he can't not be involved, he's the dad for heaven's sake! He's got to be there*". There is insistence in this last statement, emphasising the essentiality of his presence. These mothers

asserted that they did not create the child on their own; it is not only her child, but his too. In the literature, birth is described as a rite of passage, and the father's presence is an expression of that right, confirming his position as the father (Draper, 1997). Another mother brought up his right to be there, but in terms of responsibility:

*I think had he not have been there, I would've felt that he didn't deserve as much as a right to be the dad, and I know that sounds mean, but because I did all the physical work it's just, I felt his responsibility to be there as the support person. And if he hadn't have been there I would've felt really let down.*

There was an expectation of the father's involvement due to the part he had, and would continue to play in the child's life. The mothers felt that the father was obligated to be present for her *and* his child. She saw his presence as the right thing to do for his family, to show his commitment to her and the child. This sentiment was echoed by another mother:

*I think that if he'd missed that experience, that something would really be missing in his relationship with the baby. I think it's really important as the father to be there, because I think dads miss out in a way, on a lot of what happens in the pregnancy, they're just kind of bystanders, and I don't think it hits them that they are having children until the baby is born ...I think it's really important as the father to be there... at that moment then they're part of it as well because he has to be there and support you and you know... And that's where their role [as father] starts...*

This mother described childbirth as the moment that her partner's role as a father started, which is supported by research that describes birth as a significant moment for the acceptance of fatherhood for men, the moment they actually become a father; particularly at the birth of a first child (Cooper, 2005; Kainz et al., 2010; Pestvenidze & Bohrer, 2007; Plantin et al., 2011; Vehviläinen-Julkunen & Liukkonen, 1998). In interpreting what it meant for the mother, the father's presence demonstrated that he was taking that first important step into parenthood with her, stepping into his role as responsible parent, making clear his good intentions for, and commitment to their family. The importance of his involvement in this transition to parenthood was echoed by another mother:

*Yeah, just journey starting, the physical, having the baby, the start to the parenting, like the real parenting. We'd talked about it and it was all ideas and the... that seemed like, really again felt like the ceremony of the starting of parenthood. I hadn't thought about it like that before, but that's what it felt like. It wouldn't have been right without him there.*

In talking about her first birth, this mother described childbirth as a ritualistic experience, marking the beginning of a new part of their lives, and new roles as parents; she as the mother and he as the father. Her partner's absence from the 'ceremony' of birth would have meant he missed out on that initiation into his role as father.

In the literature, initiation is described as an introduction to something new, the admission to a group, the death of an old form and the birth of new life (Mauger, 1996). It is a psychological experience in which transformation takes place, resulting in the birth of a new aspect of the self (Mauger, 1996); in this case the self as parent. In this sense, biological birth is a metaphor for psychological re-birth of the woman and man, to mother and father, marking the creation of a family (Mauger, 1996). The father's presence is psychologically relevant for both parents, through which his participation demonstrated to the mother his admission to and dedication to the family.

*I think if they miss that [childbirth] as well, then I think that would take away from their feeling of belonging to the whole situation, as in being a part of the baby's life to a degree.*

Another mother highlighted the significance of the experience, hence the importance of her partner's participation:

*I think I wouldn't have liked it at all if he hadn't have been there, I think I would've been really sad about it. It's such an incredible event in your life, the most important thing you've ever experienced; I think I would've just felt really sad that we were missing out on that experience together.*

This mother stressed the significance of the experience, again reflecting on how his absence would have negatively affected her. She wanted him to share in the experience of giving life

to their child, but wanted him to *want* to be there, again to show his dedication to her and their family.

**The Least he could do.** In further emphasising the essentiality of the partner/father, one mother asserted her partners obligation to be there, out of respect for her and what she went through in order to bring their child into this world.

*I just felt it's his responsibility to be there as the support person. And if he hadn't been there, I would've felt really let down... I would've lost a bit of respect for him I think. The men need to just man up and deal with it. Even if they're queasy or squeamish if they see blood, I don't care. They're not pushing a baby out of their vagina, so they need to suck it up. And that's said with love in my heart because I don't want my husband to uncomfortable or upset or anything either, but in that one instant... he can just suck it up for me.*

This mother highlighted the great effort that it took to give birth, and that abandoning her in that moment would have negatively impacted on her opinion of him. She is expecting him to show that he is interested and willing to be a part of the experience by embracing his responsibilities for her, and for their baby.

Research on initiation has shown that those that put in more effort to attain something, tend to value it more highly than those that did not put in as much effort; and that those who have a strong desire to be initiated should be more willing to endure unpleasantness to attain that status. (Aronson & Mills, 1959). When examining childbirth as an initiation process for fatherhood, this mother highlights the physical effort that it took to have a baby, and how she expected her partner to contribute by assisting her in any way he could. This required him to put up with some unpleasantness in order to support her. This corroborates findings from Bondas-Salonen's (1998) study in which women felt it was important for their partner to see what she went through, and for him to feel that the child was his as well.

### **Psychological Support.**

When discussing their partner's role during childbirth, many of the women expressed a need for psychological support rather than physical support from him. Though the partners did provide physical support in many of the births, it was the psychological support their partners offered that the women valued more highly. Three subthemes emerged in the women's statements regarding psychological support that was expressed in terms of security and reassurance; encouragement; and their partner as a welcome distraction from the unpleasantness related to the experience. These subthemes are discussed below, in relation to the Cohen and McKay's (1984) definitions of appraisal and emotional support.

**Security and Reassurance.** As previously mentioned many of the women expressed that their partner's mere presence made them feel supported. One major aspect of this support was helping the women feel safe:

*Just seeing him made me feel safe. He had just as much of an interest in the baby as I did and in the baby's health and in my health, so I knew that he would be able to handle something, you know, decisions that needed to be made, he'd be able to do that. It was just reassuring having him there.*

This mother expressed that just seeing her partner made her feel protected. This feeling of safety came from knowing he was capable to take action, to make the right decisions in order to ensure the best outcomes for her and the baby. He had a vested interest in their wellbeing and this mother felt reassured by the knowledge that he would exercise that interest to protect them. This is similar to Cohen and McKay's (1984) definition of appraisal support that explained how the provision of information can reduce the experience of stress by helping to alter the assessment of a situation as stressful. However, this mother already had the information that he was capable of protecting her if a situation called for it, based on prior knowledge of his capabilities, and his mere presence reduced her assessment of threat. The

history they shared meant his presence could alleviate her stress by reassuring her safety.

Another mother highlighted that her partner's role was one of protection:

*Support. Emotional. Not making me feel safe but making sure I was protected. Even though I'd probably protect myself, I don't know, just looking after his woman.*

This mother made a distinction between feeling safe and being protected. She demonstrated a battle in dependency that may arise in childbirth, due to the vulnerability of the situation. She spoke from a place of independence, wanting to look after herself, but if she could not for some reason, she wanted to know that she could depend on her partner to be there to protect her if needed.

Both of these women refer to the protective effect that social support offers; whereby their partner acted as a safeguard in the face of undesirable circumstances (Cohen & McKay, 1984; McCourt, 2010). This coincides with Bondas-Salonen (1998) and Kainz et al.'s (2010) studies which found that women felt safe and protected having their partners present, as they knew they could rely on them to keep her and the baby's best interests at heart if anything went wrong. This included knowing he was there to hold and maintain contact with the baby after birth if she could not (Bondas-Salonen, 1998). The mothers in this study also asserted their partners role in ensuring their child's safety after birth when she was unable to:

*I felt really, you know I didn't want to have a caesarean so I felt a bit distressed, and the fact that he could go and hold her, I felt so relieved and trust... that she's ok with him. So to me having him, like nobody else could've done that you know, it's her dad.*

This mother expressed relief to know that their baby was in the hands of her father, someone she trusted, the importance of which was highlighted by another mother:

*If [husband's name] hadn't been there, [child's name] would've just been lying in a plastic crib for 6 hours which is certainly not what I wanted... [Husbands name] being there was great because then I could just concentrate on taking care of me, just for the moment and to try and just recover from what had happened. And I just felt*

*that [child's name] was completely safe because he was with his dad. So it just took that pressure off me, I didn't have to worry about anything after.*

The presence of this woman's partner immediately after childbirth minimised any concern she had for the baby, which allowed her to focus on healing herself. Again, her partner's support allowed her to manage a stressful situation better. This was also the case for another mother, who faced an emergency situation:

*So they had to take her over to a little table where I couldn't see so I told [husband's name] "get over there with her!" He didn't take his eyes off her, didn't leave her side for a minute and was having to call out to me because I was like "is she crying?" because I couldn't hear crying, I didn't know if she was alive or dead. And as soon as she started crying, I couldn't hear; he was like, "she's crying, she's ok!"... So yeah she was alright, but if he hadn't have been there calling that out to me that would've just been so friggin' stressful.*

This mother described a traumatic moment just after their baby was born. She explained how her partner played an important role in relaying information to her to about the child's health, which reduced the stress of the experience. This is an example of appraisal support, whereby the partner fed information to the mother that helped to alleviate the stress of the situation. Interestingly she told her partner to "get over there with her" even though the hospital staff were already with the baby. It was her partner that she wanted to hear from regarding her baby's health, suggesting she valued his information more in that moment, most likely due to her trust in him. This aligns with Cohen and McKay's (1984) notion that certain information is received better from those whose attitudes align with the individual's own. The midwives were essentially strangers to the woman, and in that situation, she relied on information from her partner. This could be attributed to their history, her knowledge of his capabilities and his mutual interest in their child. In addition to appraisal support from her partner to decrease the stress of childbirth, the mothers in this study talked about the emotional support they received from him, namely in terms of encouragement.

**Encouragement.** Another way the women's partners provided psychological support was through encouragement. The women highlighted that their partners played an important role in helping her endure the pain of childbirth by offering words of inspiration, motivating her to keep going.

*Physically I could've done it without him but mentally I don't know how strong I would've been without having him there. Because I said to him before I went into labour, "under no circumstances let me have an epidural, I'm probably going to ask for it but just, you know remind me that I don't want to have one". And he did that a few times when I was saying like, "I can't do it". And he was my cheerleader saying "Yes you can!"*

This mother asserted that her partner helped her to have the mental strength to cope with the pain. She had decided she did not want pain relief but knew she would face the possibility of succumbing to the pain. Her partner became instrumental in helping her reaffirm her choices. This was echoed by another mother who quoted her partner: "*You can, you can. This is what you want, you really wanna do this*". Her partner reminded her that this was her choice, that this is what she wanted. These mothers explained his role in reaffirming her choices:

*He more sort of kept me on the straight and narrow, "You'll be fine, you'll do it, you're doing it!" And that's all you need to hear. Most of the time, you just need someone to keep telling you that you're doing a good job and you'll get there and it's going to be worth it in the end.*

This mother described how her partner kept her from deviating from her desire to have an all-natural birth experience. It was his encouragement that helped her to re-evaluate her ability in the face of pain, inspiring her to continue, reminding her that it would all be worth it in the end. This is an example of Cohen and McKay's (1984) description of emotional support, in that the partner emphasised her feelings and evaluations of herself in the face of the stressful event, helping her feel competent and therefore able to carry on. This aligns with findings from Kainz and colleagues (2010) study in which the partners belief in the labouring woman's abilities offered new strength, courage and feelings of well-being; and Somers-

Smith's (1999) study in which the partner acted as a morale booster that increased the women's confidence and motivation to continue.

**A Welcome Distraction.** Another way the women drew psychological support from their partners was through distraction. When the pain was unbearable, women wanted their partner to help them divert their attention:

*He would start talking to me about holidays we went on to keep my mind off it. I did ask him to do that beforehand too, talk about some things to keep my mind off the pain.*

*It was fun, we laughed and joked and had a lot of fun with the midwives. And that's exactly what I wanted him to do, to be just sort of joking around, having fun, so it wasn't such a stressful experience.*

These mothers saw their partners as a welcome distraction from the pain. This second quote highlighted how the partner brought some joy to an otherwise stressful or painful experience.

This was reiterated by another mother:

*My contractions were getting worse but we were just sort of laughing and joking through them... he'd get me up off the bed and we'd sort of dance through it... the force of gravity was helping things progress really quickly and it almost distracted me from the pain.*

Her partner's eased her pain in a way that may not have otherwise been offered by a midwife, due to the personal connection she had with him. This mother felt her partner's involvement helped her labour to progress more quickly and with less pain. This supports some research that suggests that partners' involvement can reduce pain (Price et al., 2007), which the mothers in this study claimed was done through distracting her from it. The positive use of distraction for these mothers contradicts what Odent (2005) has claimed, saying that men's involvement can distract women from primal urges that direct them in childbirth, resulting in longer labours and increased pain. Odent's claims may be substantiated if the mother was not satisfied with the support received from her partner, but in this study, the women expressed

gratitude and satisfaction with the way they were supported by their partners in this manner. This aligns with research that indicates that the perceived adequacy and appropriateness of social support will impact on the effectiveness of it (McCourt, 2010). Hence, if the women want to be distracted, and the partner meets the needs required, then this distraction is considered beneficial.

It is interesting to note though, that the quotes regarding distraction above refer to the women's experiences of pain in earlier stages of labour. When pain intensified towards the end of labour, particularly if they had no pain relief, the women spoke of their partner's inability to distract her from the pain:

*Yeah, you go inside yourself, it's the only way to cope with the pain. It's like time becomes all distorted and you lose sense of the world around you. I can remember, I think my eyes were pretty much closed the whole time. You can hear voices, you can hear what people are saying to you but when those contractions kick in you've just got no, it takes every ounce of your being just to cope with that contraction, I just wasn't aware of anyone around me. But in terms of probably my husband being there trying to soothe or whatever, that just wouldn't have even registered.*

This mother described going inside herself to cope with the excruciating pain of childbirth, something that her partner had no way of helping or hindering. She purely relied on her whole being just to manage the pain. Again this contradicts what Odent (2005) has claimed in his assertion of partners' non-involvement in childbirth; that men distract women from the primal urges that guide them in childbirth, something this mother described as not possible, as she was not even aware of his presence during the height of labour.

### **“On My Side” – Trust Facilitating Control**

Throughout the interview data, the women continually highlighted the importance of having someone 'on their side' during childbirth. The mothers referred to their vulnerable position in childbirth and the need to have someone who could advocate for them,

particularly when they felt the hospital staff were attempting to impose their own agenda. For most of the women, their partner was instrumental in ensuring birth went according to her wishes, which they saw as a significant way in which their partners provided support. The trust they had in their partner, and their partner in them, was important in facilitating the women's control over their situation. Research has shown that a woman's expectations of her partner during childbirth is related to her history with him, as well as her desire for her partner to take charge in the labour process (Somers-Smith, 1999). Research has also shown that a woman's sense of control in childbirth is important to her perceptions of a positive birth experience (Green et. al., 1990), and the present study has highlighted how the partner was instrumental in helping the labouring woman maintain control. Three subthemes emerged – abide by her wishes, trust in her ability, and advocacy, each outlined below.

**Abide by Her Wishes.** When reflecting on her and her partners roles in childbirth, the women highlighted the central role they had of physically giving birth to their child, and that their partner's role was to do what was asked of him in that instant.

*As bad as it sounds, when it comes to childbirth it's all about the woman really. Because you're doing the work essentially, you're doing the job. But it took two of you to get there... It's a tricky one because I don't know what else they can do other than do what they're told.*

This mother reflected on the importance of her role, but did not want to diminish the role of her partner in doing so. She expressed that without being central to the experience, her partner was still vital to it. However, she said that she was 'doing the work' and the best way he could support her was to do what she asked of him. Telling someone to 'do what they're told' implies that the person doing the telling has more power; however, the mother's lack of power due to the vulnerability of the situation commanded respect, as another mother asserted below:

*If he had gone against my wishes at any stage that would have been an issue, because you're just so powerless really... at that time everything just happens to you. I think it's really important that they do what you ask them to do, and that's the biggest way that they can support you.*

This mother emphasised how important it was that her partner abided by her wishes, and that going against them would feel like a violation. She highlighted her vulnerability in the childbirth setting, and the lack of control she felt she had over what happened to her. By abiding by her wishes, her partner showed his support for her, which helped her to maintain some control in an otherwise vulnerable situation. However, in order to abide by her wishes, another mother highlighted it was important that he trusted her inherent ability.

**Trust Her Ability.** In context of the above, one woman pointed out that in order for her partner to abide by her wishes; he had to trust her ability to know what was best for her.

*Trusting me, honouring me and my wisdom. Trusting me really well. Like you can know someone really well but not really trust in their ability or their wisdom. The fact that I really felt like he trusted me, and maybe if we're in a really tense situation or whatever, he doesn't have to know my reasoning for a decision, he'll just trust me. So when I say we gotta do this, [he's like] I believe in you, I'm behind you. That core, that I'm not having to explain, or argue or fight for my right, I'm just supported in that.*

This mother asserted that the trust and belief her partner had in her made her feel supported in her decisions. His trust of her innate abilities was an important aspect of helping her feel empowered, promoting her autonomy and control over the situation. She alluded to the history she had with him, in which his respect for her and her wisdom increased his ability to support her. This type of support may be lacking from a midwife who did not have a history with her. This finding suggests that bidirectional trust is important in promoting autonomy for the labouring woman. This concept has not been well researched in existing childbirth literature and warrants further exploration.

For this mother, her partner was instrumental in helping her feel in charge of her space, allowing her to tap into her innate wisdom and birth knowledge. She did not have to fight for her choices, and was completely supported in them, something that became very important to some women who felt they *did* have to fight the medical staff to ensure their wishes were abided by. For these women, their partner became instrumental in ensuring she was heard and had the birth she desired, as outlined in the subtheme below.

**Advocacy.** A major role that some of the women's partners played in their childbirth experiences was one of advocacy. The partner's role as advocate became particularly important in the latter stages of childbirth when women were less capable of verbalising their wishes. The significance of their partner's role in ensuring the labour experience they desired was imperative for mothers who were determined to have a natural birth, as outlined below:

*I didn't realise at the time, but because the baby was getting stuck, they were saying if I'd not pushed him so far by 5 o'clock they were gonna take me to surgery, and only after did I find out that he was actually saying to the doctors "no, she's dilated, what's the problem? We can't take her to surgery just because of time", and he was trying to negotiate another hour. He did a good job in the end because he did exactly what I asked him to do which was to try to let me have a natural birth, as long as it was safe obviously, but not have a cesaer just because the doctor had decided times up!*

This mother explained how the hospital staff attempted to take control over her birth experience and the role her partner played in making sure she maintained some control over the situation. She needed him to stop obstetrical demands from destroying her hope of a natural birth. In a sense, he was guarding the birth space, allowing her to access her own innate knowledge of how to birth her baby. It is clear that they had discussed her wishes prior to giving birth which was important in his ability to advocate for her. His knowledge, understanding and acknowledgement of her wishes, concerns, fears, strengths and weaknesses meant he was the most effective support person for her. This was reiterated by another mother:

*So I think having him there that second time around was good because he was on my side. He knew why I was choosing the things I was choosing, and whilst giving birth, they're still in your face saying you should do this, you should do that... So it was good having a voice there when I couldn't have a voice, and he was really supportive of those choices, and would speak up and say, it's not what she wants, back off! Which was good.*

For this mother, her partner played an important role in being her voice, representing her wishes when she was unable to speak for herself. This mother spoke of a general distrust of birth in a medical environment, and the role her partner played in guarding her through advocacy. This finding upholds previous research by Kainz et al., (2010) that found the women's partners had to 'plead her cause' and be her advocate when medical staff would not listen to her, or when she was too weak or 'inside herself' to communicate with anyone. This finding supports the growing body of literature highlighting the significance of advocacy to the labouring woman, as it empowers them to express their views, have their choices respected, and ensures their interests are protected (Draper, 2013; Hodnett, 1996).

This struggle against medicalised birth is well documented in the childbirth literature (Fenwick, Hauck, Downie & Butt, 2004; Reiger, 2001; Odent, 2005; 2009), and has been a driving force behind the natural birth and woman-centred birth movement. A Western Australian study of 202 women's expectations of childbirth found that many women did not willingly choose birth to be a medicalised event, and asserted the need to examine the influence of healthcare professionals perpetuation of a technical approach to birth (Fenwick et al., 2004). Another qualitative Western Australian study examining the impact of social context on 22 women's fears of childbirth found that the positive relationships formed with midwives and others in their informal network mediated against childbirth fear (Fisher, Hauck & Fenwick, 2006). Along with the findings of this study, it becomes clear that a midwife's attempts to undermine the mother's autonomy can negatively impact on her childbirth experience, reducing the chance of developing a crucial positive relationship with

her midwife. This highlights the important role the partner plays in mediating the negative effects of such a situation through advocacy. Furthermore, research has revealed that some women did not feel as though they were taken seriously by midwives providing antenatal care (Hildingsson, Haines, Cross, Pallant & Rubertsson, 2013); of which this research suggests is a concern extended into childbirth, illuminating the partner's role in ensuring she is taken seriously.

Due to the mutual trust between the couples discussed here, the women felt secure and confident that their partner could communicate her wishes, allowing her to relinquish control to her partner. Research has consistently shown that a woman's sense of control in childbirth is associated with positive psychological outcomes (Green et al., 1990), hence the significance of the partners' ability to mediate and re-establish some sense of control for her. Further to this, these women highlighted the importance of their partners being informed about birth processes as well knowing her wants and needs in order for him to support her effectively, which is discussed in the following theme.

### **Education and Preparation**

The women in this study were asked about their partner's level of antenatal preparation in order to gain an understanding of how it may have contributed to their birth experience. The couples' levels of preparedness varied, which depended on their desire to 'know'. Some women relied only on the information offered by the hospital, while others actively sought further information. In most cases, the partner's level of childbirth education and preparedness depended on the woman's level of childbirth education and preparedness. However, when discussing their first births, many of the women did not know what to expect and therefore did not know how to help their partners prepare for birth. Four subthemes

emerged regarding education and preparation: importance of information; effectiveness of education; the need for support for the partner; and the value of experiential learning.

**Importance of Information.** When discussing her partner's level of childbirth education, one mother relayed what having an informed partner meant to her:

*I think it's important that they know what's going on as well. I think that shares the responsibility. Makes the mum feel more confident that he knows what's happening and he knows what to do, what not to do.*

This mother expressed how her partner's involvement in preparing for birth would relieve the burden of responsibility for her, allowing her to have confidence in his ability to assist. The importance of having support persons that understand the birth process and the help the woman desires is expressed in the literature (Kitzinger, 1987). However, many of the women in this study commented that their partners had a lack of knowledge and needed further support, as discussed in the themes below.

**Support for the Partner.** Most of the women mentioned their partner's uncertainty about his role and how he would cope with seeing her in a lot of pain.

*I think he was a bit unsure what he was supposed to do, like when things got really painful. I think he was a bit clueless about if he should touch me or not.*

*I remember him being a bit anxious, and I suppose as well, they, for a partner, they know the reality of the situation – that this is going to be the worst pain they're going to see somebody they love in, and he was concerned with how he would cope with that.*

This finding is synonymous with research by Sengane and Nolte (2012), Vehviläinen-Julkunen and Liukkonen, (1998), Sapkota et al., (2011) and Gallagher and Wise (2012) who found the partner struggled with watching their partner in pain, and in finding a role in supporting the mother.

None of the mothers in this study expressed that their partner's fears negatively impacted on her birth experience, but they were concerned for his wellbeing. The importance

of support for the partner during childbirth is highlighted in the literature (Draper, 1997; Gallagher & Wise, 2012), however there are concerns over who should be providing this support, as attention may be detracted from the labouring woman (Blackshaw, 2009; Draper, 2013; Vehviläinen-Julkunen & Liukkonen, 1998). Creating a space for the father, whilst maintaining focus on the labouring woman, may be difficult to achieve for midwives (Draper, 2013). This is where other support persons may be required for the partner. Some of the women in this study had their mothers or another close female present at the birth and they expressed gratitude for their ability to not only support her, but support her partner as well:

*And my sister was there as well, more as a support for him, in case he started to panic... So she was there to keep him calm, as a calming influence for him, and to help him to know what to do in certain moments as well.*

*I think he just got to that point where you see your partner in that much pain and you don't really know what to do. [He] got into a bit of a panic, but then mum came in and just softened the mood a bit, just took some of that sort of stress off. So I think with the two of them it was really good.*

Research has highlighted the importance of ensuring fathers are supported in providing care for their labouring partner, which has led to the development of a more family-centred approach to maternity care (Gallagher & Wise, 2012). However, there are many reports of men feeling unsupported or left out of the childbirth experience, mostly due to the midwives focus being mainly directed toward the mother (Barclay, Donovan & Genovese, 1996; Draper, 1997; Vehviläinen-Julkunen & Liukkonen, 1998). There is limited research regarding informal support for fathers throughout the childbirth experience, which this study suggests is not only important for partners, but for the labouring woman as well. This study also highlighted how the quality of information received impacted on the partner's preparedness and therefore involvement in the childbirth experience, as outlined below.

**Effectiveness of Education.** When asked about their partners level of preparedness and how they felt this impacted on their childbirth experience, the women discussed

preparation in terms of the quality and availability of the education received. Research has suggested that individuals will demonstrate lower psychophysiological arousal and less behavioural anxiety during potentially anxiety-inducing medical situations, when the level of preparatory information is congruent with their desire for information (Greenhalgh, Slade, Spiby, 2000). One mother talked about the benefits of an active birth workshop on her partner's ability to support her:

*Yeah so the active birth workshop just gave him a bit of confidence that he knew some stuff, rather than going in blind and going, oh my god, I'm going to have a meltdown when all this starts. So it sort of gave him a bit of a role, of things to do as well, and kept him a bit busy.*

This was the only mother who utilised additional birth preparation classes due to her dissatisfaction with information offered by the hospital. This dissatisfaction was echoed by a few of the mothers, who stated "*I was disgusted at the antenatal class*" and "*It's almost a joke it doesn't... you don't know what you're in for until you do it*". Another mother reflected on the advice they received regarding her partners participation in the birth:

*And so they gave practical advice around what [husband's name] could do to try to ease the pain. But when the time came, it was irrelevant, it was just so irrelevant... it may not be for some people, but for me, it all just went out the window.*

Another mother in this study implied that no information was going to be satisfactory as it's an unknown experience, particularly the first birth: "*He was prepared I think, but I don't know if anything can prepare you really*". This study is not the first to find that women and their partners were not satisfied with antenatal education.

Recent research that compared satisfaction with antenatal care between Australian and Swedish women identified inadequate inclusion of partners in antenatal care in both countries (Hildingsson et al., 2013). Another Australian study of men's experiences of antenatal class found that men often felt confused, ignored and left out of antenatal classes (Barclay et al., 1996), which prompted parent education coordinators to adjust course information. A follow

up study of 200 Australian men's experience of revised antenatal classes found that men felt better prepared and more confident due to the classes (Galloway et al., 1997). More recent research of father's experiences of antenatal classes in Australia has also shown that they are satisfied with their level of education prior to childbirth (Fletcher, Silberberg & Galloway, 2004) however; the content of information received in antenatal education may vary across these studies. The mothers in this study suggest their partner could have been better prepared, with some taking the task of educating their partners into their own hands. One mother described how she took responsibility for her partner's childbirth education as she wanted him to be fully aware of her choices and her reasons behind them:

*Because I went into it fully researched on what I wanted... It was me who educated him more than anything else... I always passed on that information to him so he would fully understand my choices as well.*

In this study, the men relied on their partner to guide them, and the women were happy to facilitate this, as one mother highlighted: "*How are they meant to know about women's business?*" she implied, unless women share their information with them. This mother talked about how she guided her partner during the actual birth process:

*I was very directive, um, and that felt right and I think that's what he wanted as well. That's what he was waiting for. He wanted to know what to do to help me through that process.*

These mothers emphasised the importance of knowing what they want and being able to communicate that effectively. This is supported by Western Australian midwifery research into women's expectations of childbirth that highlighted the importance of knowing women's expectations in order to meet their needs (Hauck, Fenwick, Downie, & Butt, 2007).

Communicating expectations ensures they can be met by support persons assisting in promoting a positive birth experience. However accurate information is important to forming realistic expectations and knowledge of alternative options when faced with unexpected

circumstances. This study suggests there is a need for more, effective childbirth education for expectant couples.

The lack of information for men regarding birth preparation came up a few times during the interviews. Some of the mothers expressed the necessity for more support for fathers at birth:

*I certainly think there should be more for the fathers other than your typical antenatal classes... I think there should be something for men to go to, you know that they bond over men things, just to talk about what they want to talk about, and their fears of their wives giving birth, and their fears about being a father. There needs to be somewhere for men to talk men's stuff, and babies. And the mums are doing it, it's no different.*

There are currently classes like this available to expectant fathers in Perth, Western Australia, of which only *some* of the mothers were aware of; however, their partners did not manage to attend due to work restraints. Previous research has shown that first time fathers found an all-male discussion forum beneficial as they could ask other fathers about their experiences and reflect upon their own fears (Friedewald, Fletcher & Fairbairn, 2005). However, men were more concerned about their new role as father and changing relationship dynamics, rather than the experience of childbirth (Friedewald et al., 2005). Hearing other men's experiences and being able to ask questions in the absence of women was appreciated by men in this study. This reduced their fear of embarrassment which allowed them to talk freely and openly and have more of their concerns addressed (Friedewald et al., 2005).

In interpreting what partner education meant for the mothers in this study, they expressed their desire for their partner to be involved in the birth experience not only physically, but to be mentally prepared for his own benefit, and armed with knowledge to best support her. Though these women did not express high expectations of their partners, they conveyed that they would appreciate his understanding of the experience so they could feel confident in him and his ability to support her. This notion is supported in the literature

regarding men's experiences of birth, asserting that meeting the father's needs should be a concern for childbirth educators, as they play an essential role in providing support to labouring mothers (Friedewald et al., 2005). Robertson (1999) emphasises that men cannot be expected to provide practical help and emotional support if their own needs are not being met during the anxious experience of childbirth. Thus supporting fathers is fundamental to supporting mothers during childbirth. Another source of education that the women found really helped their partner be supportive of her during childbirth, was experience.

**Learning through Experience.** The multiparous women in this study described how their partner's supportive practices improved with each subsequent birth. This was to be expected as experiential learning has been shown to be highly effective (Kolb, 1984). However, it is assumed that age and maturity at subsequent births may also contribute to partners' ability to provide more effective support. In this study, men not only learnt how to better support the women, but they also learnt how to mentally process their own fears and concerns, as these women articulated:

*With my first labour, he really didn't know what to do. He was just trying to be within sight, within hands reach. But he didn't know what to do. Whereas when I was in labour with [second baby], he just knew exactly what to do, was really confident... it was definitely different the second time than it was the first time so that comes down to his confidence and his ability.*

*He was a lot more calm the third time around because he knew what to expect. And I think if he hadn't known what to expect he would've just panicked. Well you know, he wasn't panicked the second time around but every now and then I could feel he was getting bit worried, you know, because I was in pain and he couldn't fix it, or make it better or do anything to stop it. But with [third baby], he knew - I don't need to stop it, I just need to help her through it.*

This mother referred to her partner's need to "fix it" which has been noted in the previous literature (Odent, 2005; Sengane & Nolte, 2012). Because of their prior experience, these fathers had a better understanding of the birth process, and thus were able to reassess their role as one of support, rather than help. However, for first time fathers, this information can

still be received without having prior experience, which has shown to be well received from *other* men who have had the experience (Svensson, Barclay & Cooke, 2006). One Australian study found that couples preferred experiential learning, even if it was second-hand experience, or observing other births (Svensson et al., 2006). However, regardless of the level of education of the partner's in this study, mothers expressed the joy of sharing the experience with their partners, and the way his involvement in the birth of their child strengthened their relationship.

### **Strengthened Relationship**

When reflecting upon their experience of their partner's presence at childbirth, a number of the women talked about a positive change in their relationship. They expressed changes in the way he saw her as a result of witnessing her give birth, and in the way they felt towards each other following the shared experience of childbirth. These two subthemes are discussed below.

**Bearing Witness.** Women in this study felt it was beneficial for their partner to bear witness to the birth, especially as they found that it increased their admiration for her and what she was capable of:

*I think it's a good thing for them to witness, especially that they can acknowledge the strength that goes into giving birth. I mean, he was just in awe of me, like amazed that I, you know, did what I did. It was just, you feel really proud of yourself too, and yeah, it's a really nice feeling.*

By bearing witness, partners were able to recognise the strength that existed within the women, his acknowledgement of which increased her self-esteem, and pride in her abilities.

This was reiterated by another mother:

*In our relationship it definitely made us stronger because he saw a different side of me, a more powerful side... I think I needed him to see how powerful I was. You know because that's a really intense thing to do, give birth, and it's really empowering for a*

*woman, but you know the men don't really get to experience much of that stuff. But being there allowed him to be part of that experience and to know what it takes to have a baby and to... and I think it puts women in a different light for them, because they see a totally different side of you... and my ability as well, like what I was capable of as far as being really strong... and it made him respect me that little bit more as well.*

This mother expressed that her partner now saw her in a way he did not before. She needed him to see what she was capable of, which gained her more respect from him. This mother in particular felt this was important as she was a stay-at-home mother and felt she had something to prove because she was not a career woman:

*Where you know, I've never really had a career, I didn't go to uni, and so you know that sort of played on his mind as well. Being a mum was something that I always wanted to do, and he couldn't understand it. But I think seeing me as a mum and me giving birth he understands it that little bit more because of the experience that it is, and because he was part of that experience. So it made us stronger in that way.*

This mother referred to the emotional and physical toughness of childbirth which was an empowering experience for her. Childbirth was a way she could demonstrate what she was capable of, and she appreciated being recognised for her abilities, as did another mother:

*It means the world to me, because he really appreciated me for doing that. Like, he put me on such a big pedestal, especially because I didn't have an epidural, he thought I was just this strong goddess. He was so proud of me, and that was awesome. I love it because that really validates my choices, all the pain I went through, that it's recognised. Had he not been there to see exactly how painful it was, maybe he wouldn't have appreciated what I went through... Maybe seeing us while were writhing in pain is a good sort of reminder of what it is we do, suffer for our gender.*

This mother described how her partner's pride and appreciation validated her choices, making her feel more valued, and made her experience more worthwhile. She pointed out that if he had not been present to see what it took to give birth, there would be something missing. She highlighted what it meant to have her suffering recognised – how women 'suffer for their gender'. This is a powerful statement in which this mother referred to the physical damage she endured during childbirth:

*You do lose a little bit of yourself when you give birth ... just seeing that, [husband's name] was all supportive afterwards, he was always sort of mindful of how I'd sacrificed my physical body for the baby.*

Being at the birth made this woman's partner conscious of what she endured, which enabled him to be more supportive in the postpartum period. It has been suggested that men can be emotionally scarred from witnessing birth, which can negatively affect the way they see their partner (Odent, 2005). None of the mothers in this study reported this; instead, they felt their partner's love for them was strengthened, taking them to a deeper level of connectedness.

**Connectedness.** Seven of the eight women expressed a deeper connection with their partner through sharing the experience. They were in awe of what they had created together, feeling spiritually bonded through their child:

*The night we had [child's name], we got to sleep in the same bed at the hospital and it was just the most amazing bond between us. Like I can't explain that... we weren't married then but it was almost like at that minute we felt married. We couldn't have been more connected, or more in love with each other. Like, we'd just done the most amazing thing we could do together. It was a bonding experience like no other... It's a really positive, almost spiritual moment between you I think.*

This mother expressed how the birth of their first child really unified them as a couple, 'marrying' them in that moment. Another mother expressed that their love was renewed through sharing the experience of childbirth, "*once we'd had [child's name] it's like we fell in love all over again*". Their shared love for their child, and the shared joy of the experience brought these couples closer together, strengthening the love they had for each other. This moment of family bonding just after a child is born has previously been documented by Bondas-Salonen (1998) and Kainz et al. (2010); however the mothers in this study expressed connectedness in more spiritual terms, rather than just feelings of closeness through shared joy – "*[his] admiration for me both times was deepened. Um, and mine for him, yeah, that real soul connection seemed deepened*". Overall, sharing the birth experience with their

partner increased the strength and deepened the love in their relationship, more so than if he had not participated in the experience.

### **Conclusion**

The purpose of this research was to explore women's experiences of their partner's presence at childbirth. Understanding women's experiences in this context provides a vital perspective on the ways in which men can best engage in the childbirth experience and provide support in order to enhance birth outcomes. This study exposed the essentiality of the partner in the women's birth experiences in terms of his importance to her and their baby's lives, and the unique way he could contribute to the experience. There were times the women felt physically and psychologically vulnerable as they faced an uncertain and anxiety producing experience, and the partners were instrumental in relieving some of their distress. Partners acted as a buffer against some stresses the women experienced through providing encouragement, security, advocacy, trust and respect, which was aided by their relationship history, his level of childbirth education and support provided for him. Giving birth is an individual experience and the partner often knew the labouring mother's individual needs best, making him important to providing effective care for her. Furthermore, by sharing the experience, the couples' relationship was strengthened through the fathers increased appreciation of the women's strength, and admiration of her capabilities, leading to a deeper connectedness as they bonded over their child.

Potential limitations of the study relate to the researchers lack of experience of childbirth. Minimised bias through not having experienced childbirth was assumed a positive aspect of the researcher's involvement, however, informed neutrality may have better guided the researcher in the data collection and interpretation stages. Nonetheless, rich information

was obtained that builds on existing literature exploring fathers involvement in childbirth and how this impacts on maternal outcomes.

Additional research is required to further understand women's experiences of their partner's presence at childbirth, and the full meaning of these experiences. Labour support is essentially a psychosocial intervention, yet there is a lack of assessment of the psychosocial effects on labouring women regarding support from their partner. Further research could examine the services the couples require to ensure not only the mothers support, but consideration of the fathers needs and ways he can be aided to provide support for his partner. This study has identified a gap in research regarding the importance of informal support for fathers as they support their labouring partner that future research could explore. Further research needs to consider the content, effectiveness and availability of support currently offered, and how it may be improved to meet the gaps expressed in this study.

Furthermore, the women's distrust of birth in medical settings needs to be further addressed, to ensure mothers and fathers are not unnecessarily exposed to added pressures by medical staff attempting to follow protocols rather than trusting women's innate understandings of their own bodies. It is also important to research women's experiences in this context across different cultures and socio-economic groups within Australia, as research suggests both factors can influence the impact of partner involvement on birthing mothers. It would be beneficial if future research could lead to the development of a formal theory of social support in childbirth that is lacking and not well integrated into existing literature. Research in these areas is essential to building a stronger evidence base that can inform hospital policies regarding father's involvement and maternal satisfaction with childbirth.

In conclusion, the present study aimed to give voice to women experiencing childbirth with the support of their partners, a voice that has not been well documented in Australia thus

far. It is important that researchers hear women's perspectives of their partner's involvement in childbirth due to prevalence of partner attendance at childbirth in Australian society. This will enable opportunities for childbirth service providers to listen and learn from women in order to develop successful means of supporting them and their partners to ensure positive maternal outcomes.

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## Appendix A: Letter to Participants

Edith Cowan University  
270 Joondalup Drive  
JOONDALUP WA 6027  
Phone: +61 (08) 6304 2170  
Fax: +61 (08) 6304 2661



JOONDALUP CAMPUS

270 Joondalup Drive,  
Joondalup  
Western Australia 6027  
Telephone 134 328  
Facsimile: (08) 9300 1257  
CRICOS 00279B

ABN 54 361 485 361

**Fathers at birth: Women's experiences of having their partner present during childbirth.**

Letter to Participants

Dear \_\_\_\_\_,

As you may already know, I am an Honours research student in Psychology at Edith Cowan University, and I am required to complete a thesis as part of my degree. My research aims to explore mothers' experiences of having their partner present during labour and birth of their child/children with the hope that this research will add to the knowledge of how to best support and cater to women's needs during childbirth. Furthermore, it is hoped that this research will help to inform partners of what is expected of them and to enhance communication between all people involved in childbirth about these expectations. This study has been approved by the ECU School of Psychology and Social Science Subcommittee.

I am writing to you to request your assistance with my research by way of interview. You have been chosen to be a participant as you are known to me and have experienced childbirth with your partner present. I will require a period of time with you, in a place convenient for you, to conduct an interview to explore and gain an understanding of your lived experience of having your partner present during childbirth. I anticipate the interview time will range from 30-90 min or more depending on how much you have to say. You are free to share as much or as little information as you feel comfortable with, but I request that it is not in the presence of your partner.

I value your input but you are not obliged to participate at any level. You will be free to withdraw your involvement in the project at any time, if you do so, any information that has been collected will be destroyed to protect your anonymity. Should you choose not to participate, I would like to thank you for your time anyway.

If you have any questions or require further information regarding the research project, please contact me at [sdlugosz@our.ecu.edu.au](mailto:sdlugosz@our.ecu.edu.au) or 0415 046 256, or you can contact my research supervisor Dr Bronwyn Harman at [b.harman@ecu.edu.au](mailto:b.harman@ecu.edu.au) or 08 6304 5021. Bronwyn is also the Honours Coordinator at ECU. If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact ECU Research Ethics Officer at [research.ethics@ecu.edu.au](mailto:research.ethics@ecu.edu.au) or 08 6304 2170. If you would like to participate, please contact me at and I will arrange an interview time with you.

Yours sincerely,  
Sarah Dlugosz

## Appendix B: Information Letter

**Fathers at birth: Women's experiences of having their partner present during childbirth.**

## Information Letter

Dear \_\_\_\_\_,

Thank you for choosing to participate in my research. You have been chosen as a participant as you are known to me and have experienced childbirth with your partner present. This study has been approved by the ECU School of Psychology and Social Science Subcommittee.

I have scheduled an interview for you on \_\_\_\_\_ at a place convenient for you. I anticipate the interview time will range from 45 min to 2 hrs or more depending on how much you have to say. You are free to share as much or as little information as you feel comfortable with, but I request that it is not in the presence of your partner. The aim of the interview is to discuss your lived experience of having your partner present during childbirth. I will ask you questions about your relationship and about your birth/s to gain an understanding of what worked for you in the delivery room and what didn't. I hope that this research will add to the knowledge of how to best support and cater to women's needs during childbirth, particularly to inform partners of what is expected of them and to enhance communication between all people involved in the birth of a child.

Our interview will be audio recorded and transcribed and analysed for themes. After analysis I will contact you via phone or email to share with you the themes identified in the interview. This will give you a chance to reflect on them to ensure they represent your experience, during which time your feedback will be welcomed. To protect your anonymity, all identifying information included in the transcriptions will be removed. The recorded interview will be deleted once transcribed, however results from the study may be used for future research not exceeding five years. Should the data be used in future research, they will be afforded the full ethical considerations relevant to this research.

It is not anticipated that there will be any risk or discomfort to you. Although there is no direct benefit for participants, individuals may gain a greater insight into their own experiences. However, on the back of the consent form, I have included a list of counselling services available to you if you choose to use them.

If you choose to continue to be interviewed, please fill in the attached consent form. We value your input but you are not obliged to participate at any level. You will be free to withdraw your involvement in the project at any time, if you do so, any information that has been collected will be destroyed to protect you. Should you choose not to participate, I would like to thank you for your time and assure you that this won't have any effect on your at all.

If you have any questions or require and further information regarding the research project, please contact me at [sdlugosz@our.ecu.edu.au](mailto:sdlugosz@our.ecu.edu.au) or 0415 046 256, or you can contact my research supervisor Dr Bronwyn Harman at [b.harman@ecu.edu.au](mailto:b.harman@ecu.edu.au) or 08 6304 5021. Bronwyn is also the Honours Coordinator at ECU. If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact ECU Research Ethics Officer at [research.ethics@ecu.edu.au](mailto:research.ethics@ecu.edu.au) or 08 6304 2170. If you choose to participate, please contact me at and I will arrange an interview time with you.

Yours sincerely,

Sarah Dlugosz

## Appendix C: Consent Form

**Consent Form****Father's at birth: Women's' experiences of having their partner present during childbirth.**

270 Joondalup Drive,  
Joondalup  
Western Australia 6027  
Telephone 134 328  
Facsimile: (08) 9300 1257  
CRICOS 00279B

1. I have been provided with and have read the information letter explaining this research to me and I understand the purpose of this study.
2. I have been given the opportunity to ask questions and am satisfied with the answers given.
3. I understand that participation requires me to take part in an interview and a brief follow-up discussion.
4. I understand that my identity will be kept confidential, known only to the researchers.
5. I give consent for the information gathered in the interview and any follow up interview to be used in the research and any future research.
6. I give consent for the interview to be audio taped.
7. I understand that my participation is voluntary and that I have the right to withdraw at any time without explanation or penalty.

If you have any further questions, please contact Sarah at [sdlugosz@our.ecu.edu.au](mailto:sdlugosz@our.ecu.edu.au) or on 0415 046 256, or Bronwyn the research supervisor and Honours Coordinator at [b.harman@ecu.edu.au](mailto:b.harman@ecu.edu.au) or on 08 6304 5021.

I \_\_\_\_\_ freely agree to participate in this project.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Researcher signature

\_\_\_\_\_  
Date received

## Appendix D: Interview Schedule

**Interview Schedule**

1. Demographic Questions
  - How old are you and your partner?
  - How many children do you have, how old are they?
2. How would you describe your relationship with your partner?
  - How long have you been together?
  - What is he like as a person? (in stressful situations)
3. How did you come to the decision to have him at the birth?
  - What did his presence mean to you?
  - Was anyone else present?
  - Why?
4. What prenatal education did you have?
  - How well equipped do you think your partner was for the birth?
5. How did you plan for birth?
  - What did you want your partner's role to be?
  - Did you give him instructions?
6. What was your experience of having your partner present at the birth of your child? If more than one child, can you describe the difference between the first, second, third etc.
  - If there were any, how were deviations from the birth plan dealt with?
  - What role did he play?
  - How was he at following your wishes?
  - How did his actions make you feel?
7. Did his presence at the birth change anything:
  - In your relationship
  - In him as a father
8. If you could have changed anything, would you?
9. Is there anything else you would like to add?

## Appendix E: Extracts from Researcher's Journal

Date: 26 June 2013 – Reflections after three interviews.

So far the mothers have all said that there was no question as to whether their partner would be present, either because they wanted to be there or the mother wanted them there. They have all said it was significant for bonding and all have said that the experience made their relationship stronger, few pointing out that their partner showed pride and respect for having seen them give birth to their child.

If at any point the partner did get concerned/worried/stressed, the women have not spoken of being distracted, particularly because they were in "labourland" and oblivious to what others were doing around them.

Supporting roles were spoken of as the main role of the father - simply being there as they are their "rock". All have said they could have done it without them, but wouldn't want to. None have said they would change anything about having their partner there, or how he interacted, but would change some procedures surrounding the birth.

Date: 3 July 2013

The mother last interviewed is a very earthly woman that feels a deep sense of connection with people, things, earth around her – a real community based woman whose birth story reflected this. She acknowledged that she felt that childbirth is women's business and felt strongly about this, yet wept at the thought of a man offering the birthing woman the respect she sees as deserving of women giving birth. She stated that the man's role is to understand the enormity of childbirth, and their role in it, and be there, and present, and supportive, and acknowledge the importance of life giving. Respect, trust, love and full support is what she wanted, expected, received throughout her birthing experience with her partner. Knowing her expectations and communicating them to her partner greatly helped her achieve her ideal birth.

Date: 25 July 2013

I am finding that the women are straying from the topic of their partner during the interviews, as they tell their birth story. I notice that all my questions pertain to the partner, and when I am asking them, it feels like I am going off topic as they start talking about their experiences in general, not just their experiences with their partner there. This highlights to me the women centralising themselves in their birth story, and their experience of their partner at childbirth is only woven through part of their experience.

Are the men the best support person? Maybe not, but they need to be supported to be there, because the women have all said there is no way they would give birth without him there. He is the closest person to them, and understands them, but maybe not what is happening. First timers are learning together.

Date: 5 August 2013 – After all interviews completed.

A few of the women stated that had their partner not shown the strength and support that they did, ie. were weak, anxious or whatever, they may have lost a bit of respect for them, though one acknowledged that these were his feelings and he was allowed to have them. But having a place to express these feelings and talk about them with someone other than their partner, and time to do so rather than with the midwife in the delivery room, could benefit both expectant mothers and fathers, and create a more positive birth experience through being informed and expressive. "If their concerns are given air..."