Prospectus

A First Time Fathers Perspective on Pregnancy, and Birth

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Health Psychology

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Problem Statement

The first pregnancy for women marks the beginning of a journey she has never encountered before in her lifetime. She will undergo physiological and emotional changes as she progresses through her pregnancy. The changes a woman experiences during pregnancy are often filled with excitement and anticipation; however, these changes may also ignite feelings of stress, anxiety, and depression, as well as fear of being a good mother, loss of their figure, and a permanent life change (Hall et al., 2009). Several research studies acknowledge and confirm the various changes women will encounter are many during pregnancy, and birth, as well as how women perceive these changes as they journey through pregnancy and birth (Adams, 2012). In contrast, there are minimal research studies available that look at how men living in the United States perceive their first encounter with pregnancy, and birth, which may lead to problems of inadequate support, increased tension between the couple, anger, concern, and fear.

A first time father’s greatest fears, biggest concerns, and embarrassing questions about pregnancy, and birth, has not been well researched among fathers living within the United States. Focusing on men’s perception of pregnancy, and birth will help facilitate future increased support for pregnant women during pregnancy and birth, leading to healthy pregnancies, and healthy babies.

Purpose

The purpose of this study is to gain a deeper understanding of how first time fathers perceive pregnancy, to include their greatest fears, their extreme ideas, and their biggest questions, as well as gain a deeper understanding of the various ways in which fathers modify their lives in order to adapt to these questions, thoughts and feelings. A qualitative approach will
provide a rich, inclusive focus on the inner most feelings and questions first time fathers’ harbor related to pregnancy and birth, to include the physical and emotional changes involved in the process of pregnancy.

Significance

This research study will fill a gap in understanding by focusing specifically on first time fathers’ perceptions of pregnancy, and birth. This research study is unique because it addresses an area in which minimal qualitative research exists on the topic of first time fathers perceptions of pregnancy, and birth among fathers living in the United States. The results of this study will provide necessary information for health care providers, especially those providers practicing within obstetrics and gynecology, to help first time fathers understand the physiologic and emotional aspects of pregnancy, and birth. Therefore, in this study, the researcher will explore first time father’s perceptions of pregnancy, and birth as a basis for developing future appropriate and effective educational programs to assist first time fathers in optimizing their role throughout pregnancy, and birth. The future implication for this study may establish appropriate and meaningful strategies to educate first time fathers in order to prepare and support them for pregnancy, and birth.

Background

Pregnancy and birth

The commencement of a pregnancy originates with the female egg produced from the ovary, is fertilized by male sperm, produced from the testes. The integration of the egg and sperm form a two cell unit, referred to as a zygote. The zygote begins its journey down the fallopian tube towards the uterus, growing in cellular size every minute until the mass of cells,
referred to as a blastula implants into the endometrium, which is the lining inside the uterine wall. At this time of implantation, the mass of cells is referred to as an embryo (Breedlove, Watson, & Rosenzweig, 2010). A normal pregnancy takes approximately 280 days, which incorporates the two weeks prior to ovulation, or 266 days plus 14 days. A normal pregnancy will take 40 weeks, often stated as the estimated date of delivery (EDD), or estimated date of confinement (EDC). Any pregnancy delivered before 37 weeks is considered a preterm birth, whereas a pregnancy continuing two weeks beyond the established EDD, or 42 weeks, is considered a post term pregnancy (Cunningham, 2010).

A women’s perception of her first experience of pregnancy evokes many thoughts, and emotions, including both negative and positive (Modh, Lundgren, & Bergbom, 2011). Women often reflect on their own life, as well as think about the birth of a new life. Pregnancy may draw the woman closer to their own mothers, as they become aware of the transition from girl to woman, evolving into the role of motherhood (Modh et al., 2011). Modh et al. (2011) noted the most rewarding parts of pregnancy for women included their increasing perception of the love they harbor for the baby, and the safety they felt from their partners.

Perception of pregnancy and birth among first time fathers remains less understood based on the limited number of studies. Although there are several studies examining male perception of pregnancy and birth in other countries (Draper, 2002; Forsyth, Skouteris, Wertheim, Paxton, & Milgrom, 2011; Hollins Martin, 2008; Premberg, Carlsson, Hellstrom, & Berg, 2011; Rosich-Medina & Shetty, 2007; Shibli-Kometiani & Brown, 2012), minimal research has been done on first time fathers living in the United States experiencing normal pregnancy and birth. In an observational cohort study with 296 adolescent couples participating, the accuracy of
adolescents’ perceptions of their partner’s desire for their current pregnancy was assessed. The data from this study revealed young males failed to perceive how their partner related to the pregnancy, skewing their overall perception (Sipsma et al., 2012). First time fathers developed a stronger emotional bond to the pregnancy, especially during ultra sounds, and when they could actually feel the baby move in the mother’s abdomen, in which they could perceive the pregnancy as tangible (Rosich-Medina & Shetty, 2007).

Weight gain during pregnancy can stimulate negative emotions for both males and females during pregnancy. The emotional stress of weight gain during pregnancy for women is often perceived as a negative experience, which may be exacerbated by their partners lack of understanding the physiologic changes taking place within the woman’s body during pregnancy. Sixteen men were interviewed about their perception of pregnancy related to weight gain in a qualitative study. A majority of the comments from the participants had a negative implication, revealing a genuine understanding of how men perceive weight gain in pregnancy (Montgomery et al., 2012).

Other research studies have focused on how men perceive pregnancy loss. A study with 14 men who were attending a support group were interviewed. The data from this qualitative study revealed men often described feelings of guilt, loss of one’s own identity, as well as feeling the need to come across as unaffected. Many thought it was necessary to minimize their feelings of grief and anger (McCreight, 2004). Whereas another study looked at how five men perceived early miscarriage, in which the initial feelings after a miscarriage were shock, disbelief, helplessness, and discouragement (Murphy, 1998).
Making the decision to try for pregnancy can be a daunting experience for men with several issues to consider such as financial circumstances, living situation, education, and the overall ability to provide for the offspring (deMontigny Gauthier & deMontigny, 2013). DeMontigny Gauthier and deMontigny (2013) conducted a qualitative study that assessed how men perceive the decision to conceive for the first time. Twelve men participated in the study resulting in four primary issues which included, personal, socio-economic, interpersonal and temporal or time based characteristics (deMontigny Gauthier & deMontigny, 2013).

**Childbirth**

Childbirth marks a huge milestone in a woman’s life. For some women this milestone may be perceived as a positive event; however for other women childbirth maybe perceived as a negative event (Dahlen, Barclay, & Homer, 2010; Elmir, Schmied, Wilkes, & Jackson, 2010). For many women, the thought of childbirth may evoke fear, anticipation, anxiety, excitement, and joy (Dahlen et al., 2010; Elvander, Cnattingius, & Kjerulff, 2013). Fathers may also share many of the same emotions as the woman, which may include fear for the mother and baby’s safety, fear from watching the mother endure pain, anxiety, fear of the unknown, feeling powerless, financial considerations, and taking on the role of fatherhood (Hanson, 2009).

Throughout history, the father of the baby was not allowed to accompany the pregnant woman during childbirth, as this was thought of as an event for women only. During the 1960’s the father of the baby was introduced into the labor room in First World countries (Chalmers, Mangiaterra, & Porter, 2001; Pestvenidze & Bohrer, 2007). The involvement of men in the birthing process has undergone multiples changes within the United States from 1940 to the present, where birth was once a mystery, where men sat out in the waiting room waiting for the
nurse or doctor to announce the arrival of their bouncing baby boy or girl. As time moved forward, sharing in the birth experience became a possibility, and then a privilege, and then a right (Leavitt, 2009).

A qualitative study conducted in Nazareth Israel focused on first time fathers’ experience of labor and birth. Four participants were Muslim, two were Christian, and two were Jewish. The fathers participating in the study expressed their desire to participate in their partner’s labor and birth, irrespective of their feelings of insecurity and fear. However, the participants realized their fear and insecurity evolved from lack of knowledge about labor and childbirth, impractical expectations, and the fear of what might happen during labor and birth (Shibli-Kometiani & Brown, 2012). A father’s experience of childbirth may vary widely based on the events taking place during birth. For example, a woman may have a normal spontaneous vaginal birth, vacuum assisted delivery, forceps delivery, emergency cesarean section, or a planned cesarean section; all of which may stimulate different responses from the father. Rosich-Medina and Shetty (2007) found that first time fathers who experienced an emergency delivery felt more nervous, distraught, and powerless, as well as feeling like labor did not measure up to what they had envisioned it would be. While fathers who experienced a no labor birth, such as a planned cesarean section, experienced minimal anxiety, and frustration.

**Framework**

The theoretical framework for this study will develop from the Biopsychosocial model. In 1977, Engel theorized the Biopsychosocial model would provide a holistic approach to understanding the connection between biological, psychological and social processes occurring within individuals (Peterson, 2011). Engel’s work provided practitioners with the foresight that
in health and illness, the provider must take the time to listen to the individual, exploring issues that may lie beneath what is seen by the naked eye (Epstein, 2005). Engel emphasized multiple times the importance of listening to the individual’s personal experience must remain a key factor of any scientific research, along with the physical components of health as well as illness (Epstein, 2005). The Biopsychosocial model has played an important role in providing a general framework, which acts as a guide for theoretical and experimental research (Peterson, 2011).

The biological components of this model may include genetic, and physiologic makeup which evoke the man to a react positively or negatively to a specific life event with feelings such as fear, anxiety, joy or being satisfied. Whereas the psychosocial components of this model may include family history, personal history, family support, and current life situations, which may evoke feeling of security, calmness, and desire to support the mother and baby (Ross, Sellers, Evans, & Romach, 2004). Applying the biopsychosocial model to this study suggests men experiencing pregnancy and birth for the first time will experience anxiety, fear, feelings of fulfillment, and happiness, along with an evolving desire to be a good father.

**Research Questions**

1. What does it mean to experience pregnancy for the first time for men?
2. What does it mean for men to experience birth for the first time?
3. What does it mean to experience fatherhood for the first time?

**Example interview questions**

What are your biggest fears about pregnancy, birth and fatherhood?

What concerns you the most about pregnancy and birth?
What confuses you the most about pregnancy and birth?

**Nature of the Study**

The nature of this study is a qualitative method, using a phenomenological approach. Using a phenomenological approach will assist the researcher in understanding this phenomenon at a deeper level by eliciting rich and descriptive data through personal interviews. Exploring how a man perceives pregnancy, to include his greatest fears, thoughts, and ideas, as well as gain a deeper understanding of the various ways in which he adapts to these thoughts and feelings. The information gleaned from each interview will uncover rich, personal information not previously studied or circulated among health care providers, especially providers practicing within the obstetrics and gynecology field of medicine.

Phenomenological studies often use a criterion sampling strategy, which includes participants who share the same phenomenon, as well as meet the established inclusion criteria for participation in the study (Creswell, 2013). The study will be open to all men who are currently expecting to become first time fathers, actively involved in the pregnancy, and have not participated in any childbirth classes or childbirth education. Individuals participating must speak, understand, and write in English. Study participant recruitment will include posting flyers in local OB/GYN (obstetrics and gynecology) offices. The flyer will provide a phone number and e-mail address for the prospective participant to call or email for an initial interview, which will verify inclusion criteria, and a preliminary verbal consent to participate in a one on one interview. During the phone interview, the purpose, and design of the study will be reviewed, as well as answer any questions from the potential participant.
The goal sample size for this study will include 10 male participants, who are expecting to become first time fathers and actively involved in the pregnancy. Data collection will involve in-depth one-on-one interviews with each participant. All interviews will be audiotaped for future data and theme analysis. An interview protocol (Kvale, 2009) will guide the researcher in establishing open-ended questions, which will encourage the participant to share valuable informative information. This guide will also allow the researcher ample space to take necessary notes, stay focused on the established questions, and manage the interview time wisely. All interviews will be conducted in an environment comfortable and accessible to both the participant and researcher, will be free from distractions, and have audiotaping access. After obtaining approval from the institutional review board (IRB) to proceed with the study, each participant will sign a consent form to participate in the study (Creswell, 2013).

**Possible Types and Sources of Data**

All interviews will be audiotaped and transcribed verbatim. Once each interview is transcribed, the information will be imported into the computer software program QSR Nvivo, which will assist in organizing the data, identifying common words, coding, which will reduce the data into themes. All data will be protected by appropriate passwords, saved on a separate hard drive, and stored in a locked safe.
References


