

Impact of Expectant Father's Involvement During Labor

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ABSTRACT

Introduction:-Involvement of fathers with their children had increased in recent times. Natural childbirth is a powerful experience which is a mixture of feeling of empowerment, accomplishment and elation. It is challenging for both men & women. Childbirth is an exciting time which can leads to emotional changes and it need support from the caregiver.

Materials & Methods:-The Researcher used quasi experimental research design (post test only control group) with convenient sample of 40 parturient in Dhiraj hospital, pipariya, vadodara. After checking the fathers attitude towards childbirth by using birth participation scale expectant fathers was allowed inside the labor room ; the father was instructed to give physical and emotional support during contractions and control group samples was received only routine intranatal care. & data was collected by Numeric pain intensity scale and state trait anxiety inventory scale from parturient. Data analysis was done by using descriptive and inferential statistics.

Result :-The result reveals that there significant difference between experimental and control group in relation to expectant fathers presence and perception of pain, level of anxiety, duration of first stage of labor. There was an association between analgesics during labor and pain score, Parity and nature of conception had an association with anxiety score&association between parity and duration of labor at 5% level of significance of both. And so it was concluded that there was a positive relationship between expectant father's presence and outcome of labor during first stage of labor.

Key Words:Impacts, Expectant Father, labor

INTRODUCTION

During the eighties and early nineties, almost all the reproductive and child health programmes in India focused exclusively on women. Men were left out of the programmes. It was during the mid nineties that researchers and policy makers started realizing the important role that men can play as supportive partners in achieving good health for women and child¹. Early involvement of fathers with their childbirth has increased in recent times. Partner support during pregnancy may encourage the healthier maternal behavior.²Research has indicated that men feel unready for fatherhood tend to be less involved, find the transition to parenthood more challenging, and may be less likely to be committed fathers. Father's less positive experience of childbirth were associated with higher depressive symptomology at six weeks after the birth ; however, relationship with pre-existing mental health could not be explored. It seems that almost all women in industrialized countries have their partner with them during labor and birth.Some evidence had suggests that women place a high value on their partner's presence and support in labor, leading to reduce anxiety, less perceived pain, greater satisfaction with birth experience, lowers the rate of postnatal depression and improved outcomes in the child.³

The father of the child may be considered to be an ideal companion for the mother during labor due to factors such as the forming of a bond and the representation of family links, as having witnessed the birth of the child affirms their parenthood and values their parental role.⁴

The presence of the father at the moment of birth, accompanying the evolution of the labor and the birth sequence and constantly supporting the mother has consequences in the accomplishment of the birth of the baby which will undoubtedly be long remembered in the life of the couple. In sum, greater emphasis is given to the figure of the father both during the pregnancy as well as during the birth of the baby.^{5,6} The evolution has been slow although today it is possible to speak of a new father who is more participative and active during the pregnancy and grateful for the opportunity, contributing to the concept of the pregnant mother being left behind to be replaced by the pregnant couple.⁷

MATERIAL & METHODS

A quasi experimental (post test only control group) research design was adopted in this study. The investigator had 2 groups experimental and control group. The samples were selected by Purposive technique in which experimental group involve 20 parturient of low risk women and their husband and for control group 20 parturient without their husband of Dhiraj General Hospital, pipariya, waghodia. The study comprised of primi women who met inclusion criteria who were in first stage labor . The anxiety level was checked by State Trait Anxiety inventory scale for 3 times at 2 hours interval, 1st assessment was done immediately after the admission to labor room. And the pain perception was assessed by numeric pain intensity scale during the dilation of the cervix between 4-6cm, 6-8cm, and 8-10cm. Finally a structured questionnaire of patient satisfaction was prepared by the researcher was given to the mother next day of delivery to assess the effectiveness of expectant father's presence during first stage of labor. The dataanalysis was done by using descriptive and inferential statistics.

FINDINGS:

To provide physical and emotional support to parturient by their husband : The study included parturient who fulfilled the inclusive criteria and expectant father who got favorable score based on birth participation scale in experimental group. The husband was instructed to encourage the parturient to do breathing exercise and provide spiritual & emotional support . And also provide sips of water between contraction.

To assess parturient's labor outcome during first stage of labor : Assessment of pain perception out of 20 parturients of experimental group 3(15%) had mild, 8(40%) had moderate & 9(45%) had severe pain .And in control group 2 (10%) had mild, 6 (30%)had moderate & 12 (60%) had severe pain. Anxiety level of the mother out of 20 parturient of experimental group i.e., 4(20%) had mild, 8(40%) had moderate &8(40%) severe anxiety whereas in the control group 3(15%) had mild, 4(20%) had moderate and 13 (65%)had severe anxiety. Duration of labor out of 20 parturient's of experimentgroup 4(20%) had first stage last for 4-7 hours, 7(35%) had 7-10 hours & 9(45%) had >10 hours, whereas in the control group 2 (10%) had first stage last for 4-7hous, 6 (30%) it last for 7-10 hours& 12 (60%) it last for >10 hours.

To assess the effectiveness of presence of expectant father during first stage of labor in experimental group& control group :

Table 1: comparison of pain score during 1st stage of labor in experimental and control group

Sr. No.	Subject	Mean	SD	Calculated value	Tabulated v alue at 5% level of significance
1.	Experimental group	7.5	0.53	2.03	1.96
2.	Control group	7.9	0.71		

The computed z value for pain score of experimental and control group was significantly high. So there was a significant difference between the experimental and control group at 5% level of significance.

Table :2 Comparison of duration of 1ststage of labor in experimental and control group

Sr. No.	Subject	Mean	SD	Calculated value	Tabulated value at 5% level of significance

1.	Experimental group	52.6	5.36	5.6	1.96
2.	Control group	62.7	5.97		

The computed z value for anxiety score of experimental and control group was significantly higher. So there was a significant difference between the experimental and control group at 5% level of significance.

Table 3 : comparison of duration of 1st stage of labor in experimental & control group

Sr. No.	Subject	Mean	SD	Calculated value	Tabulated value 5% level of significance
1.	Experimental group	10.4	2.36	2.56	1.96
2.	Control group	12.4	2.65		

The computed z value for duration of labor of experimental and control group was significantly higher. So there was a significant difference between the experimental and control group at 5% level of significance. Thus it implies that expectant father's presence during first stage of labor was effective in reducing labor pain, duration of labor and anxiety.

DISCUSSION

The present study was conducted to evaluate the effectiveness expectant father's presence during the first stage of labor to promote the labor outcome. Quasi experimental research design with post test only control group design was adopted in order to achieve the objective of the study. This study is based on Sister Callista Roy's adaptation model. As per Roy's adaptation model an individual's behavior is based on the input, control process and feedback.⁹

Mariam Tokhi et al, (2018) had conducted a comprehensive study to determine the effect of interventions to engage men during pregnancy, childbirth and infancy on mortality and morbidity, as well as effects on mechanism by with male involvement is hypothesized on influence mortality and morbidity outcomes : home care practices , care seeking and couple

relationship. The study was conducted in low and middle income countries between 200 and 2012, they identified interventions that have engaged men to improve maternal and newborn health. The result revealed that intervention to engage men were associated with improved antenatal care attendance, skilled birth attendance, facility birth, postpartum care, birth and complication preparedness and maternal nutrition. Included intervention improved partner support for women and increased couple communication and joint decision making with ambiguous effect on women's autonomy. The study concluded that engaging men as a health promotion strategy, although evidence gaps remain around effects on mortality and morbidity. And it also indicated that intervention to increase male involvement should be carefully designed and implemented to mitigate potential harmful effects on couple relationship dynamics.⁹

CONCLUSION

The study was supported by a series of other studies which confirmed that presence of expectant father was effective in reducing labor pain and it promotes comfort to the mother. The respondent revealed that presence of expectant father during first stage of labor provide comfort relaxation and sense of well being. From the analysis and result it was concluded that presence of expectant father during first stage of labor is having impeccable effect in better labor outcome.

Ethical approval

Informed consent was obtained from participants and assured for anonymity. Since the study involved human subjects, a formal ethical approval was received from institutional ethical committee.

Conflict of Interest

The author declares that there is no conflicts of interest.

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