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Family Involvement in labour and birth

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Abstract
The father is more or less involved in what preparing the mother and the birth of his future child means. P rincipally, our aim was to detect whether fathers genuinely want to be present at the birth.
A 20 items questionnaire was used at Gynaecology I Cluj-Napoca Clinic to determine father's involvement in preparing for the childbirth during the pregnancy and their involvement during labour. The study include d 101 valid questionnaires filled before or shortly after birth.
The average participants age was 32,25 years old (between 17 and 47 years old). In the vast majority of case s, the participation of the father in the delivery room in order to assist in the birth of the child was not discussed neither by the obstetrician (82.3%) nor the midwife (76.2%). The medical staff questioned alway s denied the presence of the father in the delivery room, often arguing the refusal. From the fathers question ed, 22.8% wanted to participate in childbirth 22.8% and 5.9% wished to participate with a certain retention. A higher proportion (31.7%) persuaded to be present in the hospital with their partner during their labor, but not in the delivery room. In the case of a caesarean delivery, only 14.9% wanted to attend at birth and 5% wanted with a certain restraint. The active participation of the father at birth, meaning the cutting of the umbilical cord, was firmly desirable in 15.8% of cases and with a certain restraint in 5% of cases. The highe r tuition level was significantly associated with the intention to attend birth (r=.288 **), to participate in labor (r=.261 **), to participate in caesarean delivery (r=.323 **) and cut off the umbilical cord (r=.264 **). Conclusion. A training for the medical team and also for the future parents regarding the involvement of the father in supporting his partner during labour is important to achieve this goal.

Tablet of Contens:

1. Introduction

Giving birth is usually a physical and emotional burden for the future mother. In order to prepare for this moment, many prenatal visits to the doctor and midwife are needed, accompanied by attending various class es and trainings.

The father is more or less involved in what preparing the mother and the birth of his future child mea ns. How much do Romanian fathers really want to get involved? Which are the factors that facilitate or b locks the father's direct and active involvement in his child's birth?

2. Objectives

> **(1) Detection whether fathers genuinely want to be present at t he birth, (2) Identifying the factors which influences on father's (couple's) decision to participate at childbirth.**

3. Materials and Methods

A cross-sectional study was carried out using a questionnaire. Fathers of children born in Gynaecology I Cluj Napoca Clinic during the study period were included. Only those who gave their consent to participate were included in the study. The questionnaire consists of 21 items and is scored using a 5-point Likert scale based on level of agreement with each statement. An example follows: (14) I would like to be present at the birth of my baby.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Scores:	5	4	3	2	1

The questionnaire was issued at 3 observation points: (1) demographic data, (2) during pregnancy involve ment, and (2) birth participation. The data was analysed by using the SPSS statistical software.

4. Results

The study included 101 valid questionnaires filled before or shortly after birth. The average participants a ge was 32,25 years old (between 17 and 47 years old). Urban participants consisted of 62,4%. Regarding ed ucation, 42,6% had medium studies and 41,5% had high or post-university studies. 71,3% were married cou ples and nearly half of them (47,5%) already had a child in care.

Before birth, 10,9% attended no prenatal visits. Active participation was seen in 75,2% of cases, where fath ers asked the doctor or nurse multiple questions about the future mother and the baby.

According to the correlation coefficients, a significant statistical association was found between the age o f the participants and the involvement in prenatal visits (r=.201*), as well as questioning during visits (r= .253*). There is also a more frequent attendance to prenatal visits of fathers and they frequently addressed h ealth care professionals if they came from urban areas (r = .208 * or r = .215 *) or had a higher level of sc hooling (r = .634 ** or r = .535 **).

Participants in the study, in 59.6% of cases, did not have information about other situations where the fa ther was able to attend the baby's birth. In the event of such case, it was described as having occurred more frequently in a private hospital than in a state hospital (26.7% versus 10.9%).

In the vast majority of cases, the participation of the father in the delivery room in order to assist in the birth of the child was not discussed neither by the obstetrician (82.3%) nor the midwife (76.2%). The medi cal staff questioned always denied the presence of the father in the delivery room, often arguing the refusa l. However, the participation of the father in childbirth was discussed in the couple by 52.3% of the study pa rticipants. Within the entire surveyed lot,

57.4% of respondents replied that their partners did not want them to participate in childbirth and 11.9% a ssumed their partners would not want.
From the fathers questioned, 22.8% wanted to participate in childbirth 22.8% and 5.9% wished to partic ipate with a certain retention. The unleaded ones accounted for 7.9%. A higher proportion (31.7%) persuade d to be present in the hospital with their partner during their labor, but not in the delivery room. In the case of a caesarean delivery, only 14.9% wanted to attend at birth and 5% wanted with a certain restraint.
The active participation of the father at birth, meaning the cutting of the umbilical cord, was firmly desira ble in 15.8% of cases and with a certain restraint in 5% of cases.
The higher tuition level was significantly associated with the intention to attend birth (r = .288 **), to partic ipate in labor (r = .261 **), to participate in caesarean delivery (r = .323 **)and cut off the umbilical cord (r = .264 **).

5. Discussions

About 30 years ago, in our country, when a family was present in the emergency room for the imminence of a birth, the partners parted for the next few days in that room. In the following days, the father had acce ss, for a few minutes, to a small window on the hall of the obstetric department to reunite with his partner a nd see his child. Not even the mother had full access to her baby. There were strict breastfeeding hours duri ng the day. During the night the children were fed with milk formulas and their mothers were given medicat ion so that they could sleep. This practice was encountered in several European countries in the 70s and 80s.

> **In several European countries there has been a turning point a nd a change in the concept of birth assistance. Alongside the im portance of birth health care, attention has been paid to what is i mportant for birth attendants, meaning the needs of the famil y who will receive the new born in their midst. As a result, the e nvironment of birth (more friendly maternity facilities) has chan ged, as well as the attention paid to parents by drafting laws that allow pregnant women to be accompanied by a family member or a friend during child birth.**

In Romania in the mid-1990s, with the support of UNICEF, an accreditation process began, so that the mate rnities can become “Child Friendly Hospitals”. As a result of this process, maternities arranged rooms whe re mothers cared for their own children and allowed their father’s access, based on a visit schedule. Currentl y, this model of care is found in most maternity settings in Romania. Certain private maternities in our coun try have no restrictions on the presence of the father in the delivery room, but their presence in caesarean de livery is rather an exception.
In this context, we wanted to evaluate in our unit the involvement of fathers in the pregnancy monitoring an d then their active participation in the birth of their own child.

Regarding the pregnancy period, the involvement of men is satisfactory, about 90% of them attended at lea st one prenatal visit and their participation was active in 75.2% asking the medical staff questions. Since none of the respondents participated in childbirth, we can say that we are in a very different situation from what is happening in most west-European countries. In these countries the presence of fathers in the deliver y room is a common occurrence, a presence of over 90% is mentioned. Also, most of the times (59.6%) the father did not have a previous example or information about other males who were present in the deliver y room with their partners, in our hospitals. Therefore, only a small number of couples present in the mate rnity wards for childbirth requested to be allowed to participate together at birth.

We find a considerable interest from parents to participate at childbirth, the subject being discussed by the couple before birth (52.3%). This could lead to a change in our society in order for the future couples to be more open and more willing to participate together in the birth of their child. At the time of our study, a small proportion of respondents (22.8% responded “yes” and 5.9% “think yes”) indicated their intention to participate in childbirth. It is not surprising that active participation in birth by cutting the umbilical cord as well as participation at birth by caesarean section is desirable to an even smaller extent. With models in We stern countries, we anticipate a growing desire for couples to be present at childbirth.

The individuals in the study group who had a higher level of education and easier access to information had significantly more desire to participate at birth, even if it was an active participation. If in our country we ha d more examples (from private maternity first) and if there is a clear “pro” legislation for an attendant to pa rticipate at childbirth, the intention of pregnant women to be accompanied at birth could significantly increa ses.

All Dads Should Participate at Childbirth? Are we prepared for such a change? The answer for both questi ons is NO. The decision to involve both parents in childbirth should belong to the couple after a thorough thought. Male participation at childbirth without previous training can create problems for the medical staf f if they lose consciousness, or exert pressure on the medical staff by misunderstanding their partner’s beha viour [1, 2], or even suffer from a post- traumatic stress syndrome [3, 4]. Therefore, medical staff involved in childbirth should be trained in order to prepare and involve the father in the birth process. A well-trained father can be a reassuring presence for the future mother [5, 6, 7], he can help her experience less stress and can give her a sense of security [8, 9]. Having a child together is an intense, life- changing experience that most couples want to live together.

There has been an increasing involvement of fathers along with their partners during pregnancy and partic ipation in childbirth. This was noted in the United Kingdom in the 1970s when the fathers present in the del ivery room represented a minority and by the end of that decade their presence had increased to 70-80%. No wadays this percentage has risen to over 90% [10]. The key of success for family and medical staff is the prior preparation. Fathers who are trained to provide support have intensified feelings of adequately helpi ng their partner and experience the birth as a more positive experience [11]. Using different type of tools (e. g., Birth Participation Scale, Martin 2008) could be useful for identifying father’s concerns and providing individualised birth training. When a father elects to relinquish the role, a blameless approach should be tak en and recruiting a friend, sister, mother, or birth doula could be the alternative solution [12]. Both midwife and father should establish “the father’s preferred role” during labor and delivery. Issues such as massage, f acilitating breathing, relaxation exercises, cutting the cord and arguing the mother’s rights could be consider ed in advance. Such action would clearly differentiate between fathers desiring an active or passive role.

Providing father participation during labor and delivery necessitate time and attention from the medical staf f but the gain will be measured in reduced use of pain medication, operative vaginal delivery, caesarean deli very, 5-minute Apgar scores of less than 7 or even in increment of the likelihood of full breast feeding 4-6 weeks after delivery [12].

6. Conclusions

In our study father's request for birth attendance is low. When they asked to join was rejected by most of the time. Parents wishing to attend birth and the medical staff involved require appropriate prior training in order to obtain a positive experience.

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